HD 10
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: Cyngor Gweithredu Gwirfoddol Cymru
Response from: Wales Council for Voluntary Action

The role of local authorities in supporting hospital discharge

A RESPONSE FROM WCVA

1) Wales Council for Voluntary Action (WCVA) is the national membership organisation for the voluntary sector in Wales, Our purpose is to enable voluntary organisations to make a bigger difference together. WCVA's Health and Care Project aims to better connect the voluntary sector with the health and social care system.

2) We thank the Committee for the opportunity to respond to this consultation on the role of local authorities in supporting hospital discharge.

3) There is a strong foundation of voluntary sector organisations delivering home from hospital services for well over 20 years. Despite this longstanding and current contribution, voluntary sector hospital to home services are often not integrated into the planning of hospital to home pathways. They are frequently reliant on short term funding and at risk of closure year on year.

4) People with learning disabilities, autism and older people are more susceptible to delayed hospital discharge. Our commissioned literature review by University of South Wales found that this was largely due to the unavailability of suitable packages of care and that systemic issues were a contributing factor in delayed discharge. The report also found that the voluntary sector plays a key role in:
    - Partnership and joint working e.g. discharge support workers
    - Commissioned services that enable safe discharge e.g. adaptations and transport
    - Services that prevent readmission e.g. supporting activities of daily living and social support

SUMMARY OF RECOMMENDATIONS

5) Our recommendations in the area of hospital discharge are:

- Public sector services should value and trust the voluntary sector as one of the cornerstones of the health and social care system, and collaborate with them as delivery partners of the Discharge to Recover and Assess Model of Care.
- The statutory sector should engage in early and continuous dialogue with the voluntary sector to ensure resources are allocated efficiently to meet patient need.
- Longer-term contracts should be awarded for delivering hospital to home services, adhering to the National Framework for Commissioning Social Care and the Code of Practice for Funding the Third Sector.
- Local authorities should experiment with different collaborative commissioning approaches, co-producing the approach and delivery with the voluntary sector to create more social value.
- Local Authorities should do things differently, focusing on people and community benefits as a priority, this is possible within the parameters of their procurement process.
- All public bodies funding or commissioning services from the voluntary sector should do so in accordance with the Code of Practice for Funding the Third Sector. The Code outlines best practice, reduces the bureaucratic burden for public funders and voluntary organisations alike, ensuring efficient delivery and better value. An updated version of this Code will be published shortly.
- Cross-sector stakeholders actively collaborate with the voluntary sector to co-design and implement an integrated volunteering pathway that supports individuals from hospital to home.
- Learn from existing examples of effective volunteering frameworks and roles.

These are expanded upon later in this response.

VOLUNTEERS AND VOLUNTEERING

6) Volunteers are uniquely placed to work across public and voluntary sector boundaries, bridging the gaps between health and social care provision.

7) In Wales, Local Authority representatives on Regional Partnership Boards (RPBs) can advocate for increased volunteering funding by showing how it eases pressure on local resources and strengthens community support, using evidence of impact, as shown in the below examples:

8) Volunteers in hospital settings can play a key role in patient discharge and overall patient support. Helpforce UK's report notes that "volunteer action has saved staff time. For example, collecting medicines from the pharmacy for patients to take home yielded 29 minutes of time per collection and sped up the patient discharge process by an average of 44 minutes per patient". This free up clinical and nursing staff to spend more time achieving better outcomes for patients.

9) Volunteers can also help prevent patients from being readmitted to hospital unnecessarily. The report highlights a scheme in Kingston in which patients received

discharge support calls from volunteers, lowering readmission rates and improving people's level of confidence to cope at home.

10) Helpforce have also highlighted several other schemes across the UK in which volunteers make a positive impact on hospital discharge.

    - Sussex Integrated Care Board (ICB) introduced 'reconditioning volunteers' to encourage mobility and prevent muscle loss. This helped patients recover faster and enabled quicker discharge.
    - Cornwall's Community Gateway and hub network provided 365-day community support, reducing unnecessary healthcare visits by 50%. Following the success of the pilot, Cornwall and Isles of Scilly ICB committed £700,000 funding per year for three years to the Community Gateway and hub network, shifting care from hospitals into the community.
    - Within the North East and North Cumbria ICB's 'Settle at Home' service, NHS volunteers act as a bridge between hospital and voluntary sector support. This ensures patients have necessary support post-discharge, reducing risks of readmission.

11) Investing in volunteer-led initiatives can:
    - Improve discharge efficiency and patient outcomes.
    - Reduce hospital readmissions and healthcare costs.
    - Strengthen community support networks, easing pressure on health services.

