Welsh Parliament
**Local Government and Housing Committee**

# The role of local authorities in supporting hospital discharges

September 2025

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# About the Committee

The Committee was established on 23 June 2021. Its remit can be found at:
**www.senedd.wales/SeneddHousing**

## Current Committee membership:

**Committee Chair:**
**John Griffiths MS**
Welsh Labour

**Peter Fox MS**
Welsh Conservatives

**Lesley Griffiths MS**
Welsh Labour

**Siân Gwenllian MS**
Plaid Cymru

**Lee Waters MS**
Welsh Labour

The following Member attended as a substitute during this inquiry.

**Altaf Hussain MS**
Welsh Conservatives

The following Member was also a member of the Committee during this inquiry.

**Laura Anne Jones MS**
Reform UK

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# Chair's foreword

Getting hospital discharge right matters. Current shortcomings result in patients languishing in hospital beds when fit to leave with the right support and prevents those beds being available for emergency admissions, adding to pressure on A&E departments and ambulance services. Discharge is a collaboration between the NHS, local authorities, and community partners. As the Local Government and Housing Committee, we decided to focus on the role of local authorities and the main barriers for them.

There are very different approaches across regions, and even neighbouring local authorities, including wide variation in processes, partnership working arrangements and what discharge teams look like. While there are pockets of good practice, better partnership working between the NHS and local authorities is needed and a more standardised approach across Wales. This needs to include an improvement in digital information sharing – the lack of progress in this area is extremely frustrating. Digital needs to be embedded as a fundamental way of improving hospital discharge.

The push to free up hospital beds seems to be driving many older people into residential care with no focus on rehabilitation and access to therapy. Hospital is not an appropriate environment for people to recover but neither is a care home with no facility for recovery. We need to focus on patient outcomes not just patient flow, and increase the provision of the right type of intermediate care with therapeutic and nursing input, otherwise we risk prematurely 'writing people off'.

The make-up of hospital discharge teams varies widely by hospital. We need to include social workers, as well as the housing and third sectors, early in the discharge process, not just at the point when a patient is ready to leave hospital. There are some positive examples of multi-disciplinary discharge team but unfortunately these are not currently replicated across Wales.

Social care services are facing significant challenges, including workforce issues, making it difficult to meet demand which leads to waiting lists and delays. This is having an impact on families and unpaid carers as they have to fill the gaps in care provision, but current hospital discharge policies and practice do not give adequate recognition or support to unpaid carers, despite our health and care systems being at risk of collapse without them.

To see any real change in hospital discharge, we urgently need better partnership working across health and social care and greater parity between these important sectors.

# Recommendations and Conclusions

# Introduction

**1.** In December 2024 the Local Government and Housing Committee (the Committee) agreed to undertake an inquiry into the role of local authorities in supporting hospital discharges and addressing delayed transfers of care.

**2.** We decided to build on the work undertaken by the Health and Social Care Committee in its inquiry into hospital discharge and its impact on patient flow through hospitals[1], and focus in on the role of local authorities. However, we fully appreciate that delayed discharges are a complex problem and health and other partners including housing and third sector, unpaid carers and independent care providers also play a key role.

**3.** The terms of reference for our inquiry focused on:

- the effectiveness of local authorities (primarily social services) in supporting safe, timely and efficient discharges from hospital;
- 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;
- the main barriers for local authorities in effectively facilitating the discharge of patients with care and support needs, including:
  - social care capacity and workforce shortages,
  - waits for care assessments (and other assessment related issues),
  - challenges in arranging care home placements or home care packages, and
  - disagreements or legislative barriers affecting discharge decisions;
- the variations in hospital discharge practices throughout Wales and the impact on local authority delivery. How to improve consistency, including the identification of best practice and innovative approaches that could be adopted more widely;
- an assessment of current discharge processes and procedures at a local government and national level, including partnership working between

[1] Health and Social Care Committee, Hospital discharge and its impact on patient flow through hospitals

the NHS and local authorities, strategies for increasing community capacity, and the effectiveness of Welsh Government support.

## Evidence gathering

**4.** We gathered written evidence and held oral evidence sessions with stakeholders. A public consultation was launched on 14 January 2025 and closed on 28 February 2025. Responses to the written consultation are available on the inquiry webpage.

**5.** On 12 March 2025, we held an informal roundtable event with relevant stakeholders. A summary of key themes is available on our website.[2]

**6.** On 27 March 2025, we took oral evidence from academics; local authority representatives; and local health board representatives. On 3 April 2025, we heard from Tai Pawb, Care & Repair Cymru and Wales Council for Voluntary Action (WCVA); Care Forum Wales; and Carers Trust Wales and Carers Wales. We heard from the Cabinet Secretary for Health and Social Care (the Cabinet Secretary) and the Minister for Children and Social Care (the Minister) on 7 May 2025.

**7.** The Senedd's citizen engagement team conducted two interviews to gather evidence on the impact of delays from a patient's perspective, reflecting the views of individuals and their families. A summary is available on our website.[3]

**8.** We are grateful to everyone who took part in the inquiry. Details of all evidence gathered can be found in the annexes to this report.

## Context

**9.** The Welsh Government has published monthly statistics on Pathway of Care Delays since April 2023.[4] These record the number of adults occupying an NHS hospital bed, who were 'clinically optimised' ready to return home or move on to the next stage of care, that experienced a delay in their transfer of more than 48 hours beyond the point they were clinically optimised. This is a "census snapshot" of delays being experienced on a specific day. It does not reflect the total number of delays that occurred over the month and doesn't cover the length of delays.

**10.** In the Welsh Government's 'Six Goals for Urgent and Emergency Care' first published in February 2022,[5] Goal 6 is:

[2] Local Government and Housing Committee, Summary of roundtable discussion, April 2025
[3] Local Government and Housing Committee, Summary of interviews, June 2025
[4] Welsh Government, Pathway of Care Delays
[5] Welsh Government, Six goals for urgent and emergency care: policy handbook for 2021 to 2026

> *"Home first approach and reduce the risk of readmission: People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning."*

**11.** The latest 'Hospital Discharge Guidance' was published by the Welsh Government in January 2025, which emphasises use of the Discharge to Recover then Assess (D2RA) Pathways.[6]

**12.** On 11 November 2024 the Welsh Government launched a 50 day challenge to improve hospital discharge and community care.[7] It required health boards and local authorities to work together with a 10-point action plan which includes planning for discharge from the point of admission, ensuring seven-day working to enable weekend discharges, undertaking more assessments in the community and providing community rehabilitation and reablement.

**13.** The Welsh Government's evidence paper for the inquiry says targets were focused on three key aims: the total number of delays, the total number of assessment related delays and the total number of days delayed. It states the Pathways of Care Delays trajectory targets set for 2024/2025, along with outcomes in March 2025, were to:

- Reduce total delays by 15 per cent, which has been exceeded with a 17 per cent reduction achieved.
- Reduce specific assessment related delays by 20 per cent, which has been exceeded, with a 22 per cent reduction achieved.
- Reduce the total number of days delayed by 20 per cent, this target has not been achieved, there was a 12 per cent reduction on the baseline for the target.[8]

[6] Welsh Government, Hospital Discharge Guidance, January 2025
[7] Welsh Government, New 50 day challenge to improve hospital discharge and community care, 11 November 2024
[8] Welsh Government, The role of local authorities in supporting hospital discharges – written evidence from Welsh Government, May 2025

# 1. Partnership approach

There are very different approaches to discharge being taken across regions, and even neighbouring local authorities. There is wide variation in processes, partnership working arrangements and what discharge teams look like. A whole system approach is needed to tackle delayed discharges, with a focus on digital information sharing, prevention and early intervention.

**14.** We heard that hospital discharge is a collaboration between the NHS, local authorities, and community partners, and that you cannot just look at one piece of the puzzle, for example, social services in isolation. The Welsh Local Government Association (WLGA) stressed that delays are a result of complex, systemic issues that require joint solutions.[9] The Association of Directors of Social Services (ADSS) Cymru said that "we should be focusing on the resident or patient outcomes, not on patient flow."[10]

**15.** It is evident, from our evidence gathering, that there are different approaches being used across Wales with some hospitals benefiting from integrated processes and structured partnerships, and others relying on ad-hoc discharge planning. Stakeholders reported that implementation of Discharge to Recover then Assess (D2RA) pathways guidance is inconsistent and there is variable social care involvement in discharges across regions. According to the Alzheimer's Society Cymru:

> *"Some hospitals integrate social services early in discharge planning, while others delay engagement until discharge is imminent, causing preventable delays."*[11]

[9] Written evidence, HD14 Welsh Local Government Association
[10] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 198
[11] Written evidence, HD18 Alzheimer's Society Cymru

**16.** HC-One Wales argued that pressures and opportunities in the NHS and social care sector could be better managed through a partnership approach.[12] Fair Treatment for the Women of Wales said:

> *"Communication between the NHS body and local authority is vital to ensure that the 'right offer' is made at the 'right time' but, for practice to be as effective as possible, there needs to be a person-centred, joined-up approach which encompasses all sectors, including those providing informal support (family, friends, neighbourhoods), community advocates, civil society and third sector."*[13]

**17.** Age Cymru highlighted that D2RA procedures are not yet embedded in all areas of Wales.[14] Llais said:

> *"Some areas have well-developed D2RA pathways with strong community services and health board and local authority systems working better together. Others struggle due to limited staff and funding, leading to longer hospital stays for people who are otherwise well enough to go home. This means that depending on where someone lives, they may get the care they need quickly or face long delays before they can leave the hospital."*[15]

**18.** A representative from Cwm Taf Morgannwg University Health Board told us that he works with three different local authorities who all have different levels of adoption with D2RA.[16] Aneurin Bevan University Health Board noted that they see "variations across five local authority areas within one health board" and "that there are some things that perhaps we should put our effort behind in trying to do consistently".[17] Cardiff and Vale Regional Partnership Board added that it can be challenging when working across multiple local authorities that all have different interpretations of the same policy and legislation.[18] They said the fact

[12] Written evidence, HD21 HC-One Wales
[13] Written evidence, HD12 Fair Treatment for the Women of Wales
[14] Written evidence, HD07 Age Cymru
[15] Written evidence, HD09 Llais
[16] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 261
[17] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 289
[18] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 298

that the guidance and legislation can be interpreted in different ways points to flaws:

> *"it's that interpretation and that perception that sometimes, if we've got differing views or opposing views, can really challenge trust between colleagues all attempting to work together in that environment."*[19]

**19.** For example, we heard that the guidance states that local authorities must deploy occupational therapists (OTs) flexibly to support hospital discharge, but this has led to several different arrangements throughout Wales where OTs work in regard to hospital discharge.[20]

**20.** Stakeholders called for a more standardised approach to hospital discharge across Wales. There were many calls for a stronger directive from the Welsh Government to mandate full implementation of D2RA across Wales, including from Professor John Bolton. Professor Bolton stressed that most people who leave hospital with ongoing needs require time to recover before an assessment is made for their longer-term care, so we need to discharge to recover then assess.[21]

**21.** According to the British Association of Social Workers (BASW) Cymru, evaluations of Discharge to Assess models suggest that a lack of funding of community-based services for patients to access following discharge is one of the main barriers to effective implementation. They highlighted the importance of sufficient resourcing to give meaningful opportunity for rehabilitation, recuperation and long-term assessment. They noted that models based on residential care must maximise independence in a meaningful and risk-positive way and not miss out essential life-skills.[22]

**22.** BASW Cymru highlighted as good practice a local pilot in Ceredigion: 'Discharge with Confidence', a free (Welsh Government short-term funded), limited support service for up to a maximum of two weeks. This service focussed on alleviating some of the anxiety surrounding hospital discharge for those who may not have support waiting for them at home. Following referral, the coordinator would link the individual to a 'micro-enterprise', who would support them for up to two weeks in ways such as meeting them when they arrived home, making sure the heating is on, getting the shopping in, light cleaning, arranging

[19] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 298
[20] Written evidence, HD24 Royal College of Occupational Therapists
[21] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 11
[22] Written evidence, HD26 British Association of Social Workers Cymru

transport as well as supporting them to seek advice and assistance through the local centre for independent living.[23]

**23.** Audit Wales found that discharge policies were largely health board only, with the Cardiff and Vale region being the only one with a joint discharge policy in place, and variation in the quality of referrals from health into social care.[24] A representative from Cardiff and Vale Regional Partnership Board explained:

> *"We've used our integration fund to the tune of nearly £3 million a year to support discharge to recover and assess, in various guises."*[25]

**24.** Llais highlighted that a good example of joint working is the integrated care pilots by Cwm Taf Morgannwg University Health Board and the local authorities. They are using a 'hospital at home' model; home based care to avoid people having to go into hospital when they don't need to, and to address delayed transfers of care when leaving hospital. The health board is partnering with local housing associations to offer doorstep health check-ins through housing teams and community connectors.[26] Bridgend County Borough Council noted that Cwm Taf Morgannwg area have also agreed a memorandum of understanding between all local authorities and the health board, about the integrated team approach required.[27]

**25.** Professor Bolton told us that his more recent experience in Wales of joint working and sharing of good practice was "very disappointing". He said:

> *"I felt that the NHS and the local authority just weren't talking the same language, weren't thinking together, and almost, each wanted the other to take responsibility and they didn't want to take it for themselves. It felt very sad, because I don't think it's a policy weakness, in the sense that, from what I've read and seen, the policy direction seems to be good in Wales. But it's just the implementation of that."*[28]

[23] Written evidence, HD26 British Association of Social Workers Cymru
[24] Written evidence, HD13 Audit Wales
[25] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 263
[26] Written evidence, HD09 Llais
[27] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 202
[28] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 32

**26.** The Cabinet Secretary accepted that the D2RA guidance "isn't always applied as we would expect it to be".[29] He explained that the Welsh Government undertook a review to identify whether the guidance is being applied in the way that they expect. He said:

> *"I think the two big take-outs from that piece of work are probably that, firstly, we saw variation between regions, which I suppose might be more expected, although obviously not desirable, but we also saw variation within health boards at hospital level as well. Clearly, there isn't a justification for that. I think one of the lessons, I suppose, from that piece of work is the need for additional training at hospital level to ensure those principles are understood and have been embedded."*[30]

**27.** He went on to say that there is "certainly a long way to go" in terms of dissemination of good practice,[31] noting that there is still "too much of a tendency to want to develop practice yourself". He said:

> *"we're asking people to learn from good practice already in the system, actually. So, it isn't even, really, asking people to learn from other systems. The reason we've got a list of 10 things is because each of those 10 things is being done successfully in some part of Wales, and often in many parts of Wales, but just not consistently."*[32]

**28.** The Minister also acknowledged that "the home first approach is something that is not fully embedded yet".[33]

**29.** The Cabinet Secretary noted that the Welsh Government has a funding lever that could be used to encourage adoption of good practice.[34] He also stated that the Regional Partnership Boards "are an important part of how people are held accountable at a local, regional level". He said that they should be ensuring that good practice operating in one region is shared in other regions and that "they have significant sums of money at their disposal".[35]

**30.** With regards to the Cwm Taf Morgannwg memorandum of understanding between all local authorities and the health board on the integrated team

[29] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 7
[30] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 7
[31] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 11
[32] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 14
[33] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 150
[34] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 16
[35] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 31

approach to discharge, the Cabinet Secretary described it as a "good mechanism" that allows delegation of functions from the local authority to the health board and the pooling of budgets. He added that there are other examples of it in Wales and other ways of doing it, including through joint corporate committees and Regional Partnership Boards.[36]

## Digital information sharing

**31.** There was a clear message that a lack of digital information sharing remains a significant barrier to hospital discharge, with different and incompatible IT and communication systems being used across hospitals, GPs and community nursing teams, as well as across health boards and local authorities.

