

19 July 2023

HOSPITAL PATIENT DISCHARGE IN CARDIFF FOR THOSE WITH CARE NEEDS

Purpose of the Report

1. To provide background information to inform consideration of the hospital patient discharge process in Cardiff for those with care needs. Attendees are reminded, the examples and information provided in this Cover Report, is intended to provide an introductory based understanding on this topic.
Due to the complexity and wide-ranging issues related to the topic, the information and examples provided in this Cover Report is not exhaustive.
2. Further, attendees are also advised to remain mindful that the information provided in this Cover Report relates to this issue on a Wales-wide basis. As such, information may not be applicable in the Cardiff context; a key purpose of the meeting will be for Members to explore the Cardiff context.

Structure of the Meeting

3. To inform the committee's considerations, the following individuals / organisations have been invited to attend the meeting to share their knowledge and perspectives of this issue in Cardiff:
 - Councillor Norma Mackie Cabinet Member, Adult Services
 - Jane Thomas, Director, Adults, Housing & Communities
 - Carlyne Palmer, Operational Manager, Independent Living Services
 - Lisa Wood, Operational Manager, Adult Community Services
 - Dawn Harries, Operational Manager, Local Community & Wellbeing

- Rebecca Knapp, Hospital Team Manager
- Diane Walker, Interim Head of Integrated Discharge Service
- Stephen Allen, Regional Director, Llais
- Demi Barnard, Cardiff IMHA Team, Advocacy Support Cymru

4. Due to the high number of individuals attending the meeting, the meeting will begin with each attendee introducing themselves. by providing their name and job title. Cllr Norma Mackie will then be offered the opportunity to make a brief opening statement (should they wish). After which, council officers will provide Members with the presentation, attached at **Appendix 1**. During the presentation there will be intermittent opportunities for group discussions.
5. All attendees are encouraged to participate and share their views and knowledge throughout the meeting's discussions. Attendees are encouraged to share examples and views of those they support, however are reminded, as the meeting is public, not to name any individuals' directly.
6. For the benefit of the meetings webcast, attendees are required to turn their microphone on before making a contribution and wait until their microphone shows a consistent red light prior to speaking.

Structure of the Papers

7. In addition to the background information set out in this Cover Report, attendees are also provided with the following appendices:

Appendix 1 – Presentation – providing an overview of this topic.

Attendees are advised the presentation will be delivered at the meeting and there will be sufficient breaks within the presentation for full group discussions.

Appendix 2 - Cardiff & Vale Discharge Policy Procedure

Appendix 3 – Anonymised survey undertaken by CRT workers in March 2023

Appendix 4 - Anonymised views of frontline care sector workers

Scope of Scrutiny

8. During the meeting, Committee Members will have the opportunity to explore:
 - The hospital patient discharge process for those with care needs.
 - Current context e.g., demand levels.
 - The role of each stakeholder in the process toward facilitating safe, timely hospital discharge for those with care needs.
 - The needs and views of those requiring support.
 - What is working well.
 - If there are any areas of improvement identified by the council, partners or individuals in receipt of support.
 - The exact pressure points and how they are, or might be, best addressed.
 - Partnership arrangements toward addressing this issue.
 - The considerations for medium and long-term planning.

9. Attendees are reminded the purpose of this meeting is to explore and understand the hospital discharge process (for those with care needs). To identify what is working well, and any particular pressure points that may require development.

10. Following the meeting, Committee Members' will decide what comments, observations or recommendations they wish to pass on to the council's Cabinet Member to assist them in their work on facilitating safe and timely hospital patient discharge.

Strategic Background

11. The Welsh Government and NHS Wales have been developing ways to improve discharge planning since ['Passing the Baton'](#) was first published in 2008. The below bullet points provide attendees with a summary of recent Welsh Government, and the council's, strategic approach toward facilitating safe, effective hospital patient discharge.
As mentioned in point one of this Cover Report, the below information is not intended to be exhaustive.

