

HD 11

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: Crisis

Response from: Crisis

**Senedd Local Government
and Housing Committee
Inquiry on the role of local authorities
in supporting hospital discharges
Crisis response: February 2025**



About Crisis

Crisis is the national charity for people facing homelessness across Wales, Scotland and England. We know that homelessness is not inevitable, and we know that together, we can end it.

We provide services directly to people experiencing homelessness, carry out research into the causes and consequences of homelessness, and campaign for the changes needed to end it.

Our South Wales Skylight provides direct one-to-one support to people who are at risk of or experiencing homelessness in Swansea, Neath or Port Talbot. We help our members find safe and affordable homes and support with accessing benefits, healthcare services and employment opportunities. We also offer a range of learning, social and wellbeing opportunities.

Our Wales Policy team works closely with Members of the Senedd from all parties, contributes to working groups and advisory groups, responds to consultations and calls for evidence, and connects with policy teams in other organisations in Wales.

Our Best Practice team works with local authorities, third sector partners, businesses and other organisations on a range of homelessness projects across Great Britain to identify, test and promote ways of ending homelessness.

Crisis also works in partnership with Pathway, the UK's leading homeless and inclusion health charity, to make the most of opportunities to end homelessness in healthcare. Pathway are currently working with the Cardiff and Vale Health Inclusion Service to improve outcomes for people facing homelessness in hospital.

About this response

This response has been written by our Crisis Wales Policy team. It focuses specifically on the role of local authorities in supporting hospital discharge for people at risk of or experiencing homelessness.

Inquiry terms of reference: Crisis response

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

Homelessness can have a significant impact on health, with people experiencing homelessness often suffering poor mental health, physical illness, substance dependencies, reduced life expectancy, and

excess preventable morbidities. Research in Wales demonstrates that these individuals have a disproportionately high need for healthcare services,¹

Given the higher need for healthcare services, hospital admissions serve as a crucial touchpoint between individuals experiencing homelessness and public services.

Unfortunately, we know that this touchpoint is not being used to its full potential with regard to homelessness prevention. On the contrary, we hear of instances whereby people are unsafely discharged from hospital into homelessness.

Generally, the NHS Wales operates a “Home First” approach to discharge, which acknowledges the importance of patients being able to recover in the comfort of their own home. However, it is critical to recognise that not everyone has a place to call home where they are able to make a healthy recovery. For those who are sleeping on the street, sofa surfing between homes, living in unconventional spaces or staying in temporary accommodation (which people often have to vacate during the day), discharge can present risks for perpetual health issues and continual difficulties with homelessness. Indeed, living in these situations often means living in poor conditions with limited access to basic facilities including heating, laundry and cooking facilities. It can be difficult to maintain bed rest, prepare healthy meals to receive visitors or to maintain contact with health services, which in turn can have a significant impact on a patient’s ability to make a full recovery.

Although there is limited data available to help us understand exactly how many people are discharged from hospitals into homelessness in Wales, Cymorth Cymru’s Health Matters report showed that only 65% of homeless participants in their research were asked by staff on discharge from hospital if they have anywhere suitable to go, and 11% of them were discharged onto the street.

Discharge from hospital into homelessness can present significant dangers. It can ultimately lead to more complex health needs, readmission and/or entrenchment of illness and homelessness. Further, it represents a missed opportunity to prevent or end a person’s homelessness while they are already engaging with a public service and increases their likelihood of readmission to hospital.

Crisis believes that in order to facilitate safe discharge from hospital for people experiencing homelessness, there is a need for more effective collaboration between local authorities and health boards, as suggested by the Expert Review Panel.

In 2022-23, Crisis co-ordinated and contributed to the [Expert Review Panel](#) which considered how legislative change could help to end homelessness in Wales and informed the writing of the Welsh Government’s Ending Homelessness White Paper.

The panel brought together leading professionals from across the sector (including third sector, local authorities, housing associations and academia) to consider how legislative change could help to end homelessness in Wales. The voices of more than 350 people with lived experience of homelessness were at the heart of the panel’s work which saw panel members consider wide-ranging research and consult widely with professionals across the sector and beyond.

¹ Song, J., Moreno-Stokoe, C., Grey, C., Davies, A. (2021) [Health of individuals with lived experience of homelessness in Wales, during the COVID-19 pandemic](#). Public Health Wales

The panel's report² calls for recognition of the fact that discharge into homelessness can lead to re-admission and further health needs, and outlines that early discharge planning and improving connections between health services and local authority housing services are key to preventing discharge into homelessness.

Crisis believes that a person who may be at risk of or experiencing homelessness must not be discharged unless a referral has been made to the local housing authority and this authority has accepted an interim accommodation duty or the main housing duty and can provide appropriate accommodation upon discharge

This should prevent an individual from coming back through the health system as a result of their homelessness, lessening the patient flow pressures caused by the revolving door of hospital readmissions.

