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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 16 DECEMBER 2025

Councillors Present: Martha Vickers (Chairman), David Marsh (Vice-Chairman), Dennis Benneyworth, Owen Jeffery, Paul Kander, Stephanie Steevenson and Alan Macro

Also Present: Steven Bow (Consultant in Public Health), Paul Coe (Executive Director – Adult Social Care) and Barbara Billett (Quality Assurance Manager), Councillor Nick Carter, Helen Clark (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Vicky Phoenix (Principal Policy Officer - Scrutiny), Niki Cartwright (NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Lajla Johansson (BOB ICB), Hugh O'Keefe (BOB ICB), Daphne Barnett (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) and Nigel Foot (Chair of the Health and Wellbeing Board)

PART I

1 Minutes

The Minutes of the meetings held on 30 September 2025 were approved as true and correct records and signed by the Chairman.

2 Actions from previous meetings

The Chair highlighted the importance of the action tracker in maintaining accountability and ensuring that recommendations from the committee were being progressed. Members were invited to review the tracker and raise any questions or comments regarding the actions listed.

Councillor Paul Kander raised a concern about tracking target dates for actions. He suggested that if a target date had slipped and the action was still in progress, a new target date should be added to the tracker to provide clarity and ensure accountability.

A concern was raised regarding the delay in the task group report on children's mental health reaching the Executive and the length of time it had taken for the recommendations to progress. It was advised that issues were being actively followed up and that the recommendations from the task group were considered important. It was highlighted that the task group had held an additional meeting to expedite the process and disappointment was expressed at the delay. It was confirmed that the report would be brought back to the Health and Adult Social Care Scrutiny Committee in March 2026 for further discussion. Any updates received in the interim would be shared with members.

It was advised that the Recommendations for the Healthcare in New Developments continued to be monitored and would remain in view, although no future updates for the Committee were planned.

3 Declarations of Interest

There were no declarations of interest received.

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4 Petitions

There were no petitions received at the meeting.

5 Update on Oral Health and Dentistry

The reports, provided by Hugh O'Keefe (Head of Pharmacy, Optometry, and Dentistry from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)) and Steven Bow (Public Health Consultant, West Berkshire Council), gave updates on the state of oral health and dentistry services, focusing on changes to the national dental contract, local access to NHS dentistry, urgent dental care, children's oral health, and pilot programmes for blood pressure monitoring in dental practices. They highlighted the challenges faced in rural areas, the progress made in improving access, and the ongoing efforts to address oral health inequalities.

During the discussion, the following points were raised:

- The updated dental contract, effective from April 2026, was set to focus on oral health promotion, prevention, children's oral health, and urgent dental care. These changes were described as the most significant updates to the dental contract since 2006 and aimed to address access challenges and professional concerns.
- Access to NHS dentistry was reported to be improving but remained below pre-pandemic levels. West Berkshire practices delivered 85% of their contracted activity in 2024-2025, rising to 90% with the new patient premium. However, recruitment challenges persisted in rural areas, and a "Golden Hello" scheme had been introduced to attract dentists to harder-to-recruit areas.
- A question was raised about the urgent dental care incentive scheme, which currently required practices to see patients only within their current course of treatment. It was noted that a contractual requirement for dentists to see urgent patients was being introduced, representing a significant change.
- A pilot programme was underway to encourage early dental visits and supervised toothbrushing. Sixteen practices were participating in this pilot, which was scheduled to run until March 2027. The programme aimed to improve children's oral health and reduce hospital extractions.
- A national pilot for blood pressure monitoring in dental practices was discussed, with one practice in West Berkshire participating. This initiative sought to integrate primary care services and improve cardiovascular health outcomes.
- Concerns were raised about the high rate of tooth extractions in West Berkshire, which was statistically higher than the Southeast average. It was noted that data quality and variations in collection methods might have contributed to this discrepancy. A new national process for dental procedure data collection, introduced in August 2025, aimed to improve accuracy.
- Prevention was highlighted as a key focus, with efforts to expand pilot programmes and integrate oral health into broader health initiatives. Collaboration between local authorities, dental practices, and other agencies was deemed essential to address oral health challenges effectively.

Action: Stephen Bow to provide a response/update on the Committee's Recommendation for an Oral Health Needs Assessment.

