

HD 12

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: Fair Treatment for the Women of Wales (FTWW)

Response from: Fair Treatment for the Women of Wales (FTWW)



FTWW

Response to Senedd Local Government and Housing Committee Consultation:

The role of local authorities in supporting hospital discharges

FTWW: Fair Treatment for the Women of Wales is a user-led charity and disabled people's organisation focused on highlighting and tackling health inequalities experienced by women and people registered female at birth who are disabled and / or living with long-term health issues in Wales.

During the course of this response, we will focus on the following terms of reference:

- 1. The effectiveness of local authorities (primarily social services) in supporting safe, timely and efficient discharges from hospital**
- 2. Barriers for local authorities in effectively facilitating the discharge of patients with care and support needs**
- 3. Variations in hospital discharge practices throughout Wales and the impact on local authority delivery**
- 4. Partnership working between the NHS and local authorities, and strategies for increasing community capacity**
- 5. How to improve consistency, including the identification of best practice and innovative approaches that could be adopted more widely**

Whilst we recognise the parameters of this inquiry, we wanted to highlight two issues which we believe warrant further attention. Firstly, we are concerned that the consultation as it stands doesn't necessarily consider the particular support needs of women across the life-course, particularly

in the context of evidence which shows they are more likely both to be primary care-givers and more likely to experience health issues (including maternity-related) requiring hospital treatment for which improved discharge processes and care packages might be required. Secondly, whilst accepting that this particular consultation is focused on the local authority's role in hospital discharge processes and follow-up care, we also wanted to highlight how, where women's needs are concerned, a joined-up approach between NHS and local authority is one which is most likely to be optimal.

Whilst we understand and appreciate the Committee's focus on the immediate needs of the older population now, in line with a prudent, early interventionist approach, we also need to consider the needs of younger and middle-aged women. As mentioned, statistically, women are more likely to be carers, including into their older age, are more likely to have long-term health issues, live more years with disability than men, and are at greater risk of financial hardship as they age. To reduce these risks and improve long-term outcomes, it is vital that we adopt a prudent approach to women's health, including where planned obstetrics and gynaecological care is concerned, in line with the wellbeing goals enshrined in the Well-being of Future Generations (Wales) Act 2015¹.

The lack of reference to this demographic within the inquiry may well stem from gaps in local population needs assessments and / or a lack of disaggregated data from health boards concerning younger and middle-aged women's health and potential social care needs. However, anecdotally, we know from our ongoing dialogue with voluntary councils' wellbeing teams and our own membership (2000 across Wales) that, when it comes to planned care and associated hospital discharge, there is a gap in service provision for this particular group of patients which can result in cancelled hospital procedures, readmission for post-operative

¹ <https://www.gov.wales/well-being-future-generations-act-essentials-html>

complications, and negative impacts on dependents (children, disabled relatives, older relatives) which need to be considered when devising hospital and local authority discharge services, and when planning initial admission.

Indeed, whilst women's health needs are not solely those related to obstetrics and gynaecology, these do constitute a very specific and significant health need. Last year, the RCOG published its latest report, 'Waiting for a Way Forward'², which showed that, since the pandemic, waiting lists for non-cancerous gynaecological surgery are amongst the longest across all specialties. They go on to say that, 'women (are) now living with increasingly complex conditions and severe symptoms. A quarter of women who responded to our survey reported that they had attended A&E as a result of their symptoms, with more than 1 in 10 of those women going on to have emergency interventions, such as blood transfusions'.

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

To address the impact of delays and worsening health outcomes, the Welsh Government has this term launched its '3 Ps' initiative – 'Promote, Prevent and Prepare for planned care'³, the stated aim of which is to improve healthy behaviours, prevent deconditioning and deterioration, and prepare people for surgery. This includes ensuring support and information are easily accessible to those who are waiting for their appointments and interventions in secondary care services and their carers, and that 'waiting lists' become a more proactive space for preparation and holistic support preceding and after surgery.

