

HD 06

Rôl awdurdodau lleol o ran cefnogi'r broses o ryddhau cleifion o'r Ysbyty

The role of local authorities in supporting hospital discharges

Ymateb gan: Comisiynydd Pobl Hŷn Cymru

Response from: Older People's Commissioner for Wales

# CONSULTATION RESPONSE



Comisiynydd  
Pobl Hŷn  
Cymru  
Older People's  
Commissioner  
for Wales

## **Senedd Local Government and Housing Committee inquiry: The role of local authorities in supporting hospital discharges**

**27 February 2025**

---

The Older People's Commissioner for Wales welcomes the opportunity to contribute to the Senedd Local Government and Housing Committee's consultation on the role of local authorities in supporting hospital discharges.

### **Introduction**

The Older People's Commissioner for Wales operates an Advice and Assistance Service that provides help and support to people aged 60+, living in Wales who have been experiencing problems with services, such as health, social care, community services or housing, and/or who are concerned that their rights may have been breached. People are also able to use the service on behalf of an older person, such as a family member or friend if they are facing issues or difficulties.

Issues around delayed discharge from hospital that include at least some element of local authority involvement are frequently raised via inquiries to the Commissioner's Advice and Assistance Service. These are varied and can be complex. A summary of the kinds of issues that have been the subject of recent contact is provided below.

### **Issues regarding hospital discharge**

#### **Information and communication**

Older people (including older people who are carers) family and friends report problems with communication from social services and hospitals in relation to discharge, assessment of needs and the care and support arrangements put in place. This ranges from older people, carers and relatives not being informed and kept up to date with developments to older people not being

informed of their rights, and in some cases misinformed. In one instance, the Commissioner has been made aware of a care assessment that contained a number of errors where the family were told that they should not have seen the assessment and that they would not be provided with a copy of the new assessment. This disregards the right of individuals and carers to see a copy of care and support assessments and the right to have their views and wishes heard as part of the process.

Another instance relates to the lack of clarity over who is making the decision on discharge where hospitals / local authorities have both said the other is responsible for the next stage of the discharge process. This leaves the older person in limbo, causing frustration and anxiety to the individuals in hospital as well as family and carers.

### **Unsafe discharge and lack of confidence in arrangements**

The Commissioner's team have responded to cases where older people have been discharged from hospital without sufficient consideration of their immediate care and support needs. This includes instances where older people are discharged into unsuitable situations e.g. sleeping on sofas because they cannot get upstairs unaided, or unable to attend to their personal care needs or maintain a clean home. Older people and relatives have also highlighted occasions when the care package agreed has not seemed sufficient or where care visits have not been provided. This included a case where an emergency care package was due to be provided over Christmas of three calls a day where only two calls were provided and on some occasions were hours late. This concerned an individual who needed help to access the toilet.

In another case, an individual who provided care for her husband had moved into a council-owned flat but was expected by social services to ensure the flat was adapted for her husband's discharge from hospital. Following assessment, the individual was offered four hours of care per week but was very distressed and felt that she would not be able to cope with her husband's discharge home. A temporary care home placement was offered but the individual was still concerned at her inability to cope if her husband returned home. Subsequently, her husband died in hospital before arrangement for discharge could be made.

### **Delays and impact on carers and families**

While older people, families and carers understand the pressure on public services, the Commissioner's team has received a number of contacts from people about delays in discharging older people from hospital. This includes the wait for assessments of people's needs (in some instances carers' needs assessments) as well as delays due to local authorities struggling to find providers who can deliver care packages when someone is ready to leave hospital. As a result, older people remain in hospital when they want to go home, are ready to do so, and the lack of a care package means this is not possible. In such instances, deconditioning, already a risk for older people being admitted to hospital, is likely to occur or reoccur, meaning that older people who have initially been admitted to hospital with less serious issues may become trapped in a cycle of being medically optimised, deteriorating, being helped to recover function and then deteriorating again, and leaving with higher support needs or requiring long term care because of the amount of time they have been forced to spend in hospital.