➤ **The Social Services and Wellbeing (Wales) Act 2014**

Fully implemented in April 2016, this is the main legislation covering the social care system in Wales, including:

- The social care assessment process.
- Related rules regarding arranging and paying for residential care homes or nursing care homes.
- Related rules regarding arranging and paying for care at home and/or other non-residential services.
- The guidance documents that local authorities must use when assessing needs; and
- The guidance documents that local authorities must use when means testing people who may need to pay towards their services.

In common with other legislation, there are Codes of Practice (CoP) which accompany the Social Services and Well-being (Wales) Act. The CoP guidance documents are backed by law, and aim to assist individuals, professionals, and organisations to work within and comply with the Act.

The CoP in relation to this legislation are around:

- General Functions
- Assessing the needs of an individual
- Meeting needs
- Direct payments and choice of accommodation
- Charging and financial assessment
- Advocacy

➤ **Welsh Governments: 'A Healthier Wales: Our Plan for Health and Social Care' (AHW)**

Published in June 2018, AHW sets out a long-term vision of a 'whole system approach to health and social care'. The vision outlines a shift from the reliance on traditional hospital services to a seamless approach of integrated care including health, local authority and third sector services.

To achieve the AHW actions, the Welsh Government offers funding streams, named, the Integrated Care Fund (ICF) and Transformation Fund (TF) to help explore new models of care¹.

As part of the AHW work, health, social care and third sector teams have been developing new partnerships and implementing new service models based on the principles of 'Home First' and 'Hospital to Home' (H2H). With the overall aim of reducing delays in transfers of care for people².

➤ **SAFER Patient Flow Guidance³**

The Welsh Government issued this guidance in 2018. It is intended to provide an overarching good practice guide on improving patient flow. It is aimed at a range of agencies including health, social services, housing, wider statutory and third sector organisations.

Some of the key principles included in this guidance are:

- The focus should be on preventing the need for hospitalization.
- Strong, effective partnership working is key.
- Planning a prompt discharge should begin on admission, wherever possible, and involve everyone – the individual, their family (if requested/needed) and health and social care professionals.
- The collective aim should be to optimise people's outcomes and enable as many people as possible to live their lives independently at home.

¹ These funds have recently been amalgamated – further information is provided in points 23-26 of this Cover Report.

² It is worth noting that service models in Wales have recovery and rehabilitation pathways that care for all types of patients, not just focusing on elderly patient care.

³[30263_SAFER_Patient_flow_Guidance_English_WEB.293426c11a0f200b3dd5881b2d8a7ca58150ddb774b766b860e7b84dfa5697ae\(1\).pdf](#) Accessed, 4th July 2023

➤ **Discharge to Recover then Assess (D2RA) projects in Wales⁴.**

In 2018 the Health Inspectorate Wales found generally, Health Boards had the correct policies in place regarding discharge. However, there was a lack of awareness and understanding of the discharge processes amongst ward staff. This was corroborated by findings of the (then named) Wales Audit Office, who found that only a third of Welsh NHS bodies recorded the date a patient was declared medically fit for discharge.

The findings of these reviews were then applied in the context of the Welsh Government's existing work on H2H and the in-place NHS England, 'Discharge to Assess' (D2A) model. As a result, in 2018, the Welsh 'Discharge to Recover then Assess' (D2RA) model was developed⁵.

The principles of D2RA are on achieving the best outcomes for people, whilst at the same time, making the most efficient and effective use of scarce resource.

The overarching principles of D2RA are:

- Think 'Home First' and keep the individual at the center of all discharge considerations.
- Balance risk and agree co-produced, clearly documented plans.
- Have the community services infrastructure in place.
- Communicate

Attendees are advised some organizations believe there is not enough knowledge known on the D2RA model within the sector and hold concerns this could impede its implementation and effectiveness⁶.

