Notice of Meeting

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Health and Adult Social Care Scrutiny Committee

Tuesday 9 June 2026 at 1.30 pm

in the Council Chamber, Council Offices, Market Street, Newbury

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Date of despatch of Agenda: 1 June 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) on e-mail: vicky.phoenix1@westberks.gov.uk

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

West Berkshire Council

To:	Councillors Martha Vickers (Chairman), David Marsh (Vice-Chairman), Dennis Benneyworth, Martin Colston, Alan Macro, Owen Jeffery, Paul Kander, Stephanie Steevenson and Joanne Stewart
Substitutes:	Councillors Adrian Abbs, Dominic Boeck, Nick Carter, Billy Drummond, Janine Lewis, Ross Mackinnon, Biyi Oloko, Clive Taylor and Carolyne Culver

Agenda

Part I

Page No.

1 **Apologies** 1 - 2

Purpose: To receive apologies for inability to attend the meeting (if any).

2 **Minutes** 3 - 12

Purpose: To approve as a correct record the Minutes of the meetings of the Health and Adult Social Care Scrutiny Committee held on 10 March 2026 and 14 May 2026.

3 **Recommendations and Actions Tracker** 13 - 14

Purpose: To receive an update on recommendations and actions following the previous Committee meeting.

4 **Declarations of Interest** 15 - 16

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' Code of Conduct.

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

- 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. In addition her spouse is Head of Contract Management at the Royal Berkshire NHS Foundation Trust.

Sarah Clarke

Sarah Clarke
Executive Director - Resources

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

Health and Adult Social Care Scrutiny Committee

9 June 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 THURSDAY 14 MAY 2026

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

Also Present: Joseph Holmes (Chief Executive) and Sarah Clarke (Monitoring Officer)

Apologies for inability to attend the meeting: Councillor Martin Colston and Councillor Joanne Stewart

PART I

1 Election of Chairman

RESOLVED: That Councillor Martha Vickers be elected as Chairman of the Health and Adult Social Care Scrutiny Committee for the 2026/27 Municipal Year.

2 Election of Vice-Chairman

RESOLVED: That Councillor David Marsh be elected as Vice-Chairman of the Health and Adult Social Care Scrutiny Committee for the 2026/27 Municipal Year.

(The meeting commenced at 9.06pm and closed at 9.07pm)

CHAIRMAN …….

Date of Signature …….

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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 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

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.

- 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

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

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.

- 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

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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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
2	**12 June 2025** Actions from the previous Minutes	An Oral Health Needs Assessment be undertaken in West Berkshire	Matt Pearce	18/03/2026	01- Dec-25 21-Jan-26	Agreed at Executive 19 March 2026	Complete
3	**15 July 2025** Children's Mental Health and Emotional Wellbeing Task Group Report Report to Health and Adult Social Care Scruitny Committee 15 July 2025	1. Provide and promote a Local Youth Offer	AnnMarie Dodds / Matt Pearce	TBC	01 Dec-25 24 Feb-25 20 May-26	Awaiting response	In progress
		2. Improve the communication about and navigation of local services	AnnMarie Dodds / Matt Pearce	TBC	01 Dec-25 24 Feb-25 20 May-26	Awaiting response from Executive. Response from the ICB was received Sept. 26 and will be included in the full response to HASC.	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.	AnnMarie Dodds / Matt Pearce	TBC	01 Dec-25 24 Feb-25 20 May-26	Awaiting response from Executive. Response from the ICB was received Sept. 26 and will be included in the full response to HASC.	In progress
		4. West Berkshire to become a Trauma informed district	AnnMarie Dodds / Matt Pearce	TBC	01 Dec-25 24 Feb-25 20 May-26	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	AnnMarie Dodds / Matt Pearce	TBC	01 Dec-25 24 Feb-25 20 May-26	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.	AnnMarie Dodds / Matt Pearce	TBC	01 Dec-25 24 Feb-25 20 May-26	Awaiting response	In progress

Formal Recommendations to External Partners:

Ref	Meeting date and agenda item	Scrutiny recommendation	Lead	Target date	Last update	Response	Status

Suggested Actions for Improvement to Council Departments/Partners:

Ref	Meeting date and agenda item	Scrutiny Action	Lead	Target date	Last update	Response	Status
33	**11 March 2025** 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 20/05/26	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	**11 March 2025** 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 20/05/26	Due to NHS Commissioning changes this is not appropriate currently. To be revisited when NHS restructures are confirmed.	In Progress
15-25	**30 September 2025** 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 that 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
22-25	**10 March 2026** Work Programme	To include an article on HASC and a request for items from members of the public in a forthcoming WBC Newsletter	Vicky Phoenix	09-Jun-26	20/05/2026	This has not been able to be completed for June HASC. Will be completed for the next HASC.	In Progress

Health and Adult Social Care Scrutiny Committee

9 June 2026

Item 4 – Declarations of Interest

Verbal Item

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Health and Adult Social Care Scrutiny Committee

9 June 2026

Item 5 – Petitions

Verbal Item

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Thames Valley ICB

Date of Meeting: West Berkshire Health and Adult Social Care Scrutiny Committee	**Agenda item:**

Title of Paper: Review the system approach to palliative care and hospice provision in West Berkshire

Paper is for: (Please ✓)	**Discussion**		**Decision**		**Information**	

Paper approved to share with directorate senior management teams: (Please ✓)	**Yes**		**No**	

Executive Summary:

This report responds to a request from the West Berkshire Health and Adult Social Care Scrutiny Committee for its meeting on 9 June 2026. It sets out the current system approach to palliative, end of life and hospice care in West Berkshire, drawing on contributions from Thames Valley ICB, Berkshire Healthcare NHS Foundation Trust and Sue Ryder.

The paper summarises current and future demand, including demographic change and inequalities; describes the service model and care pathways across community, hospice and inpatient settings; and reviews performance, patient and carer experience, workforce capacity, commissioning arrangements, funding and key delivery risks. Its central message is that West Berkshire has established the foundations of a more integrated, community-focused model of care, but further development will be required to meet rising demand, reduce variation and strengthen long-term sustainability.

Action Required: The Board is asked to approve this report for submission to the Health and Adult Social Care Scrutiny Committee on 9 June 2026.

Author: Zo Woods, Head of All Age Palliative and End of Life Care (PEoLC) and Community Services and S117.
Louise Lucio, Regional Director of Healthcare Operations – Sue Ryder South East
Obiageli Okongwu, Head of Service, Community Nursing and Specialist Services, Berkshire Healthcare NHS Foundation Trust.

Executive Lead/Senior Responsible Officer: Matthew Tait, Executive Delivery Officer, TV ICB

Date of Paper: 14 May 2026

1. Purpose of the Report

1.1. This report provides the Committee with an overview of how adult community palliative and end of life care, including hospice services, is commissioned and delivered across West Berkshire. It has been prepared by Thames Valley Integrated Care Board (ICB) with contributions from Berkshire Healthcare NHS Foundation Trust (BHFT) and Sue Ryder.

2. Current Commissioning Overview and Structure

This section provides an overview of the current commissioning structure for adult community palliative, end of life and hospice services.

2.1. Berkshire Healthcare NHS Foundation Trust (BHFT)

2.1.1. Berkshire Healthcare NHS Foundation Trust (BHFT) is a community and mental health NHS trust that provides care and services for Berkshire residents. In Berkshire West, palliative and end of life care is provided mainly by community nursing teams and Urgent Community Response (UCR) teams.

2.1.2. Patients may also receive care from BHFT intermediate care teams and specialist services such as respiratory and heart failure teams. People with mental health needs may also receive support from adult mental health teams, although this support may not be directly related to end of life care.

2.1.3. All BHFT community physical health inpatient wards provide end of life care. There are also dedicated end of life care beds at West Berkshire Community Hospital.

2.1.4. The BHFT Care Home Support Team also includes a dedicated palliative care nurse who supports care home residents, helps develop care home staff skills, advises on symptom control, and provides support to relatives and families. This role works closely with Sue Ryder for specialist advice and ongoing support.

2.2. Sue Ryder

2.2.1. Sue Ryder delivers specialist palliative and end of life care in West Berkshire under a seven-year contract with Thames Valley ICB, with an option to extend for up to three more years. The contract was awarded following a 2024/25 procurement process.

2.2.2. Under this contract, Sue Ryder's service model has been redesigned to strengthen community provision, including Hospice at Home and a 24/7 single point of access. Consultant medical input is provided through a service level agreement with the Royal Berkshire Foundation Trust. Overall, commissioning is focused on improving equity of access, managing demand and delivering high-quality, person-centred care in the community.

2.2.3. Sue Ryder offers an integrated palliative care model across inpatient, community and outpatient settings in West Berkshire. The Duchess of Kent Hospice is a 10-bed specialist inpatient unit for people with complex needs, supported by eight additional palliative care beds at West Berkshire Community Hospital. Alongside inpatient care, Sue Ryder provides community clinical nurse specialist teams, a virtual ward and a Hospice at Home service. Access to these services is coordinated through a 24/7 single point of access and advice line, with care delivered in a person's usual place of residence wherever possible.

2.2.4. Additional services include outpatient clinics, day therapy, physiotherapy, occupational therapy, lymphoedema services, and holistic wellbeing and bereavement support. This model is designed to improve coordination, reduce avoidable hospital admissions, and help people die in their preferred place where possible.

3. Need and demand

3.1.1. The West Berkshire population is estimated at 165,112 [JSNA report 2025], and the population is ageing. The number of residents aged 65 and over is projected to increase by 27% by 2040. This will significantly increase demand for palliative and end of life care services.

3.1.2. In 2023, there were 1,469 deaths in West Berkshire. This is in line with the national estimate that around 1% of the population dies each year. Of these deaths, around 80% to 90% are likely to involve palliative care needs. This suggests an ongoing need for well-coordinated and specialist care services.

3.1.3. It is important to note that GP registered population figures can differ from resident population figures in JSNA datasets. This is because residents may be registered with GPs across local authority boundaries, and some GP practices serve populations in more than one area.

3.1.4. Public attitudes suggest that 56% of people would prefer to die at home [Marie Curie 2024]. However, local data via Public Health fingertips shows a gap between preference and reality:

Preferred Place of Death (PEOLC Profiles[1] – updated to March 2025)	
Hospital	37%
Home	28%
Care Homes	25%
Hospice	8%
Other	2%

Table 1Percentage of deaths in each place of death for Buckinghamshire, Oxfordshire and Berkshire West and England, 12 months November 2024 to October 2025

3.1.5. This highlights an ongoing need to strengthen community-based services, improve advance care planning, and enable more people to die in their preferred place of care.

[1] https://fingertips.phe.org.uk/static-reports/end-of-life-place-of-death/January%202026/E54000044.html?area-name=NHS%20Buckinghamshire,%20Oxfordshire%20and%20Berkshire%20West%20Integrated%20Care%20Board%20-%20QU9#percent-of-deaths

3.2. National and Regional data

3.2.1. The National Audit of Care at the End of Life [State of the Nations report, 2025] highlights a growing national demand for end of life and specialist palliative care. Annual deaths in the UK are projected to rise to 736,000 by 2035, due to an ageing population and increasing clinical complexity. Despite national ambitions to support people in community settings, 43% of deaths still occur in hospital, underlining the importance of hospital-based end of life care alongside community provision.

3.2.2. This report also identifies a high prevalence of predictable deaths, indicating that there is an opportunity for earlier identification of individuals with palliative care needs.

3.2.3. A 2023 Marie Curie report [Marie Curie 2023] reinforces this gap between need and provision. Increasing life expectancy, multimorbidity, and demographic change mean that more people would benefit from palliative care yet one in four people still die without receiving the care and support they need.

3.3. Local Data

3.3.1. Local commissioned services data for Berkshire West (West Berkshire, Reading and Wokingham) shows that 3,313 patients were included on palliative care registers, which is 0.59% of the population. This is broadly consistent with Connected Care projections, but it may still under-represent the number of people who could benefit from palliative care support. Work on Digital ReSPECT and advance care planning is intended to improve earlier identification and reduce reactive care.

3.3.2. Of those on the register:

- 2,944 patients were reported to have a care plan in place (88.87%)
- 2,183 ReSPECT forms were also completed across the population.
- From 3,009 deaths reported, 1,137 were on a palliative register and 1,949 had been formally discussed.

3.3.3. The clinical breakdown of patients on the Palliative Care Register shows:

- 1,858 patients recorded as having cancer
- 182 with COPD
- 359 with cardiac conditions
- 155 with neurological conditions
- 598 with dementia
- 813 were recorded as living in care homes.

4. Demographic changes

4.1.1. Population projections published by the Berkshire Observatory estimate an increase of around 3,100 people over 15 years in West Berkshire, equivalent to 1.9%. If that trend continued evenly, this would suggest growth of approximately 1,000 to 1,200 residents over the next five years.

4.1.2. West Berkshire is therefore expected to remain relatively stable in overall size rather than grow rapidly. However, the age profile is expected to change significantly.

- The 65+ population is expected to rise sharply (+26.7% by 2040)
- The number of children and working-age adults is projected to decline slightly.

5. Inequalities in access, experience or outcomes

5.1. NACEL identifies variation in experience and outcomes by ethnicity, with minority groups often reporting poorer communication and lower quality of care.