² <https://www.rcog.org.uk/about-us/campaigning-and-opinions/addressing-waiting-times-gynaecology/waiting-for-a-way-forward/>

³ <https://www.gov.wales/promote-prevent-and-prepare-planned-care-html>

However, we are unsure how far the needs of women, particularly those with additional family responsibilities and commitments, are being fully discovered, met, and costed as part of the 3 Ps roll-out. For example, whilst non-cancerous gynaecology has been cited as a priority within the NHS Wales planned care programme⁴, we are unsure how far the 3 Ps initiative has been deployed in this specialty. The Royal College of Obstetricians and Gynaecologists Elective Recovery Tracker⁵ reveals how waiting lists for gynaecology continue to grow, with significant and multi-factored impacts on women's lives and wellbeing, and those of their families too.

The increasing complexity and severity of women's gynaecological health conditions undoubtedly has considerable knock-on effects in terms of planning for related hospital procedures, discharge, and hospital / local authority after-care packages. However, we have not yet heard from any FTWW members who have yet benefited from a 3 Ps approach to their surgery and post-operative recovery. Whilst as an organisation we have held conversations with a couple of health boards about what such an offer to women might include, considerable investment would be needed to ensure consistent, equitable, and consistent post-operative aftercare, including provision of therapeutic interventions such as pelvic physiotherapy (of which there is a considerable shortfall in Wales) and accessible care packages to support women with caring responsibilities including young children, disabled, or elderly relatives.

In fact, dialogue within the FTWW community suggests that a widespread lack of post-discharge support leads to their returning to normal activity levels far too soon after major abdominal surgery (including caesarean-sections), resulting in readmission for hernia or infection, for example. Indeed, when it comes to planned c-sections, our concern extends to the

⁴ <https://www.gov.wales/sites/default/files/publications/2022-04/our-programme-for-transforming--and-modernising-planned-care-and-reducing-waiting-lists-in-wales.pdf> (page 11)

⁵ <https://rcogwaitinglist.health.lcp.com/>

potential additional risk of post-natal depression and other peri-natal mental health issues which could be increased by rapid discharge from hospital and a lack of practical support at home. Our fear is that a wholesale move towards 'prudent' healthcare, where the focus tends to be on discharging patients as quickly as practicably possible, has not been considered through an intersectional lens and therefore not only runs the risk of perpetuating inequities but also incurring more financial cost.

Within this context and the principles of community, equality, and social justice ostensibly underpinning the 3 Ps initiative, we would urge that a woman-centred cross-sector approach be implemented as a matter of urgency, one which includes:

- A comprehensive patient history and 'What Matters Conversation' within the NHS setting, to fully understand circumstances, needs, and priorities, both in the build-up to surgery and afterwards
- A commitment to investing in therapeutic interventions like pelvic physiotherapy and pain management which can support women preparing and recovering from abdominal surgery
- Pre-operative planning which considers additional commitments, such as childcare needs during holiday periods, enables optimum scheduling, and avoids last-minute cancellations
- Communication and coordination of hospital discharge arrangements with family / community networks, local authorities, and third sector partners, as appropriate, which enable straightforward access to targeted community-based support and care packages.

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

- **lack of data**
- **lack of focus on women's health and care needs**

As mentioned, we believe that one of the key barriers to ensuring that public bodies (NHS and local authorities alike) effectively facilitate women's discharge from hospital, ensuring that their particular care and support needs are met, is a lack of robust and routinely collected data which particularly focuses on the intersectional needs of this group, particularly in younger and middle-age.

One potential way forward is for Regional Partnership Boards to ensure that their Population Needs Assessments both prioritise this demographic in their commissioning of research and services, and ensure that their current reporting is suitably disaggregated so that local authorities, health boards, and third sector organisations can better understand the need of diverse groups and not inadvertently cause or perpetuate gaps and inequities. As a 10-year Women's Health Plan⁶ begins to take shape in Wales, it would be prudent for women's health and wellbeing needs to be properly considered within the work of the RPBs, starting with a coproduced set of questions pertaining to women's wellbeing needs. As already outlined, whilst women remain primary care-givers in the UK, there is an additional imperative for public services to make women's needs a priority.

