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 it's role and responsibility in keeping people safe. Staff and leaders had access to case management systems which provided overview and scrutiny of risk. However, these current systems lacked a joined-up, fluid process for sharing information. For example, senior leaders told us knowledge of themes and trends relating to risk was often held by managers of individual teams and there was no overarching system for collating information without approaching teams and requesting submission of this data.

Many of the data systems used by the local authority were not accessible to all staff or leaders. This led to delays in reporting themes and trends and meant proactive risk management strategies were not always implemented in a timely manner. For example, systems used by mental health teams and transition teams could not be accessed by most community-based teams.

Senior leaders had recognised the limitations of the current case management systems and had implemented temporary arrangements to mitigate the impact of the monitoring processes whilst a new case system was sourced. Staff and leaders told us there were clear processes for monitoring referrals and assessments, including reactive risk management of waiting lists by clinical leads to support those at higher risk in a timely manner. A new case management system had been purchased and was at implementation stage during this assessment. Feedback from partners showed the interim arrangements were effective, and leaders demonstrated they had an oversight of safety in the system, but the new systems will make data easier to find and quicker to interrogate.

Partnership working and joint policies and processes with health, voluntary and charity organisations enabled the local authority to share the responsibility for supporting people through their care journey whilst enabling a more proactive risk management approach to people's needs. Partners told us risks were mitigated through joint working around early intervention, promoting independence and advocacy; this included strong links with emergency duty teams across the local ICB. We heard how safety was a key focus of partnerships, through the Health and Wellbeing Boards and Safeguarding Partnership Board. We heard about how safe pathways was a topic often focused on, such as readmission to hospital or health partners collaborating with the local authority to develop toolkits around self-neglect.

Safety during transitions

The local authority worked closely with partners to ensure peoples' care journeys were safe and to promote continuity of care provision. We saw evidence of safe arrangements for hospital discharge. The local authority had introduced a Home First model and discharge team, based at the hospital, who worked jointly with health professionals to provide holistic short-term support at the person's home for up to 2 weeks; at the end of the 2 weeks people requiring ongoing support would be transferred to a suitable community care provider.

Staff and partners told us there were multiple hospital discharge pathways to ensure peoples' needs were met in the most effective way. For example, discharges to long-term care services such as care homes were supported differently to Home First discharges and involved community assessment teams as well as care providers, and occupational therapy and sensory teams.

Leaders told us quality assurance processes and processes for the secure sharing of peoples' information with partners had a significant positive impact on reducing waiting lists and had improved proactive planning for increased service demands, reducing the risk of unsafe discharges. For discharges from mental health hospital, we heard how staff worked with health partners to plan care and there was an integrated approach to ensuring a smooth and safe pathway from hospital. We heard about joint working and effective communication and planning where people were discharged with jointly-funded packages of care where applicable.

Transitions from child to adult services were led by children's services, with staff from adult services as well as multidisciplinary teams from health and community services incorporated into the teams. Staff told us this approach allowed a more flexible transition between services for young people, with transitions taking place at the end of education provision rather than at 18 years old. However, leaders recognised this created uncertainty for people close to the younger person and made preplanned transitions more difficult to predict and resource for adult teams.

Leaders told us they were reviewing the transitions process to improve safety and outcomes for young people following feedback from people receiving care and support. For example, staff told us they were looking at ways to make the transition process more inclusive for young people and their families, to promote independence and improve support networks around the person going through transition.

People told us transitions between child and adult services were planned, set at the pace of the person receiving support, and reviewed regularly. Those assessed as no longer requiring formal support were signposted to community services and information to enable them to live independently. People we spoke to told us they had named key workers during transitions which made them feel safe and encouraged inclusive processes. Staff described working with young carers when preparing them for adulthood, we heard how young carers were involved in assessments and there was a young carers champion within the team to support assessment and care planning around their needs. However, there was not a consistent pathway for staff to follow when young carers transition to adulthood, which showed further work would be required in this area.

We saw systems were in place to monitor and support people using services which were located away from their local area. These services were only used if they were in the best interest of the person, for example due to personal choice or because specialist support was required. Leaders told us they were reviewing the service provision locally to encourage more options for people who wished to remain in services locally. For example, new supported living services and shared lives options had been approved to support people with a learning disability and people with mental health needs.

The local authority had a process in place for people who were in privately funded care placements where their capital has fallen below the threshold for local authority funding. There was a process staff followed and we heard how staff used a risk tool to consider best options for the person, based on their needs and any risks, to ensure this pathway was a safe one.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support.

We saw joint quality assurance processes across the local authority and ICS which enabled senior leaders to monitor for provider failure and intervene with support and guidance in a timely manner where appropriate. Commissioning processes ensured a variety of options were available through a mix of block contract and spot purchasing offers. These processes included decommissioning arrangements and safe transfers to new service providers.

Programmes such as the Winter Care Fund, which were jointly funded with health partners, allowed the local authority to consult with the local community and to plan resources for future demand. For example, the local authority was currently working with providers to improve capacity and skills of the local workforce to support for people with complex dementia needs and reduce the need for out of Borough placements.

Staff and leaders told us there was a robust civil contingency plan in place to allow staff, working with partner agencies, to respond effectively to different scenarios. For example, during flooding in January 2024 several vulnerable people had to be found temporary accommodation. The local authority's pre-planning and clear lines of joint responsibility allowed staff to quickly coordinate placements and reduce the risk to people living in flooded areas.