12) Ongoing research and integrated partnerships are key to sustaining and expanding these benefits.

    Recommendation: Voluntary sector, Local Authorities and the Health Boards must actively collaborate to co-design and integrate volunteer roles into health and social care pathways that supports individuals from hospital to home. This coordinated approach ensures that volunteering services are embedded across all care settings, enhancing patient well-being and continuity of support within both hospital and community environments.

    Recommendation: Learn from existing examples of effective volunteering frameworks and roles:

    a. **Helpforce 'Back to Health framework guide'** and the **Framework for volunteering in health and social care**
    b. **Work in partnership with volunteering experts to overcome policy and practice barriers**. Policies are often designed for the workforce, not with volunteering in mind. Helpforce has partnered with cross-sector stakeholders to remove barriers and ensure safe volunteering from hospital to home. For example, safeguards, including revised data protection and information-

sharing protocols, enable volunteers to call patients and reduce DNAs (did not attends).

FRAGMENTATION

13) Whilst hospital to home services are an ongoing requirement to support hospital discharge processes and meet patient needs, voluntary sector provision across all parts of Wales are variable, driven by both local and regional arrangements. The Regional Integrated Fund (RIF) aims to improve integration therefore innovation projects should be funded through it. However, local authorities and health boards may have commissioned services separate to RIF from their own budgets.

14) This fragmented approach should be reviewed and a more joined up approach involving the voluntary sector should be established. The new approach should be about allocating resources in a strategic and collaborative way that does not continue the cycle of annual contracts and grant pots to fund the voluntary sector.

Recommendation: The statutory sector should engage in early and continuous dialogue with the voluntary sector to ensure resources are allocated efficiently to meet patient need.

15) Welsh Government has developed the D2RA (Discharge to Recover then Assess) pathway. This sets out four main pathways for supporting people during the hospital to home process.

16) Health Boards and Local Authorities currently fund/commission hospital to home services delivered by the voluntary sector to provide support across pathways 0 to 2, but there is a lack of clarity about what is needed from the voluntary sector at a minimum to ensure safe discharge. The Hospital to Home Community of Practice (CoP) has continued to develop the Model of Care, based upon good practice activity funded through the Regional Integration Fund and other work considered important to the Model. The sector's role is valued within the CoP but there are unanswered questions about what is expected from it as part of this model.

17) Without the voluntary sector, statutory partners would be unable to meet their statutory duties for care and support. Unpaid carers and families would be expected to provide the support the voluntary sector often provides. These roles range from providing home care and transport to ensuring that patients' homes are adapted to their needs. Although not mentioned in the consultation, the voluntary sector is a vital partner in ensuring that local authorities are able to successfully plan and deliver hospital discharge processes. Unfortunately, there is a postcode lottery in terms of what the voluntary sector provides due to the uncertain and fragmented funding.

Recommendation: Public sector services should value and trust the voluntary sector as one of the cornerstones of the health and social care system, and

collaborate with them as delivery partners of the Discharge to Recover and Assess Model of Care.

STRATEGIC PARTNERSHIP

18) Hospital discharge is complex and requires an effective multi-agency, person-centred approach. This entails continuous dialogue between the voluntary sector and statutory agencies, working together to plan the services required to meet population need.

19) Hospital discharge is the intersection between health and social care which means that RPBs have strategic oversight of hospital to home support services. Progress has been made in improving the integration of health board and social services, but there are still challenges in allocation of resource and communication between them.

20) Not involving the voluntary sector in discussions about planning hospital to home provision is a mistake. They can join dots, contribute creative ideas and represent patient voices. Not only are voluntary sector partners not routinely included in planning, there is also a lack of support and capacity for voluntary sector representatives to engage with RPBs strategically. Voluntary sector representatives' time spent engaging in strategic structures is often funded from charitable or unrestricted funds in their budgets. Greater resource is required to allow the voluntary sector to play its role on RPBs more effectively.

21) There is also a need for many RPBs to undergo a change in attitude and view the sector as critical delivery partners in their work. Whilst the voluntary sector holds no statutory duties, it supports the public sector to meet its statutory duty. This should be valued and respected but many voluntary sector representatives are viewed as 'junior partners' on RPBs, and their presence and perspective are not valued equally in decision-making.

22) Local and regional voluntary sector organisations tend to provide services closer to home and have a better understanding of local needs and needs of specific population groups. These are too often overlooked when it comes to involvement in joint service delivery and partnership arrangements. The Third Sector Support Wales network is well placed to facilitate the engagement of voluntary sector groups and organisations within integrated systems to address gaps in provision, particularly for underserved communities, and involve volunteers to develop capacity within communities.