6 All Age Complex and Continuing Care

Diane Utley (Clinical Service Lead, Berkshire West Place, BOB ICB) and Daphne Barnett (Interim Associate Director, Complex and All Age Continuing Healthcare, BOB ICB) presented the report on All Age Continuing and Complex Care. The report provided an

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update on referral activity, eligibility rates, fast track referrals, and collaborative working with local authorities. Key developments included the establishment of a central referral hub to improve consistency, alignment with Berkshire East in preparation for the Thames Valley ICB, and progress in healthcare contributions and dispute resolution policies.

- During the debate, it was raised that the data presented was consolidated for Berkshire West, with West Berkshire, Reading, and Wokingham shown as separate grey bars. A question was asked about the lack of detailed data specific to West Berkshire. It was clarified that the consolidated data represented Berkshire West as a whole, while the grey bars showed individual areas. Officers committed to providing more detailed data specific to West Berkshire in future updates.
- A question was asked about why West Berkshire's positive referral rate appeared significantly lower than Reading and Wokingham. It was explained that the data showed referrals were appropriate and that the conversion rate was improving. Further analysis would be conducted to understand the variation. It was also discussed that West Berkshire has historically had low CHC eligibility rates. Paul Coe (Executive Director, Adult Social Care and Public Health) expressed cautious optimism, noting that the centralised team and joint training initiatives were positive steps towards addressing this issue.
- It was queried whether socio-economic and demographic factors could explain the variation in referral and eligibility rates between the three local authorities. It was confirmed that they were working with population health colleagues to analyse these factors in more detail.
- A question was asked about progress on the pilot to consider unmet health needs for children and young people who do not meet the threshold for CHC. It was explained that the children's and young people's guidance differed from the adult framework. A Berkshire West children's and young people's panel had been established to review cases and ensure consistency.
- It was discussed that the disputes policy and healthcare contributions policy had been developed and published. The disputes policy had supported close partnership working with the three local authorities, enabling timely resolution of disputes. It was noted that 33 disputes had been completed, with 75% resulting in the not eligible decision being upheld. This aligned with the national benchmark, providing reassurance that decisions are appropriate. Officers emphasised the importance of operationalising these policies and rolling out joint training to improve referral processes and consistency. Collaborative working with local authorities had strengthened relationships and improved processes.
- A question was raised about the high number of cases that were referred but found not eligible. Officers clarified that the checklist for NHS continuing healthcare consideration is deliberately set at a low bar, meaning more people are referred than are ultimately eligible. The expected conversion rate is around 22%, and Berkshire West was now moving closer to this figure. It was noted that referrals were appropriate, and the direction of travel is positive.
- The creation of a central referral hub had allowed for greater consistency in processes and a deeper understanding of referral activity. Referrals were mainly coming from local authorities and community providers, with those from the community often involving self-funding individuals or those without social work involvement. Fast track referrals had increased to 21.4 per 50,000 population, aligning with the average referral rates across the region. The number of people eligible for fast track in quarter two is also aligned with expected eligibility per 50,000 population.

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As part of the six-month update, the BOB ICB were requested to provide more detailed local data specific to West Berkshire, including a breakdown of referral and eligibility rates, to enable a clearer understanding of local performance and variations. This data should be presented in a format that allowed for direct comparison with Reading and Wokingham to identify trends and areas for improvement.

The Chair thanked the presenters for their update, and the committee noted the progress made. Further updates were anticipated in due course.

Action: Vicky Phoenix to add to the work programme for the agenda in June 2026.

7 Adult Social Care Care Quality Commission Progress report

Paul Coe (Executive Director, Adult Social Care and Public Health, West Berkshire Council) presented the report on the Care Quality Commission (CQC) progress report. The report provided an update of the council's progress in addressing improvement actions identified during the CQC assessment, highlighting that most actions had been completed, with some outstanding challenges remaining in market shaping, commissioning, and care quality. It was also noted that the implementation of the Mosaic system in April 2026 would address some of the outstanding issues.

