

# Notice of Meeting

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## Health and Adult Social Care Scrutiny Committee

**Tuesday 10 March 2026 at 1.30 pm**  
in Council Chamber, Council Offices,  
Market Street, Newbury

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Date of despatch of Agenda: 2 March 2026

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Vicky Phoenix (Principal Policy Officer - Health Scrutiny) by e-mail: [vicky.phoenix1@westberks.gov.uk](mailto:vicky.phoenix1@westberks.gov.uk)

Further information and Minutes are also available on the Council's website at [www.westberks.gov.uk](http://www.westberks.gov.uk)



**Agenda - Health and Adult Social Care Scrutiny Committee to be held on Tuesday 10  
March 2026 (continued)**

**To:** Councillors Martha Vickers (Chairman), David Marsh (Vice-Chairman), Dennis Benneyworth, Nick Carter, Owen Jeffery, Paul Kander, Alan Macro, Stephanie Steevenson and Joanne Stewart

**Substitutes:** Councillors Adrian Abbs, Martin Colston, Dominic Boeck, Billy Drummond, Janine Lewis, Ross Mackinnon, Biyi Oloko, Clive Taylor and Carolyn Culver

# Agenda

## Part I

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1 <b>Apologies</b> Purpose: To receive apologies for inability to attend the meeting (if any).	1 - 2	
2 <b>Minutes</b> Purpose: To approve as a correct record the Minutes of the meeting of the Health and Adult Social Care Scrutiny Committee held on 16 December 2025.	3 - 12	
3 <b>Actions from previous meetings</b> Purpose: To receive an update on recommendations and actions following the previous Committee meeting.	13 - 16	
4 <b>Declarations of Interest</b> Purpose: To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' <a href="#">Code of Conduct</a> .	17 - 18	
<ul style="list-style-type: none"><li>• The following are considered to be standing declarations applicable to all Health and Adult Social Care Scrutiny Committees: Councillor Patrick Clark – Governor of Royal Berkshire Hospital NHS Foundation Trust, Governor of Berkshire Healthcare NHS Foundation Trust, and West Berkshire Council representative on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership; and</li></ul>		



**Agenda - Health and Adult Social Care Scrutiny Committee to be held on Tuesday 10  
March 2026 (continued)**

- Councillor Jo Stewart – Employed by the Royal Berks Charity as a Fundraising Manager. Although the charity is a separate entity from the Royal Berkshire NHS Foundation Trust, there may be occasions where it would be inappropriate to take part in discussions for certain topics. Her spouse is Head of Contract Management at the Royal Berkshire NHS Foundation Trust.

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|----|--|---------|
| 5  | <b>Petitions</b><br>Purpose: To consider any petitions requiring an Officer response.  | 19 - 20 |
| 6  | <b>Provision of Social Care and Community Equipment</b><br>Purpose: To review the organisational response to the changes in the provision of social care and community equipment implemented in July 2025, and to consider the measures being put in place to ensure the effective and sustainable delivery of equipment services going forward. | 21 - 36 |
| 7  | <b>Inquest Review Panel – Annual Report</b><br>Purpose: To receive the annual report of the Inquest Review Panel and to consider any findings or recommendations arising.  | 37 - 44 |
| 8  | <b>South Central Ambulance Service Update</b><br>Purpose: To receive an update from South Central Ambulance Service on the key priorities and progress on their improvement journey since the CQC inspection in 2023.  | 45 - 60 |
| 9  | <b>Healthwatch Update</b><br>Purpose: Healthwatch West Berkshire to report on views gathered on healthcare services in the district and their key activities.  | 61 - 62 |
| 10 | <b>Health and Adult Social Care Scrutiny Committee Work Programme</b><br>Purpose: To receive new items and agree and prioritise the work programme of the Committee.   | 63 - 64 |

*Sarah Clarke.*

Sarah Clarke  
Executive Director - Resources

If you require this information in a different format or translation, please contact  
Gordon Oliver on telephone (01635) 519486.



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# Agenda Item 1

Health and Adult Social Care Scrutiny Committee

10 March 2026

## **Item 1 – Apologies**

Verbal Item

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## 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 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.

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 16 DECEMBER 2025 - MINUTES

### 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

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 16 DECEMBER 2025 - MINUTES

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 Johansson 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** .....

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**Health and Adult Social Care Scrutiny Committee  
Scrutiny Recommendations and Actions Tracker**

The Recommendations and Actions Tracker is a standing item, and documents the progress of formal scrutiny recommendations and suggested actions for improvement made by the Health and Adult Social Care Scrutiny Committee at its public meetings. Items will remain on the tracker until a response has been provided to the Committee by the Executive, council departments, and/or external partners.

**Formal Recommendations to Executive:**

Ref	Meeting date and agenda item	Scrutiny recommendation	Lead	Target date	Last update	Response	Status
1	<b>11 June 2024</b> Healthcare in New Developments Task and Finish Group Report  <a href="#">Report to Executive 3 July 2025</a>	1. Planning and Health to collaborate on planning consultations and in developing flexible ways of working well together.	Laura Callan	Jul-26	Nov-25	Agreed in part by Planning and Public Health	Complete
		2. To explore new opportunities in funding and delivery of primary care in the community.	Laura Callan	Jul-26	Nov-25	Agreed in part by Planning and Public Health	Complete
		3. The Healthy Planning Protocol (HPP).	Laura Callan	Jul-26	Nov-25	Agreed in part by Planning and Public Health.	Complete
		4. Implementation of the Healthy Planning Protocol.	Laura Callan	Apr-26	Nov-25	Agreed by Planning and Public Health	Complete
		5. Wider approach to Healthy Places; consideration of design guides and community engagement for sustainable communities.	Laura Callan	Dec-26	Nov-25	Agreed in part by Planning	Complete
2	<b>12 June 2025</b> Actions from the previous Minutes	An Oral Health Needs Assessment be undertaken in West Berkshire	Matt Pearce	TBC	01- Dec-25 21-Jan-26	Report going to Executive 19 March 2026	In progress
3	<b>15 July 2025</b> Children's Mental Health and Emotional Wellbeing Task Group Report  <a href="#">Report to Health and Adult Social Care Scrutiny Committee 15 July 2025</a>	1. Provide and promote a Local Youth Offer	Crystal Elkabbas	TBC	01 Dec-25 24 Feb-25	Awaiting response	In progress
		2. Improve the communication about and navigation of local services	Crystal Elkabbas	TBC	01 Dec-25 24 Feb-25	Awaiting response	In progress
		3. Provide and promote opportunities to regularly convene the wide range of professionals working with children and young people and supporting their mental health and emotional wellbeing.	Crystal Elkabbas	TBC	01 Dec-25 24 Feb-25	Awaiting response	In progress
		4. West Berkshire to become a Trauma informed district	Crystal Elkabbas	TBC	01 Dec-25 24 Feb-25	Awaiting response	In progress
		5. A full review of smart phones, social media use and online safety for young people in West Berkshire be carried out	Crystal Elkabbas	TBC	01 Dec-25 24 Feb-25	Awaiting response	In progress
		6. The West Berkshire Health and Wellbeing Board to include Children and Young People's Mental Health as one of their priority areas of focus, and to develop their action plan to reflect this.	Crystal Elkabbas	TBC	01 Dec-25 24 Feb-25	Awaiting response	In progress

**Formal Recommendations to External Partners:**

Ref	Meeting date and agenda item	Scrutiny recommendation	Lead	Target date	Last update	Response	Status
2	<b>15 July 2025</b> Children's Mental Health and Emotional Wellbeing Task Group Report  <a href="#">Report to Health and Adult Social Care Scrutiny Committee 15 July 2025</a>	2. Improve the communication about and navigation of local services	BOB ICB	TBC	Nov-25	Agreed - a response has been provided which will be included in the full response to the HASC in June.	Complete
		3. Provide and promote opportunities to regularly convene the wide range of professionals working with children and young people and supporting their mental health and emotional wellbeing.	BOB ICB	TBC	Nov-25	Agreed - a response has been provided which will be included in the full response to the HASC in June.	Complete

