

HD 07

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: Age Cymru

Response from: Age Cymru



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Inquiry response

February 2025

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to respond to this inquiry as our engagement with older people across health boards has highlighted multiple issues related to discharge planning. Discharge from hospital for many older people requires holistic planning to ensure it is safe and allows the older patient to recover and needs to consider needs over and above medical considerations. We hear concerns from callers that patients are being discharged once medically fit without considering their wider circumstances that can make discharge unsafe. We also hear many concerns from older people across Wales where delays are causing deterioration of patients whilst they wait for the right care for them to leave hospital. Delays in hospital discharge reduce positive outcomes for older people and cause undue levels of stress for all involved. Remaining in hospital longer than necessary risks deconditioning and delays rehabilitation. Concerns continue that unsafe discharge can result in older people's rapid deterioration, emergency hospital readmission or worse.

We hear from older people who have been failed in the detail and level of communication they need to prepare and plan for discharge, and from those who have not had the care they need when they leave hospital that allows them to recover/maintain their health. We also hear concerns from families where discussions on 'who pays?' are hampering timely discharge when the decision is made that a move to residential care is the best option.

Though this inquiry focusses on discharge, it is important to stress that local authorities play a vital role in supporting their residents to stay well and reduce the need for hospital admittance. Resourcing pressures on local authorities mean that they struggle to arrange and support services that can help people stay well and reduce the need for hospital admission. Given the growing pressures of an ageing population and projected increases of people living with dementia, it is vital that local authorities have the resources to change services to meet future needs.

The effectiveness of local authorities (primarily social services) in supporting safe, timely and efficient discharges from hospital

Prior to the pandemic, social care departments were already struggling to meet the needs of their residents. Since the pandemic, the reduced health of the nation means there are more people in need of care and support, often with more complex needs, and this results in local authorities struggling to provide timely support on hospital discharge through finite resources.

In our [reports on delays in access to social care](#) for older people across Wales in 2022, 2023 and 2024¹ we detail the scale of delays in older people and older carers being able to access an assessment for their needs and for that care to be in place, and what local authorities are doing to improve timeliness of assessment and support. We heard from local authorities how they were changing working practices to free up social worker time to concentrate on the more complex needs of their residents and provide lower level care needs through other means. One local authority told us that their arrangements with health are well integrated and that most hospital referrals ‘don’t touch a social worker.’

One local authority area told us that they are piloting a change in their contract arrangements, to increase timely discharge for some. The change allows those who had a package of care prior to going into hospital, have that package continued to allow timely discharge even when the person has been in hospital for some time. This comes at a cost to local authorities, but they felt it had to be implemented to overcome rules in place that the package of care will be withdrawn after the person has been in hospital after a certain amount of time.

Others told us how they were struggling to get domiciliary care in some areas and so were block contracting for an area or paying an enhanced rate to attract interest from care agencies. In some areas, particularly more rural ones with a lower proportion of working aged people this had not been as effective as they had hoped, and delays were still causing major issues. As such, social care recovery is severely hampered by local factors than have not been resolved through the introduction of the Real Living Wage for social care.

It is clear from the above that social care departments are making efforts to streamline their service delivery, but to date these have not been sufficient to meet current levels of need and reduce delays in getting people the care they need.

We repeatedly heard how difficult it is to fully staff and maintain a social care workforce when pay scales, terms and conditions cannot match those of staff in health services. Social care departments are struggling to meet the community needs of their local populations that can stop people needing hospital admissions in the first place. They are placed in a position where they are forced to choose between the urgency of a hospital discharge and the urgency of people’s increasing care needs in the community. The development of a National Care Service would go

¹ Reports for 2022, 2023 and 2024 are available at www.agecymru.wales/why-are-we-waiting

some way to reducing the inequalities between health and social care and contribute to safer and more timely hospital discharge.

In our 2024 annual survey with over 1300 older people across Wales² we heard that even though care packages had been agreed that package of care was not available at the time of discharge. If a care package has been agreed, it is vital that discharge does not happen until that care can be put in place. One survey respondent told us of the difficulties a hastily arranged package without suitable care worker visiting times was affecting them:

“After I was recently discharged from hospital, had no social care support in place despite being discharged with a care package. After a complaint by Women Connect First, carers started attending but they don’t come on time, and I have to keep complaining. No urgent occupational therapy and assessment completed and I had to access support from Women Connect First.” Age Cymru What Matters to You? survey respondent, 2024.

