

DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY 30 SEPTEMBER 2025

Councillors Present: Martha Vickers (Chairman), David Marsh (Vice-Chairman), Dennis Benneyworth, Billy Drummond, Nick Carter, Paul Kander, Stephanie Steevenson, Alan Macro and Joanne Stewart

Also Present: Dr Matt Pearce (Director of Public Health for Reading and West Berkshire), Paul Coe (Executive Director – Adult Social Care and Public Health), Helen Clark (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Natraj Sauba, (Berkshire Healthcare NHS Foundation Trust), Suzanne Wilson (Service Manager, Older People's Mental Health, Berkshire Healthcare NHS Foundation Trust), Vicky Phoenix (Principal Policy Officer - Scrutiny) and Fiona Worby (Healthwatch West Berkshire)

PART I

1 Minutes

The Minutes of the meetings held on 12 June 2025 and 15 July 2025 were approved as true and correct records and signed by the Chairman.

2 Actions from previous Minutes

Members reviewed the Recommendations and Actions Tracker. The Chairman advised that the task group reviewing Healthcare in New Developments completed their work in June 2024. The response went to Executive in July 2025 where the recommendations of the task group were largely agreed. The proforma in the papers detailed these recommendations and the responses. The Health and Adult Social Care Scrutiny Committee (HASC) would now monitor the implementation of these recommendations.

The recommendations of the task group looking at Children's Mental Health and Emotional Wellbeing were approved at the HASC on 15 July 2025. These were currently with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and Executive for a response. A response would be provided at the December Health and Adult Social Care Scrutiny Committee.

Concern was raised about actions 7 and 8 in relation the transition of the mental health support team to BOB ICB. The Chair advised members that discussions with the children and young people's mental health commissioning lead had provided assurances that the service would remain unchanged and so these actions were not required. It was noted that more detail needed to be included in the actions tracker for clarity and accountability.

An update from BOB ICB on non-emergency patient transport transition was noted, highlighting improved waiting times and positive working relationships.

Action: Vicky Phoenix to add more detail to Actions 7 and 8 on the tracker.

Action: Vicky Phoenix to invite the BOB ICB to attend the HASC in December and to provide a brief update on their review of Children's Mental Health and Emotional Wellbeing Services.

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3 Declarations of Interest

Councillor Billy Drummond declared a personal interest in agenda item 7 by virtue of the fact that his wife worked with one of the presenters attending from Berkshire Healthcare NHS Foundation Trust. He confirmed that he would participate in the item.

4 Petitions

There were no petitions received at the meeting.

5 Dementia

Paul Coe (Adult Social Care and Public Health Executive Director), Suzanne Wilson (Service Manager for Older People's Mental Health, Berkshire Healthcare NHS Foundation Trust), Natraj Sauba (Berkshire Healthcare NHS Foundation Trust), and Helen Clark (Associate Director of Place, Berkshire West BOB ICB) presented on dementia and the memory clinic (Agenda item 7).

During the debate the following points were discussed:

- The diagnosis rate in West Berkshire was 63.7%, slightly below the national average of 65%. This figure reflected the proportion of people with dementia who had been formally diagnosed and were known to statutory services. Concerns were raised about the low diagnosis rate and what measures could be taken to improve early identification.
- Public awareness and access to diagnostic services were identified as key factors in improving diagnosis rates. The role of GPs was highlighted in identifying memory concerns and referring patients for further assessment.
- Suzanne Wilson provided an overview of the memory clinic service, which was part of the Community Mental Health Team based at Beechcroft House. The memory clinic offered assessments for dementia and other memory-related conditions, as well as post-diagnostic support. Referrals to the memory clinic were received from GPs, who conducted initial assessments to rule out physical health issues or mood-related conditions that might impact memory.
- The clinic had seen significant improvements in waiting times, with the number of patients waiting reduced from 164 in December to 57 in August. The mean waiting time had decreased to 14 weeks, attributed to being fully staffed and implementing measures to increase appointment availability.
- Urgent cases were prioritised, with referrals escalated to the home treatment team for immediate support if necessary. The clinic offered an "Understanding Dementia" course for carers and cognitive stimulation therapy for patients, both of which had received excellent feedback.
- Suzanne Wilson expressed optimism about sustaining the improvements in waiting times but noted that staffing levels would remain a critical factor.
- Natraj Sauba highlighted the challenge of recruiting full-time consultant psychiatrists in West Berkshire but reassured the committee that recruitment efforts were ongoing.
- A question was raised about the gender disparity in dementia diagnoses, with more females being diagnosed than males. Paul Coe suggested that this could be due to women living longer but agreed to investigate further and provide comparative national data.
- Helen Clark confirmed that the Dementia Strategy Group had been re-established and would focus on improving diagnostic pathways and post-diagnostic support.