**Suggested Actions for Improvement to Council Departments/Partners:**

Ref	Meeting date and agenda item	Scrutiny Action	Lead	Target date	Last update	Response	Status
32	<b>10 December 2025</b> Eastfield House Proposed Relocation	The Health Scrutiny Committee be kept updated	Eastfield House Surgery	TBC	Dec-25	Agreed. Planning Permission for the new surgery was granted on 22 January 2025 subject to resolution regarding drainage. The Outline Business Case will then be submitted to the BOB ICB in following 6 months. The drainage concern is ongoing with Planning. This is ongoing outside of the Committee and may take some years so advised to remove from here.	Complete
33	<b>11 March 2025</b> Oral Public Health	To bring back up to date data tooth decay amongst 5 years olds (2018/19 – 2021/22) and tooth extractions for 5 -9 year olds (2022/23) when available.	Matt Pearce	16-Dec-25	01/12/2025 21/01/26	Agreed. Will be available after an Oral Health Survey has been completed 2026. Data collection closes in August 2026 with results due to be published by March 2027	In Progress
37	<b>11 March 2025</b> Oral Public Health	A review of partnership working and consideration of an Oral Health Improvement Board or other improvement suggestions for West Berkshire	Matt Pearce	TBC	01/12/2025 21/01/26	Due to NHS Commissioning changes this is not appropriate currently. To be revisited when NHS restructures are confirmed. No further information as of 21 Jan 2026.	In Progress
11- 25	<b>30 September 2025</b> Adult Social Care annual report 2024/25	Schedule an update on the Mosaic system to be provided at a future meeting.	Vicky Phoenix	16-Dec-25	Dec-25	Cllr Stewart, who raised this request, will meet with Paul Coe and consider this further. A report went to the Resources and Place Scrutiny Committee on 3rd February 2026	Complete

15-25	<b>30 September 2025</b> Director of Public Health annual report	To review the reasons behind the data regarding respiratory illness and the emergency admissions of males aged 0-4 being significantly higher in West Berkshire than the national average.	Matt Pearce	16-Dec-25	01/12/2025 21/01/26	Research into this with the RBH and BOB is ongoing	In Progress
19-25	<b>16 December 2025</b> Oral Health and Dentistry	To provide a response/update on the Committee's Recommendation for an Oral Health Needs Assessment.	Steven Bow	10-Mar-26	21/01/26	Update received. This has been scheduled for Executive on 19 March 2026	Complete
20-25	<b>16 December 2025</b> All Age Complex and Continuing Care	The work programme be updated to add a short report be brought to the December HASC	Vicky Phoenix	10-Mar-26	Jan-26	Work Programme updated and invitation confirmed with BOB ICB	Complete
21-25	<b>16 December 2025</b> BOB ICB Update on Children's Mental Health and Emotional Wellbeing review	Ensure findings of the BOB ICB Children's Mental Health and Emotional Wellbeing review are shared with the Children and Young People Scrutiny Committee upon completion.	Lajla Johannson	09-Jun-26	Feb-26	It has been clarified that this will remain under review by the HASC rather than CYPSC, with all Members of the CYPSC invited to any future meeting.	Complete

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# Agenda Item 4

Health and Adult Social Care Scrutiny Committee

10 March 2026

## **Item 4 – Declarations of Interest**

Verbal Item

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# Agenda Item 5

Health and Adult Social Care Scrutiny Committee

10 March 2026

## **Item 5 – Petitions**

Verbal Item

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# Berkshire Community Equipment Service

<b>Committee considering report:</b>	Health and Adult Social Care Scrutiny
<b>Date of Committee:</b>	10 <sup>th</sup> March 2026
<b>Portfolio Member:</b>	Cllr Patrick Clark
<b>Report Author:</b>	Paul Coe

## 1 Purpose of the Report

To advise Health and Adult Social Care Scrutiny of the work undertaken to manage the impact of the insolvency of NRS, the previous provider of the Berkshire Community Equipment Service. This work was led by West Berkshire Council on behalf of the Berkshire Local Authorities and Integrated Care Boards.

## 2 Recommendation(s)

To note the paper and accompanying review report.

## 3 Implications and Impact Assessment

Implication	Commentary
<b>Financial:</b>	The financial impact of the issue has not yet been settled. There is ongoing discussion with the Official Receiver in relation to any outstanding payments. Further, the changes to the contractual arrangements will take time to embed. The net effect is expected to be an increased cost to commissioning partners in order to ensure ongoing financial sustainability of the new providers. We will ensure that financial impacts are appropriately balanced across the commissioning partnership.
<b>Human Resource:</b>	There has been a very major impact on many council officers, and upon those of our commissioning partners. The impact has reduced, but there are still key individuals with further work to do (notably within Commissioning, Legal and Finance).
<b>Legal:</b>	Legal colleagues have advised throughout and accessed specialist legal advice where needed.

<b>Risk Management:</b>	The disruption to the provision of community equipment created multiple risks, including legal, financial, reputational, human resources and risks to vulnerable individuals in the community. The risks have now reduced and were well managed.			
<b>Property:</b>	There was some impact on property, for example using the Phoenix Centre and Turnhams Green to store equipment on a temporary basis.			
<b>Policy:</b>	N/A			
	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Commentary</b>
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		X		
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		
<b>Environmental Impact:</b>		X		
<b>Health Impact:</b>		X		
<b>ICT Impact:</b>		X		

<b>Digital Services Impact:</b>		X		
<b>Council Strategy Priorities:</b>		X		
<b>Core Business:</b>		X		
<b>Data Impact:</b>		X		
<b>Consultation and Engagement:</b>	Legal			

## 4 Executive Summary

- 4.1 NRS was the provider of community equipment in Berkshire under a contract covering all six Local Authorities and two Integrated Care Boards.
- 4.2 West Berkshire Council was (and is still) the lead commissioner under a Section 75 Agreement.
- 4.3 In June 2025 it became clear that NRS was experiencing financial distress. The 8 partners came together to agree a shared response (drawing on advice from Partners in Care and Health (PCH) and in discussion with neighbouring authorities as appropriate).
- 4.4 An Emergency Response approach stood up and managed the early response.
- 4.5 A new service provision has now been mobilised.
- 4.6 There remain some outstanding actions relating to finalising contractual arrangements and resolving the financial settlement with the Official Receiver.

## 5 Supporting Information

### Issue and Response

- 5.1 NRS was a major supplier of community equipment operating across the UK, with contracts with 41 local authorities.
- 5.2 NRS advised in June 2025 that they had a structural funding gap of c £20 million.
- 5.3 Initially they approached funding authorities with a request for a fee uplift, stock purchase and improved payment terms.
- 5.4 The collective decision locally was that we should not agree to those terms because there was no guarantee that it would resolve the issue for the long-term and because it

created additional risks. Our decision aligned with the great majority of other local authorities.

- 5.5 National calls were coordinated by PCH on behalf of the Association of Directors of Adult Social Services (ADASS). The Department of Health and Social Care (DHSC) attended some of the national calls, but they took the position that this was a matter for local authorities to resolve. This position was challenged by us, to no avail.
- 5.6 There were very significant limitations in what we were able to communicate in the initial phase because the advice was that we should not share information in a way that might expedite NRS' insolvency or undermine their operational capability. On that basis, we were limited in our communication options.
- 5.7 NRS were one of a very small number of community equipment providers. Only two other large providers exist – Millbrook and Medequip. A small number of local authorities operate an in-house equipment service.
- 5.8 17<sup>th</sup> July 2025, an Extraordinary Executive meeting approved the direct award of contracts to Millbrook and Livity Life in the event that NRS entered insolvency. Millbrook and Livity Life agreed to operate on an 'open book' approach until final contracts are agreed.
- 5.9 Livity Life are a provider of Technology Enable Care (TEC) equipment. This was a subset of the service available from NRS..
- 5.10 NRS entered insolvency 1<sup>st</sup> August 2025.
- 5.11 The transition was hampered because NRS locked up the local depot (in Theale) and had not facilitated the transfer of customer information. Lack of access to the depot was a significant limiting factor. We had been able to access customer data, although it was not as accurate as we might have hoped.
- 5.12 Millbrook and Livity Life began to plan their mobilisation, but in recognition of the gap in service, the council and partners set up an in-house model under which we ordered, stored and distributed priority equipment. This model stayed in place until the end October 2025 by which the service from Millbrook and Livity Life had reached a suitable position.
- 5.13 Our in-house model included rental of storage space in Parkway, use of council assets such as the Phoenix Centre and Turnhams Green, and the Transport team undertaking deliveries of equipment to customers. The digital team created a digital ordering process.
- 5.14 Millbrook were able to access the Theale Depot from 23<sup>rd</sup> October 2025.
- 5.15 A debrief was conducted by the Thames Valley Local Resilience Forum in two phases
  - a) Internal to West Berkshire Council – 5<sup>th</sup> November 2025
  - b) With Pan-Berkshire partners – 17<sup>th</sup> December – see Appendix 1
- 5.16 The debriefs have provided an opportunity to review our response.

