Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

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The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority understood the risks to people across their care journeys. They worked with health partners to ensure people were safe during transitions. Regular meetings took place, both operationally and strategically, to understand and respond to any risks. The local authority and partnerships had recognised where demand on hospital admission was increasing for people aged over 65. They were exploring how their reablement could be adapted to support reduction in hospital admission for this group. The Better Care Fund was used to support this work.

Work was ongoing to support people who were presenting as homeless in the county. There was a perceived increase in complexity of need, including care and support needs and substance misuse. Pathways existed but staff were not sure these were sufficient. The local authority was mindful of the challenges and had dedicated social workers supporting the homelessness team to identify substance misuse issues and support people into accommodation. Services were focused on safety and preventing future needs.

Senior staff and practice development teams reviewed areas for improvement in social work pathways and processes. Specific work took place to improve recording of information to support safety management, including in the importance of current mental capacity assessments and best interest decision making.

Staff took risk positive approaches with people who used services. Risk assessment and contingency planning in conjunction with people who used services ensured a personalised approach that was mindful and supportive of people's lives, priorities, and needs. People indicated supportive transitions from hospital to their communities.

Safety during transitions

The local authority did not have one transition pathway, but each team outlined within their own practice frameworks how transitions were managed. Where a person's care and support needs were stable, their case management transferred to the relevant annual review team. Where a person's needs became primarily health-related, funding and case management would transfer to the Integrated Care Board. Transfers generally involved manager to manager discussions, the option for pre-transfer multi-disciplinary team meetings, joint visits which would include advocates where relevant, and a planned period of co-working if needed. This happened before the case management recording system transfer was completed. People told us that transitions to new staff or teams was well communicated, their wishes and feelings were well considered, continuity of care was maintained, and handovers were robust.

All referrals for local authority adult care services were managed through the Social Care Direct team, which created a robust audit trail and allowed oversight of service activity. This made pathways clear.

The Navigations team supported young people to move from children to adults' services. On average they started working with young people around 15 years old, but were aiming to do this earlier, in line with recognised good practice. This had improved in recent years from starting this work when the young person was 17 or 18. The Transitions Forum, introduced in 2023 highlighted early transition referrals and was having an impact on reducing the referral age, further supporting robust and smooth transitions. People we spoke to had a good experience of young people's transition services. Young people were able to share their wishes and views at multi-disciplinary meetings, supported by staff who respected and included them. Direct payments were being used to provide more personalised services and were seen as helpful in supporting transitions by providing flexibility.

There wasn't anyone in specialist learning disability beds in the county at the time of our assessment. Colleagues at a local health trust described the investment in social accommodation that was responsive to needs in the county through Transforming Care. This supported effective discharge at the earliest opportunity. There were some identified challenges in ensuring there was sufficient accommodation that supported the complex needs of people who were discharged from learning disability specialist beds. The local authority was developing models to support this.

Very few people who were a usual resident of the local authority area were placed out of the county, with the majority of those placed within the region. There was a robust process for agreeing out of county placements. Social Workers or the review teams completed reviews for people placed out of county in person. Commissioning teams reviewed monitoring visit reports and contracts with host local authorities before agreeing out of county placements. They maintained relationships with teams in host authorities to be informed of any concerns arising in provision.

Contingency planning

Plans were in place across adult care services, including for frontline services and the integrated commissioning service, to support business continuity in the case of interruptions to provision of care and support, including for staff, ICT, cyber incidents, and utilities disruptions. Plans had recently been reviewed.

Care home closure and provider de-commissioning protocols were in place which had been used within the 12 months preceding our assessment. Executive Strategy Meetings were utilised to manage serious concerns about provider quality or safeguarding, in conjunction with the practice improvement team.