Care Forum Wales response to the Local Government and Housing Committee Inquiry on the role of local authorities in supporting hospital discharges

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

1. It is difficult to comment separately on the role of local authorities from that of local health boards, given the increasing involvement of multi-disciplinary teams and different practices. For instance, the role of the Trusted Assessor is interpreted in different ways, with some regions having dedicated roles, others absorbing the functions within existing posts.

The scale of the current situation with delayed transfers of care from hospital (as attributable to the role of local authorities), including the typical length of delays.

2. Whilst the pattern of delays varies across Wales, Care Forum Wales has recently undertaken some analysis of the publicly available data from Stats Wales that shows a corelation between the number of delayed transfers and local attitudes and relationships, rather than being driven by processes. This is described in more detail below.

Social care capacity and workforce shortages

3. In general, the main delays in the assessment process appear to arise from shortages of social workers which can result in an individual being stuck in hospital until one becomes available to assess their eligible needs. Further delays can then occur where follow up conversations are required during periods of absence, due to lack of cover for holidays etc.

4. The staffing situation within the independent sector has possibly improved, but we are still a long way from the pay and progression framework that we need to prevent the drift of staff to the statutory sector. Whilst the Welsh Government commitment to the Real Living Wage is appreciated, it still does not enable the sector to compete with local authorities (and health boards) who pay their own staff at a higher rate than they use in costing commissioned care. Furthermore, the Real Living Wage funding for 2024-5 did not reach the sector in all areas and, because it is not ringfenced, some councils have used it for other purposes such as libraries and teachers' salaries. Whilst Welsh Government has repeatedly told the National Provider Forum for Wales that they provided funding for RLW last year, WLGA has said that the funding has been insufficient and nobody has taken responsibility for resolving the issue.

5. The staffing situation is very reliant on overseas workers in some areas, which is becoming increasingly problematic as a result of sponsorship limitations from UK Government and the need to provide guaranteed income to comply with sponsorship licences. This is particularly difficult in home care which is, for the main part, spot purchased by local authority commissioners rather than purchased under block contract and hours are therefore not guaranteed. In areas such as Cardiff, there has been an influx of new home care companies coming into the market and competing for hours which makes it even more difficult to offer employees guaranteed hours.

6. We anticipate that the impact of the massive increases in Employer National Insurance Contributions from April will result in care providers selling up or having to make redundancies. Care Forum Wales is conducting a survey of members at the moment to better understand the situation, but it likely that the staffing situation will only get worse. Given the exemption by UK Government to the statutory sector and the additional funding for local authorities and health boards, there is a likelihood of recruitment exercises that will be very attractive for care workers seeking job security.

Waits for care assessments (and other assessment related issues)

7. Delays around social worker availability have been detailed at 3 above. Members also say that the removal of social care workers from hospitals has contributed to delays and re-admissions because they usually have better understanding of someone's holistic needs and what care homes can offer.

8. Poor communication and disputes often occur where communications have been undertaken verbally rather than in writing.

9. Delays can occur in the Registered Manager carrying out their own assessment on an individual in hospital, to confirm that the setting has sufficient staff with the right skills to meet their needs. There are a number of reasons for this, one being the frustration and wasted time experienced as a result of local authority inviting too many other providers to assess.

10. A further deterrent against taking an individual direct from hospital is the frequency with which an individual's needs are under assessed. This creates immense difficulties for the provider who may be unable to provide the level of care required or if able to do so, will not receive adequate payment to cover the additional care hours. It also, of course, puts the individual at risk of not having their needs safely met and facing the traumatic experience of having to be re-admitted to hospital or move to another care home. This can be a result of the hospital assessment being less thorough than the provider's assessment, or the result of someone's needs manifesting more clearly in a care home environment, but is compounded by difficulties in obtaining a re-assessment.

11. More worrying still, there are some areas where people's needs appear to be regularly under stated (see below) resulting in mistrust and reluctance to take new admissions direct from hospitals.

12. Some care homes will accept residents who have greater needs than they would normally accept on the basis that they will receive wrap around support from health. However, this can be difficult to obtain, especially out of hours (e.g. District Nurses and out of hours GP services) and is resulting in some homes being more risk averse in who they admit. Home care workers experience similar difficulties in getting a response from community health services such as GPs.

Challenges in arranging care home placements or home care packages

13. The key issue is how care is commissioned and funded. There is a massive post code lottery in the fees that different local authorities are willing to pay for the care of people with the same level of assessed needs. This is most obvious in the standard fees paid to older people's care homes. For instance, there is an annual difference of £12,338 in basic older people's residential care between Flintshire and Cardiff in what is paid for just one bed. For an average size care home of 37 beds, this equates to a difference of £456,507. Nor is it a simple North-South divide, but sometimes just across local authority borders. The long-standing issues with underfunding have brought many providers to the point where they are no longer able to break even or to extend borrowing. This is adding to reluctance in taking on new residents direct from hospital, particularly where the individual has health needs that require more hours of care and nurse input. To make matters worse, several local authorities who fail to pay the actual cost of care are now also seeking to prevent providers from agreeing additional payments with families that they need to remain sustainable.

14. In home care, packages are often based on cost rather than outcomes and may not be sufficient to pay travel time.

15. There are likewise problems in the commissioning of residential care for younger adults with mental health and learning disabilities. Many individuals require 24/7 supervision, more intensive activities and access to social opportunities, meaning substantial care hours and cost. Yet we have heard from several members that if an individual is placed with them by the social worker according to their assessment of needs, it is not uncommon for the commissioning office to later argue that the social worker did not have the authority to accept the level of fee and to refuse to pay the arrears. Indeed, many of our members have spoken about substantial arrears accruing and non-existent increases over a period of time. The majority of councils (and health boards) refuse to

commission via the National Collaborative Framework because it produces figures that are higher than they are prepared to spend.