**32.** During our stakeholder event and in written evidence, NHS Wales representatives highlighted the need to improve data sharing protocols and systems. They reported that some areas use real-time digital systems to track patient status and care availability, while others rely on paper-based or disconnected systems, causing delays in information sharing. The Welsh NHS Confederation argued that we need to establish and standardise the use of electronic care records across health board settings and social care.[37]

**33.** The Royal College of Nursing (RCN) Wales said IT and communication systems between hospitals, GPs and community nursing teams are inconsistent and often poor in quality with fax machines still in use in some places, and bulky paperwork still carried by some community nursing staff. They said that communication between the health boards and local authorities is equally problematic and IT systems should be reviewed.[38]

**34.** Audit Wales and others including NHS bodies made similar points that patient information is typically held on different IT systems which are not connected to each other or viewable to all staff involved in the care and discharge planning. Audit Wales found "this was often seen as a significant impediment to effective discharge planning across health and social care". However, they did note some examples of local progress in shared access to IT systems, such as in Cardiff and the Vale, where the Home First Team in the health board had started to get direct access to local authority IT systems to support discharge planning.[39]

[36] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 37
[37] Written evidence, HD 15 Welsh NHS Confederation
[38] Written evidence, HD08 Royal College of Nursing Wales
[39] Written evidence, HD13 Audit Wales

**35.** Audit Wales and local authorities raised issues with the Welsh Community Care Information System (WCCIS) which was intended to be a single digital solution that supported sharing of records across a range of health and care settings, but failed to deliver as intended. According to Audit Wales its roll out was patchy and slower than expected, and it is now due to be replaced with a new national programme, Connecting Care, from January 2026.[40]

**36.** Bridgend County Borough Council said that local authorities have no choice than to get this new system up and operational "because otherwise, the risk to local authorities and to our residents is so significant.[41] They said that they have "met with so many challenges over the course of this project, and we still meet them today".[42] They went on to say:

> *"every local authority in Wales went at risk on this arrangement and this system demand, because it was supposed to be an all Wales. So, we were supposed to have originally done a pan-Wales system for the replacement of WCCIS; that is not the case, and we now have regional arrangements because we couldn't afford to wait any longer. And at the time, local authorities didn't know whether we were going to get any funding and support in that arrangement either, so we've all just had to get on and do it."*[43]

**37.** ADSS Cymru further explained that not all local authorities will be on the same system when the new Connecting Care programme is rolled out.[44] We also heard that health boards are going through separate procurement processes for legacy systems.[45]

**38.** We heard that an effective electronic referral system is being used in the Cwm Taf Morgannwg area, but that neighbouring local authorities will not accept

[40] Written evidence, HD13 Audit Wales
[41] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 226
[42] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 227
[43] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 228
[44] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 233
[45] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 325

these referrals because "they have a different process with their core health boards."[46]

**39.** Cwm Taf Morgannwg University Health Board highlighted the need to identify "what is the level of data that needs to be shared":

> *"Because there is an awful lot of data that health will collect in an electronic patient record that is probably not of much interest or use to the social worker looking after that patient, in the same way that there'll be a whole load of data that's been captured by the teams providing the domiciliary care that, again, isn't necessarily essential to the health team. So, it's being really clear about what is the core data set that everyone needs to know about the individual, and how do we report that. And that is about integration of data rather than a single system. But we've got to get into a place where our systems are able to talk to one another and not be focused on having a single instance of a piece that tries to do everything for all people."*[47]

**40.** Information sharing was also a theme in the interviews conducted by our Citizen Engagement Team. One interviewee cited challenges arising from discrepancies between systems used by Cardiff and Vale University Health Board and those used by Cwm Taf Morgannwg University Health Board. Another interviewee shared the difficulties she experienced transitioning between health boards, which led to a lack of continuity in her care. She felt isolated and unsupported during that transition period.[48]

**41.** The Cabinet Secretary described digital information sharing as "challenging".[49] However, he noted that the ambition of the Connecting Care programme "is to build an interoperable digital data system that enables data stored in different parts of the system to be accessed and shared with other parts". He went on to say:

> *"The ultimate goal is for there to be a single integrated care record for individuals. There are two elements to it. One is a local government-driven business case, if you like, which we*

[46] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 318
[47] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 319
[48] Local Government and Housing Committee, Summary of interviews, June 2025
[49] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 93

> *have approved, and that will set out requirements for consistent data standards, but also a single specification for procurement and a co-ordinated approach for procurement between local authorities…*
>
> *We've recently had the health element of that through Digital Health and Care Wales, and that's currently being considered by officials… The objective of that is to have a similar alignment of systems across the piece…The timeline for doing that is quite short."*[50]

**42.** In an oral statement on 11 March 2025, the Cabinet Secretary said that he was escalating Digital Health and Care Wales "for performance and outcomes related to the delivery of major programmes". He said:

> *"I am making this decision because of serious concerns about the organisation's ability to effectively deliver a number of major programmes."*[51]

## Prevention and early intervention

**43.** A common theme in evidence was the view that there is currently too much focus on hospitals, and not enough on care in the community, and that a shift towards prevention and early intervention is needed to avoid preventable admissions to hospital. WCVA highlighted the importance of investing in prevention and community-based approaches, noting that:

> *"Helping people to live well in their homes will actually mean fewer people reaching crisis point and needing emergency support, and then we can focus on planned support and waiting lists, and supporting people out of hospital in a more planned and strategic way."*[52]

**44.** Cardiff and Vale Regional Partnership Board also said there is a need "to shift the narrative from getting people out of hospital, to how we keep people safe and optimised and independent at home".[53] According to Professor Jon Glasby:

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[50] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraphs 94-95
[51] Senedd Cymru, Plenary, 11 March 2025, Record of Proceedings, paragraph 230
[52] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 24
[53] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 256

> *"because of the pressure on services…we focus less on admission avoidance in the first place, more on getting people out the other side than we do on stopping people going in in the first place."*[54]

**45.** The British Geriatrics Society provided a case study of a man living with dementia whose family contacted social services for help. He was initially told there would be a wait of eight weeks for an assessment from a social worker. Towards the end of the eight-week period, the man started to fall and his son contacted social services again to be told that there would be a further wait. The son was unable to cope with his father's increasing care needs without help and as a result the father was admitted to hospital, despite not having an acute illness. The Society noted that if support from social services had been available, the hospital admission would have been avoided in this case.[55]

**46.** There were discussions during the stakeholder event that frail older people at risk of falls and avoidable admissions/long stays are often known to health and social care staff, and stakeholders questioned what is being done proactively to help them stay well in the community. Some stakeholders argued that work needs to be done to prevent admissions to hospital from care homes in particular, and pathways need to be developed to support care homes to avoid A&E when a health intervention is needed.[56] Bridgend County Borough Council told us that "twenty-seven per cent, currently, of hospital conveyance is from care homes".[57]

**47.** Local authority representatives reported that due to budgetary pressures they have had to reduce spend on, and priority given to, early intervention and preventative services. Bridgend County Borough Council said:

> *"one of the challenges that we see is we're reducing budgets in the early intervention and prevention space, things that we know will keep people healthier, with improved well-being, out in communities before they even get to hospital. But we're limited with budgets."*[58]

**48.** Similarly, Conwy County Borough Council said:

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[54] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 19
[55] Written evidence, HD17 British Geriatrics Society
[56] Local Government and Housing Committee, Summary of roundtable discussion, April 2025
[57] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 172
[58] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 122

> *"our spend on the acute element of providing care is massively hampering our ability to do those softer things of community engagement, community groups, which play a vital role in keeping people healthy and getting them out of the house, for their mental health and well-being."*[59]

**49.** During the stakeholder event, there were comments that public sector bodies are focused on what they are held accountable for, and it is difficult for the NHS to shift to more preventative, community care, when core funding and performance measures are focused on acute hospitals. Some participants felt that a performance model framework is needed, with shared national indicators and standards, that drives health boards and local authorities to work together, focused on outcomes for the person as currently, their separate performance measures can work against each other.[60]

**50.** The Welsh NHS Confederation also called for strengthened accountability and performance monitoring. They called for the establishment of national indicators for discharge timeliness, social care assessments, and patient outcomes. They also believe that annual reporting on discharge performance, collaboratively produced by each local authority and health board, should be required.[61]

**51.** Aneurin Bevan University Health Board also called for more data on prevention measures:

> *"admission avoidance plays a key part in this, and our work with our local authority partners in how we keep people well at home for as long as possible. I think there is a question for me about how we know, so some of the data and the information and some of the outcome metrics aren't always available to support that, and we have much better data when we look at hospital discharge delays."*[62]

**52.** They went on to explain that we "need to focus at both ends of the pathway to make sure that we are preventing admission for as many patients as possible" and that accountability is key to this, and ensuring that the NHS is working with broader communities and local areas to ensure the right support in the

[59] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 154
[60] Local Government and Housing Committee, Summary of roundtable discussion, April 2025
[61] Written evidence, HD 15 Welsh NHS Confederation
[62] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 250

community.[63] They argued "that the accountability and responsibility needs to be absolutely crystal clear".[64]

**53.** The National Autistic Society noted that the existing data published on 'pathway of care delays' "only covers the overall picture". As a result, they said it is not possible to use that data to specifically measure within mental health services performance over a period of time, the reasons for the delay, and whether geographical variations exists.[65]

**54.** During our stakeholder event, we heard frustrations about 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. According to the Welsh NHS Confederation, such initiatives are hampered by funding challenges. They argued that additional funding allocated late in the financial year has minimal impact on the core reasons for discharge planning delays. The time-limited nature of this funding also makes it difficult to recruit and retain the necessary skilled staff to address these systemic issues.[66]

**55.** ADSS Cymru also warned about the impact of short-term Welsh Government initiatives to support people to move out of hospital as quickly as possible. They said:

> *"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."*[67]

**56.** According to Conwy County Borough Council, they had to "more or less divert staff who would be looking at domiciliary care packages to accelerate getting people out of hospital" at a significant financial cost.[68]

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[63] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 252
[64] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 266
[65] Written evidence, HD16 National Autistic Society
[66] Written evidence, HD 15 Welsh NHS Confederation
[67] Written evidence, HD25 ADSS Cymru
[68] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 118

**57.** Professor Glasby noted the lack of strategic initiatives to improve hospital discharge:

> *"our responses have often been quite short term, quite small, and they've been pilots. They've never been sustained for long enough, typically, and they've never been big enough and strategic enough to rebalance the system as a whole."*[69]

**58.** In response to whether preventative and early intervention services are not being funded to the extent that they should be because local authorities are not being measured on that, because they are measured in acute hospitals, the Cabinet Secretary said:

> *"We all know that we have a system that mainly measures outputs from a secondary care space. It's waiting times, it's access targets and those things. And, obviously, a system responds, generally speaking, to the targets that are most publicly measured; that's how systems work.*
>
> *It is, I think, more challenging to be able to capture the experience of those people who have not engaged with the system and have not therefore required intervention from the system because something else has happened downstream to give them a better experience…*
>
> *However, we absolutely do recognise that, and we are looking to see how we can develop a clearer understanding of the benefits to the patient and the system of that."*[70]

**59.** He also told us about the introduction of a scheme with funding for GPs to look at the top 0.5 per cent of people who are most likely to develop more intensive needs, so that they can then provide specific care to those people and signpost them to other services.[71] In addition, we heard that the Welsh Government is re-establishing consistency of care for people who have the most intensive needs. He explained that:

> *"practices can bid to be a part of it in order to see how we can build it, and then target, if you like, that core of people who*

[69] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 21
[70] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraphs 106-108
[71] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 129

> *have the most intensive need for consistency of care, so that they don't have to wait to see who they'll get when the call the GP; they'll know it's that GP that they will see."*[72]

## Funding disputes

**60.** Several stakeholders highlighted that disagreements between health and local authorities about who is responsible for arranging and paying for the care can cause delays, particularly around NHS Continuing Healthcare (CHC). Llais noted that in January 2025, 127 people in Wales were ready to go home, or move to their next stage of care, but were delayed due to disagreements or legislation.[73]

**61.** According to the Older People's Commissioner for Wales, "lack of clarity over who is making the decision on discharge…leaves the older person in limbo, causing frustration and anxiety to the individuals in hospital as well as family and carers".[74] Age Cymru argued that disagreements between health and social care on 'who pays' between two public services, uses time and resourcing that could be better directed to frontline support.[75]

**62.** BASW Cymru reported that there are specific needs which are becoming increasingly difficult to secure support: people at risk of falling, and people who may have associated aggressive behaviour. Thus, those with the highest levels of need are perceived as more complex and may have longer waits for care and support packages to be in place. According to one of their members, "local authorities are reluctant to agree funding for enhanced packages of care and have internal decision-making panels that often delay discharges". They also said that different discharge processes, for example CHC or Best Interests Assessments require different assessment protocols, which may also result in lengthy disputes, eligibility issues and rising costs, adding further delays and layers of bureaucracy.[76]

**63.** Bridgend County Borough Council told us that:

> *"We see significant challenges around continuing healthcare funding and funded nursing care funding. We have lots of argued arguments, we have lots of robust debates. We have the*

[72] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 130
[73] Written evidence, HD09 Llais
[74] Written evidence, HD06 Older People's Commissioner for Wales
[75] Written evidence, HD07 Age Cymru
[76] Written evidence, HD26 British Association of Social Workers Cymru

> *same teams, integrated teams, sitting in a room arguing around this."*[77]

**64.** Denbighshire County Council described CHC panels as "gatekeepers", adding that:

> *"they don't respect the multidisciplinary team—that's whether it be nurses, health therapists, social workers. But it does drive a wedge between health and social care."*[78]

