Bracknell Forest Council: local authority assessment

How we assess local authorities

Assessment published: 16 August 2024

About Bracknell Forest Council

Demographics

Bracknell Forest council in Berkshire is the second smallest unitary authority in England. It comprises the towns of Bracknell and Sandhurst and other smaller urban areas, as well as areas of forest. It had a population of 124,600 in 2021.

Bracknell Forest is within the 10% least deprived local authorities in England. More than a third of the Borough's neighbourhoods are in the 10% least deprived nationally. While none of Bracknell Forest's neighbourhoods are in the 20% most deprived areas in England, there are areas of higher deprivation, particularly within Bracknell town centre. In June 2023, 2,302 Bracknell Forest households were identified to be in fuel poverty.

The gender profile of Bracknell is approximately 51% females and 49% males. The working age population for Bracknell is 66.4% which is slightly above the England average of 64%. Those aged 65 years and over make up 15% of the total population as compared to an average in England of 18.61%. The population is growing, and the proportion of the population who are over 65 is predicted to grow to 22.5% by 2043 78.6% of the population was White British and 7.2% other White, 6.5% Asian (Indian subcontinent), 2.4% Black African, Caribbean, or Other Black, 0.2% Gypsy Roma, Traveller (GRT). This is similar in broad ethnic terms to the rest of the South East. Bracknell Forest is part of the Frimley Health and Care Integrated Care System. The local authority has a Borough-based partnership with other key stakeholders in the Bracknell Forest locality. Bracknell Forest had a conservative administration from its creation as a unitary authority in 1998, until 2023 when it changed to a Labour majority and leadership/administration.

Financial facts

The Financial facts for **Bracknell Forest** are:

- The local authority estimated in 2022/23, its total budget would be **£246,526,000** Its actual spend for that year was **£214,864,000**, which was **£31,662,000 less** than estimated.
- The local authority estimated it would spend **£41,941,000** of its total budget on adult social care in 2022/23. Its actual spend was £ **43,866,000**, which is
- **£1,925,000 more** than estimated.
- In 2022/2023, **20%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2**%. Please note that the amount raised through ASC precept varies from local authority to local authority.

- Approximately **1305** people were accessing long-term adult social care support, and approximately **395** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

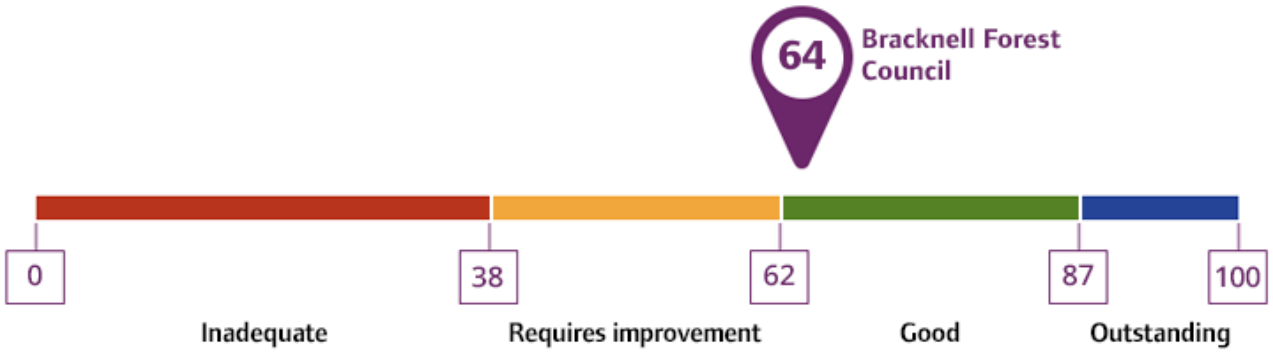
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Bracknell Forest Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives
Score: 2

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 3

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 3

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

Most people could access the local authority's care and support services easily. They could make contact through multiple channels, including online and self-assessment options. 73% of enquiries were dealt with at the point of contact.

Most people did not have to wait for their Care Act Assessment, although people who needed more specialist assessments were more likely to. Most reviews (81%) were completed on time. Carers reported more mixed experiences of assessment.

Most people could access helpful information about care and support easily, but some found the increased online offer challenging which was a factor for some people who told us they could get the information they needed easily.

There were low numbers of people waiting for occupational therapy assessments for equipment and adaptations. Waits for assessments for major adaptations were longer than for minor equipment. After an assessment, over 90% received their equipment within 3 days.

Most people had positive experiences of hospital discharge. We found that it was timely, safe, and effective. People in Bracknell Forest were 3.5 times more likely to be offered rehabilitation and reablement post discharge from hospital. Interventions such as reablement and short-term packages of care, resulted in a better than average proportion of people being able to remain independent for longer when they returned home.

Transitions for people with care and support needs who were moving from childhood to adulthood were not consistently smooth and safe, although young people supported by preparing for adulthood received person-centred assessments and support planning.

Most people we spoke with who had care needs had a choice and were satisfied with the care and support they received. Carers were less satisfied and spoke of limitations on the respite and short breaks offer. More people paid privately for additional care and support or to top up the local authority package than elsewhere. There were however, no notable delays for packages of care after an assessment of need. People who needed residential or nursing care were more likely to be placed outside the Borough boundary. People with complex needs were more likely to be provided with care and support outside the area.

The uptake of direct payments as a means of receiving support was higher than average for older adults and carers, but lower for adults aged between 18-64. Not everyone found the direct payment rate sufficient to recruit and retain personal assistants. There was however a good support service for people using direct payments.

There was a strong integrated offer to support wellbeing in Bracknell Forest, such as the Happiness Hub. Preventative services provided by the local authority and partners had a positive impact on well-being outcomes for people who might have care and support needs.

The feedback we received from carers was mixed and generally less positive, although some people did report good experiences. Most carers felt safe, but the proportion was lower than the national average.

Where concerns were raised about people who had may have experienced abuse or neglect, these were responded to without delay. There were low numbers of Deprivation of Liberty Safeguards (DoLS) applications waiting for assessment, and the average wait was 43 days.

People in Bracknell Forest were given opportunities to be involved in developing strategies, and the way that care and support were provided by the local authority. People were listened to, and their ideas shaped services.

Summary of strengths, areas for development and next steps

Bracknell Forest local authority was highly integrated with system partners across the area and had a clear focus on working together with others to achieve the best outcomes for people who lived there.

The local authority was committed to early intervention and prevention and 'home first' as key operational principles. There was a strategic and operational focus on reducing, delaying and preventing needs for long-term care and support, which was effective.

The local authority had recently implemented a new operating model, which provided a central access point for information, advice and assessment. Assessment teams were multi-disciplinary, which meant that health and social care staff worked more closely together for the benefit of people. The local authority had received more compliments since the introduction of this new model, suggesting that people found it to be a positive change.

The local authority did not have access to much residential or nursing care, especially for people with complex needs within their footprint, which meant that many people had to be placed outside the Borough. The local authority differentiated this from being out of area, which was further than 45 minutes' drive away. People with more complex needs were more likely to be placed out of area.

The local authority used data and engaged with the local community to understand its care and support needs. This included understanding of the diverse needs of different groups of people. They recognised that they needed to do further work in this area.

The local authority had a robust commissioning team which actively engaged with providers to ensure that a range of high-quality, diverse provisions were available to meet the community's needs. They worked with partners to ensure commissioning and contracting decisions were based on up to date, accurate information about performance. The local authority had a strong risk management framework for commissioning and care provision.

Bracknell Forest worked collaboratively with system partners which was valued and achieved good results for people. Partners recognised that the local authority worked hard at this. Integration and working together supported safe transitions for people between health and social care. More work was required to ensure that young people, particularly with needs which might not be considered eligible under the Care Act post 18, received the support they needed as an adult.

The local authority had a clear understanding of the safeguarding risks and issues in the area. They worked with partners in respect of safeguarding to reduce risks and to prevent abuse and neglect from occurring. Specific issues included the increase of hoarding and the risk of suicides, for which specific protocols and strategies were in place.

The local authority demonstrated clear and effective governance, management, and accountability arrangements at all levels. These provided visibility and assurance on delivery of Care Act duties. There was strong senior management oversight, both at a strategic and operational level.

The local authority did not currently have consistent data about performance over the last 12 months. The new operating model, whilst still being implemented, was addressing this gap and further data collection and analysis was planned.

Staff at Bracknell Forest were very proud to work there and felt valued and supported. The senior leadership team were visible, engaged and compassionate. The local authority sought feedback and coproduction with people who used services. Whilst this was an ongoing development, they were committed to co-production as a way of planning and working.

Theme 1: How Bracknell Forest Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

Most people could easily access the local authority's care and support services through multiple channels, including online and self-assessment options. The local authority had implemented a new operating model called the Target Operating Model (TOM) in October 2023 to improve the customer journey through local authority services. This new model had a single point of contact called the Hub, for all requests for assessment, whether from the person themselves or someone close to them, or from a professional. All types of referral contacts were brought together in this Hub. There was an online portal which allowed people to make self-referrals 24 hours a day. At the time of our assessment, evaluation of the new system was taking place.

