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 risks were identified and managed proactively. The effectiveness of these processes in keeping people safe was routinely monitored. Senior leaders told us safety was a priority for everyone. The views of people who used services, partners and staff were listened to and considered.

Policies and processes about safety were aligned with other partners involved in people's care journey. This enabled shared learning and drove improvement. Information sharing protocols supported safe, secure, and timely sharing of personal information in ways which protected people's rights and privacy.

National data showed safety statistics in North Tyneside were in line with national averages. For example, 88.33% of people who used adult social care services said those services made them feel safe. This showed no statistical variation to the average for England of 87.82% (ASCS 2024). Similarly, 81.63% of unpaid carers said they felt safe, showing no statistical variation to the England average of 80.93% (SACE 2024).

North Tyneside's Corporate Risk Register held oversight of adult social care concerns and the actions taken to mitigate strategic and operational risks, and was subject to scrutiny by senior leaders, cabinet members and independent partners. Risks to adult social care service delivery were managed at a departmental level through quality assurance and governance processes, including the recording of mitigating actions and the use of prioritisation tools to analyse and triage concerns.

Oversight of risk across all adult service provision included Risk Enablement Panels where staff and leaders could seek advice and support where there was significant or perceived substantial risk to people accessing services, unpaid carers, members of the public, or staff. Senior leaders ensured management oversight of risk through their Legal Gateway Panel.

Staff and leaders told us there were processes in place to ensure risks were monitored and people were kept safe across their care journeys. Front-door services were used as first contact and triage support, offering advice, information, and equipment, reducing waiting times and preventing and delaying the need for longer-term support. Jointly funded crisis-support teams, including out-of-hours services, ensured immediate needs and low-level support services were accessed quickly and effectively.

Partners told us there was an effective jointly agreed hospital discharge policy, with local authority teams co-located and working with hospital discharge teams. Care Act and occupational therapy assessments were completed by Care Point social workers and Community Wellbeing Officers for people new to social care or allocated to frontline teams if they were already known to adult social care.

The local authority had link workers for specific wards, attending regular multi-disciplinary ward meetings and enabling strong relationships with health partners. Trusted Assessors were employed to ensure effective discharge via direct referral to the Reablement Support team, providing the equipment and community support needed to improve people's outcomes and reduce the likelihood of hospital readmissions.

Staff explained how 'Waiting Well' and 'Staff Huddle' processes, both at the front door, and in frontline teams enabled daily risk rating of waiting lists base on multiple intersectional factors such as immediate concerns, informal support available, and length of time waiting for assessment.

Senior leaders told us mental health support included well-coordinated hospital discharge planning including Dynamic Support Register review meetings and Care Treatment reviews to ensure people experienced safe and sustainable returns to community settings.

Safety during transitions

People told us North Tyneside co-produced, planned and organised how to meet their care and support needs, together with people, partners, and communities. This was done in ways which improved their safety across their care journeys and ensured continuity in care. However, feedback on transitions, where people moved between services, was mixed.

People said the quality of support available for young people transitioning from children to adult services was sometimes dependent on which frontline worker was supporting them. People we spoke with suggested social workers should be enabled to meet and engage with families at an early stage to develop trust and confidence before taking over people's assessments and transition processes. Feedback specific to young people with learning disabilities highlighted gaps in support around finding employment and travel training programmes.

People told us of confusion about the assessment process for the transition between services after the initial 6 weeks support offer into longer-term support, leading to delays in packages of care and lack of involvement in decision making around which providers supported them.

Partners told us the local authority had established an Adult Carers Pathway for young carers and older children who provided care. Staff conducted carers assessments for young people nearing the age of 18, including both young carers and those with care needs. This approach ensured continuity of support and maintained a family-centred perspective, allowing for a smoother transition as young people entered adulthood.

Senior leaders told us a commissioned review of all the local authority's transitions processes had identified concerns in the process for hospital step-down to residential services, leading to the implementation of a new, enhanced reablement service and use of extra care provision to improve outcomes for people leaving hospital. In response to the review the local authority had introduced a co-productive Transitions Advisory Group (TAG), as well as the new role of Transitions Lead to improve consistency across all transitions. The Transitions Advisory Group comprised senior managers from Adult Social Care, Children's Services, CAMHS, SEND, and Adults and Children's Commissioning, who provided ongoing oversight, support and challenge to allocated workers and their managers.

The local authority had also recruited more AMHPs, with further positions advertised, to support mental health transitions and aimed to improve information sharing by developing case recording systems to enhance communication between children's and adult services for young people with mental health needs.

Staff and leaders told us specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another. The local authority sought to use out-of-area placements where it was necessary to meet specialist needs or at the request of the person receiving support and their family. All placements of this nature included joint-authority agreements on commissioning, assessment, and reviews, and safeguarding processes, including annual checks, and sharing of information between local authorities. North Tyneside maintained responsibility for reviewing people's needs and all such reviews work carried out face-to-face.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for potential interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios. 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. Funding decisions or disputes with other agencies did not lead to delays in the provision of care and support.

As part of the commissioned report into unpaid carers support the review highlighted people and unpaid carers felt contingency planning as part of their support planning process could be improved. Whilst national data showed more than the national average number of unpaid carers accessing respite services, many unpaid carers told us they had not been offered contingency planning as part of their carers assessment and others shared experiences of lengthy delays before respite and short breaks were available to them.

Senior leaders shared their response to unpaid carers concerns around access to emergency plans. As well as improving access to respite services and changes to improve the uptake of direct payments, the local authority had redesigned assessment pathways to incorporate contingency plans. Staff and leaders told us there had been a relaunch campaign in 2024 of the Carers Emergency Plan Service, including encouraging people to submit emergency contingency plans with the local authority for their future care needs. This was open to anyone living in North Tyneside, regardless of eligibility or access to adult social care.

Providers told us business continuity was an integral part of the commissioning process. The local authority's Provider Concern Process ensured a multi-agency approach to planning for emergency responses to service provision concerns. Plans identified alternative support options for people affected by service interruption or provider failures in a timely way. If people who fund their own care and support were affected by provider failure, the local authority also supported them to make alternative arrangements to ensure continuity of support.

Staff and leaders told us tender processes for commissioned services required providers to evidence their business continuity arrangements. Compliance was verified during quality monitoring visits, and the local authority's Resilience Team offered support to providers, alongside focused discussion at provider forums regarding effective preventative action and continuity responses.

The local authority had clear, council-wide Business Continuity Plans in place to minimise the impact of emergency situations such as loss of information's systems, adverse weather conditions, and issues with staffing levels. In the event of an incident, North Tyneside Council had robust command and control structures in place to support internal and multi-agency response and recovery arrangements. This included a Business Impact Analysis of emergency situations with the potential to impact on adult social care provision.