*Further information on Cardiff's application of D2RA can be found in **Appendix 1 & 4.***

⁴ [Delivering Home First \(gov.wales\)](https://gov.wales) Accessed, 4th July 2023

⁵ The roll out of the D2RA model was accelerated to address the challenges caused by COVID-19, with Welsh Government providing an additional £10m in funding in May 2020, to accelerate its roll out.

⁶ [Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](https://senedd.wales) Accessed 23 June, 2023

➤ **Cardiff & Vale Discharge Policy**

All NHS Trusts in Wales have agreed discharge policies for the discharge of patients who are in need of long-term care. For attendees information, procedure for the Cardiff & Vale Discharge Policy can be found at **Appendix 2**. *Attendees are advised the procedure is due for review and possible update in September 2023.*

The procedure sets out Cardiff and Vale UHB's approach to working with patients, their families and partner organisations to support a patient's safe and timely discharge from hospital. It sets out objectives, legal context and roles and responsibilities of relevant personnel and escalation procedures if required.

It further advises that for individuals who, following hospital assessment, *require ongoing support in a care home*, the 'Choice of Accommodation' protocol is applied.

In summary, the Choice of Accommodation protocol states, information must be provided at the earliest opportunity and the individual's choice should be central. However, when their chosen accommodation cannot be offered, interim accommodation is to be provided.

Consideration of capacity and the principles and requirements of the Mental Capacity Act 2005, the Mental Health Measure 2010 and the Protection of Vulnerable Adult Procedures must also underpin the application of this protocol.

Further, the protocol advises a patient's lack of cooperation with the discharge process and/or to make a choice of accommodation will not prevent the discharge process from proceeding. This may mean exploring alternative solutions.

For attendees' information, the 'Choice of Accommodation' protocol can be found [here](#).

➤ **Cardiff as an Age Friendly City**

As detailed on the Welsh Government website, '*Wales is the only country in the world where every local authority is fully supported in one nationwide mission to become Age Friendly*⁷.' In 2022, Cardiff became the first local authority in Wales to be accepted into the [World Health Organisation's Global Network for Age Friendly Cities and Communities](#).

To achieve this membership, an Action Plan, which set out how Cardiff will become an age friendly city was drawn, and is available [here](#).

In further work toward ensuring Cardiff is an Age Friendly City, the council produced the, [Cardiff Ageing Well Strategy 2022-27](#) which sets out an overarching vision for services for older people in Cardiff. The strategy is underpinned with fundamental principles of empowering older people to live life as they choose, to be provided the right support, at the right time, and are helped to retain independence and achieve their chosen outcome.

With specific regard to hospital discharge, the strategy sets out the following, 'we will' commitments:

We will support timely and safe hospital discharge by:

- Having a single point of contact in the hospital, which is fully aligned to our community, strengths-based model. To ensure safe & timely discharge, following Home First principles and empowering independence.
- Incorporating the skills of our Community Occupational Therapists in the hospital, developing an enhanced triage process, to support independence.
- Refining and simplify the Discharge to Recover and Assess model – assessing care needs in a person's home and not the hospital.

⁷ [Older People's Champions helping to create an Age Friendly Wales | GOV.WALES](#) Accessed, 4 July 2023.

➤ **‘Stronger, Fairer, Greener’ and Corporate Plan 2023-26⁸⁹**

The above named policies, further embed the council’s age friendly city commitments by pledging, in particular, to:

- Tackle complex systems problems with partners to get people out of hospital as swiftly and safely as possible, whilst also working to keep them living independently at home for as long as possible.
- Improve and strengthen management arrangements in the Integrated Discharge Hub.
- Develop a suite of performance indicators by September 2023 to measure the success of pathways out of hospitals and to clearly demonstrate the impact of the council’s activity.
- Review the success of the hospital discharge pathways for Discharge to Assess (D2A) and Discharge to Recover and Assess (D2RA) and reporting on the findings.
- Develop carers skills to support hospital discharge and reablement.
- Contribute to a partnership approach to improve community-based services to prevent hospital admissions.
- Continue to move towards locality working, bringing together multi-disciplinary services based in local communities to promote health and wellbeing, support independence and prevent unnecessary hospital admissions.