Staff told us the Hub was made up of a skilled multi-disciplinary team, including support coordinators, senior social workers, senior occupational therapists, social workers and occupational therapists. They had the skills and experience to assess needs, signpost, offer appropriate advice and support and put packages of support in place. The team also played a key role in coordinating safeguarding activity when concerns were raised. Feedback from people who used the hub as part of the evaluation of phase 1, showed that more than 9/10 people felt listened to, supported, involved in decisions about them and got what they needed from the service.

Assessment pathways and processes ensured that people's support was planned and co-ordinated across different agencies and services. Most people were assessed by a professional in the Hub team, however referrals for autistic people, people with learning disabilities, or mental health needs would be passed to a specialist team. Requests for longer term placements or care packages were passed to the Adult Community Long Term team. The people we spoke to confirmed that this was their experience.

The local authority was committed to the delivery of a 'Home First', strengths-based approach to assessment and providing support. There was a clear focus on early intervention and prevention. Staff told us that assessments considered the whole person and their environment including the person's physical, mental, and emotional health and well-being. This approach reflected people's right to choose, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. The quality of assessments was audited for assurance and to improve practice where required. These audits, observations of direct practice, demonstrated that staff undertaking assessments were competent to do so.

National Data from the Adult Social Care Survey (ASCS) (October 23) showed that 61.43% of people in Bracknell Forest who were surveyed were satisfied with care and support, and 74.26% felt they have control over their daily life; both of which were similar to the national average.

At the time of our assessment the local authority's own data showed the median average time to respond to an initial contact made to the hub over the last 12 months was 5 days, which had improved under the new model to 3 days. The target time to respond was 2 days. In 2023-24, 73% of issues were dealt with at the point of contact, increasing slightly since implementation to 74%.

In 2023/24 Bracknell Forest local authority received 6445 contacts of which 38.8% were by telephone. From October 23 to the end of March 24approximately 475, or 19% of telephone calls were lost (unanswered) due to reduced staffing capacity. They told us that the target for responding to initial contacts was 95%. Recruitment continued to be ongoing, and some new staff started in May 2024. The local authority anticipated that additional recruitment and the ongoing implementation of their target operating model would improve response time to the target 2 days and reduce the number of lost calls.

Whilst for most people the new operating model delivered effectively, feedback we received from people in Bracknell Forest about access to care and support was mixed.

Some people reported that they did not often speak to the same person and had to ‘retell their story' each time they made contact. Some people told us they had waited a long time for assessments and had not had reviews. For example, one person told us they had requested an assessment for a family member due to a deterioration in mobility in February 2024 and had not received a response. They told us, "I feel abandoned."

We heard some people experienced challenges using the self-assessment questionnaire to request an assessment. One person told us they had completed a questionnaire regarding a reassessment and returned this in October 2023, but after confirming receipt there had been no further contact with the local authority. Another said they had had to submit two questionnaires but were still waiting for an assessment of their needs and that of their partner.

The local authority’s own survey of people in Bracknell Forest, 2023-24 showed the most positive feedback where people who had experience of assessment and care provision, had been assessed by caring, supportive, empathetic, and well-trained staff with good communication skills.

Most people’s experiences of assessment and care planning ensured their human rights were respected and protected, that they were involved throughout in decisions and their protected characteristics under the Equality Act 2010 were understood and were incorporated into care planning. Care and support needs including the need for support with medication and other personal care needs and how these would be met, were identified, and documented as part of this process.

One person told us they had been given appropriate support and that this was reviewed regularly. They said they were very happy with the care and support they received and felt their named worker was very knowledgeable and responsive when contacted.

In contrast, one person said they did not feel listened to in the assessment process and had disputed the information documented. Another person told us that they had a disagreement with the local authority about how a person's long-term care needs should be met. Their relative's needs were being met in a residential setting, but the funding panel declined to support the ongoing placement stating the needs of the person could be met at home. The person and their family did not understand how or why this decision was reached.

Timeliness of assessments, care planning and reviews

The local authority was unable to provide waiting times prior to the implementation of the new model in October 2023. They told us since then, people who contacted the Hub did not have to wait to start assessments if their needs were simple or short term. Those people with more complex needs or who might need 24-hour care would be referred onwards to other teams.

Some people had to wait for an assessment if they had been passed onto a specialist team. Staff told us that staff shortages could impact on waiting times for assessment. At the time of our assessment the Community Team for People with Learning Disabilities had 1 person waiting, with an average waiting time of 19 days since Oct 23. The Adult Community Long Term team had 2 people waiting, an average waiting time of 9.5 days, and a maximum wait of 13 days. The Community Mental Health team for Older Adults had 7 people waiting, for an average of 33 days, and a maximum wait of 53 days.

Staff told us a process was in place to receive referrals securely from various departments and hospitals. Referrals were triaged by senior staff to determine their urgency and to consider any safeguarding concerns as a priority, considering the current level of risk and support in place for the person. Referrals which were prioritised as non-urgent were left for staff allocation when capacity arose. Staff told us managers monitored waiting times and priority levels for people in a variety of ways. Urgent initial actions were taken at the point of contact, pending a complete assessment. They also reviewed waiting referrals and concerns then made management decisions to reflect any change in circumstances; moving cases forward for earlier allocation as required. Supervision was used to provide support and performance manage caseloads.

We heard individuals who presented with a mental health condition were provided with a Care Act assessment. In addition, a duty worker in the mental health team conducted welfare checks to ensure individuals were safe whilst being placed on a waiting list for an assessment. A process was in place to monitor and review cases which were deemed to be out of area, by which the local authority meant more than 45 minutes' drive from Bracknell Forest.

The local authority had identified the reasons behind delays to assessments, and the new operational model was designed to better manage those factors within their control.

Providers told us the local authority were good at promoting independence and keeping people in their own home and preventing readmission to hospital. However, some providers felt the timeliness of assessments post the discharge to assess process was not as consistent. People would be discharged home with a care package for a specified amount of time to support their return. After this time the person should receive a full Care Act assessment to determine their care needs. When this assessment was not done in time to determine longer term needs, it impacted on the provider of interim care services and could cause funding problems.

Leaders told us that in the event of a delay in services starting, the practitioner would temporarily increase current care to minimize the risk to the individual, which could include night care, waking nights, sleeping nights, twilight call and increasing the day support depending on need.

National data from the Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT Dec 2023) showed 77.86% of long-term support clients in Bracknell Forest had planned or unplanned reviews which was significantly higher than the England average 57.14%. The local authority's own data showed they completed 81% of reviews on time in the last 12 months, with a median average wait of 53 days, although the longest wait a person experienced was 545 days. At the time they provided the data, there were 142 people awaiting a review. The average completion time over 12 months was 29.9 days, which had shortened to 25.5 days since implementation of the new model. Most people received a timely review, but there were exceptions and some of the feedback we heard reflected this.

Assessment and care planning for unpaid carers, child's carers and child carers

Carers, including adult and young or child carers, and parent carers experiences of assessment was variable. Whilst they were recognised as distinct from the person with care needs, they did not always have the opportunity for a separate carers assessment. Some carers told us it could be difficult to get an assessment, it could take a long time, and might not be face-to-face, but rather over the phone or via a self- assessment form.

One partner organisation working with carers told us some people had positive experiences whilst others may not have assessments completed on time or workers may not turn up for reviews, meaning there was a lack of consistency. We were told the process can work well but it can be ‘hit and miss’. This was reflected by another agency who told us individual carers don't feel listened to and assessments are often done 'jointly' with the needs assessment of their loved one. They also noted that many carers do not receive a copy of their assessment. We were told that some people were frustrated because they had to tell their stories to multiple people over time.

There was sometimes a lack of communication between the worker and family regarding a carers assessment. Some carers told us they had not received an assessment and weren’t sure they needed one as they didn’t know what it entailed and what support they could receive. We heard some positive feedback from a joint assessment that the care received worked for everyone and had a positive impact on the whole family. Others confirmed they found the carers assessment process easy with a face-to-face conversation about their caring role, useful support and advice given, and the opportunity to think through their options both now and if circumstances changed.

Help for people to meet their non-eligible care and support needs

People we spoke with, told us social care staff were knowledgeable and used the voluntary and community sector well to signpost and support people in the community. The Hub signposted for people who did not have eligible needs to services that could support them, such as social prescribers in community networks. People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. Decisions and outcomes were generally timely and transparent. There was a timely process in place for the assessment of a person who was 'self-funding' but whose savings were falling below the threshold for funding by the local authority.

Staff told us that people who were classed as 'self-funding' were treated no differently by the local authority. They were offered the same advice and guidance and provided with a variety of information whether via the internet, leaflets, or through coffee mornings such as the Dementia Café, Friendship Café or Happiness Hub and feedback forums.