On some occasions, delays in the local authority putting in place a care package mean that family and friends have been required to step in to provide care to fill the gap. This can put enormous pressure on families, leaving them feeling distressed and unable to cope.

People also told the Commissioner's team of struggling with bureaucracy, whether this was trying to facilitate the discharge of older relatives who in some cases were self-funding their care home placements, or trying to arrange transfers between local authorities so that older people could be closer to family and friends. In one case, a suitable self-funded care home placement was found by a family so that a parent could leave hospital and be closer to them but the new local authority wanted to repeat some assessments that had already been undertaken, leading to delays and the potential loss of the place.

### **Disputes, including about costs and paying for care**

In some cases, where a suitable care home placement had been identified, local authorities were unwilling to fund placements at particular care homes, even where other local authorities would fund the same placements. One enquirer had been told "Unfortunately, the council will no longer fund anyone in [x] care home because of the high fees". However, older people from neighbouring local authorities were funded at the same care home creating an unequal situation. It is unclear how far different LA methodologies for calculating fees, and different contract negotiation outcomes are contributing to this situation.

In another case, a local nursing home placement had been suggested as a possible placement for someone living with dementia and the family were content with this option. The local authority said that they were not in contract with the nursing home but the nursing home said that this was not the case and that they were in contract. This situation gave rise to a 'reluctant hospital discharge' meeting where the family did not feel they were at fault for delaying the discharge as other homes recommended by the social worker did not have availability.

### **Older people's rights, and the rights of carers, not being upheld**

Cases raised with the Commissioner noted above evidence a theme of rights not being upheld in relation to hospital discharge, though not all responsibility lies with local authorities. This includes older people not being made aware of their rights and insufficient effort to ensure that rights are understood, as well as instances where carers' rights, such as the right to a carers' needs assessment, have not been communicated adequately. Older people, families and carers are not always provided with accurate information about their rights in relation to preferred care or nursing homes, nor what is legally permitted in relation to care homes charging top up fees.

### **Good practice**

There are also opportunities to learn from and extend existing good practice. For example, funded by Swansea City Council, Swansea Bay University Health Board and the Health and Social Care Regional Integration Fund, Bon-y-Maen House in Swansea stands out as a model of fully integrated reablement care. Since 2019, it has become a vital part of the health and social care system in the area, helping to build a strong, trusting relationship between the health and social care teams.

By collaborating with a range of social care and health professionals and benefiting from enhanced GP services, Bon-y-Maen ensures individuals receive seamless support. A trusted assessor facilitates a smooth transition from hospital to Bon-y-Maen, where the integrated reablement team then assists with a person's recovery and discharge home—without the need for ongoing care and support intervention in over 80% of cases. Many individuals, despite initial frailty and complex conditions, regain independence through expert care and tailored support.

This preventative model delivers outstanding outcomes, enabling individuals to leave Bon-y-Maen House stronger and more independent. It raises the important question of why this approach has not been scaled up across Wales, especially as this is one of the intentions of the Regional Integration Fund. By supporting timely recovery and preventing unnecessary long-term care and hospital re-admissions, extending this model could help alleviate pressures on the health and social care system, including delayed pathways of care.

The impact of the approach taken in Bon-y-Maen has been widely praised, including by a doctor who recently shared their family's experience with a local MP: "My Mum is currently in week three of the reablement programme and the transformation is absolutely incredible. My brothers and I have been overwhelmed with the progress and the absolute professionalism of the staff. We really do feel this is an exemplar for post-acute care of the elderly where there are very high success rates in achieving the goal of returning residents to independence."

Bon-y-Maen House is a model that is delivering positive outcomes for older people and one that could provide a vital solution to broader health and social care challenges.

The Commissioner hopes that the Committee find the experiences of older people valuable to the Inquiry.

Rachel Bowen

Director of Policy, Older People's Commissioner for Wales

[Rachel.bowen@olderpeople.wales](mailto:Rachel.bowen@olderpeople.wales)