## Outstanding issues

- 5.17 An updated Section 75 agreement has been drafted and is awaiting sign-off from partners.
- 5.18 The new contracts with Millbrook and Livity Life are yet to be finalised but this work has progressed significantly.
- 5.19 We have received a final invoice from the Official Receiver. We have been advised that we can offset our additional costs against the final invoice and are in the process of reaching a final position on any remaining outstanding costs.
- 5.20 We will ensure that the financial impacts of the changes will be appropriately shared across the S75 partnership.
- 5.21 Longer term work will be undertaken to monitor the financial sustainability of our contract and take relevant learning for other council contracts in similar market conditions. We are contributing to the learning activities being coordinated nationally.

## 6 Conclusion

The financial distress and ultimate insolvency of NRS created a very significant disruption to the important activity of providing vital community equipment to vulnerable people. Local partners came together to manage the concomitant risks and challenges. New providers are now in place to meet the ongoing requirements.

## 7 Appendices

Appendix A – TVLRF Incident Structured Debrief Report

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### Background Papers:

\*(add text)

### Subject to Call-In:

Yes:  No:

- The item is due to be referred to Council for final approval
- Delays in implementation could have serious financial implications for the Council
- Delays in implementation could compromise the Council's position
- Considered or reviewed by Scrutiny Commission or associated Committees, Task Groups within preceding six months
- Item is Urgent Key Decision
- Report is to note only

**Wards affected:** \*(add text)

**Officer details:**

Name: \*(add text)

Job Title: \*(add text)

Tel No: \*(add text)

E-mail: \*(add text)

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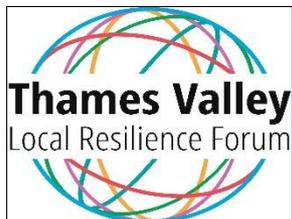
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TVLRF Incident Structured Debrief Report



# TVLRF INCIDENT STRUCTURED DEBRIEF REPORT

<b>Incident:</b>	Failure of Critical Supplier (NRS)			
<b>Date of Incident:</b>	June 25			
<b>Date of Debrief:</b>	17 December 2025			
<b>Debrief Location:</b>	Shaw House, Church Road, Newbury			
<b>Debrief Team:</b>	<b>Facilitator(s):</b> Narysse Palmer (TVLRF) <b>Scribe(s):</b> Suzanne Connolly (TVLRF) <b>Independent Observer(s):</b>			
<b>Debrief Participants:</b>	<b>No</b>	<b>Name</b>	<b>Response Role</b>	<b>Organisation</b>
	1	Carolyn Richardson	TAC Ad	WBDC
	2	Paul Coe	Strategic Lead	West Berks Council
	3	Jo England	Tactical lead	West Berks Council
	4	Ray Marshall	Commissioning lead	West Berks Council
	5	Chris Lowrie		RBH
	6	Josie Caffrey		RBH
	7	Vikki Chance		BFC
	8	Jonathon Sheppard		Frimley ICB
	9	Carole Lee		RBC
	10	Haley Bonland		RBC

	11	Samanthan Midwinter		RBC
	12	Diane McDonald		RBWM
	13	Lisa Evans		WBC

**Debrief Notes:**

- Participants were informed of the ethics of the debrief process.
- Participants were seated in accordance to the table plan.
- Participants were referred to in accordance with abbreviation for their organisation.
- For purposes of cross-referencing comments, participants have been allocated a number from 1 to XX.

The structured debrief will allow each participant the opportunity to reflect on their organisation’s involvement during the incident. Additionally it will cover the key points around what went well, what did not go so well during the incident, and identify key learning areas from the incident which will be discussed and lessons identified. This will be achieved through using specific questions based on the JESIP Principles; TVLRF Plans and working strategy of the incident.

**Summary of Incident:**

*[Summary / overview of incident including the working strategy]*

*[DELETE BEFORE PUBLISHING]*

**Activation, Gathering of Information & Intelligence**

**and Sharing Information**

- *Were all partners notified of the incident in a timely manner?*
- *Did all partners have a good shared situational awareness and understanding of risk for the duration of the incident?*
- *Was the information shared relevant, clear and jargon-free?*
- *Was the Common Operating Picture used, and how effective was this?*
- *Were all partners that were required, present?*
- *How effective was communication between partners?*

Aspects that went well	Commenter/s	Other
LA’s made aware at same time as National alert	2	All

**Berkshire Community Equipment Service**

Health partners joined in at an early stage although DHSC not interested	4	All	
West Berks brought everyone together quickly as the Contract lead	9		
Having Teams and SharePoint available to all was beneficial	6		
IT dept assisted with different types of IT systems across partnership	1		
One point of contact for consistency and manage information was good	6	All	
Assistance and joint working from Partners in Care and Health (PHC) was really helpful and their engagement with the DASS	9		
EPO met daily to share intelligence	1		
<b>Aspects for improvement</b>	<b>Commenter/s</b>	<b>Other</b>	
DHSC didn't want to engage	4		
DHSC did not appear to be fully aware of the full risk and scale of incident at the beginning	13		
Lack of transparency, openness and some potential 'game playing' by NRS resulted in challenges in understanding the full implications and therefore mitigation planning was challenging	6		
The inability of organisations to be open with clients and prescribers due to contract and legal implications of causing the demise of NRS was challenging			
Not using technology to its full potential (Magic notes)	13		
<b>No.</b>	<b>Lessons Identified</b>	<b>Commenter/s</b>	<b>Other</b>
	Plan for and put in place a Multi-Agency Structure to be set up for contract management prior to events. This may be part of Corporate BC plans /have specific ones in place for high impact/high-cost contracts.	1	All
	Investigate the use of AI to support the provision of notes and actions		
	Consider adding to the strategic agenda an item to review breaking contracts and the process	1	
	Engagement with the clinical staff sooner to support the response as a result of their knowledge.	4	

**Berkshire Community Equipment Service**

	Communicate with hospitals receiving Berkshire patients but outside Berkshire (Swindon/Basingstoke)	1	
	Develop and resource a 'daily' COP to strengthen understanding across all agencies	1	
	Consider setting up templates for any other contract/BC failure in the future		

**Assess Risks and Develop a Working Strategy**

- *Were risks reviewed when needed and assessments effectively agreed and shared between partners?*
- *Were strategic priorities developed and agreed by all?*
- *Were the strategic priorities followed and achieved successfully?*

<b>Aspects that went well</b>	<b>Commenter/s</b>	<b>Other</b>
Frimley and BOB worked closely internally placing the issue on their corporate risk register	4	
A strategy was put in place and agreed at an early stage	1, 4	
The majority of the objectives were met with the exception of equipment		
<b>Aspects for improvement</b>	<b>Commenter/s</b>	<b>Other</b>
The full impact was not fully understood by many including snr management in organisations	13	
Lack of overarching review of such matters unlike all other matters of health and social care	11	
Hospitals felt they weren't being heard in relation to requirement risk by DHSC	7	
Clinicians and carers were being asked to step outside their realms of responsibilities	13	
DHSC were not engaged or supportive	4	
A clear conflict of interest by PWC since they provided information to both NRS and LA's and then the administrators	5	

**Berkshire Community Equipment Service**

Risk to all in relation to equipment which had not been maintained and therefore risk of failure and impact on the client		4	
Additional costs were incurred as a result of the response		4	
Budget expectations and responsibilities were not as clear as they could have been		4	
<b>No.</b>	<b>Lessons Identified</b>	<b>Commenter/s</b>	<b>Other</b>
	Early provision of an equipment availability list would have been helpful to align with requirements	7	
	Consideration to be given to legal challenge/ redress of supplier earlier	2	
	CQC and Market Oversight Commission should be engaged and monitor a broader range of care support provision and not just focus on the social care	11	All

### Consider Powers, Policies, Procedures

- Which multi-agency business continuity / emergency plans were used and were they effective?
  - BCES Recovery Plan
- Did all partners have a good knowledge of the business continuity / emergency plans used?
  - BCES Recovery Plan
- Were any key powers identified and implemented by partner agencies?
  -

