Annex A

Quarterly Service Report Questions

Q1. Could you clarify the "significantly increased demand", whereas the graph on P31 suggests a reduction in the number of clients from 1,160 to 1,040?

A. The demand is predominantly for complex care e.g double up care, the graph shows how the conversations approach and increased focus on earlier intervention and prevention should help reduce/delay demand for long term care

Q2. From the same graph, could you explain the significant rise in costs between June and September 2017?

A. 3 main drivers for the escalating demand spike over the period June to September 2017 were down to the following

- Pressures from Young People transitioning from CYPL to adult services.
- Summer vacation cover for young people in education placements.
- Dom care market pressures during the transition to the new framework.

Q3. What is the forecast public health reserve of £1.039m to be used for?

A. The PH service has reduced its spend by delivering more services via an asset based community development approach and by making more use of digital delivery. Aside from allowing the Council to accommodate the planned reductions in the PH Grant, the reduced spend allows more investment in preventative work at higher levels of need - where it will have a greater and more immediate impact. For example, PH funds will now be funding the Community Connectors Programme delivered by ASC, as well as providing an integrated prevention service into social care (including an expanded programme of strength and balance sessions).

Q4. What is the "large roll forward" of the capital budget likely to be used for, in relation to disabled facilities and / or is this likely to answer item 1.7.11?

A. The expectation is to use capital balances to fund the investment the infrastructure needed to support lower cost community support and respite options such as community hub schemes, extra care housing for LD and extra respite beds/capacity which is part of the overall transformation plan objective to relieve pressure in the local care market.

Q5. In relation to item 4.6.11, although this shows green, could you provide any information about the treatment at home / hospital avoidance schemes for those with LTCs, in the very top percentile (i.e. a previous CCG pilot)?

A. Discharge to assess beds in Nursing home and Residential Home alongside D2A community support in a person's own home provided by Community Intermediate Care Services
Weekend working to ensure we are able to avoid hospital admission

Assessment and Reablement Centre Brants Bridge delivered by Berkshire NHS Foundation Trust
Links with GP practice and Community health e.g. District Nursing
Respite provision
Links to CPN

Q6. Item L310 indicates a massive increase in persons accessing online PH services so, is the current target realistic, is the portal capable of handling the load and what are the services being accessed?

A. The number of people accessing the Public Health Portal has significantly exceeded expectations. We have taken care to ensure the capacity of platform is robust, and are now using a new content management system that gives the site greater stability. The risk that demand will exceed capacity of the site or even slow the website down is very low.

All services are receiving are attracting a high level of access - with the highest being the services for new parents (eg: Baby Buddy App). Other popular online services include Kooth and Safe Sex Berkshire (which can both be accessed via the portal). Each section also includes links to our PH Facebook page where residents regularly give us feedback and ideas.

Q7. Can you explain why section 6 (page 41) does not include any health actions, in relation to self-reliant communities, such as social isolation, partnership projects with residents and the mapping of community groups etc., concentrating instead on anti-social behaviour and crime / CSP issues, only?

A. Yes absolutely agree and this will be rectified in the Q1 to reflect the work being undertaken with warm welcome map, Connections Hub and social prescribing.

Q8. Can we have a brief update on the Integrated Care System (ICS), if it has not been discussed specifically at Agenda item 9 and the Intermediate Care Service (ICS) model?

A Workstreams are progressing and BFC have a rep on these.
Branding has been approved by the Health and Wellbeing Alliance Board
ICS has submitted its operating plan 2018/19
Community Intermediate Care is being expanded to included, 7 day working, and an enhanced team to include, Nursing,therapy and CPN. This will ensure increased capacity to reable and right size packages of care. Full consultation has been undertaken with staff on the new way of working.

Q9. Can we understand what sites are being discussed, in relation to the second location for an integrated health hub and have an update on the Heatherwood site?

A. At present the estates programme is considering hubs at both Brants Bridge and Heatherwood. These are subject to outline business case approval through the ICS estates group and if approved will form part of the Full Business Case development for submission early in 2019. The CCG continue to explore opportunities to develop the community and primary care offer within the Bracknell locality recognising the housing and population growth forecast for the coming years. There have been discussions with the Councils Estates and Planning team to look at options including TRL and the Blue Mountain development. The CCG have commissioned a strategic needs assessment for Primary care for those areas of

Bracknell where the largest pockets of housing development will be taking place in the next 5-20 years to ensure they are adequately planning primary and community integrated care models together to help meet those population needs.

Q10. Can you explain the continuing skew in the levels of staff sickness, particularly in the ASC section, which is averaging over three weeks, per employee, per annum and what is being done in relation to both sickness management and / or stress auditing, within that section, at least?

A. I am unable to explain the continuing skew in the levels of sickness however, We have a managing ill health policy which staff have been trained in and follow, we have had staff on long term sickness relating to serious medical conditions, three staff have been off with stress relating to family bereavements. Staff are referred to Occupational Health for advice and recommendations, and each staff member has a return to work interview. Staff who have been off with stress have a stress assessment undertaken. Staff are also offered confidential Counselling sessions and take these offer up with Harmony. Staff have been offered flu vaccines, are provided with protective clothing and antiseptic gel/wipes we have had some people absent with prolonged respiratory infections. Staff have been invited to wellbeing sessions and are now able to sit in the newly refurbishes atrium areas which have been designated break out areas.