

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 10 MARCH 2026**

Councillors Present: Martha Vickers (Chairman), Dennis Benneyworth, Nick Carter, Owen Jeffery, Paul Kander, Alan Macro, Stephanie Steevenson and Joanne Stewart

Also Present: Councillor Patrick Clark (Portfolio Holder for Adult Social Care and Public Health) Melanie O'Rourke (Service Director - Adult Social Care), Vicky Phoenix (Principal Policy Officer - Scrutiny), Kirsten Willis-Drewitt (South Central Ambulance Service) and Rebecca Murray (South Central Ambulance Service NHS Foundation Trust)

Apologies for inability to attend the meeting: Councillor David Marsh and Councillor Nigel Foot

PART I

1 Minutes

The Minutes of the meetings held on 16 December 2025 were approved as true and correct records and signed by the Chairman.

2 Actions from previous meetings

Members reviewed the updates on actions and recommendations from the previous meetings.

It was highlighted that the response report to the Children's Mental Health and Emotional Wellbeing Task Group report was due to be on the agenda at today's meeting. It was confirmed there had been a delay and the report was now expected at Executive on 19 March 2026 and then at the Health and Adult Social Care Scrutiny Committee in June 2026.

It was noted the Care Quality Commission were due to revisit West Berkshire Council Adult Social Care (ASC) in spring 2026 and that there would be work completed in readiness of this. Melanie O'Rourke (Service Director for Adult Social Care) advised that this work was being completed and preparedness was nearly complete. This included strategy work and providing evidence.

3 Declarations of Interest

Councillor Alan Macro declared a personal interest in relation to item 6 (Provision of Community Equipment) by virtue of the fact that he had an item of community equipment in his home. Councillor Macro remained in the meeting and took part in the discussion.

Councillor Joanne Stewart declared a personal interest in relation to item 8 (South Central Ambulance Service (SCAS)) by virtue the fact that family members worked for SCAS in operational roles. Councillor Stewart remained in the meeting and took part in the discussion.

4 Petitions

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There were no petitions received at the meeting.

5 Provision of Social Care and Community Equipment

Melanie O'Rourke (Service Director, Adult Social Care) presented the report on the provision of community equipment, focusing on the challenges faced following the insolvency of the previous provider, NRS, and the transition to a new provider, Millbrook. The presentation highlighted the challenges faced, the measures taken to ensure continuity of service, and the lessons learned to improve future resilience. The council's priority during the crisis was to ensure the delivery of critical equipment to support hospital discharges, avoid hospital admissions, and provide end-of-life care.

During the debate the following points were discussed:

- It was raised that the council should regularly review the credit status of contractors to prevent similar issues in the future. Melanie O'Rourke confirmed that this would be incorporated into future commissioning practices to ensure early identification of financial risks.
- A question was asked about the maintenance of equipment and whether the new provider, Millbrook, was in a position to handle this responsibility. Melanie O'Rourke explained that Millbrook was prioritising high-risk equipment maintenance in compliance with regulations. She added that all servicing was expected to be completed by June 2026, with regular monitoring in place to ensure safety.
- Concern was expressed about the lack of support from the Department of Health and Social Care (DHSC) during the crisis. It was noted that the DHSC did not intervene to provide financial assistance or extend the operational period of NRS, which could have allowed for a smoother transition. Melanie O'Rourke confirmed that feedback on this issue was being provided through national resilience debrief sessions.
- It was discussed how NRS accumulated a £20 million funding gap and whether government intervention was needed to prevent such failures in essential services. Melanie O'Rourke highlighted that the limited number of providers nationally posed significant risks, with only two major providers now operating in the market. She noted that this issue was being reviewed by the Association of Directors of Adult Social Services (ADASS) to explore future commissioning strategies.
- A question was raised about ownership and timelines for the action plan to address the lessons learned from the crisis. Melanie O'Rourke explained that Paul Coe, as Executive Director, is leading the commissioning work. She added that regular meetings with key stakeholders are transitioning into a business-as-usual model, with clear actions and timelines being incorporated into the commissioning arrangements.
- It was queried whether Millbrook's pricing was significantly different from NRS and whether the overall cost of the service is expected to rise. Melanie O'Rourke explained that Millbrook's pricing reflects the true cost of providing a sustainable service. She noted that prescribing practices have changed, with a focus on avoiding over-prescription of equipment while ensuring that individuals' needs are met. This approach is expected to balance costs over time.
- A question was asked about how the council managed communication with clients during the crisis and whether the delays had any severe health impacts. Melanie O'Rourke acknowledged that communication was challenging due to the sensitivity of the situation. She emphasised that the council prioritised critical cases, such as hospital discharges, end-of-life care, and avoiding hospital admissions, to minimise adverse impacts. While some hospital discharges were delayed, there were no reported deaths directly attributable to the crisis.