Communication between health and social care needs to improve to prevent such instances from happening.

The scale of the current situation with delayed transfers of care from hospital (as attributable to local authorities), including the length of delays

Age Cymru were pleased to see the amendments to published data on delays in hospital discharge to include additional breakdown of the reasons for delays. This allows some analysis of local authority and health board performance, though data alone can only provide an overview.

The published data shows that though there is often a focus on ‘winter pressures,’ delays in hospital discharge is a major issue throughout the year, and this was echoed in our conversations with social care leads for our delays in access to social care reports in 2023 and 2024 on how pressures are now year-round. In practice this means there are no quieter periods for local authorities to plan and implement the level of change needed to meet the current and projected future population needs. We heard concerns from social care leads that that social care data collection masks the true level of work needed to provide care for an increasingly unhealthy population, and without additional time, finances and staffing to make changes to services they will not manage future needs.

Local authorities are also struggling to continue to resource and support wider preventative services that can reduce pressure on hospital admissions.

² www.agecymru.org.uk/annualsurvey

The main barriers for local authorities in effectively facilitating the discharge of patients with care and support needs, including:

a. social care capacity and workforce shortages;

We have detailed above and below the barriers local authorities are facing in capacity and workforce shortages and how parity with NHS terms and conditions could assist with reducing shortages.

b. waits for care assessments (and other assessment related issues),

In our [reports on delays in access to social care for older people across Wales in 2022, 2023 and 2024](#)³ we detail the scale of delays in older people and older carers being able to access an assessment for their needs and for that care to be in place and what local authorities are doing to improve timeliness of assessment and support. Despite improvements our data showed that nearly one in four older people were still waiting more than 30 days for a care assessment and one in six were waiting more than 30 days for care to be in place in 2024. We heard that the issues that local authorities were facing in arranging domiciliary care were in the main reducing, though some areas were still struggling to recover, and this was most notable in rural areas. Many social care leads cautioned that the data alone does not reflect the increased complexity of need they are seeing in their local populations, or the additional time it takes to assess and provide support for those more complex needs.

Feedback from older people across Wales from our delays in access to social care campaign includes instances where families have sourced care privately as they could not wait for their local authority to conduct an assessment of their loved one's needs and get the necessary care in place. Particularly for local authorities with long waiting lists for an assessment, this increases inequalities between those that are able to fund this and families that cannot.

In our 2024 annual survey, only 19% of the 429 older carers said they had asked social services for help. Of those 429, 4 in 5 were asking for help for someone else. Of these, less than half told us they got the help they needed. We heard from some who were still waiting for an assessment and others who needed more help than they were currently getting but were on a waiting list. We heard from others that were struggling to get to speak to a social care professional and communicate the urgency of their needs. We know the negative impact that a caring role can have on physical and mental health, so making sure carers get the help they need to continue to care is vital. Without ensuring that carers have access to the information, advice and services they need to carry on caring, this can result in emergency hospital admission for themselves, the person they care for, or both. This has long term implications for the health of wellbeing of older people, as well as increasing demand unnecessarily on costly inpatient services.

³ Ibid 1

c. disagreements or legislative barriers affecting discharge decisions;

Some callers to Age Cymru Advice ask for information to help them understand what the disagreement is about relating to their loved one's discharge from hospital. We hear from older people who are struggling to get their loved one home or into the right residential placement that suits them. In some cases, it is unclear whether the difficulty relates to a decision on who pays for care between health and social care, or whether the family's choice of placement is more than the local authority will pay.

Lived experience example

A caller to Age Cymru Advice wanted help with the position their family were in after struggling dealing with the hospital and social care for their mum's discharge which left mum left in hospital losing weight and in extreme distress whilst she waited to be discharged. Mum was living with dementia and had been living with our caller's family with a Direct Payments care package for over 2 years before hospital admission because of a series of strokes. Mum did not want to move to residential care but it was decided it was unsafe for her to live independently with her reduced health.

