HD 13

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

The role of local authorities in supporting hospital discharges

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Consultation – the role of local authorities in supporting hospital discharges

Our audit work on hospital discharges

1   As part of a wider programme of work on urgent and emergency care, we have examined whether health boards and local authorities have effective arrangements in place to ensure the timely discharge of patients out of hospital. More specifically, we have examined whether:

- Health and social care bodies have effective plans and procedures in place for discharge out of hospital;

- Patients can flow through the urgent and emergency care system in a timely and efficient way; and

- Health and social care bodies are doing enough to review services relating to discharge out of hospital and apply lessons learned to further improve services.

2   Our approach has included holding focus groups with social workers, interviews with Directors of Social Services, reviews of key documents, and observations of the discharge process in several hospital sites.

3   We are setting out findings from our work in 'regional' reports covering the health board and local authorities for each of the seven health and social care regions[1]. Alongside this we have been preparing a separate report for each health board setting out progress against previous audit recommendations on discharge planning.

4   At the time of writing, only the report for the North Wales region is available on the Audit Wales website. We will publish the reports for the remaining regions once they have been through the governance arrangements within the relevant statutory bodies. We anticipate this will be between March and May 2025.

5   Our work on urgent and emergency care services in Wales also includes an examination of arrangements to help manage urgent and emergency care demand, and to direct patients to the care setting that is most appropriate to their needs. We

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[1] The seven health and social care regions align with the seven regional partnership boards. They are Cardiff and Vale, Cwm Taf Morgannwg, Gwent, North Wales, Powys, West Glamorgan, and West Wales.

will report the findings from that work separately in Spring 2025. We also plan to summarise the key findings across our urgent and emergency work in Spring 2025.

# The role of local authorities in supporting hospital discharges and addressing delayed transfers of care

6   We are unable to provide a detailed response to all aspects covered by the terms of reference of the Committee's inquiry due to the scope of our audit work. However, we can offer insights from our ongoing audit work which will hopefully be helpful to the inquiry. We have set these out under the following headings. We would also be happy to engage further with the clerking team and/or the Committee about our work should that be considered helpful.

The scale of delays due to local authorities

7   Our work has drawn on national available data reported on StatsWales on the numbers of pathway of care delays per month, which is available at both a health board and local authority level. This data has been used to support the following four exhibits.

8   Since the data was first published in April 2023, the total number of delays per month across Wales has fluctuated but in recent months has started to see a steady decline to 1,435 delays reported in December 2024 (**Exhibit 1**).

**Exhibit 1: total number of pathway of care delays**
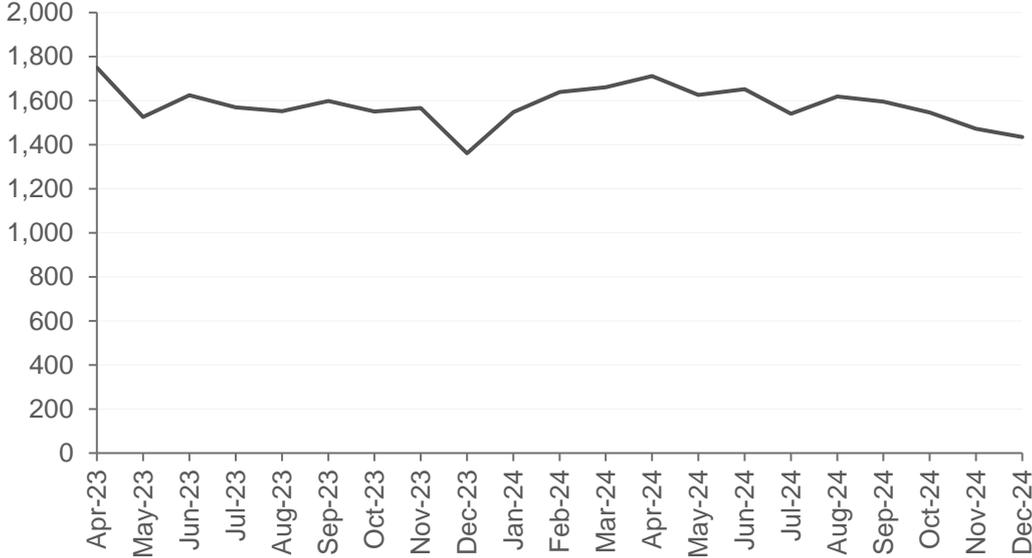
Source: Welsh Government

9   It is worth noting that since the pandemic, the way in which delayed discharges are measured has changed. No data on delayed discharges was formally reported between the period March 2020 and March 2023. Prior to the pandemic, delayed

discharges were reported as 'delayed transfers of care' which were defined as those who continue to occupy a bed after the date in which the patient is declared to be ready to move on to the next stage of their care. This is different to the current method for counting delays which focuses on those who remain in a hospital bed 48 hours after being identified as 'clinically optimised'. Although not a direct comparison, it is still useful context to note that in February 2020 the number of reported delayed transfers of care was 448.

