

HD 23

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: Platfform

Response from: Platfform

Platform response to the Local Government and Housing Committee inquiry into The role of local authorities in supporting hospital discharges

Key messages:

- **Housing is a missing link:** The importance of housing in the hospital discharge process is often neglected. By that, we do not mean the aspect of physical adaptations or the importance of getting someone into their home – we mean the importance of the housing sector, and specifically the importance of housing support services. Support workers in the housing sector build very effective, long-term relationships with the people they support – they understand their personal needs and how they like to be listened to, communicated with and what might get in the way. They are a deep well of information that the NHS could use much more effectively, in identifying the risks and challenges faced by people arriving into NHS wards, especially those within inpatient mental health settings.
- **Getting prevention right:** We argue that the role of housing and mental health support is key to preventing delays in hospital discharge – which are harmful, costly and wasteful for people and services together. There needs to be a wider discussion and recognition about the harms that can be perpetuated within mental health inpatient settings, and the long-term impacts that deprivation of liberty and institutionalisation can have on people. It is also important that we see prevention as a spectrum of interventions, and that at every stage of someone's journey through the mental health and housing system, we can always take some form of action to prevent greater harm down the line.
- **Creating approaches to mental health that prevent harm and prevent/reduce demand together:** It is no use adopting models that merely reduce demand – we must adopt ways of working, systems and services that *prevent harm*. We draw attention to approaches we have developed within Wales that connect the preventative resources of housing, with the mental health system, to make a significant difference to people's experiences – and have helped reduce the pressures on the NHS. Doing one without the other is ineffective.
- **Local government (and the housing support services it commissions) has a key role to play in supporting discharge:** when housing support services engage with NHS services in an effective way, we can see the immediate impact on managing patient discharge and preventing misunderstandings or miscommunication between different systems – at times, aspects of the different systems can cause problems. Whether different practice/policy language, or different approaches, what one part of the system would see as helpful can be actively harmful in a different setting. For example, we have seen self-harm involving fire flagged as 'arson', which can leave a permanent red flag on a housing record and can create an insurmountable barrier for someone receiving appropriate housing.
- **Working to improve the hospital discharge approaches depends entirely on the strength of local and regional partnerships:** Where the NHS, local government and commissioned services are communicating regularly, have built trusted relationships, understand each other's ways of working, and have taken time to understand the nuances of their

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respective systems, we have seen excellent successes in navigating very different ways of working. Where respective systems have clung to specific ways of working, or hold on to hierarchical approaches, or involve commissioned support at the last minute, we see limited success – and at times, delayed or actively harmful decisions.

About Plattform

Plattform was born in 2019 from Gofal, a mental health charity established in Wales in the late 1980s. Through decades of working across housing and mental health, we gained real insight into the reality of mental health in society, the impact of trauma, and the causes of distress. That work led us to change our focus and become Plattform, the charity for mental health and social change.

Today we work with over 13,000 people a year. We support people of all ages, across urban and rural communities, in people's homes and alongside other services. Our work spans inpatient settings, crisis services, community wellbeing, supported housing and homelessness, businesses, employment, counselling, schools and youth centres.

Mental health and housing: the missing link in hospital discharge

Quite rightly, the public debate and focus in terms of hospital discharge is on social care, and often considers the needs of older people specifically. Whilst this is a critical aspect of hospital discharge, we wanted to respond to focus specifically on the missing links: mental health and housing. These areas of public services play a critical role in hospital discharge. When these sectors work well and closely with the NHS, they can enable quicker, and more sustainable, discharge from wards. But when partnership working is less established, and these sectors are not engaged with the NHS at the earliest opportunity, it can create significant barriers to discharge – or worse, contribute further to homelessness.

There are critical points along the journey towards hospital discharge, and at every step of the way it is vital that housing services, and mental health support workers, are engaged in a meaningful way and are seen as equals within the discharge planning process. Homelessness creates significant health challenges for people, as does unsuitable, unstable or unsafe housing, and so ensuring that the health service is able to consider people's housing needs at the earliest point possible is a fundamental building block in preventing discharge into homelessness or dangerous housing.

It is also important to consider the *preventative* role of housing and mental health support as well, in reducing the need for people to arrive *into* hospital inpatient wards.

Getting the prevention right

It is important to understand the need to prevent admission into inpatient wards, particularly for mental health crisis. It is an area that Wales had begun to make significant progress on, before, we believe in the context of continued austerity, that progress stalled. In the last two years however, local health boards have been exploring ways to reduce inpatient admissions across Wales, recognising that they are an

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expensive option for people in crisis. At Platform we would go further and argue that they can also be ineffective at best, or at worst, actively harmful for people in crisis. Inpatient mental health services represent an outdated, unhelpful and often damaging model of mental health, with limited accountability, a lack of clear and robust data, and guidance on restrictive practice that does not, in practice, protect patients from institutionalised harm.