Crisis is pleased that there is currently a Task and Finish Group, working within the Ending Homelessness National Advisory Board and alongside Welsh Government, to look at how to improve and roll out best practice around health and homelessness – including exploration of building upon work around avoiding discharge into homelessness. In addition, we welcome the current and early-stage development of new statutory guidance on hospital discharge and street homelessness. These developments will form critical steps towards making the improvements needed to break cycles between poor health and homelessness for hospital patients.

Furthermore, Crisis welcomes the Ending Homelessness White Paper proposals to ensure that all public services, rather than solely housing services, play a role in identifying those at risk of homelessness and connecting them with the support that they need.

The White Paper proposes a new statutory duty on public services, including health, to:

- identify those at risk of homelessness and refer on to specified parts of the public service, so a local authority is notified as soon as possible a person is facing a threat of homelessness or is already experiencing homelessness;
- act within their own functions to sustain standard or secure occupation contracts and mitigate the risk of homelessness;
- co-operate to ensure a wider number of public services are engaged and responsible for making homelessness rare, brief and unrepeatable.

Within the health context, these duties could have a positive impact on the prevention of homelessness and complement other actions around ending hospital discharge into homelessness.

In addition to progressing the above points, Crisis believes the following key steps would also improve positive collaboration around hospital discharge and homelessness:

- Raising awareness among key frontline health staff of the different types of homelessness, the importance of discharge to safe accommodation, and the actions hospital staff can take to support patients who are facing homelessness.
- Establishing clear referral routes between hospitals and housing services.

² Expert Review Panel (2023) [Ending homelessness in Wales: a legislative review](#)

- Developing step down accommodation to which people can be discharged from Welsh hospitals (see Page 5 for more information).

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

In 2021, research entitled *From hospital to home; planning the discharge journey*³ demonstrated that there is not a consistent approach to addressing hospital discharge across hospitals, health boards and local authorities in Wales.

Crisis believes that there are a number of solutions that will improve consistency in discharge practice for people at risk of or experiencing homelessness across Wales.

Effective governance

Given the strong links between homelessness and health, Crisis would recommend that regulation of health services in Wales includes a focus on this area.

This would be in line with recommendation 163 from the Expert Review Panel, which recognised that regulatory bodies could play a role in supporting any new public sector duties on assisting in identifying, referring, acting and co-operating on homelessness. Indeed, research by Pathway and Crisis highlights that a shortcoming of the legal duty to refer to housing services in hospital settings in England is a lack of effective governance, oversight, and accountability at both local and national level.⁴

The Expert Review Panel also recommended that local housing authorities should establish and lead a multi-agency approach to homelessness functions through Joint Homelessness Boards. These boards would help to monitor whether services are working collaboratively to resolve homelessness, discuss complex cases, share existing good practice, and investigate where there are incidents of a serious nature.

Within these parameters, board meetings could be used to monitor the effectiveness of hospital discharge procedures across local areas. The Welsh Government's White Paper on Ending Homelessness did not move forward with this proposal, but instead stated that there would be consideration of how a similar objective could be achieved through the role of Regional Partnership Boards and the broader work of Public Service Boards and Area Planning Boards. Crisis believes that however this goal is achieved, it would be helpful to secure strategic planning and oversight to support the cultural shifts needed to end discharge from hospital into homelessness.

To facilitate this monitoring and oversight, Crisis also suggests further consideration of the Expert Review Panel's recommendation on identifying homelessness leads in each health board.

Step down accommodation

³ C.A.R.P. Collaborations and Gana Consulting, Chartered Housing Institute Cymru and Tyfu Tai (2021) [From hospital to home; planning the discharge journey](#)

⁴ Page, E. and Hicks, C. (2023) [Beyond the Ward – Exploring the Duty to Refer in Hospital Settings](#). Pathway and Crisis.

A significant contributor to the discharge of people from hospital into homelessness is the lack of suitable accommodation for people facing homelessness who need support to recover from illness and hospital treatment, and to resolve their homelessness.

Step down accommodation, often called intermediate care, is an evidence-based solution that helps to free up hospital beds while ensuring safe discharge for people facing homelessness. It provides a safe and supportive space for people facing homelessness to recover from illness, connect them to more permanent accommodation, and to avoid unsafe discharges.

Intermediate care for people facing homelessness is recommended by NICE⁵. When combined with specialist hospital in-patient teams, these services reduce rough sleeping by 95%. A recent evaluation of intermediate care for people facing homelessness in one county in England found a 56% reduction in A&E visits and a 67% reduction in emergency admissions⁶. These changes freed up £47,000 of NHS funding per patient.

Pathway recently commissioned an independent cost-benefit analysis, conducted by Alma Economics, which shows every £1 invested in immediate care returns £1.20 in financial savings and generates £4.30 in societal value.⁷

We understand that the Health and Homelessness Task and Finish group may explore step down accommodation and Crisis would welcome this. In addition to progressing with the areas of positive ongoing work in Wales (as outlined above), planning the development of step down care across Wales could play a crucial role in resolving issues around discharge into homelessness and make long-term cost savings for the public purse.