10   The data reported in December 2024 shows that the rate of delays per 100,000 adult population varies significantly by local authority area, with Swansea, RCT, Neath Port Talbot and Carmarthenshire local authorities reporting the highest rates (**Exhibit 2**).

Exhibit 2: rates of delays per 100,000 head of population (December 2024)
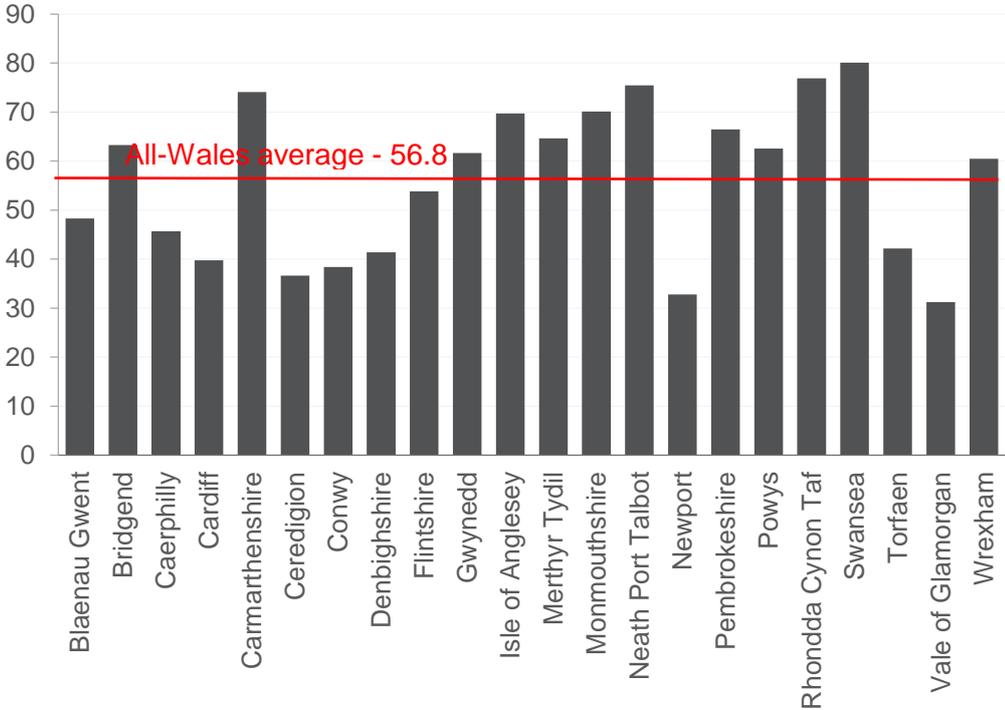
Source: Welsh Government

11   Breaking down the reasons for delays, awaiting allocation of a social worker and/or social care assessment has accounted for approximately a fifth of all delays since April 2024. A further 8-10% of delays are due to awaiting completion of a joint assessment between health and social care, and 10-12% of delays are due to awaiting the start of a new home care package (**Exhibit 3**).