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The strategy group would work collaboratively with partners to develop a joined-up approach to dementia care.

- Concerns were raised about the importance of raising public awareness about dementia, and it was suggested that initiatives like the dementia bus could be revisited to engage the community.
- Paul Coe mentioned the development of a dementia hub near the community hospital, which was being worked on collaboratively with stakeholders. The Camellia Club at the Fair Close Centre was highlighted as a positive initiative for supporting individuals with dementia.

Action: Paul Coe to investigate the gender disparity in dementia diagnoses and provide comparative national data.

Action: Paul Coe to look into the possibility of revisiting the dementia bus initiative to raise public awareness.

Action: Helen Clark to provide a written update on the dementia for the December meeting.

6 The Director of Public Health Annual Report

Matt Pearce, Director of Public Health at West Berkshire Council, presented the Director of Public Health's Annual Report, focusing on the theme of "Best Start in Life." The report highlighted the importance of the first 1,001 days of a child's life, from conception to age two, in shaping future health and well-being outcomes. It provided an overview of key challenges, successes, and recommendations to improve outcomes for children and families in West Berkshire.

During the debate the following points were discussed:

- The report emphasised the critical importance of the first 1,001 days in a child's life, highlighting that significant brain development occurred during that period.
- National surveys suggested a lack of public awareness about the importance of early years, particularly the impact of brain development during this time.
- The Healthy Child Programme was identified as a key service, with health visitors playing a vital role in engaging with families, particularly vulnerable children.
- Concerns were raised about the decline in antenatal contacts, which had dropped significantly due to a lack of process for midwifery notifying health visiting services. An automated system has since been implemented to address this issue.
- The report highlighted a rise in child poverty in West Berkshire, with approximately 3,300 children now living in poverty, a 52.8% increase over the last decade.
- Poor maternal mental health was identified as a significant challenge, with a need to ensure parents and caregivers had access to mental health support.
- Smoking in pregnancy rates had decreased from 7.4% in 2010 to 5.9%, but further work is needed to reduce this figure further.
- West Berkshire performed well in terms of immunisation rates, but there was a need to address vaccine hesitancy and ensure trusted professionals provided accurate information to counter misinformation.
- The report highlighted geographical inequalities within West Berkshire, with life expectancy varying significantly between different areas. Addressing these inequalities required a proportionate universalism approach, targeting resources where they were most needed while maintaining universal services.

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- The rate of emergency admissions for lower respiratory infections among males aged 0-4 was noted to be higher than the national average. Further investigation was required to understand the reasons behind this trend.
- The Healthy Start voucher scheme was discussed, with concerns raised about the estimated £70,720 of unclaimed vouchers locally each year. Efforts were needed to promote the scheme more effectively to eligible families.
- The report included a recommendation for the Health and Wellbeing Board to consider expressing an interest in fluoridation of the water supply to improve oral health. This recommendation prompted mixed views among committee members, with some expressing reservations.
- The importance of addressing housing conditions, including damp and mould, was highlighted, particularly in light of the new Awaab's Law. Concerns were raised about the additional responsibilities that placed on local authorities without additional funding. It was noted that housing was a cross-cutting issue involving health and social care, and there was some uncertainty about which group or committee is responsible for overseeing related work. The Housing and Homelessness Strategy Group was suggested as a likely forum.
- The committee discussed the need for improved data sharing between organisations to support children at both individual and strategic levels.
- Members highlighted the importance of parenting preparation and the need for diverse approaches to support parents, including online tools, peer groups, and in-person support.
- The committee noted the recommendations within the report and expressed support for the focus on improving outcomes during the first 1,001 days of life.

Action: Matt Pearce to take away the question regarding respiratory illness for further investigation.

Action: Vicky Phoenix to look into identifying the appropriate forum or group to discuss housing-related issues further.

7 Adult Social Care Annual Report 2024/25

Paul Coe (Adult Social Care and Public Health Executive Director) presented the Adult Social Care Annual Report (Agenda item 9).

During the debate the following points were discussed:

- It was advised that this was the first time such a report had been produced, marking an important step in providing transparency and accountability. It was noted that the report would now be produced annually. The report highlighted growing demand and the department's efforts to manage it through innovation and meeting service user needs.
- A concern was raised about the timing of the report, noting that it had already been presented to Executive before being scrutinised by the committee. It was suggested that in future, the report should come to scrutiny first.
- A question was asked about the statistic on page 122, which stated that 70% of people who used the service felt safe. It was clarified that this figure reflected people's general sense of safety, which could be influenced by factors outside the council's control, such as crime or the COVID-19 pandemic. The accompanying statistic of 92% related specifically to the impact of the council's services on individuals' sense of safety.
- The importance of public confidence and perception in feeling safe was highlighted, and it was suggested that more could be done to address this.

