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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 29 SEPTEMBER 2026

Councillors Present: Martha Vickers (Chairman), David Marsh (Vice-Chairman), Alan Macro, Owen Jeffery, Paul Kander, Stephanie Steevenson, Joanne Stewart and Janine Lewis (Substitute) (In place of Martin Colston)

Also Present: Paul Coe (Executive Director – Adult Social Care), Hannah Cole (Service Manager - Specialist Mental Health Services & CHC) and Sarah Peebles (Principal Social Worker and Carers Lead), Gordon Oliver (Principal Policy Officer (Scrutiny & Dem Services)) and Stephen Chard

Apologies for inability to attend the meeting: Councillor Dennis Benneyworth and Councillor Martin Colston

PART I

13 Minutes

The minutes of the meetings of the Health and Adult Social Care Scrutiny Committee held on 9 June 2026 and 14 September 2026 were approved as true and correct records of the meeting, subject to the following amendment:

- For the meeting on 14 September, it should be recorded that Councillor David Marsh had attended remotely via Zoom.

14 Recommendations and Actions Tracker

The Committee noted the updates provided on the recommendations and actions tracker.

Further updates were provided as follows:

- **15-25** – An investigation into respiratory rates in children aged 0-4 years had taken place, involving colleagues from partner organisations and led by the Public Health Team. The Director of Public Health had undertaken to write to the HASC Chairman to inform her of the outcomes and next steps.
- **24-26** - The Public Protection Partnership had purchased three protimeters that could be used for everyday damp and mould cases. It had also purchased a more advanced model, which represented the latest in moisture measurement technology. This allowed for fast and accurate full building diagnostics both on and below the surface, from new building construction to refurbishment of existing buildings. Also, with built-in hygrometric capabilities and an infrared laser thermometer, it could assess indoor air quality conditions. The PPP had also purchased a thermal imaging camera and was looking to buy a 360 degree camera to assist officers when carrying out inspections. Efforts were underway to source this from a suitable retailer. Additionally, it was suggested that the PPP may look to purchase additional diagnostic equipment based on positive feedback from a similar project taking place in Reading.

- **26-26** – Councillor Paul Kander confirmed that the Integrated Care Board had not been in touch to set up a meeting.

In addition to the above updates, it was noted that following the previous meeting, Councillor Heather Codling had received a full response from South Central Ambulance Service (SCAS) regarding the unacceptable delay in an elderly patient receiving treatment after a serious fall. The patient had been helped to move to a chair, and this had been interpreted by SCAS as requiring less help, so the call had wrongly been downgraded to the lowest priority. The Committee undertook to follow up with SCAS to ensure that procedures were updated.

Action: Follow up with SCAS to ensure that their procedures are updated to ensure that calls involving elderly fall victims are not wrongly reprioritised when they receive assistance from third parties.

15 Declarations of Interest

No declarations of interest were received beyond those listed in the agenda papers.

16 Petitions

No petitions were received at the meeting.

17 Carers Strategy 2025-2028: Partnership Effectiveness - 12 months' progress report

Hannah Cole (Service Manager - Specialist Mental Health Services and CHC) presented the Carers Strategy Progress Report (Agenda Item 6).

Further details were sought about carers' self-assessments. It was explained that the form had eight sections that asked about: the person they cared for; the carer's physical and mental health; details of the support they were providing; whether they had any issues; what support they needed (including respite care); and any financial issues they were experiencing. The service aimed to respond within 28 days. If a carer was eligible for local authority support, then a care support plan would be put in place. If they were not eligible, they would be signposted to other help.

Members asked about how many online assessments were performed. It was confirmed that 290 assessments had been completed in the previous 12 month period, with the vast majority being completed online. Concern was expressed about over-reliance on online forms. Assurance was provided that face-to-face options were always available. Also, carers had indicated that they valued the ability to provide information at a time when it suited them.

The Committee expressed concern about the closure of two peer support groups for young carers due to a lack of funding. It was noted that Berkshire Youth was reliant on donations, grants and fundraising to sustain its activities, and had been unable to sustain these activities.

The identification of additional carers was welcomed. It was suggested that some people may not see themselves as carers and so may miss out on support as a result. It was explained that West Berkshire Council was part of a consortium of local authorities that received funding from the Department for Health and Social Care. This had been used to pay for leaflets aimed at unpaid carers, which had been distributed widely. There had also been a lot of work focused on identifying young carers. Furthermore, this year's Carers' Rights Day would focus on early identification of carers.

It was suggested that GPs and schools could be asked to help identify carers Officers indicated that a social prescriber attended the Carers Strategy Group and was active across GP surgeries in identifying carers and signposting to available support.

Members asked if the increase in young carers was a good thing. It was suggested that increasing numbers suggested that they were reaching more of them. However, the aim was to minimise caring responsibilities for young people to the point where they stopped seeing themselves as young carers.

