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Hospital discharge and its impact on patient flow through hospitals: Consultation Response

About Leonard Cheshire

Leonard Cheshire is one of the UK's leading charities supporting disabled people. Led by people with experience of disability, we are at the heart of local life — opening doors to opportunity, choice and support in communities around the globe. At Leonard Cheshire, in Wales and throughout the UK, we support individuals to live, learn and work as independently as they choose, in order to play our part in creating a fair and inclusive society.

We are one of the UK's largest voluntary sector providers of services for disabled people. We have accommodation services, including supported living and registered care homes as well as social, education and leisure programmes, including day support, community outreach and respite support.

The scale of the current situation with delayed transfers of care from hospital

In February 2020 alone, 448 people experienced delays in transfers of care in Wales, with approximately half of these delays spanning 3 weeks or above (59 of these transfers were

delayed by 13-26 weeks).[1] This is not uncommon, and severalpeople we support have identified issues with delayed transfers of care.

The Welsh NHS Confederation has identified that up to 15% of hospital beds are occupied by people who are medically fit to leave but don't have the right care in place to be able to return home.[2]

The impact of delays in hospital discharge, both on the individual and patient flow through hospitals and service pressures.

Delays can have a profound impact on individuals' physical and mental wellbeing.

One social worker recently described to us how a lack of correct equipment- a hoist- meant that an individual's care (both in hospital and even at home following their discharge) could not include any rehabilitative element, with the patient instead being bed-bound. This created the alarming possibility for the patient and the carer that the window of opportunity, when rehabilitation could have been effective in restoring movement and quality of life, was closing. Such fears were exacerbated by a lack of correspondence from the patient's occupational therapist, delaying the allocation of appropriate equipment by at least five weeks. The social worker described to us how- due to the pressures in social care recruitment - they remained unclear as to whether the individual's care package would shift to accommodate their needs, even after a hoist arrived.

A resonant line from people experiencing delays in care is that 'people only want to tell their story once'. It is deeply undesirable for a patient to be in the position of pursuing information on what comes next and who is responsible for the next stage of their care, repeating their story frequently, waiting days or weeks at a time for phone calls to be returned. Given that periods in hospital can already be among the most stressful of a person's life, delays in care can only add extra dimensions of anxiety and worry.

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[1] Delayed transfers of care database, NHS Wales cited in StatsWales, *Delay length by LHB Provider and delay band*, last updated 23rd April 2020. Accessed at: Delay length by LHB Provider and delay band (gov.wales) [Date accessed: 10th January 2022]
[2] Hospitals unable to discharge healthy patients due to care shortage - BBC News [Date accessed: 10th January 2022]

We believe that the integration of both the funding and provision of health and social care would reduce delays in transfers of care and ensure that patients received the most appropriate care package when they are discharged.[3]

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[3] Leonard Cheshire Cymru, *Manifesto Asks: Annex 3: Integration of health and social care funding*. Accessed at: Manifesto-Asks-Annex-3.pdf (leonardcheshire.org) [Date accessed: 10th January 2022]

The main pressure points and barriers to discharging hospital patients with care and support needs, including social care services capacity.

Delays arise from a variety of reasons, with community care and healthcare issues most commonly cited.[4]

Staffing shortages amongst care providers can result in substantive delays, with the social care workforce in Wales remaining undervalued and understaffed. There is a desperate need to improve the profile of social care and retain staff whilst reducing shortages. Urgent intervention is needed to stabilise and improve prospects for the social care workforce in Wales. The high turnover of staff[5] also has a negative impact on individuals in receipt of social care, who cite relationships and continuity of carers as one of the most important elements of good quality social care.[6] It is estimated that 500,000 adults aged 18+ will have a limited long-term illness in Wales by 2035, and 312,000 adults aged 65+ will be unable to manage at least one self-care activity on their own.[7] To keep up with the increasing and persistent demand, the social care sector needs to be flexible, and adaptable to new changes and ways of working. The impacts of Covid-19 have further demonstrated the need for greater clarity for the sector and increasing pressures on staff to meet demand. It is estimated that 500,000 adults aged 18+ will have a limited long-term illness in Wales by 2035, and 312,000 adults aged 65+ will be unable to manage at least one self-care activity on their own.[8]

Health and social care services in Wales do not always communicate effectively, with barriers to such including inflexible systems for data collection and codes of practice. A key issue contributing to delayed transfers of care amongst disabled people is that of the difficulty in obtaining a personal assistant. Many disabled people have to wait until they

[4] Delayed transfers of care database, NHS Wales cited in StatsWales, *Delay reason by LA of residence*, last updated 23rd April 2020. Accessed at: Delay reason by LA of residence (gov.wales) [Date accessed: 10th January 2022]