**65.** Age Cymru called on social care and health staff "to improve their dialogue" and "speed up decision making processes that currently cause undue stress to the older person in hospital as well as their loved ones who are trying to help get them out of hospital to the right place for them".[79]

**66.** According to Care Forum Wales, in the absence of a national model for agreeing CHC, several health boards fix the rate they pay to care homes to correspond to the equivalent of the local authority rate plus the Funded Nursing Care (FNC) 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. They said:

> *"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."*[80]

**67.** Similarly, the Chair of All Wales Adult Service Heads said that in some areas the continuing healthcare rate to a care home is only marginally higher than the local authority's plus the FNC rate; in some areas, there is negligible difference, despite the increasing complexity. As a result, care homes will be reluctant to take people on.[81]

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[77] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 131
[78] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 205
[79] Written evidence, HD07 Age Cymru
[80] Written evidence, HD27 Care Forum Wales
[81] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 216

**68.** We heard that two health boards commission CHC more effectively than the others, Cardiff and Vale University Health Board and Aneurin Bevan University Health Board, and "it is no coincidence that there are fewer issues with delays in these areas and that the overall relationship is much stronger".[82] According to Care Forum Wales:

> *"Aneurin Bevan and Gwent local authorities have for years worked with providers on understanding their costs and working their fee methodologies around that. And similarly, Cardiff and Vale have very active engagement with providers. So, their understanding, and their fee-setting processes don't get in the way of commissioning, whereas, with others, the tensions arise on those basic areas, and we don't get past that to be able to have the conversations about what are the appropriate placements, what are the best outcomes for the residents."*[83]

**69.** ADSS Cymru said despite demographic increases and increasing complexity, NHS CHC budgets are not increasing to match this demand and in real terms are often reducing. They also maintain that health boards are wrongly denying access to CHC, and:

> *"Across Wales we see what might considered unlawful practice by the NHS in order to protect their budget and resources, with social care stepping in or continuing to provide care to people with clear health needs. There are many instances where local authorities are considering court intervention, including judicial review, in order to remedy this matter."*[84]

**70.** The Chair of All Wales Adult Service Heads said:

> *"We do tend to make that an overly bureaucratic process. That, on the whole, can be quite unnecessary. Our multi-disciplinary teams pretty much know by seeing somebody whether they hit triggers for continuing healthcare. The process and paperwork around it is more complex than necessary in my view. Clinical judgment should never be replaced by bureaucracy."*[85]

[82] Written evidence, HD27 Care Forum Wales
[83] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 195
[84] Written evidence, HD25 ADSS Cymru
[85] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 143

**71.** Problems with Court of Protection involvement was also highlighted during our stakeholder event, with participants saying patients who require the involvement of the Court of Protection face the longest discharge delays. British Geriatrics Society members estimate that each hospital in Wales will have around five patients who have been in hospital for more than six months because they are waiting for a Court of Protection decision, with many reporting typical delays of more than 12 months.[86]

**72.** With regards to funding disputes about who is responsible for paying for care, the Cabinet Secretary said that there are examples in parts of Wales of being very proactive in trying to resolve funding disputes and "taking a patient-first, money-second sort of approach". He explained:

> *"We'd hope that was universal, but there's definitely good practice in the system. Powys and some other health boards have put together a joint budget to support initial discharge. So, that takes some of the pressure off the initial work."*[87]

**73.** The Cabinet Secretary told us that there is a framework in place that sets a clear set of expectations around how CHCs are assessed and that they are looking at how to better measure performance against that framework. He noted that there is currently an "internal review going on into that", adding that a tool has been developed that should, if applied consistently, lead to more consistent outcomes.[88]

## Regional Partnership Boards

**74.** We heard from Llais that Regional Partnership Boards (RPBs) have a critical role in driving collaboration between health and social care to ensure timely, person-centred support to hospital discharges.[89] However, participants in our stakeholder event raised questions about the effectiveness of RPBs. Some commented that RPBs should be responsible for improving integration and ensuring good practice is shared, but 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. There

[86] Written evidence, HD17 British Geriatrics Society
[87] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 115
[88] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 116
[89] Written evidence, HD09 Llais

were calls for more joint commissioning of services and a more integrated approach.[90]

**75.** WCVA told us that "the integration agenda largely sits with our regional partnership boards, and each RPB has implemented their ways of working and their own versions of integration across Wales". They acknowledged that this is "really positive, to be able to respond to local demands" but warned that "it does mean somewhat of a postcode lottery in terms of progress and integration".[91] They also said that there is no feedback or accountability for RPBs.[92] According to WCVA:

> *"there's 20 per cent expectation for regional integration funding to go to the voluntary sector, but reports from the voluntary sector say that that can be as much as 30 per cent in some areas, which is great, and then as low as 8 per cent in other areas. But it's not clear to me how those calculations and how those amounts have been arrived at."*[93]

**76.** Care Forum Wales argued that:

> *"none of the regional partnership board funding in the majority of partnership boards will actually reach the [social care] sector because it's all earmarked for rebalancing, for new models of care or for preventative measures."*[94]

**77.** A representative from Cardiff and Vale Regional Partnership Board explained that RPBs "allows us to test things out". They went on to say that integration requires:

> *"real clarity on accountability and responsibility for funding and delivering these services—taking out of the way that argument between local authorities and the NHS as to who is responsible and accountable and finding a way of achieving a shared approach. Because at the end of the day, this is a common cohort of people who we're all responsible for, isn't it? It's our population that we're there to look after. So, whilst the RPBs can help us to navigate a route through it, I think ultimately we need to look at the way that the policy and the guidance*

[90] Local Government and Housing Committee, Summary of roundtable discussion, April 2025
[91] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 26
[92] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 111
[93] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 111
[94] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 141

*enables organisations to come together and we get that clarity of accountability and responsibility."*[95]

**78.** On RPBs, the Cabinet Secretary said that they "are an important part of how people are held accountable at a local, regional level" and that they should be ensuring that good practice operating in one region is shared in other regions.[96]

## Our view

**79.** There are very different approaches to discharge being taken across regions, including wide variation in processes, partnership working arrangements and what discharge teams look like. Implementation of D2RA pathways guidance is inconsistent, and there is variable social care involvement in the discharge process across regions.

**80.** Integrated, partnership working is required, but this it is not happening consistently, as acknowledged by the Welsh Government. We heard about good practice initiatives or pilots in certain areas, but difficulty in streamlining and rolling out that good practice more widely. There needs to be a more standardised approach to hospital discharge across Wales, and a stronger directive from the Welsh Government to mandate full implementation of D2RA.

**81.**The Cabinet Secretary told us that the Welsh Government undertook a review of implementation of guidance and found variation even within health boards at hospital level. We agree with him that this clearly cannot be justified. We want to see action taken as a result of the review, and note that the Cabinet Secretary highlighted the need for additional training at hospital level to ensure the D2RA principles are understood and embedded.

**82.**We would like to see a paradigm shift in the approach to hospital discharge, with the Welsh Government identifying best practice and requiring local authorities and health boards to adopt it, rather than expecting them to opt in. That grit in the system is currently missing. We believe that if local authorities and health boards do not adopt the chosen best practice model, they should be expected to justify why. Innovation and the diffusion of best practices is not a new concept. Sharing good practice can lead to better service delivery and cost savings.

**83.** Strengthened accountability is a key lever for driving effective change. We therefore believe that the Welsh Government should publish data on the length

[95] 26 March para 271
[96] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 31

of delays. We note that the Welsh Government's target in reducing the total number of days delayed was missed. This data should be published and used as a tool to hold to account.

**Recommendation 1.** The Welsh Government should mandate full implementation of D2RA. It should also provide an update on the action taken as a result of its review of implementation of hospital discharge guidance, including any additional training at a hospital level to embed D2RA (as mentioned in oral evidence by the Cabinet Secretary for Health and Social Care).

**Recommendation 2.** The Welsh Government should identify best practices for improving hospital discharge and should require all local authorities and local health boards to adopt those practices or justify why not.

**Recommendation 3.** The Welsh Government should promptly publish data on the length of Pathways of Care Delays.

**84.**We are frustrated that we keep hearing about lack of resource as a barrier for partnership working, which was also a theme in our recent work on Digital in Local Government. We want to see more partnership working to create a person-centred approach to hospital discharge and the Welsh Government taking action to ensure this. Cardiff and Vale Integrated Discharge Service was highlighted as a good example of having a joint discharge policy in place between Cardiff and Vale University Health Board and local authority social services. The Welsh Government should undertake a review of this model and identify whether other local authorities and health boards should be adopting a similar approach. The Welsh Government should set out its chosen model for partnership working, and set a clear expectation on all parties that a mindset shift in the approach is needed to ensure that it becomes the norm, not the exception. Again, partnership working should not be a matter of opting in – local authorities should adopt the chosen approach, or justify why not.

**Recommendation 4.** The Welsh Government should review any current joint discharge policies and identify its chosen model for partnership working. It should then require local authorities and local health boards to adopt this approach or justify why not.

**85.** Gatekeeping practices by local health boards and local authorities are leading to disagreements about who is responsible for arranging and paying for care, and in turn causing delays to discharge. Local authorities and care providers told us there are lengthy disputes around NHS Continuing Healthcare (CHC) and in their view, health boards are underspending on CHC, and often wrongly

denying access to CHC in order to protect their budget and resources, with social care stepping in or continuing to provide care to people with clear health needs. As we heard, CHC clearly "does drive a wedge between health and social care", and as we state above, health boards and local authorities should be working in partnership to improve hospital discharge and outcomes for patients.

**Conclusion 1.** We ask that the Welsh Government provides more information on the review currently being undertaken of the Continuing Healthcare framework and updates us on the findings upon completion along with identified actions to deliver improvement.

**86.** We are concerned about the effectiveness of Regional Partnership Boards in encouraging partnership working. RPBs should be playing a key role in improving integration including joint commissioning of services and ensuring good practice is shared, but we heard this is not currently happening as intended.

**Recommendation 5.** The Welsh Government should evaluate the role of Regional Partnership Boards in driving partnership working across health and social care, and use that evaluation to drive progress and improve the effectiveness of RPBs.

**87.** We urgently want to see an improvement in digital information sharing, the lack of progress in this area is extremely frustrating. We were dismayed to hear that fax machines and paper-based systems are still being used in some places. It was concerning to hear that patient information is typically held on different IT systems which are not connected to each other or accessible to all staff involved in the care and discharge planning. It was also frustrating to hear an effective electronic referral system is being used in the Cwm Taf Morgannwg area, but that neighbouring local authorities will not accept these referrals. We agree with the Welsh NHS Confederation that we need to establish and standardise the use of electronic care records across health board settings and social care.

**88.** Development of digital services has not been effective or fast enough in Wales. This needs to change and digital should be embedded as a fundamental way of improving hospital discharge. We heard about some significant challenges when it comes to data sharing across public services during this inquiry, and about failed attempts to implement various IT programmes and digital solutions, and the barriers this presents to joint working. The Welsh Community Care Information System (WCCIS) Programme is due to be replaced by the Connecting Care programme in January 2026, but we have serious concerns about whether it is on track to become operational by then.

**89.** We share the Welsh Government's serious concerns about Digital Health and Care Wales's ability to effectively deliver a number of major programmes. Digital Health and Care Wales is a large organisation with over a 1,000 members of staff and total funding of £186.0 million.[97] It should have enough resource to deliver vital digital transformation, so we are very disappointed that this has not been the case. There needs to be stronger leadership and more accountability to drive and deliver digital services as a matter of urgency.

**90.** We were concerned to hear during our recent work on Digital Local Government that there is an absence of leadership and understanding in some local authorities with regard to digital, and that there is a need for stronger buy-in around digital.[98] The WLGA told us that the realities of the financial context mean that investment in longer-term digital developments are harder to justify. However we believe that digital information sharing is key to improving public services.

**Recommendation 6.** The Welsh Government should drive the delivery of the digital transformation agenda in health and social care, with stronger leadership and greater accountability.

**Recommendation 7.** The Welsh Government should set out and clarify the latest position on the Connecting Care Programme, including whether it is on track to become operational in January 2026. Aside from the Connecting Care Programme, the Welsh Government should identify best practice in digital use, such as electronic referrals, to facilitate communication and information sharing between partners during discharge and require health boards, hospitals and local authorities to adopt the chosen model or justify why not.

**91.**We agree there needs to be a shift in focus towards prevention and early intervention in the community. There was a clear message that we need to be more proactive in the community to prevent avoidable admissions to hospital. However we heard that local authorities have felt forced to reduce spend on early intervention and preventative services due to budgetary pressures. We are concerned that prevention is not given the priority it deserves by the Welsh Government. There is clearly a lack of funding for prevention, despite the Health and Social Care Committee recommending that the Welsh Government should consider introducing, across all its departments, a 'preventative' category of spend

[97] Digital Health and Care Wales, Annual Report 2023-2024
[98] Local Government and Housing, Digital Local Government

in future budgets, moving towards a longer term budgeting view in order to help build and protect population health.[99]

**92.** We do not currently measure preventative measures, which does not in turn create a lever for change. Tracking and measuring local authority outputs in relation to prevention could encourage more planning and investment in this area. We also believe that the Welsh Government should look again at budget allocation and provide more funding for prevention. Investing in prevention now could pay dividends by helping people stay in their homes, and spending less on hospitals.

**Conclusion 2.** We share the Senedd Heath and Social Care Committee's disappointment that the Welsh Government has yet to demonstrate a significant shift in health spending allocations towards prevention, despite identifying it as a priority.

**Recommendation 8.** The Welsh Government should develop performance metrics to monitor and evaluate the effectiveness of preventative measures in health and social care.

[99] Health and Social Care Committee, Welsh Government draft budget 2024-25, Feb2ruary 2024

# 2. The right (and wrong) type of intermediate (step down) care

There are significant concerns that the push to free up hospital beds is driving many older people into residential care prematurely, but this could be mitigated if the right type of intermediate care was available.