There had been 2 complaints over the last 12 months relating to eligibility for care. In one instance the complaint related to the number of hours of support required to meet their needs and the personal budget allocated. This was upheld and the package was increased. The second related to a decision about eligibility for 24-hour care. This was not upheld after a review of the assessment and support plan, including consideration of options explored and application of the Human Rights Act, article 9. In both cases the local authority considered and shared learning from the complaints. They noted that they had no evidence to suggest people with protected characteristics had different experiences of assessment but had taken action to ensure they gathered more and better feedback about this.

National data from the Adult Social Care Survey (ASCS October 22) showed that at 56.44% fewer people in Bracknell Forest did not buy any additional care or support privately or pay more to 'top up' their care and support as compared to the England average of 64.63%. This was the only statistic in relation to assessment of needs, which was lower than the England average, and may reflect the affluence of the Borough.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent, and consistently applied. Decisions and outcomes were timely and transparent. One person told us however they felt financial assessments were intrusive and felt "interrogated" and did not feel listened to.

The adult social care finance procedures set out for staff what they needed to know when conducting financial assessments including where to signpost people for additional support/guidance. We did not receive any feedback from people that there were any delays, but the local authority was unable to provide financial assessment waiting time data.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. Staff teams told us they understood the importance of providing a person focussed service and undertook strengths and needs assessments to support this approach. Where required, staff were able to access the advocacy service to support a person in expressing their wishes and preferences. We also heard staff used advocates for people who lacked capacity, to speak on the persons behalf. For example, an elderly person was considering moving to a care home as family had suggested. Upon further discussion and use of an advocate it was determined the person themselves wanted to remain in their own home with care whilst able to do so which was supported to happen.

Staff told us that advocacy services were responsive in providing a high level of support for people, particularly where safeguarding concerns had been raised.

Not everyone had found social care staff used advocacy as and when needed. A recent audit by the local authority's quality assurance service, showed a lack of consistent evidence of using advocacy services, and further consideration about signposting and referring to advocacy service may benefit some families. One carer advised the local authority used to provide an advocate for their family member however this no longer happened, and they were expected to act as their family member's advocate. They told us this added an extra burden for them as their carer.

A partner organisation felt there was a lack of knowledge about advocacy in front line social work teams. They gave examples of staff not knowing the difference between an independent mental capacity advocate and a Care Act advocate. They felt this could impact staff and had an impact on time and resources. They had offered some bite size training, but this had been difficult to arrange and embedding of knowledge was affected by the turnover of staff.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

Early intervention and prevention was a very clear strategic and operational intention. Senior leaders were clear that the new operating model supported people with complex needs, to remain in the community with an effective multi-disciplinary approach. In addition, the long-term impact of the new operating model reduced hospital admission and offered a wraparound support for individuals.

The local authority worked with people, partners, and the local community to make a range of services, facilities, resources, and other measures available to promote independence, and to prevent, delay or reduce the need for care and support.

Staff in the Hub considered whether access to the Early Intervention and Prevention (EIP) team for reablement and rehabilitation would be beneficial, for each person requesting an assessment and/or service unless the circumstances suggested it was inappropriate. The EIP also received referrals from hospital teams and intermediate care (where people are supported in a care home setting whilst receiving ongoing rehabilitation) to support discharge home. The Adult Community Service Manager and senior social worker (SW)/ Occupational Therapist (OT)/ Physiotherapist (PT) oversaw daily huddle meetings in the Early Intervention and Prevention team (EIP) to review concerns, risk, urgent work and allocations for that day. Reablement support was embedded in this team's approach.

National data from ASCS demonstrated 81.88% of people in Bracknell Forest who received short term support no longer required support.

The local authority's own data showed they have made a 19.3% reduction in permanent care home placements in the year 2023/24 as compared to 2022/23, which suggests that this model was effective in early intervention and prevention.

Staff told us the focus was to support people and prevent any further issues occurring, preventing hospital admissions and promoting health and well-being. The EIP team worked closely with reablement to ensure people received the least restrictive care available promoting independence and choice, with the aim of providing the right support at the right time. Their offer included a responder service, as well as a range of short-term and intensive services for up to 6 weeks.

There was a cross-sector model involving voluntary organisations, primary care networks (PCNs), and early intervention and prevention teams which aimed to identify people early and address quick deterioration in health, such as falls. PCNs helped identify people early through projects like Aging Well. Isolated individuals who may not be in contact were supported proactively, under the NHS Core 20 Plus 5 framework, which addresses health inequalities through focusing on the those most at risk of poorer health outcomes due to deprivation or protected characteristics. In Bracknell Forest, the partnership had identified people with learning disabilities and autistic people as priorities for this work.

Part of the early intervention and prevention offer was an Autism drop-in service held weekly. This offered support and advice to those with a diagnosis of Autism with anything from reading a letter to applying for a job. The focus was light touch and had promoted and encouraged independence which, for some people, had reduced the need for on-going commissioned services.

The EIP team had access to an assessment suite which offered clinic appointments with no waiting list. These clinics were run by trusted assessors and enabled people to explore equipment, home adaptations, telecare including for emergency response, and digital assistive technology solutions. These solutions enabled people to remain independent at home for longer. Not everyone we spoke with was provided appropriate information at assessment. For example, one person reported a lack of information shared about alternative falls detectors available such as a watch option and they were only offered a pendant alarm. Staff also reported that accessibility for people with learning disabilities or living with dementia needed to be improved.

National data from Survey of Adult Carers in England (SACE June 2022) showed that 89.29% of carers found information and advice helpful which was slightly above the England average of 84.47%. Other survey data from the same source which showed that 18.6% of carers were able to spend time doing things they value or enjoy, was not statistically different to the England average.

The ASCS (Oct 22) showed 57.43 % of people surveyed in Bracknell Forest stated help and support helped them think and feel better about themselves. According to same survey 29.70% people from Bracknell Forest reported they had as much social contact as desired (significant negative variance from England average of 44.38%). It is notable that in the local authority's Joint Strategic Needs Assessment (JSNA) loneliness is noted as a significant risk factor for people in Bracknell Forest.

Leaders told us a community map had been created. This identified over 500 social activities available within the local area. Working with the voluntary sector and community groups an officer from Public Health ensured the map remained up to date and reflective of the current offer. Working closely with 'Involve', a community service; friendship tables were implemented in the community in places including churches, shops and care homes. This was an initiative to combat loneliness and improve mental health and well-being.

Most other national data of surveyed people in Bracknell who used services (ASCS Oct 22) were comparable to or better than the England average. This included people who reported that they spent their time doing things they valued or enjoyed.

The local authority had recently coproduced an Integrated All Age Carers Strategy which included recognition of adult carers, young carers and carers of young people and children. At the time of our assessment, this had not been published. They recognised they needed to do more to support young carers and that young carers' needs were different to those of young adult carers aged 18-25. The Census 2021 suggested there were 133 young carers aged under 15 in Bracknell Forest. There was no reference in the draft Carers strategy to the No Wrong Doors memorandum of understanding to ensure that young carers were easily able to access information and support. It did however reference a range of services, including a weekly youth group and a 10-week rolling art programme commissioned by the local authority to provide support.

We heard variable feedback about whether sufficient specific consideration was given to unpaid carers. Most of the national data about carers in Bracknell Forest as taken from the Survey of Adult Carers in England (SACE October 2022) and based on experiences in 2021-22, were not statistically different to average experience of carers across England. The only exception was that 6.98 % of carers in Bracknell Forest were accessing training for carers as compared to the England average of 4.11%.

Many carers were offered one off payments for recreation or respite however, this was not always suitable or achievable. We heard from carers who felt unable to leave the person they cared for, or that the person they cared for would just contact them and become distressed meaning these options were not beneficial. Many carers we spoke with told us there was a lack of respite/short break provision and support available and did not feel they had access to short breaks, especially in an emergency.

A few carers we spoke with felt that there had been a positive impact on their health outcomes because of their assessment and any support provided to them as a carer. We heard from carers who felt restricted by their caring role, and how this had impacted on their physical and mental health and their personal relationships.

Carers were complimentary about the carers support organisations available locally. A partner organisation however noted that unpaid carers had good access to local support provisions from the local authority and via a statutory funded voluntary organisation.

We heard from many staff and leaders about the Bracknell Forest Community Network (BFCN) which ran public sessions such as the Happiness Hub and the Over 35's social group. These met several times a month in different venues. Whilst membership of the network required a referral, people could freely attend the public sessions, where a collaboration of support services was available to offer mental health and wellbeing advice to adults, or simply a space to talk or have company. The BFCN worked collaboratively with clinical and non-clinical partners in mental health and wider health and care systems and offered a person-centred approach to mental health. We heard about one person whom the Community Network team had built a relationship with, enabling them to attend sessions which improved their mental wellbeing and reduced their social isolation.

Other people told us co-production groups made a positive impact to their wellbeing. One person had previously used services themselves and now worked in the team that previously supported them. Another told us that they had previously been reluctant to leave their home but now had friends and a social life because their social worker encouraged them to join a co-production group.

Staff told us about collaborative work towards measures which could keep people safe and reduce a decline of mental health and wellbeing. For example, one staff member worked closely with the highways team to have pavements outside a property lowered, so the person could access the community independently which reduced their risk of social isolation.