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- A question was raised about respite services, noting the importance of supporting unpaid carers. It was acknowledged that respite services were inherently difficult to sustain due to their cost and complexity, but flexibility in providing respite was emphasised as a key approach.
- It was discussed that transitions for young people moving from children to adult services were a challenging time for families. It was noted that the transitions team had grown significantly in recent years to meet increasing demand.
- The expenditure on learning disability support was highlighted, and it was discussed whether there were opportunities to reduce costs in this area. It was explained that proactive work with providers could help manage costs.
- The report focused on past year delivery; no information on future care home or resource centre changes was included.
- Staffing costs included internal case management and commissioned services.
- The transition to the Mosaic case management system was underway and the Care Director contract had been extended until April 2026 so there would be no gap. The committee requested a future update on Mosaic implementation.
- Positive feedback was noted for the reablement service.
- The "home first" approach to hospital discharge was welcomed.
- Sensory gardens and robotic pets were mentioned as supportive initiatives.
- Hospital discharges to care homes were monitored for appropriateness, with follow-up after discharge.
- The importance of unpaid carers was acknowledged, though not explicitly included in the data.

Action: Vicky Phoenix to schedule an update on the Mosaic system to be provided at a future meeting.

8 **Adult Social Care Annual Complaints and Compliments Report 2024/25**

Paul Coe (Adult Social Care and Public Health Executive Director) the annual report on complaints and compliments within adult social care. He highlighted that the report provided an overview of the complaints received, the compliments recorded, and the actions taken to address concerns raised by service users and their families. He noted that the number of complaints remained low compared to the number of compliments received, and that the council had managed complaints effectively, with no significant issues raised by the Local Government and Social Care Ombudsman (LGSCO).

During the debate, the following points were discussed:

- It was noted that the number of complaints was significantly lower than the number of compliments received, which was seen as a positive reflection of the service provided by adult social care.
- A question was raised about the term "refused complaints" mentioned in the report. It was clarified that these referred to complaints that were not formally progressed because the issue had been resolved before the formal complaint process was initiated. It was suggested that the term "refused" might be misleading and could be reconsidered in future reports.
- It was discussed that the majority of complaints were submitted by family members rather than service users themselves. This raised concerns about whether individuals who lacked confidence or capacity, and who did not have family or friends to advocate on their behalf, were adequately supported to raise complaints. Paul Coe confirmed that advocacy services were available to support individuals in such

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circumstances, but acknowledged the challenge of identifying those who might need this support.

- The transitions process for young people moving from children's to adult services was identified as a key area where complaints were more frequent. It was noted that this was a particularly stressful time for families, and the differences in statutory frameworks between children's and adult services could be difficult to navigate. Paul Coe highlighted that additional staff had been allocated to the transitions team to address these concerns and provide better support to families.
- A question was asked about the proportion of complaints submitted by professionals, which was reported as 9%. It was clarified that these complaints were typically raised by professionals who had concerns about the care or support provided to their clients. Further details on the nature of these complaints were requested for future reports.
- It was discussed that the report focused on complaints related to long-term adult social care services. A question was raised about whether complaints related to other types of services, such as short-term or reablement services, were also captured. Paul Coe explained that the focus on long-term services provided a clear and measurable dataset but acknowledged that complaints related to other services could also be considered in future reporting.
- The importance of learning from complaints to improve services was emphasised. It was noted that the report included examples of actions taken in response to complaints, such as staff training and changes to processes, which demonstrated a commitment to continuous improvement.
- It was asked what proportion of the complaints made by professionals was whistleblowing.

Action: Paul Coe to investigate what proportion of complaints were made through whistleblowing.

9 Safeguarding Adults Performance Annual Report 2024/25

Paul Coe (Adult Social Care and Public Health Executive Director) presented a report on the Safeguarding Adults Annual Report, highlighting increased demand for safeguarding services and the team's effective management of this demand. The report provided an overview of safeguarding activity and performance, including statutory responsibilities under deprivation of liberty safeguards (DoLS).

