

Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority collaborated with local people and organisations and used available data from the Joint Strategic Needs Analysis (JSNA) to understand the care and support needs of people and communities. This included people who were more likely to experience poor care and outcomes, people with protected characteristics, unpaid carers and people who funded or arranged their own care, now and in the future.

The JSNA showed that Bracknell Forest had above average life expectancy and healthy life expectancy, but the population was growing and ageing. Whilst most people in Bracknell Forest were white British, there was growing diversity in terms of ethnicity and primary language – including specific Nepalese, Ukrainian and Hong Kongese communities.

People from an Asian background made up 7% of Bracknell Forest's total population and were the largest ethnic minority group. All ethnic groups apart from white British increased in number and proportion in Bracknell Forest over the last decade.

The local authority had strong partnership arrangements with health. We heard they planned to use data extracted from the new hospital discharge and flow dashboard, to support with commissioning of future services to enable timely discharges home.

Market shaping and commissioning to meet local needs

Staff told us market shaping focused on sustainability, managing the risk of provider failure, and understanding evolving needs through data. Strategic procurement plans were aligned with national policies and evolving needs, engaging people with lived experience in service development. They aimed to provide choice and flexibility, including for self-funders and those using direct payments.

Market shaping ensured a choice of services were available for the public to access. Staff told us open bidding processes encouraged and provided opportunities for smaller organisations, which might be offering a more specialist service to a narrower part of the community.

Bracknell Forest is the second smallest unitary local authority in England and has 12 CQC registered Residential & Nursing 65+ care homes within the Borough. A proportion of this capacity exclusively caters to the self-funder market which limited the local authority's ability to access the full capacity within Borough which meant that people who could not fund their own care were more likely to be placed out of borough if not out of area. There was 1 CQC registered care home for adults with learning disabilities in Bracknell Forest. People nevertheless had access to a diverse range of local support options that were safe, effective and high-quality to meet their care and support needs.

Staff told us that where a gap in provision was identified because a person had to be placed out of area to meet their needs, plans were put in place to stimulate relevant provision in the local area as soon as possible, so that people could return to the area if they wished. The new supported living framework had secured some new providers to Bracknell Forest which were anticipated to increase capacity locally to support individuals with a learning disability and autistic people within Bracknell Forest.

National data from the Adult Social Care Outcomes Framework (ASCOF)/SALT (Dec 23) showed that 89.29% of people with a learning disability in Bracknell Forest lived in their own home or with their family, as compared to 80.42% in England on average. This would reflect the local authority's own data which showed 95% of people with a learning disability with care and support needs are in a local setting, the majority of which are supported living. At the time of our assessment there were no individuals with Learning Disabilities or Autism for whom the local authority had responsibility in a hospital placement.

At the time of our assessment 70% of homecare services in Bracknell Forest were rated good or outstanding, and 10% rated requires improvement by CQC. 50% of Nursing homes were rated good or outstanding, 33.3% requires improvement and 16.7% inadequate. 78% of residential homes were rated good and 22% rated requires improvement. 40% of supported living was rated good, and 40% rated requires improvement.

According to National data (ASCS October 2022) 68.81% of people who use services felt they had choice over services which was not statistically different from the England average.

The homecare commissioning framework was co-produced with people who used services. The local authority sent surveys to people who received home care support to gain their feedback and ideas on how to improve support. as key factors. In response to feedback from people who used services that consistency of care worker, timeliness, and good communication were important, the local authority included management of recruitment and retention of care staff, and call monitoring in the contract specification. The tender evaluation included a specific question to address these issues which was scored by a service user panel.

Commissioning strategies were aligned with the strategic objectives of partner agencies. The All-Age Housing Strategy was developed in partnership with all relevant stakeholders including health, housing, adult social care, and providers. Leaders we spoke with demonstrated an understanding of the importance of suitable, local housing with support options for adults with care and support needs, as well as accessible housing that promoted independence for longer, as being key to the success of the early intervention and prevention model. Having so many stakeholders were committed to the strategy meant it was more likely to be successful.

We heard that commissioning took account of recognised best practice. Staff described wide consultation with providers, people who used services, commissioners from neighbouring local authorities and health partners, as well as incorporating best practice guidance into the development of service specifications. They took account of operational knowledge as part of the due diligence process before awarding contracts, such as whether the provider had previously been red flagged in their quality assurance process, and if out of area their host authority was positive about them.

Contract management focused on outcomes and case studies. Operational (social work) teams conducted reviews of whether people's support plan outcomes were being met, including support with medication where this was required, and communicated this with commissioning.

Ensuring sufficient capacity in local services to meet demand

People could access care and support to meet their needs. There was sufficient home care and support available to meet demand where, when and how people needed it. Data provided by the local authority demonstrated that the average time from the Access to Resource team receiving notice of need for a homecare service to identify a provider between November 2023 to January 2024 was 1 day.

