

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.