

All-age Complex and Continuing Care (AACCC) Berkshire West Health Scrutiny Committee

December 2024

All Age Complex & Continuing Care Executive Summary

All Age Complex and Continuing Care (AACCC) is an umbrella term that brings together Continuing Healthcare, (CHC) Children and Young Peoples Continuing Care (CYPCC) and Complex Care. The ICB has been through an organisational change process with plans in place to align and bring constancy to the AACCC service under one strategic clinical leadership team, led by a Director of Nursing. This paper sets out the key priorities for each service line and the overall governance to enable review, improvement and reporting oversight.

CHC referral and eligibility.

The data shows that Berkshire West has variation when compared to other systems for referral and eligibility. Further work is planned to review if the variation is warranted or unwarranted. The service is moving to a hub and spoke delivery to provide consistency in decision making across the BOB footprint, working jointly with the local authority and our partner ICB in Frimley for East Berkshire place.

CYPCC consistency in process

The data shows that referral rates have increased year on year, but numbers of cases found eligible remains static, there is a requirement to better understand the unmet health needs for children and young people, a joint pilot pathway is underway with clinical leadership and oversight, with review and evaluation fed into the newly created AACCC Partnership Forums and AACCC Partnership Board.

Complex Care

Further analysis is required to develop process for interim and joint funding for individuals who do not meet the eligibility criteria for CHC or CYPCC, but have unmet health needs, not provided through core NHS service provision. The ICB has within its new operating model established a complex care team who will be responsible for reviewing the care requirements and considering the best commissioning solution for the individual going forward.

Governance

Each place base will have a partnership forum with associated task and finish groups to develop and coproduce local neighbourhood services. Each place-based partnership forum will feed into the ICB Partnership Board chaired by the ICB CEO where progress, risks, issues, escalations and recommendations will be presented for the board to make decisions in relation to the system wide delivery of All Age Complex and Continuing Care.

Continuing Health Care (CHC)



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Background summary

For many years Berkshire West has been an outlier in relation to CHC eligibility and over the years several audits have been commissioned to understand if the variation is warranted or unwarranted.

In 2022 NHSE funded the LGA to undertake a peer review of all 3 place-based teams within the ICB footprint, feedback relating to West Berkshire included lack of senior leadership oversight, poor experience for families especially around dispute management, a lack of investment in joint training and no pathway or process in place to feedback and improve on practice, with a lack of follow up on issues raised.

In April 2024 NHSE undertook a further deep dive into decision making with both the qualitative and quantitative analysis demonstrating that the ICB decision was appropriate in most cases, however significant weaknesses were identified within the documentation and evidence at individual domain level and within the 4 key characteristics which often lacked sufficient detail and rigor. The audit finding concluded that the ICB cannot assure themselves that any observed variation is warranted, without first reviewing the considerations identified within the recommendations and evidencing improvement in process.

The CHC transformation plan has been delayed by the ICB change process which has meant that any changes to practice have not yet been embedded and at times have led to longstanding disputes between health and social care. We all recognise that this is not good patient or service user experience and are committed as a system to improve this position.

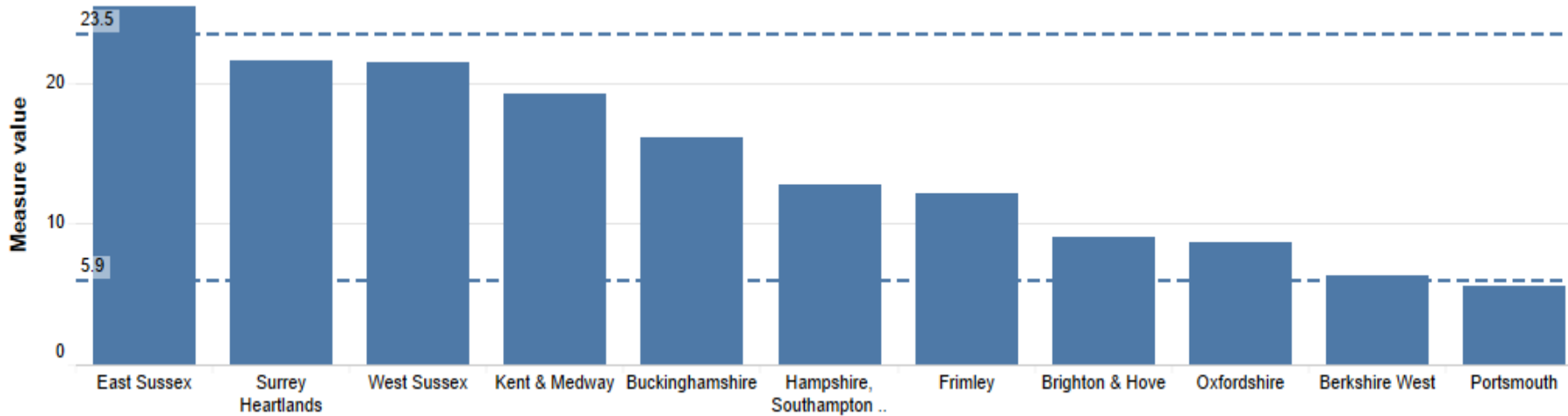
Data analysis on the preceding slides demonstrates that referral activity into the team is lower than the regional average and further work is needed to understand if this is having an adverse impact on eligibility rates.

