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## CORRESPONDENCE FOLLOWING THE COMMITTEE MEETING

**Committee** COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE

**Date and Time of Meeting** WEDNESDAY, 19 JULY 2023, 4.30 PM

Please find below correspondence send by the Committee Chair following the meeting, together with any responses received.

For any further details, please contact [scrutinyviewpoints@cardiff.gov.uk](mailto:scrutinyviewpoints@cardiff.gov.uk)

10 **Correspondence following Committee Meeting**(Pages 3 - 8)

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22nd Aug 2023

Councillor Norma Mackie  
Cabinet Member for Adult Services  
*Sent via e-mail*



Dear Cllr Mackie,

**COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE – 19 JULY 2023 –  
HOSPITAL PATIENT DISCHARGE IN CARDIFF FOR ADULTS WITH CARE NEEDS**

On behalf of Committee Members, a sincere thanks to you, and everyone present, for attending our meeting to consider how Cardiff Council facilitates hospital patient discharge for adults with care needs. We wish to begin by thanking everyone for their candid and positive approach toward exploring this issue. The session offered Committee Members, and the public, with greater insight into the pathways of support available, the improvements that have been made, and the identified areas for development.

The complexities and interdependencies toward assisting hospital discharge for adults with care needs, and the range of reasons why delayed discharge may occur, was evident in the information the committee received before and during the meeting. In recognition of this, we echo the view, that, delivering person-centred support, which responds to both the needs and wishes of the individual, yet remains mindful to their safety, must remain central to the discharge process.

We hope this meeting will have helped raise awareness among Cardiff residents on the different avenues of support available, and critically, stimulated public assurance by offering valuable insight into the work taking place by both the council and health toward facilitating safe, timely hospital discharge.

Our findings, summarised in this letter, are split into the following headings:

- Progress Made
- Funding
- Partnership Arrangements
- Sufficiency of Care
- Discharge Process
- Data Monitoring and Recording

- Deconditioning & Staffing Resource
- Areas for Development

### **Progress Made**

On the basis of the discussions at the session, it is clear significant progress has been made in Cardiff. We believe this can be attributed to the hard work of all staff who deliver such vital services, and the positive collaboration between the local authority and health.

### **Funding**

Overall, it became clear, sustainable funding is integral to prevent discharge delays, and mitigate their impact. We therefore urge you to continue lobbying Welsh Government on this matter; highlighting that although good work is being developed in Cardiff, there is a vital need for a secure, committed financial model which allows long-term, sustained solutions as our population continues to grow and age.

We hope the discussions held in this meeting, which clearly highlighted the progress made and areas for development, will assist you in this endeavour.

### **Partnership Arrangements**

It appeared strong partnership arrangements are in place between the authority and health. With the arrangements underpinned by the ethos of valuing constructive challenge, and a shared desire to deliver a truly integrated system. However, we note both the authority and health recognise improvements are required in refining the partnership's communication channels, and the need for more shared terminology.

It was also interesting to explore health's view on where the authority could make improvements in the hospital patient discharge process, and vice versa. From this, we note conflicting expectations between the two bodies had previously caused challenges, however, this is now mitigated through strengthened partnership arrangements and shared objectives and goals. However, upon reflection, Committee Members would welcome insight into if funding disputes between Cardiff social services and health, on the matter of hospital discharge for adults with care needs, occur. And if so, how such challenges are resolved and mitigated.

In addition, we applaud and endorse the local authority and health's joint work on the need to shift from a medical model, toward preventative community-based models of care. We believe this to be significant step forward and hope this means, as the population ages, there is less

need for more intensive support; allowing individuals to maintain their independence wherever possible, in a safe and supported way.

### **Sufficiency of Care**

The detrimental impact of delayed discharge is both significant and wide reaching; with Committee Members raising particular concern around delayed discharge impacting the accessibility and availability of health services in Cardiff. It was both interesting, and reassuring, to learn of health colleagues' work around balancing 'front door pressures' with discharge demands. We were informed, although availability of health services is not currently an issue in Cardiff, mitigating the impact of delayed discharge on health services availability is, and will remain, high on health's agenda. We also note, and welcome, the proactive steps being taken by the council and health toward winter planning; and we hope this work will assist services in the coming winter months.

During the meeting we heard some individuals in Cardiff, with complex needs, may be subject to a lengthy discharge process as they await a package of care which fully aligns to their needs. Given the average age of the population continues to rise, and research indicates there will be a sustained increase in complexities of need presenting<sup>1</sup> this does generate significant concern for Committee Members. Further, we also heard of the inconsistency in the time it takes for care providers to restart packages of care. We note a forthcoming Cabinet Report, on the council's commissioning of care services, will seek to address both issues, and we look forward to exploring these proposals with you in due course.

### **Discharge Process**

We note the average length of time to discharge an individual from hospital once deemed 'clinically optimised' on the Discharge to Recover and Assess (D2RA) pathway, is 3 to 4 working days. On the Community Resource Team (CRT) pathway, 2 to 3 working days and for complex cases, between 3 to 4 weeks or sometimes months; depending on the complexities present. We recognise and understand that where significant life changes are being planned for an individual (such as a move to a care home), it is critical all options are explored, which can sometimes delay discharge.

From the contributions made by advocacy representatives, we heard improvements are required in discharge planning by offering earlier engagement with patients and their families<sup>2</sup>.