In terms of how young carers were identified, it was confirmed that this could be through schools, health services, or social workers. Officers worked jointly across Adults and Children's Services to see families with young carers holistically.

There was a question about the age of the youngest carer in West Berkshire.

Action: Officers to confirm the age of the youngest carer.

Members asked if identification of young carers could be added to schools' safeguarding responsibilities. Officers indicated that they would need to liaise with Children's Services on this. However, it was noted that the Carers Strategy Group sought to ensure partner organisations were alert to the needs of carers and were clear on how to refer carers to the relevant services. Even for young carers, caring was not considered a safeguarding issue per se, but could become connected to a safeguarding issue for a child. Schools were encouraged to escalate through the relevant pathway when they saw a child undertaking caring responsibilities, particularly where their wellbeing was being impacted as a result.

It was suggested that information be captured about newly identified carers to establish whether they were new to caring or had been carers for some time, since this might help to identify if the overall number of carers was rising.

The Committee welcomed the progress made in year one of the strategy and asked about what was planned for years two and three. It was explained that Hannah Cole was moving to a new role and Sarah Peebles had just been appointed as her replacement. Sarah would have responsibility for planning future delivery of the strategy and would work with the Carers Strategy Group on new actions, which would be reported back to the HASC in due course.

Officers were asked about the membership of the Carers Strategy Group. It was confirmed that a wide range of partners attended, including representatives from Adult Social Care, Thames Valley ICB, Berkshire Healthcare Foundation Trust, Healthwatch, the voluntary sector, advocacy groups, and carer representatives.

RESOLVED to note the report.

18 Adult Social Care Complaints and Compliments Annual Report 2025/26

Paul Coe (Executive Director – Adult Social Care and Public Health) presented the Adult Social Care Complaints and Compliments Annual Report 2025/26 (Agenda Item 7).

The Committee welcomed the significant reduction in the number of complaints received over the period 2019 to 2026, but asked if there were any barriers to complaints that could have affected the trend. It was confirmed that the process remained unchanged, with multiple channels available for complaints. It was not difficult to complain, and people were increasingly making use of AI to help them articulate their concerns.

Members sought assurance that people without family or without the confidence/capacity to raise concerns could do so independently, with appropriate access to advocacy

support. It was noted that most complaints were made on behalf of a family member. There were existing advocacy services/voluntary sector organisations that helped people to engage with statutory services. Some organisations, such as Healthwatch, received funding from the Council to facilitate feedback.

Members asked what action was being taken to address recurring complaint themes. Officers indicated that technology improvements were actively being explored to help improve client invoicing. It was confirmed that the Complaints Team looked at every case to see what could be changed to make the service better for others.

Further detail was sought around complaints related to financial assessments. Officers indicated that there were some disputes around what aspects of care were chargeable – this was an area that could be both subjective and contentious. Also, some people were simply frustrated at having to pay for care on top of the challenges of disability and/or vulnerability. It was recognised that some complaints related to national policy over which the Council had no control.

It was suggested that some people may be reticent to complain for fear of having a 'black mark' put on their record, or they might be intimidated by the formality of the process. Members asked if informal feedback was captured as well as formal complaints. Assurance was provided that officers were gentle and compassionate when talking to clients, and would clarify whether they were wanted to make formal complaints or simply provide feedback. Duty workers were provided with support, management and challenge to take the right tone with anyone calling in.

Members asked about staff resources. Officers indicated that demand was up over multiple domains, which meant that staff were stretched.

Officers were asked about how care was provided in West Berkshire. It was noted that most care was delivered by external providers - some care was commissioned by the Council and some was commissioned privately. Also, some care was commissioned via providers outside of the District. Overall, there were hundreds of providers.

In terms of quality checks on providers, it was confirmed that the Council had a small Care Quality Team. Also, providers were inspected by the Care Quality Commission. The vast majority of providers were rated as 'good' and the Council had confidence that they were doing a good job.

RESOLVED: That the Adult Social Care Complaints Annual Report 2025/26 be reviewed and agreed to proceed to the next approval stage before publication on the West Berkshire Council website.

19 Better Care Fund

Paul Coe (Executive Director – Adult Social Care and Public Health) presented the Better Care Fund report (Agenda Item 8).

Clarification was sought regarding Pathway 3. This was confirmed to be where patients were going into a care home. Members requested that this be made clear in future reports.

Action: Future reports to avoid using industry jargon.

Members asked if targets were set locally or nationally. It was confirmed that they were set locally and were agreed between health and social care partners, before being signed off by the Chairman of the Health and Wellbeing Board, the Chief Executive of the Integrated Care Board and the Chief Executive of the Council. The plan set out what actions were proposed, as well as how and why. It also included detail on what funding

would be spend on, with whom, and what the outputs should be in terms of performance metrics. The plan was sent to NHS England who would indicate if they disagreed with any aspect of the plan. There was an expectation that the plan would include challenging 'stretch targets', demonstrating year-on-year improvements wherever possible.