3) Variations in hospital discharge practices throughout Wales and the impact on local authority delivery

Variation, inconsistency, and postcode lotteries to publicly-funded support and care packages post-discharge are undoubtedly problematic. However, it's important to ensure that we fully consider the role healthcare providers play ahead of scheduling procedures as much as discharge practices themselves and what happens beyond that point. For example,

⁶ <https://executive.nhs.wales/functions/networks-and-planning/womens-health/the-womens-health-plan-for-wales/>

whilst surgical consent forms most commonly ask patients to ensure they have a family member or equivalent with them for 24 hours, beyond that point, it is often far less clear to patients what optimum recovery **should** look like, what their post-operative needs might be or what support and care packages might be available to them. Pre-operative assessments largely focus on clinical matters pertaining to the procedure itself (such as BMI, blood pressure, blood group) rather than including a ‘What Matters Conversation’ about patients’ circumstances, support network, and additional needs which could impact on recovery.

We know from FTWW’s community that many patients would benefit from more information about the type of surgery planned, estimated recovery time, and an open discussion about other morbidities and impairments that might benefit from additional interventions, devices, and adaptations on the part of both NHS and local authority to support recovery. Such conversations would also help to identify where it might fall to statutory or third sector providers to step in, and where the person is able to meet their own needs. At present, the de facto assumption seems to be that younger and middle-aged women have the means and contacts to be self-supporting which we understand to not always be the case, as described by one of FTWW’s members:

‘The unknown causes more anxiety and more problems, for example, my neighbour didn’t know she could have had a specialist chair, a specialist bed or whatever to lie on for when they do a procedure on her eyes, which would avoid triggering her back problems and not make her worse. If she’d been offered that conversation or counselled properly before her operation, she wouldn’t have hesitated. Instead, she’s cancelled it’.

For some citizens in situations like that described above, failing health and increasingly complex needs as a consequence of mis-managed (and cancelled) care will undoubtedly result in further and more costly

interventions from both NHS and local authority later on. As such, we believe it is important to look at hospital discharge practices holistically, starting with ‘What Matters Conversations’ in healthcare settings when and where procedures are being scheduled, as well as in social care.

Communication between the NHS body and local authority is vital to ensure that the ‘right offer’ is made at the ‘right time’ but, for practice to be as effective as possible, there needs to be a person-centred, joined-up approach which encompasses all sectors, including those providing informal support (family, friends, neighbourhoods), community advocates, civil society and third sector.

Whilst there will inevitably be differences in what’s available to individuals when it comes to their personal support networks, there will be patterns of need that can be predicted (and confirmed via robust data collection). At the moment, where FTWW’s beneficiaries are concerned, variation is largely because their voices simply haven’t been sought out or their needs considered in service planning or delivery.

One of FTWW’s members described the situation as follows:

‘Nobody’s looking at community-level support...There’s a woman who lives near me who’s in a hospital at the moment – she’s not even 40 and has young children. It’s been left to the local neighbourhood to pick up the pieces, look after her children and meet her family’s needs. They’re having to fundraise so they and the kids can go and visit her because the hospital is not a day-trip, it requires an overnight stay, the kids need lunches and things like that. The fact that the community is able to support is because it’s a close but deprived community, so not everyone’s working. Single, or married, non-working mums are often demonised but, actually, without them, that kind of care in the community wouldn’t be an option. We’re not tapping into it’.

As outlined, it's important to be aware that not everybody has access to community assets like those above, so both further qualitative research and a mapping exercise would help determine in what circumstances people might need additional support from external agencies, what form they might take, and how they would be accessed. Ensuring as consistent an offer as possible across Wales improves information-sharing and efficiency, whilst at the same time reducing avoidable and unnecessary variation and inequity.

Friends, family, and neighbourhoods aside, we know that without this kind of formal, active offer, women in particular will delay seeking timely health advice and care, potentially resulting in further deterioration of their condition, impacting wider wellbeing, and resulting in the need for more complex – and costly – interventions later on. Establishing an effective 'prevention-early intervention' approach to women's health and care is very much in line with that espoused by 'A Healthier Wales'⁷, the Welsh Government's long-term plan for health and social care.

