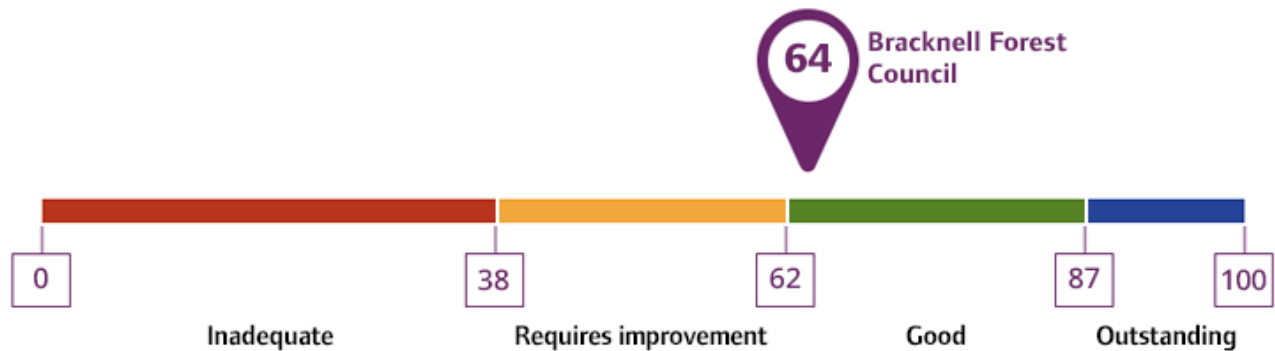


# Overall summary

## 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

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## Care provision, integration and continuity

Score: 3

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 2

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## Safeguarding

Score: 3

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## Governance, management and sustainability

Score: 3

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## Learning, improvement and innovation

Score: 3

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# 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.

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