**93.** There was agreement during our stakeholder event 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.[100] Cwm Taf Morgannwg University Health Board noted that "for every 10 days that a patient spends in a bed in hospital, they will lose 10 years' worth of muscle mass".[101] According to RCN Wales, the deconditioning of patients often results in patients needing a care home placement when prior to admission they had been living independently at home.[102] Similarly, the Older People's Commissioner for Wales said:

> "*older people who have initially been admitted to hospital with less serious issues may become trapped in a cycle of being medically optimised, deteriorating, being helped to recover function and then deteriorating again, and leaving with higher support needs or requiring long term care because of the amount of time they have been forced to spend in hospital."*[103]

**94.** However, evidence also highlighted that discharging patients to care homes for intermediate care (without therapeutic input) is also having negative consequences for individuals, as most care homes have no facility for recovery. There were reports during our stakeholder event that initiatives such as the '50 day challenge', have seen a push to get people out of hospital but that only a minority of patients return back to their own homes. We heard that many are

[100] Local Government and Housing Committee, Summary of roundtable discussion, April 2025
[101] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 259
[102] Written evidence, HD08 Royal College of Nursing Wales
[103] Written evidence, HD06 Older People's Commissioner for Wales

placed in care homes as a temporary measure, but this often becomes permanent as they lose their independence.[104]

**95.** Professor Bolton said there is currently too much commissioning of inappropriate bedded care of little value for the older person. He referred to a study undertaken in Wales, 'Right Sizing Community Services', which found:

> *"people being dumped out of acute hospitals into care homes, just to get them into a bed, where the bed had no facility to help the patient recover. And what happened was that the patient was then stuck and remained in the care home."*[105]

**96.** Professor Bolton argued that not providing the right level of therapy and support for people to help them return home, will result in "putting more and more people unnecessarily, too early, inappropriately into a care home."[106]

**97.** Professor Glasby's IMPACT network work makes a similar point:

> *"When pressures increase on hospitals, there can be pressure to get people out at almost any cost – and this can lead to premature admissions to care homes, rather than taking the time to help people return to their own homes. Even if a care home placement is intended to be short-term, the risk is that under-staffing and lack of access to rehabilitation can turn a short-term admission into a permanent one, prematurely 'writing people off' as unable to be at home. Lots of people would argue that no one should be admitted straight to a care home from hospital, unless they were living in a care home before they were admitted (a 'home first' approach)."*[107]

**98.** Audit Wales said all regions are reliant on step down beds in residential care homes without therapeutic input to support discharge due to a lack of alternative options. However, several local authority areas are reporting high numbers of people remaining in these beds for more than three months with no indication of an end date. These are recorded as unplanned placements. They said that this is particularly problematic in Ceredigion local authority which is reporting the

[104] Local Government and Housing Committee, Summary of roundtable discussion, April 2025
[105] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 72
[106] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 73
[107] Written evidence, Professor Jon Glasby

highest number of people. In December 2024, 30 people per 100,000 head of population were in unplanned placements for more than three months.[108]

**99.** David Soley from Denbighshire County Council said that on the whole, standard residential care facilities are generally used, and added that "people can decondition in standard residential care in the same way that they can in hospital"[109].

**100.** According to Professor Bolton, his research shows that most people need a period of recovery or rehabilitation at the point of discharge. He said "if we can get those services right, we can make a massive difference to the outcomes for older people when they leave hospital."[110] He explained that those services are best when they are therapy-led:

> *"if you have a service that is often called domiciliary care, reablement recovery service, mostly run by local authorities, and if that is a therapy-led service with care workers supporting people under the guidance of therapists, we can get really good outcomes, improving older people at the point of discharge."*[111]

**101.** The Chair of All Wales Adult Service Heads referred to Professor Bolton's research and highlighted the value of the right type of step down care with therapeutic interventions:

> *"The discharge to assess for somebody with more complex needs, where you're talking about a care home, I don't agree that that's an ethical approach, unless you have wraparound support for that individual—so, the therapeutic interventions, the nursing interventions that help that person continue their recovery…there is a risk that that person's moved out of hospital and is lost to the system, because the priority is to get the next person out of hospital, not to help that person go home from that interim placement. So, it is a risk that we lose people.*
>
> *There's some really good evidence from Professor John Bolton at the Institute of Public Care at Oxford Brookes that says if you*

[108] Written evidence, HD13 Audit Wales
[109] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 146
[110] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 11
[111] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 12

*have the right kind of step-down facility, with all those therapeutic interventions, people will go home. If they don't have it, they will remain in care, with all the connotations that come for them and their lives and their families."*[112]

**102.** Others including BASW Cymru, WLGA and Audit Wales also highlighted that intermediate/step down care needs to be therapy-led. Professor Glasby agreed, noting that:

*"there's something really important about these being therapy and reablement focused and led, and often they're seen as a cheaper form of care and the model gets watered down, whilst for me it's one where you need to invest to save. There needs to be sufficient capacity, and it needs to be sufficiently well organised to actually affect the overall balance of services, otherwise it doesn't have the impact that you want it to have."*[113]

**103.** Professor Bolton argued that there has been lack of investment in such services in Wales:

*"we just haven't really invested in what we call intermediate care services…we haven't given them priority, and those services require the NHS and local government to fully collaborate. It really only works when you've got both systems totally working together, joint teams, pulling people together."*[114]

**104.** He said places in England that have succeeded in getting the right kind of intermediate care framework have seen a reduction in delays, better flow of patients, fewer people going from hospital to residential care and better support when they return home. He said:

*"You see massive differences in those systems that get this to work, and it only works, in my book, when you've got the therapists, the care workers and the nurses working collaboratively in the community."*[115]

[112] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 140-141
[113] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 78
[114] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 13
[115] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 36

**105.** Tai Pawb's 2021 research into Accessible Social Housing in Gwent also identified a need for more step down accessible accommodation to enable safe and timely discharge from hospital.[116] Tai Pawb concluded that the Welsh Government needs to review and invest in a variety of step down and temporary accessible housing facilities. They said:

> *"in our research, when we engaged with health, social care and housing professionals, there was big support for step-down, step-up accommodation, but accommodation that is flexible and meets people's needs."*[117]

**106.** It was also highlighted by Professor Glasby that this must be inclusive for people with dementia, who are the majority of 'long stayers' in hospital. According to a NHS representative "it is very difficult, particularly for patients who have dementia, to find those placements".[118] Likewise, the Stroke Association noted that there is a lack of consistent and accessible rehabilitation services across different regions for stroke survivors and called for a standardised approach.[119]

**107.** We heard that Cwm Taf Morgannwg University Health Board made a "very conscious decision" to move resource from providing bed-based care in acute hospitals into recruiting additional support workers in communities. They work in partnership with local authority teams, to support patients in the first six weeks once they are clinically optimised for discharge.[120] They said:

> *"We know that, once we get a patient home, some of those patients will not need a package after six weeks. A number of patients will need a lower package than we first anticipated. So, it allows us to help work with the local authority-delivered services to try and right-size that, but very much working on a reablement principle—so, with therapists, with medical and nursing support wrapping around that service to deliver that uplift, as you've described, in intermediate care."*[121]

**108.** Bon-y-maen House residential reablement service in Swansea was highlighted by the Older People's Commissioner for Wales as a good practice example of appropriate step down facilities. It is funded by Swansea City Council,

[116] Tai Pawb, Accessible Social Housing in Gwent: A review of allocation systems, September 2020
[117] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 101
[118] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, 252
[119] Written evidence, HD01 Stroke Association
[120] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 277
[121] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 278

Swansea Bay University Health Board and the Health and Social Care Regional Integration Fund, and provides a collaboration between a range of social care and health professionals including enhanced GP services. According to the Commissioner:

> *"A trusted assessor facilitates a smooth transition from hospital to Bon-y-Maen, where the integrated reablement team then assists with a person's recovery and discharge home—without the need for ongoing care and support intervention in over 80% of cases. Many individuals, despite initial frailty and complex conditions, regain independence through expert care and tailored support."*[122]

**109.** The Commissioner called for this approach to be scaled up across Wales.

**110.** Tai Pawb highlighted research conducted by Gwent RPB into the demand and capacity for step-down accommodation which shows the importance of ensuring that the step-down accommodation meets people's needs. The report highlighted a project of good practice called Cariad, a joint service between health, housing and social care. They found that "it was really valued by health professionals":

> *"the thing that they quoted time and again was that it was flexible, because it was a mixture of residential care, sheltered housing, extra-care schemes, so various different types of accommodation and care, from high to low support, and in different places as well. So, that shows that, sometimes, looking in more detail, I suppose, at what works, how money is spent and what the needs of the people are can help use public money better."*[123]

**111.** Crisis highlighted the value of step down accommodation for people facing homelessness to avoid unsafe discharges.[124] Bridgend County Borough Council suggested that there should be discussions with the housing and voluntary sectors about intermediate care, stating that some "registered social landlords, have the ability to create some solutions to these problems, preferably in

[122] Written evidence, HD06 Older People's Commissioner for Wales
[123] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 103
[124] Written evidence, HD11 Crisis

supported living accommodation".[125] Chartered Institute of Housing (CIH) Cymru made a similar call:

> *"we would like to see a wider view of hospital discharges to include the key role registered social landlords can, and do, play in preventing an admission or readmission coupled with helping to facilitate timely hospital discharges."*[126]

**112.** Professor Bolton highlighted that intermediate care "is best done when people collaborate".[127] In terms of who should lead on providing intermediate services, he said that "it has to be the collective system," adding:

> *"I think governments have to define that in terms of what they want and how they want their system. Your system is unique, as you've designed it in Wales. Your health boards have a really important role to play in this, but it needs to work with the local authorities. I think that's a challenge for the Welsh Government to determine."*[128]

**113.** Our Citizen Engagement Team undertook interviews with people with lived experience of hospital discharge. The need for the right type of intermediate care was a key theme in these interviews.

> One interviewee described feeling uncertain about whether she was well enough to return home and expressed anxiety about her condition recurring upon discharge. However, being offered the option to return to the ward within 48 hours if her symptoms returned helped ease some of her concerns about being discharged too soon:
>
> *"I did feel cared for and looked after when it came to being discharged. There was a little bit of uncertainty about whether I was well enough to go home or not. I know the nature of my condition … it is difficult because it's quite intermittent. So I was fearful of being discharged and then finding that the problem was going to reoccur. So basically, what they did on the ward was they gave me an option to come back within 48 hours. I can't remember what they called it*

[125] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 150
[126] Written evidence, HD05 Chartered Institute of Housing Cymru
[127] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 59
[128] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 84

*now, but it was a process whereby I could be discharged but if the problem did reoccur, I would have open access to the ward within a set period of time to avoid me having to go back through A&E."*

Although she did not feel pressured by staff and was reassured by the option to return to the ward within 48 hours if her symptoms returned, she remained aware of the wider pressures on the NHS, which weighed on her mind during the discharge process:

*"I didn't feel that I was being directly pressurised. I think knowing how the NHS is, it was more a case of - if I'm well enough to go home, I should go home. I shouldn't take this bed up because they're going to have ten other people who need the bed. So I felt I put pressure on myself to feel that."*

While discussing potential solutions, she suggested that stable or recovering patients could be transferred to what she described as something similar to a "halfway house" for continued recovery, thereby freeing up critical hospital beds for those in greater need:

*"You know, I often wonder, when they built all these hospitals for COVID, if people who are clinically well, why can't they be moved somewhere where they're going to get the TLC that they need while they recover? But they're not taking up that essential clinical bed in a hospital. I'm assuming that the answer to that is that they just haven't got the staff."*[129]

**114.** The Cabinet Secretary acknowledged that "when you are medically fit to go home, the last place you should be is a hospital bed". He said that every hour spent in a hospital bed when a patient is fit to go home has a significant impact on mobility and confidence, adding "It's called deconditioning".[130] He said that the Welsh Government is working on "some tools" that will help them measure deconditioning in the patient more successfully, which will give them a more detailed understanding of what that deconditioning has meant, to ensure that the services are there to be able to respond to it.[131]

**115.** The Cabinet Secretary told us that the Welsh Government has "increased the funding available for reablement facilities". He explained:

[129] Local Government and Housing Committee, Summary of interviews, June 2025
[130] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 59
[131] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 109

> *"There wasn't sufficient capacity in the system, and we know that that is a key solution to what you've been describing, really, that intermediate care. If you can also provide that reablement support in that setting, that will help patients. There are also fantastic step-down facilities right across Wales, which are really providing excellent intermediate care. So, you know, it's the patient's individual journey that matters. We obviously want to make sure that they get the care that works for them."*[132]

**116.** The Minister also recognised a need to commission intermediate care differently and increase the provision of recovery focused care. She explained that the starting point is that the regional partnership boards, in conjunction with social care services, develop their plans around population needs.[133] She said:

> *"The national framework for commissioning care and support is about developing that good practice and that consistency right across the country so that commissioners are in a position where they know that they are looking to commission something, not just based on cost, but based on need and on quality of care. And that will mean that there will be variation in costs across the country, but the process in which that is commissioned and how that is done will be very transparent, and there will be a process that everybody will feel that will be consistent."*[134]

## Our view

**117.** There was a clear theme in evidence that we need to focus on patient outcomes not just patient flow. It was alarming to receive significant evidence highlighting clear concerns about current practices of discharging patients into residential care homes as a temporary measure. We heard that the lack of focus on recovery and rehabilitation often turns short-term admissions into a permanent placement, prematurely 'writing people off' when many could have returned home with the right intermediate care in place.

**118.** We were concerned to hear that the push to discharge people from hospital during the 50 day challenge resulted in only a minority of patients returning to their own homes. This highlights the pressures that can arise when focusing on

[132] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 61
[133] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 85
[134] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 86

targets to discharge people from hospital and is also a consequence of tying up resource in hospitals but not adequately funding the social care system.

**119.** There were clear calls for investment to increase provision of the right type of intermediate care with therapeutic and nursing input. We are very concerned about the current routine use of care home placements for intermediate care with no focus on rehabilitation and access to therapy. This needs to change. Instead, we need to move to increased provision of therapy-led intermediate care focused on recovery. We note that the Welsh Government recognises a need to commission intermediate care differently and increase the provision of recovery focused care, and ask that we are updated on progress in this area.

**Recommendation 9.** The Welsh Government should mandate that all intermediate care placements must have therapeutic input and nursing input where beneficial to the person's further recovery.

**Conclusion 3.** We ask that the Welsh Government updates us on its work to increase provision of intermediate care with therapeutic and nursing input and the timescales for increasing provision.

**120.** We believe that there would be value in undertaking a rapid review into current intermediate care practices to determine the extent of the problem and identify solutions. The lack of appropriate intermediate care can lead to premature deterioration of people's health and independence, which adds to costs and pressures on the NHS and social services. Investing in proper rehabilitation is not only better for patients, but also relieves pressure on the wider systems.

**Recommendation 10.** The Welsh Government should undertake a rapid review into current intermediate care practices and update us on its findings, actions identified to deliver improvements, and next steps.

**121.** We were interested to hear from the Cabinet Secretary about the current work on deconditioning, and want to acknowledge that deconditioning is also taking place in care homes, particularly with inappropriate intermediate care placements. As Professor Bolton put it, people are "being dumped out of acute hospital into care homes" without a focus on recovery, with clear direct costs to the individuals. This situation seems to be an unintended consequence of pressures on patient flow targets and short term thinking. We believe a more bespoke approach to hospital discharge is needed, which is focused on patient outcomes and recovery.