COMMUNICATION AND COLLABORATION

23) The voluntary sector provides support to patients and their families. The specialised support provided to unpaid carers can especially help to ensure a safe discharge and reduce the risk of readmission. The voluntary sector can be a linchpin for families and support specifically for unpaid carers can include emotional support groups, transportation, or even volunteer-led assistance with household tasks.

24) Communication between hospitals and social care could be improved at the delivery level. In some areas, hospital discharge social workers are not based within discharge teams. If they were, it would encourage earlier conversation about patients' needs. This manner of planning and collaboration with the patient gives them the voice and control required under the Social Services and Wellbeing (Wales) Act. Early and continuous dialogue with the voluntary sector on discharge planning would help identify suitable community-based support earlier and allow for a much earlier and safer discharge date.

25) There are reports of hospital ward staff being unaware of voluntary sector services local to them. The strategic programme for Primary Care has a Multi Professional workstream which is trying to make improvements and reduce siloed working. However, the voluntary sector is not routinely invited to help spread and embed this practice across health boards. Involving voluntary sector partners in multi-disciplinary discussions would lead to better awareness of the support services available.

RESOURCE

26) Hospital to home services delivered by the voluntary sector have been annually funded for the past 20 plus years. Considering the oversight required to manage annual contracts for an essential part of the health and care system this represents a significant amount of waste over time. Where the voluntary sector is meeting a population need, a more strategic approach must be taken to allocate resource rather than run competitive tenders.

Recommendation: Longer-term contracts should be awarded for delivering hospital to home services, adhering to the National Framework for Commissioning Social Care and the Code of Practice for Funding the Third Sector.

27) The National Framework for Commissioning Social Care is an opportunity to start doing things differently. Too often enthusiastic people in the voluntary sector and staff in commissioning teams are met with barriers as a result of legislation, procurement process and culture. Resourcing of time for working productively with the voluntary sector on commissioning differently would be welcomed.

Recommendation: Local authorities should experiment with different collaborative commissioning approaches, co-producing the approach and delivery with the voluntary sector to create more social value.

Recommendation: Local Authorities should to do things differently, focusing on people and community benefits as a priority, this is possible within the parameters of their procurement process.

28) The increase in National Insurance Contributions the voluntary sector will have to pay will only add to this instability. There is a serious risk of organisations closing their doors entirely, leading to further delays in the successful discharge of patients back into the community and an increase in the likelihood of them returning to hospital due to a lack of community care. Many Senedd committees have shown similar concerns to WCVA's on this.

Recommendation: All public bodies funding or commissioning services from the voluntary sector should do so in accordance with the Code of Practice for Funding the Third Sector. The Code outlines best practice, reduces the bureaucratic burden for public funders and voluntary organisations alike, ensuring efficient delivery and better value. An updated version of this Code will be published shortly

CASE STUDIES

29) Here are three short case studies to highlight further the crucial work the sector in Wales does in this space.

30) CASE STUDY: Powys Association of Voluntary Organisations run a Community Connectors programme. The Community Connectors provide signposting support following a 'what matters' holistic conversation to patients being discharged home from hospital or recently discharged home. They attend MDT meetings, Patient Flow meetings and Care Practice Forum, inputting voluntary sector information into discussions with statutory services, aiming to achieve positive outcomes.

31) CASE STUDY: Age Connects Morgannwg run the Better@Home Project. This provides someone who has been recently discharged from hospital with six to eight weeks of support from a support worker and a two-week shopping service. It also offers volunteer transport to help people to medical appointments, as well as a befriending service for those who may be more socially isolated.

32) CASE STUDY: Care and Repair have been delivering Hospital to a Healthier Home across Wales since 2019. Specialist caseworkers work with clinical staff to identify patients who are clinically optimised but cannot go home due to a housing or environmental issue. The service fits home adaptations and completes home improvements to ensure patients can leave hospital more quickly into safe, warm, accessible homes. Since the beginning of the service, Care and Repair has completed

more than £8m in home improvements to facilitate safe discharges and help prevent readmission. This helped over 20,000 patients leave hospital more quickly, and saved the Welsh NHS over 120,000 bed days. However, they report that they frequently see patients discharged back into homes that are hazardous and likely to cause readmission, especially around falls and cold risks

33) WCVA will be happy to discuss these matters further with Members of the Senedd or officials on request. We thank the organisations who have contributed information to develop this response.

Johanna Davies
WCVA Head of Health and Social Care
jdavies@wcva.cymru
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