Care Quality Commission

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

1. The Senior Leadership of the local authority were very clear people being safe was the key priority. The local authority understood the risks to people across their care journeys and there was strong partnership working to facilitate safe transitions of care in most cases. Risks were identified and managed proactively; the effectiveness of these processes in keeping people safe was routinely monitored.
2. The local authority recognised how stretched the hospital discharge approach had been, and they had used data to understand how best to support this area. They had reflected on the aged over 65 population with increasing needs and considered how to support in the community to reduce readmissions to hospital. The views of people who use services, partners and staff were listened to and considered.
3. The joint commissioning of services, and the close partnership with NHS teams to keep people safe meant policies and processes were aligned with other partners who were involved in people's care journey. These partnership arrangements ensured there were safe pathways for people when moving between hospital and home and enabled shared learning and drove improvement.

There were robust Information Sharing Protocols, which reflected General Data Protection Regulation requirements to keep people's information safe. The different systems used by the NHS and Hounslow borough Council, created barriers to sharing personal information safely, securely, in a timely manner, and in ways which protect people's rights and privacy. Where the authority worked in multi-agency settings, arrangements had been put in place to safely overcome these difficulties.

Safety during transitions

1. Care and support were planned and organised with people, together with partners and communities, in ways which improved their safety across their care journeys and ensured continuity of care. This included referrals, admissions, discharge, and where people were moving between services.
2. Staff told us there were very few failed discharges following hospital admission. They stated this was due to the effectiveness of the 'Pentagon' Discharge Hub, which included representation from Reablement services to identify correct discharge pathways and services.
3. The use of the Better Care Fund was being reviewed alongside a wider Out of Hospital Service Review being undertaken by the ICB. The Bridging Care Service was developed following an allocation of funding from the ICB in 2023/2024 for the Adult Social Care Discharge Fund. It was used to address the risk of unsafe discharges, or delays to ensure smooth transfers back home.
4. Carers told us, the transition from child services to adult services was not always smooth with different social workers being involved at different times. In Children's services people had an allocated social worker, however, once in adult services, people were only assigned a social worker in relation to a specific request for review or support, and then their cases were closed.
5. The Independent Futures team was set up to provide support and manage assessments for young people transitioning from Children’s to Adults services and inherited a backlog of young people waiting for assessment. Since September 2023, a plan had been implemented to reduce the backlog of young people aged 18-24 waiting for an assessment. This plan was also to standardise the scoring of risk/prioritisation of cases, and to improve the effectiveness of the assessment process. There was a recognition of the impact of waiting for an assessment, so the team had developed a 'Welfare Caller' position. This ensured regular contact had been maintained with those people on the waiting list, with an ongoing consideration for prioritisation.

6. Young people were reviewed at 14 years by Children's services and picked up by the Independent Futures team at 17. There was a real focus on improvements to support good transitions for young people moving from Children's to Adult Social Care services. Individuals were referred to the team via a panel, and referrals were triaged. Where urgent action was required, these would be assigned immediately. Otherwise, they would be contacted, and their case kept under review until a worker was available. The team ensured work was being carried out prior to a person's 18th birthday.
7. There was a detailed process to show how staff would work together to provide a supported transfer for people when they move from one local authority area to another. This considered the person's needs, and ensured continuity to protect the safety and well-being of people using services which are located away from their local area.
8. Partners told us Hounslow worked well across many different partners and tried to bring everyone together to solve/discuss issues and concerns.

Contingency planning

1. The local authority had multiple contingency plans to ensure preparedness for possible interruptions in the provision of care and support. They had not needed to use any of them in the 12 months prior to our assessment but knew how they would respond to different scenarios if they arose. Plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing. The close working relationships between commissioners and providers meant they were less likely be unprepared if providers went into financial or staffing crises and could work to minimise the impact this would have on people who used those services. They held seasonal preparedness meetings.

2. Providers recalled during the COVID-19 pandemic, additional support was made available easily to support providers, services, and staff. They had a high degree of confidence in the local authority's ability to deal with challenging and unexpected situations.

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