

Thames Valley ICB

Date of Meeting: West Berkshire Health and Adult Social Care Scrutiny Committee	Agenda item:
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Title of Paper: Review the system approach to palliative care and hospice provision in West Berkshire
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Paper is for: (Please ✓)	Discussion	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Information	<input type="checkbox"/>
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Paper approved to share with directorate senior management teams: (Please ✓)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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

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 1 Percentage 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 as 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 3 Percentage of deaths in each place of death for Buckinghamshire, Oxfordshire and Berkshire West and England, 12 months November 2024 to October 2025 serial. 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