Exhibit 3: percentage of all delays due to awaiting social worker allocation, social care assessment, joint assessment, and the start of a new home care package
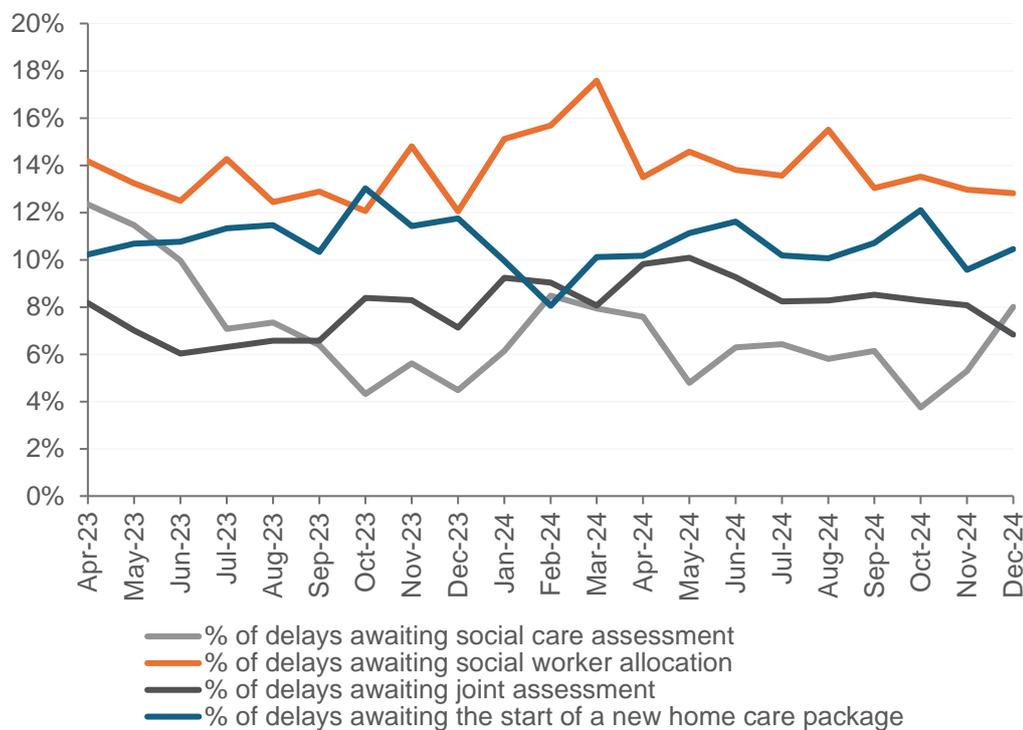
Source: Welsh Government

12   Examining this data further shows that awaiting the start of a new home care package and awaiting a social care assessment featured in the top five reasons for delay in 21 and 19 local authorities respectively in December 2024. Awaiting joint assessment between health and social care featured in the top five reasons for delay in 15 local authorities, with 10 local authorities reporting social worker allocation in the top five reasons for delay (**Exhibit 4**).

Exhibit 4: number of local authorities were awaiting social care assessment, social worker allocation, joint assessment and the start of a new home care package featured in the top five reasons for delay (December 2024)

|	Awaiting social care assessment	Awaiting social worker allocation	Awaiting joint assessment	Awaiting the start of a new home care package
Most common reason for delay	7	3	4	7
Second most common reason for delay	5	2	2	4
Third most common reason for delay	4	2	4	2
Fourth most common reason for delay	1	2	3	4
Fifth most common reason for delay	2	1	2	2
TOTAL	**19**	**10**	**15**	**21**

Source: Welsh Government

13   The highest number of delays due to social care assessments are in Swansea, Cardiff, and Carmarthenshire local authorities. Swansea and Cardiff local authorities also reported the highest number of delays due to social worker allocation. Positively Blaenau Gwent, Conwy and Merthyr Tydfil local authorities reported no delays due to social care assessment.

14   The number of delays because of waiting to access a new home care package are the highest in Carmarthenshire, Gwynedd and RCT local authorities.

15   The number of bed days lost to delayed discharges reported in December 2024 was the lowest since data was first published in April 2023 at 28,742. While improving, delayed discharges have accounted for over 710,000 bed days since April 2023 which could have been put to better use. Based on a typical cost of £500 per bed day, this equates to a total cost of £355.3 million, and an average cost of £16.9 million per month. No data is publicly available setting out the average length of delay.

Issues within local authority affecting hospital discharge

16   Across all seven regions, we found that capacity across social services and the care sector was impacting on patient flow and discharge out of hospital.

17   Analysis of monthly social care data reported to the Welsh Government shows that the average rate of unplanned absence (e.g. short- and long-term sickness, and bereavement leave) amongst the adult social services workforce has been around 8% since April 2023, peaking at 8.9% in December 2024 (**Exhibit 5**).

Exhibit 5: average rate of unplanned absence in adult social services
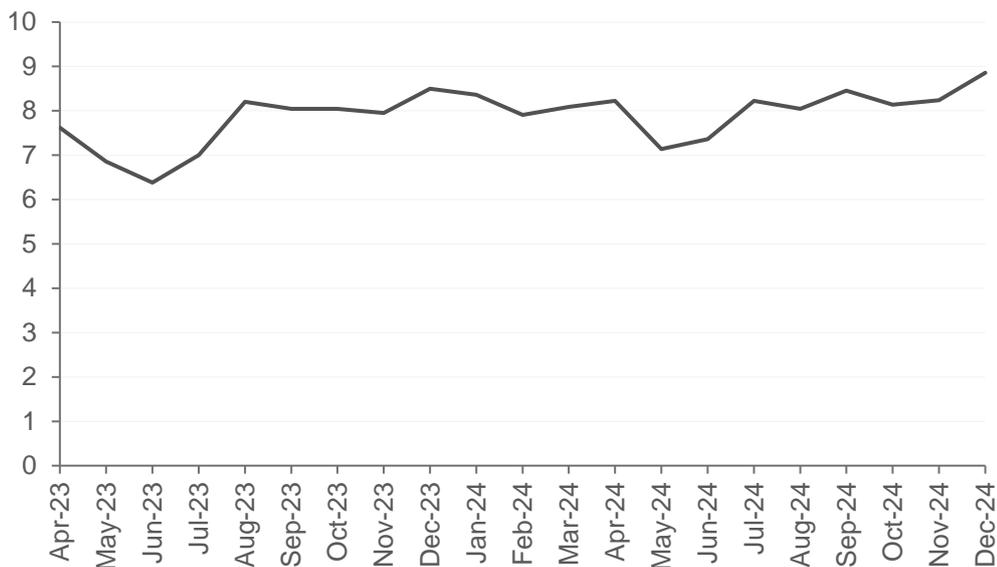
Source: Welsh Government