Aspects that went well		Commenter/s	Other
All partners at strategic level worked well together to respond quickly to requests for decisions to be made			
The 'inhouse' Contingency Plan put in place was useful			
Aspects for improvement		Commenter/s	Other
No recovery/BC/Contingency plan was in place in advance of the incident Instead one was developed as event progressed		1	
Legal requirements in the agreement meant that the lead Councils ability to undertake some actions were limited.		4	
Single points of failure in relation to the contract, the knowledge and access to systems			
Governance, engagement and detailed oversight by other contract users as to the potential issues relating to the contract.			
Some data issues, including access and cleansing were identified		1	
Some decisions were required quickly but where they being made at the correct level			
Mutual aid requests for support were offered and asked for but limited received which may have been due to lack of detail as to what was needed.		9	
No.	Lessons Identified	Commenter/s	Other
	Clinicians and other SME's to be part of the procurement process in future including re Business Continuity	3	
	Mutual Aid requests process to be reviewed in order to be clearer as to the requirements needed	9	
	Governance process between partners to be developed for high impact, high cost, shared service agreements at senior level to be agreed in advance of contract approvals	9	

	<p>To ensure in any new contract</p> <ul style="list-style-type: none"> <li>- robust agreed contract failure default process</li> <li>- robust agreed monitoring and reporting process</li> <li>- regular review of credit status of contractors</li> <li>- robust process for monitoring the trigger for terminating early and the process for doing so</li> <li>- data management to be reviewed</li> </ul>		
	<p>Data management and access process to be reviewed by partners</p>		
	<p>Ensure the commissioning council has clarity in relation to what they can and cannot do when in contract</p>		
	<p>Plan for and put in place a Multi-Agency Structure to be set up for contract management prior to events. This may be part of Corporate BC plans /have specific ones in place for high impact/high-cost contracts. To include who can make what decisions at the correct level.</p>	<p>1</p>	<p>All</p>

### Coordination

- *Were additional structures established? How effective were these and communication between the structures? Including:*
  - *Berkshire NRS Coordinating Group*
  - *Berkshire In House Contingency Group*
  - *Clinical Group*
  - *Communications Sub Group*
  - *Customer Contact Sub Group*
  - *Finance Sub Group*
  - *Logistics Sub Group*
  - *National Group*

*Procurement Sub Group*

<b>Aspects that went well</b>	<b>Commenter/s</b>	<b>Other</b>
<p>All groups were set up in good time based on the risk at the time</p>	<p>13</p>	
<p>The structures put in place were good</p>		
<b>Aspects for improvement</b>	<b>Commenter/s</b>	<b>Other</b>
<p>The logistics, and some other groups were difficult to manage at times due to different people attending or not the correct level of responsibility</p>		

**Berkshire Community Equipment Service**

The structures put in place should be reviewed so as to streamline the process and minimise the impact on some key staff.			
There was not a list of all those involved by way of a directory which would have been helpful, esp when staff changes took place.			
<b>No.</b>	<b>Lessons Identified</b>	<b>Commenter/s</b>	<b>Other</b>
	Contact list for all partners, their roles and what groups they are in would be helpful	1	
	The logistics cell could have been used more efficiently to manage requirements – a role/action card would have been helpful		
	Agencies to commit the correct people to the groups at the correct level of authority to make decisions and with the correct knowledge.		

### Identify Options, Contingencies & General Response

- *How were options and contingencies identified?*
- *Did the options identified fit with the strategic priorities?*
- *Were decisions taken collectively agreed?*
- *Did all partners effectively communicate and coordinate decisions together?*

Aspects that went well		Commenter/s	Other
Collective agreements between partnership in regard to options		13	
Discussions between providers was collective and coordinated between partners.		13	
Strengthened the partnership with more collaborations		7	
Good communications with clients and partnerships resulted in minimal media involvement pr complaints		1	
Collaboration of partners worked well in relation to sharing equipment		6	
Proportionate response to event		13	
Aspects for improvement		Commenter/s	Other
The clinical group could have been engaged more in some of the decisions		4	
Same discussions in several meetings		7	
Health and LA's felt they were held to ransom with access to Depot.		6	
Clients were in hospital beds longer so there are likely to be longer term impacts			
Some clients were placed in vulnerable situations relating to potential failure of equipment			
IT solution in relation to the request forms were not fully understood by the staff involved initially		1	
No.	Lessons Identified	Commenter/s	Other
	Capacity of social care staff to review patient equipment needs		
	Make better use of the clinical group in decision making	4	
	Political and oversight governance to be reviewed		
	When developing forms /process the correct people need to be involved to reduce the need for reviews/amendments		



## Adult Social Care Inquest Panel update

<b>Committee considering report:</b>	Health and Adult Social Care Scrutiny Committee
<b>Date of Committee:</b>	10 <sup>th</sup> March 2026
<b>Portfolio Member:</b>	Councillor Patrick Clark
<b>Date Head of Service agreed report: (for Corporate Board)</b>	24 02 26
<b>Date Portfolio Member agreed report:</b>	
<b>Report Author:</b>	Melanie O'Rourke
<b>Forward Plan Ref:</b>	N/A

### 1 Purpose of the Report

To advise Health Scrutiny Committee on the current position regarding Inquests concerning adults known to Adult Social Care.

### 2 Recommendation(s)

None. For information only.

### 3 Implications and Impact Assessment

Implication	Commentary
<b>Financial:</b>	<p>Financial costs would be incurred in the event of requiring legal counsel to represent the Local Authority. During 2022 – 26 this has occurred on one occasion, However, a further 2 are coming up where we have instructed counsel.</p> <p>Further financial implications would potentially include costs to changing systems, to implement lessons learnt / recommendations of independent reviews or safeguarding adult reviews.</p>
<b>Human Resource:</b>	<p>Coroners are appointed by local authorities. In West Berkshire the Berkshire Coroner's Office is hosted by Reading Borough Council. A member of Adult Social Care senior management team was on the recruitment panel for a new Assistant Coroner in 2024.</p>

	<p>The amount of information requested by the coroner can vary and staff input can be required at short notice Staff may be required to attend some inquests.</p> <p>There can be an impact on staff emotionally, depending on the circumstances of a death or relationship with the deceased. Due to this and importance of understanding what happened in some cases, higher level of staff involvement with management oversight?</p>
<p><b>Legal:</b></p>	<p>Coroners are judicial office holders and investigate deaths that have been reported to them (usually by a medical practitioner or the Police). This may happen if:</p> <ul style="list-style-type: none"> <li>• The death was violent or unnatural.</li> <li>• The cause of death is unknown; or,</li> <li>• The person died while detained by the state e.g. under the Mental Health Act 1983.</li> </ul> <p>The coroner may decide to investigate the death. Inquests are intended to be inquisitorial, rather than adversarial and are not intended to apportion blame for a death. The coroner cannot make any decisions as to civil or criminal liability and follows different rules. An Inquest is designed to find out and conclude who the deceased was, where, when and how the death occurred. In terms of the 'how' the Coroner can reach the following conclusions:  <i>Natural causes, accident or misadventure, suicide, unlawful killing (or lawful killing), alcohol, drug related, industrial disease, road traffic collision, neglect (usually contributing to another conclusion e.g. natural causes, and with a different legal definition to civil/criminal actions around negligence/neglect), a narrative conclusion describing briefly the circumstances by which the death came about or an open conclusion (meaning that there is insufficient evidence to decide how the death came about and the case is left open in the event further evidence appears).</i></p> <p>On the conclusion of an Inquest, the Coroner may made a 'Report to Prevent Future Deaths' to person(s) or organisations where the coroner believes action should be taken to prevent future deaths. If such a report is made to the Council, action should be taken and can be indicative of legal risk for the Council.</p> <p>The Council may be contacted by the coroner, as part of their inquiries, to provide information, to provide evidence because the Council is (or employs) a Witness of Fact or because it is an Interested 'Person'. The Council (and its staff) are legally required to comply with requests from the coroner. Being an Interested Person attracts rights to participate in the investigation and the Inquest</p>

	<p>Hearing. The Council may have an interest due to its involvement in the deceased's life or due to its broader statutory responsibilities, for example in relation to safeguarding adults. The Council's involvement or the issues that arise during an Inquest may therefore be relevant to other legal functions e.g. for Adult Social Care, under the Mental Health Act 1983, Mental Capacity Act 2005 and Care Act 2014.</p> <p>A legal instruction form for Inquests concerning Adult Social Care is available for staff to refer cases to Legal Services, for the right level of legal support depending on the Council's level of involvement.</p> <p>An Inquest is a legal process and there is a "Bench Book" issued by the Chief Coroner (updated January 2025) covering all aspects of court inquest work. Legal Services provide advice and assistance to Adult Social Care (and other Council departments) to navigate the inquest process and instruct Counsel to represent the Council as appropriate and seek to assist in identifying legal risks in areas of the Council's work implicated.</p> <p>Laura Knowles, Principal Lawyer – People Team 26.02.2026</p>
<p><b>Risk Management:</b></p>	<p>The Council's involvement in an Inquest or a request for information from a Coroner may not present a risk to the Council. It most commonly arises because of Adult Social Care's statutory functions and being an organisation which holds information about adults for the purposes of providing social services/coordinating with health bodies.</p> <p>Although an Inquest cannot make civil or criminal findings, it may lead to separate legal risks for the Council depending on the Council's role. In turn, there are potential financial risks; the Council has insurance in place for any civil claims but other ancillary payments, such as waiving care charges costs, are not. If applicable, the Council may be able to recover care costs it has incurred from providers under contractual arrangements. Each matter is considered on a case-by-case basis.</p> <p>The outcome of an inquest could result in reputational risk to the Local Authority.</p>
<p><b>Property:</b></p>	<p>N/A</p>
<p><b>Policy:</b></p>	<p>N/A</p>