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<sup>1</sup> [cavuhb.nhs.wales/files/population-needs-assessment-2022-27/](https://cavuhb.nhs.wales/files/population-needs-assessment-2022-27/) Accessed: 8 Aug 2023.

<sup>2</sup> *When appropriate.*

This includes the need to provide patients, and their families, with regular updates on progress when a delay to discharge does occur. We also heard, in the last 6 months, 24% of referrals made for social assistance in the discharge process were deemed inappropriate. From the discussion, it was reassuring to note work is ongoing with health colleagues to address and reduce this statistic.

We note the Welsh Government's policy intention: *for discharge planning (for those with care needs) to begin as early as possible, ideally on the patient's admission to hospital, and to include all relevant persons*. We were reassured that this is an ongoing priority, and a principle, recognised by both the authority and health. Who confirmed, discharge planning, at the right time, is integral to a successful system. We welcome the ongoing work to achieve this principle, such as equipping and empowering ward staff with the required knowledge and skills, and the partnership work to co-produce pamphlets for relevant individuals, detailing the discharge process.

#### **Data monitoring and recording**

The Welsh Government's suspension of delayed transfer of care data (since the onset of the pandemic) has been a significant concern for this committee. We therefore welcomed the update provided on the co-produced Action Plan toward addressing, the newly termed, 'Pathway of Care Delays'. We note this work will include co-produced Key Performance Indicators (KPIs) which will provide insight into reasons for delays and average length of time for discharge. We wish to stress these key performance indicators must be underpinned by clear lines of accountability and provide relevant bodies with clear data on gaps in provision. We note these KPI's should be available shortly and we look forward to reviewing them as part of our statutory performance monitoring work.

#### **Deconditioning & Staffing Resource**

A key concern for the Committee was around deconditioning. We are aware that if an individual remains in a hospital setting for a prolonged period this can lead to detrimental impacts on the individual's health and wellbeing and may even lead to an individual requiring additional care needs on discharge. We urge you, as Cabinet Member, to continue to support staff, and partners, and ensure adequate resource is in place to recognise and mitigate the impact of deconditioning.

With specific regard to the Community Resource Team (CRT), as a committee, we are aware the CRT Key Performance Indicators have been below target for some time and we heard many initiatives have been implemented to support and assist the CRT since October 2022.

In line with the staff survey findings in our papers, we hope the new initiatives will help address staff morale, their workload, provide staff with more, and regular, updates from partners, and the opportunity for the team to understand and contribute to the service's vision for the future. We will continue to monitor progress of this work through our statutory performance monitoring.

We also heard over 50% of the hospital social work team are agency workers and hold concerns on both the financial costings for the council and its potential impact on the discharge process. We note the service area's forthcoming, 'Workforce Development Strategy', will seek to address this issue, however, we do wish to request the exact figures on the number of agency staff within the authority's adult social services teams.

**Areas for Development:**

As summarised in the paragraphs above, overall, significant progress has been made. However, as highlighted during the meeting, the recognised areas for development are:

1. The need for sufficient, secure, and sustainable funding.
2. Ensuring that discharge planning by health and local authority occurs at point of admission; adhering to Welsh Government's policy intention.
3. Gaps in community provision; particularly for those with complex needs.
4. The need to eradicate inappropriate referrals for social care assistance to assist discharge.
5. Earlier engagement with patients and their families (when appropriate) around their discharge planning; particularly when a patient does not have sufficient capacity.
6. When delays for discharge do occur, both health and the local authority ensure the patient and family members (when appropriate) are clearly and continuously informed of the reasons for the delay and are updated on progress.
7. Inconsistency in the time it takes for care providers to restart packages of care.
8. Addressing staff morale and workload pressures in the Community Resource Team and providing the team with more regular updates from partners, and opportunities to understand and contribute to the service's vision for the future.
9. The number of agency social workers in the hospital team.

Once more, the positive discussions at the meeting made clear these areas for development are recognised by attendees, and work is ongoing to address them.

To confirm, a response to this letter is requested which provides the following:

- Sight of Cardiff Council's response to the recent Welsh Government consultation, 'Rebalancing Care and Support Programme'.
- Insight into if funding disputes occur between health and Cardiff social services on the matter of hospital discharge for adults with care needs; and if so, how they are resolved and mitigated.
- The number of agency staff in the adult social services; disaggregated by teams.

Once more, a sincere thank you, to you, and everyone present for facilitating this meeting and allowing such an important topic to be explored in the public domain.

Yours,



**COUNCILLOR RHYS TAYLOR**  
**CHAIR, COMMUNITY & ADULT SERVICES SCRUTINY COMMITTEE**

cc. Members of the Community & Adult Services Scrutiny Committee

Jane Thomas, Director Adults, Housing & Communities

Carolyne Palmer, Operational Manager, Independent Living Services

Lisa Wood, Operational Manager, Adult Services

Dawn Harries, Operational Manager, Local Community & Wellbeing

Rebecca Knapp, Hospital Social Worker Team Manager

Diane Walker, Interim Head of Integrated Discharge Service, NHS

Stephen Allen, Regional Director Cardiff & Vale – Llais

Demi Barnard, Mental Health Advocacy, Advocacy Support Cymru

Cardiff Council Chair of Governance & Audit

Tim Gordan, Head of Communications & External Relations

Cabinet Office