NHS England are undertaking a further deep dive into unwarranted variation early next year and Berkshire West has been identified as an outlier requiring further review and investigation.

Standard CHC: Regional Data for Q1 2024/25

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



- Berkshire West reported a value of **6.3** for new referrals for the first quarter of 2024/25 (just above the 5th percentile for the region). This figure reflects low referral rates per 50K population compared to other organisations in the region.
- Berkshire West reported a value of **9.7** for eligibility at the end of quarter for the first quarter of 2024/25 (below the 5th percentile for the region). This figures reflects lower than expected eligibility per 50K population compared to other organisations in the region.
- Given the nature of these metric, the scores suggests that there could be underlying issues or challenges to new referrals and eligibility rates within the place base.
- A deep dive investigation has been completed in references to these challenges and the findings are being developed into a joint action plan between Health and Social care colleagues.

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



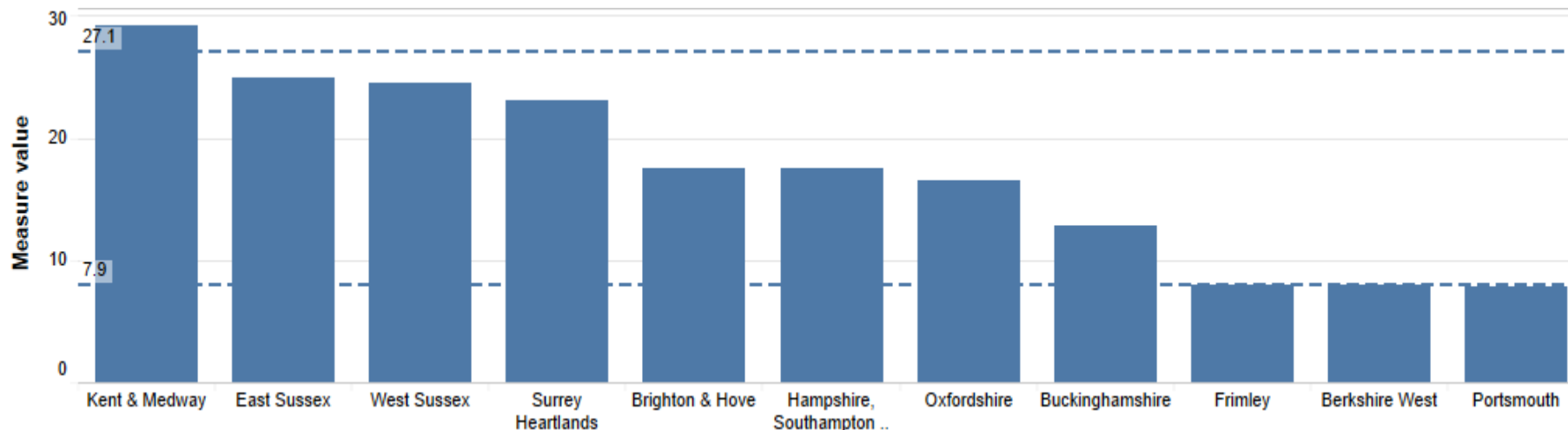
Fast Track: Regional Data for Q1 2024/25

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



- Berkshire West reported a value of **18.6** for new referrals for the first quarter of 2024/25. This figure reflects a position in line with the average referral rates per 50K population compared to other organisations in the region.
- Berkshire West reported a value of **8.0** for eligibility at the end of quarter for the first quarter of 2024/25 (on par with the 5th percentile). This figures reflects expected eligibility per 50K population compared to other organisations in the region.
- Given the nature of these metrics, it can be considered that the right patients have been referred for Fast Track at the right time within the place base.
- A wider deep dive investigation has been completed in references to referral and eligibility rates and the findings are being developed into a joint action plan between Health and Social care colleagues which will support further understanding of this metric in the medium to long term.

