



WLGA response to the Inquiry on the role of local authorities in supporting hospital discharge

February 2025

About Us

The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.

The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA also appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.

The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.

Introduction

Councils, care providers and wider health services continue to do all they can to enable people to be discharged from hospital and back to their homes with the correct support as soon as they can, as well as focussing on preventing hospital admissions in the first place. This has involved increasing community care capacity, developing extra step-down beds and community care packages, helping people get care closer to home and free up hospital beds. This has highlighted the benefits of councils and health working in partnership with a shared endeavour to deliver tangible benefits and positive impacts for individuals. But it also comes with a need to invest significant amounts of time and resource, including additional funding, to support this work. It also highlights the importance of developing future models of community-based care which take a 'whole-person' approach, addressing people's physical health, mental health and social needs together, a direction of travel supported by local government's 'Vision for Social Care in Wales'¹.

Despite these efforts, challenges persist in consistently achieving timely and efficient discharges. The pressures on social care services, including limited funding, workforce shortages, and increasing demand are a contributory factor to this, but it is important to acknowledge that there are a range of other factors that extend beyond social care that lead to individuals being admitted to hospital and, in some cases, delayed pathways of care from

¹ [Download.aspx \(wlga.wales\)](#)

hospital. Such delays can also result from a range of other factors, including patients waiting for nursing assessments, Continuing Health Care (CHC) assessments, delays in completion of medical and psychiatric assessments and the time taken for medicines management arrangements to be finalised, as well as the need for small adaptations to be undertaken.

Given the level of focus that has been placed on pathway of care delays in recent times, alongside a narrative that seemingly puts the root cause of these delays at the feet of social care we welcome the opportunity to respond to the Local Government and Housing Committee's Inquiry into this area.

Current Pressures

When looking at the role that local authorities play in supporting hospital discharges and addressing delayed pathways of care it is important to acknowledge the context within which both social care and wider council services are operating. Councils remain deeply concerned about the ongoing pressures facing social care. WLGA's annual budget survey of councils demonstrates that councils are facing additional *in-year* pressures amounting to £238m for 2024-25, £106m (45%) of which is attributable to social services pressures and builds on a £107m social services overspend in 2023-24.

In 2025-26 local authorities will face an estimated pressure of £559m of which £223m is as a result of social services pressure. This represents a 9% increase on current budgets and is 40% of the overall local government pressure. Despite our ambition and vision for social services, it should be noted that these financial pressures are just to 'stand still' and do not factor in the potential impact of changes to National Insurance contributions announced at the end of 2024.

These pressures are despite councils spending over and beyond the funding allocated by Welsh Government for social care services. Councils hold significant concerns that without further funding, meeting care and support needs will become increasingly difficult with a potential knock-on impact for our NHS and health care services, leaving people waiting longer for care in the community affecting their well-being and quality of life.

The WLGA budget survey highlighted the continued impact of growing demographic challenges, the rising cost of living, workforce shortages, and inflation across the entire social care system. Additionally, new responsibilities and legislation are being introduced without appropriate levels of funding attached. Increasing demand for services, combined with greater complexity of care and support needs, further intensifies these challenges. As a result, budgets are being stretched, recruitment and retention of staff remain significant challenges, there are increasing concerns about councils' ability to meet all care and support needs and families and unpaid carers are placed under even greater strain.

The survey also highlighted that at the same time a lack of capacity, resources and clarity of financial responsibilities in health also has implications for local authorities. Additional costs have been identified by at least one council linked to discharges from hospital where the individual is not ready for discharge and there is no rehabilitation package in place from health, so costs have had to be picked up by social care and the social services budget. Significant concerns were also raised in relation to both Continuing Healthcare Care (CHC) and Funded Nursing Care (FNC). Councils reported that the level of FNC provided is not enough to fully cover the cost, with care homes unable to cope with the FNC contribution from health that is

made. It was also highlighted that CHC discussions can be extremely challenging. This means that costs are often passed on from the NHS onto local authorities, essentially meaning that councils are having to subsidise health care, often at a significant cost.

For many, social services is the area of greatest risk to council's budgets where pressures are most acutely seen. While councils continue to mitigate these pressures through the use of other areas of savings delivery, slippage and increased income many of these will be of a one-off nature leaving councils with recurrent pressures that impact on future years budget planning.