18   Unplanned absence rates have been consistently higher than the all-Wales average in Bridgend and Swansea local authorities, and more recently have peaked in Blaenau Gwent local authority.

19   No data has been centrally reported on vacancy rates and the use of agency staff since June 2023. Prior to that, the rate of vacancies within adult social services across Wales had been around 10-12% with the use of agency staff at around 3%.

20   All local authorities reported difficulties in recruiting to social care posts, exacerbated by the pandemic and Brexit. Financial incentives, such as increasing wages, have been offered to attract staff but social services continue to compete with other sectors such as retail, which can offer similar or increased wages. We did find several examples of local authorities taking action to strengthen their social care workforce through initiatives such as 'growing their own' social care workforce through apprenticeship programmes, drawing on the micro enterprises or recruiting from overseas. Whilst these are positive actions, some of these initiatives can take time to come to fruition, and not all address the immediate workforce gaps.

21   Workforce capacity challenges were also impacting on the ability of social care to undertake timely social care assessments. Typically, across Wales around 230 assessments per 100,000 head of population are completed each month, with 136 people waiting for assessment per 100,000 head of population (**Exhibit 6**).

Exhibit 6: number of social care assessment completed and number of people waiting per 100,000 head of population


Number of social care assessment completed per 100,000 head of population

Number of people waiting for a social care assessment per 100,000 head of population
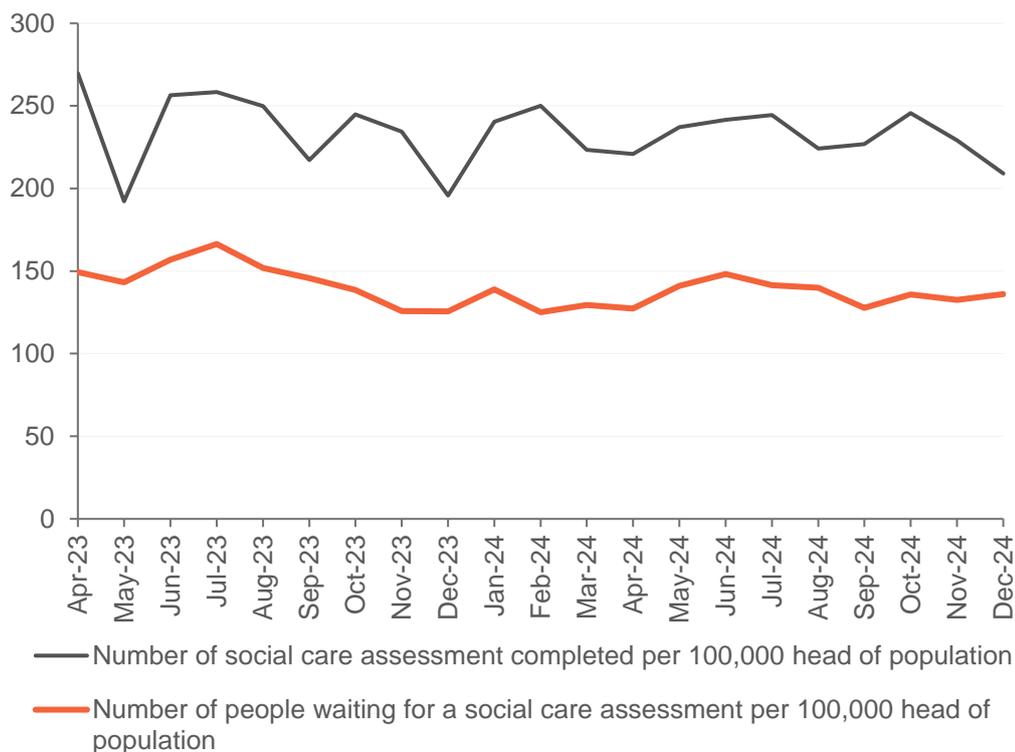
Source: Welsh Government

22   In some local authority areas, we found that the number of people waiting for a social care assessment was greater than the number of assessments completed each month, suggesting that the services in these areas were struggling to keep on top of demand. This was particularly the case in Pembrokeshire, Powys, and Swansea local authorities.