We argue at Platform that we need to consider prevention in any discussion of hospital discharge, and that prevention should run through all parts of a system. Increasingly, we see political and policy discourse considering prevention as interchangeable with early intervention. Whilst early intervention is important, our view is that our policy approaches across Wales should consider that prevention can take place at varying stages within a person's experience of services. In this aspect, we would rely on a public health definition of prevention¹, which considers three (but sometimes four or five) modes of prevention. These are:

- **Primary:** This is often equivalent to 'early intervention', working with at-risk populations or environments by preventing problems. In terms of mental health admissions, this would be ensuring there is clear advice and information in place in local communities, to avoid people entering inpatient services – essentially preventing a mental health crisis by ensuring the best possible conditions exist around people and their communities.
- **Secondary:** This also overlaps slightly with 'early intervention', and would look like informal, or third sector provided, or local authority / Health Board commissioned support for people at risk of experiencing mental health crisis. This means getting involved before a crisis point, and being able to offer non-medicalised responses to crisis.
- **Tertiary:** Tertiary prevention is largely focused on individuals when they are already in crisis, and it is a mode of prevention that is often overlooked in policy discussions. In the context of this inquiry, we would include effective, quick discharge from inpatient wards, with a helpful housing and support plan in place, as a key element of tertiary prevention. It is reducing the impact of people remaining in unsuitable places for long periods of time.

Sometimes, prevention prior to 'primary' is included, which is:

- **Primordial:** This focuses on the societal measures we can take to address the social determinants of crisis – poverty, distress, community experiences/deprivation/isolation, intergenerational trauma, and more. It is an area that Platform has consistently called for action on – and is reflected clearly in the Welsh Government Mental Health Strategy, with its inclusion of social determinants as a critical facet of mental health approaches.

Increasingly, a mode of prevention following 'tertiary' is added, which is:

- **Quarternary:** This focuses on the need to reduce the harm caused by interventions², or reduce unnecessary interventions. This can sometimes be described as 'iatrogenic harm', and at Platform we have been consistently clear that much of our mental health system can retraumatise, stigmatise and

¹ <https://pressbooks.uwf.edu/populationhealthnursing/chapter/3-1-levels-of-prevention/>

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC5708264/>

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ultimately cause significant harm to people. In particular, we have been arguing for action on the use of personality disorder diagnoses within the NHS in Wales, which we know are creating significant unintended negative consequences for people who need support.

A clearer understanding of prevention is needed, alongside action on discharge, so that we can focus public resources on the most therapeutic, effective and impactful approaches to prevention – but also so that the many opportunities to reduce harm and negative consequences are seen and understood across Welsh public policy.

Wales has increasingly focused on ‘tiered’ support for mental health, but increasingly we are seeing that what was intended as a preventative approach (meeting people’s needs whilst needs are lower, before a crisis point is reached) is not working. Waiting lists for mental health services are increasing, and people are reaching Tier 2, 3 and 4 services with their needs not having been met early enough. We are clear at Platform that the system is not currently meeting people’s needs in the right way, at the right time.

- **Sanctuary Approach**

We are increasingly adopting, through health board funding, new approaches to prevention, to reduce the need for people to access mental health inpatient services. One of those projects is our Sanctuary model, funded by Cardiff and Vale Health Board, and linked to the 111 press 2 line. In Cardiff and Vale, if people are in a crisis and need urgent intervention that the phone line staff cannot help with, they have the option of coming to our Sanctuary space, where they can meet face to face with a trained professional who can offer therapeutic but non-medical support. This can be as simple as a cup of tea and a listening ear but can also include advice around challenges they are facing around housing and other issues. We have found that we have supported people at Platform through the Sanctuary approach, that would otherwise have resulted in an ambulance or police callout, and then a visit to A&E and / or inpatient admission.

- **Crisis Houses**

We continue to run Wales’ only two crisis houses – as a clear and supportive alternative to mental health admission. Increasingly, they also play a key role in supporting discharge, as health boards have sometimes discharged *to* the Crisis House, as well as referring people to it as an alternative to admission. Again, our approach here as an organisation is to be a therapeutic but non-medicalising response to mental health crisis that avoids the often-traumatising experiences of mental health admission into inpatient settings.