The WLGA continues to seek regular feedback from councils on the issues and concerns they are facing at the local level in delivering social care services. While the level to which specific issues are impacting locally can vary, all have highlighted concerns and challenges which reflect common pressures being experienced across both adult and children's services. These include:

Workforce: There continue to be significant challenges in relation to recruitment and retention both for in-house (including assessment and provision) and commissioned services. This issue has been exacerbated by number of issues including:

- Competition both from the health service and other sectors who can offer better terms and conditions.
- A reduction in staff prepared to continue to work in the sector, with some making lifestyle choices to reduce working hours and many leaving the sector because they are exhausted.
- Some have felt let down by the lack of recognition given to social care workers, with NHS workers seemingly more valued
- Increasing demand and pressure being placed on an under-valued and over-stretched workforce

Care at Home: Both in-house and commissioned services are under significant pressure, with demand for services increasing which has a wider impact on reablement provision, hospital discharges, prevention of admissions and responding to urgent need.

Waiting lists: Waiting lists have been increasing, people waiting for packages of care and for people awaiting assessment and/or equipment and support from occupational therapists. This also impacts on unpaid carers well-being as there are delays to provision of equipment and training/support to meet their cared for's needs

Unpaid Carers: There are increasing concerns for unpaid carers who have continued under severe pressure. While carer's services have continued to support people, there has been an increase in demand, with concerns that if unpaid carers are unable to continue to care effectively, then there will be increased demand for support placed on already overstretched services.

The reality is that despite councils' best efforts, financial pressures are impacting the range, scale, and quality of services able to be offered to local communities.

Recent winter periods have seen greater collaboration across services and organisations in support of improved flow of individuals using care and support through the hospital system and transferring to care in the community. For example, most local authorities have integrated

nursing or intermediate care teams working in the community to 'pull' patients out of hospital back to their home or community, furnished with appropriate level of support they need to be re-abled and live as independently as possible.

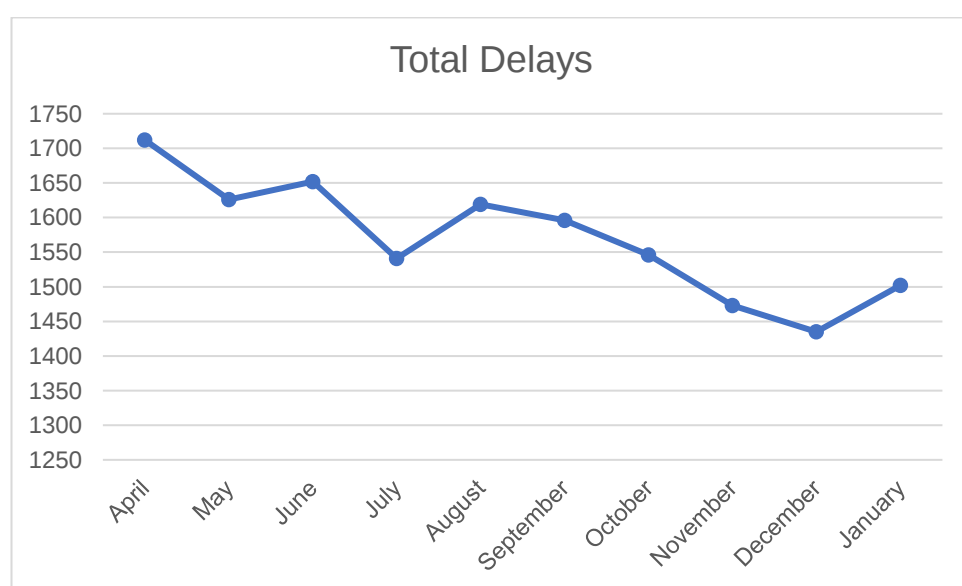
While progress continues across the regions in Wales, there have been a number of trends consistently reported by local authorities in relation to unscheduled pressures in previous years; many of which have been exacerbated by the demands placed on the health and social care system. These include:

- The fragility in domiciliary care and reablement services, exacerbated by market capacity, volatility in demand and short-term problems, associated with sickness or leave at times of public holiday.
- Responsiveness and complexity of service required are significant issues, with workforce recruitment and retention providing significant challenges.
- Capacity in traditional residential care had been relatively resilient, but a number of areas have reported a scarcity of specialist EMI and nursing care capacity (in part as a result of workforce issues and with a particular challenge with recruitment of nurses).
- Pressures on the hospital system, in particular increased admissions and people presenting with higher levels of acuity, coupled with the reduction of hospital beds.