23   More positively, most local authorities were generally prioritising those waiting in hospital for a social care assessment over those in the community. This is except for Cardiff and RCT local authorities were those waiting in hospital for a social care assessment accounted for around 30% of the total number of people waiting. This is also the case to a lesser degree in Carmarthenshire and Vale of Glamorgan local authorities were those waiting in hospital accounted for 16-19% of the total number of people waiting.

24   Our work has noted that discharging patients from hospital remains an activity which largely takes place on weekdays, with very few (and mostly simple) discharges occurring on weekends. This is linked with the availability of services, including social services, continuing to largely only be available during traditional hours (typically 9am – 5pm) during the week.

25   Across the regions, capacity issues within domiciliary care services were affecting timely hospital discharge. During our audits, we also heard that care homes have become more cautious since the pandemic and more reluctant to take on patients

with complex needs as they have the same workforce challenges as the local authorities.

26   Awaiting the start of a new home care package currently accounts for 10-12% of all discharge delays. Positively though, the number of people being supported with domiciliary care has increased, and the number of people waiting for domiciliary care in the community has reduced (**Exhibit 7**).

Exhibit 7: number of people waiting for domiciliary care per 100,000 head of population
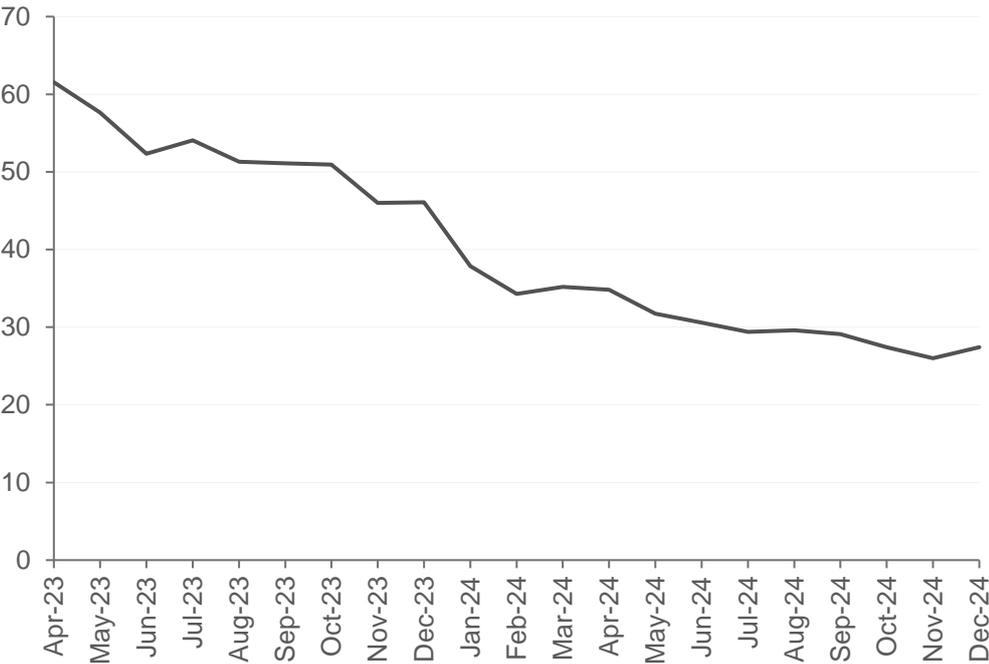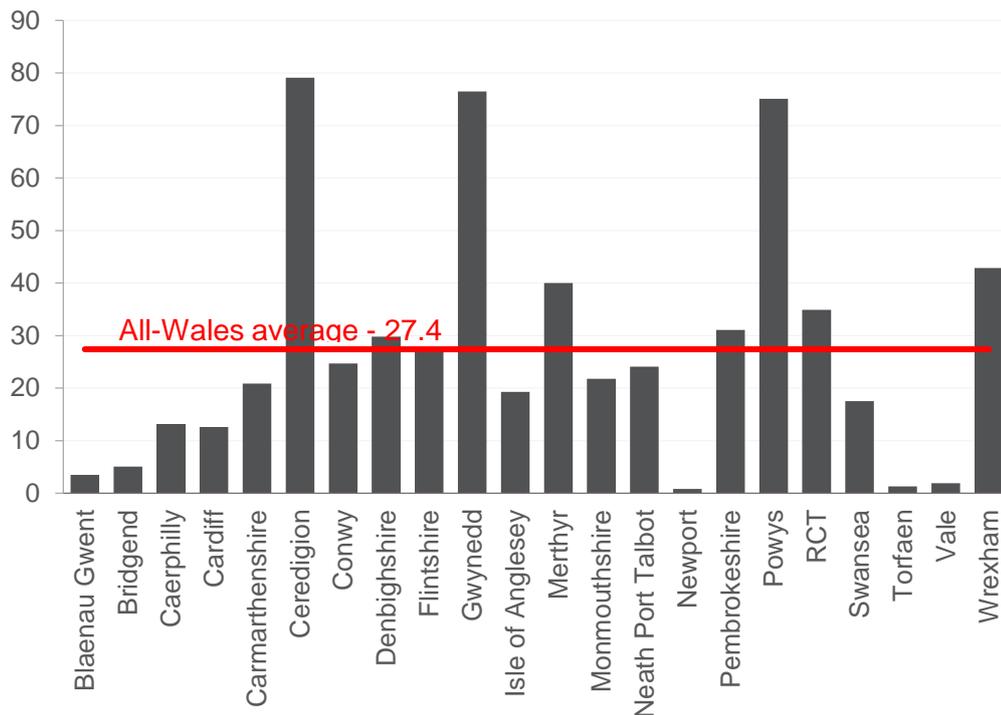