**Conclusion 4.** We ask that the Welsh Government shares more information with us about its work on deconditioning, as well as other initiatives to develop more intermediate care with therapeutic and nursing input, including timescales. We would urge the Welsh Government to ensure that provision is inclusive of people with dementia.

# 3. Discharge teams

The need for early involvement of social workers in the discharge process was a key theme. In some areas, hospital discharge social workers are not based within discharge teams, which makes early discussions more difficult and can lead to delays. The need to include the housing sector and third sector as partners in hospital discharge planning and processes was also emphasised.

## Early involvement of social workers

**122.** It was clear from the evidence received that the make-up of hospital discharge teams varies widely by hospital. 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. For example, the Welsh NHS Confederation called for improved collaboration between health boards and local authorities by embedding joint hospital discharge teams, comprised of social workers and NHS staff, in all major hospitals.[135] HC-One Wales argued that "social care providers can offer innovative solutions if they are included in discussions and decisions" about discharge.[136]

**123.** The British Geriatrics Society said "involving social workers at the front door of a hospital can be transformative". However, they are often not involved in an individual's care until they are ready for discharge.[137]

**124.** Audit Wales found the inclusion of social workers in multidisciplinary team ward rounds varied across local authority areas. They highlighted Glangwili Hospital as a positive example, where ward rounds included social workers, as well as Care & Repair, Occupational Therapists, and members from the Delta Wellbeing team (a 24/7 information, advice and assistance service funded by

[135] Written evidence, HD 15 Welsh NHS Confederation
[136] Written evidence, HD21 HC-One Wales
[137] Written evidence, HD17 British Geriatrics Society

Carmarthenshire Council that promotes and maintains wellbeing and independence in the home).[138]

**125.** One participant in our stakeholder event 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 discharge delays between the two authorities.[139]

**126.** BASW Cymru members reported that following the Covid-19 pandemic, there has been a reduction in social workers positioned within hospitals which is significantly affecting their ability to undertake their role fully, to work in an integrated way and to ensure focus is consistently on the rights and needs of the person and their families/carers. They believe that a social work presence should be maintained/reintroduced in acute hospital settings.[140] Care Forum Wales agreed, noting that:

> *"if you discharge someone based just on a clinical diagnosis, then you lose everything that the social worker brings about the holistic care and their well-being, and they will know the care homes in the area a lot better and know what they can provide and what's suitable."*[141]

**127.** They went on to say that the social worker's role in the hospital setting is "invaluable" and "when you bypass that, you cause bigger problems down the line".[142] Aneurin Bevan University Health Board also said that having social workers in hospital is "incredibly effective", adding that it:

> *"would make a massive difference to discharge pathways, because we would be having those integrated conversations where we would have trust and confidence in each other and be able to therefore do things once."*[143]

**128.** Llais similarly said that where social workers are based with hospital staff this seems to support better co-ordination and speed things up to get people home.[144]

[138] Written evidence, HD13 Audit Wales
[139] Local Government and Housing Committee, Summary of roundtable discussion, April 2025
[140] Written evidence, HD26 British Association of Social Workers Cymru
[141] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 153
[142] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 165
[143] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 291
[144] Written evidence, HD09 Llais

**129.** We heard that closer working with designated named social workers would help improve referrals and reduce waits for assessment. BASW Cymru called for 'named social worker' protocols to be developed for people with discharge needs to ensure continuity of care and person centred care.[145] Some participants in our stakeholder event felt that the 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.[146]

**130.** The British Geriatrics Society also called for "greater interface between community based social services and hospital based social services", adding:

> *"BGS members cite examples of patients, particularly those with long term mental health conditions, who have social workers in the community. In some cases, the patient has had the same social worker for many years; the social worker knows the patient well and can inform and advise on support needs and prior experiences. However, once the patient is admitted to hospital it is usual that the established community based social worker is no longer involved, instead the patient is assigned a hospital social worker, who does not know the patient background and who needs to restart the process of assessment."*[147]

**131.** However Age Cymru reported that:

> "*We heard from local authorities how they were changing working practices to free up social worker time to concentrate on the more complex needs of their residents and provide lower level care needs through other means. One local authority told us that their arrangements with health are well integrated and that most hospital referrals 'don't touch a social worker.'"*[148]

**132.** The Minister said that they see "excellent models" of multidisciplinary discharge teams:

> *"we absolutely recognise that social workers are key members of the multidisciplinary team, and they need to be involved at*

[145] Written evidence, HD26 British Association of Social Workers Cymru
[146] Local Government and Housing Committee, Summary of roundtable discussion, April 2025
[147] Written evidence, HD17 British Geriatrics Society
[148] Written evidence, HD07 Age Cymru

> *the earliest point as part of the discharge process, and it's absolutely right that they are."*[149]

**133.** She noted that social workers should be deployed to deal with some of the most complex cases associated with discharge, but referenced the trusted assessor model:

> *"which is trying to embed in the system somebody that can take responsibility for those fairly low-level cases of people that can be discharged that don't have particularly complex needs, they just need to have a comprehensive package of care that will enable them to go home and live safely and securely on their own. So, building that into the system then will release, and does release, the social workers to deal with those more complex cases."*[150]

## Involvement of third sector

**134.** The need to include the third/voluntary sector as partners in hospital discharge planning and processes was emphasised in evidence. The Stroke Association stated that:

> "*The Welsh Government must not underestimate the importance of third sector and community-based services in discharge from hospital and improving patient flow. It must recognise and advocate for the third sector as an essential part of the health and social care pathway in order to improve patient flow and the outcomes and experiences for both the people who use these services and for those who work in them."*[151]

**135.** WCVA highlighted the value of volunteers in supporting hospital discharge and recommended that the voluntary sector, local authorities and health boards should actively collaborate to co-design and integrate volunteer roles into health and social care pathways that support individuals from hospital to home.[152] According to WCVA:

> *"The voluntary sector has been delivering commissioned hospital discharge support for over 20 years, yet this expert*

[149] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 121
[150] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 122
[151] Written evidence, HD01 Stroke Association
[152] Written evidence, HD10 Wales Council for Voluntary Action

*knowledge and experience is not fully utilised by local authorities and health boards in the planning and partnership space."*[153]

**136.** They noted that the voluntary sector often provides "a safety net" in the transitions into and out of hospital care, and is "a vital support" in terms of providing information, advice and practical support, as well as "advocating for people's rights, in terms of the decisions that are made at that point of discharge as well".[154]

**137.** Carers Trust Wales noted that third sector carer facilitators are involved in multi-disciplinary team meetings in hospital in some areas but in others they are told they are not allowed to attend, due to GDPR.[155] They gave a positive example of when it works well:

*"Carers Outreach, a network partner of Carers Trust, has in the past few weeks been able to reinstate a hospital facilitator in the discharge lounge at Ysbyty Gwynedd. Carers Outreach is co-located in that hospital with the social work team and other third sector organisations such as Care & Repair, Age Cymru Gwynedd and Môn, and they're helping to facilitate joint working that really wraps around that patient and the carer and their wider families. So, I think being located on site means greater awareness, both for the carers and for staff, to be able to refer into that service."*[156]

**138.** Age Connects Morgannwg, a charity for older people living in Rhondda Cynon Taf, Bridgend and Merthyr, is commissioned by Cwm Taf Morgannwg University Health Board to deliver a hospital to home and preventative/dementia care service. They said that co-location within multi-disciplinary teams means:

*"we can engage with clients at the earliest opportunity to ensure patients are discharged effectively and efficiently; we are able to make decisions and solve problems quickly, and we have strong links with discharge co-ordinators and the Cwm Taf Care & Repair Trusted Assessor Team who focus on ensuring*

[153] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 27
[154] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 54
[155] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 285
[156] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 256

> *the patient's home environment is safe, accessible and warm."*[157]

**139.** WCVA noted voluntary sector provision across all parts of Wales is variable, driven by both local and regional arrangements. They called for "this fragmented approach" to "be reviewed", arguing that a "more joined up approach involving the voluntary sector should be established" where the third sector is meeting an essential population need, rather than running annual competitive tenders. They recommend that longer-term contracts should be awarded for delivering hospital to home services, instead of being reliant on annual funding which brings with it a risk of closure year on year. They noted that the oversight required to manage annual contracts for an essential part of the health and care system "represents a significant amount of waste over time".[158]

**140.** The Stroke Association also called for long term funding, noting that "short-term or project-based funding can severely disrupt the continuity of care…placing additional strain on statutory services". They argued that "support services driven by funding availability rather than actual needs are not cost-effective in the long run" and "investing in sustained, support that is led by need can prevent recurrent hospital admissions and reduce the overall burden on healthcare systems".[159] Age Connects Morgannwg noted that:

> "*Short term funding results in services being decommissioned, despite them evidencing impact and positive change for both the service recipients and delivery partners."*[160]

## Involvement of housing sector

**141.** There was a clear message that housing should be given greater priority within the discharge process, and that there is not enough focus on the home environment as a whole. Platfform argued that "the importance of housing in the hospital discharge process is often neglected". They said:

> *"Support workers in the housing sector build very effective, long-term relationships with the people they support – they understand their personal needs and how they like to be listened to, communicated with and what might get in the way. They are a deep well of information that the NHS could*

[157] Written evidence, HD02 Age Connects Morgannwg
[158] Written evidence, HD10 Wales Council for Voluntary Action
[159] Written evidence, HD01 Stroke Association
[160] Written evidence, HD02 Age Connects Morgannwg

> *use much more effectively, in identifying the risks and challenges faced by people arriving into NHS wards, especially those within inpatient mental health settings."*[161]

**142.** Care & Repair said "whether housing issues and the suitability of a person's home environment are given enough consideration…can be a mixed picture".[162] They recognised that it "can be quite hard" for a clinician "to start thinking about a person's home, when actually they just want that person to leave hospital."[163].

**143.** Care & Repair called for "an integrated approach" and noted that "sometimes, housing in that is forgotten". They said:

> *"for example, we hear a lot about package of care delays. Sometimes that can also be because of a housing issue. So, we get calls at, like, 3.00 p.m. wanting same-day discharge, because the package of care is in place, it's ready to go ahead, and then someone realises, 'Oh, actually, the carer isn't going to be able to access the property', because there's literally no key safe for them to do so. The same with moving furniture downstairs, if someone is going to have domiciliary care downstairs in their property, but also housing issues where it might be health and safety issues, where it's unsafe for the package of care to go ahead from the care worker's point of view—so, if there are hoarding or clutter issues; we have people discharged where perhaps there's no water in the property, things like that, where we kind of have to scoop in last minute and problem solve this plethora of issues, whereas if we thought about this a little bit earlier on in the process it wouldn't be this last-minute scramble, basically, to pick up all of these issues."*[164]

**144.** CIH Cymru noted that the hospital discharge guidance does not include housing as a named partner agency, and the role of housing is generally considered in the narrow context of homelessness on discharge or ensuring adaptations are in place following discharge.[165] Care & Repair Cymru also noted that there is an omission in the Welsh Government guidance in that "it doesn't mention housing condition". They noted that only housing adaptations and homelessness are mentioned, adding that:

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[161] Written evidence, HD23 Platfform
[162] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 5
[163] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 5
[164] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 36
[165] Written evidence, HD05 Chartered Institute of Housing Cymru

> *"There is increasingly a policy emphasis on care closer to home. If that's the direction of travel, then we do really need to also be thinking about the home that that care is going to take place in."*[166]

**145.** According to Tai Pawb, "hospital discharge is a key moment to ensure someone has the safe and suitable home they need". Their 2021 research into Accessible Social Housing in Gwent reviewed allocation systems, including hospital discharges, and found:

- The need for earlier referrals to housing from health staff and a more holistic consideration of patients housing accessibility and other housing needs.
- There was significant support for more (and better coordinated) 'hospital to home' discharge services to support patients to apply for accessible housing, meet patients' housing needs and to link with social landlords.
- A regional framework on accessible housing allocation could help strategic planning and enable better joint working to address gaps.[167]

**146.** We heard during the stakeholder event that housing issues are a real driver for delays, and most of the longest delays have housing challenges, including the impact of rising costs for adaptations and repairs and ongoing issues with supply chains.[168] A member of BMA Cymru reported that it has "become the norm" for patients to have a long very wait for discharge while waiting for social services to ensure adaptations can be installed in their homes.[169] The Welsh NHS Confederation also noted that housing-related issues are a growing obstacle to timely discharge:

> *"primarily due to LA' difficulties in securing appropriate care and accommodation. Long delays arise from housing adaptations due to a lack of clear completion timelines and a complex priority allocation system, often forcing patients into suboptimal living situations while they wait".*[170]

**147.** Care & Repair talked about the waiting lists for Disabled Facilities Grants (DFGs). We heard that in some cases local authorities are getting waiting lists

[166] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 6
[167] Written evidence, HD02 Tai Pawb
[168] Local Government and Housing Committee, Summary of roundtable discussion, April 2025
[169] Written evidence, HD20 British Medical Association Cymru Wales
[170] Written evidence, HD 15 Welsh NHS Confederation

three to six months into the financial year. They argued that this "shows that local authorities are perhaps not allocating sufficient capital funds to be able to cope with demand of DFGs, even though obviously they're mandatory". According to Care & Repair, this also highlights:

> *"a bit of a lack of strategic thinking between health and…housing in local authorities when it comes to hospital discharge because we will get a lot of referrals that are for almost interim measures, so small adaptations, when actually that person needs a DFG, but they know that there's a really long waiting time for that."*[171]

**148.** Care & Repair argued that because DFGs are mandatory, "someone who has been deemed as needing one, essential for independent living, should be able to get that and they shouldn't be waiting years for that". We heard of examples of some work taking over 1,000 days to complete and that people are having to wait a long time for something that a health professional has deemed absolutely necessary for them to live independently.[172] Care & Repair also noted that there is a "lack of contractors" to carry out adaptations.[173] This was also raised by CIH Cymru in written evidence.[174]

**149.** We heard that Care & Repair's Hospital to a Healthier Home (H2HH) service helps older people to return safely to their homes. They operate in 17 hospitals across Wales and work with hospital staff to identify older patients who have housing issues that may delay their return home. They then work with patients and their families to carry out home improvements needed to enable safe discharge. They maintain that without this service, "these issues would be a barrier to discharge as the home would not be suitable for the patient to be discharged into"[175].

**150.** According to Care & Repair their H2HH service results include:

- In financial year 2023-24, the service completed over 7,500 home adaptations and home improvements to a value of over £1.76 million, and saved the Welsh NHS over 24,000 bed days, directly supporting over 4,100 patients to leave hospital more quickly.