Context

12. The detrimental impact of hospital discharge delays is significant and wide reaching—both for the individual and services. Evidence¹⁰ suggests, lengthy stays put patients at risk of hospital acquired infections and deconditioning leading to greater, ongoing care needs post-hospital discharge. A blockage in patient flow is generally deemed to affect individuals, inpatient care, emergency departments, ambulance services, primary care, planned admissions, carers, and staff wellbeing.

⁸ [Stronger Fairer Greener \(cardiff.gov.uk\)](https://www.cardiff.gov.uk)

⁹ [Corporate Plan 2023 to 2026 \(cardiff.gov.uk\)](https://www.cardiff.gov.uk)

¹⁰ [Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](https://www.senedd.wales) Accessed 21 June 2023

13. It is generally viewed that delayed transfers of care is an issue that disproportionately affects older people, who, conversely are at greater risk from hospital acquired infection and whose physical abilities deteriorate more rapidly.
14. The ‘Get Up, Get Dressed, Get Moving’¹¹ campaign, acknowledged that patients aged over 80 who remain in bed lose up to 10% of their muscle mass in just 10 days. The campaign also noted that up to 50% of patients can become incontinent within 24 hours of admission and fewer than 50% of patients fully recover to preadmission levels within 1 year.
15. Similarly, written evidence from the Board of Community Health Councils (“CHCs”) to the Senedd’s Health & Social Care Committee states: “*The longer people stay in hospital the greater the impact on their overall physical health, strength and mental wellbeing*”¹². In addition, research advises that the support an individual receives leading up to discharge and post-discharge, will impact the likelihood of them requiring care in the future¹³.
16. The consequences of delayed discharges are well referenced, especially in respect of older people with frailty who are vulnerable to:
- Loss of muscle strength
 - General decline
 - Loss of confidence and mobility
 - Delirium and deterioration of cognitive function
 - Increased risk of falls and hospital acquired infection¹⁴
17. The Senedd’s Health & Social Care Committee’s consideration on this matter in 2022, concluded it is essential, planning for discharge begins as early as possible, ideally on the patient’s admission to hospital, and includes all relevant persons.

¹¹ [Get up, get dressed, get moving. - Cardiff and Vale University Health Board \(nhs.wales\)](#) Accessed 21 June 2021

¹² [Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](#) Accessed 21 June 2023

¹³ [Delivering Home First \(gov.wales\)](#) Accessed 22 June, 2023

¹⁴ [cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/d-corporate-policy/discharge-from-hospital-procedure-pdf/](#) Accessed 22 June 2023

18. The Committee concluded this due to the evidence they received indicating that delays at the beginning of a hospital stay, can have a direct impact on an individual's length of stay in hospital. And, as already mentioned in this Cover Report, can also impact the level of care they require when they leave¹⁵.

19. However, evidence from Age Cymru presented to the Senedd committee highlighted: "*Though Department of Health Guidance clearly demonstrates that the discharge process should begin at the point of entry, the cases that have come to us indicate a very rushed process that does not follow safe discharge practices.*"¹⁶

Reasons for Delayed Transfers of Care¹⁷¹⁸

20. Delayed transfers of care can occur for a range of reasons. Examples provided in Senedd publication include:

- Waiting for health care or social care assessments.
- Delay in the patients new, or continuing, medication being prepared and delivered by the hospital pharmacy.
- Lack of transport available for patients to leave hospital.
- Capacity issues in relation to service availability (including residential provision, new or a restart of domiciliary care packages).
- Legal issues relating to discharge for example around the Human Rights Act, 1998, Mental Capacity Act, 2005 and NHS Continuing Health Care funding¹⁹.
- Disputes around funding of care packages (between individuals and/or local bodies).
- Lack of consistent communication and joint working between health, social care and third sector bodies.