Source: Welsh Government

27   The number of hours of domiciliary care support waiting to be filled is also showing an improving position, reducing from 557 hours per 100,000 head of population in April 2023 to 288 hours in December 2024.

28   Despite those overall improvements, availability of domiciliary care support varies across the 22 local authorities. Newport and Torfaen local authorities regularly report very few, if any, people waiting for domiciliary care, compared to Ceredigion, Gwynedd, and Powys local authorities, who routinely report the highest number of people waiting. The number of people waiting in December 2024 is shown is **Exhibit 8**.

Exhibit 8: number of people waiting for domiciliary care per 100,000 head of population (December 2024).

Source: Welsh Government

29   Ceredigion, Gwynedd, and Powys local authorities also reported the highest number of unfilled domiciliary hours in December 2024 at 835, 577 and 999 respectively, compared with the all-Wales average of 288. The position across all three local authorities has however substantially improved since April 2023. Rurality is a common factor in the three local authority areas with the longest waits for domiciliary care.

30   The biggest improvement has been seen in Vale of Glamorgan local authority which has reduced its unfilled domiciliary hours from 1,965 per 100,000 head of population in November 2022, to just 7.9 in July 2024. Although the local authority has seen a slight increase to 17.9 in December 2024.

31   In January 2025, we published a local review which examined the arrangements Cyngor Gwynedd has in place to secure value for money from its domiciliary care services. We found that the council has developed its understanding of the challenges facing its domiciliary care service, but they have not been recognised as priorities in the current adult social services department plan to deliver improvements in its efficiency and effectiveness.

32   The number of people supported within residential care homes per 100,000 head of population has also gradually increased, with an associated small reduction in the number of people waiting for this type of support. Again, there is variation with Torfaen local authority reporting no people waiting for a residential care home place, compared to Conwy, Gwynedd and Isle of Anglesey local authorities reporting the highest number of people waiting (**Exhibit 9**).

Exhibit 9: number of people waiting for a residential care home placement per 100,000 head of population (December 2024)

