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 had a good understanding of the risks to people across their care journey and worked proactively with health partners and other organisations to ensure systems to keep people safe during transitions were effective.

There were clear cross service protocols in place in relation to ensuring that when people moved from one service to another this was done in a safe way, including the escalation process where risks or problems were identified. In addition to this there were partnership agreements in place for specific situations. For example, a clear policy in relation to Continuing Healthcare funding and an agreement in place with the mental health trust regarding the transition of young people with mental health needs to adult services. Relevant policies and agreements included risk management and information sharing arrangements.

The local authority had clear guidance in place for staff with regard to the sharing of personal information in ways that protected people's rights and privacy. The local authority and health partners had safe shared IT access to people's care records which supported accurate information sharing and shared risk management.

Safety during transitions

The 0-25 Together team is a joint team comprising frontline staff from Children's and Adults social care teams. This is the team who support young people transitioning from children's to adult social care. Staff told us that planning for transitions to adult services usually started when the young person was 14 years old, and the aim was for them to have moved to adult services by the time they were 25. They felt that this longer period of time for staff to get to know the young person enabled them to fully understand their needs. In addition, they felt that it was best to transition people to adult services at 25 rather than 18 years of age as by then other transitions for people had usually already happened, such as leaving school or college and possibly leaving home and living more independently. Staff told us about working creatively in order to maintain stability and continuity of care for young people transitioning to adult services. For example, the use of direct payments to enable a young person to continue to be supported by a provider who was not on the local authority's adult's framework of providers but who was able to continue to meet the person's needs as they moved into adult services. Staff were also positive about the recent addition to the team of a Preparing for Adulthood practitioner.

The Transforming Care team worked closely with commissioners to develop bespoke services where necessary for people moving from long stay hospitals into more individualised services. They told us about the importance of building effective relationships with providers and staff in other local authorities where people were placed out of Hertfordshire. This was in addition to local authority staff remaining responsible for visiting the person placed out of county as a way of assuring the quality of the service provided and to ensure it continued to meet the person's needs.

The integrated hospital discharge team worked effectively to ensure that there were safe transitions for people moving out of hospital. The discharge to assess model worked well and partnership working was in place to ensure that minor equipment was in place prior to someone returning home.

Contingency planning

The local authority had contingency plans in place to ensure preparedness for possible interruptions in the provision of care and support. These were clear and ensured that there were plans in place to respond to different scenarios, such as another pandemic or major loss of utilities. They included information about where partnership working was required. The plan had been reviewed in 2023 and was clearly kept under regular review.

There was a specific contingency plan in place with regard to adult social care provider failure. This had been implemented successfully in 2023 when a provider of a large service closed this with short notice.