[171] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 7
[172] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 15
[173] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 46
[174] Written evidence, HD05 Chartered Institute of Housing Cymru
[175] Written evidence, HD19 Care & Repair Cymru

- In the first six months of 2024-25, the service received 2,718 referrals to facilitate safe hospital discharge for older patients who are clinically optimised but cannot go home due to a housing or environmental issue.
- The service reduces a patient's length of stay in hospital by 6 days on average.
- The service has saved the Welsh NHS an additional 11,200 bed days in the first half of this financial year through speedier, safer hospital discharge.[176]

**151.** H2HH service has operated since 2019 and is currently funded locally by four health boards and one Regional Partnership Board. It is funded annually in most health boards, "despite a high referral rate, proven cost savings and strong outcomes".[177] Care & Repair highlighted that the uncertainty of annual funding means they risk losing specialist staff to more reliable employment, an issue also raised by the Stoke Association. Care & Repair said:

> *"it does take up a lot of time and capacity, and the uncertainty, it does mean that you do lose really good staff, and the kind of staff that we have that deliver Hospital to a Healthier Home is specialist. It requires someone who is incredibly reactive, who has very good relationships with hospital staff, who has spent so much time developing them. So, I think the fact that the funding comes so late in the day is a big barrier to us. I mean, it just lacks efficiency, really. Having a closer look at a more efficient allocation of funding for a proven service, I think, would be very beneficial."*[178]

**152.** We heard that a lack of suitable housing is impacting hospital discharge, and that we also need to look at preventing individuals from being admitted or readmitted to hospital in the first place. CIH Cymru said:

> *"It is vital that we not only undertake work to reduce time spent in hospital but ensure that more people can reside in their own home for as long as possible. Investing in healthy ageing is vital, and prevention of falls can save the NHS money. By avoiding a fall resulting in a fracture, we can save on average £5,744 per*

[176] Written evidence, HD19 Care & Repair Cymru
[177] Written evidence, HD19 Care & Repair Cymru
[178] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 85

> *patient monies that can be used to further reduce the length of time an individual spends in hospital."*[179]

**153.** Tai Pawb also called for greater strategic thinking about appropriate housing, saying that "we need to get better at assessing housing needs of disabled and older people into the future, both in terms of development and supply—homes ready to be adapted, homes that are already adapted and accessible". They said:

> *"how allocation and the knowledge that we have about current housing stock, or don't have, often interplays with spend on adaptations, because they're very much connected, and how all of that is considered strategically alongside health and social care needs by fora like RPBs."*[180]

**154.** According to Tai Pawb there is a risk that waiting lists will get longer "if we don't develop enough accessible homes and we don't sort out the adaptation systems".[181]

**155.** Age Cymru noted concerns that "patients are being discharged once medically fit without considering their wider circumstances that can make discharge unsafe".[182] The Older People's Commissioner for Wales told us that her office has responded to cases where older people have been discharged from hospital without sufficient consideration of their immediate care and support needs, adding:

> *"This includes instances where older people are discharged into unsuitable situations e.g. sleeping on sofas because they cannot get upstairs unaided, or unable to attend to their personal care needs or maintain a clean home."*[183]

**156.** The risks of discharging into homelessness were also raised in evidence. CIH Cymru said that:

> *"Even though the hospital discharge guidance outlines that timely referrals should be undertaken when an individual is likely to be homeless on discharge, this is not always the case."*[184]

[179] Written evidence, HD05 Chartered Institute of Housing Cymru
[180] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 33
[181] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 44
[182] Written evidence, HD07 Age Cymru
[183] Written evidence, HD06 Older People's Commissioner for Wales
[184] Written evidence, HD05 Chartered Institute of Housing Cymru

**157.** According to Tai Pawb, Cymorth Cymru's Health Matters' report found that 65 per cent of the homeless patients that they engaged with were not asked about suitable housing on discharge, and 11 per cent were discharged onto the street. Tai Pawb noted that:

> *"discharge into homelessness increases readmission risk and highlights the need for longer strategic planning around health and housing, and joint work there as well."*[185]

**158.** They added that discharge is "a missed opportunity…sometimes to prevent homelessness".[186] According to Crisis, hospital admissions serve as a crucial touchpoint between individuals experiencing homelessness and public services, but that:

> *"this touchpoint is not being used to its full potential with regard to homelessness prevention. On the contrary, we hear of instances whereby people are unsafely discharged from hospital into homelessness."*[187]

**159.** Crisis believes that a person who may be at risk of or experiencing homelessness should not be discharged unless a referral has been made to the local housing authority and this authority has accepted an interim accommodation duty or the main housing duty and can provide appropriate accommodation upon discharge. They said:

> *"This should prevent an individual from coming back through the health system as a result of their homelessness, lessening the patient flow pressures caused by the revolving door of hospital readmissions."*[188]

**160.** In response to whether the Welsh Government should be more directive about who should be involved in hospital discharge team, the Cabinet Secretary said:

> *"I think the task is to try and eliminate what they call unwarranted variation—so, variation that you can't explain by good reasons. Clearly, every patient is different, so you will expect variation. There's a patient-to-patient variation, there's, to some extent, ward level, hospital level, regional level*

[185] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 18
[186] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 19
[187] Written evidence, HD11 Crisis
[188] Written evidence, HD11 Crisis

> *variation, arguably, depending on the context…That is why applying the D2RA guidance fully is so important…the guidance we have is clear about what expectations, if you like, the Government has about what should be considered when multidisciplinary teams are brought together, but I think you have to say that that is, ultimately, a question of professional judgment based on the circumstances of that individual. We are clear about what the expectations are of the things you should take into account, and obviously that will vary based on the individual circumstances of a patient."*[189]

**161.** A Welsh Government official added that they have "a range of different capital investments" to ensure "the right accommodation-based solutions for people, so they can be where they want to be and as independent as possible". These include the housing with care fund and the integration rebalancing capital fund, which funding a range of projects, "from home adaptations…through to extra care, supported living and even residential care facilities."[190]

**162.** The Minister also noted that the Cabinet Secretary for Housing and Local Government has set up a task and finish group to report on ending homelessness and how to avoid hospital discharge delays due to homelessness.[191]

## Our view

**163.** We heard that social care partners should be involved in the discharge pathways from day one, not just at the point when the patient is ready to leave hospital. Likewise, we heard that a patient's housing need must be given higher priority in the discharge process with housing organisations included in the multi-disciplinary teams as a matter of course. Despite hearing about some positive examples of such multi-disciplinary and multi-agency discharge teams, we are concerned that these can be few and far between and that the current make up of hospital discharge teams varies widely across Wales.

**164.** We heard that since the Covid-19 pandemic, there has been a reduction in social workers positioned within hospitals. This is disappointing given that the evidence suggests that there are fewer delays in discharge when a social worker is embedded within the discharge team. We would therefore like to see a requirement for social workers to be included in discharge teams across Wales and ideally co-located in hospitals. Patients with likely ongoing needs should be

[189] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 133
[190] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 153
[191] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 141

referred to a social worker from day one so that any social care requirements can be considered and understood in plenty of time to ensure safe and timely discharge.

**Recommendation 11.** The Welsh Government should ensure that hospital discharge teams include social workers by strengthening guidance to make it a requirement.

**165.** Housing and the third sector also play an integral role in supporting hospital discharges. However the Welsh Government's hospital discharge guidance does not adequately recognise this. It does not include housing as a named partner agency, nor mention housing condition. This should be rectified. We believe that housing should be given greater priority within the discharge process, with an emphasis on getting patients safely back into the community. We agree with stakeholders that conversations and planning about housing needs should happen earlier in the discharge process. Hospital discharge is an important opportunity to ensure that people have a safe and suitable home to return to, but evidence shows that housing can be a driver for delays and a barrier to timely discharge. Housing should be a priority issue for the Welsh Government and there should be shift of resources to improve timely discharge, and to reflect the wider benefits of appropriate housing including better health outcomes.

**Recommendation 12.** The Welsh Government should amend hospital discharge guidance to ensure that housing is included as a named partner agency and that a person's housing condition is fully considered and planned for during discharge.

**166.** We note that the Cabinet Secretary for Housing and Local Government has set up a task and finish group to report on ending homelessness and how to avoid hospital discharge delays due to homelessness. We would be grateful if the Welsh Government could share more information about this group's work and its findings with us, and any actions the Welsh Government will take to respond to the findings.

**Conclusion 5.** The Welsh Government should share information about the Welsh Government's task and finish group on homelessness with us, and keep us updated with the group's findings and any actions the Welsh Government will take to respond to those findings.

**167.** We heard that there are long waiting lists for Disabled Facilities Grants (DFGs) and we are concerned that local authorities are not allocating sufficient resources for DFGs. The Welsh Local Government Association should play a role in ensuring that local authorities allocate appropriate resources to DFGs. There needs to be

greater strategic thinking and partnership working between health and housing departments in local authorities to facilitate hospital discharge by providing funding for necessary home adaptations. Ensuring that people can return to their homes should be a priority. Local authorities should look at the bigger picture and ensure closer alignment between health and housing, which would in turn benefit local authorities and health boards. Better housing could mean fewer people being admitted to hospital in the first place and fewer delays to discharge due to inappropriate housing.

**168.** The cost of keeping people in hospital is far higher than making adaptations, both to keep people safe in their own homes and to prepare the home for safe discharge. But we are concerned that the Welsh Government is failing to acknowledge and address this by focusing funding on acute hospitals, and not adequately funding preventative measures. We would like to see fresh, strategic thinking from the Welsh Government about how it funds health and social care. We reiterate our previous conclusion in the first chapter of this report that it is disappointing that the Welsh Government has yet to demonstrate a significant shift in health spending allocations toward prevention. We would like to see a serious effort by the Welsh Government to look afresh and think strategically about how it allocates the budges for health and social care, with a shift to focusing on preventative and community care, which could lead to better health outcomes and less pressure on the NHS. We would encourage the Welsh Government to consider what further role the third sector could play in prevention.

**169.** We agree with stakeholders that where the third sector is meeting an essential population need, such as with proven hospital to home services, there should be a more strategic approach to funding, rather than annual competitive tenders. We heard much praise for Care & Repair's Hospital to a Healthier Home Service and we appreciate the challenges they and others face as a result of short term funding. We therefore call on the Welsh Government to work with the voluntary sector to establish a joined up, partnership approach to hospital to home services and develop longer term-contracts for services with a proven track record.

**Recommendation 13.** The Welsh Government should work with local authorities, local health boards and the third sector to establish a strategic approach to hospital to home services. This should include exploring how to improve commissioning, with longer-term funding for proven hospital to home services, and how it can reduce waiting lists for the Disabled Facilities Grant.

# 4. Lack of capacity in social care

Stakeholders highlighted the lack of capacity in social care and the fact that social care services are struggling to meet demand which leads to waiting lists and delays, partly due to workforce shortages. Concerns were also raised about the pressure being placed on families and unpaid carers to support hospital discharge and lack of support available to them. Carers charities say current hospital discharge policies and practice do not give adequate recognition to the role of unpaid carers, and that support for carers is not getting enough priority or investment.

## Staffing

**170.** The Welsh NHS Confederation and others highlighted high levels of staff vacancies as a significant challenge facing social care services, and stressed that capacity issues are having serious implications on hospital discharge. We heard particular concerns about shortages of social workers and social care workers (care staff working in domiciliary care and care homes).

**171.** According to Care Forum Wales, the staffing situation is very reliant on overseas workers in some areas, and they described overseas recruitment as a "saviour".[192] However they said that it is becoming "increasingly problematic" and "more and more complicated" to recruit from overseas and meet all of the legal obligations.[193] They noted that the "workforce depleted quite severely" as a result of Brexit and the Covid-19 pandemic.[194]

**172.** BASW Cymru members reported that they are consistently in positions where they are unable to secure the care required with the key reason being low pay of care workers combined with the negative image that surrounds care work.

[192] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 118
[193] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 116
[194] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 118

They felt that negative portrayals of care work combined with low pay and poor working conditions, are the key drivers in difficulties in securing appropriate care. They say some care agencies are no longer recruiting and are now only delivering care and support within current resources and defined geographies.[195]

**173.** Bridgend County Borough Council said that social care staff are now picking up more and more nursing responsibilities, and having to do things that they should not be responsible for doing. They said:

> *"there are all manner of things out there where we know we've got our staff, technically, stepping over the line. But if they don't do it, nobody is."*[196]

**174.** According to Care Forum Wales, the Real Living Wage for care staff has "become aspirational" as "commissioners have not had the funds … to follow through and maintain those real living wages". As a result, they now have "new problems arising out of well-intended, good initiatives, which aren't consistent and continuous".[197] We heard that the care sector cannot "compete with the statutory sector on terms and conditions, so we have to concentrate on trying to make the work as fulfilling and interesting as possible".[198] HC-One Wales asked the Welsh Government to commit to funding the Real Living Wage across all commissioned services to drive up standards.[199] Age Cymru argued that "parity with NHS terms and conditions" could assist with reducing workforce shortages.[200]

**175.** The Royal College of Physicians also called for parity in status, funding and governance. In their view:

> *"addressing the crises in our health service means addressing underinvestment in social care and that social care must be an equal partner to the NHS."*[201]

**176.** The Minister recognised that capacity is a challenge. She noted "quite innovative projects" that local authorities have employed to try to deal with their social work capacity, including an international programme by Bridgend County Borough Council to recruit social workers from Africa and the USA.[202] She went on

[195] Written evidence, HD26 British Association of Social Workers Cymru
[196] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 204
[197] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 120
[198] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 123
[199] Written evidence, HD21 HC-One Wales
[200] Written evidence, HD07 Age Cymru
[201] Written evidence, HD28 Royal College of Physicians
[202] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 123

to explain that the Welsh Government is doing work through Social Care Wales to develop capacity. According to the Minister there were about 4,500 registered social workers in Wales last year, which was an increase of more than 200 on the previous year, which she said demonstrates "some successes" around the work done to develop capacity.[203] She went on to say:

> *"there's some great practice out there, some great innovation out there, that is about building and sustaining the capacity, both in terms of the workforce and in terms of having the appropriate people in the appropriate place at the right time to assess people when they're ready to be discharged from hospital."*[204]

## Waiting lists for services and lack of data

**177.** We heard about waiting lists for assessments and care services, and about frustrations with data limitations in social care, particularly that a lot of social care data is currently 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 some stakeholders feel "there is a gap in transparency".[205]

**178.** Age Cymru told us its 2024 survey with over 1300 older people across Wales found that even though care packages had been agreed in hospital, that package of care was not available at the time of discharge. Their data showed that nearly one in four older people were still waiting more than 30 days for a care assessment and one in six were waiting more than 30 days for care to be in place in 2024.[206] They said:

> *"Feedback from older people across Wales from our delays in access to social care campaign includes instances where families have sourced care privately as they could not wait for their local authority to conduct an assessment of their loved one's needs and get the necessary care in place. Particularly for local authorities with long waiting lists for an assessment, this increases inequalities between those that are able to fund this and families that cannot."*[207]

[203] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 124
[204] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 126
[205] Local Government and Housing Committee, Summary of roundtable discussion, April 2025
[206] Written evidence, HD07 Age Cymru
[207] Written evidence, HD07 Age Cymru

**179.** The WLGA also highlighted that waiting lists have been increasing for people waiting for packages of care and for assessments and/or equipment and support from Occupational Therapists.[208] Likewise, the Older People's Commissioner for Wales said that they receive a number of contacts from people about delays in discharging older people from hospital, including the wait for assessments as well as delays due to local authorities struggling to find providers who can deliver care packages when someone is ready to leave hospital. They said:

> *"As a result, older people remain in hospital when they want to go home, are ready to do so, and the lack of a care package means this is not possible. In such instances, deconditioning, already a risk for older people being admitted to hospital, is likely to occur or reoccur."*[209]

**180.** We also heard calls for publication of data on the social care workforce. RCN Wales explained:

> *"Social Care Wales collects social care workforce data through a voluntary survey of employers, but the most recent survey in 2022 had only a 58% response rate. In other words, the published workforce data omits more than one in three social care providers. Workforce planning is critical to maintaining standards of care, but it is only as good as the data informing it. Workforce planning in social care will be held back until a full and reliable picture exists of the workforce and its vacancies. To this end, RCN Wales has urged mandatory participation in the Social Care Wales data collection."*[210]

**181.** Age Cymru raised concerns that "social care data collection masks the true level of work needed to provide care for an increasingly unhealthy population".[211]

**182.** Cwm Taf Morgannwg University Health Board argued that "transparency is crucial" to drive improvement and drive better performance, and to share learning:

> *"We know what's happening within our own microcosms, but I don't really know what's happening within Aneurin Bevan or within Cardiff and Vale, to understand where they are in the first instance, but, actually, is their data profile different to ours.*

[208] Written evidence, HD14 Welsh Local Government Association
[209] Written evidence, HD06 Older People's Commissioner for Wales
[210] Written evidence, HD08 Royal College of Nursing Wales
[211] Written evidence, HD07 Age Cymru

> *So, I know that we've got different pressures driving the performance in each of our local authority footprints, and we do a lot of that sharing in between, and we do share that data really openly within our footprint, but that isn't data that's then historically been placed into the public domain".*[212]

**183.** Similarly, Aneurin Bevan University Health Board said:

> *"If you have data, it gives you an evidence base for improvement, and I think that transparency of data across health and social care is pivotal."*[213]

**184.** Bridgend County Borough Council called for smarter use of data. They said that they are "yet to see any real information come out of Welsh Government" about the data collected and what they do with it. They added that local authorities would like to understand what it is collected for, what it is used for, how it can be used, as well as "how we can actually task other organisations to use that data more effectively".[214]

**185.** Carers Trust Wales highlighted that nationally "there's a real paucity of data in terms of unpaid carers".[215]

## Care homes

**186.** The fragility of the care home market was highlighted, with stakeholders reporting delays caused by a lack of appropriate EMI (Elderly Mentally Infirm) nursing care beds, and disputes about funding, as the fees set by local authorities (and health boards) for placements vary and are often too low to cover the costs for care homes. Care Forum Wales noted according to market insight reports, 40 care homes left the market in Wales between 2020 and 2023, with only four new homes replacing them.[216] We heard that the care home market is pivoting to higher fee private services to meet costs, driving up inequalities for those who most need care.[217]

[212] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 312
[213] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 316
[214] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 174
[215] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 265
[216] Written evidence, HD27 Care Forum Wales
[217] Written evidence, HD21 HC-One Wales

**187.** The limited availability of care home placements was also highlighted in an interview undertaken by our Citizen Engagement Team with a person with a lived experience of hospital discharge. The interviewee said that shortage creates a significant barrier to timely and safe discharge, particularly for patients with complex needs who require ongoing support outside the hospital.

> *"I had a friend whose mother went in for a urinary infection. She fell out of bed, broke her hip, couldn't get a care plan for her, and she was in the hospital for five months. Now she's in a care home, but it took five months to get her into a care home that could manage her with disability issues. Basically, because of her age, although they've replaced the hip, they weren't happy for her to go home because her husband is elderly and if she was calling him in the night, he wouldn't have heard her anyway and she would get out of bed, go to the toilet and probably break the other hip. So she ended up staying there simply because they couldn't find enough community care for her to go home or a care home that would take her."*[218]

**188.** Care Forum Wales said there is a "massive post code lottery" in the fees that different local authorities are willing to pay for care packages. 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 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.[219] Representatives told us that in neighbouring authorities Cardiff and Rhondda Cynon Taf, there is a difference of £9,000 a year in what they will pay for nursing fees per week, which they say is not driven by needs:

> *"imagine the pressure that puts on… the needs would not be that different from a placement in Cardiff to a placement in RCT. But when you have those sorts of differences in budgets, you find that the placements become difficult, the packages become difficult. That then gets amplified into packages at higher levels. The basis, the value basis, of establishing the fees are not standard, not universal, not on an equitable basis."*[220]

**189.** We heard that there is a correlation between the local authorities who pay the lowest fees and the highest numbers of people awaiting discharge to a care

[218] Local Government and Housing Committee, Summary of interviews, June 2025
[219] Written evidence, HD27 Care Forum Wales
[220] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 174

home. According to Care Forum Wales, there is one area in Wales that does not pay a higher rate for EMI than they do for standard residential care, which is also replicated throughout the Funded Nursing Care system. They said:

> *"It reduces incentive, not because you can't make the profit, but because you can't break even if you're not being paid to provide the hours of care that you need. There are some areas where, possibly for historic reasons, I don't know, it has become particularly bad and there isn't enough EMI."*[221]

**190.** Care Forum Wales argued that the "way the funding works is at the heart of these issues"[222] and that "the special packages and the higher cost packages" for residential, EMI residential, nursing and EMI nursing are "only amplifying the underlying problem that we have in long-term care".[223] Care Forum Wales explained that:

> *"the fees are set per resident, and they're set through a methodology. And this is where the problem is, that the methodology isn't applied consistently throughout Wales; it's driven by the local authorities. So, we look at—. Providers will provide their information, financial information. They'll go through the vetting process, et cetera. And then a fee will be set based on that. But it's not done consistently, and, at times, it's sort of reverse engineering. It's what the authority can afford in their budget, which then works back into our fees. That leads to those variances."*[224]

**191.** According to Care Forum Wales, the costs for independent providers to provide care are "very similar throughout Wales".[225] They called for the Welsh Government to make commissioners "more responsible and accountable for the fees that they're setting".[226] They argued that the Welsh Government's national framework for commissioning "hasn't made any difference at the moment—it's very much in its infancy". They noted that there are existing toolkits such as the one developed by Professor John Bolton (the 'Let's agree to agree' toolkit), but they are not being followed in a lot of areas and progress is "frustratingly slow".[227]

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[221] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 135
[222] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 136
[223] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 174
[224] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 183
[225] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 206
[226] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 219
[227] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 212

**192.** We also heard from Care Forum Wales that several of their members report 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. They said that many members "have spoken about substantial arrears accruing and non-existent increases over a period of time", and the majority of councils and health boards refuse to commission via the framework because it produces figures that are higher than they are prepared to spend.[228]

**193.** The WLGA noted that there are also concerns about FNC.[229] Bridgend County Borough Council said that the contribution that local authorities receive from health boards across Wales is "insufficient".[230]

**194.** Similarly, Denbighshire County Council told us:

> *"Care homes are increasingly reluctant to accept what we can afford to pay. They will hang on for a short time, when they'll get a self-funder, or they'll get another local authority in the area, or the health board, who will possibly pay more. So, we are finding it an increasing challenge, and it's also preventing people from coming into the market, and so capacity is decreasing."*[231]

**195.** The Chair of All Wales Adult Service Heads noted that it is very hard for care homes to attract highly skilled nurses to the market, which creates instability and drives people to residential care rather than nursing. He said:

> *"With the complexity in our community, you would expect nursing to be increasing and residential to be reducing, but that's not what we're seeing in practice. That's leading to the challenges then of, when somebody in a hospital needs to go to a nursing home, there is very limited choice and very limited availability. And when you then add on the continuing healthcare arrangement, in some areas the continuing healthcare rate to a care home is only marginally higher than the local authority's plus the FNC rate; in some areas, there's negligible difference, despite the increasing complexity. So,*

[228] Written evidence, HD27 Care Forum Wales
[229] Written evidence, HD14 Welsh Local Government Association
[230] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 132
[231] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 211

> *then you'll get care homes that will be reluctant to take people on that basis as well."*[232]

**196.** RCN Wales also noted that there are not enough registered nurses employed in the care home sector, or in specialist areas of nursing such as mental health and dementia, which is "a significant challenge to the health and social care sector and a pivotal reason why there are delays in transfer".[233]

**197.** The Minister acknowledged that the 2018 'Let's agree to agree' guidance and toolkit to support commissioners in setting fees "hasn't quite worked in the way that we would have wanted it to work." She hopes that the new national framework for commissioning care will make the process more transparent:

> *"where we do see disparities in fees, or what are apparent disparities in fees, we will be able to look back at the commissioning process and see how that has arisen. Because…the national commissioning framework is not about insisting that everybody sets the same fees, but it is about ensuring that we have a consistent approach to how fees are set."*[234]

**198.** She went on to say that the Welsh Government has also commissioned some research around the feasibility of creating and putting into place national fee methodologies. She said:

> *"We haven't yet got the outcome of that research; that's being undertaken now. But I certainly see that we will have a clearer picture within 12 months of what is happening."*[235]

## Pressures on unpaid carers

**199.** We heard that family members and unpaid carers are having to fill the gaps in care provision due to lack of capacity in social care services. Llais said many feel pressured to do so, or as if they have no choice, and that this impacts on their own physical or mental health.[236] Carers Wales quoted their recent research which

[232] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 216
[233] Written evidence, HD08 Royal College of Nursing Wales
[234] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 164
[235] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 171
[236] Written evidence, HD09 Llais

found that 64 per cent of current and former carers surveyed in Wales said that they had no choice but to care.[237] According to Carers Trust Wales:

> *"unpaid carers remain an often unseen and undervalued partner in ensuring that patients are discharged from hospital to the community safely, efficiently and sustainably."*[238]

**200.** They added that initiatives such as discharge to recover then assess have had "real unintended consequences" for unpaid carers and have resulted in patients with high care and support needs being discharged into the community before carer's needs assessments have been undertaken.[239]

**201.** We heard evidence that current hospital discharge policies and practices do not give adequate recognition to the role of unpaid carers and that support for carers is not getting enough priority or investment. The Social Services and Well-being (Wales) Act 2014 is clear that a carer must be "willing and able" to provide care, and this is assessed as part of formal statutory Carer's Needs Assessment undertaken by the local authority, including when they have been identified within a health setting at the point of discharge from hospital. However evidence suggests that a majority of unpaid carers are not having their needs assessed and not receiving the support they need.

**202.** Carers Trust Wales described the Social Services and Well-being (Wales) Act 2014 "as really ambitious" and "applaud Welsh Government in their policy direction for unpaid carers". They said that there "is a clear strategy, real intention to deliver for unpaid carers, but there is an implementation gap."[240]

**203.** Carers Wales said:

> *"In terms of what is currently happening and where we would probably like to be, practice differs and varies across the health boards, across local authorities, which I think is probably an issue in and of itself, there's not enough standardisation."*[241]

[237] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 271
[238] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 227
[239] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 227
[240] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 279
[241] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 225

**204.** Carers Wales highlighted a bad practice case study they received from an unpaid carer:

> *"My dad was discharged from hospital on a Saturday afternoon with 1 hrs notice. He was doubly incontinent at that time and was discharged wearing a pad, but with no others given to take home. He was also extremely confused and could not do much for himself (e.g couldn't get washed or dressed, manage the toilet, make a bowl of cereal) I was given no advice or support, and no information about who to contact if there were any problems. No services were open until Monday morning for any help. He had not previously required care so nothing was in place at home."*[242]

**205.** Age Cymru argued that ensuring carers have access to the information, advice and services they need to continue to care is "vital", otherwise there is a risk of emergency hospital admission for themselves, the person they care for, or both.[243]

**206.** Denbighshire County Council told us that "services for unpaid carers are under-resourced", adding that the Carers Wales 'State of Caring' report in 2024 shows "a significant deterioration in the carers that we rely on so heavily". They called for additional resource.[244]

**207.** Carers Wales said:

> *"without greater capacity and resource to permit local authorities to carry out more assessments, that will have an impact on their ability to plan and that will have an impact on carers being able to access support as well. There needs to be leadership that comes with that capacity and resource too."*[245]

**208.** According to Carers Wales, unpaid carers save the Welsh Government £10 billion every year with the care they provide.[246]

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[242] Written evidence, HD22 Carers Wales
[243] Written evidence, HD07 Age Cymru
[244] Local Government and Housing Committee, 27 March 2025, Record of Proceedings, paragraph 145
[245] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 234
[246] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 272

**209.** Carers Wales said that their 2024 State of Caring survey found only 27 per cent of carers who care for someone who had been discharged from hospital in the previous 12 months agreed that they had been involved in decisions about discharge and what care and treatment was needed. They went on to say:

> *"Additionally, our 2024 Track the Act report found only 12% of people with caring responsibilities were identified as carers within medical settings. The understandable desire on the part of health boards to free up beds risks creating situations where carers feel under pressure to agree to undertake caring tasks they do not actually feel able to carry out."*[247]

**210.** Carers Trust Wales told us that the Public Services Ombudsman for Wales's investigation 'Are we caring for our carers?' found that just 2.8 per cent of carers in the investigated local authorities actually had their needs assessed, and only 1.5 per cent of those received a support plan to meet their needs.[248] Carers Wales said that their 'Track the Act (2024)' report suggested that only between 0.3 per cent and 0.8 per cent of unpaid carers across Wales received a Carers Needs Assessment in 2023/24. It also found that 63 per cent of carers who had tried to obtain support from social care services had experienced long wait times for assessments, reviews or support.[249]

**211.** Carers Trust Wales said it is acknowledged nationally that there are considerable waiting times for Carer's Needs Assessments. They noted ADSS Cymru's 2023 rapid review of unpaid carers' rights,[250] describing it as "compelling":

> *"That review itself highlighted that there are waiting lists for carers' assessments in most areas, which prevents carers from having the support that they need, and many carers are not being offered an assessment as a result."*[251]