¹⁵ [Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](#) Accessed 21 June 2023

¹⁶ [Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](#) Accessed 21 June 2023

¹⁷ [Passing the Baton \(NLIAH\) \(2008\).2ebbf0ec0cdc4371619efbb02311869b3f9235406a94f616dd0e70a607e6b50d.pdf](#)
Accessed 5 July 2023

¹⁸ [Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](#) Accessed 21 June 2023

¹⁹ NHS Continuing Health Care Funding is where the NHS will manage and pay for an individual's care and support package. This is typically provided when the individual's primary need is judged to be a health need.

- Delays in ensuring home environment is safe.
- By the time a care package or a transitional phase is put in place, the person may have further deteriorated, or now have additional needs that then require a further assessment.

Issues

Workforce²⁰

21. The Senedd's Health & Social Care Committee work, found the biggest contributor to delayed discharge was the lack of social care capacity. With staff shortages resulting in delays in assessment, and availability of care packages to allow discharge. The Welsh Government committee were of the view that *'until there is true parity in pay and terms and conditions for social care staff with their NHS counterparts; the sector will continue to struggle to recruit and retain staff'*²¹.
22. National pressures in the social care and health sector workforce are well-documented, particularly in the wake of the pandemic. In 2023, the Welsh Government published its [National Workforce Implementation Plan](#) which included the following actions to address workforce pressures in the NHS:
- ethically recruiting more nurses from overseas
 - to create an 'All-Wales Collaborative Bank' to enable the NHS to address short-term staffing issues and provide staff with choice and flexibility, while also encouraging a move away from agency working.
23. Attendees will be aware of the national shortage of qualified Social Workers and Occupational Therapists. Through the work of this committee, and in Full Council meetings²², Committee Members have been informed work in Cardiff to address this includes:
- Monitoring vacancies.

²⁰ [Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](#) Accessed 21 June 2023

²¹ In response to this concern, the committee were informed Welsh Government continues to work with the Social Care Fair Work Forum, to address working conditions in the sector.

²² Cardiff Council, Full Council Meetings: Nov 2022 & Jan 2023

- Attending open days and job fairs.
- Close working relationships with Cardiff Works
- Development of Cardiff Cares Academy.
- Reviewing processes for social workers to streamline work.
- Offering a range of initiatives such as higher education placements.
- Progressing locality working (to avoid carers spending more time travelling to calls).
- Cardiff Council's Cabinet Member for Adult Services writing to Welsh Government to make clear, the need for more funding to ensure more sustainable care provision, and the need to ensure equity in pay for social workers across local authorities.

24. Committee Members have further been advised, in Cardiff, care is available for those who need it. However, it can take time to assess an individual to ensure the right package of care is in place. Further Committee Members have previously been informed a key challenge facing Cardiff Council's Adult Services is around the complexity of need presenting²³.

Funding

25. As already mentioned in this Cover Report, the Welsh Government has funding streams to assist local bodies in their work on hospital discharge. Those funding streams include the Integrated Care Fund (ICF) and Transformation Fund (TF).

26. In 2022, an inquiry of the Senedd's, Health & Social Care Committee found there are different approaches to using ICF across Wales, with a lack of national consistency and mainstreaming of good practice. Further the inquiry also found reliance on short term funding when managing hospital discharge creates problems.²⁴

²³ CASSC May meeting 2023 & Full Council Jan 2023 meeting.

²⁴ [Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](https://www.senedd.wales) Accessed, 23 June 2023

27. 2022 saw the Welsh Government announcement of the 'Health & Social Care Regional Integration Fund'(RIF)²⁵. The RIF brings together previous funding streams (including the ICF and TF) in a bid to provide greater alignment of resources, to maximize impact and reduce administrative burden.