Recent Data

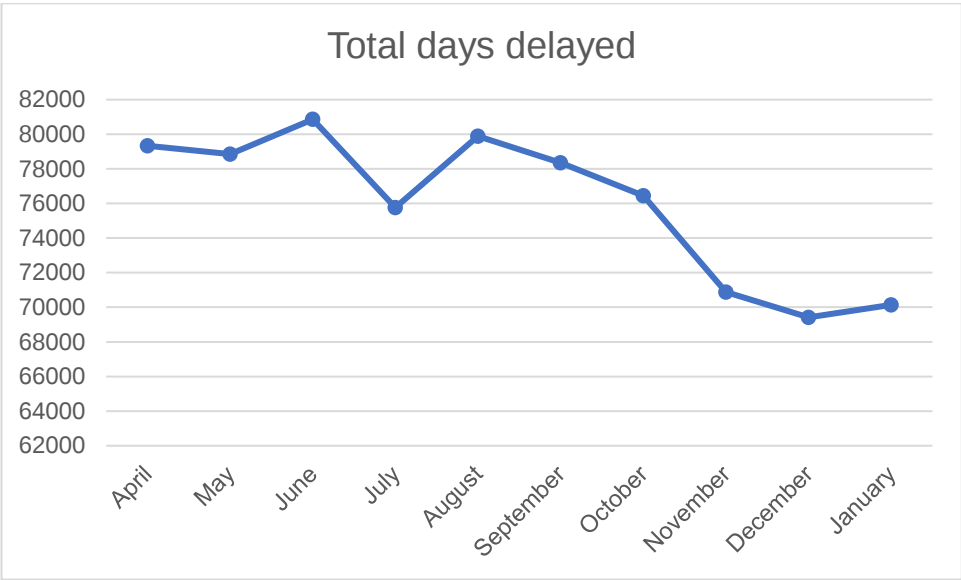
Like the NHS in other parts of the UK the NHS in Wales is experiencing persistently high levels of pathways of care delays which negatively impact on people's long-term health and the "flow" through the wider health and care system. This has been an area of focus for some time and councils have worked hard to support health in reducing these delayed discharges, with the most recent figures demonstrating the progress that has been made by councils in helping to reduce these delays.

The latest figures² show that since April 2024 there has been a downward trend in the number of hospital discharge delays, with a 12% reduction in delays since April 2024, despite a recent increase in January 2025.