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- It was noted that the crisis required significant additional work from council staff, with a core group of approximately six individuals working full-time on the issue, supported by other teams such as transport services. Melanie O'Rourke confirmed that this had an impact on the wider service, as other duties had to be redistributed to maintain operations.
- Comments were made commending the council's adult social care team for their collaborative efforts and rapid response during the crisis. It was noted that the council's approach compared favourably to neighbouring authorities, some of which received complaints about their handling of the situation.
- It was discussed whether the council had quantified the health impacts of the crisis, such as the effects of delayed equipment delivery on clients' recovery or quality of life. Melanie O'Rourke explained that while there was no formal analysis of physical impacts, the council worked closely with acute trusts to mitigate delays and prioritise critical cases.
- It was asked whether the council had received any complaints from clients during the crisis. Melanie O'Rourke confirmed that there were no significant complaints, which she attributed to the council's proactive measures and the collaborative efforts of staff and partners.
- A comment was made about the importance of learning from the crisis to improve future resilience. Melanie O'Rourke highlighted that the council had already implemented changes, such as improved oversight of contractors and closer collaboration with partners, to strengthen the service.

6 Inquest Review Panel – Annual Report

Melanie O'Rourke (Service Director, Adult Social Care, West Berkshire Council) presented the report on the Inquest Review Panel, which was established in 2022 in response to an increased number of cases where Adult Social Care was approached by the coroner's office for information or as an interested party. The panel ensures governance, oversight, and learning from such cases to improve services and prevent future deaths where possible. It was explained that the panel met quarterly and was chaired by Melanie O'Rourke. It includes representatives from operational teams, safeguarding, legal, and insurance services. The focus is on identifying learning opportunities and improving practices.

During the debate the following points were discussed:

- It was noted that the majority of cases reviewed by the panel involved themes such as substance misuse, homelessness, and mental health, often with interrelated factors.
- It was confirmed that no discernible patterns have been identified in terms of specific wards or areas but monitoring continued.
- A question was asked about the training provided to staff. It was explained that training focused on improving awareness of risks, recognising signs of substance misuse, and ensuring collaborative working across teams.
- It was highlighted that a partnership learning event was planned to bring together mental health services, community mental health teams, and locality teams to improve joint working.
- It was raised that Public Health, as commissioners of drug and alcohol services, had been invited to participate in panel meetings to ensure effective collaboration and contract monitoring.
- It was reported that a new role, the Co-occurring Mental Health, Alcohol, and Drug (COMAD) worker, had been created to support individuals with complex needs. This

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role was jointly funded by Berkshire Health Foundation Trust, Public Health, and Housing. The postholder had recently started and was undergoing induction.