In terms of prevention, both the Sanctuary and Crisis House approach, are preventing people being admitted to inpatient services – but are still working with people in crisis. At Platform we want to see systems set up that are an alternative to NHS inpatient wards, and this is where a partnership between local government and Health Boards is critical. Whether it is jointly funded approaches through Regional Partnership Boards, or local agreements between Health Boards and individual local authorities, we would want to see increased investment in Sanctuary and / or Crisis House approaches across Wales,

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as well as exploring other options. In our submission to the Finance Committee for the 2025-26 Draft Welsh Government budget, we proposed the creation of a preventative fund for Health Boards to explore, in partnership with local government (particularly, housing) commissioners, how they can work together to prevent inpatient admission, in favour of more community-based support services in the mould of Housing Support Grant services.

We are not getting prevention right, across Wales. Our perspective is that despite excellent work being done across the country, the siloed nature of Health Board and local government funding is making it difficult for preventative spending to be as effective as possible. The support workers at our Crisis Houses and at our Sanctuary provide excellent support and are trained in much the same way as our housing support workers. They are experienced, well-trained, work therapeutically and with clinical support – and yet the potential preventative resource this offers has not been fully realised by Health Boards and local government in Wales.

Local government-funded support alongside health services

Where local government-funded support works alongside health, the results can be significant – and positively so. Whilst we believe there is room for progress, and that we need to see that more consistently across Wales as a whole, we are clear that when it works, it can be hugely effective at enabling smoother, more effective discharge. It also will provide a helpful foundation for Health Boards and local government in responding to forthcoming changes to housing policy when the White Paper on ending homelessness progresses in the Senedd – and when Mental Health Act reforms take place in the UK Parliament.

It is worth noting the changes that are being proposed in both of those pieces of legislation, specifically around Care and Treatment Plans (CTPs). In the White Paper, the proposal was made that housing be made a statutory part of CTPs, to support discharge, but also to ensure that people's care and support needs were inclusive of their housing needs. There remains still, a significant link between hospital discharge and homelessness. This has also been reflected in the proposed Mental Health Act reforms at a UK level, which make a separate, but broadly similar, proposal on ensuring housing needs are reflected within CTPs. These should help establish more consistent practice around discharge – but there is a clear risk that without strong local and regional relationships between statutory agencies and commissioned support, this could become a bureaucratic, tick-boxing exercise. Additionally, the extent to which CTPs are used regularly and consistently is mixed. When we speak with our housing colleagues, they refer to the Personal Housing Plan they draw up with people in housing need – and mental health professionals refer to the Care and Treatment Plans. This complexity of different systems and different plans is a clear example of why it remains difficult to get the discharge approach right across Wales.

At Platform, we have developed a 'hospital to home' approach, which has been successful in supporting the discharge of people from mental health inpatient wards, into secure and stable housing. This is part of a wider approach that we have described as "integrative practice", which included the Crisis House (see above), a dispersed scheme in the Vale of Glamorgan, a link worker approach with Community Mental Health Teams, working to co-located support workers within NHS settings.

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- **Hospital to Home**

Platform, beginning when we were still Gofal, developed an approach called 'hospital to home'. This recognised that under the Housing (Wales) Act 2014, and the Social Services and Wellbeing (Wales) Act 2014, there were huge variations in 'reasonable steps' but also social care planning – and there was still widespread uncertainty about Care and Treatment Plans that even then were recommended to include housing needs. At the time, this complexity created a wealth of referrals into secondary Mental Health care – without corresponding resources to meet that increased need.

Before this approach was adopted, Community Mental Health teams were receiving referrals where support from the third sector around housing support would have been more appropriate – and cost-effective.

This Hospital to Home approach involved co-locating housing support workers on mental health inpatient wards, working alongside NHS colleagues from an early stage of a patient's journey, ensuring we can offer housing advice and expertise, and support both the NHS colleagues and the patient themselves, in finding the right advice and support. It also means that relationships can be built with people we might be supporting around housing needs *after* discharge, before that happens. It helps with consistency of support, the maintaining of relationships, building of trust, and crucially means that we can begin the process of finding suitable housing options before it becomes a critical or urgent need. It has also helped us begin work earlier to support people with complex situations that our system is not easily able to understand. For example, we have seen examples of people who have been 'labelled' with an arson conviction, when they have actually been self-harming. By acting as a bridge between NHS staff and local authority colleagues, we have been able to act as a translator, at times. What one system would find helpful in order to provide care, another system might interpret as a major risk or barrier to housing. Without a housing support worker present to act as that bridge, there would have been more instances of harm caused completely unintentionally.

This has resulted in fewer delayed transfers of care, and also reduced incidences of homelessness post-discharge, and we are pleased that this approach has been replicated in different health boards, sometimes formally, and other times with informal links.