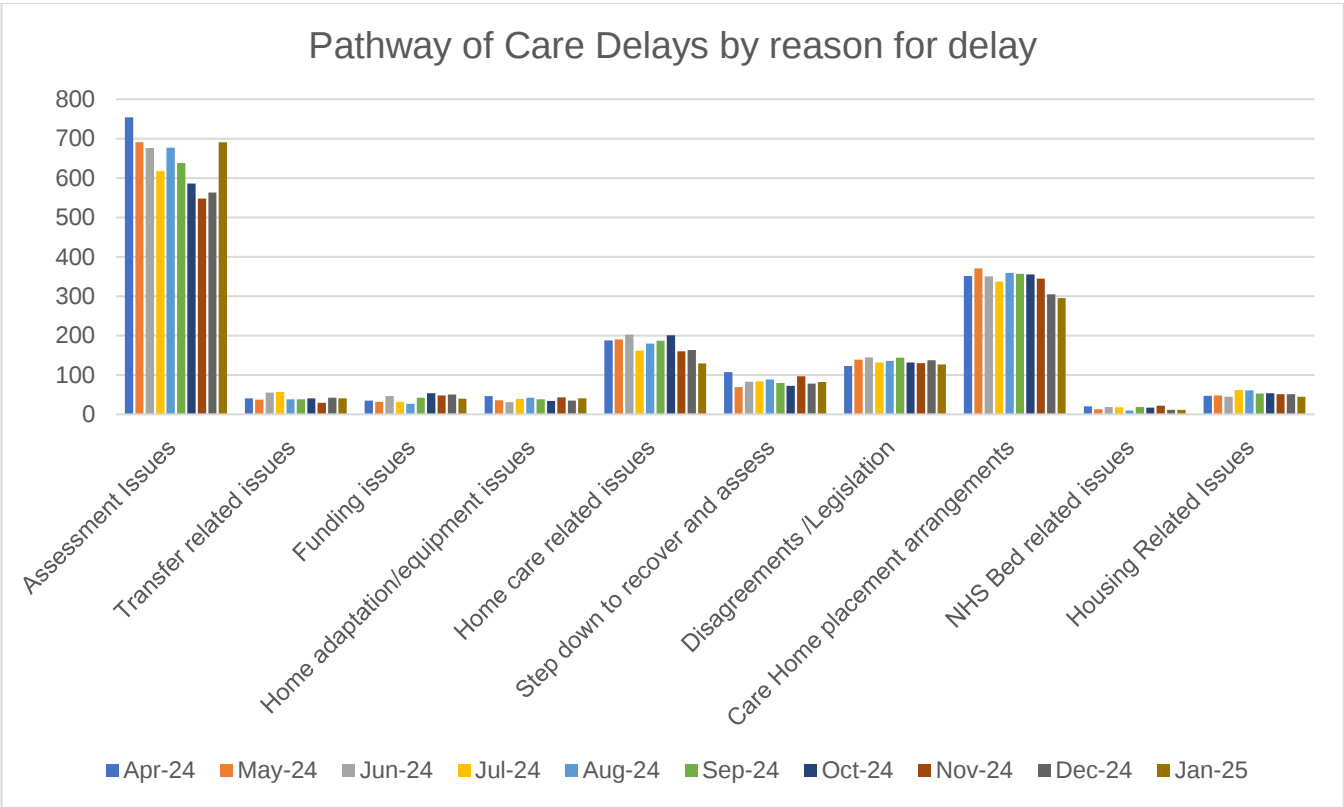


² [Pathway of Care Delays by reason for delay and date](#)

Similarly, this downward trend has been seen in the total days delayed seen over the same period of time, with a 12% reduction:



The chart below demonstrates the reasons behind the delays:



It can be seen that while assessment issues is the biggest single reason for delays there are a number of other reasons for why there are delays to pathways of care. There have been significant reductions in recent months in the number of delays due to assessment issues, with a 25% reduction in assessment delays between April and December 2024. January saw an

increase in delays as result of assessment issues but the winter months often see a surge in healthcare demand due to seasonal illnesses, leading to heightened demand and increased hospital admissions.

During the period April 2024 to January 2025 of note, delays related to:

- Home care reduced from 188 to 129 (31%)
- Care home placement arrangements reduced from 351 to 295 (16%)
- Awaiting social worker allocation reduced from 130 to 113 (13%)

This goes some way to demonstrating the impact of the work and resources that councils have put in to supporting hospital discharges and reducing delays.

It is also important to recognise that social care continues to support a significant number of people in the community at the same time, which prevent hospital admission in the first place. This far outweighs the number of delays in hospital discharges, which reflects that prevention and early intervention services play a critical role in reducing pressures in secondary care services. Since January 2024, councils have supported:

- a 47% reduction in those waiting for domiciliary care (reducing from 1055 to 554)
- a 36% increase in those receiving reablement (increasing from 1,113 to 1,519)
- An increase of adults in receipt of domiciliary care (increasing from 17,012 to 17,757)
- an increase in those receiving long term care home accommodation (increasing from 13,262 to 13,380)

From the data it can be seen that councils have made progress in reducing hospital discharge delays in part as a result of investing in assessment processes and social care services. Reductions in home care and care home placement delays demonstrates the commitment of councils and social care to streamlining discharge processes and ensuring timely support for individuals leaving hospital.

Beyond hospital discharge, local authorities continue to play a crucial role in preventing hospital admissions through early intervention and community-based care. The significant reductions in those waiting for domiciliary care, while those accessing reablement services have continued to increase, means more individuals regain independence at home. Additionally, more adults are now receiving domiciliary care and long-term care home placements, ensuring sustained support for those with complex needs. These figures highlight the extensive efforts of local authorities in delivering social care, not only to ease hospital pressures but also to enhance community-based support that keeps people well and independent for longer.

The infographic below further demonstrates some of the levels of demand that continue to be met by councils:



Social Services Contacts

416,040 contacts received by statutory social services for adults, carers and children. This equates to **1,139 contacts every day**.



Assessments

135,110 new assessments were undertaken across both adults and children's services. This equates to **over 370 new assessments undertaken every day**.



Care and Support

On 31 March **76,315 people** (adults, children and carers) had a care and support plan in place.

Source: StatsWales³

These figures go some way to demonstrating the number of people supported by social services teams every day, with well over 1,000 people making contact with social services daily. Of the 370 new assessments undertaken every day over 4 in 5 of these (82%) lead to that individual's needs needing to be met, either through a care and support plan or by other means. Compared with the previous year there has been a 13% increase in the number of contacts made to social service and a 7% increase in the number of new assessments undertaken. By way of example, one council has reported that they have experienced a 15% increase in demand across all client groups in Adult Services in the last year.