- It was confirmed that of the five cases that went to inquest in the last year, the coroner provided advice in one case, recommending an upgrade to the recording system in a care home. This recommendation had been implemented.
- A question was asked about whether staff were trained to administer emergency interventions, such as naloxone, in cases of drug overdose. It was clarified that this was the responsibility of the commissioned drug and alcohol service, VIA, which provided specialist training and support. Adult Social Care staff focussed on awareness and signposting individuals to appropriate services.
- It was asked whether the panel also reviewed cases involving children and young people. It was explained that there was a separate mechanism for children's deaths, chaired by the Service Director for Children's Services. Both panels followed the same framework and guidance.
- It was clarified that the panel reviewed cases involving any vulnerable individual, regardless of whether they were known to Adult Social Care. In some cases, the panel may not have prior knowledge of the individual.
- It was noted that the panel's increased activity reflected a proactive approach to learning and prevention. The aim was to prevent deaths wherever possible, even though the numbers were relatively small.
- It was highlighted that the panel's work had led to improved collaboration and learning across services, with a focus on prevention and improving outcomes for vulnerable individuals.

The committee thanked Melanie O'Rourke for the report and commended the panel's work in identifying learning opportunities and improving services.

7 **South Central Ambulance Service Update**

Rebecca Murray (Chief Governance Officer, South Central Ambulance Service (SCAS)) and Kirsten Wills-Drewitt (Assistant Director of Operations, SCAS) presented the report on the performance, challenges, and ongoing improvements within SCAS, including updates on the group model with Southeast Coast Ambulance Service (SECAM) and the organisation's Fit for the Future improvement plan. The report also covered operational performance, the recent business continuity incident, and progress with the Care Quality Commission (CQC) ratings.

It was explained that the report covered operational performance data for West Berkshire from April 2025 to February 2026, including response times for Category 1 and Category 2 calls. Category 1 mean response times were reported as 8 minutes 51 seconds, exceeding the national target of 7 minutes. Category 2 response times were 31 minutes 32 seconds, slightly above the target of 30 minutes. It was noted that hear and treat rates had increased to 17.2%, and see and treat rates had risen to 32.1%, reflecting efforts to manage more patients in the community and reduce hospital conveyances.

During the debate the following points were discussed:

- It was clarified that Category 1 calls involved life-threatening emergencies, such as cardiac arrests, while Category 2 calls included conditions like strokes and chest pains. Categories 3 and 4, which were not detailed in the report, involved less urgent cases. It was suggested that future reports include clearer explanations of the categories and their associated targets for comparison.
- A question was raised about the clarity of the graphs in the report, particularly the trend lines and axes. It was explained that the trend lines represented response

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times, while the bars showed the number of incidents. It was suggested that future reports include clearer explanations and annotations to improve accessibility for readers unfamiliar with the data.

- It was reported that SCAS experienced a business continuity incident from 16 January to 2 February 2026 due to resource pressures and fleet availability issues. This was declared during a period of sustained disruption and included reports of patient harm. The incident was managed through a command structure, daily calls, and a focus on recovery. Borrowing crews and vehicles from other areas was a key part of the response.
- It was asked whether the same issues could arise next winter. It was explained that steps had been taken to minimise the risk, including the introduction of a third workshop for vehicle maintenance, the procurement of new ambulances (including electric vehicles), and changes to rostering practices. However, it was acknowledged that winter pressures would always present challenges.
- It was discussed that the age of SCAS's ambulance fleet was a significant factor in the business continuity incident. It was noted that SECAM had received more investment in fleet, and SCAS was now working to address this disparity. The introduction of new vehicles was expected to improve resilience.
- It was confirmed that the group model with SECAM was not a merger but a collaborative approach to improve resilience, reduce health inequalities, and align commissioning specifications. A single chief executive and chair would be appointed for both organisations. It was explained that the group model aimed to standardise clinical pathways, reduce variation, and create alternatives to emergency department conveyances. This was expected to ease pressure on acute hospitals and improve patient outcomes.
- It was noted that the group model would also involve consolidating back-office functions, aligning digital systems, and developing a strategic estates plan. The timeline for digital alignment was acknowledged to be lengthy, with procurement processes required for new systems.
- A question was asked about the potential disruption to staff during the transition to the group model. It was explained that frontline staff would not be moved across geographies, and the changes were expected to impact senior leadership and board-level roles more significantly. Staff had been informed and were generally supportive of the changes.
- It was asked whether the group model would help address the issues experienced during the business continuity incident. It was explained that the model would allow for shared learning and best practices between SCAS and SECAM, particularly in areas such as fleet management and operational alignment.
- It was reported that SCAS had exited the NHS England Recovery Support Programme and had undergone two unannounced CQC inspections in 2025. The Emergency Operations Centre was rated "Good," while Emergency and Urgent Care was rated "Requires Improvement." A well-led inspection in January 2026 did not raise immediate concerns, and areas for improvement were already included in SCAS's Fit for the Future plan.
- It was noted that SCAS's Fit for the Future plan was in its second year and focused on five strategic objectives, including improving response times, patient outcomes, and staff development.
- A question was asked about the clear-up process for ambulances. It was explained that this referred to the time taken to clean and prepare a vehicle for the next patient. It was confirmed that this did not include time for staff to process traumatic incidents, although psychological support was available for staff.

