Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

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 and recognised the impact lengthy waiting lists for services had on people. Staff felt services were tightly resourced, and there were a lot of referrals and not enough staff to get through them. For internal adult social care services, waiting lists were regularly reviewed and reprioritised to manage risk. Waiting lists contributed to confusion and administrative burden for other organisations, who felt unclear about progress or allocation.

A voluntary sector provider told us that they felt that local services were disjointed and that they often supported people beyond their befriending remit because there was no one else to provide support for them. They told us that in particular, people found mental health services difficult to engage with and there was insufficient aftercare post discharge leaving people vulnerable to further crisis. Further work is needed by the local authority to understand this.

The hospital discharge team worked well in partnership with health colleagues to ensure people were discharged promptly. The discharge team staff worked onsite at local hospitals twice a week to support joint working and information sharing. There were regular commissioning and strategic meetings to share information about challenges and risks related to hospital discharge. However, some care providers felt there was not always good communication between wards and the local authority hospital team when care packages were starting back up in relation to a person's discharge. The number of out of borough placements in Ealing from hospitals within the borough may have made communication with provision challenging. Conversely, some providers felt communication was prompt regarding care package suspensions on admittance to hospital.

There was a good understanding among professionals in the borough about young people's transitions to adult services and the transitions processes. Staff told us that partner agencies referred young people to them where they may not already be known to the local authority's children's services. Good communication between partners, including health services, allowed for timely and effective planning and access to funding that best met young people's needs. Where there were funding disputes, the local authority continued to provide funding and services until the dispute was resolved, ensuring young people were not left without services.

The out of hours emergency duty team in Ealing was a shared function with the London Borough of Hounslow and supported children and adults. All permanent local authority staff were Approved Mental Health Practitioners (AMHPs) ensuring people's mental health concerns were well supported within the provision. The team was supplemented by staff with 'as and when' contracts to support service continuity. Where people presented to the local authority during out of office hours from other boroughs, staff had good relationships with most borough teams to manage the contact and support requirements. There was an overarching expectation to share information between local authority out of hours teams. Staff were clear on actions to be completed following transfer between daytime teams into out of hours services, ensuring that people's care and support was not disrupted.

Partners told us about the local authority's efforts to reduce demand for hospital admissions and support bed capacity or availability in hospitals, including spot purchasing and temporary beds in care homes to alleviate pressure, specifically for mental health patients. Some staff told us that they felt the lack of bed availability in hospital was impacting on people's safety. For example, staff described being dispirited by having to work with families to understand and accept hospital admission following mental health assessments, only to have to reassess people at a later stage due to lack of a hospital bed. Commissioning of mental health beds is a NHS responsibility and thisgap in NHS services affected the local authority's ability to effectively support Care Act principles about wellbeing, safety, and the implementation of appropriate community care to meet needs.

Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy. Children's and adults' social care staff had access to the same shared system, supporting effective transition and safety for out of hours contacts. Where appropriate, staff had access to mental health systems, including the out of hours team, which was beneficial, while supporting people's privacy.

Safety during transitions

Staff described daily and weekly allocation approaches to supporting hospital discharge in locality teams. There were arrangements in place to support transition from hospital, such as care home beds and the bridging service, that supported the "Discharge to Assess" model, allowing for further understanding of people's long term care needs after leaving hospital. Bridging and reablement teams worked effectively in partnership with the NHS' rapid response and home first teams to support people throughout hospital and community transitions. There were recognised workforce pressures on this team from both staff and partners, exacerbated by increased demand.

Where there were concerns about people's needs who wanted to leave hospital but had not been medically discharged, staff described robust safety management and consideration of mental capacity. Care packages could be put in place to support people if needed. There were options available over the weekend to support safe hospital discharge.

The local authority told us they attended discharged escalation meetings facilitated by health partners to review situational and trend delays at the local hospitals.

The local authority and partners recognised rising homelessness in the borough. This affected hospital discharge when people did not have a home to be discharged to. Staff told us that delays in sourcing housing further affected discharges. Partners described a housing link worker and 'home and settle' services that were in place to mitigate these challenges. Further work was underway with housing and health partners to clarify and improve safe discharge pathways for this cohort of people.

Supporting safe hospital discharge was a priority for the equipment contract provider. However, there was mixed feedback from some staff whether delays in the provision of equipment and alarms had disrupted discharges and meant they were potentially unsafe. Staff told us it was sometimes easier to access higher cost items than much lower cost items which were not on the approved list of equipment. This resulted in longer wait times for relatively minor equipment that would reduce need and ensure people were able to return home quickly and safely. The local authority advised that contingency measures were in in place to support discharge-dependent equipment, including the introduction of local stores during recent months of instability in the supply chain servicing a pan London equipment contract servicing a pan London equipment contract. Local authority commissioners considered that the majority of equipment issues were resolved and had been due to transition between equipment providers and a nationwide data breach impacting the providers reporting systems.