The focus on hospital discharge has placed significant pressure on social care services, affecting their ability to deliver wider community-based support. While councils have made progress in reducing delays and expanding domiciliary and reablement services this has often come at the expense of other key areas of social care. With resources and staffing redirected to prioritising hospital discharges, services such as preventative care, early intervention, and long-term support for vulnerable individuals have faced increasing strain.

This shift can create a ripple effect, where fewer resources are available for preventing hospital admissions in the first place, leading to greater long-term demand for both health and social care. For example, while domiciliary care waiting lists have been reduced councils must also ensure they continue to support those who rely on ongoing community care to maintain their independence. Similarly, increasing care home placements may ease immediate hospital

³ Available at <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/social-services-performance-and-improvement-framework>. Data covers 2022-23

pressures, but it can limit the ability to provide alternative, home-based support that many individuals prefer.

A balanced approach is essential, while hospital discharge is a priority, social care must also have the capacity to deliver preventative and ongoing support. Without this, pressures on hospitals may ease in the short term, but demand for crisis interventions could increase, making the system less sustainable in the long run.

Actions Taken

In responding to these challenges, councils and health boards are meeting regularly to review cases and address barriers on a person-centred level. Each council is aware of the cases within its own boundary and working with the health board to maintain an overview.

A range of positive interventions have been put in place to improve flow through the system, both by councils, health boards and by working together. This includes new ways of working and further investment in capacity and continued efforts to recruit more staff. There are a range of excellent examples of good practice to highlight, including:

Step Up/Step Down Beds – Short-term accommodation for individuals transitioning between hospital and home, preventing unnecessary admissions and enabling timely discharge. For example, creating additional bedded capacity to provide step-down and community step-up (avoiding hospital admissions) beds in internal residential provision.

Trusted Assessors - utilising and further developing trusted assessor models to support timely assessment and avoid delays and duplication. For example, using Community Occupational Therapists' as trusted assessors for care and support assessments as opposed to Social Workers, utilising staff at the right level in the right place. And using Community Resource Team (CRT) home care assessors, as trusted assessors to prescribe care, where a person cannot meet their full reablement outcomes, releasing the need for Social Worker assessment following CRT.

Intermediate Care Teams and Rapid Response Teams - ensuring the provision of co-ordinated services across health and social care

Discharge to Recover and Assess (D2RA) – Allows patients to leave hospital while their ongoing care needs are assessed in a more appropriate setting, reducing hospital stays. There are examples of councils: establishing a rapid response domiciliary care service to help people return home and have their ongoing needs assessed in a more appropriate setting than the hospital; and enabling rapid access to a temporary residential or nursing care placement for services users with a higher level of need, while their future requirements are fully assessed.

Extension of services - Extending the range of rehabilitation/reablement services, including the use of intermediate care flats as part of a wider health, social care and community complex.

Home First Service - Local authorities utilising their Home First Service to provide preventative / discharge at the front door of their acute hospitals.

Integrated Community Networks - provide rapid access to multi-disciplinary proactive care in the community following referrals including WAST emergency calls, with the aim of reducing hospital conveyances and admissions.

Integrated Prevention Service (IPS) - which provides short term Occupational Therapy support working closely with the reablement and prevention services teams to support with admission avoidance or safe and timely discharge from hospital and enabling those citizens who are able, to continue to do things for themselves.

Single Points of Access (SPOA) – A streamlined entry point to social care services, ensuring quick assessments and coordinated support for discharged patients.

Micro-Care Initiatives – Encouraging small, independent care providers to offer flexible, local home care, easing the burden on larger care services.

Home Support and Assistive Technology – Digital solutions, such as remote monitoring devices, GPS trackers, and automated reminders, supporting independent living and reducing hospital readmissions.

Wellbeing Hubs and Community Connectors – Providing practical and emotional support to individuals post-discharge, reducing isolation and promoting recovery.

Integrated Working – Establishing integrated discharge boards to identify potential issues around discharge and how they will be resolved. Other councils continue the development of locality teams with dedicated roles around key areas of activity such as hospital discharge, Continuing HealthCare (CHC) assessments and carers.

Joint Working - Social care and third sector staff working alongside health staff in hospital to prevent delayed discharges.

These initiatives aim to create a more integrated and community-based approach to hospital discharge, ensuring that people receive the right care at the right time while easing pressure on hospitals and long-term care services.