Members welcomed the reduction in waiting times for dementia care and asked how progress would be sustained if funding was not continued. Officers confirmed that the Better Care Fund Plan for 2026/27 had been signed off. They did not have details to hand regarding funding for dementia care, but offered to provide this.

Action: Officers to confirm what funding had been allocated to dementia care within the Better Care Fund Plan.

Officers were asked about the main reasons for delays in hospital discharges. It was explained that where patients were to be discharged to care homes, there may be objections from family members to the choice of care home. Other issues may be around delays as a result of needing to make adaptations to patients' homes. In a few cases, patients did not want to leave hospital. Most delays tended to be short. Planning was important to ensure that patient flow out of hospital was efficient. Frequent reporting was key to highlighting issues.

The Committee noted that admissions to hospital for residents aged 65+ was lower than peer group averages and asked if this was due to prevention activity. It was noted that there was more preventative activity than before, with further work planned around targeted GP interventions for those at greatest risk of admission. Also, it was acknowledged that increasingly treatments were being carried out in community settings.

Members asked if more funding was being spent on prevention. It was highlighted that this would be a key area of focus for the Neighbourhood Health Plan. The benefits of invest to save were recognised, but the challenge was finding the funding to increase prevention activity whilst still providing acute care to people who needed it.

Officers were asked about patients who were discharged home and subsequently readmitted to hospital. It was confirmed that hospital discharge teams continued to be involved with patients for up to six weeks post-discharge. Where Adult Social Care facilitated the discharge, they ensured that anything that had gone wrong was fed back to the ward that discharged the patient.

RESOLVED to note the report.

20 Healthwatch Update

The Lead Officer for Healthwatch West Berkshire was not available to present the annual report (Agenda Item 9).

It was noted that the report had been discussed at Health and Wellbeing Board. Members felt that it was a useful and interesting report that was easy to read.

Healthwatch was recognised as doing good work - they were effective at getting people to talk and open up, they had good networks, and they were a trusted organisation. However, it was noted that central government planned to transfer Healthwatch functions to the Department of Health and Social Care by March 2027. This was felt to be a retrograde step.

RESOLVED to note the report.

21 Task and Finish Group Updates

The Committee noted that the response to the Children's Mental Health and Emotional Wellbeing Task Group had been discussed at Health and Wellbeing Board on 24 September 2026. It was further noted that Councillor Dominic Boeck had asked a Member question to the Health and Wellbeing Board in relation to this item and had been provided with a detailed response, which had been included within the supplementary agenda pack issued to the Health and Adult Social Care Scrutiny Committee.

Members expressed disappointment that it had taken so long to get a response to the Task Group report. However, it was noted that the report had been used by partners to inform their activity. The commitment by Berkshire Healthcare Foundation Trust to expanding coverage of Mental Health Support Teams to 100% of schools by 2029 was welcomed. It was noted that funds withdrawn from the Emotional Health Academy were being reinvested in these Mental Health Support Teams. Members welcome the fact that the Health and Wellbeing Board would be keeping the matter under review and that All Age Mental Health was one of their core priorities.

It was suggested that the members of the Task Group and the witnesses who had contributed to the Task Group's review should be made aware of the response to its report.

Action: Circulate the response to the Task Group report to all parties involved in the review.

There was discussion as to whether the Health and Adult Social Care Scrutiny Committee (HASC) or Children and Young People Scrutiny Committee should keep track of progress. It was felt appropriate for the HASC to lead on this, since it had created the Task Group and had responsibility for scrutinising the Health and Wellbeing Board who would be coordinating action and receiving regular updates on progress. It was suggested that the chairmen of the three committees should meet to discuss this further.

Action: Arrange a meeting between the Chairmen of Health and Wellbeing Board, HASC and CYP Scrutiny Committees.

Members sought clarification as to whether they could be Members of both the Health and Wellbeing Board and the HASC. Officers indicated that where there was a conflict of interest, Members should declare this and exclude themselves from the debate and/or voting on the matter.

Members who had attended Health and Wellbeing Board indicated that they had not felt completely assured by the response from ICB colleagues, and it was suggested that progress would need to be closely tracked.

22 Health and Adult Social Care Scrutiny Committee Work Programme

The Committee reviewed its work programme (Agenda Item 11).

It was noted that the Women's Health item had been deferred to the 15 December meeting at the request of the Integrated Care Board. This had been added to an already very full agenda.

Members were reminded that the Men's Health item proposed for the meeting on 9 March had been added in response to issues highlighted by Healthwatch West Berkshire.

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE - 29 SEPTEMBER 2026 - MINUTES

(The meeting commenced at 1.30 pm and closed at 3.15 pm)

CHAIRMAN …….

Date of Signature …….