The local authority told us the homecare market in Bracknell Forest was plentiful, varied and sustainable. The current Home Care Framework was implemented in 2022, significantly increasing capacity to meet demand. There were no reported waiting times/ discharge delays from hospital due to lack of service availability or capacity.

From November 2023 to January 2024 the average number of days from placement request to identifying a residential home and accepting was 7.3 days and for a nursing home was 6 days. Due to the size of the Borough and the prevalence of self-funding residents in care homes, the local authority met the needs of some people by placing them in neighbouring local authority areas. Some people with more complex needs were provided care and support further away from the local area, due to a gap in local provision.

The local authority distinguished between in/out of Borough and in/out of Area and worked collaboratively with neighbouring authorities across the region in managing the market capacity. 'In area' referred to placements within 45 minutes' drive of Bracknell Forest. In area placements were considered local placements due to the size of the Borough and their proximity to neighbouring Boroughs. There was minimal need for people to be supported in places outside of their local area. For example, the local authority reported that 95% of people with a learning disability were in a care setting in the area. We heard that staff always worked closely to ensure individuals were placed as close to home as possible unless they expressed a preference to move out of area. The main reason the local authority gave for out of area placements was the need for specialist provision. This was particularly the case for adults with a learning disability who required specialist support and people with complex mental health needs. Older adults and others sometimes chose to move out of area, for example, to be closer to family members. We were told that commissioners were continually working with the marketplace to increase capacity locally.

New supported living accommodation for adults with care and support needs, was being built and had the potential capacity to support 20 adults within Bracknell Forest. These individuals would be able to live in their own accommodation with individualised care and support. There was an oversupply of supported living provision, so there were no delays for this type of service. A new supported living framework was pending however, whose specification included measures to enable people to remain independent for longer, would be used.

At the time of our assessment, there was no "Extra Care" housing in Bracknell Forest, where on site care can be provided to people living in their own accommodation. The draft local plan linked to the All-Age Housing Strategy had allocated specific sites for 175 extra care housing units to address this gap. The local authority recognised this was an area for improvement. In the interim, people could be supported in other forms of accommodation by homecare being brought in either according to a schedule or in response to an emergency call. A provider was commissioned to provide both an emergency call system and the necessary response.

The primary offer for carers support were commissioned via voluntary sector organisations who worked directly with carers and using direct payments. Some carers and staff told us there was a lack of residential respite to allow them to take longer breaks from caring, and that the short breaks respite was not flexible enough to meet changing circumstances when meeting need. The respite offer was being reviewed particularly in terms of daytime provision. Commissioners felt there was sufficient residential respite and emergency short term care capacity, which might be used in the event of a carer breakdown. They accepted however that both respite and short-term care might be out of borough, which meant within a 45-minute drive. Commissioners were considering how to move from 1:1 based support in daytimes to maximise use of services and places that are available to anyone in the community.

The national data (SACE) showed that carers in Bracknell were at least as likely to be able to access respite as the England average. 14.29% of carers accessed support or services to take a break from caring at short notice or in an emergency as compared to the England average of 10.76% and 33.33% of carers accessed support or services to take a break for 1-24hours which was significantly more than the England average of 20.08%. 16.67% of carers in Bracknell Forest accessed support or services to take a break from caring for more than 24 hours but this was comparable to the England average.

NHS Frimley Integrated Care Board (ICB) and Bracknell Forest Borough Council (BFBC) had a partnership agreement under Section 75 (NHS Act 2006) for Integrated Commissioning and Delivery of Services 2023-25. This agreement covered how the partners used the Better Care Fund (BCF) for services that worked for the benefit of the whole population and was based on a review of how the BCF had been used in 2022/23. The review looked at the impact of the BCF through performance reports, case studies, and monthly deep dives by the partnership committee. This led to the implementation of a reporting system, trialed in the last half of 2022/23, to improve governance including oversight of progress, metrics, incidents, risks and issues. A more resourced focus around hospital discharge was also agreed, supported by the Better Care Fund 2023-25 and Adult Social Care Discharge Fund 2023-25.

The BCF was used for commissioning and delivery of integrated mental health services, and for a range of services to support early intervention and prevention through integrated services and initiatives.

Ensuring quality of local services

A provider cautions list, relating to care quality and safety and contractual compliance was provided monthly to internal departments such as the Duty Team and Access to Resources team, so everyone could see who was flagged. This list was also shared with neighbouring Local Authorities. A red flag indicated a possible high risk to those using the service, and no new services would be commissioned until concerns were resolved. An amber flag indicated a medium risk, and new packages were only commissioned after a risk management discussion had occurred and agreed by relevant management. The management of this list, and for provider oversight was governed by the Bracknell Forest Care Governance Board.

