Safe systems, pathways and transitions

Indicative score:

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

The contracts team used a quality monitoring framework to ensure commissioned services were delivered safely and in line with their contracts. They assessed quality under 5 key areas: assessment and care/support provisions, staffing, safeguarding, equality and diversity, involvement, and empowerment. Staff told us that visits were prioritised on a risk-based system. Clear guidance was available for staff to follow in the event of a care provider failure or closure to ensure the safety of people.

The 'Nottingham On Call' website, provided advice and support for people over 24 hours following falls, accidents or if people felt unwell. A personal care alarm system was offered with staff able to respond to concerns in person if required.

The entrance to local authority services was through its contact centre. This team had recently moved into the corporate directorate called 'Customer First' from adult social care and feedback from staff was they felt somewhat adrift following this. Senior staff confirmed that there continued to be professional adult social care oversight of this area for staff to be supported, but there was further work to do to clarify and ensure professional lines were embedded.

Staff told us about some challenges in terms of the system and pathways in Nottingham between teams, with some teams having complex criteria and stronger gatekeeping in terms of whether they accepted referrals or not. Some teams felt they did not necessarily have the skills or knowledge to work with people, yet some referrals were not taken by other teams, which meant that people "fell between the gaps". However, staff told us they generally worked well together individually, with good working relationships. Feedback from the local authority's senior staff was that the development of specialist lead roles was intended to address gaps in skills and knowledge across staff teams.

The Whole Life Disability team worked primarily with children to transition at the age of 17 to adult services. As a young person turned 17, an adult's worker buddied up with a children's worker to arrange an assessment, care plan and services, so that this was ready at age 18. Senior staff told us feedback received was that this worked well. However, we received some mixed feedback about this where some staff told us they felt the work needed to be commenced sooner to give enough time to plan and make the transition smooth. For example, direct payments were not always able to continue in the same way when people reached adult services as they had received as children. For one young person's case we reviewed, we found there was evidence of some good practice in areas such as working with health partners, but their assessment of mental capacity was insufficiently detailed.

Staff told us that, at times, competing models of health and social care prevented holistic work from being carried out. For example, one barrier identified was that the services provided at night through the discharge to assess service were lacking, which could affect maximising people's independence. Also, the resources for younger people who needed short-term rehabilitation were either unavailable or unsuitable.

Young people with mental health needs were not always supported in the same way as adults, as funding differed. Staff explained that it could be challenging to manage expectations as this was not always made clear before young people came across to adult's teams, and that improvements could be made to prepare them. It was felt health services also needed to take some responsibility in doing this. Staff told us the majority of those in transition were also 'looked after' children so the trauma they may have experienced in childhood, with less support as an adult, could be particularly difficult for staff to manage.

Data sharing between health and social care was one area that still needed to improve, to prevent the need for people to repeat their stories to professionals and provide continuity between services.