	Positive	Neutral	Negative	Commentary
<b>Equalities Impact:</b>				
<b>A</b> Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?		X		
<b>B</b> Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?		X		
<b>Environmental Impact:</b>		X		
<b>Health Impact:</b>	X			The purpose of the panel is to learn from the deaths and apply learning and preventative measures where possible.
<b>ICT Impact:</b>		X		
<b>Digital Services Impact:</b>		X		
<b>Council Strategy Priorities:</b>		X		Council priority - support for those who need it most?
<b>Core Business:</b>		X		
<b>Data Impact:</b>		X		The primary role we have in inquests is providing information about our service users to the coroner. A key action has been to make a change to record keeping in care homes.

## 4 Executive Summary

- 4.1 In 2022, due to an increased number of cases in which West Berkshire Council was being approached by the Berkshire Coroner’s Office for information and/or identified by the investigating Coroner as an Interested Person in Inquests an Inquest panel was set up to strengthen internal processes relating to these matters.
- 4.2 A summary of recent/current Inquest activity is provided below.

## 5 Supporting Information

- 5.1 The panel meets 4 times a year and is chaired by the Service Director for Adult Social Care. The panel requires representatives from ASC operational and safeguarding functions, Legal, H&S, and Insurance as a minimum. With a focus on providing corporate oversight of cases which have either been submitted to the coroner or whereby a person has died and due to the complexities of the case strategic oversight is required, and a coroner’s inquest *may* be called.
- 5.2 Where the Coroner has asked for information and/or those which are more complex and to consider if a Lessons Learned piece should follow/how learning from the Inquest process can be captured and disseminated. The panel therefore also provides a useful method of monitoring cases which have identified areas of development, particularly with partner agencies.
- 5.3 At the point at which the last report was presented to Health and Adult Social Care Scrutiny there have been 13 deaths where we were approached for information.

### 5.4 Activity table:

	2023 / 24	2024 / 25	2025 / 26
Coroner inquest undertaken	1	2	2
Coroner request for information	1	2	2

Coroner's inquest we have been asked to attend.	0	0	1
Panel aware due to nature of death but no coroner involvement	5	0	10
Total	7	4	15

- 5.5 The time between an enquiry from the coroner's office to a conclusion can be a significant number of months, and in some cases over 1 year. The panel provides the opportunity to track progress and identify opportunities to improve services provided by the Council, health bodies, and partner agencies / providers to safeguard adults for whom West Berkshire is responsible for.
- 5.6 Of the 5-coroner inquests undertaken in only 1 situation a recommendation was made, for WBC owned care homes to review their recording system. As a result of this a new system was procured.
- 5.7 2025 / 26 has seen an increase in the number of deaths discussed at the panel. This has not been due to an increase in coroner referral / input or because of a Safeguarding Adults Review. The reason has been to capture learning opportunities to improve practice.
- 5.8 There is no direct pattern to the deaths considered at the panel as they come in peaks and troughs. However, deaths occurring during Covid-19 lockdowns seemed to trigger the coroner asking us for information as a matter of course from 2021/2022 onwards, and possibly Covid-19 lockdowns also led an increase in family members asking the coroner to investigate.
- 5.9 Due to the potentially identifiable nature of the deaths, themes and learning described relate to all circumstances not just inquests.
- 5.10 Several deaths have involved people who have actively engaged with substances prior to their death. West Berkshire Public Health Team have been invited to the membership to ensure that issues can be captured and ensure active engagement with VIA. Training for staff has been undertaken and further training to be scheduled.

- 5.11 Arrangements are now in place for closer joint-working between ASC/ Housing/ VIA and Public Health in response to the deaths where homelessness/ social care needs and substance use were a feature.
- 5.12 Safeguarding Adult Reviews (SARs) were considered in three situations. This provides an opportunity for partner agencies to identify whether there is any collective learning. In all three occasions they were rejected.
- 5.13 In the event of issues relating to a care provider the ASC Care Quality Team will work directly with the provider to ensure actions identified are completed.

## 6 Conclusion

- 6.1 The panel meetings create the opportunity for organisational oversight and alert to any potential patterns concerning vulnerable people in our area. The frequency to remain as quarterly panel meetings.
- 6.2 The introduction of Public Health Team at the meeting to have oversight of death relating to substances will enhance potential areas of learning and working with our substance misuse provider effectively.

## 7 Appendices

None.

### Corporate Board's recommendation

\*(add text)

### Background Papers:

\*(add text)

### Subject to Call-In:

Yes:  No:

The item is due to be referred to Council for final approval

Delays in implementation could have serious financial implications for the Council

- Delays in implementation could compromise the Council's position
- Considered or reviewed by Overview and Scrutiny Management Committee or associated Task Groups within preceding six months
- Item is Urgent Key Decision
- Report is to note only

**Wards affected:** All Wards affected.

**Officer details:**

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**Document Control**

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Author:			
Owning Service			

**Change History**

Version	Date	Description	Change ID
1			
2			



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# West Berkshire Health Overview and Scrutiny Committee

March 2026

Agenda Item 8



**NHS**

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# Overall Demand Performance April 25 – 24<sup>th</sup> February 26 West Berkshire

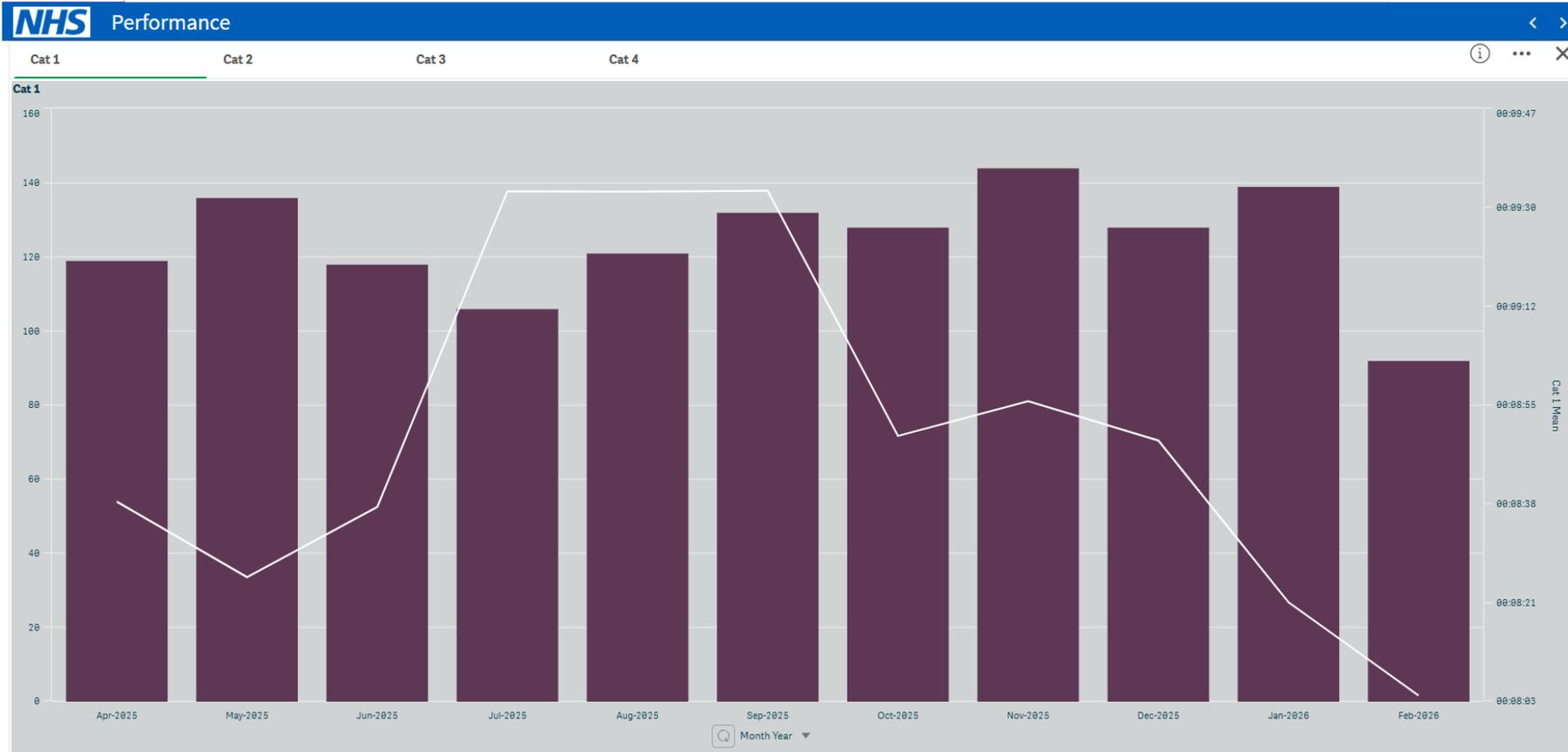
NHS Performance										
Cat 1 Mean <b>00:08:51</b>	Cat 2 90th cile. <b>01:00:26</b>	Cat 2 Acuity <b>51.2%</b>	National Demand <b>20,970</b>		Cat 2 Performance <b>00:31:32</b>		H&T % <b>17.2%</b>	S&T <b>32.1%</b>	ST&C <b>50.8%</b>	Handover Compliance % (...) <b>45.5%</b>
Cat 1 90th cile. <b>00:16:49</b>	Cat 3 90th cile. <b>06:05:48</b>	Cat 3 Acuity <b>19.0%</b>					H&T Demand <b>3,598</b>	ST On Scene Duration <b>01:07:58</b>	STC On Scene Duration <b>00:42:11</b>	Avg Handover Duration <b>00:21:31</b>



