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The role of local authorities in supporting hospital discharges

Summary of roundtable discussion

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1. Introduction

As part of the Local Government and Housing Committee's inquiry into the role of local authorities in supporting hospital discharges, private roundtable discussions were undertaken with relevant stakeholders in two focus groups on 12 March 2025. This summary paper highlights key points raised during these discussions.

Thanks are extended to all who participated in these engagement sessions.

2. Key points

Contributors noted that the causes of hospital discharge delays are complex and multi factorial. There was general agreement that conversations about discharge should start earlier, and that discharge planning should start from the first day of admission into hospital.

Key points and themes from the discussions are highlighted below:

Hospital deconditioning

There was agreement that hospital is not an appropriate environment for people to recover, and that deconditioning can occur, which increases need for care and support; the longer a person remains in hospital, the bigger the impact will be on their independence.

One participant commented “we are doing harm to people and making their care more expensive” by keeping them in hospital too long.

Another participant said we need to have a plan to tackle deconditioning at the point of hospital admission.

The need to improve joint working and information sharing

Participants highlighted the need for close partnership working on hospital discharge. Members heard that the relationship between the NHS and local authorities is crucial, as well as partnership working with the third sector. There were comments that communication needs to be improved between the different players involved.

Contributors called for a more standardised approach to hospital discharge across Wales. Several highlighted that different local authorities have different approaches, and it can be difficult as health boards work with a number of local authorities who are all doing different things. Some participants called for a clearer steer about standards and what the expectations should be in terms of discharges. One felt that the NHS Wales Executive and National Office for Care and Support should have accountability.

Several participants noted that the process needs to be focused on the patient and their outcomes (and ‘what matters’ to that person).

There were calls for more integration between health and social care, along with better sharing of information across IT systems, “sharing of information is fundamental”.

Carmarthenshire was highlighted as an area with good practice – one participant said it has a good integrated IT system so that everyone can see the notes and requirements for discharge.

There were several comments that improvements are needed in rolling out good practice across Wales.

Regional Partnership Boards (RPBs)

Questions were raised about the effectiveness of RPBs. Some commented that RPBs should be responsible for improving integration and ensuring good practice is shared.

It was noted that RPBs across Wales look different and do different things.

There were comments about RPB funding through the Regional Integration Fund (RIF). One participant noted that it funds some good initiatives but they are not core funded and mainstreamed. They said there was an expectation from the Welsh Government that bodies should match fund successful projects but this is not happening, so the fund is not working as intended.

There were calls for more joint commissioning of services and a more integrated approach.

Several participants said that community care needs further investment, and there needs to be better commissioning of care services in the community, based on need.

"Too much focus on hospitals"

A common theme was the view that there is currently too much focus on hospitals, and not enough on care in the community.

Many participants stressed the need to avoid preventable admissions to hospital in the first place, and for a stronger focus on prevention and early intervention. "We should all be pushing at the same issue – how do we keep the population healthy at home?"

One contributor said that around 50 per cent of admissions to hospital do not have a health need, and could be avoided with more responsive care in the community.

Another noted that frail older people at risk of falls and avoidable admissions/long stays are often known to health and social care staff, and they questioned what is being done proactively to help them stay well in the community.

One participant commented that work is needed to develop pathways to support care homes to avoid A&E when a health intervention is needed.

Barriers to shifting towards prevention

Some participants noted that it is difficult for the NHS to shift to more preventative, community care, when core funding and performance measures are focused on acute hospitals. There were comments that the public sector is focused on what they are held accountable for. Some noted that bureaucracy does not help partnership working, as public bodies all have to do separate planning reports and processes.

One participant said local authorities are currently firefighting and not able to focus on prevention, and that things need to be done differently.

There was a view that a more integrated community care system is needed, and that the Welsh Government and NHS Wales executive need to get behind one clear goal.

One group felt there needs to be a performance model framework that drives the NHS and local authorities to work together, focused on outcomes for the person (as currently, their separate performance measures can work against each other).

Discharge to Recover then Assess (D2RA)

There was a lot of support for the D2RA model, but comments that it is not being implemented universally, even though "we know this works". There was also a feeling that the 'Trusted Assessor' model seems to have stalled in some places.

Several noted that care is often over-prescribed in hospital, and that it is best to assess people for long term care needs after a recovery period out of hospital. Some commented that a real drive is now needed to mandate implementation of D2RA across Wales.

Members heard that the 'hospital at home' model should be used, focused on recovery with nursing and therapy staff alongside care staff.

Participants spoke about progress in different areas, for example there were reports that Rhondda Cynon Taf has now changed to D2RA and is starting to see improvements; and that delays are down with the D2RA pilot in rural Gwent.