5.2. While West Berkshire is predominantly White (~89%), approximately 12-13% of the population are from minority ethnic groups, with the largest being Asian/Asian British communities [JSNA report 2025]. Although smaller in proportion compared to urban areas, these populations often have more complex and specific end of life needs, including:

- Cultural and faith considerations
- Family involvement in decision-making
- Dietary requirements
- Spiritual care
- Death and bereavement rituals

5.3. A one-size-fits-all approach is not sufficient. People's needs at the end of life are shaped by cultural, religious and social factors, including language, beliefs, family roles, levels of religious observance and expectations around care, decision-making and death rituals. End of life care often involves not only the patient, but also family members, faith leaders and wider community networks. Flexible, culturally competent models of care are therefore essential to provide person-centred, equitable and respectful support.

5.4. In 2025, Sue Ryder invited representatives from the local community to visit the inpatient unit and undertake the NHS 15 Steps Challenge. This provided independent insight and constructive challenge on how accessible, welcoming and culturally appropriate the inpatient environment was for patients and families. As a result, Sue Ryder introduced several improvements, including a multilingual welcome sign, clearer promotion of translation and interpretation services, and an improved easy-read food menu.

5.5. Several barriers may affect equitable access to palliative care locally. These include language and communication challenges, limited awareness of available services, and cultural perceptions of death and hospice care. In some cases, this leads to mistrust or misunderstanding of services, with people accessing support later in their journey.

5.6. Issues are further compounded by local factors, particularly in more rural areas where geographic access can be more difficult. Centralised specialist services and transport limitations can make it harder for people to access timely care, contributing to ongoing inequalities in provision.

5.7. These factors increase the risk that some groups receive later, less coordinated, and less person-centred care, reinforcing the need for targeted outreach, improved data capture, and strengthened community services.

5.8. There is a recognised gap in advance care planning, particularly among older people, care home residents, and individuals from diverse ethnic communities. Strengthening earlier identification and planning is essential to ensure that patients' preferences are clearly discussed, recorded, and respected.

6. Strategic objectives

6.1. The Thames Valley ICB has prioritised “Dying Well” as a strategic objective, adopting a population health approach to improve access and reduce inequalities.

6.2. In West Berkshire, the strategic response has centred on building a more integrated palliative and end of life care model. A key element has been the introduction of the Sue Ryder model, which brings together a single point of access, Hospice at Home, rapid response, virtual wards and a 24/7 advice line. This has been supported by longer-term contracting, workforce development and service mapping to strengthen system resilience and align provision more closely with local need.

6.3. These developments are aligned with national priorities and are intended to improve coordination, support earlier identification of need, expand community-based provision and reduce avoidable hospital admissions. Taken together, they represent a deliberate shift towards a more proactive, joined-up and person-centred model of care.

6.4. Improved data sharing is recognised as a critical enabler of high-quality end of life care. The implementation of Digital ReSPECT in West Berkshire supports shared care records, enhances communication across care settings, and ensures clear documentation of patient wishes and care plans. This, in turn, improves coordination between acute, community, hospice, and ambulance services, helping to deliver more consistent and joined-up care.

6.5. Overall, West Berkshire reflects wider national trends, including rising demand driven by an ageing population, a high prevalence of identifiable palliative care need, a gap between preferred and actual place of death, and ongoing inequalities in access and experience. Addressing these challenges requires a continued focus on earlier identification and advance care planning, stronger community-based services, culturally competent care models, and improved system coordination supported by effective digital integration.

7. Service Provision and Care Pathways

7.1. Berkshire Healthcare NHS Foundation Trust

7.1.1. BHFT provides a wide range of community services across Berkshire through hospitals, clinics and care in people’s homes, with a focus on helping people remain independent and receive care in the most appropriate setting.

7.1.2. In West Berkshire, BHFT works with Sue Ryder and other system partners to deliver coordinated, multi-agency palliative and end of life care. This partnership is intended to ensure that patients receive timely, holistic support focused on comfort, dignity and quality of life. A number of BHFT-led services contribute to this pathway across community, urgent care and inpatient settings:

7.1.3. The Community Nursing Team plays a central role in delivering end of life care in patients’ own homes. This includes symptom management, administration of medication and psychological support for patients and families. Provision includes both planned care and out-of-hours support, helping patients access nursing input when needed and reducing avoidable hospital admissions.

7.1.4. The Urgent Community Response (UCR) service provides rapid assessment, diagnostics and treatment in the community to help prevent hospital admission. Patients are usually seen within a

few hours and may be supported through different pathways, including virtual wards that provide hospital-level care at home. This is particularly important for people at the end of life who need urgent intervention but want to remain at home.

7.1.5. BHFT also supports a Care Home Support function, which provides targeted support to care homes across West Berkshire. Although a limited resource, this contributes to the management of patients approaching end of life within care home settings, supporting staff with clinical advice and coordination with other services.

7.1.6. The WestCall Out of Hours service provides urgent primary medical care across West Berkshire overnight, at weekends and on bank holidays. The service is accessed through NHS 111 and offers telephone support, clinic appointments and home visits where appropriate.

7.1.7. In addition to community and urgent services, there are eight inpatient beds (Rainbow beds) at West Berkshire Community Hospital that support palliative and end of life care. These beds form part of BHFT's broader palliative care provision, which emphasises comfort, dignity, and holistic support for patients and their families.

7.1.8. BHFT also provides specialist nursing support through its heart failure and respiratory teams, alongside consultant geriatrician input for community inpatient wards. Within this model, nursing care is provided by BHFT staff, while specialist palliative medical support is delivered through Sue Ryder. This reflects the close partnership between NHS and charitable providers in West Berkshire.

7.2. Sue Ryder – Palliative and End of Life Services in West Berkshire

7.2.1. In West Berkshire, specialist palliative and end of life care is provided largely through partnership with Sue Ryder. The Duchess of Kent Hospice in Reading is the main specialist inpatient unit, with 10 beds serving West Berkshire and neighbouring areas. Where capacity allows, the Sue Ryder team will also work to arrange urgent same-day admissions, both in and out of hours.

7.2.2. In addition, there are eight flexible palliative care beds at West Berkshire Community Hospital, alongside outpatient and day services, and a number of beds at Wallingford Community Hospital in South Oxfordshire. This arrangement shows how BHFT and Sue Ryder work together to support people with more complex needs, with Sue Ryder providing specialist palliative care advice and training for some BHFT staff.

7.2.3. Community provision is a key part of the model and aims to support people in their usual place of residence wherever possible. The multidisciplinary team includes specialist palliative care consultants, clinical nurse specialists, primary care and community services, helping to deliver coordinated care planning.

7.2.4. The Thames Valley ICB has expanded the service model across West Berkshire to include a broader community-based offer, including Hospice at Home services, rapid response teams, a virtual ward, and a clinical advice line, coordinated through a 24/7 single point of access.

7.2.5. The single point of access operates seven days a week from 8am to 8pm. Referrals can be made at any time and are processed during these hours by care navigators supported by clinical nurse specialists and registered nurses. The clinical telephone advice line for patients, families and professionals operates overnight from 8pm to 8am, seven days a week.

7.2.6. Overall, the West Berkshire model reflects a system-wide, multidisciplinary approach that combines community nursing, rapid response, out-of-hours care, care home support and inpatient provision. Its purpose is to provide coordinated, person-centred care while increasing the system's ability to support people in their preferred place of care wherever clinically appropriate.

7.2.7. This Hospice at Home approach is consistent with national policy, which emphasises providing more care at home where this matches people's preferences. In West Berkshire, the commissioned model delivered by BHFT and Sue Ryder supports this aim. See Appendix 1 for the pathway map.

8. Dementia-specific palliative and hospice provision

8.1.1. Understanding the provision of dementia-specific palliative and end of life care is essential to ensuring equitable, person-centred support for people with advanced dementia and their friends and families.

8.1.2. National evidence highlights both the scale of need and significant gaps in dementia palliative and end-of-life care. Dementia is now the leading cause of death in England and Wales, with almost one million people currently living with the condition and numbers projected to rise to around 1.4 million by 2040. Within West Berkshire provision for non-cancer conditions is developing but not yet uniformly embedded across all pathways.

8.1.3. West Berkshire recognises several challenges in dementia palliative and end of life care. These include difficulty identifying when a person is approaching the end of life because dementia often follows a long and unpredictable course, inconsistent advance care planning, fragmented care pathways, and limited access to specialist dementia expertise. As a result, people with dementia are more likely to experience crisis-led care and avoidable hospital admissions.

8.1.4. For people with dementia, Hospice at Home and virtual ward services make it possible to receive care in familiar surroundings. This can reduce confusion, agitation and distress, while helping to avoid unnecessary hospital admissions. Overall, this supports dignity and quality of life at the end of life.

8.1.5. Community-based multidisciplinary support brings together health and social care professionals to address physical, psychological and social needs in a coordinated way. Better communication and proactive care planning reduce fragmentation and support personalised, joined-up care.

8.1.6. Sue Ryder has adopted a dementia-friendly approach. Its multidisciplinary teams are trained to support communication difficulties and the behavioural and psychological symptoms of dementia. Staff can use a range of approaches to support people with dementia and their families, including longer appointments and both verbal and non-verbal communication strategies.

8.1.7. This approach has been strengthened within Sue Ryder through specialist dementia training and closer working with local Admiral Nurses. In 2026, Sue Ryder also invested in the inpatient unit at the Duchess of Kent Hospice to create a more dementia-friendly environment, including new flooring and furnishings in line with dementia-friendly guidance.

8.1.8. BHFT provides several services for people with dementia, including the memory clinic and Older People's Mental Health Service. People with dementia who need palliative and end of life support may be referred to Sue Ryder where appropriate or supported by the care home palliative care nurse. Although many care homes are experienced in supporting people who are dying, increasing symptom complexity can make this more difficult, especially for people with dementia. This BHFT role helps to ensure that individuals and the staff caring for them receive specialist nurse-led support for up to two weeks, helping them stay in their usual place of residence where possible.

8.1.9. The ReSPECT process plays a key role in capturing and communicating a person's wishes, priorities and clinical recommendations for future care, which is particularly important for people living with dementia as their ability to express preferences may change over time. ReSPECT supports early and meaningful conversations with patients and those important to them, helping to ensure that care remains aligned with their values, wishes and best interests as the condition progresses. In West Berkshire, the use of a shared digital ReSPECT record via Graphnet enables system partners across health and social care to access up-to-date information. This supports understanding of agreed plans, improved communication between services, reduces the risk of unwanted escalation and hospital admission, and helps ensure that care decisions are coordinated, person-centred and respected across settings, including out of hours and during crises.

9. Performance Indicators

9.1. Berkshire Healthcare Foundation Trust data and governance

9.1.1. UCR referral acceptance rate for West Berkshire locality is 90% (2025/2026). This is not just for patients at end of life but reflects general response rates.

9.1.2. Number of end of life activities undertaken by West Berkshire locality community nursing teams:

April 25	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 26	Feb	March	Total
118	**96**	**154**	**150**	**77**	**109**	**111**	**62**	**115**	**167**	**49**	**96**	1304

Examples of these activities include symptom control, advance care planning, end of life care assessment, management of syringe pumps and bereavement support.

9.2. BHFT Patient Safety and Governance structure

9.2.1. BHFT reviews all incidents raised and shares related learning across the organisation through monthly Patient Safety Quality meetings. Weekly mortality review meetings consider any unexpected deaths or deaths where concerns have been raised, with a structured judgement review undertaken where appropriate. Any resulting concerns or learning are shared and taken forward to improve care.

9.3. Performance Indicators Summary (Sue Ryder 2025–26)

Safety and Harm

9.3.1. No incidents resulting in severe harm were reported across services, indicating a strong level of patient safety. Although the overall number of reported incidents increased compared with the previous year, this is considered to reflect more robust reporting arrangements.

Quality Governance and Monitoring

9.4.1. A quality governance framework is in place, supported by monthly integrated quality reports that include safety, activity, workforce and performance data. Intelligence from incidents, complaints and patient feedback is used to inform improvement. These arrangements provide data-driven governance that supports continuous quality improvement across services.

9.4.2. BHFT received three complaints about end of life care in 2025. These related to response times, a poorly completed Decision to Administer form during a change from an old to a new form system, and symptom control and communication with family members.

Patient, Carer and Family Experience

9.4.3. Sue Ryder reports consistently positive feedback from patients, carers and families across hospice, community and bereavement services. People often describe the care as compassionate, dignified and highly personalised, and staff are regularly recognised for going above and beyond. Feedback also highlights the value of holistic care, including therapy services, equipment and coordinated support across settings.

9.4.4. Sue Ryder received eight formal complaints in 2025/26. Most related to communication (5), with the remainder relating to standards of care, admission, and pain and symptom management (3).

9.4.5. Other complaints

Additional Complaints Received - 25	
Category	Total
Communication	11
Support & advice (incl. carers)	4
Staff attitude & continuity of care	3
Facilities & environment	2
Medication & clinical safety	2
Care quality (pain, nutrition)	2
Admission & assessment	1

Table 2 Additional complaints received to the Sue Ryder Service

For each complaint or concern raised, Sue Ryder aims to identify learning and make improvements where possible.