There was an occupational therapist available at hospital to support and facilitate safe discharge following an in-hospital assessment. Additional support was arranged through the voluntary and community sector, for example using a local voluntary organisation to fit key safes and other minor adaptations to enable safe discharges. One individual we spoke to described the hospital discharge process positively. They had been able to get timely access to equipment and their care package changed quickly in response to their changing needs, leaving them safe and supported.

There were clear processes for supporting young people at whatever stage the local authority became aware of the need for transition support. The local authority supported most young people to prepare for transition to adults' services from aged 14, in line with recommended best practice. Through relevant partnership engagement and panel decision making, the service aimed to support young people and their families to understand the services available to them from the earliest stage. Commissioning staff were involved in supporting provision to meet the needs of young people as they were going through the transitions process and to plan for future provision. The transitions team worked to raise awareness of the transition process across education and other relevant services to reduce numbers of young people not known to children's team. Transitions staff described working with families and providers at an early stage to understand available provision and how it differed from children's focused provision, including respite provision. There were clear touch points throughout the process that supported progression, including with community teams.

There was mixed feedback from people who experienced young people's transitions services. Some felt that this had not been smooth, and though they felt they were respected and listened to, communication needed to improve as they didn't feel they got enough information. Local authority staff told us of the way their processes had improved to communicate with people at key points within the transitions process. Others felt happy about the process and were pleased that adults' and children's social workers were clearly working together. Some staff felt more services for young adults, such as 18-25 wards or respite services, would improve young people's experience of safety and wellbeing during transitions. This concern was being addressed by the local authority with the recent commissioning of additional respite services for young people.

Not all staff in adult services were clear on their role in identifying young carers. Where young people were carers, it was not clear how local authority services supported their transition to adult carer services. A partner organisation told us young carers were worried by the transition to adult services.

Pre-placement checks took place for all people whose service was commissioned from outside of the borough. This included an understanding of the quality of the service (via CQC rating) and risk assessments. There were good working relationships between safeguarding and out of hours teams and other boroughs to share information regarding incidents related to people outside of the borough. We were told there were further arrangements in place to assure the safety and wellbeing of people placed out of borough, for example the local authority had established safeguarding 'provider concerns protocols' with other local authorities for responding to safety concerns in care services outside of their area. They had developed a quality check form with host authorities to help address this. They also worked within the London ADASS Network for communicating provider suspensions due to safeguarding or provider concerns.

Contingency planning

Staff were not clear how they would respond if equipment broke down in someone's home outside of core hours. Staff reflected that this hadn't been an issue previously, and it was not clear what protocol was in place. Staff told us they expected safety plans to have been completed for all equipment in people's homes, however it had not been tested. Staff indicated that they would usually put in additional care, including possible hospital readmission or care home bed use, if significant. Leaders told us they were assured that all equipment is labelled with what to do if the equipment breaks, including the equipment providers emergency number and that issues would be escalated to social workers if contingency arrangements were required.

The local authority had contingency plans in place to mitigate care providers' business failure, which were periodically tested through scenario planning in conjunction with the corporate emergency management team. The policy included clear roles, responsibilities and actions for staff through a bespoke risk incident response team. This was effectively used in 2023 as part of a planned care home closure, supporting the provision of alternative placements for 17 people funded by the local authority. The local authority's policy and contracts required providers to have robust and reviewed business continuity plans. We were told these were checked by the local authority as part of their contracts and compliance monitoring.

The local authority relied on agency workers to support with staff shortages. We were told this was particularly high in the reablement and transitions teams. The local authority's workforce strategy in 2022 estimated that one third of their adult services workforce was agency, this had increased over recent years. A quarter of agency staff had been in Ealing for over 2 years, which did provide some stability. The local authority was clear that all staff, regardless of their employment status, had access to the same training, role expectations, and support. There remained, however, a risk that local authority services would not be sustainable at potentially short notice if agency staff were to leave. Agency staff had been clear that they could not make the move to permanent roles due to the expected drop in pay. A recent benchmarking exercise had improved the pay offer for manager roles, which resulted in all roles being filled by permanent staff. The local authority had developed and recruited to more non-registered social care assistant roles to give stronger contracted balance to the workforce. Further actions were being developed at the time of our assessment.

Leaders told us that continuity plans relating to incidents affecting delivery of Care Act functions were in place, and that business impact assessments for core and critical services were being refreshed at the time of our assessment.