Care Action Committee:

Local government has also been key members of the Care Action Committee (CAC). Originally established in 2022 the CAC chaired by the then Minister for Health and Social Care met regularly during the 2022/23 winter period. The Committee's membership included the WLGA Leader, Chief Executive and Health and Social Care Spokespersons, along with local authority Chief Executive and Director of Social Services representatives, and health colleagues.

The CAC oversaw the [work undertaken](#) across health and social care that had an ambition of providing an additional 1,000 beds or equivalent community services for winter of that year to ease system pressure and reduce anticipated delayed discharges. Whilst the ambition to deliver 1,000 beds was not achieved, over 670 beds or equivalents were. Councils worked closely with partners in health and the Welsh Government to deliver these. These innovative packages helped to build move-on capacity and improve flow across the health and social care system and to free some of the areas under pressures, such as discharges from hospitals and the impact this can have on ambulance waiting lists and admittance to hospitals.

This increased capacity in the community demonstrates the benefits of councils and health working in partnership with a shared endeavour to deliver tangible benefits and positive impacts for individuals but also comes with a need to invest significant amounts of time and resource to support this work.

Building on this work Welsh Government set out their mission, consistent with '*A Healthier Wales*' to develop an integrated community care system for Wales through their Statement of Intent document, '[*Building Capacity through Community Care – Further Faster*](#)'. Then in September 2023 the Minister for Health and Social Services re-established the CAC to oversee the work around increasing health and social care service resilience and develop a more integrated system outlined in '*Further Faster*'.

In October 2023, the CAC agreed to focus on three key priorities for winter 2023/24:

- Reduction in pathways of care delays due to assessment
- Increased weekend capacity for district nursing and palliative care nursing; and
- Increased community capacity to support step up/down of support, such as, Enhanced Community Care (ECC)

It has since been agreed to continue focussing on these same priorities for Winter 2024/25, with membership of the CAC being extended out to include Regional Local Authority Elected Member Representatives, alongside Regional Senior Accountable Officers who are responsible for providing local interpretation of the current state and actions that are in progress against the priorities.

While councils remain committed to improving the discharge processes through the work of the Committee and welcome the extension of membership to include additional elected members it is critical that the focus of the work is not just on social care. It is also vital that we do not just work in partnership at the point of discharge of individuals from hospital, but that there is also a focus on preventing people from entering hospital in the first instance.

There remains a narrative, which is often painted in the media, that implies that social care exists solely to ease pressure on the NHS and is failing to do its job. Many people rely on social care to support them to live independent and fulfilling lives and the continual focus on supporting the NHS, important though it is, places these vital services at risk. There is a need for a strategic approach to the pressure on hospital beds which requires a much broader range of actions to prevent admission, streamline discharge for those that do not need social care or other support and focus on capacity to support recovery and reablement.

Despite the examples of good practice and the work of the CAC, the real difficulties in addressing the challenges presented is the capacity of the organisations and resources available. Given the ever-growing pressure on services and the impact of cuts seen in previous years, particularly to local authority budgets, this will continue to be an issue. There is a need to fully acknowledge the significant pressures being faced by councils and ensure they are funded appropriately to meet these pressures.

Conclusion

The WLGA recognises the challenges posed by hospital discharge delays and the pressures this places on both the NHS and social care services. However, it must be stressed that these

delays are a result of complex, systemic issues that require joint solutions rather than placing disproportionate blame on social care.

Local authorities in Wales are working tirelessly to support individuals in their transition from hospital to appropriate care settings. However, the significant increase in demand for social care, combined with workforce shortages and financial constraints, has created substantial pressures on our services. Care providers face difficulties in recruiting and retaining staff, and the availability of home care packages or residential placements is impacted by these national workforce challenges. Without adequate funding and support, it is simply not possible to scale up social care provision at the pace required to meet rising demand.

It is also essential to acknowledge that delays in discharge are often caused by a range of factors beyond social care. Many individuals require further medical treatment, rehabilitation, or complex assessments before they can be safely discharged, with other individuals exercising their right to choice and choose not to take up care home placements or other services. The integration of health and social care remains a priority, and local authorities continue to work closely with NHS partners to ensure that discharge pathways are as efficient as possible.

The WLGA urges the Welsh Government to invest in both health and social care, treating both with parity, to create a system that is truly integrated, properly resourced, and sustainable for the future. Local government remains committed to overcoming these challenges, but a whole-system approach is needed to ensure that individuals receive the right care, at the right time, in the right place.