Sue Ryder received 268 compliments in total, showing that the service is valued by families, service users, staff and other partners.

Compliments – 268 received in total	
Area	Total
Family - Sue Ryder Staff	118
Service User - Sue Ryder Staff	63
Sue Ryder Staff - Sue Ryder Staff	34
Family - Service	39
Service User - Service	37
External Staff - Sue Ryder Staff	9
Volunteer - Sue Ryder Staff	3
Visitor - Service	2

Table 3 provides the number of compliments received to the Sue Ryder Service.

9.5.5. Sue Ryder introduced real-time feedback during counselling sessions, allowing people to share their views while receiving support rather than only at the end. Outcome measures are collected at one, three and twelve months after bereavement support. This helps the organisation understand both the immediate and longer-term impact of the service.

9.5.6. Service users and families consistently report that compassion, dignity, emotional support and personalised care are key strengths. Hospice at Home services, timely symptom management and clear, reassuring communication at the end of life are particularly valued. Recurring issues identified through complaints and feedback relate to communication clarity, care coordination across services, and access or waiting times. Sue Ryder uses this feedback as well as data from local quality improvement groups, audits and governance processes to inform service changes, and to drive continuous improvement.

10. Workforce

10.1. BHFT estimates that around 5% of district nursing activity relates to palliative and end of life care. Although this is a small proportion of total activity, these contacts are often complex and require skilled staff. Patients may have multiple conditions and need both practical and emotional support. Families and carers also often need advice and reassurance. For this reason, the time and expertise required for these contacts is significant.

10.2. The availability and long-term sustainability of the nursing workforce is a key factor in service delivery across West Berkshire. This includes staff employed by BHFT and staff employed by Sue Ryder to provide hospice and Hospice at Home services. Workforce capacity, skill mix, recruitment and retention all affect how sustainable these services will be.

10.3. Community nursing turnover at BHFT is 11.3%, which is in line with turnover across NHS hospital and community services. However, annual growth in the district nursing workforce will need to remain between 1.5% and 2% because demand is expected to rise by 34% over the next 15 years [RCN]. This reflects the wider shift of care into the community and applies to the whole district nursing workforce, not only staff delivering palliative care. Limited workforce growth is a recognised national issue.

10.4. BHFT is responding by including end of life care training in community nurse induction and by delivering Level 3 ReSPECT training to senior nurses and allied health professionals so they can start ReSPECT conversations. In addition, three new nurse consultant roles have been created in Urgent Community Response, community wards and community nursing to strengthen end of life care delivery.

10.5. Sue Ryder recognises growing demand for palliative and end of life care and the pressure this creates for the workforce. Recruitment can be difficult in West Berkshire because the local job market is competitive, there are many healthcare providers in the area, and London can attract staff with higher salaries. This has created challenges in filling some clinical roles, including posts linked to the newer West Berkshire Hospice at Home service.

10.6. To support recruitment and retention, Sue Ryder has developed internal training and talent programmes alongside regular reviews of vacancies, retention and workforce risks. Where needed, the organisation can also draw on staff from other areas to provide temporary cover and clinical support.

11. Commissioning Arrangements and Funding

11.1. Recent commissioning reform across West Berkshire and the wider Thames Valley ICB footprint has focused on moving away from fragmented legacy contracts towards more integrated, outcomes-focused service models. The intent is to improve coordination, reduce duplication and ensure that services are configured more effectively around population need.

11.2. A key part of this approach has been the integration of hospice, community and primary care services, with a focus on strengthening 24/7 community palliative and end of life care, reducing avoidable hospital admissions, and enabling more people to be cared for and die in their usual place of residence.

11.3. Alongside this, the Palliative and End of Life Care (PEoLC) and Community Services team is working to standardise service specifications across Thames Valley and West Berkshire to reduce unwarranted variation in access and provision.

11.4. System transformation programmes have also prioritised:

- Earlier identification of individuals approaching end of life
- Improved advance care planning
- Enhanced digital coordination, including shared care records and tools such as Digital ReSPECT

11.5. These developments are aimed at improving patient experience, supporting personalised care, and ensuring that care is better coordinated across organisational boundaries.

11.6. Palliative and end of life care continues to be funded through several methods, depending on the provider and service model. Services are commissioned through a combination of block contracts and blended payment models.

11.7. Hospices typically receive only a proportion of their total income from NHS funding (for Sue Ryder this is estimated to be just over 40%), with the remainder generated through charitable fundraising, grants, retail activity and public donations.

11.8. Additional funding streams may include:

- National transformation and improvement funding
- Winter pressures allocation
- Targeted, short-term investments to address demand or service gaps
- CHC fast track for hospice at home service

11.9. It is noted that NHS funding supports the delivery of core clinical and community nursing activity.

11.10. A key example of this commissioning approach is the Sue Ryder partnership, which commenced in January 2026 under a seven-year NHS contract (with potential extension) across West Berkshire and South Oxfordshire.

11.11. This model supports the expansion of:

- Hospice at Home services
- Virtual ward provision, enabling hospital-level care in community settings
- A Single Point of Access to improve navigation and coordination of care
- 24/7 advice and support services for patients, families, and professionals
- Bereavement support services

11.12. This integrated model reflects a strategic shift towards coordinated, community-focused palliative care, with the aim of improving access, strengthening patient and family experience, and reducing avoidable reliance on hospital-based care.

12. Key risks, pressures and future priorities

12.1. Across West Berkshire, palliative and end of life care continues to face a range of pressures. These include rising demand linked to an ageing population, increasing clinical complexity and multiple long-term conditions. At the same time, workforce constraints in district nursing continue to affect service delivery.

12.2. Additional system challenges include variation in digital systems and interoperability, limiting consistent access to shared care records, and the need to ensure reliable, high-quality out-of-hours provision and equitable access across all care settings. These factors can affect the timeliness, coordination, and person-centred nature of care delivery.

12.3. Thames Valley ICB, working in partnership with Berkshire Healthcare NHS Foundation Trust, Sue Ryder and other West Berkshire system partners, is taking a collaborative approach to mitigating these risks.

12.4. The system response has been to continue building integrated services that improve responsiveness and shift care closer to home. This includes expanding community provision, using virtual wards to deliver hospital-level care in the community, strengthening urgent and out-of-hours pathways, and maintaining shared governance and clinical leadership arrangements to support consistency, quality and accountability across providers.

12.5. Over the next one to three years, the priority will be to embed and scale these improvements. This includes extending community and home-first models of care, widening timely access to specialist palliative support, strengthening workforce capability, and improving the use of shared digital records and data. Collectively, these actions will be critical to improving advance care planning,

supporting care homes more effectively, and increasing the system's ability to deliver care in people's preferred place wherever possible.

12.6. Opportunities exist to enhance system performance through greater integration across organisational boundaries and more consistent use of shared digital records. The development of joint training and education programmes across providers would help to build a more confident and capable workforce, while improved use of data and intelligence could support a clearer understanding of demand, capacity, and outcomes, enabling more informed decision-making.

12.7. Evidence from across the Thames Valley system demonstrates the potential impact of these integrated approaches. Initiatives such as the RIPEL (Reactive Integrated Palliative and End of Life Care) programme have shown measurable benefits, including significant reductions in hospital utilisation, with over 33,000 bed days avoided, alongside a positive return on investment. Learning from these programmes highlights how improvements in early identification, care coordination, and access to community services can reduce unnecessary hospital admissions and deaths in hospital, enhance patient and family experience, and support more care to be delivered in preferred settings.

12.8. Despite this progress, several system-wide challenges remain. These include limited access to specialist advice outside of core hours, variability in staff training, confidence, and capability, and ongoing gaps in digital integration and shared care records. Addressing these issues will be essential to fully realise the benefits of integrated models of care and to ensure that palliative and end of life care services are equitable, effective, and sustainable.

13. Conclusion

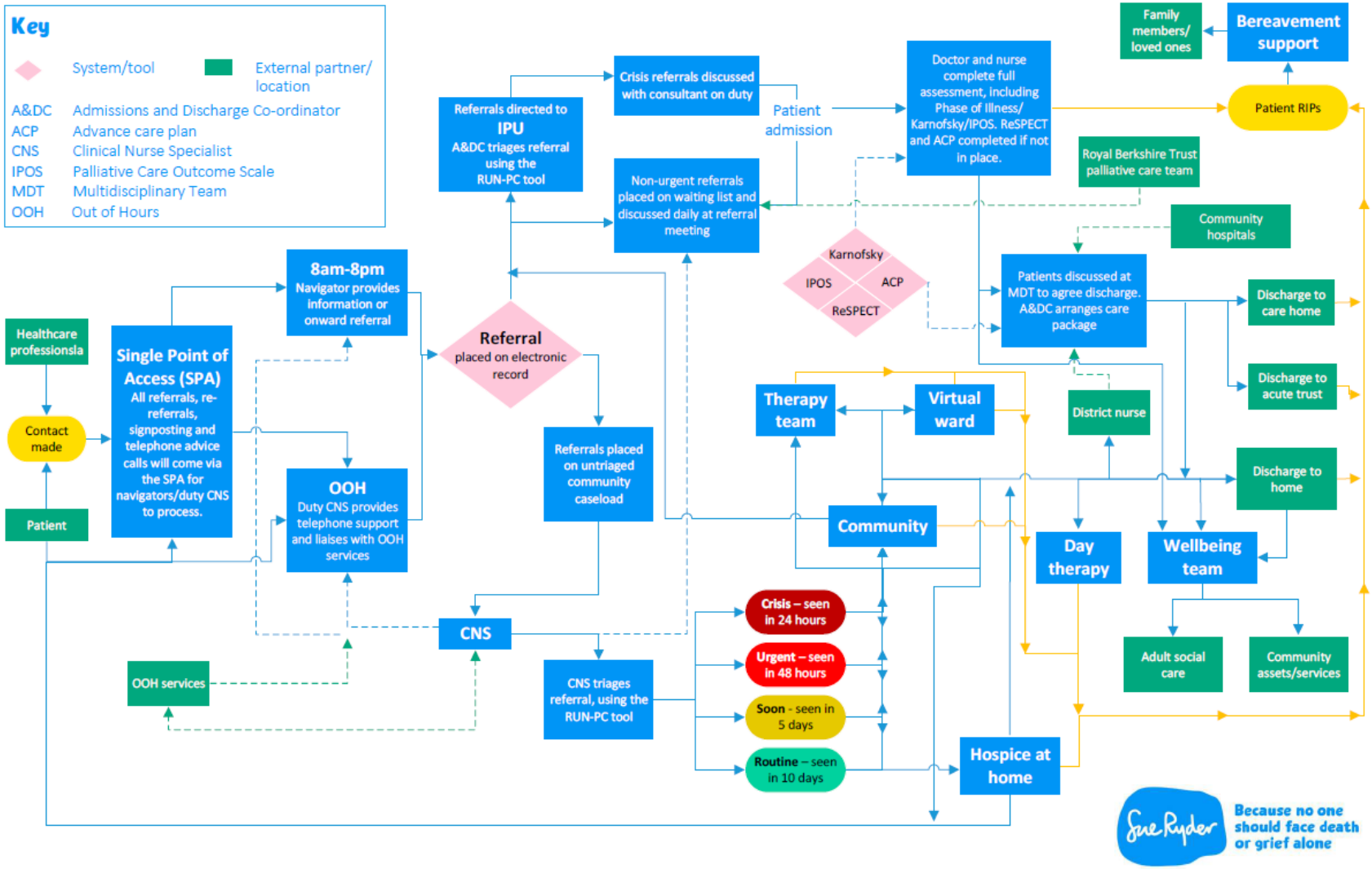
13.1. West Berkshire has established a strong foundation for more integrated palliative and end of life care through effective partnership working between Thames Valley ICB, Berkshire Healthcare NHS Foundation Trust, Sue Ryder and wider system partners. The development of Hospice at Home, virtual ward capacity and a single point of access demonstrates clear progress towards a more coordinated, community-focused model of care.

13.2. However, demand is rising and system pressures remain mat Table 2, percentage of deaths in each place of death for Buckinghamshire, Oxfordshire and Berkshire West and England, 12 months November 2024 to October 2025 Table 3Percentage of deaths in each place of death for Buckinghamshire, Oxfordshire and Berkshire West and England, 12 months November 2024 to October 2025erial. Demographic change, increasing clinical complexity and workforce constraints will continue to test service capacity. While feedback from patients and families is generally positive, recurring themes around communication, coordination and timely access highlight where further improvement is required.

13.3. For the Scrutiny Committee, the key message is that the direction of travel is positive and the core components of an integrated system are now in place. The next phase must focus on sustainability, workforce capability, earlier identification and planning, and stronger digital enablement. Maintaining momentum in these areas will be essential if the system is to meet growing demand while continuing to provide compassionate, coordinated and high-quality care for West Berkshire residents.

Appendix 1

BOB End-to-End Patient Pathway



Health & Wellbeing in All Policies Programme

Committee considering report:	Health and Adult Social Care Scrutiny Committee
Date of Committee:	9th June 2026
Portfolio Member:	Councillor Patrick Clark
Date Head of Service agreed report: *(for Corporate Board)*	28th April 2026
Date Portfolio Member agreed report:	28th June 2026
Report Author:	Chinedu Okoronkwo & Catherine Greaves, Public Health Team
Forward Plan Ref:	n/a

1. Purpose of the Report

1.1 To provide an overview of the programme to embed a Health & Wellbeing in all Policies (HiAP) approach in West Berkshire.