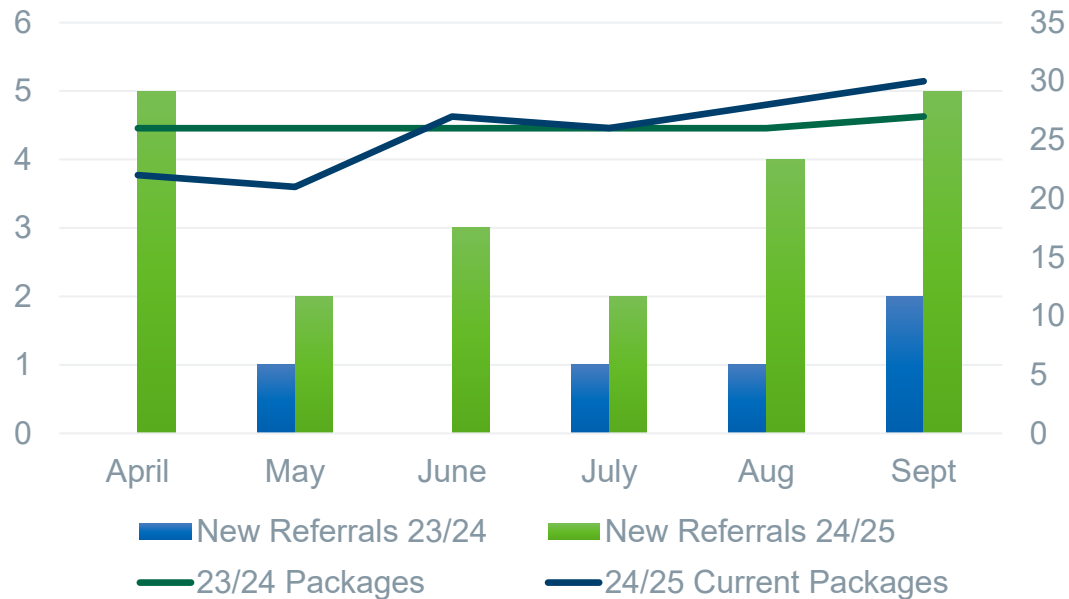
Number eligible at the end of the quarter for Fast Track (Snapshot) - per 50K Population



Children and Young Peoples Continuing Care (CYPCC)

- Like the CHC service the CYPCC delivery across the 3 place bases have different models and applications. The CYPCC framework is not mandated and is seen as a best practice model. The CYPCC framework has not been updated since 2016 and therefore variations in its usage have been implemented. CYPCC is usually a tripartite collaborative approach between health, social care and education and supports children and young people from 0 – 18 years of age.
- Individuals assessed as eligible for CYPCC have their needs met in a collaborative way with parental responsibility remaining key to care delivery. The table below sets out the comparison between number of referrals in 23/24 against referrals in 24/25. Whilst referrals into the service has increased numbers funded through CYPCC have remained static over the two time periods.

Berkshire West CYPCC Activity



Complex Care

Where an individual is not eligible for CYPCC there is sometimes a requirement for health to fund elements or parts of care that are not met within core NHS service provision and fall outside of the remit of the local authority to fund, a protocol and process is being developed to manage these cases with a CYP pilot taking place in December the pilot will be evaluated and fed through to partnership forum and partnership board.

Next Steps AACCC

Further to the information provided, the ICB recognise that it needs to do more to ensure that those individuals accessing the CHC and CYPCC service have a good and consistent service no matter their referral route. The ICB and LA have therefore jointly committed to the following actions:

- Executive level oversight and leadership
- Aligning consistency in process across the ICB and with our neighboring ICB in Frimley
- Development of partnership forums and task and finish groups with clear actions and deliverables that feed directly into partnership board chaired by the ICB CEO.
- Establishing a pilot to consider the unmet health needs for children and young people who do not meet the threshold for CYPCC. Taking the evaluation of the pilot back through partnership board.
- Developing a pathways for complex care with clear protocols for decision making, patient review and evaluation.
- Continued working with Beacon advocacy service to improve the experience of individuals accessing CHC services.
- Developing joint training for health and social care teams.
- Implementing the regional disputes policy
- A central “hub” quality assurance verification process to enable peer review check and challenge to decision making working “with regard” to the National Framework.
- Working with NHS England to undertake a further deep dive early next year to consider unwarranted variation.



AACCC Senior Structure



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