Due diligence for providers seeking contracts included strict requirements, and ongoing compliance was monitored. Challenges like cyber-attacks were planned for to ensure continuity of service quality. In the 12 months prior to our assessment many services were suspended following the Care Governance Board flagging system. Reasons for suspensions related to serious issues such as unmet risk, safeguarding concerns and enquiries, contractual breaches or an individual's needs not being met. These were identified either by Bracknell Forest, other local authorities or CQC. At the time of our assessment 4 providers were suspended from further placements and 3 considered suitable to place with caution. Only two of the suspended providers were within the Bracknell Forest boundary and might otherwise be used by the local authority to place people.

Staff were able to articulate clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. Contract monitoring policies and procedures were documented, and providers were informed via their contract specifications. Risk was identified according to how much the local authority spent with a given provider, the number of people in the service and whether they were a regulated service or not. Higher risk services, according to these criteria, were reviewed every 6 months, whilst others were reviewed annually. Monitoring took account of information from social work reviews or concerns, safeguarding information, information from other local authorities who also used the same provider, as well as information from the provider.

Quantitative and qualitative data was used to evaluate service provision and identify good practices in supported living and residential care services. Feedback from providers and families helped commissioners to inform service improvement. Annual reviews and regular monitoring ensured service quality addressed concerns promptly. However, not all providers we spoke with reported the same experience of contract monitoring and management, and they felt it depended on which commissioner was assigned to their service. They described different contract reviews which varied from a return submitted by the provider and a telephone call to a lengthy visit and audit of all documentation on site, and observations of care practice.

Staff told us that out of area placement contracts were treated the same as those in area. In such cases, information would also be gathered from the host local authority in respect of commissioning, but that arrangements for Care Act reviews would depend on the distance to the service. Where a person was placed further away, an agreement would be sought with the host local authority to review the placement if possible.

Commissioners also considered services they did not commission with and provided a level of support and access to training to ensure that services available directly to the public in Bracknell Forest, were of a reasonable standard. Training on key subjects such as safeguarding and the Mental Capacity Act 2005 was offered to all providers. Risk management included planning for alerts and monitoring unregulated supported provision. Safeguarding reviews informed provider forums and directed the local authority's interactions with providers interactions so that learning was embedded, and services improved.

Safeguarding adult reviews were shared with provider forums and in direct provider interactions to embed learning and improve services. Training and development focused on co-production, reflective practices, and future leadership, fostering a supportive workplace culture and professional growth.

Ensuring local services are sustainable

The local authority shared benchmarking and sustainability measures with other commissioners across Berkshire, with appeals processes and business case templates ensuring fair cost of care and support for providers. Staff told us where a provider asked for an uplift in fees, they asked the provider for open book accounting to support the request by helping them understand the provider's real costs. Most invoices were paid on time. The local authority monitored payment of invoices and recorded the percentage of invoices paid on time. This data was reviewed at the monthly Finance/Commissioning meeting to ensure consistency so that any anomalies in this data set could be explored and justified. Invoices that were held were reviewed to ensure justification. In April 2024 96.7% of invoices were paid on time and in May 95.65% were paid on time.

Provider forums were held quarterly to allow providers to communicate any concerns or challenges such as recruitment, and learning required such as modern slavery. Providers felt the forums were useful but could be improved to further support providers with issues such as recruitment and retention of staff, for example with job fairs, or international recruitment.

The current supported living framework offered a 3-year contract. The homecare framework offered a 6-year contract. These were efficient and provided stability for providers allowing them to plan.

The local authority told us they worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. This meant they could identify early warnings of potential service disruption or provider failure. The local authority had contingency plans in place to ensure that people had continuity of care provision in this event.

The local authority told us 4 providers had left the market in the last 12 months, giving reasons of financial sustainability, recruitment challenges and in one case a strategic decision to withdraw from the market. The local authority understood its current and future social care workforce needs. It worked with care providers, to maintain and support capacity and capability.

Evidence from national data (Skills for Care Workforce Estimates October 2023) showed that only 35.10% of adult social care staff in Bracknell Forest had started, partly or fully completed the Care Certificate compared to an England average of 49.65%. There were more adult social care job vacancies, all jobs, all sectors at 15.74 % as compared to the England average of 9.74%. Staff in the sector had slightly more sick days on average at 9.54% in Bracknell Forest as compared to 6.24% in England, and there was a significantly higher turnover rate in the Adult social care sector at 42% in Bracknell Forest as compared to 29% in England overall.

Recruitment and retention were identified as a challenge for providers, and local authority said that contract monitoring information and processes fed into discussions with providers about sustainability and uplift processes. The local authority had a workforce recruitment and retention fund which supported market needs, with communication departments assisting in recruitment efforts. The current Home Care Framework supported providers to increase their workforce through recruiting from overseas amongst other measures.

Local authority staff observed a reduction in provider use of agency staff through contract monitoring. The local authority specified that providers should pay the living wage to their staff and ensure that all hours worked were paid, including travel between people for homecare staff. We were told that this was monitored as part of contract management. Providers we spoke with also indicated that this was an expectation, but we were unable to see where this requirement was documented or what data the local authority used to confirm compliance.

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