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# Category 1 Demand April 25 – 24<sup>th</sup> February 26 West Berkshire

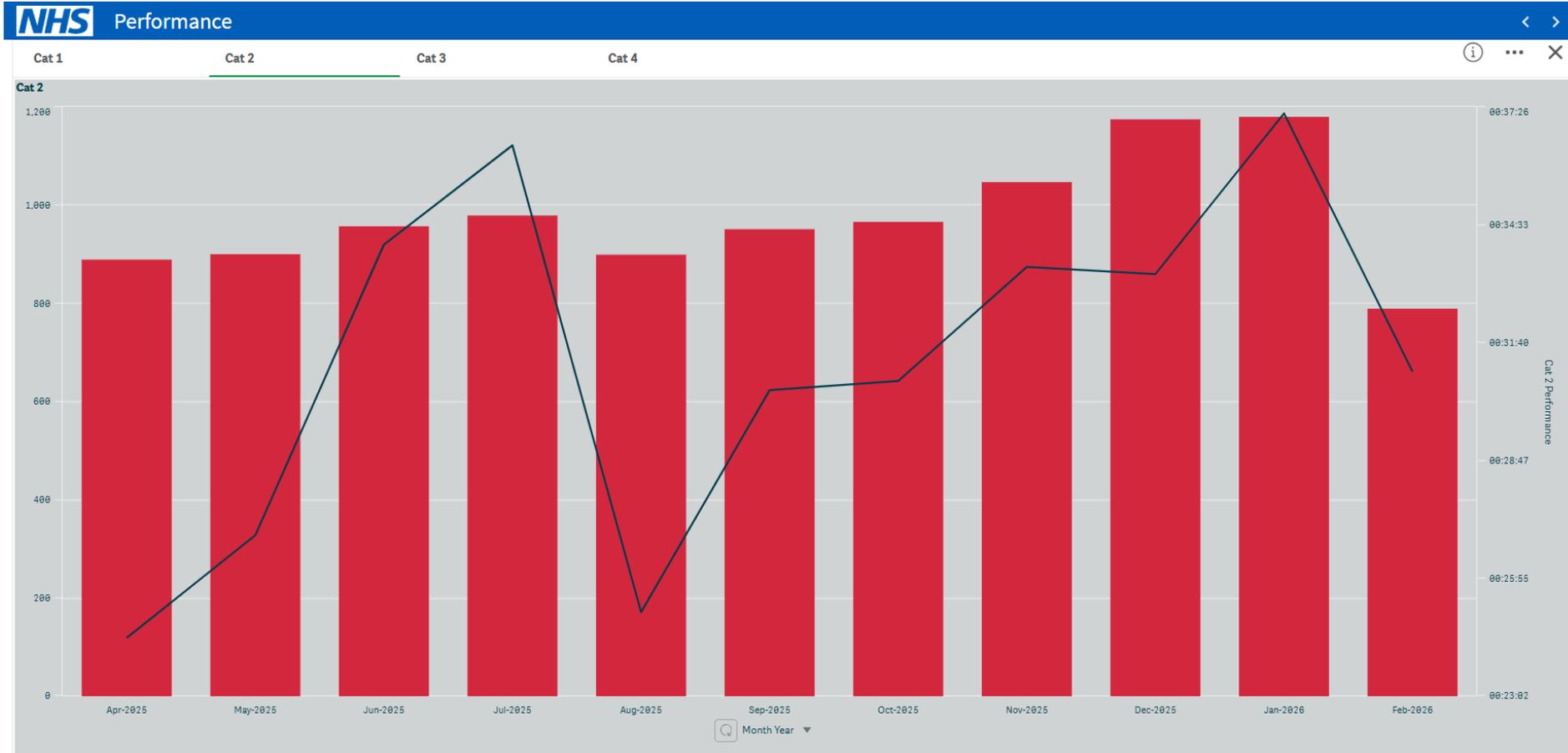




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# Category 2 Demand April 25 – January 26 West Berkshire





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# Business Continuity Incident 16<sup>th</sup> Jan-2<sup>nd</sup> Feb 2026

- Currently our Resource Escalation Action Plan (REAP) level was at 4 ; defined as *Significant Pressure* as we navigate the significant pressures on our service, which is recognised both locally and nationally as an issue.
- A business continuity incident (BCI) was declared on the 16th January 2026, when as a service we experienced a sustained level of disruption due to resource pressures and fleet availability issues.
- A BCI was initiated due to an increase in reports of patient harm and action needed to be taken to enable delivery of pre-defined levels of service.
- Availability of vehicles was a key issue in enabling us to meet demand



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# Business continuity incident continued

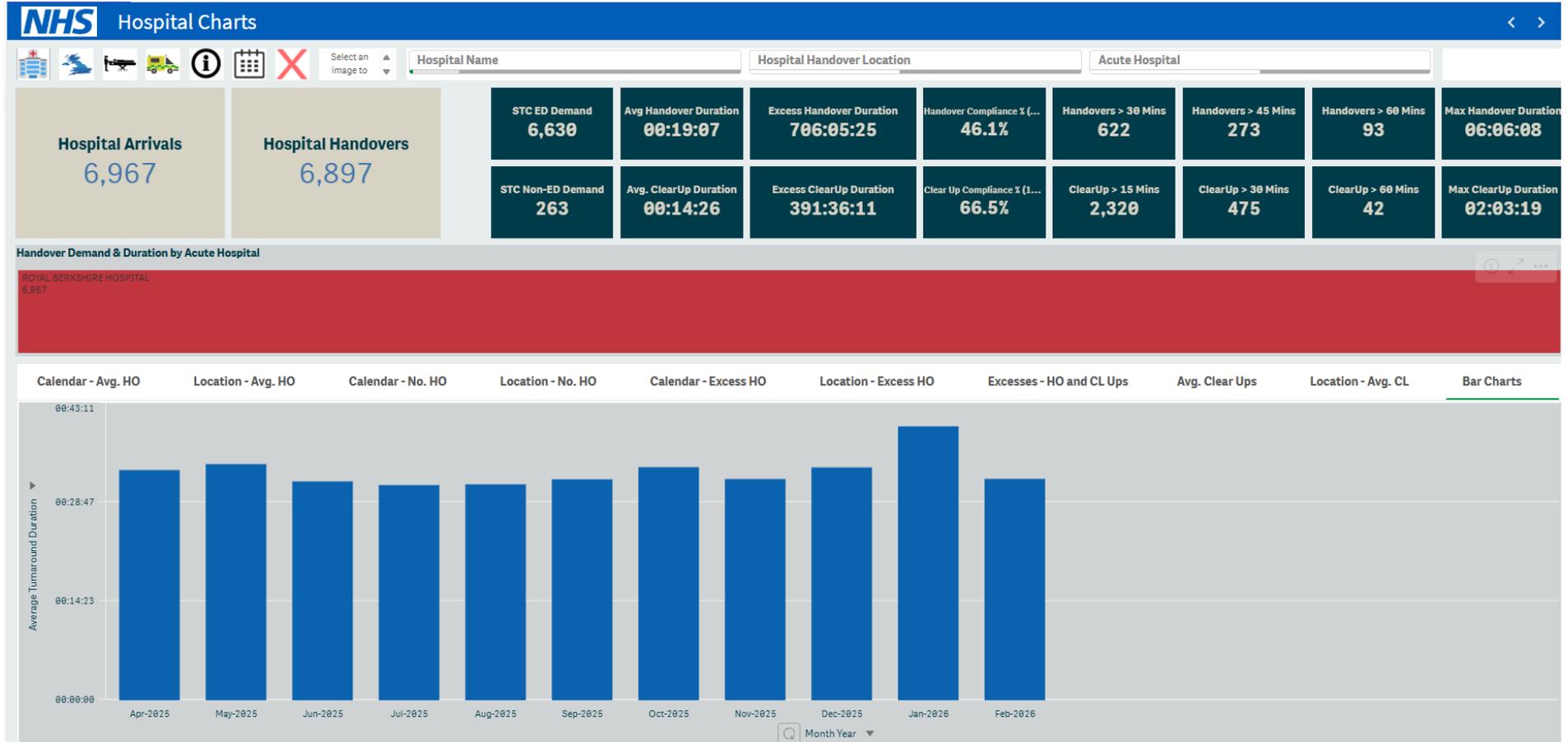
- With support from partners, we put into place a suite of measures to recover the Trust's sustained delivery of Cat 2 performance back in line with plan and reduce lost operational hours due to fleet availability.
- Incident Management Group including a command structure
- Battle rhythm of 2 x daily calls
- Outsourcing of vehicle maintenance to third parties.
- Mutual aid request for vehicle maintenance
- Mutual aid from SECamb for crewed vehicles
- Mutual aid un-crewed vehicles (RRVs) from SECamb