28. The RIF will provide £144m (on a national basis) over 5 years, with a key focus on embedding integration between health and social care. In particular, it is planned the RIF will provide effective, seamless service in relation to:

- Community based care – prevention and community coordination
- Community based care – complex care closer to home.
- Promoting good emotional health and well-being
- Supporting families to stay together safely, and therapeutic support for care experienced children.
- Home from hospital services
- Accommodation based solutions.

Partnership Work²⁶

29. It is widely viewed that strong practice and communication between all relevant professional bodies is vital. With Age Cymru calling for the *“long standing issue of health and social care case management systems not being joined up to be addressed.”*

30. Further, GDPR has also been viewed as an obstacle for data sharing in this arena. However, it is viewed, through the use of Memorandums of Understanding and information governance protocols, it should be possible to have a truly shared electronic record.

²⁵ [Health and Social Care Regional Integration Fund - Revenue Guidance 2022-27 \(gov.wales\)](#) Accessed, 5 July 2023

²⁶ [Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](#) Accessed, 23 June 2023

Welsh Government – Delayed Transfer of Care Data Suspension²⁷

31. Due to the covid-19 pandemic, and the unprecedented demands and challenges brought upon the health and social care sector, the Welsh Government suspended data collection of delayed transfers of care. Within the suspension, Welsh Government provided the view that this national measurement of delayed transfer of care was flawed, and required a review, to ensure data collection on this issue is both relevant and effective.

32. The national suspension of this data has been a key concern for the Community & Adult Services committee. When raising their concerns Committee Members have been informed work is ongoing on a national and local basis to reintroduce data measurement of this issue through new Key Performance Indicators (KPIs).

33. This same concern has been raised by Members of the Senedd, who have been informed by Welsh Government that, during this period of national data suspension, the Welsh Government has been working with the NHS Delivery Unit to collect weekly delayed discharge data as management information, which is then shared with partners to support effective planning of services.

34. Committee Members are advised the Council's Corporate Plan 2023/26²⁸ provides the following 'we will commitment':

- Developing a suite of performance indicators by September 2023 to measure the success of pathways out of hospitals and to clearly demonstrate the impact of the Council's activity.

35. Committee Members attention is drawn to new KPI's proposed in the Adults, Housing & Communities 2023/24 Directorate Delivery Plan:

²⁷ [Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](https://www.senedd.wales) Accessed, 23 June 2023

²⁸ [Corporate Plan 2023 to 2026 \(cardiff.gov.uk\)](https://www.cardiff.gov.uk)

Ref	Key Performance Indicators	2020/21 Result	2021/22 Result	2022/23 Result	2023/24 Target	Owner
CP K2.14	The percentage of permanent social worker vacancies in Adult Services	New Measure	New Measure	New Measure	12%	Angela Bourge
CP K2.15	The total number of domiciliary care workers in Cardiff registered with Social Care Wales	New Measure	New Measure	New Measure	2,600	Angela Bourge
CP K2.16	The number of domiciliary care workers registered with Social Care Wales in Cardiff as a percentage of the total number of domiciliary care workers registered in Wales	New Measure	New Measure	New Measure	7.5%	Angela Bourge
CP K2.17	The average time from referral to the Brokerage Team to the start of domiciliary care	New Measure	New Measure	New Measure	14 Days	Angela Bourge
CP K2.18	The average number of people waiting for domiciliary care at month end	New Measure	New Measure	New Measure	<30	Angela Bourge
DDP	Number of people aged 65 and over in residential care per 10,000 population.	76.6	63.0	67.6	No Target but year on year reduction	Lisa Wood
DDP	Number of placements in residential care prevented	New Measure	New Measure	New Measure	To be developed	Lisa Wood
DDP	Integrated Discharge Hub - Number of referrals triaged within 1 working day	New Measure	New Measure	New Measure	85%	Carolyne Palmer
DDP	Discharge medically fit people within 72 hours of triage	New Measure	New Measure	New Measure	To be developed	Carolyne Palmer
DDP	Review care package following discharge within 10 days at home	New Measure	New Measure	New Measure	To be developed	Carolyne Palmer