16. In the absence of a national model for agreeing Continuing Health Care, several health boards fix the rate they pay to care homes to correspond to the equivalent of the (already flawed) local authority rate plus the Funded Nursing Care element. Consequently, an individual with the most complex needs, requiring more care hours and more nurse input, receives no additional funding than if they were assessed for FNC. Betsi Cadwaladr University Health Board has given a standard increase of 6% to care homes, but in Conway where the Local Authority is an outlier in terms of fee increases, this results in a lower fee for CHC than FNC.

Disagreements or legislative barriers affecting discharge decisions

17. Disputes between health boards and local authorities regarding assessed needs are common and providers are likely to receive different versions of someone's needs according to who is paying.

18. Providers report that the individual described in the needs assessment by the commissioner (be it health board or local authority) often fails to match the individual who arrives in the care home.

19. The biggest issue for providers of older people's care is where an individual's nursing needs are under-assessed, which appears to be a deliberate tactic by some Local Health Boards to protect their own budgets at the expense of the Local Authority, the provider and the individual. In the case of the individual, this puts them at risk of unsafe discharge and deprives them of the right to free health care. There is a feeling that social care staff do not feel sufficiently qualified to challenge clinical decisions, although they often have a better understanding of the wider needs of the individual.

20. Local Authorities may also under-assess an individual who needs more intense care e.g. where they have dementia and particularly in terms of younger adult care.

How to improve consistency, best practice and innovative approaches that could be adopted more widely

21. Betsi Cadwaladr University Health Board is working with providers to deliver training to staff to improve understanding of the issues around hospital discharges.

22. Extending access to NHSemail to providers (as in other parts of the UK) would not only improve the speed and safety of the discharge process, but the long term care of the individual.

23. providers use a detailed form when carrying out an assessment that complies with the requirements of the Social Services and Wellbeing (Wales) Act 2014. It may improve the quality and consistency if this form were to be adopted by discharge teams.

24. Providers are more likely to take people from hospital if the placing authority is reliable. At times, an admission will be delayed or may even be sent to another home (especially if it is a local authority's own home) without warning or even communication, leaving the care home with an empty bed that they could have offered to someone else in need.

25. Two health boards commission Continuing Health Care more effectively and fairly than the others. Cardiff and Vale University Health Board commission each placement based on the needs of the individual. Aneurin Bevan pay an additional CHC premium on top of the Funded Nursing Care element to ensure that there is always a differential to reflect the greater complexity and cost. It is no coincidence that there are fewer issues with delays in these areas and that the overall relationship is much stronger.

26. Local Authorities should follow the spirit of the new National Commissioning Framework in working in partnership and engaging with providers in understanding cost. Greater transparency and a realistic fee would go a long way towards resolving delayed admissions to care homes. There is a corelation between those local authorities that pay the lowest fees and the highest numbers of people awaiting discharge to a care home. Whilst the financial constraints affect all councils, the vast difference in what they pay demonstrates that it can be done where there is a willingness and a genuine concern for the individual's welfare.

Current discharge processes and procedures, strategies for increasing community capacity, and the effectiveness of Welsh Government support.

27. We see little evidence of Welsh Government grant funding reaching the independent sector via the Regional Partnership Boards, in particular with regard to creation of step up/step down facilities and reablement services. Many of the "new" models of care appear to be simple extensions of existing statutory services. For instance, the majority of reablement services appear to be delivered by in-house teams rather than being contracted to home care agencies. Providers often say that local authorities "cherry pick" clients and leave those with the most challenging behaviours to commissioned services. This is not just an economic issue, but it means that care workers are dealing with some of the most stressful and less satisfying situations. Worse still, there is a

wider possibility that unregistered Personal Assistants and Microcarers may pick up some of the cases that are rejected by regulated care companies as being too complex even for their skilled and qualified staff.

28. Using care homes to provide step up/step down packages is most successful when a council is willing to block contract so that the home has financial security that enables them to reserve beds for short term clients. However, not all councils are willing to commission in this way in case the beds are not required and continue to spot purchase as the need for a bed arises. From the care home point of view, a short-term package is only viable if the council will guarantee funding for a fixed amount of time. In fact, many short-term packages end up becoming permanent by default, but without the benefit of the contract being reviewed to reflect emerging needs that may require additional funding.

29. The rebalancing agenda is having unintended consequences that are threatening to unbalance the sector. Much of the grant funding for accommodation with care is being used to build in-house provision, often where it is not needed because there is plenty of capacity within local care homes. For instance, Carmarthenshire County Council are using council reserves and Welsh Government grant funding to build a new care home at a cost of £19.5m to increase community capacity. However, there are several care homes in that area with vacancies – one within 4 miles that has 20 vacancies – often as a result of funding disputes. Care homes in the area need admissions in order to remain viable, yet the local authority pays a low fee (approximately £240 less per week than the Council estimates its own running costs) and then refuses to place people in homes that have asked for a small additional payment just to break even. Building is going ahead in other council areas with a similar history of low fees for commissioned care, including Flintshire.

30. In some areas, members have told us that families of prospective residents have spoken of not being given a care home's details on the list of homes supplied by the local authorities or of being advised that the home is too expensive.

31. There is a growing feeling amongst providers that some councils are prejudiced against the private sector and that some are even acting more like competitors than commissioners. According to Christie & Co's Wales Healthcare Market Insight Report 2024 40 care homes left the market between 2020 and 2023, with only 4 new homes replacing them. Unless the sector is properly funded and treated as a valued partner, we are in danger of losing much of the capacity that we do have.

32. We would be happy to share the data that we have collated around the post code lottery and the corelation with levels of delayed discharges.