Early identification and discharge planning

Crisis believes that admission nurses can play a key role in initial identification of homelessness or risk of homelessness in a hospital setting for urgent or planned care. Early identification would help to ensure that discharge planning includes consideration of the specific needs of an individual who is at risk of or experiencing homelessness.

In urgent care, Crisis would suggest that consideration of how identification and planning could be integrated into SAFER⁸ and Discharge To Recover and Assess (D2RA)⁹ processes. The 'recover/review' aspect of SAFER could include questions about housing and homelessness, and there should be more clarity around which D2RA pathway(s) a person should be linked to if they are experiencing homelessness.

In planned care, Crisis suggests that pre-operative assessments could include questions which help to identify homelessness. However, it is important to emphasise that this should be utilised to plan appropriate care – a person's housing status should not be a barrier to healthcare.

⁵ National Institute for Health and Care Excellence (2022) [Integrated health and social care for people experiencing homelessness](#)

⁶ Tinelli, M. et al. (2023). [Out-of-Hospital Care Models \(OOHCs\) Programme for People Experiencing Homelessness \(2021-22\). National Audit of Specialist Intermediate Care - Findings for the Financial Year 2021-22](#)

⁷ Alma Economics (2024) [Intermediate care for people experiencing homelessness: Cost-benefit analysis](#). Prepared for Pathway.

⁸ Welsh Government (2018) [SAFER Patient Flow Guidance](#)

⁹ Welsh Government and NHS Wales (2025) [HOSPITAL DISCHARGE GUIDANCE](#)

It will be important that there is national consistency in identification procedures, and that there is a standardised method of recording the outcomes of these procedures across Wales.

In England, Pathway are calling for routine recording of housing status in the NHS according to a revised and simplified set of codes¹⁰ – we would advise that the Welsh Government takes note of Pathway’s extensive research in this area when developing policy in this area. Most pertinently, policy solutions developed by Pathway should be carefully considered as part of the development and implementation of the proposals for public sector duties to prevent homelessness which are expected to be included in the upcoming Ending Homelessness Bill.

Specialist homelessness hospital teams

Joint research by Crisis and Pathway¹¹ found that hospitals with specialist homelessness hospital teams were adept at complying with the duty to refer under the Homelessness Reduction Act in England. These multi-disciplinary teams provide holistic care to patients experiencing homelessness, provide effective liaison with local authorities, and offer housing advice. Existing teams in England reduce patients’ rough sleeping by around 40% on average.

In Wales, the first of these teams has recently been established in Cardiff and Vale University Health Board. The Welsh Government should consider establishing these teams across all health boards in Wales to support health services to comply with the new legal duties anticipated to be introduced by the upcoming Ending Homelessness Bill.

Raising awareness and training

For the identification of homelessness as part of discharge planning to be efficient, it will be important to increase awareness of homelessness amongst nurses, and particularly Band 5 staff nurses who are the most likely to be admission nurses. This includes raising awareness of different types of homelessness and how to notice the signs, the impact on health of discharge into homelessness, appropriate ways to ask about a person’s housing security and the ways in which a nurse can help to refer patients to housing services early on.

To achieve this, there must be investment in training and education. We would suggest that one-off in-person training for existing Band 5 nurses is prioritised, and that a further version of such training is included as part of induction in order to ensure continuity for the future workforce.

Changes should also be made to university curricula so that if (and we would strongly urge that they are) the proposed new public sector duties on homelessness progress into legislation, frontline staff have a good understanding the homelessness duties to identify, act, refer and co-operate.

To ensure that the nursing workforce stays up to date with knowledge in this area, ESR modules on homelessness duties should also be completed regularly.

We would suggest engagement with Welsh universities and Health Education Improvement Wales (HEIW) to develop such training in partnership with homelessness organisations.

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

¹⁰ Dorney-Smith, S. (2024) [Tackling Extreme Health Inequalities Using Health Data: The Case for the Development of Routine Housing Status Recording](#). Pathway

¹¹ Page, E. and Hicks, C. (2023) [Beyond the Ward – Exploring the Duty to Refer in Hospital Settings](#). Pathway and Crisis.

Through our role on the Expert Review Panel, we heard local authority housing services outline that a key barrier to facilitating the discharge of patients who were facing homelessness was the timeliness of referrals. Professionals emphasised the need for early referrals and for access to key information in order to work with patients to resolve their housing insecurity.

As outlined above, Crisis is keen for the Welsh Government to progress proposals for new legislative public service duties – including health services - to better support the identification, referral and co-operation between agencies in order to move homelessness prevention upstream.

Ensuring that these duties are accompanied with awareness training, referral pathways, statutory guidance, adaptations to discharge planning assessments and governance will help to address issues around discharge into homelessness.

Thank you for reading this response. For more information, please email Jasmine Harris, Senior Policy and Public Affairs Officer jasmine.harris@crisis.org.uk