For those with young children (aged under 4 for those in disadvantaged areas of Wales) there may be a Flying Start⁸ scheme available to help with part-time childcare or provide an enhanced Health Visiting service. However, it is unclear how far this scheme is suitable or routinely offered to families where the parent needs an operation or extended hospital stay, even in those areas of Wales where the scheme exists. The offer to those whose children are older than 4, or where care needs are for disabled or elderly relatives is even less certain. We are concerned that there isn't an 'active' offer, so it depends on the patient-carer's capacity, health, and literacy to research and apply for various schemes or direct payments as part of their pre-operative planning. Some of these may involve intensive application and assessment processes that not all of those eligible will be

⁷ <https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care>

⁸ <https://www.gov.wales/flying-start-programme>

willing or able to undertake, particularly where the need is likely to be only for a matter of weeks.

There seems to be a worrying disparity in services available to carers in Wales which, as we have highlighted, has particularly significant implications when discussing carers' needs for hospital inpatient services themselves. These gaps and inequities highlight the importance of Population Needs Assessments which examine the intersectional needs of people with protected characteristics so that services meet the requirements of under-served groups and communities which, in the case of hospital planning and discharge, should very much include women.

Partly, variations across regions in Wales may well be a result of lack of organisational and individual capacity to complete the Population Needs Assessment. In order for there to be the same degree of representation across all regions, potentially small, grassroots groups who advocate for marginalised communities would need to complete 7 separate Population Needs Assessments, with data pertaining to 7 health boards and 22 local authorities. This is simply not practicable: centralising the process, so that organisations only need to complete one needs assessment once, with data extrapolated across all 7 RPBs, would ensure those voices are properly heard and their needs accommodated within service planning - including hospital discharge processes, local authority services, and associated commissioning.

4) Partnership working between the NHS and local authorities, and strategies for increasing community capacity

Lack of capacity to complete Population Needs Assessments speaks to a larger problem, namely lack of adequate long-term investment in the third sector, both civil advocacy organisations and those providing services alongside or on behalf of statutory bodies. Effective partnership working is

vital to both understand the needs of population groups whose needs haven't always been recognised, and to ensure support packages are fit for purpose. Indeed, the main principles underpinning the Social Services and Wellbeing (Wales) Act 2014⁹ are voice and control, prevention and early intervention, well-being, co-production and multi agency approaches – however, in practice, many smaller third sector organisations, particularly those who are user-led and whose contributions are vital to upholding the Act, find themselves unable to contribute due to lack of sustainable resourcing. Many do not have the capacity to conduct, commission, or disseminate research which would help to formalise evidence of their communities' particular needs. This undoubtedly risks the continuing exclusion of certain groups in service-planning, including hospital discharge packages.

5) How to improve consistency, including the identification of best practice and innovative approaches that could be adopted more widely

To better understand priorities and needs of women across Wales in the more immediate term, we recommend local authorities and Regional Partnership Boards engage with the NHS Strategic Clinical Network for Women's Health, and Welsh Government's Women's Health Policy Team.

Equally, following Health & Care Research Wales's announcement of investment in a Wales Women's Health Research Centre¹⁰, it may be prudent to seek the centre's support in undertaking a mapping exercise to better understand and evidence:

- lived experience and patient / service-user trajectory

⁹ <https://www.gov.wales/sites/default/files/publications/2019-05/social-services-and-well-being-wales-act-2014-the-essentials.pdf>

¹⁰ <https://healthandcareresearchwales.org/about/news/health-care-research-wales-supports-womens-health-centre>

- levels of informal support provided by friends, family, neighbours
- the role the third sector plays in creating communities of interest and providing peer-based support
- existing service-provision within the public sector
- the short-, medium-, and long-term needs of women, including younger demographics, ahead of hospital admission and post-discharge
- the local authority's potential role in supporting women, including those of a younger age, post-discharge from hospital
- gaps, barriers, and inequities within the public sector offer
- where a preventative approach could have been deployed within NHS, including pre-operative information, assessment, procedure-scheduling, role of therapies
- mechanisms to collect data pertaining to reasons for hospital cancellation, readmission, and disaggregation by protected characteristics
- the need for coproduced business cases and targeted investment in services which benefit female patients during and after abdominal surgery, such as the routine provision of pelvic physiotherapy and continence services as part of hospital discharge packages
- an evaluation of the 3 P's initiative in delivery of gynaecology services and 'women's health' more broadly.

Thank you for reading. For more information, please contact

info@ftww.org.uk