1.2 To provide assurance that progress is being made on embedding a HiAP approach (Phase 1 and 2 of the Programme) and there is a clear plan for the next phase of the programme.

1.3 This report summarises:

(a) the shared understanding of a HiAP 'approach' and HiAP 'programme' in West Berkshire

(b) the current strategic case for a HiAP approach in West Berkshire

(c) progress made in phase 1 & 2 of the programme (2021/22 - 2025/26)

(d) impact of pilot HiAP projects to date

(e) the programme plan for phase 3 of the programme (2026/27 - 2028/29)

(f) the Programme workstreams for phase 3

(g) strengthened governance & oversight arrangements (proposed)

2. Recommendation(s)

2.1 That the Health and Adult Social Care Scrutiny Committee notes the current status of the HiAP programme within West Berkshire Council, including progress made to date across Phases 1 and 2 (2021/22–2025/26) and the transition towards the next phase of the programme.

2.2 That the Health and Adult Social Care Scrutiny Committee notes the proposed focus, priorities and high-level workstreams for Phase 3 of the HiAP programme (2026/27–2028/29), including the move towards embedding HiAP as a business-as-usual approach within corporate governance, decision-making and service delivery.

2.3 That the Health and Adult Social Care Scrutiny Committee is invited to provide comments, advice or recommendations to support the continued development, governance, oversight and delivery of the HiAP programme, including in relation to workforce development, use of tools such as Health Impact Assessments, and cross-directorate collaboration.

2.4 That the Health and Adult Social Care Scrutiny Committee identifies whether any additional information or assurance is required in respect of the programme's strategic case, governance and oversight arrangements, financial implications, or delivery model as the programme moves into Phase 3.

3. Implications

Implications and Impact Assessment

Implication	Commentary
Financial:	The HiAP programme and approach does not create new net pressure on the Council's baseline budget. Investment to date — including workforce capacity, pilot projects and the HiAP Fund — has been met through reprioritisation and use of the Public Health Grant, in line with grant conditions. It is a governance mechanism designed to reduce long term financial risk by embedding prevention, inequality reduction and sustainability into corporate decision making. Individual HiAP projects will continue to be funded through relevant service budgets, as is current practice. Public Health reserves (in accordance with grant conditions) have already been used to support cross council initiatives aligned with HiAP principles, and it is proposed that workforce development and the training of HiAP Champions will also be funded via the public health grant. No significant new budget requirement is anticipated at this stage. By improving upstream decision making and reducing avoidable demand across statutory services, implementing a HiAP approach is intended to mitigate future cost pressures and support the Council's medium to long term financial sustainability.
Human Resource:	The council approach will require targeted workforce development to build confidence and capability across the organisation. This will include structured training to strengthen understanding of public health principles, the establishment of a cross-directorate network of HiAP Champions to support embedding this approach within service areas and the integration of health and inequality considerations into service planning, policy development and relevant job roles. No staffing restructures are proposed as part of this approach. The model is designed to enhance existing roles and responsibilities, strengthen cross-directorate collaboration, and support workforce wellbeing by promoting preventative and sustainable ways of working.
Legal:	The proposal supports the Council in meeting its existing statutory responsibilities by strengthening the use of evidence and health considerations in policy and decision-making. In

	particular, it aligns with the Health and Wellbeing Board's duty to produce and utilise the Joint Strategic Needs Assessment (JSNA), reinforces the Council's obligations under the Equality Act 2010 Public Sector Equality Duty, and supports the appropriate consideration of health impacts within planning and environmental decisions. No adverse legal implications have been identified in relation to this proposal.
Risk Management:	No significant unmanaged risks have been identified at this stage. Key delivery risks (such as workforce capacity and pace of embedding) are mitigated through the Public Health operating model, strengthened governance, and phased implementation.
Property:	No direct property implications. However, HiAP will strengthen health considerations in future planning and infrastructure developments.
Policy:	The proposal aligns with both local and national policy priorities focused on prevention and reducing health inequalities. Locally, it supports the delivery of the West Berkshire Health and Wellbeing Strategy and is informed by the Joint Strategic Needs Assessment (JSNA), which guides strategic planning across the Council and partner organisations. It also supports the Council Strategy by encouraging cross-directorate collaboration to improve wellbeing and promote sustainable communities. Nationally, the approach aligns with wider public health policy direction on prevention and tackling the wider determinants of health, including the AHP UK Public Health Strategic Framework 2025–2030, which emphasises reducing health inequalities and embedding public health across sectors.

	Positive	Neutral	Negative	Commentary
Equalities Impact:				
A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality?	X			A HiAP approach will have a positive impact on inequalities across the district, as it seeks to improve the health and wellbeing outcomes of residents through the wider determinants of health. Taking this approach will have the greatest impact on those communities currently the most underserved.
B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users?	X			A HiAP approach will have a positive impact on inequalities across the district, as it seeks to improve the health and wellbeing outcomes of residents through the wider determinants of health. Taking this approach will have the greatest impact on those communities currently the most underserved, including those with protected characteristics.
Environmental Impact:		X		Although there are no direct environmental impacts arising from this report or its proposals, a HiAP approach can be used to support the Environment Strategy and Delivery Plan objectives by making use of, and influencing such tools, as the Council wide Sustainability Assessment Tool and the Green and Blue Infrastructure (GBI) Framework to ensure positive outcomes for both work areas.

Health Impact:	X			Improving health and wellbeing outcomes for West Berkshire population is the primary purpose of adopting a HIAP approach. From experience around the world, policymakers state that re-shaping economic, physical, social and service environments can support wellbeing, healthy behaviours and boost local growth. HiAP is a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors, policy and service areas, and addressing the wider determinants of health.
ICT Impact:		X		There are no ICT implications for the Council arising from this report or its recommendations
Digital Services Impact:		X		There are no digital implications for the Council arising from this report or its recommendations.
Council Strategy Priorities:	X			Health and Wellbeing is multifaceted and complex. It influences, and is influenced by, all corners of our lives. Adopting a HiAP approach in the Council can therefore contribute to all six of the current Council strategy priorities: • Ensure our vulnerable children and adults achieve better outcomes • Support everyone to reach their full potential • Support businesses to start, develop and thrive in West Berkshire • Develop local infrastructure, including housing, to support and grow the local economy • Tackle the climate and ecological emergencies • Ensure sustainable services through innovation and partnership The proposal also directly delivers an action in the West Berkshire Delivery Plan for the Joint Health and Wellbeing Strategy.

Core Business:	X			The proposal to adopt a HiAP approach within the Council may contribute to the following current core business: • Protecting our children • Supporting education • Ensuring the wellbeing of older people and vulnerable adults • Planning and housing • Infrastructure & Environment • Culture, leisure and libraries • Economic development The approach may contribute to these core business activities with individual projects and/or by helping to streamline work by encouraging collaboration between service areas with a focus on improving health outcomes for our residents.
Data Impact:		X		There are no data or data protection implications for the Council arising from this report or its recommendations.

Consultation and Engagement:	The proposed actions arising from this paper originate from the West Berkshire delivery plan for the Joint Health and Wellbeing Strategy. A range of internal engagement activities has been undertaken to inform the development and implementation of the HiAP approach. This has included engagement with Corporate Board, Members' briefings, and cross-directorate discussions with key service areas such as Planning, Transport, Education, Environment and Public Health. Workshops delivered in partnership with the Local Government Association have supported awareness raising and provided a baseline assessment of organisational readiness. In addition, ongoing collaboration with internal stakeholders has informed the development of HiAP tools, including the Health Impact Assessment (HIA) and Council wide Sustainability Assessment Tool (SAT), which includes environmental and socio-economic elements

4. Executive Summary

4.1 This report is brought to the Health and Adult Social Care (HASC) Scrutiny Committee to provide an update on the development and implementation of a HiAP approach within West Berkshire Council. HiAP is a whole-council approach that ensures health, health equity and sustainability are systematically considered in decision-making across all service areas.

4.2 The report responds to the Council's statutory public health responsibilities and the increasing need to address the wider determinants of health and wellbeing —such as housing, transport, planning, education and the environment—through coordinated and preventative action. It also provides assurance that progress has been made over Phases 1 and 2 of the HiAP programme and sets out a high-level plan for the next phase (Phase 3: 2026/27–2028/29). See Figure 1 below.

4.3 The key proposals set out in the report are to:

(a) Note the current status of the Health & Wellbeing in All Policies programme and the progress made to date in embedding HiAP principles across the Council.

(b) Note the transition of the programme towards a more sustainable, business-as-usual model, supported by strengthened governance, oversight and delivery arrangements.

(c) Consider and provide comments or advice on the proposed high-level programme plan and workstreams for Phase 3 (2026/27–2028/29).

(d) Identify whether any additional information or assurance is required in relation to the strategic case, governance, oversight, financial implications, or delivery arrangements.

4.4 The report highlights the projects funded from the new HiAP fund, overseen by the Council's Public Health Board. These projects include:

(e) **Enhanced Environmental Health Interventions in Homes with Damp and Mould**: A new approach to identifying and addressing damp and mould to improve housing conditions, thus reducing health inequalities, and prevent avoidable GP and A&E use.

(f) **Low Income Family Tracker (LIFT) platform:** Seeks to support those struggling to meet the cost of living through use of data and targeted campaigns. The LIFT platform is intelligent data analytics software that helps local authorities to maximise resident's income and reduce their costs

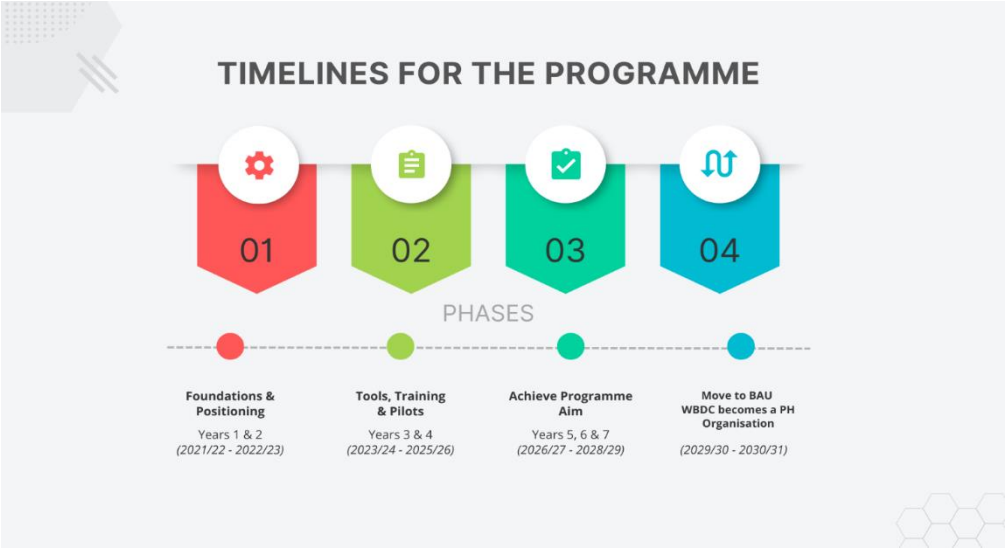
4.5 The report demonstrates that embedding a HiAP approach provides a proportionate, evidence-based and cost-effective mechanism for strengthening prevention, reducing health inequalities and supporting long-term financial and service sustainability.

4.6 The programme builds on existing Council priorities and resources, does not create new baseline expenditure, and aligns with local and national policy priorities. It should be

acknowledged that the impact of adopting a HiAP approach will take time to deliver measurable outcomes, given the long lead in times for prevention.

4.7 Noting the progress and supporting the continued development of the HiAP programme will enable the Council to further embed health, wellbeing and equity into its governance and decision-making, helping to improve outcomes for residents—particularly those most underserved—and to meet its statutory and strategic responsibilities.

Figure 1: Schema Showing the Timelines



5. Supporting Information

What is a HiAP approach?

5.1 An “approach” is a way of working. It’s a guiding philosophy and a decision-making lens applied across an organisation.

5.2 The HiAP approach emerged from Nordic local governance in the 1970s–80s, particularly in Finland, and was formalised internationally through World Health Organisation policy frameworks from the late 2000. It is a collaborative approach to governance that ensures health, health equity, wellbeing and sustainability are systematically considered in decision-making across all Council functions.

5.3 Rather than being a standalone public health initiative, it is a way of working that recognises that health and wellbeing outcomes are largely shaped by wider determinants such as housing, education, transport, employment and the environment. HiAP seeks to embed a consistent approach across the organisation so that all policies and services actively contribute to improving population health, reducing inequalities and avoiding unintended negative impacts. It is based on the principle that improving health and wellbeing outcomes cannot be achieved by the health sector alone but requires coordinated action across all parts of local government and its partners.

5.4 In England, the HiAP approach has developed gradually within local government, shaped by WHO policy frameworks and increasing recognition of the social determinants of health. Its application strengthened following the 2013 public health

reforms, which transferred responsibility for public health to upper-tier and unitary local authorities, creating greater opportunity and expectation for councils to embed health, wellbeing and health equity considerations across functions such as planning, transport, housing, the environment and economic development.