Bar chart showing number of people waiting for a residential care home placement per 100,000 head of population by local authority, with an All-Wales average line of 11.1.
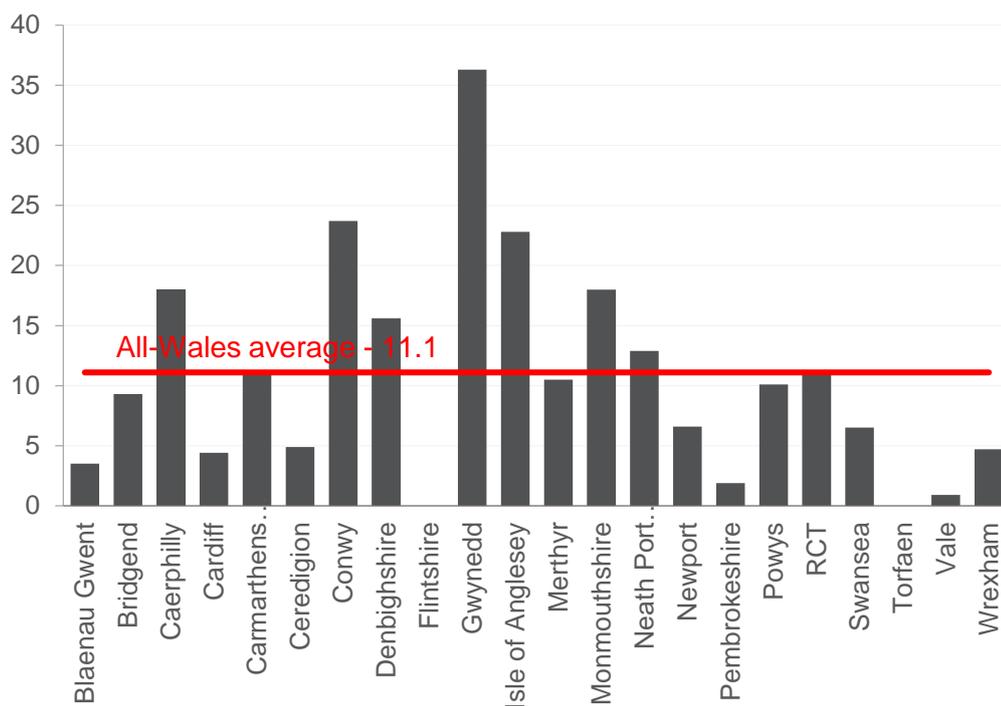
Source: Welsh Government

33   To put the above in context, across Wales, the number of delayed hospital discharges due to awaiting residential care home availability accounted for just 4% of all delays in December 2024. This has slightly increased from 2.8% in February 2024. A further 1.5% of delays related to awaiting a specialist Elderly Mental Illness residential care home place, and 1.5% of delays related to awaiting a visit and assessment by a member of staff from a residential care home. Delays due to patient/family choice related issues accounted for a further 2% of delays. Very few delays are due to disputes between agencies (accounting for 0.2% of all delays).

34   All regions are reliant on step-down beds in residential care homes to support timely patient discharge from hospital. However, several local authority areas are reporting high numbers of people remaining in these beds for more than three months with no indication of an end date. These are recorded as unplanned placements. This is particularly problematic in Ceredigion local authority which is reporting the highest number of people per 100,000 head of population. In December 2024, 30 people per 100,000 head of population were reported as being in unplanned placements for more than three months in Ceredigion, compared with the all-Wales average of 5.5.

35   The number of people in receipt of reablement support[2] from local authorities has marginally increased, although in comparison to domiciliary and/or residential care,

[2] Reablement support helps people to regain the ability to undertake tasks for themselves which they have been struggling with, such as personal care and daily living tasks, to enable them to live independently with minimal or no support.

numbers overall are small. For example, in December 2024, 52.5 people per 100,000 head of population were in receipt of reablement support compared to 685 and 551 in receipt of domiciliary care and residential care, respectively.

36 Availability of reablement support varies across the 22 local authorities, with the three local authorities within the Cwm Taf Morgannwg region providing some of the highest level of support, alongside Ceredigion and Torfaen local authorities. Reablement provision is lowest in Denbighshire and Wrexham local authorities, although Denbighshire local authority is also reporting no one waiting. The number of people waiting per 100,000 head of population for reablement support are greatest in Powys and Monmouthshire local authorities.

Discharge processes and procedures

37 The Welsh Government issued its updated hospital discharge guidance in December 2023 with a further update in January 2025, with an expectation that hospital discharge policies would be updated to reflect the guidance. At the time of our work, there was a mixed picture across Wales on the use of standardised discharge policies. While some health boards had a standard discharge policy across its hospital sites, others did not. The Welsh Government guidance highlights the importance of close working between health boards and local authorities in delivering the required minimum standards for hospital discharge. Whilst such joint working is evident, it can vary across Wales. We found that discharge policies were largely health board only, with the Cardiff & Vale region being the only one with a joint discharge policy in place.

38 Staff we spoke to as part of our work recognised that there are training requirements for everyone involved in discharge to better understand the process, and roles and responsibilities at each stage. However, we found an inconsistent approach to training and in particular to joint training across health and social care. Practical challenges co-ordinating training across different statutory partners was often cited as the reason more joint training was not in place.

39 We found differences of opinion across health and social care staff about when a patient should be referred for discharge. Some social workers we spoke to raised concerns that they were either notified too early or too late to facilitate effective discharge from hospital. Where the notification is too early, social workers end up undertaking multiple assessments due to changes in the patients' need during their hospital stay. Conversely, late notifications leave little time to put the necessary support packages in place and contribute to delays in patient discharges.