Issues with Welsh Government short term funding initiatives

Both groups raised frustrations with short-term funding initiatives (including the Welsh Government's '50 day challenge'), with comments that pots of money provided at short notice are not helpful. Participants noted that short term funding often comes late in the year with short deadlines – for example at Christmas to be spent by end of March, which presents difficulties and pressures.

There was some feedback that such schemes do not always work in the way they were intended, particularly in terms of outcomes for patients. There were reports that with initiatives like the '50 day challenge', there was such a push to get people out of hospital that only a minority of patients returned back to their own homes, many were placed in care homes as a temporary measure, but this then

becomes permanent as they lose independence. “We need to make sure that people are not being pushed into the wrong place just to get them out of hospital”.

Social worker involvement and allocation

There was agreement that social workers should be involved at an earlier point in the process, included in discharge teams and ideally co-located in hospitals.

Participants said social care should be more involved much earlier in the discharge pathways, and “it should be a day one conversation with them”, not just at the point when the patient is ready to leave.

There were comments that pre-pandemic, social workers were in hospitals and involved at an earlier point, and calls for a return to that situation.

Some participants said allocation of a named social worker should start at the point of admission to hospital, where it appears the person may have care and support needs. Members heard that closer working with designated named social workers would help improve referrals and reduce waits for assessment.

One participant commented that they work with two local authorities: a social worker is embedded within the discharge team in one local authority and not in the other, and there is a two week difference in terms of discharges between the two authorities.

There were some comments that an increase in social workers is needed, and that workforce issues are said to be one of the main causes of delays in areas like Powys.

Housing issues

Housing was a major theme in discussions. There were comments that housing issues are a real driver for delays, and most of the longest delays have housing challenges. There was agreement that conversations and planning about housing needs should happen earlier.

One participant suggested that if information on the person’s housing situation was held on health record (and identified when people enter hospital), then maybe conversations about discharge and what it might look like could start earlier.

One participant said lack of appropriate housing is a cause of discharge delays, and there are particular challenges when a patient is homeless. They also noted

that there often needs to be adaptations to the home to enable discharge, but costs can be a barrier, for example the cost of materials has increased by 40 per cent. Care and Repair's services were praised but it was noted that they need sustainable funding.

It was noted that it is an omission in hospital discharge guidance that housing is not a named partner in the process. A participant also felt that having specialists within teams for example. a housing specialist based in hospital (co-location) would help communication and understanding.

Some contributors called for more step down extra care housing.

It was noted that it is a challenging time for housing providers who are balancing the need between competing priorities – allocation of accommodation and homelessness on the one hand and making adaptions to existing homes on the other.

Factors with care homes

Complex needs

Several participants noted there is an increased need for nursing care, given the ageing population with more complex care needs. There were comments about a shortage of Elderly Mentally Infirm (EMI) beds in care homes and the need for more nursing care capacity in communities.

There were several comments about the care home market, for example one participant said it is vital to look at the care home market across Wales and ensure that it is fit for the future. Another called for a different approach to incentivising the market.

Both groups said that cases with Court of Protection involvement have long delays and this is a significant issue. It was noted there are 18 cases with Court of Protection involvement in Carmarthenshire.

Funding issues

One participant said the main cause for discharge delays is finding a suitable care home and sorting out who pays for the care.

There were several comments that arguments between health and social care over who pays (particularly around eligibility for NHS Continuing Healthcare) can take a lot of time, and addressing this would help in reducing delays.

Several participants also highlighted that the fees local authorities set for care home beds are variable and often too low – there were calls for this to be addressed and made more consistent. It was noted that when fees are too low this can lead to families having to pay top-ups to subsidise the care.

One participant said in one local authority there are people in hospital waiting to be discharged to residential care even though there are 40 empty care home beds - the local authority will not place them there as the price is too high above what it is willing to pay.

One noted that local authority fees are too low to cover care home bed costs, so people remain in hospital, but the cost of a hospital bed is much more expensive. “We are collectively spending money very badly”.

Families and carers

Participants felt that families and unpaid carers need to be better included and involved in the discharge process. There were concerns raised about the pressures on unpaid carers, and one participant said there needs to be a review of support for carers. Another noted that they see social admissions due to carer breakdown, which could be avoided if they had more support.

Data limitations

There were frustrations about current data limitations. One participant commented that delayed transfers of care data needs to link up with NHS performance data to be able to see the full picture.

There were comments that a lot of social care data is collected but not available in the public domain. For example, data is collected on the length of hospital discharge delays, and on waiting times for assessments and care services and staff vacancies, but none of this is published and “there is a gap in transparency”.