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- It was asked whether SCAS received many inappropriate calls and how these were managed. It was explained that call handlers were trained to triage calls and direct individuals to the appropriate service, such as 111. SCAS was also using hear and treat and see and treat models to reduce unnecessary ambulance dispatches. It was suggested that public health messaging could help reduce inappropriate calls by raising awareness of when to call an ambulance.
- It was noted that the introduction of electric ambulances would require changes to vehicle scheduling to account for charging times. Staff were being encouraged to plug in vehicles whenever possible, and the new fleet director was overseeing improvements in fleet management.

The committee thanked Rebecca Murray and Kirsten Wills-Drewitt for their report and responses to questions.

8 Healthwatch Update

Fiona Worby (Lead Officer, Healthwatch West Berkshire) was unable to attend the meeting, but the committee reviewed the Healthwatch update report, which outlined the organisation's activities, ongoing projects, and future challenges. The report highlighted Healthwatch's contributions to gathering public feedback on health and social care services and advocating for improvements, despite operating with limited resources and under the shadow of closure.

During the debate the following points were discussed:

- The committee reviewed Healthwatch's ongoing projects, including work on mental health services, GP access, and hospital discharge processes, recognising these as critical to addressing service gaps and ensuring patient voices are heard. It was noted that Healthwatch continued to operate effectively despite having a small team and limited resources.
- Concerns were raised about the planned closure of Healthwatch organisations nationally, with members expressing apprehension about the potential loss of independent oversight and advocacy for health and social care services. Members also discussed the unclear future replacement structure for Healthwatch and questioned whether it would maintain the same level of independence and effectiveness.
- Healthwatch's list of next steps and open projects aligned with local health and social care priorities, and members expressed strong support for these initiatives.
- A comment was made that Healthwatch's work was highly valued, with its role in advocating for patients and ensuring public feedback informs service improvements deemed essential. The committee acknowledged the vital nature of Healthwatch's work and expressed gratitude for their contributions to improving health and social care services.
- It was noted that the future of Healthwatch and its replacement structures was a concern across local authorities and would likely be discussed further at the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (BOB JHOSC).

9 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 future meetings. Members were encouraged to provide input on additional

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

It was suggested that the patient transport services provided by EMED, be considered for the work programme. It was advised that this was currently being reviewed for prioritisation on the work programme. As part of that the BOB ICB had provided a report which would shortly be shared with Members.

It was suggested that dentistry return as a future item, including attendance by the dentist who attended a previous meeting. It was noted there was a new contract for dentists, the impact of which could be reviewed. It was advised that an oral health needs assessment was an outstanding recommendation of the committee which was going to Executive next week for consideration. This would therefore be reviewed for future consideration of the committee.

A review of the use of Resource Centres was also suggested. This was noted and would be included in the review for the work programme.

It was noted that Members of the public could also suggest items for consideration and that it would be helpful if a request was shared in the WBC newsletter.

Action: Vicky Phoenix to ensure an article on the health and adult social care scrutiny committee, and a request for participation from the public, be included in a future WBC weekly newsletter.

(The meeting commenced at 1.30 pm and closed at 2.47 pm)

CHAIRMAN

Date of Signature

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