40 We observed some practical challenges with the interactions between health and social care staff in respect of discharge planning, and variation in the quality of referrals from health into social care. We were often told that poor referral paperwork means social services receive incomplete or inaccurate information about a patient's needs. We also found differences in the referral process between hospital sites and local authorities, including how referrals are made and to whom. Once referrals were made, ward and social services staff often reported difficulty in contacting one another to discuss individual cases, which can also cause delays.

41 We found that ward staff across the health boards recognised the challenges in acquiring suitable support for patients such as domiciliary care or a care home placement, but in many areas we often found frustrations from social workers that

some health staff were giving patients and families unrealistic expectations about the level of care provision they could expect when they returned home.

42　Our work also noted that data available to staff, when planning discharges, relating to the availability of community capacity is not always accurate nor available. For example, care home bed spaces did not always reflect beds out of commission due to refurbishment or beds which cannot be staffed. Information we have seen that is reported monthly to Welsh Government shows that the occupancy and availability status of 34% of residential care home beds was unknown as at December 2024, with the position ranging between 17% and 44% across regions.

43　We also found that as problems with discharge delays became more acute, there can be increased tension in working relationships between health and social care staff. Health staff spoke of the pressure they face to get patients out of hospital, and how that can lead to a blame culture between health and social care wherein another professional or their organisation is seen as the cause of the delay. This blame culture, in turn creates a defensiveness which can have a negative impact on how staff interact with each other during the discharge process.

44　More positively, we found evidence that individual partners are investing management time and resource in facilitating timely flow, particularly within hospitals through operational meetings to escalate and manage delays. The inclusion of social workers in multidisciplinary team ward rounds however varied across local authority areas, although we found positive examples of this working in Glangwili Hospital, where ward rounds not just included social workers, but care and repair, occupational therapists, and members from the Delta Wellbeing team[3].

Information systems

45　Patient information needed to support discharge planning is typically held on different IT systems which are not connected to each other or viewable to all staff involved in the care and discharge planning. This was often seen as a significant impediment to effective discharge planning across health and social care. Our work did, however, find examples of local progress in shared access to IT systems such as that in the Cardiff & Vale region where the Home First Team in the Health Board had begun to have direct access to local authority IT systems to support discharge planning.

46　The Welsh Community Care Information System (WCCIS) was intended to be a single digital solution that supported sharing of records across a range of health and care settings. The intention was that all local authorities and health board would use it. However, as previous Audit Wales work and Senedd committee scrutiny has found, its roll out was patchy and slower than expected. All statutory organisations are now awaiting the rollout of the new national programme 'Connecting Care' which is due to replace WCCIS from January 2026.

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[3] Delta Wellbeing is a 24/7 information, advice and assistance service funded by Carmarthenshire Council for individuals and organisations that promotes and maintains wellbeing and independence in the home.

Regional partnership working

47   At a strategic level, we found that partnership working between local authorities and health boards is generally working well. Across all regions, partnerships at a senior leadership level are built into the Regional Partnership Board (RPBs) governance structures, for example, the Integrated Executive Group in the West Wales region or the Leadership Group in the North Wales region.

48   We found that regional plans reflect a good understanding of the challenges affecting the flow of patients out of hospital. Plans also reflect the commitment of partners to resolve some of the key challenges related to flow such as workforce gaps and limited care home availability.

49   Joint ownership for finding solutions to patient flow challenges are embedded within the RPBs and their associated sub-groups and forums. All regions are making use of the Health and Social Care Regional Integration Fund (RIF) to support schemes aimed at improving discharge planning, with projects based on local needs assessments, including the Population Needs Assessments and Market Stability Reports.

50   The RPBs' Annual Reports provide data and case studies on how the projects are benefitting patients and the RPBs enable the identification and sharing of learning and good practice across partners. In several regions however, we noted that often projects were developed at a local authority level, creating disparity across areas.

51   We also observed that some of the projects funding by the RIF could be considered as core services rather than new innovative projects, such as step-up beds, community resource teams and single point of access teams. Those we spoke to explained that the requirement for the statutory partners to match fund projects is creating a reluctance to commit to new projects that will require match-funding in future years.

52   Regions have been slow to fully embed the Trusted Assessor Model, and in February 2023, the Welsh Government set a requirement for regions to review and implement a Trusted Assessor Action Plan. Some of the regions report good progress against action plans, with increasing numbers of occupational therapist posts, for example, supporting trusted assessment. However, while the Trusted Assessor Model was expedited during the COVID-19 pandemic, we found confusion in some health boards as to whether the model was still operating.

53   We also found that while some Directors of Social Services recognised the benefits of the model, they noted that the model does not help secure care packages or placements any quicker. We were also told by staff that there were difficulties getting some private sector care homes to accept the assessment and referral, insisting on undertaking the assessment themselves which can cause delays.