During the debate the following points were discussed:

- The rise in safeguarding referrals was attributed to greater public awareness, improved processes, and potentially an increase in incidents requiring safeguarding intervention. Heightened sensitivity among partner organisations, such as the ambulance service, was noted as a contributing factor to the increase in referrals.
- Key performance indicators showed that risks to individuals were either removed or reduced in the majority of cases, exceeding the national average.
- Advocacy services were provided in 98% of cases where individuals could not engage in the safeguarding process, ensuring their voices were heard.
- A significant majority of cases achieved or partially achieved the outcomes desired by the individual, demonstrating the effectiveness of the safeguarding process.
- DoLS assessments ensured that any deprivation of liberty was appropriate and proportionate, balancing safety with quality of life. The assessments involved a multi-stage process, including a best interests assessment to determine whether restrictions on an individual's liberty were necessary to keep them safe.

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- Hoarding was identified as a significant fire safety risk, and the council worked closely with the fire service to address these risks.
- Addressing hoarding was acknowledged as a complex and time-consuming process, often requiring specialist support.
- The proportion of concerns progressing to Section 42 inquiries had decreased from 55% to 44%, potentially due to an increase in lower-level concerns being reported.
- Audits were conducted to ensure the triage process was robust and effective in determining whether concerns met the threshold for a Section 42 inquiry.
- Work was undertaken with children's social care and youth justice support teams to identify and support children at risk of exploitation as they transitioned to adult services.
- A question was raised about whether children in care who received extended support up to the age of 24 were included in the safeguarding figures reported.

Action: Paul Coe to confirm if young people in care up to age 24 were included in figures reported.

- Paul Coe confirmed that advocacy services were in place to support individuals who could not engage in the safeguarding process.
- The council's relationship with the fire service was praised, with social care practitioners frequently commending their support and collaboration.
- Paul Coe agreed to confirm whether children in care who receive extended support up to the age of 24 are included in the safeguarding figures.
- The committee will continue to monitor the proportion of concerns progressing to Section 42 inquiries and ensure audits are conducted to maintain robust triage processes.
- Opportunities to strengthen collaboration with the fire service and specialist support providers to address hoarding and fire safety risks will be explored.

10 Healthwatch Update

Fiona Worby (Lead Officer for Healthwatch West Berkshire) provided an update on the organisation's recent activities and challenges. Healthwatch, which served as a statutory body to represent the public's voice in health and social care, faced significant uncertainty following national announcements about its abolition. They would however continue to operate until around 2027 but they had not received confirmation from the Government. Despite this, Healthwatch West Berkshire continued to operate and deliver its work plan.

Key points from the update included:

- Healthwatch West Berkshire conducted two of its planned four major engagement events for the year. These included an event in Thatcham focused on ageing well and another in Greenham. Two further events were planned before the end of the financial year. Staffing constraints limited their ability to engage as extensively as desired.
- A report on ageing well, titled "Golden Years," was published earlier during the summer, reflecting Healthwatch's ongoing commitment to addressing the needs of older residents.
- The announcement regarding the potential abolition of Healthwatch caused confusion among the public and disengagement from some services. Despite this, Healthwatch West Berkshire continued to operate and deliver its work plan. Healthwatch West Berkshire was informed that it would likely continue to operate until at least 2027, as legislative changes would be required to dissolve the organisation.

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- Healthwatch West Berkshire faced staffing shortages over the past five months, which impacted its ability to carry out its work. Recruitment efforts were ongoing, and the organisation hoped to return to full capacity within the next month.
- Healthwatch continued to gather feedback from the public about health and social care services. A new reporting tool, Power BI, was introduced, enabling more detailed analysis of public feedback and trends.
- Healthwatch West Berkshire supported the development of a women's health strategy by BOB ICB. A short survey was conducted to gather feedback from women in West Berkshire, with 87 responses received. The findings were shared with BOB ICB to inform the strategy.
- Due to staffing constraints, Healthwatch relied more on online surveys and digital engagement. While this approach was effective in reaching some groups, it limited their ability to engage with individuals who were not online, which remained a concern.
- Fiona emphasised that Healthwatch West Berkshire remained committed to its mission of amplifying the public's voice in health and social care. Despite the challenges, the organisation continued to work on its priorities and planned to keep stakeholders updated on any developments regarding its future.
- The valuable work of Healthwatch was noted by the Committee.

11 Health and Adult Social Care Scrutiny Committee Work Programme

The committee reviewed the work programme, which outlined the topics and issues to be addressed in upcoming meetings. The work programme was a live document that may change based on emerging priorities and feedback from committee members. Members were encouraged to provide input on additional topics they felt should be included.

The Chairman advised that the December and March meetings would focus on oral health and women's health.

Any new suggestions for the work programme would be assessed using the prioritisation tool to determine their inclusion in future meetings.

(The meeting commenced at 1.30 pm and closed at 4.12 pm)

CHAIRMAN

Date of Signature