Why is a HiAP programme needed in West Berkshire?

5.5 A “programme” is a time-bound structured set of activities designed to move the organisation towards that HiAP approach.

5.6 In West Berkshire, many of the key health and wellbeing challenges including rising demand from an ageing population, increasing prevalence of long-term conditions, and widening socioeconomic inequalities are driven by factors beyond healthcare services alone. These include access to housing, transport, education, employment opportunities and the quality of the local environment.

5.7 Also, a HiAP approach provides a structured way for the Council to respond to these challenges by:

- Strengthening prevention and early intervention
- Improving coordination across directorates and partners
- Ensuring policies contribute to reducing health inequalities
- Supporting long-term financial and service sustainability.

Progress to Date: Embedding HiAP

5.8 The HiAP Programme has been delivered over a five-year period (2021/22 – 2025/26), following a phased approach that initially focused on positioning the programme, building organisational foundations, and piloting key interventions. While meaningful progress was made in embedding HiAP principles, there was a pause in delivery between 2023 and 2024, after which activity resumed with a focus on transitioning the programme towards business as usual.

Phase 1: Foundations & Positioning (2021/22 – 2022/23):

5.9 The initial phase focused on developing the strategic foundations of the programme and securing corporate commitment.

5.10 In 2021/22, a dedicated Public Health Programme Manager was appointed to lead the programme, working in collaboration with a specialist from the Local Government Association (LGA). During this period, Corporate Board approved the initial HiAP Delivery Plan, providing formal endorsement of the programme.

5.11 A pilot HiAP project was commissioned in partnership with Public Health, Environment and Education (the ‘Wild West Berkshire’ project), demonstrating how cross directorate collaboration can contribute to shared priorities across health, environmental sustainability and statutory education. This pilot was delivered between September 2022 and July 2023 and provided a practical example of HiAP in action. The need for a

structured programme of education and workforce development was also identified during this phase.

5.12 In 2022/23, the programme was further embedded strategically through the inclusion of a commitment to “Take a Health in All Policies approach” within the Berkshire West Joint Health and Wellbeing Strategy (JHWS) Delivery Plan. The programme was introduced more widely across the Council, including engagement sessions with the Public Health team and corporate staff. Corporate Board approved the overall programme approach, including its strategic aim and delivery model. A key outcome of engagement activity was the agreement that the primary transformation driver for HiAP in West Berkshire would be JHWS Priority 1: reducing health inequalities.

Phase 2: Tools, training & pilots (2023/24 – 2024/25):

5.13 The second phase focused on developing the tools, skills and processes required to operationalise HiAP. In 2023/24, people, skills and culture development was delivered through two key outputs:

(a) A HiAP Leadership Workshop for senior leaders and Members, facilitated by the LGA

(b) A Systems Thinking workshop for the Communities and Wellbeing Directorate, supporting a whole-system approach to addressing complex issues.

5.14 During this period, a Healthy Planning Protocol was developed to strengthen the integration of health considerations within the planning system, including the use of Health Impact Assessments (HIAs) for development proposals.

5.15 In 2024/25, although programme delivery was paused for part of the year, key foundational tools were piloted, including review and refinement of the Health Impact Assessment (HIA) section of corporate templates and Sustainability Assessment Tool (SAT) for projects with a value of £100k or over. These pilot tools have laid the groundwork for their formal adoption within corporate reporting and major project governance, supporting more consistent and transparent consideration of health impacts.

Sustainability Assessment Tool

5.16 In the context of this report, the term ‘environment’ refers to a number of environmental elements and impacts. For example, the role of Green and Blue Infrastructure on physical and mental health; the impact of energy efficiency schemes in supporting those in fuel poverty; the benefits from sustainable transport and active travel; improvements to air quality; and how changes in climate and weather patterns are and will continue to affect people’s health. This is not an exhaustive list, for further detail refer to the SAT.

5.17 The Sustainability Assessment Tool was developed jointly by the Environment Delivery team and the Public Health team. Since its initial development, the SAT has been rolled out by the Environment Delivery Team with support from Public Health. The tool helps ensure that Council decisions take account of the wider impacts on resident’s health, wellbeing and inequality, alongside environmental (climate & ecological) and other socio-economic considerations, and aims to incorporate any co-benefits that are

identified. It is one of the main practical ways the Council is developing its HiAP approach. The HiAP approach and aims of the Council's Environment Strategy are closely aligned and share a number of similar outcomes i.e. to support households experiencing fuel poverty. The use of the SAT supports the delivery of those shared outcomes.

5.18 The tool is designed to be used when developing major projects, programmes and procurement activity and encourages Council staff to think early and systematically about how proposals might impact on health, wellbeing, the environment safety, housing, transport and local communities. This helps identify potential risks and unintended impacts, as well as opportunities to improve outcomes across different services. The SAT encourages collaborative working across the council, drives best practice and potentially supports effective financial decision making, for example developing new ways of working and finding options that provide better value for money.

5.19 Completion of the SAT became mandatory for projects with budgets over £100k. Early use of the SAT is flagged through Project Management, Procurement and Governance processes. Users are encouraged to complete the SAT at multiple stages throughout their project delivery to ensure continuous improvement and the production of accurate reporting. Quarterly reporting on the completion of the SAT per Directorate is considered by Corporate Board and the Transformation and Corporate Programme Board.

5.20 The SAT tool can be accessed via the Council's intranet Sustainability Assessment Tool - Intranet. See appendices for screen shots from this tool. Records of all SATs completed, and the monitoring and reporting processes are managed by the Environment Delivery Team.

Health Impact Assessment section of corporate templates

5.21 The Health Impacts section of corporate Committee templates ensures that the potential effects of council proposals, projects, or decisions on the health and wellbeing of West Berkshire residents are considered early in the decision-making process. Proposals not directly related to health can still influence wellbeing through wider determinants such as housing, transport, employment, income, the environment, social connections, and access to services.

5.22 This section asks Council staff to briefly identify potential health benefits and harms (including unintended consequences), consider the likelihood and timeframe of impacts, and highlight whether any population groups may be disproportionately affected. Where risks are identified, appropriate mitigation should be described, alongside opportunities to maximise positive health outcomes.

5.23 Public Health colleagues are available to support completion of this section, and relevant tools and data sources—such as the Sustainability Assessment Tool (SAT), Joint Strategic Needs Assessment (JSNA), and local health intelligence—should be used to inform evidence-based decision-making. The Environment Delivery Team are able to provide more generic advice on the completion of the SAT and specific guidance relating to environmental sustainability.

5.24 Guidance for completing the health impacts assessment can be found on the intranet: https://intranet/health-impacts. See appendices for screen shots from this tool.

Embedding and Scaling (2025/26):

5.25 The focus of the HiAP programme shifted from development and testing to embedding health considerations within the Council's core governance, assurance and delivery mechanisms. This phase marked a transition towards HiAP operating as an organisational development, business-as-usual approach rather than a standalone public health initiative.

5.26 Overall, the progress achieved during the year strengthened the Council's capacity to systematically consider health, wellbeing and inequalities within strategic and operational decision-making, improved organisational capability, and established governance arrangements to support longer-term impact.

5.27 Key progress this year included:

(a) Enabling cross-directorate projects that address the wider determinants of health and encourage preventative, collaborative approaches to delivery. The PH Board provides the governance and oversight of the HiAP fund and the projects.

(b) The HiAP Fund projects that were approved this year were:

- **Enhanced Environmental Health Interventions in Homes with Damp and Mould**: A new approach to identifying and addressing damp and mould to improve housing conditions, thus reducing health inequalities, and prevent avoidable GP and A&E use.

- **Low Income Family Tracker (LIFT) platform:** Seeks to support those struggling to meet the cost of living through use of data and targeted campaigns. The LIFT platform is intelligent data analytics software that helps local authorities to maximise resident's income and reduce their costs.

- **Funding for the new Public Health Planning Liaison Officer (PHPLO) post:** Recruitment of a planning officer to a 2-year fixed term to support embed public health principles into West Berkshire's planning system, ensuring the built environment supports healthier, more sustainable communities.

- **Young Carers Fun and Fit:** A project to provide fun, physically active respite opportunities for young carers in West Berkshire, addressing high local inactivity levels and the additional impact caring responsibilities have on their health.

- **Parenting Project:** A structured approach to strengthening parenting support in West Berkshire by creating a more coordinated, accessible system.

- **Belong West Berkshire:** Phase 2 of a schools-led mental health and inclusion programme, running July 2025 to July 2026, aimed at improving

relational approaches, attendance, and staff wellbeing for vulnerable pupils. Provides audits, action plans, and training to help schools reduce exclusion and emotionally based school avoidance, with a long-term goal of transitioning to a self-sustaining Phase 3 led by schools.

- **Sensory Circuits and Sensory Sport community sessions**: Weekly inclusive sensory sport sessions for children and young people with SEND at three Everyone Active leisure centres (Northcroft, Cotswold, and Lambourn).

(c) The remit of the new GPAW Prevention Board enhanced to include oversight of the HiAP programme.

(d) As part of the Intelligence workstream, the review of the Joint Strategic Needs Assessment (JSNA) was completed. This resource will strengthen the evidence-base for decision making, improving alignment with the population health needs of West Berkshire residents. The updated 'State of the District 'JSNA can be accessed here: West Berkshire State of the District Joint Strategic Needs Assessment (JSNA) Report

(e) A recently established West Berkshire Council Data and Intelligence Group tasked with providing a joined-up approach to intelligence and evidence led commissioning and delivery

(f) Identification of HiAP Champions across the organisation, to build organisational capability and support HiAP implementation at service level. The current Champions are Service Directors at Senior Leadership Team level or a nominated delegate.

(g) Delivery of Member briefings to raise awareness and support political leadership of the programme and the approach

(h) Commencement of a Public Health team restructure to increase capacity to manage and deliver the next phase of the programme. The restructure includes three new Public Health Principals and an additional Public Health Consultant. Their roles include acting as Business Partners to one of the four Directorates in the Council.

(i) Recruitment of a Public Health and Planning Liaison Officer to strengthen the integration of health considerations within planning policy, development management and applications, including reviewing and responding to the Health Impact Assessments which are now required for all new developments.

(j) Early scoping of a HiAP professional development programme for senior leaders within the Council in partnership with Oxford Brookes University, building organisational capability over time.

(k) Further development and roll out of the guidance for completing the Health Impacts Assessment section of corporate templates, including a worked example and resources list. Guidance for completing the health impacts section of corporate templates

(l) Launch of the HiAP Fund, with oversight provided by the Public Health Board, There are a range of other initiatives whereby Health In All Policies 'is in action' but often takes the form of more subtle levels of influence. For example, this includes feeding into the Get Berkshire Working Plan and the Green and Blue Infrastructure Framework for example.

5.28 It is recognised that some elements of the HiAP Programme have taken longer than anticipated, largely due to delays in the implementation of a new public health operating model with all new posts expected to be filled by May 2026. The new operating model provides additional resources that will support embedding health in all policies through a systematic approach.

Overview of the Current Programme (Phase 3 2026/27 - 2028/29)

5.29 The HiAP Programme in West Berkshire is a structured, time-bound initiative designed to embed a whole-council approach to health, wellbeing, equity, and prevention. Its overarching aim is to ensure that health considerations are systematically integrated into decision-making, policy development, and service delivery across all areas of the Council.

5.30 At its core, the programme recognises that health and wellbeing outcomes are shaped by a wide range of social, economic, and environmental determinants, many of which sit outside traditional health services. As such, West Berkshire Council has adopted a coordinated and collaborative approach, acknowledging that every service area contributes to the health and wellbeing of residents. This reflects a shift towards becoming a more preventative, population-focused organisation over the longer term.

5.31 The programme is underpinned by a clear vision of achieving a healthier and more equitable West Berkshire, alongside a defined purpose of embedding health and wellbeing across governance structures, organisational culture, and everyday business processes. It is framed through an Organisational Development (OD) lens, recognising that sustainable change requires alignment of leadership, workforce capability, organisational culture, and systems. This approach supports long-term resilience and adaptability, moving beyond siloed working towards a more integrated, whole-system model.

5.32 Delivery of the programme is organised around four interconnected workstreams:

(a) **Evidence, Intelligence and Research:** Strengthening the use of data, research, and community insight to inform decision-making, including both quantitative sources (e.g. JSNAs and needs assessments) and qualitative engagement.

(b) **People and Skills:** Building organisational capability through training, leadership development, and the establishment of HiAP Champions to support culture change and shared responsibility.

(c) **Embedding Health & Wellbeing in Decision-Making:** Integrating tools such as Health Impact Assessments into governance and policy processes to ensure health considerations are routinely included.

(d) **Implementation and Delivery:** Translating HiAP principles into practice through cross-directorate collaboration on priority areas and scaling effective approaches.

5.33 The programme is supported by a developing functional structure that distinguishes between governance, oversight, and delivery roles. Strategic direction is provided through governance arrangements, while oversight functions ensure accountability, assurance, and risk management. Day-to-day delivery is led by the Public Health team, working in partnership with corporate functions, change sponsors, and emerging HiAP Champions across the organisation. Senior leadership plays a critical role in advocating for the programme, securing resources, and driving organisational change.