When the family met the social worker to discuss mum's future, they found the medical information was lacking and factually incorrect in some areas. The social worker suggested several residential care options. Two of these they felt were completely unsuitable for mum. The remaining one was close to family and matched their mum's needs, but they were then told that this home wasn't an option without a clear reason why having been given. Her family requested an assessment for Continuing Health Care Funding but this was refused. By this time mum had been in hospital for over three months and was incredibly distressed and could not understand why she couldn't leave hospital. Because of the level of her distress, agreement was reached for the personal assistant their mum was used to, visiting her to provide some care whilst she was in hospital.

Because of the levels of distress and how fast mum was deteriorating, the family decided to pay privately for her to go to the suitable care home as a temporary measure to get her out of hospital and reduce her distress. They also paid for the personal assistants to go in whilst mum settled down into residential care. Mum settled into the home very quickly, her mental health improved and she put on weight. However, our caller at the time was unable to find any way of getting agreement on how mum's care should be funded in the future.

Disagreements between health and social care on 'who pays' between two public services, uses time and resourcing that could be better directed to frontline support. Age Cymru Advice receives requests for information on how Continuing Health Care (CHC) funding is decided upon, with a lack of consistency being noted in decision making on this.

Lived experience example

Age Cymru was contacted for help in understanding how Continuing Health Care (CHC) funding decisions are made. Their dad was in hospital following some

failures in community health to spot increasing health risks that then resulted in an emergency admission and long in-patient stay. The family had been told that dad's care needs were not eligible for CHC funding. Dad had multiple health issues and following advice from Age Cymru Advice as well as our caller taking time off work to research the legal framework and then challenge the refusal of CHC, the family were successful in challenging the CHC decision and were able to get dad a place in a care home close to family where he was comfortable and well for the rest of his life.

Eligibility for CHC funding criteria is not an issue specific to Wales. The Nuffield Trust's report on CHC in England⁴ highlights how fewer assessments now result in an agreement on eligibility, that eligibility varies substantially across England and decision making is slow on whether a person is eligible. They suggest that eligibility needs to be clearer and understood. Social care and health staff need to improve their dialogue on this area and speed up decision making processes that currently cause undue stress to the older person in hospital as well as their loved ones who are trying to help get them out of hospital to the right place for them.

d. challenges in arranging care home placements or home care packages

For older people needing to move to residential care from hospital, delays can arise in finding the right placement that meets their needs that is also within visiting distance for their families and friends. Care close to home is vital to maintain wellbeing and is particularly important for people living with dementia. The stability of the care home market is currently in question. Some care homes are closing across Wales and in every case, this means people are forced to move home when the decision is not theirs and they could not have expected this to happen.

In our delays in access to social care for older people in 2022, 2023 and 2024 we heard from social care leads about changes in the care home market. The reduced health of the nation post pandemic means that people's care needs are increasing. Social care leads told us they are concerned that the increased need for nursing care means that they cannot find placements for older people as quickly or as locally as they, the cared for, and the family want. This can delay the time it takes to get an older person out of hospital and into a suitable home for them to live their lives.

Our engagement with older people shows that the choice of placements offered by the local authority to them is often not a real choice. We regularly hear that the cost that a local authority will pay is less than the price of a care home that their loved one will be happy in, and that the ones offered at lower cost are too low quality. As such families feel forced to pay a top up on the fee that the local authority will pay, which affects their own financial position for the future.

In our 2024 report on delays in access to social care one local authority had commissioned external consultants to calculate a reasonable market rate for care

⁴ 2024 Falling through the gaps? A closer look at NHC Continuing Healthcare available at <https://www.nuffieldtrust.org.uk/resource/falling-through-the-gaps-a-closer-look-at-nhs-continuing-healthcare>

home placements, which resulted in them increasing the fees they pay. It is important that improvements are made in how a fair price for care is agreed at across all Welsh counties to ensure that the market is not destabilised further.

Further delays can arise through other funding decision delays. ‘Who pays?’ disagreements between health and social care are a common reason people call Age Cymru Advice about where these discussions are causing delays in hospital discharge. In our delays in access to social care for older people report in 2024 one social care lead told of their despair on funding decisions, particularly around Continuing Health Care. They said,

“It’s a complete lottery on whether you get or not and people are left sitting there, without a service whilst there’s lots of meetings constantly requesting other things before it’s decided. I despair sometimes.”

As included in ‘c’ above, our engagement with older people across Wales shows they do not understand the blurred line between what a funded health need is and what is a social care need where there is a financial contribution to make (subject to fairer charging regulations).