Community Resource Team – Key Performance Indicators (KPI)

36. The Community Resource Team (CRT), is a joint service provided by Cardiff and Vale University Health Board and Cardiff Council and play a key role in facilitating hospital discharge and work to prevent crisis in the community. The team provide domiciliary based support to individuals in their own home setting, with a focus on reablement and assisting people to retain or regain their independence (*further information on CRT can be found in Appendix 1*).

37. Through this committee’s performance monitoring work, Committee Members raised concerns around the results of the KPI’s related to the Community Resource Team. The recent performance reports presented to the committee confirmed that at year end (March 2023), 1,493 people had accessed CRT services (against a target of 2,000) and 37,801 hours of support had been provided (against a target of 50,000).²⁹

38. When raising their concerns, Committee Members were advised work is ongoing

²⁹ Community & Adult Services Scrutiny Committee, May 2023 meeting.

to ensure the team returns to a focus of providing reablement care to individuals (as, due to the unprecedented challenges brought by the pandemic, the teams remit was widened). Further, an 'electronic call monitoring system' is being piloted in the team in a bid to reduce administrative requirements, and provide more effective rostering of care calls³⁰.

39. In June 2022, Care Inspectorate Wales (CIW) undertook an inspection of Cardiff Council's Domicillary Care Services (the Community Reablement Team, and Internal Supported Living). Overall, the inspection found People appear happy with the support they receive from both services. Their physical, mental, and social needs are recognised and supported, and the service is committed to achieve positive outcomes for them. Further, there is robust organisational and governance arrangements ensuring good quality of support.

40. The inspection found improvement is required in:

- Pre -assessment, to ensure the suitability of the service for people being discharged from hospital. To elaborate, the inspection found on several instances in the CRT service; the information gathered via assessment in hospital was not reflective of the persons support needs – for example the individuals home environment was not adequate, or their needs could not be met by the CRT service. From the inspectorate's discussions, they were informed the team had already identified this as an issue and had plans in place to address this.
- (Sometimes) delays in people accessing therapists like physiotherapists and Occupational Therapists to facilitate the transition from home to hospital.

The CIW report can be found [here](#). *Attendees are reminded that, in line with the focus of the meeting to review the findings in relation to the CRT team (all of which are summarised above).*

³⁰ Cardiff Council, Full Council Meeting, October 2022.

Cardiff Council

41. The service area, upon Committee Members request, have provided a briefing note, attached to this report at **Appendix 1** (in the format of a presentation). To assist Members in their consideration, council officers will briefly deliver the presentation at the meeting, with appropriate junctures during its delivery for group discussions.

The presentation provides information on the following:

- Scene setting information providing demand levels for services.
- Insight into discharge pathways
- Overview of council led services e.g., 'pink army' 'community resource team'.
- Insight into the partnership working in Cardiff.

Et.al.

42. In advance of the meeting, all attendees are encouraged to read all appendices attached to this report to inform their considerations and supplement the meeting's discussions.

Legal Implications

The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications. However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/ Council will set out any legal implications arising from those recommendations. All decisions taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirement imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be fully and properly informed; (f) be properly motivated; (g) be taken having regard to the Council's fiduciary duty to its taxpayers; and (h) be reasonable and proper in all the circumstances.

Financial Implications

The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

RECOMMENDATION

Committee Members are recommended to:

- i) Consider the information in this report, its appendices and the information provided during the meeting and
- ii) Determine whether they would like to make any comments, observations or recommendations to assist the Council with its role in facilitating safe and timely hospital patient discharge.

DAVINA FIORE

Director, Governance & Legal Services

14 July 2023