Figure 2: Schema Showing the Work Streams

5.34 The details for the delivery of Phase 3 of the programme for 2026/27 including objectives, are being finalised ty the incoming Public Health Place and Communities Portfolio team and the Public Health Leadership team.

6. Other options considered

6.1 Not applicable – this is an update on an existing programme of work.

7. Conclusion

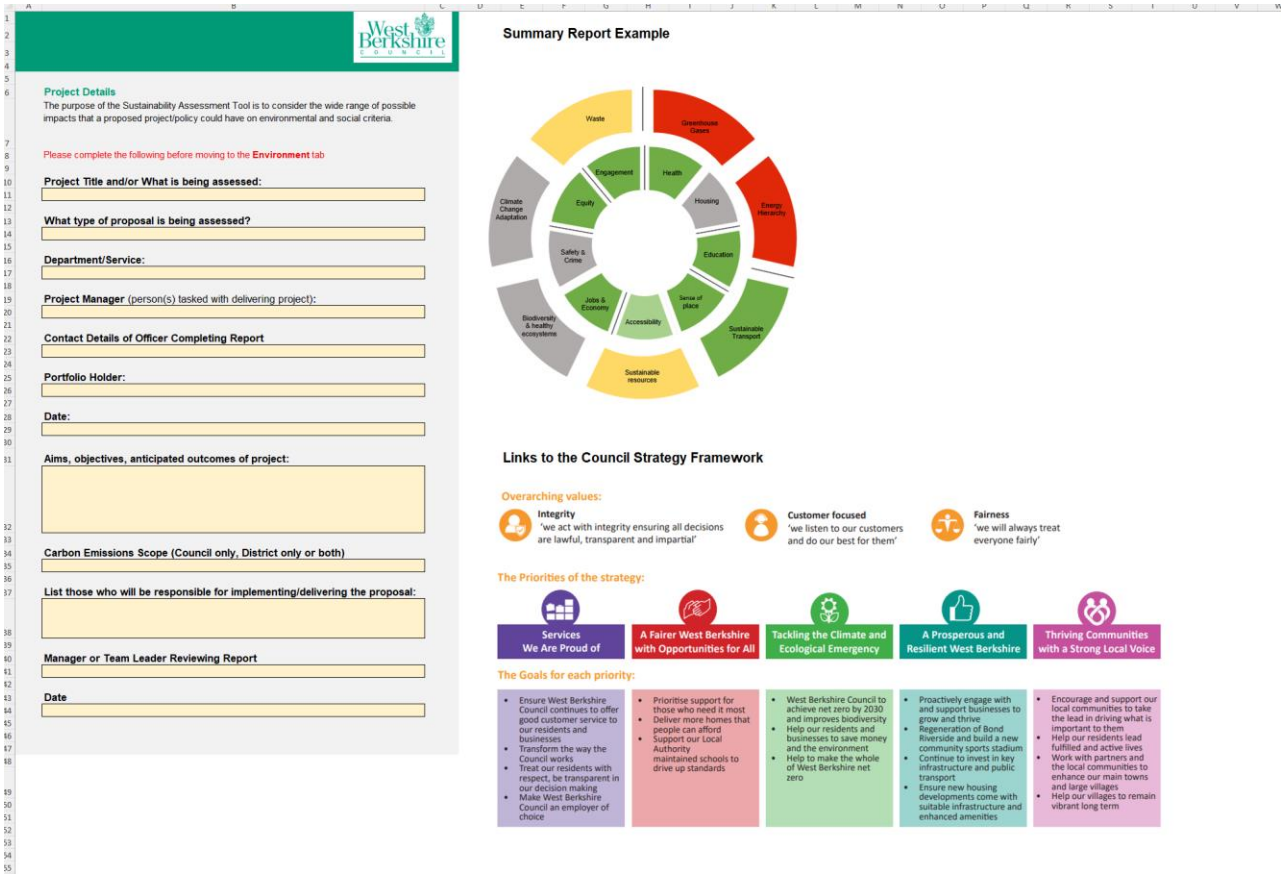
7.1 Public health is a statutory function of local authorities and relies on coordinated action across the whole system to influence the wider determinants of health. The Health & Wellbeing in All Policies programme provides a structured and practical way for West Berkshire Council to fulfil this responsibility by embedding health, wellbeing, equity and sustainability considerations into everyday decision-making across all services

7.2 The progress made to date demonstrates that a HiAP approach can be successfully integrated into corporate processes, governance arrangements and staff development without creating additional financial pressures. Moving into Phase 3 provides an

opportunity to consolidate this progress, strengthen oversight, and further embed preventative and collaborative ways of working. By continuing to develop and support the HiAP programme, the Council is better placed to improve population health, reduce inequalities and ensure long-term sustainability of services. Members are therefore recommended to note the progress and support the continued direction of the programme as set out in this report.

8. Appendices

The Sustainability Assessment Tool



West Berkshire Council

Project Details

The purpose of the Sustainability Assessment Tool is to consider the wide range of possible impacts that a proposed project/policy could have on environmental and social criteria.

Please complete the following before moving to the **Environment** tab

Project Title and/or What is being assessed:

What type of proposal is being assessed?

Department/Service:

Project Manager (person(s) tasked with delivering project):

Contact Details of Officer Completing Report

Portfolio Holder:

Date:

Aims, objectives, anticipated outcomes of project:

Carbon Emissions Scope (Council only, District only or both)

List those who will be responsible for implementing/delivering the proposal:

Manager or Team Leader Reviewing Report

Date

Summary Report Example

Links to the Council Strategy Framework

Overarching values:

Integrity
'we act with integrity ensuring all decisions are lawful, transparent and impartial'

Customer focused
'we listen to our customers and do our best for them'

Fairness
'we will always treat everyone fairly'

The Priorities of the strategy:

Services We Are Proud of	A Fairer West Berkshire with Opportunities for All	Tackling the Climate and Ecological Emergency	A Prosperous and Resilient West Berkshire	Thriving Communities with a Strong Local Voice
The Goals for each priority:				
• Ensure West Berkshire Council continues to offer good customer service to our residents and businesses • Transform the way the Council works • Treat our residents with respect, be transparent in our decision making • Make West Berkshire Council an employer of choice	• Prioritise support for those who need it most • Deliver more homes that people can afford • Support our Local Authority maintained schools to drive up standards	• West Berkshire Council to achieve net zero by 2030 and improves biodiversity • Help our residents and businesses to save money and the environment • Help to make the whole of West Berkshire net zero	• Proactively engage with and support businesses to grow and thrive • Regeneration of Bond Riverside and build a new community sports stadium • Continue to invest in key infrastructure and public transport • Ensure new housing developments come with suitable infrastructure and enhanced amenities	• Encourage and support our local communities to take the lead in driving what is important to them • Help our residents lead fulfilled and active lives • Work with partners and the local communities to enhance our main towns and large villages • Help our villages to remain vibrant long term

Worked example: Net Zero home insulation project (for illustrative purpose only)

A council project aimed at supporting net zero targets introduces large scale home insulation improvements to improve energy efficiency and reduce carbon emissions.

Potential unintended health impacts identified: If insulation is installed without adequate ventilation or appropriate building assessment, it may increase the risk of damp and mould in some homes. Damp and mould are associated with respiratory conditions such as asthma, particularly affecting children, older adults, and people with existing respiratory illness. Therefore there is a risk that this project could negatively affect the health of West Berkshire residents.

How this could be mitigated:

- ensure housing assessments consider ventilation and moisture management alongside insulation
- work with housing, environmental health and public health teams to identify and manage potential risks
- provide guidance to residents on ventilation and maintaining indoor air quality
- monitor any reported damp and mould issues following installation

This example illustrates how considering the wider determinants of health (in this case housing and environment) can help identify unintended consequences and inform mitigation actions.

Public Health support

If you require support when completing the Health Impact section of corporate papers, Public Health colleagues are available to provide guidance. Early engagement is encouraged.

For support, please contact your appropriate public health business partners:

- Adults - Janette Searle (janette.searle1@westberks.gov.uk)
- Place and Communities - Tinashe Jonga
- Children and Young People - Susan Lambert (susan.lambert1@westberks.gov.uk)
- Resources - Helena Fahie

Corporate Board's recommendation

Rearrange section 5 and include examples in Executive Summary.

Background Papers:

Nil

Wards affected: N/A

Officer details:

Name: Tinashe Jonga & Catherine Greaves
Job Title: Public Health Principal & Advanced Public Health Practitioners

Document Control

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Version:	V4.0	**Date Modified:**	20.5.26
Author:	Chinedu Okoronkwo, Catherine Greaves, with input from Emily Ashton-Jelley		
Owning Service	Public Health		

Change History

Version	Date	Description	Change ID
DV0.1	16.4.26	First draft by CO	CO
DV0.2	17.4.26	Edit and additions by CG	CG
V3.0	19.5.26	Edits made by CG to reflect feedback from meeting with GPAW & Corporate Board (12/5), plus incoming PH Principal	CG
V4.0	20.5.26	Edits from Environment Delivery Team added by CG	CG

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Health Scrutiny Committee
Berkshire West - Q4 25/26

NHS
Thames Valley

9th June 2026

Liz Rushton – Head of Delivery Neighbourhood Teams AACCC
Diane Utley – Clinical Service Lead – Berkshire West
Daphne Barnett – Interim Head of Neuro Transformation and Complex Case

All Age Complex & Continuing Care

All Age Complex and Continuing Care (AACCC)
All Age Complex and Continuing Care (AACCC) is an overarching service model that brings together Continuing Healthcare (CHC), Children and Young People's Continuing Care (CYPCC), and Complex Care services.

The newly established Thames Valley Integrated Care Board (ICB) now incorporates the former Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB together with the East Berkshire Place, previously aligned to Frimley ICB. While referral management, business support, and commissioning functions have been centralised, locality-based neighbourhood clinical teams remain embedded within their communities, continuing to work closely with Local Authority partners and local providers.

Governance
Each Place-based system is developing operational partnership forums to support the co-production and development of local neighbourhood services. It is recognised that there remains a need to further strengthen operational relationships and communication across partner organisations.

As the AACCC service transitions towards a provider-led model in line with the aspirations set out within the NHS 10-Year Plan, the ICB intends to re-establish partnership boards across all eight Local Authorities to ensure strong collaborative working relationships are maintained.

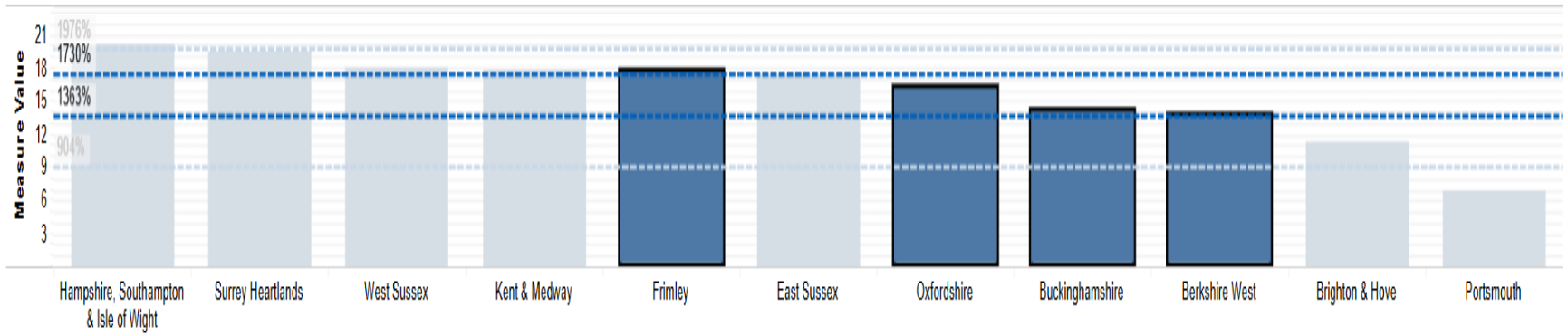
Disputes and Partnership Working
Formal disputes between health and social care remain infrequent, reflecting the shared commitment across organisations to ensure individuals receive appropriate and timely care provision. The ICB has developed Healthcare Contribution Protocols to support decision-making in circumstances where an individual is not found eligible for CHC, but where gaps in core NHS commissioned services have been identified. These protocols are now embedded within operational practice, with joint review arrangements being developed to ensure policies remain current and responsive to service need.

A review of our current disputes have identified a recurring theme relating to the application of the National Framework for NHS Continuing Healthcare and Funded Nursing Care (FNC), highlighting a training need for clinical practitioners. The AACCC Place Team has acknowledged the importance of embedding learning from these cases to strengthen consistency in decision-making and support the ongoing implementation and refinement of the Healthcare Contribution Protocol.