During the debate, the following points were discussed:

- It was noted that the CQC inspection covered not only adult social care but also the council's commissioning function and other aspects of service delivery. The majority of improvement actions identified during the inspection had been completed, with a few areas still requiring further work.
- It was advised that six outstanding safeguarding process improvements were noted in the report. Paul Coe clarified that these improvements related to workflow and system changes and did not pose any risk to individuals. He confirmed that these would be addressed with the implementation of the Mosaic system.
- A question was asked about the Mosaic system, and it was explained that it would replace the outdated Care Director system, with a go-live date set for April 2026. He noted that Mosaic would improve data management and support the completion of some outstanding improvement actions.
- It was discussed that the RACI framework (Responsible, Accountable, Consulted, and Informed) was being used to clarify roles and responsibilities within the improvement process.
- It was asked whether the task and finish group overseeing the improvement actions would report back to the committee. It was explained that the group was responsible for monitoring progress and that the report presented to the committee summarised its work. The group's work was ongoing and would continue until the next CQC inspection, at which point a new set of actions would likely be identified.
- A question was raised about the timing of the next CQC inspection. It was noted that while the CQC was reviewing its processes and would present its proposals to the minister in April 2026, the timing of the next inspection was uncertain. It was suggested that the council might be revisited in spring or summer 2026, and readiness activities, including the preparation of a self-assessment, would take place between January and March 2026.
- Concerns were raised about the use of acronyms and technical terms in reports. It was agreed that future reports would include a glossary to improve accessibility for councillors and members of the public.

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- It was noted that achieving a “Good” rating in the CQC assessment was a significant achievement, particularly as West Berkshire was one of the first local authorities assessed under the new framework.
- A question was asked about the council’s ability to address market shaping challenges. It was noted that a new commissioning team structure was undergoing consultation and would be implemented to address these challenges.
- It was discussed that updates on the task and finish group’s progress and the implementation of the Mosaic system would be valuable for the committee to monitor ongoing improvements.

Action: Vicky Phoenix to progress the request for Mosaic to be reviewed by a suitable scrutiny committee.

8 Adult Social Care Client Level Data Set

Barbara Billett (Quality Assurance Manager, West Berkshire Council) presented the report on the Adult Social Care (ASC) Client Level Data Set, explaining its purpose, scope, and the data being reported to the Department of Health and Social Care (DHSC). She highlighted that the data set was in its early stages, having been statutorily required for only two years, and was evolving to provide more comprehensive insights into adult social care activity. The data was reported quarterly, covering a rolling twelve-month period, and was intended to inform the Adult Social Care Outcomes Framework (ASCOF) and support the Care Quality Commission (CQC) in its assessments. Barbara also noted the inclusion of NHS numbers in the data set, which would eventually allow for integration with health data, supporting the broader integration agenda between health and social care.

During the debate the following points were discussed:

- A question was raised whether Section 42 investigations referred to safeguarding investigations. It was confirmed that Section 42 investigations were safeguarding investigations but clarified that these were reported separately under the Safeguarding Adults Collection (SAC) and were not included in the ASC Client Level Data Set.
- A question was asked about the term "AMHP work" mentioned in the report. It was explained that this referred to the work of Approved Mental Health Professionals (AMHPs), who were responsible for conducting Mental Health Act assessments, which may lead to individuals being detained under the Act if they were in a mental health crisis.
- Clarification was sought on the reference to "NRS insolvency." It was explained that NRS (Nottingham Rehab Services) was the equipment provider for Berkshire, including West Berkshire, and went into insolvency in the summer of 2025. This created significant challenges in sourcing and providing critical equipment for individuals requiring support. A new provider, Millbrook, had since been contracted, but during the transition period, only critical emergency equipment was available. It was noted that council officers worked hard to ensure service users were not adversely affected during this challenging period.
- It was discussed how the Mosaic system, set to replace the outdated Care Director system in April 2026, would improve data management and address some of the current gaps in reporting. It was explained that Mosaic was a case management system widely used by local authorities to manage adult social care data.
- A question was raised about the high number of young adults requiring long-term services in West Berkshire and whether this could be linked to the presence of

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specialist schools such as Mary Hare and Prior's Court. It was confirmed that this was likely a contributing factor, as families often moved to the area for these schools and remained in West Berkshire, making their children ordinary residents who required adult social care support as they transitioned into adulthood.