There remain challenges with this approach, however. There are a few specific processes set up consistently across health boards, and between local authority commissioners and third sector partners – this means that, as with many innovative approaches, they are significantly dependent on personal connections. For example, in one local authority we have a very informal relationship between Platform and the health board, where we go into wards on visits or 'drop ins', and work with people. In another local authority, we are sited within a mental health ward, and actively accompany medical professionals on ward rounds, and ensure people's housing needs are being considered from the outset.

We are also increasingly being asked, through this approach, to support with assessments before discharge, and have often been able to work with people

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from hospital ward, to their placement in our supported accommodation, to their eventual independent tenancy. In this way, people have been supported throughout, with consistent relationships, and the risk of becoming 'hospital homeless' has been reduced.

This is one example of work we are doing within the NHS system, to reduce delayed transfers of care, but also ensuring that we reduce the risk of people becoming homeless (or their housing insecurity being exacerbated) during a hospital stay. Whilst we are hugely proud of this work, and the support workers that are engaging in this way, we are also clear that it is still hugely dependent on local relationships, inconsistent processes, and it takes clear skill and patience to maintain those relationships. It is also an area where we see clearly the power-imbalance between clinical staff, and housing professionals, and we would want to see pieces of work like 'hospital to home' becoming a more widely recognised way of working, so that housing support workers are able to adopt a more consistent approach across Wales.

One of the people we supported, when we first launched the Hospital to Home project, was clear that it had changed her life.

M's Story

M was referred to Gofal's Hospital to Home service, following an admission to hospital. She presented to mental health services in Cardiff due to experiencing psychosis after fleeing domestic violence in England, was using substances and was now homeless. She wanted to return to the Vale due to her parents living here and was looking for support to rebuild her life.

Our Housing Advice Case Worker liaised with the homelessness department and ward staff around appropriate temporary accommodation. She was allocated a self-contained one bedroom property due to her vulnerability while she awaited permanent housing and was referred to the housing team for tenancy support. This then came to our Tenancy Support Service who continued the resettlement support and provided help to end the previous tenancy she had fled.

Overall, we supported in the following ways: Liaison with Community Mental Health Team following discharge from hospital; Liaison and support to attend appointments with Macmillan nurses following a diagnosis of breast cancer; Support to address debts up to the sum of £27,000, alongside the CAB, and applying for bankruptcy; Support to liaise with housing around permanent offers of accommodation and support with resettlement when a property was offered; Support to apply for additional benefits she was entitled to, alongside support for budgeting. We also made referrals to Women's but our support was found to be sufficient in rebuilding her confidence and we were able to signpost her to online resources. We also offered support to reduce social isolation, made referrals and offered support to access Recovery Cymru support groups to allow her to access relapse prevention peer support and creative groups.

She is now settled in her flat and the community, is managing her tenancy and finances independently, is in remission from breast cancer and has had no relapses in her mental health or substance misuse. She shared feedback: "I feel like a new woman - the support has changed my life".

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Conclusion

There is significant evidence, not just limited to Platform, but across the housing sector, of partnership working between local government (through commissioned third sector delivery) and Health Boards. This is also the basis of a report (Tyfu Tai Cymru, 2021) that demonstrated the impact that greater coordination between housing and health can have on discharge from hospital. However, we have not seen, to date, a coordinated, strategic approach to including housing and the third sector (through local government) in this. This is an area that we believe Regional Partnership Boards should be looking at, but we are also concerned that this is in itself a result of the (understandable) focus on social care during conversations about hospital discharge. There is a much wider range of organisations and partners that will be able to support with better quality, more timely, and less impactful discharge.

Critically, for Platform, we want the Welsh Government to focus on preventing admission to mental health inpatient wards, wherever possible – and to understand that, ultimately, the mental health system can be hugely harmful to people in crisis. We want to see people prevented, through good support at a community level, at the time they need it, from needing inpatient admission. And then we want to see people being supported with their housing whilst an inpatient (with expert support from housing professionals to prevent homelessness, loss of income, and inappropriate entries that might bar them from housing) – and finally, we want to ensure that the discharge from these settings happens quickly, appropriately and that housing needs are considered clearly and holistically by housing staff in partnership with NHS colleagues. Until that experience is universal across the NHS in Wales and backed up with consistent approaches across all health boards, we remain concerned that people will be harmed before they enter the system, experience harm while they are there, and be further harmed as they are discharged.

Wales can do better – we know what we can do that will make these changes for people – we need the financial support, the consistent guidance from NHS Wales (and Welsh Government), and the relationships locally, to make it happen. Until then, we know that the risks will continue to escalate, and people who could have been supported when things could be addressed more easily, will have to wait till they are on the edge before they can get the support they need.

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