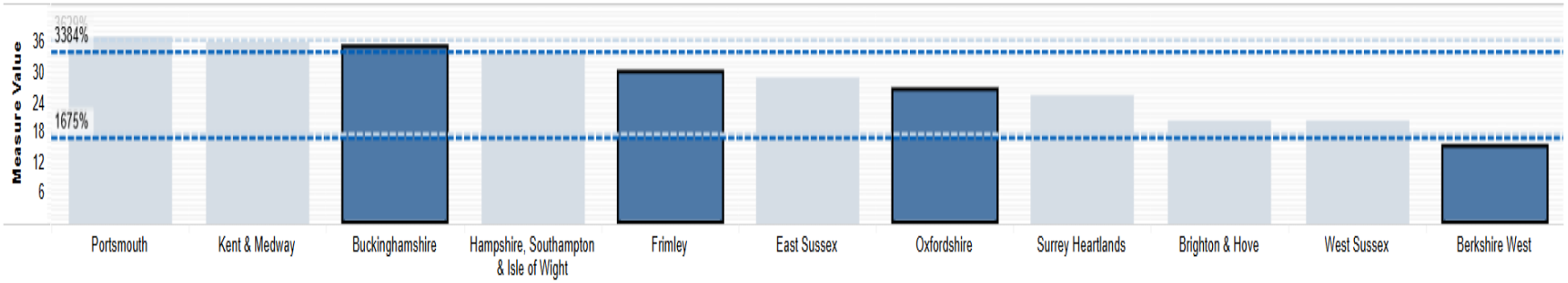
CHC Activity
The following slides present the referral and eligibility regional activity for Q4 as reported through the national reporting system, In addition slides 5,6 and 7 show the activity broken down across the three local authority areas supported by the Berkshire West locality neighbourhood team.

Standard CHC: Regional Data for Q4 2025/26

Number of new referrals for Standard CHC - per 50K Population



Number eligible at the end of the quarter for Standard CHC (Snapshot) - per 50K Population

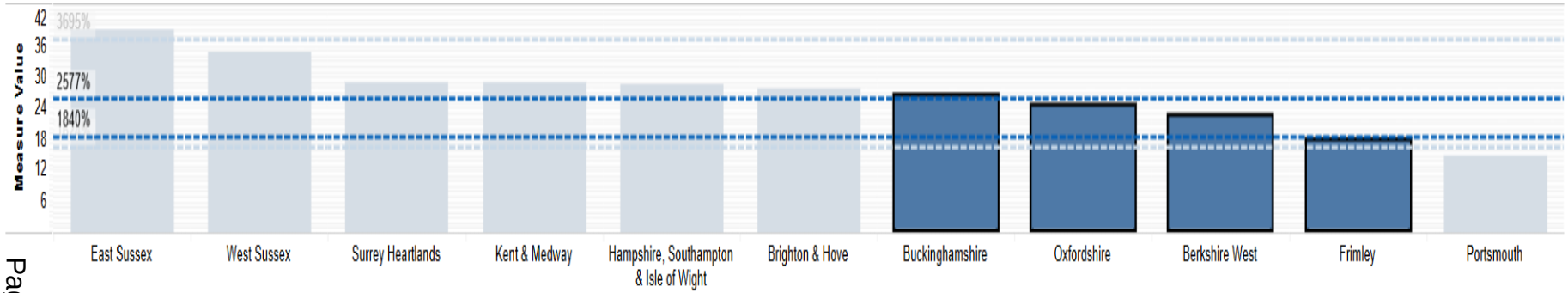


We previously reported a performance of 10.1 at the end of Q4 2024/2025 and little movement as at Q2 2025/26. For Q4, this has increased significantly, to 13.6, bringing Berkshire West in line with the 5th percentile (of 16.75) for new referrals for standard CHC per 50K population and is on par with other place bases within the ICB.

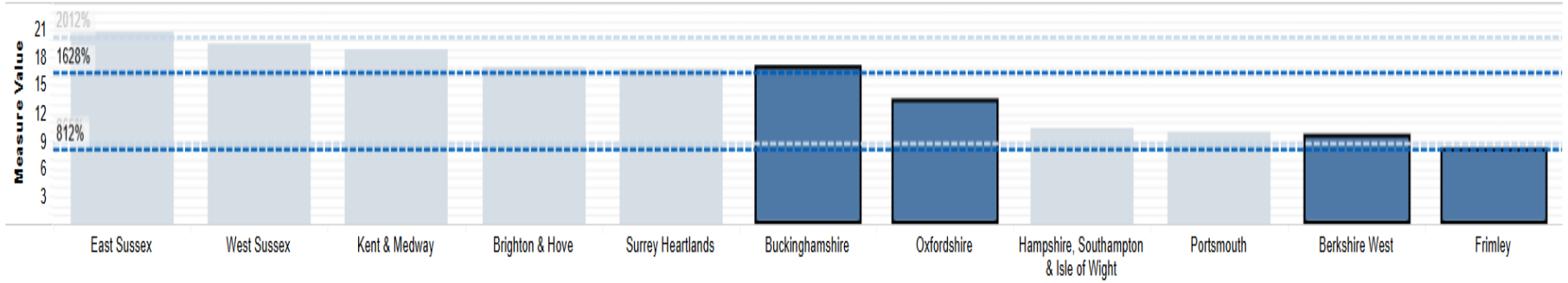
Berkshire West previously reported a value of 9.7 for the number eligibility at the end of quarter. This has risen to 12.8 as at the end of Q2 2025/26, (remaining below the 5th percentile for the region). For Q4 this figures has significantly increased, to 15.1. This figure remains slightly below the 5th percentile and reflects lower than expected eligibility per 50K population compared to other organisations in the region however continues to show an increase in individuals found eligible.

Fast Track: Regional Data for Q4 2025/26

Number of new referrals for Fast Track - per 50K Population



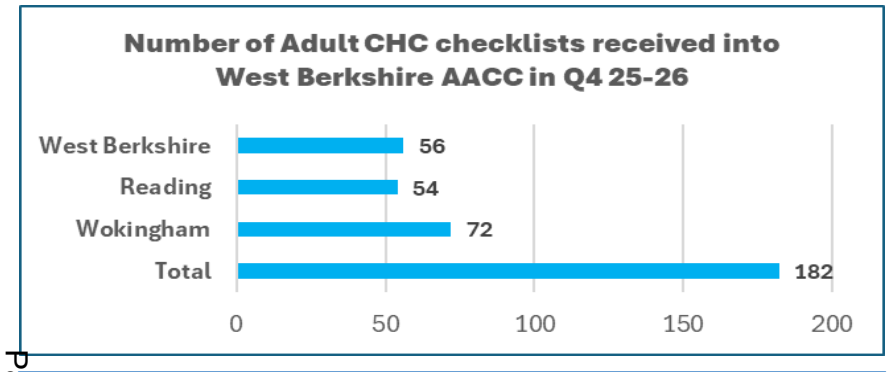
Number eligible at the end of the quarter for Fast Track (Snapshot) - per 50K Population

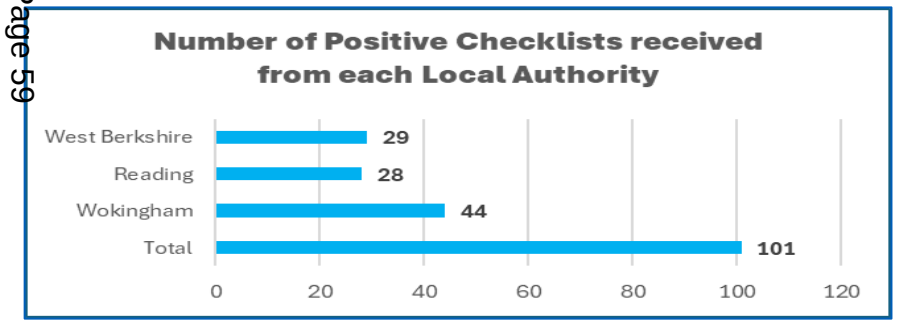


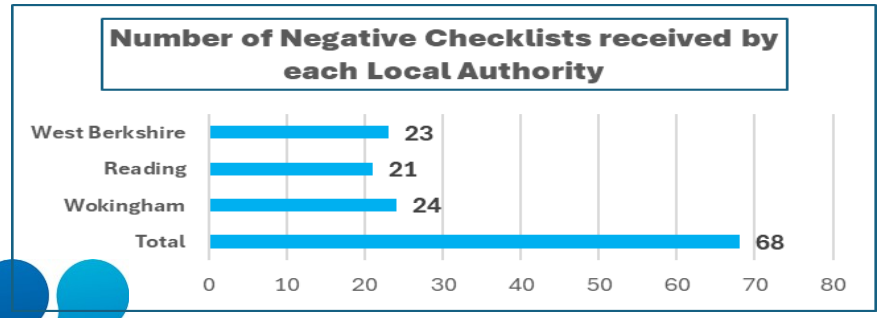
In December 2025, we presented that Berkshire West was reporting an increased value of for new referrals in Q2 of 21.4. As of Q4, this metric has increased further to **22.2**. This figure reflects a position in line with the average referral rates per 50K population compared to other organisations in the region and is similar across all place bases within the ICB.

Berkshire West reported a value of **8.6** for eligibility at the end of Qu2 2025/26. This figure has increased to 9.4 as at the end of Q4 2025/26.This figures is aligned with expected eligibility per 50K population compared to other organisations in the region and is reflective of our review activity to move activity into CHC where individuals remain eligible following review.

Q4 25/26 Adult Continuing Healthcare Checklists from each Local Authority







During Q4, the Berkshire West Locality Neighbourhood Team received a total of 182 Continuing Healthcare (CHC) Checklists. Referrals were received from both Local Authority and Community Providers. Community referrals are more likely to relate to individuals who are self-funding their care or who are not currently receiving social work intervention. Of the Checklists received, 68 resulted in a negative outcome, while 101 were positive and progressed to a full multidisciplinary team (MDT) Decision Support Tool (DST) assessment.

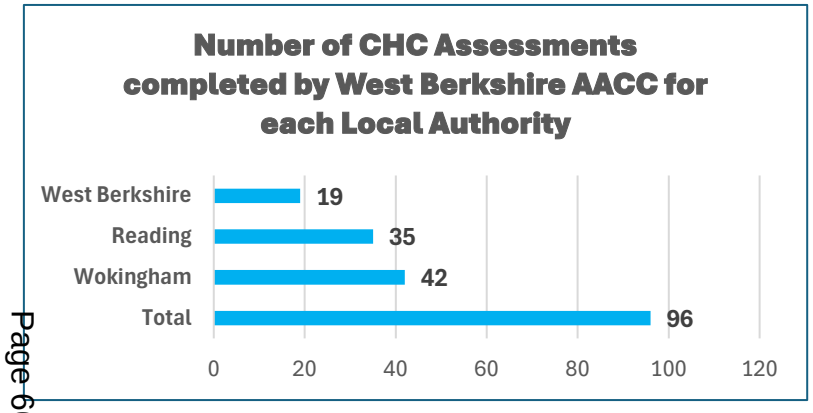
Data Quality and Reporting Considerations
The current data configuration is primarily designed to meet NHS England reporting requirements. As a result, manual data collection has been necessary to produce the following tables. The data presented has been extracted locally from the live database and relates to Q4 2025/26 activity.

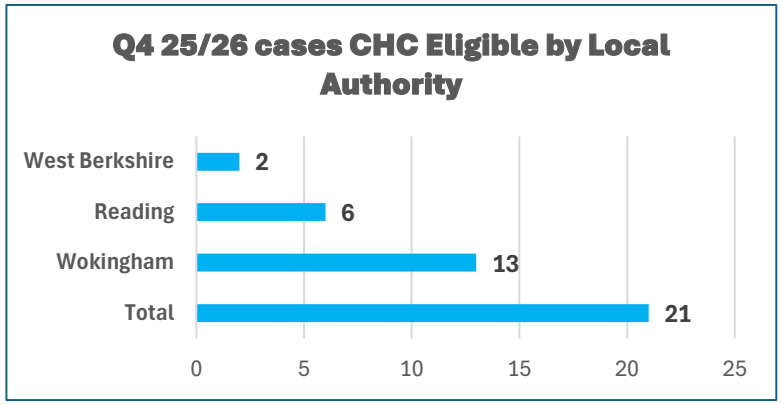
The data is indicative of referrals received by the All-Age Continuing Care (AACC) service across the three Local Authority areas of West Berkshire, Wokingham, and Reading. It should be noted that GP registration boundaries are not always aligned with Local Authority boundaries; therefore, a degree of variation in geographical accuracy should be anticipated.

Referrals submitted during March 2026 may not reach an outcome until Q1 2026/27. Consequently, there may be differences between the number of Checklists received and the number of completed outcomes reported within the same period. Positive Checklists ordinarily progress to MDT assessment unless the referral is withdrawn or the individual's circumstances change, for example following hospital admission or death.

The team is working closely with the East Berkshire service to identify opportunities for improvement in locality-level data reporting. A key objective is to reduce reliance on manual data extraction processes. It is anticipated that the introduction of the national Patient Level Data Set (PLDS), scheduled for implementation in April 2027, will support more detailed reporting at individual Local Authority level.