[5] In 2019, Staff turnover rates in Wales were calculated as being 13%, equating to 194 carers leaving the profession. This compares with 217 new staff members. Social Worker Workforce Planning Report, 2018 - 2019. Link: https://socialcare.wales/cms_assets/file-uploads/COM07000_Social_Worker_Workforce_Planning_2018_19_eng_Final.pdf

[6] Measuring the Mountain Report. 2019. Link: http://mtm.wales/ckfinder/userfiles/files/MtM%20Final%20Report%20March%20 19%202019.pdf

[7] Social Care Wales 2019, http://www.socialcaredata.wales/IAS/themes/demandforcareandsupportservices/adults/tabular?vie-wId=2212&geoId=1&subsetId=

[8] Leonard Cheshire Cymru, *Manifesto Asks: Annex 1: Professionalise Wales' social care workforce*

have a personal assistant before they can be safely discharged from hospital, causing significant delays in transfer of care.

Social workers, if stretched beyond their recommended caseload levels, will, by definition, not be able to deal with each case in the best possible manner, There may be reticence in initiating contact with patient and carer at an appropriately early stage. It may be hard for social workers to prioritise organising a care package in advance of discharge when they have other patients who are ready to leave immediately or have been waiting for discharge for some time. In this scenario, delays in discharge will persist for as long as the sector remains understaffed.

What has worked in Wales, and other parts of the UK, in supporting hospital discharge and improved patient flow, and identifying the common features?

Pilot initiatives such as those detailed in a recent BBC news article[9] are welcome and encouraging, whereby patients who were almost ready to be discharged from more specialist, acute wards have been moved to nurse-led wards where patients needed fewer medical interventions. However, the very existence of these initiatives highlights the need to improve the co-ordination of health and social care. The NHS Confederation's paper, *Cross-sector partnership working to support the response to COVID 19 in Wales*,[10] demonstrated the benefits of a co-ordinated and streamlined approach to health and social care. The report outlined how community initiatives, voluntary services and the care sector have united with healthcare services to provide necessary provisions during the crisis and have been proactive in their response. The lessons that have been learnt throughout the pandemic to date can and should be applied to the future running of Wales' health and social care services.

To these ends, Leonard Cheshire Cymru calls for the Welsh Government to commit to:

- Prioritise social care in future budgeting to ensure that staffing needs can be met.
- Recognise the impact of Covid-19 on third sector providers and ensure a safety net is in place to support the sector in delivery.
- Improve support and resources for carers, whilst in the profession and post, to ensure consistent and improved quality of care.
- Revise the terms and conditions for social care and domiciliary workers to improve staff retention and the public profile of the sector.

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[9] India Pollock, "Hospitals unable to discharge healthy patients due to care shortage," BBC News, 5th January 2022. Accessed at: Hospitals unable to discharge healthy patients due to care shortage - BBC News [Date accessed: 10th January 2022]

[10] The Welsh NHS Confederation, *Cross-sector partnership working to support the response to COVID-19 in Wales*, June 2020. Accessed at: Welsh-NHS-Confederation-Cross-sector-partnership-working-to-support-the-response-to-COVID-19-in-Wales.pdf (wcva.cymru) [Date accessed: 10/01/2022]

Research has suggested that integrating health and social care funding will improve wellbeing in the community and would lead to fewer delayed hospital discharges and inappropriate care assessments and packages.[11] Further advantages include:

- Minimising the need for competition or incompatible practices between the health and social care sectors.
- Better information and technology for health and social care to allow for sharing of information and reduce incompatibility between partner services.

Research has suggested that part of the strain on the existing social care provisions may stem from a lack of awareness of alternative social care arrangements such as direct payments.[12] We therefore advise the creation of a public awareness campaign about:

- The existence of direct payments for recipients of social care (as an alternative to funding being via local authorities) to give people more choice in how they are cared for.
- Ensuring that local authorities make recipients of care funding aware that they can choose whether social care funding is received as direct payments or paid to local authorities.
- Ensure there is a safety net for those in receipt of direct payments if their carer falls through/leaves or if there is a gap in their care.

[11] Welsh Government and Swansea University, *A Realistic Evaluation of integrated health and social care for older people in Wales, to promote independence and wellbeing: Interim report* July 2019. Accessed at: https://gov.wales/sites/default/files/statistics-andresearch/2019-07/131015-evaluation-integrated-health-social-care-older-people-interim-report-en.pdf [Date accessed: 10/01/2022]

[12] Adults Receiving Care and Support cited in Stats Wales, *Adults receiving services by local authority and age group*. Last updated: 23rd October 2019. Accessed at: Adults receiving services by local authority and age group (gov.wales) [Date accessed: 10/01/2022]