We heard that Public Health officers worked closely with the Business Improvement Team to explore gaps and employment opportunities within the local area. Discussions were ongoing to support people to remain in work and encourage businesses to participate in work programmes.

The local authority used free to access public meetings such as the Happiness Hub, as well as the Hub to identify people with needs for care and support that were not being met.

Provision and impact of intermediate care and reablement services

Provision of intermediate care and support, and reablement services were a key part of Bracknell Forest's strategic approach, which were developed in close collaboration with health colleagues and other partners. These services enabled people to return to their optimal independence.

Senior workers reviewed referrals from wards to identify the correct pathway for each person on discharge from hospital. Pathway 1 was going home with a reablement package, Pathway 2 was step down to intermediate care, or pathway 3 would be a longer-term placement. Workers were allocated cases very quickly and information was sent using a secure email address and all staff had General Data Protection Regulation training. Discharge plans were discussed by a multi-disciplinary team to ensure clarity and consent was gained from the person.

The time taken from “discharge ready” to “discharge” from hospital varied according to the pathway required. Data for January to March 2024 showed people going home with a package of care on average waited 2.62 days as compared to 4.14 days on average across the Frimley Integrated Care System (ICS) as a whole. Over the same period, people being discharged with an interim package or short-term care home placement under discharge to assess, where care was provided pending a full assessment of needs, waited on average of 2.2 days as compared to 8.27 days across the ICS. People who required a new long-term care home placement waited on average 6.5 days as compared to 14.84 across the ICS.

The Adult Social Care Discharge Fund which is part of the Better Care Fund (BCF), was being used to recruit and retain homecare staff to support hospital discharge, assistive technologies, home preparation and to facilitate accelerated discharge. Evaluation of outcomes had shown that most schemes had demonstrated their intended impact, to keep more people out of hospital, and to promote independence. This was evidenced by a reduction in the long-term residential placements. One programme involved the provision of assistive technology grab bags including the provision of falls pendants. There were 13 different schemes, which in general had improved patient flow from discharge. Where trials were not successful, this was due to either too much or too little demand, or staff recruitment challenges. Learning was taken from this to inform future planning.

Senior leaders told us the local authority had stopped considering bed-based discharge to assess services as the default option, preferring to support people in their own homes first if possible, even to the extent of 24-hour live-in care if that was required.

National data from the Adult Social Care Outcomes Framework (ASCOF)/SALT (Dec 23) showed that at 10.21%, 3.5 times more people aged 65+ in Bracknell Forest received reablement/rehabilitation services after discharge from hospital than the England average of 2.91%. Of these 85.71% aged 65+ were still at home 91 days after discharge from hospital into reablement/rehab which was comparable to the national average.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. One person told us they felt the range of aids and adaptations provided after assessment meant they were able to continue to care for their family member within their own home as per both of their wishes.

Previously, assessment referrals for equipment/adaptation were directed to the equipment provider, leading to delays of up to 300 days due to a lack of trusted assessors. To reduce people's delays, the local authority had diverted assessment referrals in house, and trained social workers to be trusted assessors. The longest waits experienced were for adaptations/ equipment such as ramps which required building to an individual specification.

The number of people waiting for occupational therapy assessments, and the provision of equipment was relatively small. At the time of our assessment 9 people were waiting for a Disabled Facilities Grant (DFG) assessment which might lead to a contribution towards the cost of adapting a home. The average wait was 52 days, but the longest wait was 126 days.

There were 9 other people awaiting assessments for smaller pieces of equipment, with an average of 36 days wait, and a maximum of 64 days. We heard from one carer who told us they had been waiting since Feb 2024 for an assessment for equipment/adaptation for a family member. Once assessed, over 90% of people received their equipment within three days, or sooner if urgent.

People experiencing sensory loss were supported by the specialist sensory team and worked closely with local charities such as the Degenerative Macular charity to provide information and advice as well as equipment and additional support.

Bracknell Forest Council were part of a Berkshire-wide health and care partnership which commissions the Berkshire Community Equipment Service. This was done through a Section 75 partnership agreement. This is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners.

The agreement allowed West Berkshire to be the lead commissioner and contract with the service provider. By commissioning as part of a partnership, the local authority achieved better value and a wider range of equipment, than might have been affordable as a lone commissioner.

Provision of accessible information and advice

Most people could easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who funded or arranged their own care and support. The ASCS (Oct 22) found 67.74% of people surveyed in Bracknell Forest who used services found it easy to find information about support which was above the England average of 63.45%. The SACE national data showed 62.96 % of carers surveyed in Bracknell Forest found it easy to access information and advice which was not statistically different from the England average.

Not everyone we spoke with felt they had been provided information regarding support, resources, and other measures to promote independence or reduce needs for care available from the local authority. One person told us, "I really am struggling and unaware of what is or is not available from the local authority".

Some people told us that the local authority had not provided timely information about grants or benefits available to meet the cost of care, or adaptations to the home. One gave feedback to the local authority who apologised to them and the person believed they had since made changes to address this oversight.

A carers organisation felt there was a lack of accessible information for unpaid carers for example, on how to apply for housing and information on transitions, and that information was not always available in multiple languages.

One carer told us they were aware where to get help and advice should they need it and how to make contact. They found the local authority was very responsive when they needed to contact them. Another told us there was "a lot of support out there, but carers don't even know if it is for them", because they don't see themselves as carers. Other carers reported people were not always made aware of what was available to them, especially for deaf people who struggled to communicate.

A Dementia Advisory Service provided information and support, including a young onset dementia advisor. to people with dementia and their families and carers, connecting them with community and health resources and supporting self-management. Waiting times for the service were 1-2 weeks. There was a face-to-face weekly peer support group which was well attended and highly valued. A Dementia Forum co-produced with people with dementia and their carers took place every 6 months which was also well attended. A co-production group supported the development of resources. The service distributed a newsletter to over 800 people and a Dementia Directory, available in GP surgeries and libraries was updated in 2023 which was also available in various languages.

Direct payments

Direct payments (DP) were being used to improve people's control about how their care and support needs are met. The local authority provided a lot of information and support to direct payments recipients, especially in relation to safe recruitment, selection and being a good employer, including payroll and insurance. The local authority was supportive of requests for people to employ a family member, in circumstances where it was legal, and particularly where it facilitated quicker. There was a "support with confidence" personal assistants register which meant that people had some assurance in recruiting and selecting someone.

The local authority had a distinct Direct Payments team who supported recipients and provided information and advice, as well as training to social workers. A process was in place to support people receiving direct payment to pay for provisions. The team had the confidence around the usage of direct payments and provided a consistent approach for colleagues and people using the service. Many people told us direct payments for care worked well. They valued the local authority support with setting up, and their ongoing, advice, support, and monitoring.

The local authority told us there were no lengthy delays in a person accessing their direct payment after their individual budget was agreed. They provided support to ensure the person understood the paperwork and open a bank account which could take a few days, but then the DP would be made. The local authority provided access and funding for training for people using direct payments.

Direct payments were used extensively in Bracknell Forest as a means of enabling people to meet their needs in ways which reflected their preferences. This was reflected in the views of one carer who said the DP helped them do things for themselves.

The national (SALT) data showed that 100% of carers received direct payments, and 21.01% of service users aged 65 and over accessing long-term support who were receiving direct payments which was above the England average of 14.8%. This doesn't wholly correlate with more mixed feedback we received from some carers. One carer said, "there is always enough money to pay the carers and it works well", whilst another told us that they had stopped using direct payments because the direct payment amount was insufficient to recruit and retain personal assistants. The direct payments rate was limited to the standard homecare rate, which people were expected to top up from their own funds if they wished to pay more.

By contrast national (SALT) data showed that 25.81% of service users aged 18 - 64 accessing long-term support received direct payments as compared to the England average of 38.06%. Overall, an average of 23.61% of service users received direct payments which was not statistically different to the England average.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics but recognised that there was more to do to improve both understanding and action. At the time of our assessment, there was a large majority white British population. Leaders and staff consistently told us they were aware the area had many ethnic minority communities such as people from, Hong Kong, Nepal, Ukraine as well as a large Hindu community. They understood that the population was increasing and becoming more diverse and was set to increase further, with an increasingly aging population.

We heard that using Public Health data, staff from both health and the local authority worked together in identifying and discussing inequalities within Bracknell Forest and how these could be addressed. A senior analyst was tasked with interpreting data sourced from Adult Social Care, NHS and the census, to identify inequalities so work could take place to look at addressing gaps in the system and improving outcomes for people.

Partners told us public health assessments identified geographical pockets of inequalities and deprivation and changing demographics. They described public health as a key asset in collectively addressing population needs.