**212.** Carers Trust Wales explained that in some areas of Wales, local carer organisations are commissioned to undertake Carer's Needs Assessments on behalf of the local authority, particularly with a view to bringing down existing waiting lists for assessment. However local carer organisations report that the funding allocated to them is not always sufficient to resource meaningful

[247] Written evidence, HD22 Carers Wales
[248] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 229
[249] Written evidence, HD22 Carers Wales
[250] ADSS Cymru, Rapid review of how unpaid carers' rights have been upheld during and after the Covid-19 response, June 2023
[251] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 229

assessments, and as a result, some local carer organisations will no longer take on certain contracts for Carer's Needs Assessments. Carers Trust Wales said that in line with recent guidance through the National Commissioning Framework, local authorities must work to understand an appropriate formula for costing the undertaking of Carer's Needs Assessments if these are to be meaningful exercises that lead to appropriate support.[252]

**213.** Carers Wales warned that insufficient support for unpaid carers risks their ability to look after their loved ones following discharge from hospital, and also raises the prospect of the carer requiring medical intervention and potentially being hospitalised themselves due to the health impacts of caring.[253] They noted that between 2023-24, their State of Caring survey found that there was a 36 per cent increase in the number of carers reporting poor mental health.[254] They called for "greater flexibility for carers to be able to balance employment, work and care", adding:

> *"unless we have a support system in place via statutory services that is able to recognise carers' needs on a local but also a national basis, and plan adequately to support carers, we're going to be back here again in a year's time, scratching our heads, thinking about, 'How has it got to this point?' again. And while we're doing that, the trend for carers' health and well-being is heading in just the most alarming way."*[255]

**214.** Carers Trust Wales added that not investing in the support that carers need risks "doubling that pressure on the health and social care system" leading to higher rates of failed discharges and readmissions, coupled with the potential for carer burn-out and the need for more intense intervention moving forward.[256] They highlighted that many unpaid carers have not had access to any support. With regards to the short breaks scheme (which they are the national coordinating body for), they said that they are finding that those accessing this essential support are not connected into wider support. They therefore highlighted the importance of "integration, signposting and a clear pathway for carers".[257] Carers Trust Wales explained:

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[252] Written evidence, HD04 Carers Trust Wales
[253] Written evidence, HD22 Carers Wales
[254] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 276
[255] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 276
[256] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 2278
[257] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 281

> *"Eighty six per cent of people who fill in a survey after the break they receive through this scheme tell us that they have not had a break in the year prior to that, and that dropped slightly to 75 per cent for young carers. To me, seeing three quarters of young people who are providing support not having had a break in a year feels very stark."*[258]

**215.** The Minister told us that the Welsh Government is not doing anything about inconsistencies of approach in terms of unpaid carers until the Task and Finish Group on Unpaid Carers has completed its work.[259] However she did note that what concerns her the most is the inconsistent approach from local authorities towards offering carer assessments, and ensuring that carers are assessed in their own right, not just as part of the package of the person that they care for.[260] She said:

> *"we have seen examples of where the same person is undertaking the assessment for the carer and the cared. Quite often, in those circumstances, it's the person being cared for whose needs seem to be prioritised against the carer. I think they are different, but they are equally important, and so it's probably important that we have different people doing those care assessments."*[261]

**216.** The Minister noted that the Welsh Government has "put an awful lot of money into the short-break scheme, which provides tailored respite for carers". However she accepted that they "have a way to go around making sure that people who have rights are aware of those rights".[262]

## Our view

**217.** We heard that social care services are facing significant challenges, including high levels of staff vacancies, particularly in social work and domiciliary care, and that capacity issues are having an impact on safe and timely hospital discharge.

**218.** We need to see the pressures in social care reduced as a matter of urgency, this would be facilitated by tackling workforce shortages. We appreciate that the Welsh Government has committed in its Programme for Government to pay

[258] Local Government and Housing Committee, 3 April 2025, Record of Proceedings, paragraph 281
[259] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 190
[260] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraphs 191-192
[261] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 192
[262] Local Government and Housing Committee, 7 May 2025, Record of Proceedings, paragraph 193

social care workers in Wales the Real Living Wage, but given the capacity issues facing the sector, we believe that more action is needed at pace, and that additional funding should be set aside to focus on recruitment and retention of social care staff.

**219.** We heard that the Real Living Wage, although welcomed, does not enable the sector to compete with higher wages and better terms and conditions elsewhere, including for similar roles in the health service. The lack of parity between the NHS and the social care sector is clearly a barrier to recruiting social care staff. This needs to be addressed. The separation between health and social care has led to issues like this, there should ideally be one system and one shared workforce. We were also concerned to hear reports that the Real Living Wage has become "aspirational" because commissioners have not had the funds to follow through and maintain these wages. We urge the Welsh Government to look into this issue as a matter of urgency.

**220.** We agree with the conclusions of the Health and Social Care Committee in its previous hospital discharge inquiry that unless radical steps are taken to reform the way social care is provided, rewarded and paid for, we are unlikely to see any real change.[263] Senedd Committees have long called for parity in pay and terms and conditions for social care staff with their NHS counterparts. As the Health and Social Care Committee said, until this is achieved, the sector will continue to struggle to recruit and retain staff. The Welsh Government should increase funding to support the social care sector to pay social care workers more than the Real Living Wage.

**221.** We note that the UK Employment Rights Bill includes provisions to allow for the establishment of a Social Care Negotiating Body for Wales. This body would develop and agree Fair Pay Agreements in social care and shape the terms and conditions of workers in the sector. We hope that this, if implemented and established, will lead to real progress in this area.

**222.** In 2021 the Welsh Government commissioned research to cost parity with NHS workers, 'Use of additional funding for social care'.[264] We believe there should be a refresh of this research, and the Welsh Government should set out how it will create parity between the NHS and the social care workforce by producing a delivery plan with milestones and a timeline.

[263] Health and Social Care Committee, Hospital discharge and its impact on patient flow through hospitals, June 2022
[264] Welsh Government, Use of additional funding for social care, December 2020

**Conclusion 6.** We agree with the recommendation made by the Health and Social Care Committee in its 2022 report on Hospital discharge and its impact on patient flow through hospitals that significant reforms to the pay and working conditions for social care staff must be delivered at pace.

**Recommendation 14.** The Welsh Government should commit to working towards parity in pay and terms and conditions between the NHS and the social care workforce. It should refresh previous research on the cost of achieving this and produce a delivery plan with milestones and timeline.

**223.** There is currently a gap in transparency in terms of the challenges facing social care. We know that social care services are struggling to meet demand which leads to waiting lists and delays, but we do not have an understanding of the full picture as data on delays, waiting times and staff vacancies is not published. Publishing such data would encourage accountability and hopefully in turn improve hospital discharge.

**Recommendation 15.** The Welsh Government should publish data on waiting times for care assessments and care services; and on current staff vacancy levels.

**224.** We heard that how care is commissioned and funded is also a key issue, with a lack of consistent approach and methodology to fee setting across Wales. It is concerning that the fees set by local authorities for beds are often too low to cover the cost of care home places. Local authorities need to engage with the care providers to understand the true costs of delivering quality care. There is currently too much disparity across Wales in terms of care home fees. The current "post code lottery" is unfair. People's care needs cannot be that different to justify such extreme price differences across Wales and even between neighbouring authorities.

**225.** We were concerned to hear that the 'Let's agree to agree' guidance and toolkit to support commissioners in setting fees did not work. The new national framework for commissioning care and support will need robust monitoring to ensure that history does not repeat itself. We would like to see the Welsh Government go further than this framework, and believe it should develop a formula for a fair, consistent approach of setting fees for care home places, and note this has been done in social housing with the Standard Viability Model.

**226.** We note that the Welsh Government has commissioned research around the feasibility of creating and implementing national fee methodologies. We ask that the Welsh Government provides further information about this research and the expected timescale for completion and publication.

**Recommendation 16.** The Welsh Government should set out how it will monitor and review implementation of the national framework for commissioning care and support.

**Recommendation 17.** The Welsh Government should work with partners to develop a national formula for a fair, consistent approach to setting fees for care and support services, following consideration of the findings of its commissioned research in this area.

**227.** We heard that family members and unpaid carers are filling the gaps in care provision due to the lack of social care capacity. According to the Social Services and Well-being (Wales) Act 2014 a carer must be "willing and able" to provide care, and this should be assessed as part of a statutory Carer's Needs Assessment undertaken by the local authority. However we were very concerned to hear there is "an implementation gap" with the Act, and a majority of unpaid carers are not having their needs assessed or receiving the support they need. This is particularly concerning given that our health and social care systems would collapse without unpaid carers, and it is a further symptom of not treating health and social care equally – this needs to be addressed.

**228.** It is important that as a nation we recognise the role and needs of unpaid carers. Without unpaid carers, the cost to the public purse would be immense. We believe the provision of respite care needs to increase and we would ultimately like to see a right to respite care for all unpaid carers who need it. We note that the Health and Social Care Committee is currently undertaking work in this important area and we look forward to seeing their recommendations and how the Welsh Government responds.[265]

**229.** While we welcome the Welsh Government funded Short Breaks Scheme, it is important to acknowledge that this is meant to supplement not replace statutory support arranged by local authorities. The Short Breaks Scheme aims to reach 45,000 carers over four years, and according to the census there are more than 310,000 carers, with over 107,000 providing more than 50 hours care every week. We would like to see the Short Breaks Scheme expanded but we also want to see local authorities delivering on their statutory duties relating to unpaid carers.

**Conclusion 7.** The Welsh Government needs a strategic plan to improve and increase the provision of respite care across Wales. This should include expanding the successful Short Breaks Scheme, alongside improving access to statutory support for unpaid carers.

[265] Health and Social Care Committee, Improving access to support for unpaid carers

**230.** We note the Minister for Children and Social Care's comments that the Welsh Government is waiting until its Task and Finish Group on Unpaid Carers has completed its work. Carers Trust Wales noted that the group has been tasked with responding to the recommendations from ADSS's rapid review into unpaid carers rights. As this is a matter of urgency we would like the Welsh Government to provide information on when the group's work is expected to conclude, and for the Welsh Government to update us on subsequent action to deliver improvements

**Recommendation 18.** The Welsh Government should provide more information on when the Task and Finish Group on Unpaid Carers will complete its work, and following this, should set out the action it is taking to improve the implementation of local authorities' statutory duties relating to carers under the Social Services and Well-being (Wales) Act 2014. The Welsh Government should keep us updated on this work.

**231.** We were concerned to heard that initiatives such as discharge to recover then assess have had "real unintended consequences" for unpaid carers and have resulted in patients with high care and support needs being discharged into the community before carers' needs assessments have been undertaken. We urge the Welsh Government to look into this issue and conduct an assessment of the impact of D2RA on unpaid carers and consider whether discharge guidance needs to be updated as a result.

# Annex 1: List of oral evidence sessions.

The following witnesses provided oral evidence to the committee on the dates noted below. Transcripts of all oral evidence sessions can be viewed on the Committee's website.

| Date | Name and Organisation |
|---|---|
| **27 March 2025** | **Professor Jon Glasby,**<br>Academic<br>**Professor John Bolton,**<br>Academic<br>**Charlie McCoubrey,**<br>Leader of Conwy County Borough Council and Welsh Local Government Association Spokesperson for Health and Social Care<br>**Jennie Gebbie,**<br>Deputy Leader and Cabinet Member for Social Services, Health and Wellbeing, Bridgend County Borough Council and Welsh Local Government Association Spokesperson for Health and Social Care<br>**Lance Carver,**<br>Chair of the Association of Directors of Social Services Cymru and Director of Social Services, Vale of Glamorgan County Council<br>**Jason Bennett,**<br>Chair of All Wales Adult Service Heads and Head of Adult Social Care and Vale Alliance<br>**David Solely, Principal Manager, Lead Commissioner,**<br>Denbighshire County Council<br>**Jennifer Winslade, Director of Nursing,**<br>Aneurin Bevan University Health Board<br>**Gethin Hughes, Chief Operating Officer,**<br>Cwm Taf Morgannwg University Health Board<br>**Cath Doman, Director of Health and Social Care Integration,**<br>Cardiff and Vale Regional Partnership Board |
| **3 April 2025** | **Faye Patton, Policy and Project Manager,**<br>Care & Repair Cymru |

| Date | Name and Organisation |
|---|---|
| | **Alicja Zalesinska, Chief Executive,**<br>Tai Pawb<br>**Johanna Davies, Head of Health and Social Care,**<br>Wales Council for Voluntary Action<br>**Melanie Minty, Policy Advisor,**<br>Care Forum Wales<br>**Sanjiv Joshi, Treasurer,**<br>Care Forum Wales<br>**Rob Simkins, Head of Policy and Public Affairs,**<br>Carers Wales<br>**Kate Cubbage, Director,**<br>Carers Trust Wales |
| **7 May 2025** | **Dawn Bowden MS,**<br>Minister for Children and Social Care<br>**Jeremy Miles MS,**<br>Cabinet Secretary for Health and Social Care<br>**Shelley Davies, Deputy Director Futures and Integration,**<br>Welsh Government<br>**Taryn Stephens, Deputy Director Social Services Improvement,**<br>Welsh Government |

# Annex 2: List of written evidence

The following people and organisations provided written evidence to the Committee. All Consultation responses and additional written information can be viewed on the Committee's website.

| Reference | Organisation |
|---|---|
| **HD 01** | Stroke Association |
| **HD 02** | Tai Pawb |
| **HD 03** | Age Connects Morgannwg |
| **HD 04** | Carers Trust Wales |
| **HD 05** | Chartered Institute for Housing Cymru |
| **HD 06** | Older People's Commissioner for Wales |
| **HD 07** | Age Cymru |
| **HD 08** | Royal College for Nursing Wales |
| **HD 09** | Llais Cymru |
| **HD 10** | Wales Council for Voluntary Action (WCVA) |
| **HD 11** | Crisis Cymru |
| **HD 12** | Fair Treatment for the Women of Wales (FTWW) |
| **HD 13** | Audit Wales |
| **HD 14** | Welsh Local Government Association |
| **HD 15** | Welsh NHS Confederation |
| **HD 16** | National Autistic Society |
| **HD 17** | British Geriatrics Society |
| **HD 18** | Alzheimer's Society |
| **HD 19** | Care & Repair Cymru |
| **HD 20** | British Medical Association Cymru Wales |
| **HD 21** | HC-One Wales/ Cymru |
| **HD 22** | Carers Wales |

| Reference | Organisation |
|---|---|
| **HD 23** | Platfform |
| **HD 24** | Royal College of Occupational Therapists |
| **HD 25** | ADSS Cymru |
| **HD 26** | BASW |
| **HD 27** | Care Forum Wales |
| **HD 28** | Royal College of Physicians |