- Concerns were raised about the high percentage of requests (54%) and assessments (34%) resolved with "no further action." It was clarified that "no further action" did not mean no support was provided. In many cases, individuals received information, advice, or short-term support, such as equipment or reablement services, which helped them regain independence without requiring ongoing support from adult social care.
- It was noted that the age and gender distribution of service users showed a high number of individuals aged 95 and over receiving support. It was explained that this reflected national trends, with more people living longer and requiring support later in life. It was emphasised that the council supported only a fraction of the population, as many older adults remained independent.
- A question was asked about the potential for integrating the ASC Client Level Data Set with health data. It was confirmed that the inclusion of NHS numbers in the data set was a step towards achieving this integration, which would support the broader health and social care integration agenda. However, it was noted that this is still in the early stages.
- It was discussed how benchmarking data from the ASC Client Level Data Set could be used to compare West Berkshire's performance with other local authorities. It was noted that while benchmarking data was currently limited, the long-term services data allowed for some comparisons. It was highlighted that West Berkshire had a higher-than-average number of younger adults (aged 18-64) receiving long-term services but a lower-than-average number of older adults (aged 65+) receiving such services, which reflected the local demographic profile.
- The importance of the ASC Client Level Data Set was emphasised in providing a comprehensive picture of adult social care activity and informing future service planning. It was advised that as the data set evolves, it would enable better benchmarking and collaboration with health partners. It was suggested that additional training or briefing sessions on data interpretation could be beneficial for committee members, particularly given the complexity of the data.

9 Better Care Fund

Paul Coe (Executive Director, West Berkshire Council) presented the report on the Better Care Fund (BCF), a pooled budget designed to ensure effective collaboration between local authorities and health partners. The fund aimed to improve outcomes by focusing on reducing hospital admissions, facilitating timely hospital discharges, and preventing unnecessary admissions to care homes. The report highlighted the current performance against national metrics, challenges with data reporting, and the impact of recent disruptions, such as the insolvency of the equipment provider NRS.

During the debate the following points were discussed:

- It was raised that the BCF played a critical role in supporting integrated health and social care services, but there were ongoing challenges with data reporting, particularly around delayed discharges and emergency admissions. Helen Clark (Associate Director of Place, Bob ICB) explained that local reporting had been replicated by the Frimley analytics team, which was expected to resolve some of the data gaps. However, national dashboards for the BCF remained under development.

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- A question was asked about the impact of the insolvency of Nottingham Rehab Services (NRS) on hospital discharges. Barbara Billett (Quality Assurance Manager, West Berkshire Council) explained that the insolvency caused significant disruption to the provision of equipment and adaptations needed for hospital discharges. A new provider, Millbrook, had since been contracted, and services have stabilised, but the disruption contributed to delays during the transition period.
- It was discussed that West Berkshire was performing well in preventing care home admissions, with effective use of "Pathway 3" discharges, which focussed on supporting individuals to return home with appropriate care packages rather than moving into residential care unnecessarily.
- A question was asked about the potential for using the BCF to fund preventative measures, such as smoking cessation and health checks, particularly in rural areas. Paul Coe noted that while the BCF was a valuable resource, its use was subject to strict guidelines, and funding could not be allocated to statutory functions already required of local authorities. He emphasised the need to balance statutory responsibilities with value-added activities.
- It was raised that the BCF should be used to address local needs, including support for carers and voluntary sector initiatives. Helen Clark noted that the ICB was mapping patient journeys to identify bottlenecks and areas for improvement in hospital discharge processes, which could inform future use of the BCF.
- A concern was expressed about the importance of keeping people out of hospital and promoting public health initiatives. Paul Coe reiterated that while the BCF was focused on integration and improving outcomes, there were limitations on how the funding could be used, particularly for activities that fall under statutory responsibilities.
- It was discussed that the BCF budget was on track, with a small underspend anticipated. This underspend could be carried forward to the next financial year, ensuring that resources were available to address ongoing challenges.

The committee would receive a further update on the Better Care Fund in six months.

10 **BOB ICB update on Children's Mental Health and Emotional Wellbeing review**

Lajla Johansson (Head of All Age Learning Disability, All Age Neurodivergence and SEND, Bob ICB) presented the report on the ICB update regarding the Children's Mental Health and Emotional Wellbeing review. The report outlined the ongoing review of mental health and emotional wellbeing services for children and young people across Berkshire West. The review aimed to assess current service provision, identify gaps, and ensure that pathways were effective in meeting the needs of children and young people. The work was being conducted in collaboration with local authority partners, including education and children's services, and was expected to conclude in March 2026.

During the debate the following points were discussed:

- It was raised whether the findings and recommendations of the West Berkshire Council task group on children's mental health and emotional wellbeing had been incorporated into the review. Lajla Johansson confirmed that the task group's work had been considered and was helping to inform the review process.
- A question was asked about the reference to Wokingham in the report, which caused confusion as the agenda item was specific to West Berkshire. Lajla Johansson clarified that this was a typographical error and assured the committee that the data and focus of the review were specific to West Berkshire.