Bracknell Forest had an Equality scheme for the period 2022- 2025, called “All of Us”. This expressed 5 equality objectives. These were ‘inclusive in all we do’, ‘accessible for all’, ‘accountable and fair’, ‘a diverse and inclusive workforce’ and ‘recovering from the COVID 19 pandemic’, which acknowledged the increased inequalities and disproportionate impact of the pandemic on some people and communities. The scheme had a governance framework to monitor and report progress on delivery. Progress was regularly reported to the corporate management team. Each equality objective was underpinned by annual priority actions to achieve the 3-year strategy. Equality actions identified within the Equalities Scheme were incorporated within directorate service plans and were monitored quarterly. The 2022-23 annual Equalities Monitoring Report found that some improvements such as the introduction of the Target Operating Model, had brought together all points of access so people experienced a more consistent approach, and skilled professionals understood people’s individual needs and preferences sooner, and could signpost more quickly to the right source of support. They also noted however that some people experienced a language barrier when accessing help, and that they needed to engage earlier with people with disabilities in transition from children’s to adults’ services to improve access. The local authority told us phase two of the new Target Operating model would address these issues.

All strategies and plans reflected the equality objectives. For example, the All-Age Integrated Carers strategy and implementation plan outlined the under representation of ethnic minority groups accessing services and the plans to address this. The “Thriving Communities” strand of the Corporate Plan 2023-27 “Growing Together, Shaping Tomorrow” looked at understanding and targeting key communities with the most need.

The local authority incorporated consideration of Equality, Diversity, and Inclusion in every provider audit, and were able to demonstrate that they were monitoring these and using them for contract management.

The local authority proactively engaged with some individuals and groups to understand and address the specific risks and issues experienced by those who experienced inequalities. They worked with individuals on the Learning Disability and Autism Partnership Board. The sole aim of the Board was to enable the voices of people with learning disabilities and/or autism to be heard and involve them in decisions which would affect them and their parents/carers in Bracknell.

The local authority sought feedback from the community about equity. There were very few complaints from people with protected characteristics. Following analysis of complaints and feedback received, the local authority had reflected and amended forms to target different communities. They intended to use this to gather more information to understand the experiences of more diverse communities, within the population.

We heard that the local authority held 'Pop up' World Cafes within communities. Local authority officers and voluntary groups attended the cafes where people shared their experiences of adult social care and accessed information and support. Feedback was used to influence plans and look at impact and outcomes. These were open opportunities, but might be inaccessible if people were working, or did not know about them, due to language or digital barriers.

Staff told us they gathered feedback following a dementia forum held in April 2023. They heard that communication, being easy to contact, access to specialist services worked well. Some areas for improvement which required addressing included inconsistent access to dementia services within Bracknell Forest, increase in reviews/contact, improved joint working between organisations. An action plan had been implemented to address these areas and drive improvements.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions; there were equality objectives and a coproduced and adequately resourced strategy to reduce inequalities and to improve the experiences and outcomes for people who were more likely to have poor care.

The Community Team for People with Learning Disabilities, the Community Team for People with Autistic Spectrum Disorder, and the Transitions team shared knowledge to support criminal justice staff and public sector workers. This meant they were more able to make reasonable adjustments in the way that they worked with vulnerable people, which provided equitable access to services and improve the experience of people with a learning disability and/or autism. These included understanding around communication, sensory processing, comprehension, and social functioning.

The same teams were awarded funds to support 14-25 years olds with an independence skill shop. These were run by a youth worker to support people to gain skills with activities of daily living for example, money management, cooking, travel and other key skills to increase independence. These measures would support better health and wellbeing outcomes for this cohort of people, who would otherwise be disadvantaged. The local authority had also commissioned an employment charity to support people with a learning Disability and/or Autism with employment opportunities.

An audit of 5 young people to consider safe systems and pathways at the point of transition, and the experience of one young person we spoke to, highlighted some inequity of experience for those people not currently known to formal services, or where their support needs were below the threshold for eligibility under the Care Act. Insufficient understanding and application of the mental capacity act, by professionals had also contributed to poorer outcomes. People who lacked mental capacity, or whose mental capacity was in doubt were therefore potentially at risk of inequitable experience.

Local authority staff who performed Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately. They received training and there were Equality Allies to provide support if staff were personally or professionally uncomfortable or had questions about something related to this subject.

Inclusion and accessibility arrangements

A partner organisation told us access to information for the older community was difficult due to being held primarily online. Leaders reported work being undertaken to address the barrier which digitalisation brings. This included officers from Public Health taking large portable laptops to public places, providing training for people to use these, and increase knowledge and understanding to access the local authority through the digital platform. Leaflets dropped through residents' doors and placed in public places advertised these events. The local authority told us however that information, advice, and access to an assessment was also directly available to people through telephone contact or attending the Hub office in person, as well as through events such as the Happiness Hub and Over 35's social group which where accessible to all and advertised locally.

The local authority told us there was easy access to translators, interpreters and sensory teams to assist with effective communication when conducting assessments and reviews, including use of British Sign language. We also heard how technology was used to support flexible service delivery for example, magnification software and virtual consultations. However, staff also told us the assessment suite for aids, equipment and assistive technology was not accessible to people living with dementia or people with learning disabilities.

A partner organisation acknowledged that they had not heard feedback from other groups around access to information in preferred languages being an issue, although the local authority had acknowledged that it was an issue which they needed to address.

A public event with the Hong Kongese community was an example of engaging seldom-heard communities and providing local service information.

Bracknell Forest set reducing inequalities as a key priority in their approach to commissioning services for adults. All Strategic Procurement Plans (SPP) included a comprehensive needs assessment and Equality Impact Assessments. We saw examples of this in the Supported Living Framework Tender and the Home from Hospital Service tender. In both cases, the proposed services were likely to have a positive impact on one or more protected characteristic. For example, the introduction of the Adult Supported Living Framework for adults 18 years + was expected to have a positive impact on older people with learning disabilities and autism as the Framework specification will include how providers are required to support people as they aged. The Home from Hospital service aimed to provide support which would give Carers a better experience by improving support to the people they cared for on discharge from hospital.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

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.

Partnerships and communities

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 our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority was committed to working in partnership with other stakeholders to achieve better outcomes for local people. There was recognition both from the council and from health partners that this was not always easy, but that the council were prepared to have the difficult conversations and focused on what would deliver for people.

Health partners told us the local authority, and its senior leaders took the view that working as a system was beneficial to all. They said that the local authority adapted to system needs while maintaining a local focus, and leaders in the local authority showed a willingness to work in partnership and be flexible.

The Bracknell Forest Health and Care Delivery Plan for Adults 2023-2025 described the priorities for joint work between Frimley Health and Care Integrated Care System (ICS) and the local authority for adults living in Bracknell Forest. The plan highlighted a joint approach to strategic planning at all organisational levels, to deliver good health, care, and wellbeing to adults in Bracknell Forest. It was owned by the Bracknell Forest Place Committee.

Health partners told us that strong relationships, reporting, data, evidence, and governance were strengths of the local authority and that they were particularly strong in planning, monitoring, and evidence-based practices. There were robust governance arrangements and reporting mechanisms built into the Better Care Fund agreement with clear roles and accountabilities for monitoring the quality of the services being provided and the outcomes for the people using them.

The four priorities of the Health and Care Delivery plan were prevention, proactive approaches to care, reactive care, and transformation for population groups to improve health. The enablers of these priorities included engagement with the voluntary and community Faith sector (VCS), discharge and flow, the new social care operating model, technology first and co-production.

There was a current strategic review of local intermediate care services, with one option considered being greater investment in out-of-hospital services. Health partners and local authority staff acknowledged there was a need to work together to secure resources, which would involve joint conversations.

A Bracknell Forest Place Strategy was to be developed by Quarter 1 in 2024, which would include engagement and co-production with residents and staff to describe the full ambitions for health, care, and support in Bracknell Forest Place.

The local authority told us they were committed to co production. The BCF delivery group, were working together to conduct a needs analysis for people with a learning disability and to develop an Autism Strategy. The BCF delivery group had sponsored the All-Age Integrated Carers Strategy which was co-produced with all types of carers in the Bracknell Forest Community, health including primary and secondary care, the Frimley ICB and BHFT, the voluntary sector and social care. The local authority analysed data and sent out over 900 surveys to carers receiving 275 responses. The feedback provided was used to shape the new carers strategy.

One carer we heard from said they felt valued and listened to and believed some of their ideas would be used to make a change for carers. Conversely, we also heard from a carer of a young adult with learning disabilities who felt that the engagement with parent carers of children with disabilities, was better than for carers of adults. Another carer who had very positive experience of the dementia forum, but now cared for a young person with learning disabilities, felt that their current experience of engagement and support was worse.

One partner organisation however felt that what was termed co-production at the local authority was not true co-production. They felt they consulted external organisations, but this was not the same thing as co-production. They noted that the local authority had attempted to put the refreshed Autism Strategy in place without consulting representatives of the autistic community. This strategy was not published at the time of our assessment. We also heard how a carer had been approached by the learning disabilities and autistic people forum to work on a tool to improve the assessment process and other information, but this had not progressed due to staff changes in the community team for people with a learning disability.

Arrangements to support effective partnership working

There was an overall BCF plan and approach to integration with key areas of focus focusing on prevention and intervention, improving pathways, focus on digital transformation and improved quality assurance.