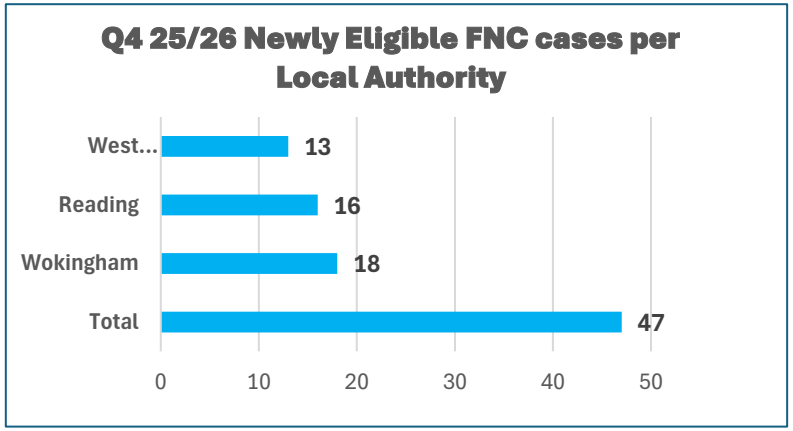
Q4 25/26 Adult Continuing Healthcare & Funded Nursing Care data from each Local Authority



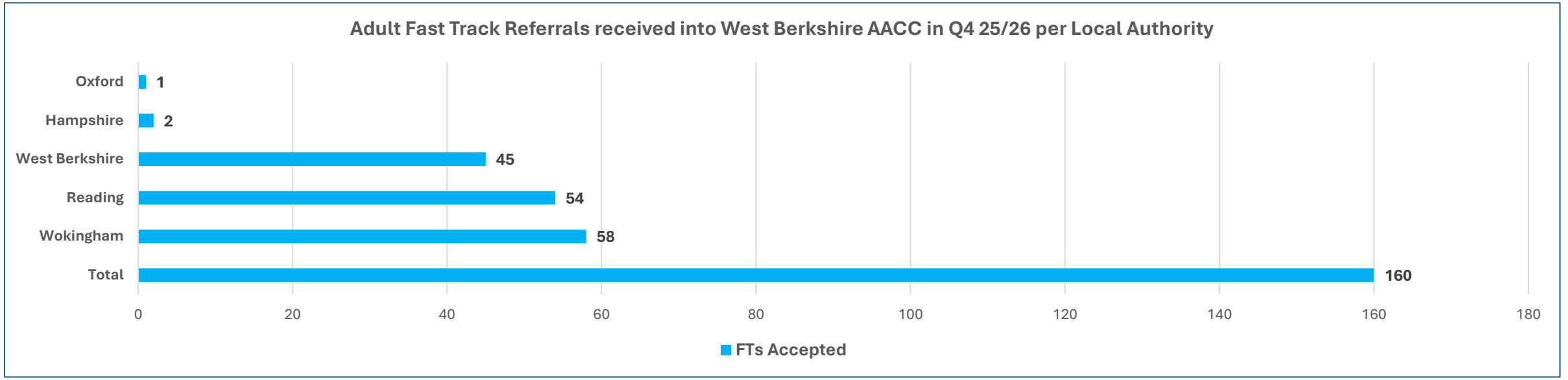


The tables above present the number of completed Continuing Healthcare (CHC) multidisciplinary assessments undertaken during Q4 2025/26. While the number of individuals found eligible for CHC may appear comparatively low, it is important to note that the Checklist threshold is intentionally set at a low level to ensure individuals are screened into the assessment process rather than excluded at an early stage. The conversion rate for individuals subsequently found eligible for CHC was 21.8%, which is consistent with the national average for CHC eligibility outcomes.

The table to the right outlines the number of individuals who either received a negative Checklist outcome or were deemed not eligible for Continuing Healthcare (CHC), but who met the criteria for a Funded Nursing Care (FNC) contribution when placed in a nursing care home setting. Individuals who are not resident in a nursing care home, but who require nursing oversight, would receive this support through community nursing services as part of core NHS service provision.



Adult Fast Track Referrals received into Berkshire West AACC in Q4 25/26 per Local Authority



A Fast Track application is submitted when an individual has a rapidly deteriorating condition that may be entering a terminal phase. Referrals must be completed by the clinician responsible for the individual's care.

The Fast Track pathway is designed to ensure the timely provision of urgent care packages for individuals approaching end of life. The ICB must be satisfied that the individual has a primary health need. Reviews are typically undertaken at 12 weeks to determine whether the individual remains appropriate for an ICB-funded package of care, is no longer eligible, or, in some cases, has died while on the pathway.

Future Delivery

Over the last two quarters, Berkshire West has seen a steady increase in Continuing Healthcare (CHC) referrals, reflecting rising system demand and improved identification of individuals with potentially eligible needs. This has been particularly noticeable within Fast Track activity, in line with national trends linked to increasing complexity, hospital flow pressures, and end-of-life care demand.

Despite this growth, the service has continued to strengthen oversight, consistency, and timeliness across the CHC pathway. Improvements through the central hub model, enhanced KPI monitoring, and strengthened operational oversight have supported better visibility of performance and more proactive management of assessments, reviews, and disputes.

Benchmarking against national and regional data shows Berkshire West referral rates remain broadly in line with comparable systems when adjusted for population size. However, the continued rise in referrals and case complexity reinforces the need for ongoing transformation, robust governance, and sustainable workforce planning.
The service will continue to work closely with Local Authority partners to review referral trends alongside public health and wider system data. This will help identify any anomalies or emerging patterns that may require a targeted joint approach.

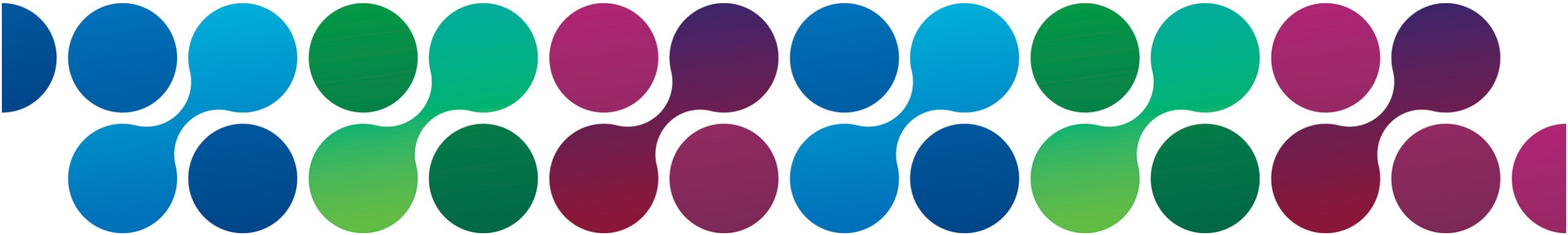
Key Priorities

- Strengthening assurance and quality oversight
- Improving pathway consistency across Places
- Embedding centralised operational processes
- Supporting timely assessments and reviews
- Using performance and benchmarking data to inform future service development
- Working jointly with Local Authorities to better understand referral trends and population need

Demand across the service continues to rise, and the focus remains on delivering consistent, sustainable, and high-quality operational services.

NHS

Thames Valley



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Health and Adult Social Care Scrutiny Committee

9 June 2026

Item 9 – Adult Social Care Strategy Consultation

Verbal Item

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Health and Adult Social Care Scrutiny Committee Update

June 2026

Activity	Quarter Total
Residents engaged	143
Information & signposting enquiries	8
Outreach events attended	5
Surveys launched	4
Reports published	4
Themes escalated to partners	Quality of treatment, Access to services, Parking & Transport

Purpose

To update the Health and Adult Social Care Scrutiny Committee on Healthwatch West Berkshire's activity during the reporting period, emerging themes from resident engagement, and current project work.

Key Activity This Quarter

During this quarter, Healthwatch West Berkshire has continued to engage with residents, patients, carers, and community groups to gather feedback on local health and social care services. Engagement has taken place through community events, outreach activity, partnership meetings, surveys, and individual enquiries.

Alongside our core information and signposting service, we have continued to share resident experiences with service providers and commissioners to support service improvement.

Proposed Abolition of Healthwatch (DHSC Modernisation Bill)

Recent national reporting highlights significant concern regarding proposals within the NHS Modernisation Bill to abolish Healthwatch England and local Healthwatch services, with responsibilities instead transferred to Integrated Care Boards (ICBs) and local authorities.

Healthwatch is currently an independent body that represents patients' views on health and social care services, providing challenge, scrutiny, and feedback to improve care. Under the proposed changes, this independent function would be removed, with ICBs and councils expected to take on responsibility for responding to patient feedback about their own services.

The Local Government Association (LGA) has raised concerns that the removal of Healthwatch could leave the system without an independent voice, leading to what they describe as NHS organisations effectively "marking their own homework." They warn this could create a more fragmented accountability system, with potential gaps and duplication in how concerns are managed.

The LGA has also highlighted the absence of a clearly defined alternative model, stating that abolishing Healthwatch without a robust replacement would represent a "significant step back" for transparency and accountability. They are calling for government to work closely with local government to design a new model that maintains independence and ensures communities continue to have a strong voice.

In contrast, the Department of Health and Social Care argues that the reforms will streamline structures, reduce bureaucracy, and strengthen patients' voices by embedding them more directly within health and care systems.

The proposals are currently progressing through Parliament as part of the NHS Modernisation Bill, with concerns focusing on how independent challenge and patient representation will be maintained if Healthwatch is removed.

Annual Report

At this time Healthwatch Berkshire is currently devising our annual report for 2025/2026, due to be published June 30th.

The report demonstrates how resident feedback has informed discussions with local health and care partners and showcases the range of engagement activity undertaken across West Berkshire. The report also identifies ongoing themes around access to services, communication, health inequalities, and understanding of social care.

Current Projects Update:

EMED Patient Transport

Following complaints from members of the public regarding their transport service issues, Healthwatch West Berkshire has commenced a project to further understand residents' experiences of EMED patient transport services.

The project is gathering feedback from patients and carers regarding booking arrangements, communication, journey times, reliability, and the overall impact on access to healthcare appointments.

Initial responses indicate that while some residents report positive experiences, concerns continue to be raised regarding communication and delays. Engagement is ongoing and a full report will be produced upon completion of the project.

Adult Social Care After 18 Project

This quarter we have begun work to better understand public awareness and experiences of Adult Social Care, particularly for young people transitioning into adult services and their families.

The project aims to explore:

- Awareness of Adult Social Care support.
- Understanding of eligibility and charging arrangements.
- Experiences of transition into adult services.
- Information and communication needs.

Early engagement suggests that many residents have limited understanding of how Adult Social Care operates and what support may be available to them.

Women's Health

We requested an update from BOB ICB at the beginning of the year regarding the promise of a Women's Health strategy for Berkshire West, (West Berks, Reading & Wokingham). We were informed due to the changes for the ICB, (now Thames Valley ICB), it had been put on hold and will be resumed later this year.

We will be requesting an update from Thames Valley ICB this month.

Emerging Themes

Feedback received during this quarter has highlighted several recurring themes:

- **Access to Services**
- Residents continue to report challenges navigating health and care services, particularly where multiple organisations are involved.
- **Communication and Information**
- Clear information remains a priority, with residents frequently highlighting difficulties understanding service pathways and available support.
- **Adult Social Care Awareness**
- There remains a need to improve public understanding of Adult Social Care, including eligibility criteria, assessments, and funding arrangements.
- **Health Inequalities**
- Healthwatch continues to focus engagement on communities whose voices are less often heard, helping to ensure a broad range of experiences inform local decision-making.

Upcoming Priorities

Over the next quarter, Healthwatch West Berkshire will focus on:

- Completion of the EMED patient transport project.
- Further engagement for the Adult Social Care After 18 project.
- Continued delivery of the Young People's Health Rights (13+) programme.
- Community engagement through neighbourhood and outreach activity.
- Gathering resident feedback to support service improvement and reduce inequalities.

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Health and Adult Social Care Scrutiny Committee Work Programme

	Item	Scrutiny Theme	Purpose	Lead Officer	Portfolio Holder/ Lead Member	Pre or post decision?
			09 June 2026			
	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
	All Age Complex and Continuing Care	Partnership Effectiveness	To receive an update on All Age Complex and Continuing Care since attending the HASC in December 2025.	Daphne Barnett (TV ICB)	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
			22 September 2026			
	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
	Carers Strategy	Partnership Effectiveness	12 months progress report.	Hannah Cole	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	Emma Westwood	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
	Safeguarding Adults Performance Annual Report	Corporate Effectiveness	To receive the annual report of the West Berkshire Safeguarding Adults Board	Emma Westwood	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
			15 December 2026			
	Resource Centres update	Corporate Effectiveness	To receive an update on the current operation and performance of resource centres in West Berkshire, including any developments, challenges, and future service direction.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Care Homes update	Corporate Effectiveness	To receive an update on the position of care homes in West Berkshire, including any key developments.	Paul Coe	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Adult Social Care Self-Assessment	Corporate Effectiveness	To receive the Annual Adult Social Care Self-Assessment.	Paul Coe	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
			09 March 2027			
	Non-Emergency Patient Transport Services	Partnership Effectiveness	To review the performance of the non-emergency patient transport service following the introduction of EMED in April 2025, including timeliness, patient safety, and the impact on access to care for West Berkshire residents.	TV ICB	Cllr Patrick Clark (Adult Social Care and Public Health)	HASC Decision
	Mens Health	Partnership Effectiveness	To explore men's health outcomes and access to services in West Berkshire, including barriers to care, prevention uptake, and how local partners are responding to emerging evidence and national policy.	TV ICB	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
	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

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: 19 May 2026