Care and Repair Cymru’s Hospital to a Healthier Home programme speeds up patient flow by solving housing issues that prevent safe discharge and reduce emergency readmissions. Their latest annual report⁵ details that funding has been lost in one area, and this will undoubtedly impact safe and timely discharge in that locality. It is vital that services that can help people recover more quickly from their hospital stay are available in all localities across Wales.

“I was recently discharged from the hospital and it has been a struggle to get help. Though I had a care package on discharge, nothing had been put in place before I was discharged to live on my own. I struggled on my own, kept falling and hurt myself trying to survive on my own with no help.”

Age Cymru What Matters to You? survey respondent 2024

The variations in hospital discharge practices throughout Wales and the impact on local authority delivery. How to improve consistency, including the identification of best practice and innovative approaches that could be adopted more widely.

The published Welsh data on delays in hospital discharge shows little movement in terms of numbers reduced. Despite the 2018 introduction of discharge to recover and assess procedures, national, regional and local efforts to improve appear to be making little difference.

Safe and timely discharge practices rely on the availability of a range of care services and ‘edge of care’ services to exist and be available at the time of discharge. Without referrals to the right agencies at the right time, the safety of the discharge process is compromised and can result in emergency readmittance. In 2024 as part of our Why are we Still Waiting campaign one local authority told us

⁵ <https://careandrepair.org.uk/our-reports/>

they have fewer edge of care services than needed in their area. They currently fund a service that is located at the front end of Accident and Emergency to try to make sure things are in place for when someone leaves hospital. Demand for actual care has increased, but there is still a need for valuable edge of care support that helps people settle in after leaving hospital.

Our engagement indicates that pressures to discharge patients once medically fit can come at the price of the right information being available to agencies at the right time to plan care effectively. Discussion with our local partners providing care upon hospital discharge show that the information they get, and the timeliness of information on discharge they receive, is not enough to plan the right level of care upon discharge. The timeliness and quality of information also varies from hospital to hospital, which indicates varying practices within the same health board.

Our 2024 report on delays in access to social care for older people included an additional focus on hospital discharge because of the volume of concerns we were hearing through our engagement with older people across Wales. We spoke to 11 social care leads of the 22 local authority areas. Though many felt that discharge to recover and assess procedures were becoming embedded in ways of working, we also heard from a number of social care leads about their concerns on the timeliness and quality of information coming from hospitals about discharge for those that needed care and support.

In one case the assessment by hospital staff appeared to have been completed long before the person was due to leave hospital and vastly over prescribed the level of home care needed. Local authorities rely on good quality, up to date information coming through in order to make the best use of their valuable resources. In this instance, the overprescription meant that a care provider had arranged a high level of care, that was not then needed that could have been used for someone else.

Discussions with local partners show instances where discharge has not been planned safely, and this can result in readmission to hospital. In one instance the same person was admitted twice to hospital following falls and on both occasions was not given the care they needed to go home. The second admission was due to a fall resulting in significant injury and meant returning home was no longer an option as it was unsafe for them to live independently. Despite seeking help from social care in the area there was no response, and our local partner had to escalate their concerns to their local councillor to get a response.

An assessment of current discharge processes and procedures at a local government and national level, including partnership working between the NHS and local authorities, strategies for increasing community capacity, and the effectiveness of Welsh Government support.

We detail above how discharge to recover and assess procedures are not yet embedded in all areas of Wales and how significant improved communication between health and social care is needed to support safe and timely hospital discharge practices.

The availability of hospital to home services varies across Wales, resulting in a postcode lottery of where older people can and cannot get the help they need to leave hospital and recover well. It is vital that an additional focus on gaps in service is conducted and that steps are taken to reduce those gaps.

In our delays in access to social care campaign reports we highlight the difficulties local authorities face in commissioning lower level support that is vital for safe and timely hospital discharge, that does not result in hospital readmission. In 2024 we heard how grant funding in the main to local charities had little or no uplift to reflect the increased costs of service delivery in 2024. This destabilises the support that charities offer. Better community resilience is needed to support safe hospital discharge and such real term reductions in funding will inevitably mean that services will disappear as they become financially unviable. It is vital that preventative care and early intervention services are resourced to meet the population's need and so reduce the need for hospital admission or readmission.

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