At the time of our assessment there were more than 30 schemes within the Bracknell Forest BCF which were all jointly developed, evaluated, and agreed. Six of these schemes were jointly hosted between the ICB and the local authority. Examples of schemes included work to 'improve access to social care with a consistent focus on the needs of the individual, with system realignment to support new ways of working', implementation of the All-Age Carers Strategy, enhancing Integrated Community Mental Health Support across the Bracknell Place, and developing and enhancing use of the Technology First approach to promoting independence.

New reporting structures had been introduced following the BCF scheme review. Service user voice was included in all commissioned services. Accountability for the priorities in the Bracknell Forest Health and Care Delivery plan was managed through governance arrangements for the Better Care Fund. The Better Care Fund and S75 governance arrangements included a monthly delivery group, strategic group and the Place Committee where partners across Health, Social Care and the Voluntary Sector oversaw the scheme, contracts and project performance against deliverables.

We heard that the Better Care Fund had been used to deliver a highly integrated Bracknell offer for physical health, improving flow and reducing patients "bouncing from place to place". Joint management of a single offer was said to be working well.

Mental Health Services were fully integrated under the Better Care Fund. The relationship between partner organisations in Mental Health was long-lasting and operated under an umbrella agreement. They had integrated roles, a management structure, and focused on achieving better outcomes. They had started to look at Care Act requirements and health requirements, with joint Key Performance Indicators (KPI's). Health had a local access point as a front door, and social care had their own, allowing navigation of people to the right place. The Community team for People with Learning Disabilities, and the Community team for People with Autistic Spectrum Disorder were co located but not formally integrated with health partners. In both cases their good relationships had evolved over the years. The joint priorities and collective way of working had a positive impact. For example, people with complex needs would be discussed at a joint team meeting, enabling smoother and quicker access to support with health care needs.

Impact of partnership working

The Health and Care Delivery Plan specified how delivery would be measured as outcomes, but performance indicators varied according to the service. Some performance indicators were measured on user-reported outcomes, such as the Stroke Association, whilst other performance indicators were measured on qualitative and quantitative system data such as increasing the number of people successfully discharged from hospital to their own homes and reduction in the need for extensive care packages because of services delivered by the Berkshire Community Equipment Service. The impact was reported quarterly.

Partnership working to deliver Enhanced health in care homes, a national NHS framework in Bracknell Forest, has resulted in a reduction in admissions to hospital from care homes, as all Care Homes in Bracknell are adopting the multi-disciplinary team model, with good representation from all relevant professions. Staff told us these team meetings provided a supportive environment for cases to be discussed with varying complexities, a space to seek support, share knowledge and advice recognizing that working together enhanced a person's support options.

Working together had also resulted in increased capacity to manage the needs of people living with frailty, through virtual wards in the community rather than actual wards in hospitals, and they were working to gather data on the impact this was having.

An annual road show for people with learning disabilities and autistic people was held with contributions from public health, education services, local authority social care staff and providers. The event provided an opportunity for information and advice to be shared and for promotion of services within the community. Another team informed us they had a close working relationship with other professionals in health in an Acute setting, community district nursing teams, in addition to those in the voluntary sector and this assisted staff in accessing appropriate support and advice for people.

We also heard that allowing the use of step-down beds, which are traditionally used to 'step down' from acute care, when there had been a breakdown in a placement enabled support and safety for the person whilst staff worked holistically with other colleagues to explore alternative available housing options This achieved better outcomes for the person.

Working with voluntary and charity sector groups

The local authority described the voluntary, community and social enterprise and faith sector (VCFS) as key partners in delivering the Health and Care Delivery plan.

The Bracknell Forest Innovation fund, for interventions related to health and wellbeing was delivered through a collaboration with the VCFS. A VCFS network enabler for Bracknell participated in the decision-making panel for awarding the grant funding, alongside the local authority and the ICB. This meant that decision making was shared with those more closely engaged with community groups and 'grass roots' projects. Funding was awarded in August 2023 to voluntary and community organisations to help increase access to the community and reduce social isolation. Projects included animal experiences, befriending activities, walking football, intergenerational music and movement. The impact of these projects has not yet been reported.

Bracknell Forest benefits from a diverse pool of volunteers and available volunteering opportunity across the Borough. A VCFS partner described the local authority as very proactive, and said they reached out to groups and were involved with the community. Another voluntary sector organisation noted they have representatives on the safeguarding board and have a representative on Community Cohesion and Engagement Partnership.

A system wide integrated proactive care model had been developed between primary care networks, the voluntary sector and early intervention and prevention teams. This was supported by the local authority, although its initial focus was on health-related outcomes. The intention was that the partnership involved in this model would work together over both health and social care measures.

Theme 3: How Bracknell Forest Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

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.

I feel safe and am supported to understand and manage any risks.

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

Senior leaders at the local authority had a clear understanding of the importance of safety and of the risks people faced across their care journey.

Safety was a priority in Bracknell Forest. Integrated health and social care teams and jointly agreed pathways made it more likely that people would be safe during times of transition between services.

Information sharing protocols supported safe, secure, and timely sharing of personal information in ways that protected people's rights and privacy. All the staff, leaders, and partners we spoke with gave assurance that information was shared safely, under appropriate governance arrangements. The local authority and local health trusts had invested together in Connected Care, a data repository which was accessible by different organisations and enhanced information sharing. The hospital patient administration system allowed local authority access to information, enabling the GP and local authority to see patient details when admitted.

Staff told us the integrated Community Mental Health teams for adults and older adults, enabled seamless transitions between services, with access to each other's systems and effective information sharing which resulted in more holistic care and support to people. This model supported prevention of hospital admission, and reduced lengths of stay when admissions were necessary. This included working closely with the Locality Access Contact Team who provided additional support and enabled a rapid response for people in crisis.

Staff spoke of strong partnerships with services both within the local authority and the community which enabled sharing of information to reduce risk and supported keeping people safe in the community. Policies and processes about safety were aligned with other partners involved in people's care journey. This enabled shared learning and drove improvement.

Safety during transitions

Care and support pathways were planned and organised with people, partners and communities to improve their safety across their care journeys and ensured continuity in care. This included most referrals, admissions, and discharges from hospital, and where people were moving between services.

There was a framework in place for the Approaching Adulthood pathway from age 14, and information was available for the public and a documented process to show how young people known to the Child and Adolescent Mental Health service (CAMHS) would transition to the Community Mental Health Team (CMHT) for adults.

Staff said they worked in partnership with children's social work teams, specialist teams for looked after children and those leaving care to enable a seamless transition between teams with quarterly meetings scheduled where information could be shared. The pathway focused on a co-ordinated assessment of their adult care needs, to ensure that services met the holistic needs of each young person. It also ensured the young person and their families had a voice and could participate fully in the assessment process. This might result in a referral to advocacy services. Staff told us they worked in a strength based, individualised way but the majority would either no longer need support or be transitioned to an adult team by the age of 18.

We were told of a young person who recently turned 18 and is now under the transition to adulthood team. Their carer requested the same social worker to support them as was supporting their sibling. This social worker already knew the whole family. The family felt this would be the most appropriate solution and the local authority agreed. This made the transition process feel easier and seamless. In contrast we also spoke with two other carers of people who had recently transitioned from children to adults' services and neither felt supported during the transition.

We also heard from one person who told us there were no referral pathways between the Special Educational Needs teams and the local authority for an autistic person with learning disabilities not known to the social care team at the local authority, who needed an assessment to identify on-going support post mainstream/specialist school settings. They experienced this as a barrier to their getting the help and support they needed.

An audit of 5 transitional cases relating to young people in a variety of circumstances, including youth justice and being a care leaver with mental health needs, was undertaken in February 2023 by the Bracknell Forest Safeguarding Board (BFSB). This found inconsistent performance against 6 principles which ensured effective, person-centred planning for a safe and smooth transition to adulthood. It found that existing systems and pathways were complicated but also that there needed to be better working together and more co-ordination of support. Staff did not consistently use processes and guidance such as Mental Capacity Act. The audit resulted in an action plan which was being overseen by the Board, under a transitional safeguarding subgroup. The January 2024 update to this plan showed that all actions but one were either on track to be delivered or completed. The one item requiring attention related to auditing and had its own ongoing action plan. The issue of legal literacy and the need for more staff training in applying the Mental Capacity Act has been identified and has been incorporated into the learning plan for the adult social care directorate.

There were 3 pathways for people for preparing to be discharged from hospital. Workers were allocated cases very quickly and information was sent using a secure email address. Discharge plans were discussed by a multi-disciplinary team to ensure clarity and consent was gained from the person.

We heard however that not everyone had a smooth transition when responsibility for funding care moved from one local authority to another, or when an individual's savings fell below the threshold for local authority funding. One person described that the local authority entered a dispute over funding with the host local authority after a person had been placed in a home out of borough, which resulted in a long wait for the person to receive financial support for the care placement when they were no longer self-funding. Another person told us, when an agreement had been made between the local authorities, a social care assessment was quickly arranged, but the person had already undergone the assessment process with the other local authority. The person was in a care placement, and therefore their needs were being met throughout, but the time taken to repeat the assessment increased frustration and personal cost.