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- It was discussed that the review was examining the pathways children and young people followed to access mental health and emotional wellbeing services, with a focus on ensuring no gaps existed in provision. The review also considered how future services, such as family hubs and youth hubs, could integrate mental health and emotional wellbeing support.
- Concerns were raised about the increasing prevalence of mental health disorders among children and young people, with data showing a significant rise in probable mental health disorders from 10% in 2010 to 20% in 2023. It was noted that this trend highlighted the urgency of improving access to services and support.
- It was discussed that the review was engaging with a wide range of stakeholders, including local authority partners, to ensure a comprehensive understanding of the current challenges and opportunities for improvement.

Action: Lajla Johannson to ensure findings of the Children's Mental Health and Emotional Wellbeing review were shared with the Children and Young People Scrutiny Committee upon completion.

11 Dementia

Niki Cartwright (Head of All Age Learning Disability, All Age Neurodivergence, and SEND 0-25, BOB ICB) presented the report on dementia services in West Berkshire. The report highlighted the high prevalence of dementia in the area and outlined the challenges faced in providing timely diagnosis and support. The presentation focused on memory clinics, post-diagnostic support, and ongoing efforts to improve services.

Key points discussed included:

- West Berkshire had a higher prevalence of dementia compared to other areas, influenced by factors such as an ageing population and local demographics. This presented significant challenges for local services.
- There were long delays in accessing memory clinics, with West Berkshire experiencing the highest volume of referrals in the region. Efforts were underway to improve performance and work towards the NHS standard of an 18-week referral-to-treatment time.
- West Berkshire had shorter waiting times for post-diagnostic support (69 days) compared to Reading (146 days). This improvement was attributed to an £80,000 investment from the Better Care Fund into the Alzheimer's Society contract. However, it was acknowledged that even 69 days is too long for individuals and families awaiting support.
- New drugs for dementia were being approved by the National Institute for Health and Care Excellence (NICE) and were expected to be introduced into the NHS in the future, which underscored the importance of early diagnosis.
- The ICB was mapping patient journeys to identify bottlenecks and areas for improvement. This included understanding best practices that could be replicated across the region. The Dementia 100 self-assessment toolkit had been completed to help pinpoint key areas for action.
- The importance of supporting carers was emphasised, with discussions around how the Better Care Fund and voluntary sector support could be utilised to provide additional help for carers. A specific concern was raised regarding the affordability of respite care services. While these services were valuable, their cost may be prohibitive for some families. It was clarified that funding support for such services depended on Care Act eligibility and a financial assessment, which determined an

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individual's ability to pay. Those assessed as eligible may receive support to cover costs.

12 Healthwatch Update

The Chair advised that Fiona Worby, Lead Officer at Healthwatch West Berkshire, was unable to attend the meeting.

The committee discussed the current situation and future of Healthwatch, expressing strong support for the organisation and its work. Healthwatch played a vital role in linking the community with health and social care services, providing valuable insights into public concerns and needs.

Key points discussed:

- Healthwatch's ability to conduct surveys and assessments to identify health and social care needs was highlighted as a unique and essential function. Members noted that no other organisation currently performs this role. This work is seen as critical for informing decision-making and ensuring that services meet the needs of residents.
- There was widespread concern about the potential cessation of Healthwatch as an organisation. Members highlighted the need for any replacement to maintain the same level of community engagement and insight provision.
- Healthwatch's involvement in community engagement, such as attending pop-up libraries to provide health checks and advice, was praised as an innovative way to reach isolated communities.
- The committee acknowledged the importance of Healthwatch's work in supporting scrutiny activities, such as its contributions to the Women's Health Task Group.

The committee would continue to monitor developments regarding its future. Members remained committed to supporting the organisation and ensuring that its vital role in community engagement and health advocacy was preserved.

13 Health and Adult Social Care Scrutiny Committee Work Programme

The committee reviewed the work programme, which outlined the topics and issues to be addressed at the next meeting. Members were encouraged to provide input on additional topics they felt should be included.

It was suggested that the forthcoming new social care case management system, Mosaic, be considered for the work programme for the appropriate scrutiny committee. It was confirmed this would be looked at by the Resource and Place Scrutiny Committee.

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 3.48 pm)

CHAIRMAN

Date of Signature