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# RBH Handover delays April 25 – 24<sup>th</sup> Feb 26

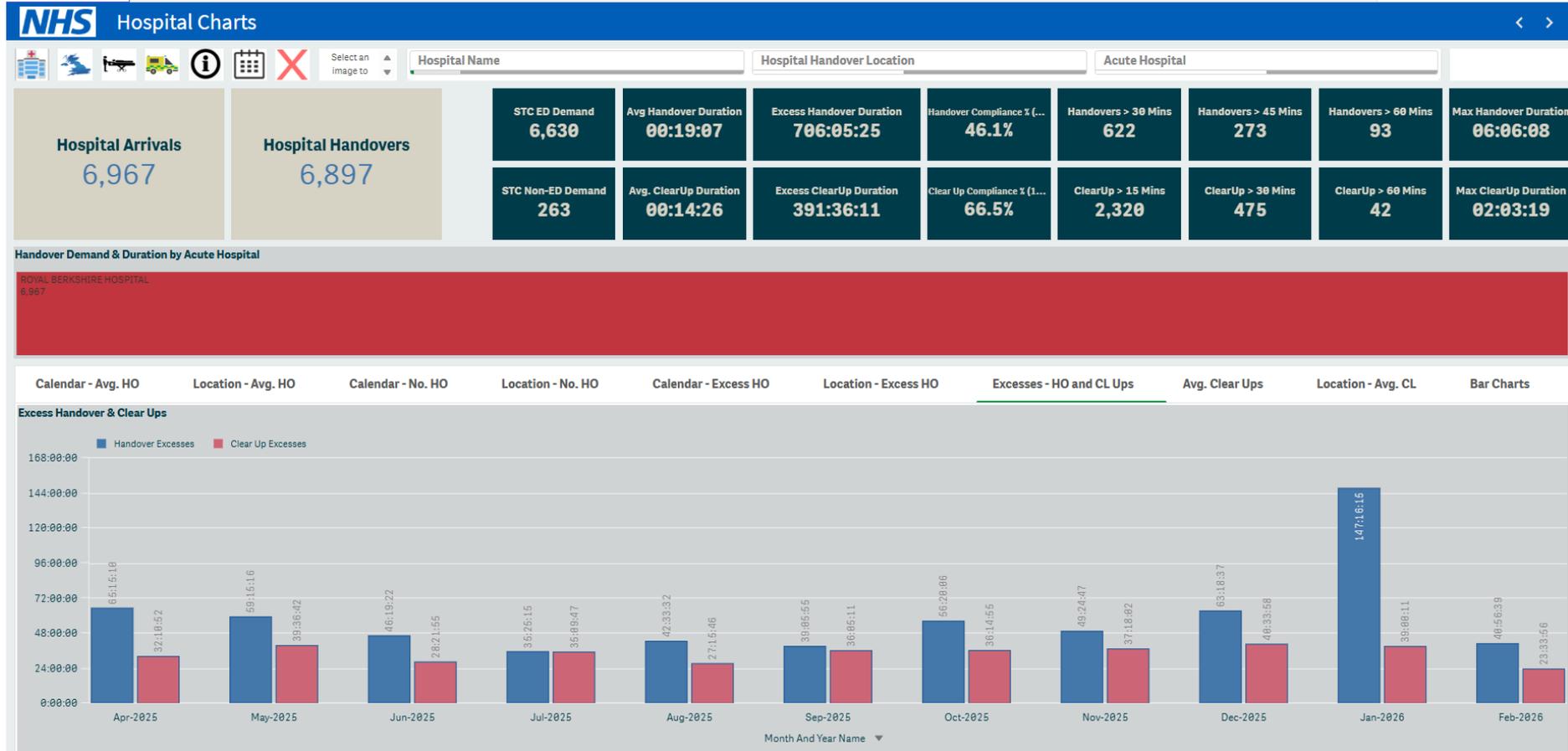




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# RBH Handover & Clear up delays April 25 – 24<sup>th</sup> Feb 26

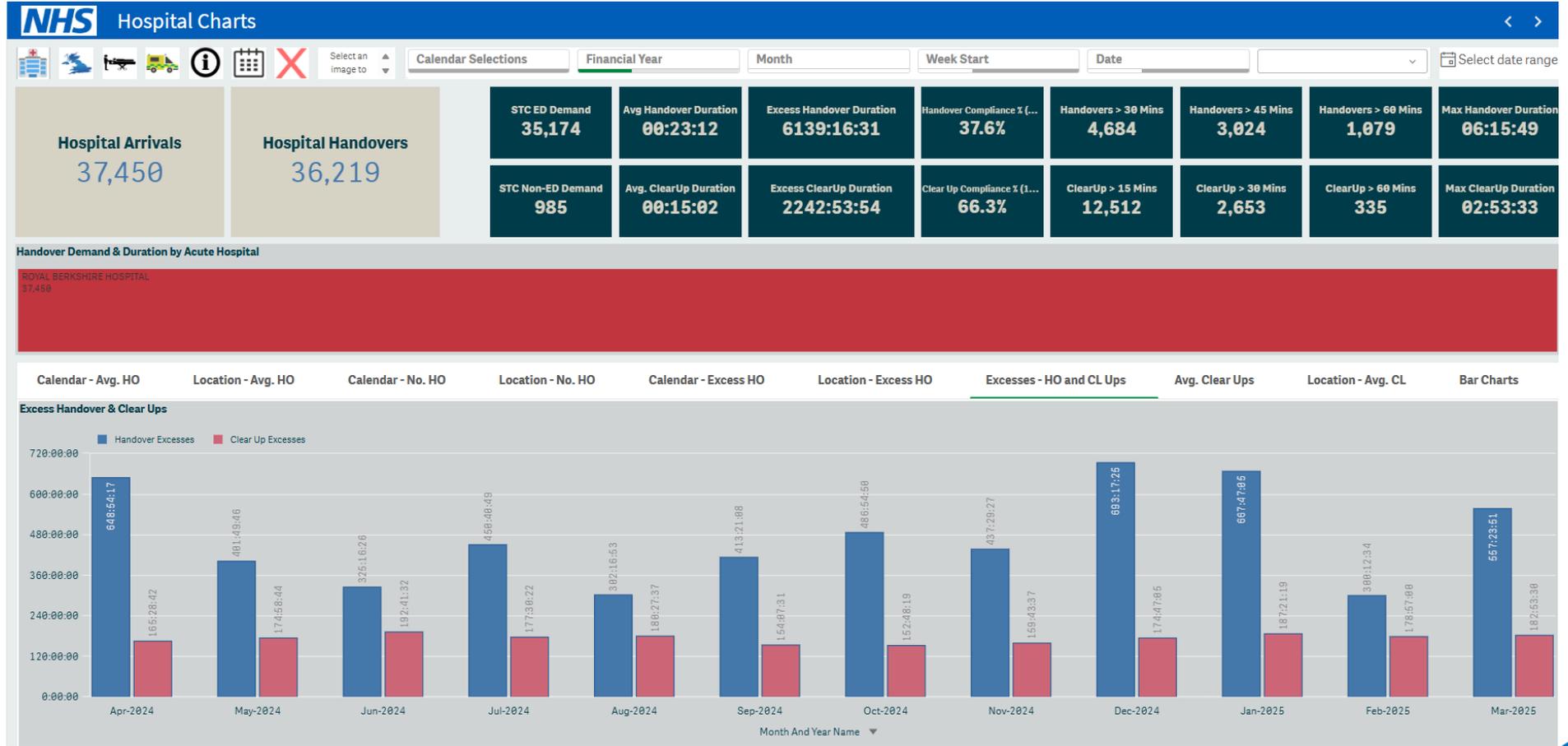




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# RBH Handover delays 24-25 full year comparison