People who were placed away from their local area were supported and kept safe through ongoing working relationships between commissioners, especially for providers who were out of Borough but not out of area. We heard of good effective communication about risks or concerns which were shared. People out of area also benefited from social work reviews in the same way as people who were in placements in Borough.

Contingency planning

The local authority had contingency plans in place and were prepared for possible interruptions in the provision of care and support. They knew how they would respond to different scenarios such as extreme weather, cyber-attacks, loss of access to local authority buildings or loss of staff. Plans and information sharing arrangements were in place with partner agencies to minimise the risks.

Bracknell Forest told us they had not used their provider failure policy and procedures during the last 12 months but had clearly set out how the service would mobilise in a failure scenario. Individual roles and responsibilities were identified. It was expected that all staff should be trained at least every 18 months and be involved in amending processes if changes were needed. This was to embed a culture of business continuity in the local authority. Providers were also expected to have business continuity plans in place.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

The local authority worked in accordance with the Berkshire multi agency safeguarding policies and procedures. These were clearly documented and explained when and how to raise a safeguarding concern, and how these would be dealt with. Guidance for the public was available through the Local authority's and Bracknell Forest Safeguarding board's websites. This document gave a clear definition of safeguarding, the expectations given to providers, and the threshold at which a referral to the safeguarding team should be made. The local authority also had a provider concerns process to identify and manage themes, trends and potential organisational abuse. Organisational abuse is the inability to provide a good level of care to an individual or group of people in a care setting such as a hospital or care home, or in a person's own home if they receive care assistance there.

The local authority had a joint children's and adults safeguarding board with an independent chair. The Bracknell Forest Safeguarding Board (BFSB) as currently configured was set up in 2019. The Board's strategic plan for 2023-26 outlined their approach as to "protect children and adults working in partnership with Frimley Health and Care Integrated Care System (ICS), Bracknell Forest Council and Thames Valley Police."

Both the Bracknell Forest Safeguarding Board peer review report March 2023 and partners told us that the combined board enabled system/safeguarding leaders and practitioners to think in a more holistic approach. The review also recognised the all-age approach was helpful when developing responses for safeguarding issues which were not age specific, such as various forms of exploitation. Operational staff we spoke with were less aware of the impact of the joint board and did not reflect that they worked more holistically with families as a result.

Partners told us that there was a memorandum of understanding, including information sharing arrangements, between all agencies coming together operating at different levels which worked well at a strategic level. They also noted there was a healthy challenge amongst the partnerships on the board which allowed the airing of information that needed to be addressed, weighing up the information being received to strengthen the partnership going forward.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. Specific issues included the increase of hoarding and the risk of suicides, for which specific protocols and strategies were in place.

Lessons were learnt when people had experienced serious abuse or neglect and action was taken to reduce future risks and drive best practice.

There were 3 safeguarding adult reviews (SAR)s between February 2022 and March 2024. Themes that came out of the review included safeguarding young people through transition and the impact of complex trauma on mental health, self-neglect or self-harm, substance misuse, domestic violence and confusion by professionals regarding consent. Recommendations were for agencies to review their guidance on professional curiosity, to support staff to understand mental capacity. The learning from all case reviews published by BFSB is shared by publication of the review reports on the Board's website, circulation of learning briefs, multi-agency webinars facilitated by the BFSB and other means. Staff told us that safeguarding was a standard agenda item on their team meeting agendas and a leader reported that specific safeguarding issues such as modern slavery, coercive control, human trafficking, honour-based violence had been the subject of training and other learning opportunities in 2023-24. Staff confirmed that there was a lot of training available, and they were supported to access it to meet learning needs. An annual training audit monitored uptake, alongside audits of practice and recording to identify the effectiveness of any learning undertaken.

More generally, according to Skills for Care Workforce Estimates: (ASC-WE October 23) fewer independent/local authority staff who might be involved in safeguarding work of staff had completed safeguarding adults training (25.42% as compared to the England average of 48.81%.

Responding to concerns and undertaking Section 42 enquiries

The local authority's policies and procedures were clear about what constituted a section 42 (s42) safeguarding enquiry. They operated a hub and spoke model. Concerns were responded to in the Hub and enquiries dispersed across adult social care to the best placed team and practitioner. Enquiries were undertaken by qualified social workers or senior non-social work qualified practitioners with appropriate training. Some completed joint enquiries with health professionals or providers.

All safeguarding planning meetings were chaired by experienced practitioners, which provided assurance about practice, supported consistency, and positively involved people and their families/advocates. This also enabled them to pick up themes and trends. This learning was cascaded through training or written briefings including to provider forums.

Safeguarding plans were put in place and actions taken to reduce future risks for individual people before safeguarding enquiries were closed. The policies and procedures followed by Bracknell Forest stated that before an enquiry was closed, relevant agencies should be informed of any outcomes from the enquiry when it was necessary to the ongoing safety of the person concerned.

Providers we spoke with told us they were unclear about what met the threshold for a safeguarding concern. Leaders and staff at the local authority told us they were unaware of this and noted that they provided guidance about their safeguarding policies through contract documentation and monitoring, and by providing both standard and bespoke training. Safeguarding was featured in provider forums, and providers were invited to attend safeguarding forums.

The Safeguarding Adults Collection (SAC August 2022) showed that in 2017, 300 concerns led to 95 s42 enquiries. This had trebled by 2022 to 945 concerns which led to 270 S42 enquiries. This was reflected in the Bracknell Forest Safeguarding Board report for 2022-3. Over this period an average of 686 concerns leading to 133 S42 enquiries. The percentage conversion in 2022/3 from concern to enquiry was 28.7%. This had increased significantly from the year before when only 12% of concerns were converted into enquiries. Staff told us that the earlier conversion figures were incorrect, due to a data collection issue. They reported no change in methodology except an online administrative change. They suggested that the conversion rate from concern to enquiry had not actually changed, although the number of concerns received had increased.

The local authority told us there were no safeguarding concerns awaiting initial review and no s42 enquiries awaiting allocation for enquiries to be made. Staff told us that staff shortages could however impact on completion times for safeguarding investigations.

Recommendations made following an audit completed in 2023 of children's and adult's services, saw changes to safeguarding forms and highlighted that the new Hub model had only just been implemented and therefore its effectiveness was not yet proven. Staff told us however that the Hub was improving consistency regarding practice, recording, decision making and understanding of themes and trends. The Safeguarding Working group provided oversight and coordination for all aspects of safeguarding work and acted as the link between the local authority and Safeguarding board.

The ASC-WE data (October 23) which showed that only 23.73% of independent/LA staff completed MCA DoLS training (TNV England Av 37.48%).

Bracknell Forest received 30 – 50 Deprivation of Liberty Safeguards (DoLS) applications monthly, At the time of our assessment there were 81 DoLS applications awaiting authorisation or review. As of January 2023, the maximum wait for an application to be assessed was 181 days, median 43 days. The target to review new requests was 3 working days with decisions made for urgent requests within 7 days and standard requests within 21 days. Delays were caused by staffing resources, allocation to Best Interest Assessors (BIAs) and Section 12 Doctor, delays in receiving completed assessments and delays in authorising. We were told that refresher training for BIAs had been postponed pending the implementation of Liberty Protection Safeguards, but as these new measures were on indefinite hold, the training would be reinstated.

Making safeguarding personal

The lack of a waiting list meant that safeguarding enquiries were carried out without delay. The importance of keeping the wishes and best interests of the person concerned at the centre was emphasised in policies and procedures, Delivery of this was monitored by lead safeguarding practitioners. Observed practice and audit records showed staff demonstrated a person-centred approach, but we were also told monitoring showed people's wishes and views were not consistently and clearly recorded. A partner noted that people's voice was a weakness and remained a constant item on the Safeguarding Board's agenda. There was an overall emphasis on the partners to assure the board that people's voices were being heard. They felt that the introduction of the Hub had increased the person-centred approach.

According to the Adult Social Care Survey (ASCS October 2022), 67.33% of people who use services felt safe and 89.11% of people who use services said that those services made them feel safe both of which were similar to the England average of 69.69% and 87.12% respectively. The Survey of Adult Carers in England (SACE June 2022) showed that carers in Bracknell Forest were slightly less likely to report they felt safe at 76.74% as compared to 80.51% across England.

The majority of people felt safe, and had the information they needed to understand safeguarding, what being safe meant to them, and how to raise concerns when they didn't feel safe or they had concerns about the safety of other people.

People could participate in the safeguarding process as much as they wanted to, and people could get support from an advocate if they wished to do so. People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and they were supported to make choices that balanced risks with positive choice and control in their lives. The SAC (August 2022) found that 82.35% of individuals lacking capacity were supported by advocate, family or friend which was similar to the England average of 83.12%.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

The local authority demonstrated clear and effective governance, management, and accountability arrangements at all levels. These provided visibility and assurance on delivery of Care Act duties. There was strong senior management oversight, both at a strategic and operational level. They told us they used performance management to understand their strengths and areas for improvement, and that performance management was at the heart of their drive to secure continuous improvement in delivering quality, efficient, and user-focused services.

