

HDP02

Ymchwiliad i brosesau ryddhau o'r ysbyty

Inquiry into hospital discharge processes

Ymateb gan Chartered Institute of Housing Cymru

Response from Chartered Institute of Housing Cymru

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# Hospital Discharge processes

## CIH Cymru inquiry response

The Chartered Institute of Housing (CIH) is the independent voice for housing and the home of professional standards. Our goal is simple – to provide housing professionals with the advice, support and knowledge they need to be brilliant. CIH is a registered charity and not-for-profit organisation. This means that the money we make is put back into the organisation and funds the activities we carry out to support the housing sector. We have a diverse membership of people who work in both the public and private sectors, in 20 countries on five continents across the world. Further information is available at: [www.cih.org](http://www.cih.org)

In Wales, we aim to provide a professional and impartial voice for housing across all sectors to emphasise the particular context of housing in Wales and to work with organisations to identify housing solutions.

For further information on this response please contact

## General Comments

CIH Cymru welcomes the opportunity to provide information to the Health, Social Care and Sport Committee as it undertakes an inquiry into hospital discharge processes in Wales.

Our response is informed by feedback from our members, our knowledge of the housing industry and expertise from our policy and practice teams.

CIH Cymru supports the development of Welsh policies, practices and legislation that aim to address the key housing challenges we face, to improve standards and supply, promote community cohesion, tackle poverty and promote equality. We promote a *one housing system* approach that:

- places the delivery of additional affordable housing at the top of national, regional and local strategies as a primary method of tackling the housing crisis;
- secures investment to ensure the high and sustainable quality of all homes in a sustainable framework;
- improves standards and develops the consumer voice within the private rented sector
- promotes the concept of housing led regeneration to capture the added value that housing brings in terms of economic, social and environmental outcomes;
- recognises that meeting the housing needs of our communities is a key aspect of tackling inequality and poverty;
- ensures that there are properly resourced support services in place to prevent homelessness and protect the most vulnerable;
- uses current and potential legislative and financial powers to intervene in housing markets and benefit schemes;
- promotes consumer rights & tenant involvement;
- and supports the continued professional development of housing practitioners.

## 1. Introduction

1.1 We welcome the opportunity to feed in our evidence to this inquiry focussing on hospital discharge processes. As the membership body for housing professionals in Wales, we know that there is considerable work happening through partnerships between health, housing and social care colleagues that result in people getting home from hospital swiftly, and measures put in place to aid recovery and enhance quality of life. Our evidence is centred around research we conducted about what enables good partnerships between health, housing and social care organisations based on our report “Good Health Brought Home”. We have submitted a full copy of the report in tandem with this response.

1.2 Tyfu Tai Cymru (TTC) is a 5-year housing policy project with a focus on providing analysis and filling evidence gaps to support housing policy progression in Wales. Funded by the Oak Foundation the project is managed by the Chartered Institute of Housing Cymru. TTC works across three key strands:

- Building the right homes to meet demand

- Making sure housing is always a priority for local government
- Demonstrating housing's role in keeping people well and healthy

1.3 In 2019 the Tyfu Tai Cymru project partnered with the UK Collaborative Centre for Housing Evidence (CaCHE) to find examples of services that have been designed and delivered jointly between health, housing and social care. Central to CaCHE are the Knowledge Exchange (KE) hubs which bring together academics, users of research, wider groups and communities to exchange ideas, evidence and expertise. In 2018, following prioritisation exercises in each of the KE Hubs, including the one made up of stakeholders from across Wales, CaCHE agreed a focus on ten priority areas one of which is the interaction between housing, health and social care.

1.4 Tyfu Tai Cymru launched “Good Health brought Home” in Autumn 2019 at the Public Health Wales conference. The [report](#) includes an evidence-based model of six principles which underpin robust and enduring partnerships based on the interviews we held with partnerships detailed in section 2.

## 2. Methodology

2.1 We spoke to fifteen projects who provided the evidence for the principles outlined in this report. The projects deliver a range of services which alleviate the pressure on health and social care by working with people to improve their health and housing circumstances. These include projects working to avoid lengthy hospital stays, provide care at home or within the locality and those offering advocacy and advice to patients and professionals alike. Many of the projects we spoke to are relevant to the issue of improving the efficiency of hospital discharge processes.