## SCAS/SECamb Group Model

- SCAS/SECamb announced it would be moving towards a Group model in October 2025 following an extensive review of Ambulance and Urgent and Emergency Care across the South-East Region.
- This means we will:
  - Appoint a joint CEO and Chair to lead the Group
  - Establish joint governance to support the transition
  - Align services to a single regional lead commissioner, enabling us to reduce inequalities in service provision and improve performance across our geographies
  - Develop a unified clinical operating model, levelling out across both organisations
  - Create a divisional operating model that aligns to local authority and neighbourhood health boundaries, balancing local autonomy and integration with the benefits of a Group
  - Consolidate support and corporate services over time, improving sustainability and resilience, and releasing investment in our patient facing services.

# Group Model Timeline

Page 55



## What are the benefits of a group model?



**For the patient:** Levelling-up care through standardised clinical pathways that reduce variation across the region including increasing alternatives to conveyance to Emergency Departments



**For staff:** addressing the moral injury that ambulance personnel feel when they are unable to deliver timely, effective care. Building greater local autonomy at sector level while also increasing career development opportunities for our staff



**For the system:** Better population health management using our combined data to improve pathways – analysis shows that there are upwards of £40m across the region in productivity savings that could be realised through better care navigation reducing pressure on Emergency Departments.



**For our organisations:** economies of scale that could help save corporate costs, increasing sustainability and improving resilience



**Risks:** However, we recognise that there are risks associated with the disruption that both organisations will experience through what is a significant change and are developing plans to mitigate those risks

## Next Steps

- Joint Chair & Chief Executive appointment process underway
- Agree of programme of work in this transition year, which will include:
  - Digital alignment, for example our Computer Aided Dispatch system and Electronic Patient Record
  - Operational alignment, implementing the same structures across the region
  - Developing a strategic estates plan
  - Explore opportunities for Corporate Services consolidation
  - Align approach to performance improvement and measurement of patient outcomes
  - Develop a single communications approach

# Care Quality Commission

- Exit from Recovery Support Programme
- Service Inspections – May 2025:
  - Emergency Operations Centre (rated good)
  - Emergency & Urgent Care (rated requires improvement)
- Well Led Inspection January 2026 – report is awaited
- All improvement activity aligned to Fit for the Future – single Improvement Plan
  - 5 strategic objectives
  - Programmes of improvement work
  - Board and committee oversight
- Review of progress and refresh for 2026/27 currently underway

# Any questions



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## Quarterly Impact & Scrutiny Update to Health & Adult Social Care Committee

Update Period: Jan – March 2026

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### 1. Overview

**This quarter we have focused on:**

- Strengthening social listening and real-time insight gathering
- Amplifying public voice around primary care and access
- Deepening engagement with seldom-heard communities
- Feeding evidence directly into commissioners and providers

As a small team of three part-time staff operating within a £96k annual budget, we have prioritised high-impact activity aligned with local system priorities.

---

### 1. Projects & Engagement

#### Men's Health

- Targeted engagement around preventative care and early help-seeking
- Interest in peer-based models such as 'Andy's Man Club'

#### Pharmacy First

- Raising awareness of the NHS Pharmacy First scheme
- Public understanding of which minor conditions pharmacists can treat

#### Great Western Hospitals (GWH) Linked Projects

- Feeding patient voice into ongoing service development and improvement discussions

#### Find a Dentist

- Review of 'Find a Dentist' website; concerns around accuracy of information provided by service providers. Results shared with Primary Care colleagues
- Supporting residents in accessing NHS dental care and understanding local availability

#### AI in GP Appointments

- Capturing public experiences and concerns about digital tools and AI used during consultations
- Feedback shared with ICB and Primary Care colleagues for service review

### Feedback Pathways

- Pathway review – Currently over 146 feedback pathways for health and social care in West Berkshire
  - Feedback shared with ICB and Primary Care colleagues for service review
- 

## 2. Key Public Insights

- **Primary Care Access:** Confusion about booking systems and digital triage, including AI use
  - **Men's Health:** Lower engagement and stigma around accessing support
  - **Pharmacy First:** Limited awareness, inconsistent understanding
  - **Dental Access:** Difficulty finding available NHS dentists
  - **System Navigation:**
    - Frustration about multiple feedback routes
    - Desire for a simpler, single “front door” for feedback
- 

## 3. Influence & Actions

- Shared structured insight with ICB, Primary Care, and GWH colleagues
  - Highlighted communication gaps around AI in GP appointments, Pharmacy First, and dental access
- 

## 4. Next Steps (Open Projects)

- Continue Pharmacy First awareness work
- Deliver Young People engagement sessions (Transitions Pathways after 18)
- Provide ongoing patient insight into GWH service developments
- Support Find a Dentist initiatives and local access awareness
- Continue AI in GP consultation insight and reporting
- Launch “What We Heard / What Happens Next” feedback loop for transparency
- Patient Transport Review

## Health and Adult Social Care Scrutiny Committee Work Programme

Item	Scrutiny Theme	Purpose	Lead Officer	Portfolio Holder/ Lead Member	Pre or post decision?	
<b>09 June 2026</b>						
	Carers Strategy	Partnership Effectiveness	12 months progress report.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Health in all Policies	Corporate Effectiveness	To review the implementation and progress of Health in all Policies across West Berkshire Council.	Matt Pearce	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Palliative Care and Hospice Provision	Partnership Effectiveness	To review the system approach to palliative care and hospice provision in West Berkshire.	TV ICB / Sue Ryder	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Better Care Fund	Partnership Effectiveness	To receive the six-monthly report on the Better Care Fund.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	All Age Complex and Continuing Care	Partnership Effectiveness	To receive an update on All Age Complex and Continuing Care since attending the HASC in Decemnr 2025.	Sarah Flavell (TV ICB)	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
<b>22 September 2026</b>						
	Womens Health Strategy and Women's Health Hubs	Partnership Effectiveness	To review the TV ICB Womens Health Strategy and the development of Womens Health Hubs in West Berkshire.	TV ICB	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Director of Public Health's Annual Report	Partnership Effectiveness	To receive the Director of Public Health's Annual Report.	Matt Pearce	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Adult Social Care Annual Report	Corporate Effectiveness	To receive the Annual Adult Social Care Annual Report.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Adult Social Care Complaints Annual Report	Corporate Effectiveness	To receive the Adult Social Care Complaints Annual Report for 2025/26	Sue O'Brien / Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Safeguarding Adults Performance Annual Report	Corporate Effectiveness	To receive the annual report of the West Berkshire Safeguarding Adults Board	Sue O'Brien / Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
<b>15 December 2026</b>						
					Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision

					Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Better Care Fund	Partnership Effectiveness	To receive the six-monthly report on the Better Care Fund.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
<b>09 March 2027</b>						
					Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Inquest Review Panel	Corporate Effectiveness	To receive the annual report from the Inquest Review Panel.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
					Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision

**Council Strategy Priorities**

- Priority Area 1 - Services We Are Proud Of
- Priority Area 2 - A Fairer West Berkshire with Opportunities for All
- Priority Area 3 - Tackling the Climate and Ecological Emergency
- Priority Area 4 - A Prosperous and Resilient West Berkshire
- Priority Area 5 - Thriving Communities with a Strong Local Voice

**Scrutiny Themes**

- Policy Effectiveness
- Corporate Effectiveness
- Partnership Effectiveness

**Last updated:**

23 February 2026