Part of the rationale for the new operating model of which Phase 1 was implemented in October 2023, was to improve the customer journey and attain better, more efficient outcomes, but also to build in better capability to measure performance metrics. Leaders told us they didn't currently have all the data they needed but had more than before. They wanted staff to be able to see data themselves. The local authority intended to collect data about timeliness of? interventions and the experience of different equality groups. This was included in the case file audit process, but there was not yet enough evidence to be assured.

Leaders said the focus on prevention and early intervention was deliberate to ensure services were sustainable in the long term, without compromise to people's experience of care and support the outcomes achieved.

There was a stable adult social care leadership team, with an experienced system leader as Executive Director for People, bringing together adult services, children's services, Commissioning and Early Help and Community Services. This stability and breadth of management enabled learning and improvement to be shared to achieve better outcomes for people.

Leaders were visible, capable, and compassionate. Whilst people had specific roles, responsibilities and accountabilities, the working environment and relationships empowered staff to put forward ideas and be fully engaged in the shared purpose of improving outcomes for people. Staff confirmed that good communication and relationships with Senior leaders made them feel integral to the development of services.

We were told that the local authority's approach to risk management was characterised by proactive engagement, strategic alignment, and continuous improvement. Leaders told us that this was vital to ensure the safety and well-being of everyone they served. They evidenced strong governance processes in place at senior management level to ensure that risks were carefully managed. Risks were recognised, and specific measures to manage or mitigate these put in place. There were escalation arrangements internally and externally as required. Risks deemed to be of corporate significance were elevated and updated on an ongoing basis which ensured visibility and accountability at the highest levels of governance.

The local authority has had a new political administration since May 2023, and many of the Councillors including the Lead Member for Adult social care were new to their roles. We were told by several people that Councillors, from both the leading and shadowing parties and senior officers of the council worked collaboratively for the good of the people of the Borough which supported effective and well-informed decision making. Executive leaders in the local authority provided Councillors with the information and guidance they needed to be well informed about potential risks facing adult social care. These were reflected in the corporate risk register and considered in decisions across the wider council.

Some teams, for example staff told us the Hub, safeguarding and mental health team had shortages which impacted on waiting times. The local authority had identified that staff recruitment and retention were critical to delivering its Care Act duties and leaders had considered what local factors might influence this. The local authority had taken significant steps to retain staff and to be an attractive place to work. They had considered pay rates and increased them for qualified staff, as well as providing significant in-house opportunities for staff to become qualified in their profession including through apprenticeships to 'grow their own'. Recruitment was underway at the time of our assessment.

Many staff we spoke with were proud to work there and described the local authority as "the best employer they had had". There was a strong focus on staff wellbeing, with staff being provided time each month for reflection, and wellbeing resources made easily available. A cultural survey was conducted in December 2023 as part of an MBA project. It was completed by 202 staff from the People directorate. Initial findings of the survey identified staff felt proud to be associated with Bracknell Forest Council.

Strategic planning

The local authority worked with partners across the Integrated Care System, including people with lived experience, statutory organisations such as the NHS, independent organisations and VCFS organisations, to agree strategic intentions and how they would be delivered.

The Health Care Plan 2023-25 was agreed between partners from the shared priorities in the Frimley ICS Strategy 2023, the Bracknell Forest Council Plan (BFCP) and the Bracknell Forest Health and Wellbeing Strategy 2022-26 (BFHWS). The BFHW board identified a framework for the BFHWS. Multi-agency task and finish groups then identified key areas for improvement, based on collective insights and evidence including information about inequalities, performance and outcomes. A wide range of stakeholders were engaged to identify the key outcomes for these areas of improvement, what action was required to deliver the outcomes and how success should be monitored. Leaders told us they also used information on performance, inequalities and outcomes to understand whether they had enough resources in the right place and doing the right things.

Information security

The local authority had very clear governance arrangements and information sharing agreements in place to ensure the security, availability, integrity and confidentiality of data, records and information management systems.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

Findings from the December 2023 cultural survey were fed into council's new corporate Transformation Programme. It also suggested consideration be given to focus on staff personal growth and recognition. Staff told us there was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. There were opportunities for continuous professional development and opportunities to become qualified as social workers, occupational therapists, or Approved Mental Health Professionals. Commissioning staff had the opportunity to gain advanced commissioning qualifications. All staff received Equality Act training, and had access to e-learning on equality, diversity, and inclusion. The local authority had equality allies available to support staff. These were people that staff could go to if they needed support or guidance in relation to equality, diversity and inclusion, professionally or personally. A leader told us there was an open and transparent culture within the local authority.

The Principal Social worker undertook annual training audits, to monitor uptake and effectiveness and oversaw a review of case files, supervision audits and direct observations. For example, supervision audits identified the need for reflective practice to support learning, as well as the importance of considering the supervisee's wellbeing. Home visit observations found that there needed to be a consistent approach to management oversight documented in the case file. These findings led to action plans, and progress would be reviewed by future audits. The annual training audit informed the adult social care training needs analysis. For example, the identified need for increased understanding of the Mental Capacity Act resulted in this learning being prioritised in the 2024-27 plan.

The new operating model was developed collaboratively, taking account of feedback from people because the local authority recognised it hadn't served people well as well as it could, as well as from staff.

Coproduction was embedded throughout the local authority's work, and there were numerous co-production groups such as carers, learning disabilities and autistic people and dementia. General feedback regarding the forums from people was positive. Staff told us about a co-production group whereby people with lived experience of living with dementia, or caring for someone who was, were encouraged to lead a discussion, to identify gaps and areas of development to provide better outcomes for people. One project saw the terminology of a memory clinic discharge letter being changed which had a positive outcome for people. People told us they felt listened to and felt they made a difference to people's care. One partner noted however that the local authority should enable the learning disabilities partnership board to have a co-chair with lived experience, so that it was more independent.

The local authority was actively represented on the regional Association of Directors of Adult Social Services (ADASS) network and shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. They were not currently involved in external research and said they were looking at what works best in preventative, strengths-based support, for example the use and impact of assistive technology, or the effectiveness of intermediate care and reablement. The local authority actively participated in peer review and sector led improvement activity. They had a peer review of their Safeguarding Board and used the feedback for assurance. The local authority drew on external support to improve when necessary. For example, Bracknell Forest Council commissioned the Social Care Institute for Excellence (SCIE) to undertake a practice development project on Strengths Based Practice, which contributed to the Practice Framework now in place.

Learning from feedback

The local authority listened to feedback from people. Feedback from people's experience of assessment and care planning was shared with the principal social worker and the complaints manager.

Further development of the feedback system was taking place to ensure this captured, monitored, and was responsive to feedback received, including complaints. The 2022-23 Adult Social Care Annual report gave details of the reasons for complaints, and what had changed as a result. Because of learning from a complaint, new workers were explicitly informed about expected standards of recording for care reviews to ensure constant quality of recording. Following complaints regarding the Blue Badge application process, a new improved process was implemented which includes an online new application process and a renewal process.

There were 2 complaints made to the Local Government Social Care Ombudsman (LGSCO) both of which were upheld. This was below the average number of investigations for a local authority of this type. Bracknell Forest council had 100'% compliance rate with the findings of the Ombudsman and had no issues with late compliance or late remedies. The local authority held monthly Quality and Performance Cell Meetings to monitor complaints, compliments and feedback which provided senior leaders with an overview of themes across ASC.

Carers in the dementia forum had asked to meet in a social setting with carers and the people they cared for together. In response, the local authority set up regular lunch meetings. They then heard that the timing didn't suit people who worked, so the local authority took this feedback on board and created evening meeting options as well.

Healthwatch had presented data about service users experience of care at home to the commissioners who used this information to resolve issues with positive results. The local authority used also feedback from carers to inform the Integrated All Age Carers Strategy and sought feedback from people about equity. Feedback forms were being amended to reflect the target community.

There were processes to ensure that learning happened when things went wrong, and examples of good practice were shared. Leaders encouraged reflection and collective problem-solving. Examples included a yearly audit programme where each month either full case audits or thematic audits identified good practice and areas for improvement. Audit findings were discussed by senior leaders at a monthly Quality Assurance Working Group, and then shared with teams for discussion and learning. Formal learning events were held twice a year to bring practitioners together, topics included learning from serious case reviews and complaints.

Bracknell Forest Safeguarding Board (BFSB) conducted a SAR in 2017 into the death of a resident at a local care home. Following a criminal prosecution BFSB reviewed their SAR to ensure that any new information which came to light during the trial had been considered. As a result, further learning was shared with local health professionals and providers, and consideration was given to what learning could be shared nationally.

The evaluation of phase one of the new operating model has included feedback from people who have used the service. In response to a series of questions, about their experience, how well listened to, supported, and involved in the decision-making process they felt, and whether they received the help they needed, of 167 respondents the average score was between 9.4-9.6 out of 10. Compliments received across adult social care had increased by 68% from 22-23 to 23-24, with a far higher volume of compliments received in Jan – March 2024.