## 3. The partnership principles – the necessary ingredients for good partnerships between health, housing and social care

3.1 **Shared analysis of issues and solutions.** The projects we met originated from discussions between individuals from organisations working in housing, health and social care about the issues they were tackling in their work and what they felt needed to be done. They had a joint understanding of the need for a long-term, sustainable solution, and that individually services were not able to make that happen. It was felt that the attitude of people is important, having a belief in the project and the difference it will make. Several people highlighted the importance of conversations that start with “what can we do?” instead of “how much will it cost?” Crucial to this analysis is the views of people with most direct experience – moving away from the “done-to” model of service delivery. Some respondents felt that reaching a shared analysis can be challenging as different organisations have contrasting agendas which may change over time. This analysis and vision need revisiting on a regular basis.

3.2 **Person-centred.** All the projects told us about the importance of involving communities, of the need for services to be designed from the understanding of what people have and what needs are not currently being met. Having this approach means starting with the person and listening to their experiences of what works and what does not. This can mean some radical changes to how and when we deliver services but at times the shift is more minimal.

We met with hospital discharge projects, which have an individual with strong housing knowledge working within the hospital and acting as the “go-to” person for staff and patients to ensure people have somewhere safe and habitable to go to. The housing officer is then able to coordinate with other services such as occupational therapists and access budgets for adaptations. Further examples of this are social prescribing projects, such as those who have staff based in primary care who can signpost and support those people with long term chronic conditions offering options that compliment medical treatment and could ultimately reduce reliance on NHS services.

Other projects recognised the difficulty for some people to access the range of services and overcome people's low expectations of services. Some projects have been set up with a desire to have “everyone

in the room” (including a range of health practitioners, social workers and staff from Job Centres to advise on benefits). This recognises the opportunity to start from where people are and build their trust to eventually access services themselves.

**3.3. Leadership** While acknowledging the creative strength of a group of like-minded individuals working together, people also highlighted the importance of a leader who is willing to take risks to drive through improvements. Some projects we met were spearheaded by senior staff but there are also examples of individuals in less senior positions maintaining the momentum.

In several partnerships an additional factor that proved decisive was when a housing association adopted an enabling role, driving the project management and setting the timetable to then be followed by the statutory agencies.

**3.4 Joint budgets.** All partnerships reflected on the need for resources and finances to deliver the work. Many of the projects we met had one partner providing a larger proportion of the resources. The benefit of each partner contributing financially is the significance this brings to the ambition of the project as each organisation will need to demonstrate good use of resources. In many partnerships it would not be possible to make equal financial contributions but there may be other ways to provide resources. This could be staff time, physical space or facilitating agreements with partners.

Several projects told us they had put together joint funding bids, the projects who had done this noted it was a time-consuming and frustrating process because of the need to navigate the bureaucracy from several organisations. However, those projects which had successfully accessed funding through joint bids talked of the benefit of having been compelled to develop a vision and strategy before having access to the money. An example of possible joint funding is through the Welsh Government’s Integrated Care Fund (ICF). However, the route to ICF through the Health Board meant this was reliant on staff from the Health Board being able to prioritise the application process over other competing demands

**3.5 Shared interpretation of legislation.** The Social Services and Well-being (Wales) Act 2014 sets out the role of Regional Partnership Boards (RPBs) which are made up of representatives from health, social services, housing, the third sector and other partners to ensure integrated services in Wales. The Wellbeing of Future Generations (Wales) Act 2015 promotes the principles of long-term, prevention, integration, collaboration and involvement to help public bodies undertake better planning for the wellbeing of our population and future generations.

Our research found that the RPBs are a really good way to get everyone around the table, and the more formal structure may encourage all the key organisations to work together to provide a holistic service. Some of the projects we met had also used the legislation in other ways to overcome blockages in the system, ensuring that the interpretation is used to create and cement partnerships. As much as legislation allows for creativity, nurturing and initiative we also need to challenge the target-driven culture that can cause short-term box-ticking over delivering services that work for people at the time and place they need them.

**3.6 Recognition of power-imbalance.** For successful partnerships, it is important to acknowledge the power differences even if this is a new discussion between partners. Frequently the difference in size, budget or credibility of one partner means there is an unwritten suggestion of authority held by that partner.

It can be useful to have formal arrangements to tackle the power-imbalance, such as a joint management board with regular meetings. Projects also told us partnerships benefit from recognising that individuals all bring different strengths to the project such as experience, links with communities or enthusiasm. As some organisations (such as Local Authorities) will be expected to become involved in a number of partnerships it is also important to highlight the intensity of effort expected of those sitting around the table.

Power imbalances can also play out through the use of jargon or terminology to exclude people (for example 'wellbeing', 'community connectors' mean different things to different people).

#### **4. Case-studies from projects we spoke to in our report**

4.1 The 2025 Movement is a partnership in North Wales with a mission to end avoidable health inequalities in the region by 2025. It was formed in 2015 in response to figures which showed that people living in areas of higher deprivation in North Wales are likely to live 11 years less than those in other areas. It is made up of senior leaders and practitioners from North Wales Local Authorities, Public Health Wales and the Fire and Police Services, Betsi Cadwaladr University Health Board. Includes a hospital discharge programme working across Conwy and Denbighshire in partnership with Betsi Cadwaladr University Health Board (BCUHB), Conwy Housing Solutions and Denbighshire Housing Solutions and Conwy & Denbighshire at Ysbyty Glan Clwyd to address any housing issues which enable timely discharge from hospital to home, or where necessary temporary accommodation. Cases are managed in compliance with Housing (Wales) Act 2014 legislation and within the clear guidance of the Supporting People initiative.

[www.conwy.gov.uk/en/Resident/Housing/Homelessness/Homelessness.aspx](http://www.conwy.gov.uk/en/Resident/Housing/Homelessness/Homelessness.aspx)  
<https://2025movement.org/>

4.2 Brynteg Road United Welsh Housing Association with Aneurin Bevan University Health Board supports patients in the transition from living in secure forensic psychiatric long-term hospital ward placements back to living in the community. This helps them to develop life skills and move toward resilient independent living, while also creating bed space on wards for those in need and creating significant cost savings for the health board. Brynteg Road was established as part of the In One Place initiative – a collaboration between ABUHB, eight housing associations and the Gwent local authorities which aims to develop and provide accommodation and care for those with Continuing Health Care (CHC) needs for individuals in ward placements that are no longer suitable.

<https://www.unitedwelsh.com>

4.3 Hospital to Home Service, Care and Repair Cymru is part of the collaborative commissioned initiatives between Welsh Government, local health boards and third sector organisations to have a positive impact on helping people get home (as part of preventative work ahead of the winter 2019/20). Care and Repair agencies are working in six of the seven Local Health Board areas with services being delivered from eleven hospitals in Wales, as well as the existing service in Bridgend's Princess of Wales hospital. Caseworkers work directly with patients and clinical teams on wards, having early conversations about improvements needed to a patient's home to enable them to be discharged safely and as quickly as possible, backed by Technical Officers and Home Improvement teams. [www.careandrepair.org.uk](http://www.careandrepair.org.uk)

4.4 Lighthouse Project, Taff Housing Association works with the Royal Gwent Hospital's Discharge Team to set up a service to help patients who had housing-related issues which caused delays to their safe discharge from hospital. The issues may range from the threat of homelessness, welfare benefits not being in place or present housing being unsuitable or not habitable. One of the Lighthouse Project's Support Workers is now permanently based within the Hospital Discharge Team. They work closely with the patient, medical staff, family, and other key voluntary or statutory services in order to reduce 'bed blocking'. [www.taffhousing.co.uk/lighthouse-project/](http://www.taffhousing.co.uk/lighthouse-project/)

#### **5. Further information**

The projects we spoke to are detailed along with the report

<http://www.cih.org/resources/PDF/Wales%20Tyfu%20Tai/0419%20TTC%20PHH%20project%20ENGLISH%20WEB.pdf>