

# Health Scrutiny Committee Berkshire West - Q4 25/26



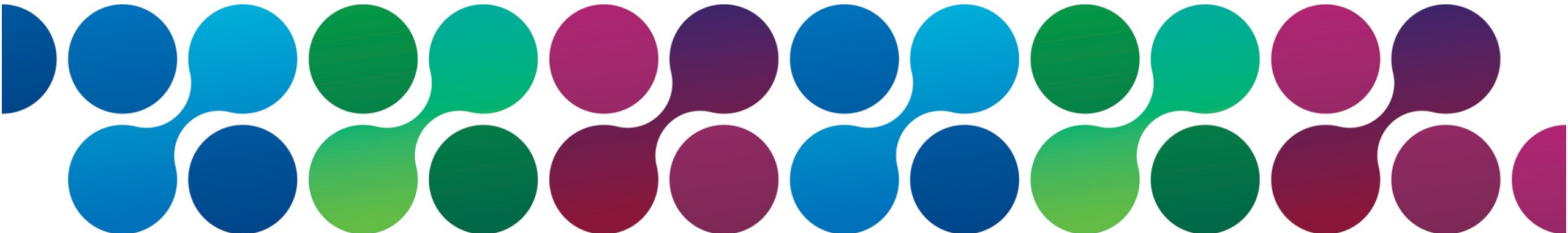
Thames Valley

9<sup>th</sup> June 2026

Liz Rushton – Head of Delivery Neighbourhood Teams AACCC

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# 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.

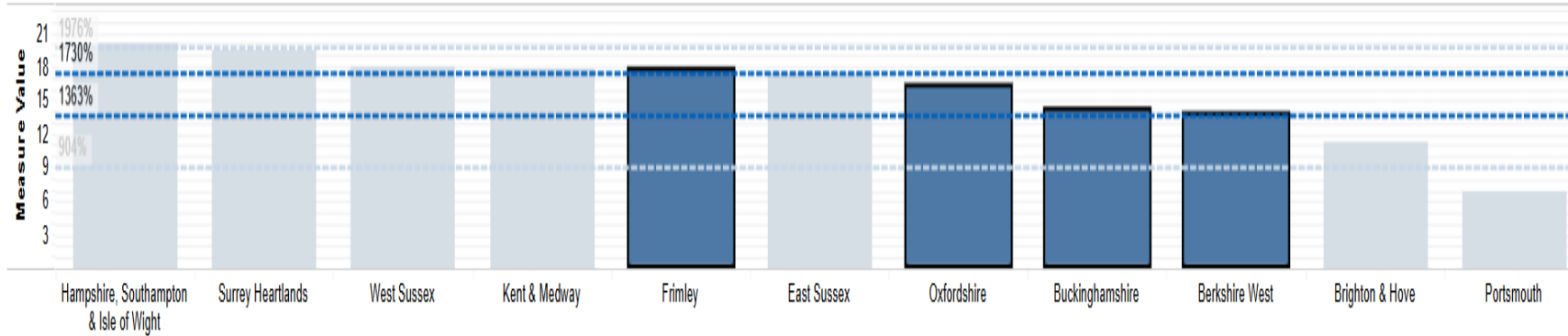
## **CHC Activity**

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.



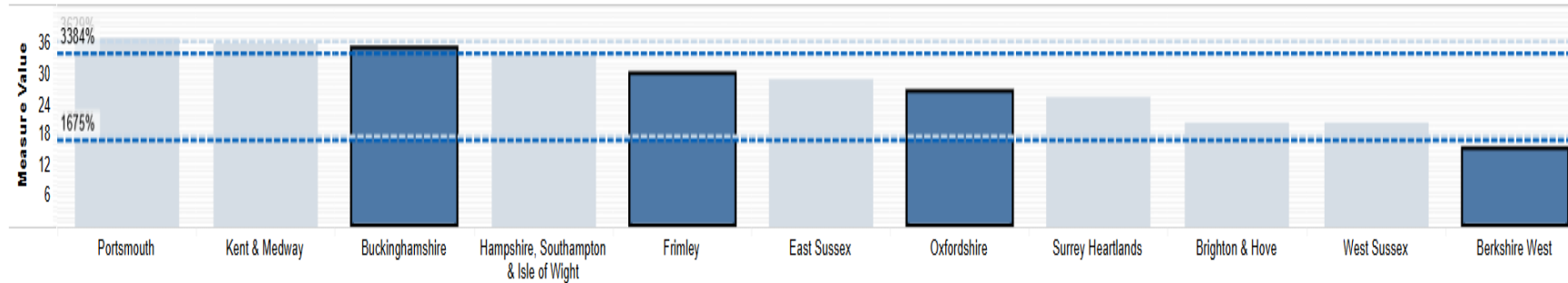
# Standard CHC: Regional Data for Q4 2025/26

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



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.

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

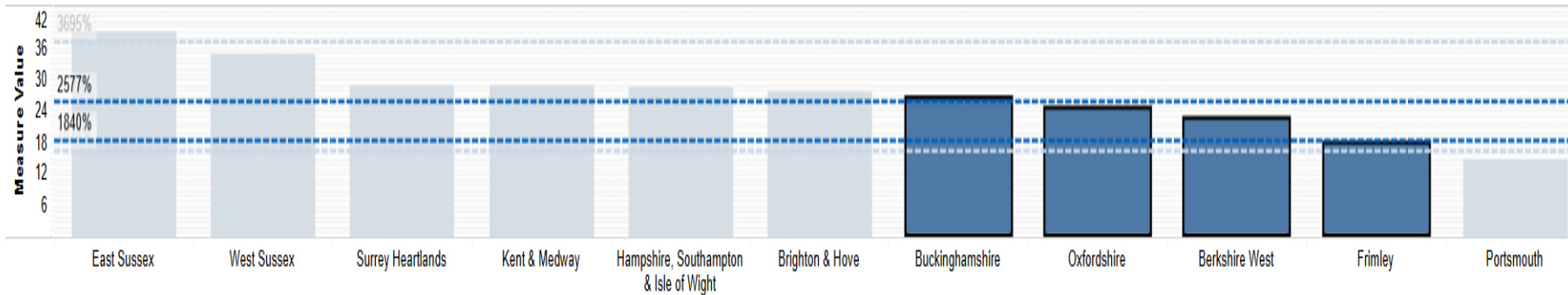


Berkshire West previously reported a value of 9.7 for the number eligibility at the end of quarter. This has risen to 12.8 as at the end of Q2 2025/26, (remaining below the 5th percentile for the region). For Q4 this figure has significantly increased, to 15.1. This figure remains slightly below the 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.

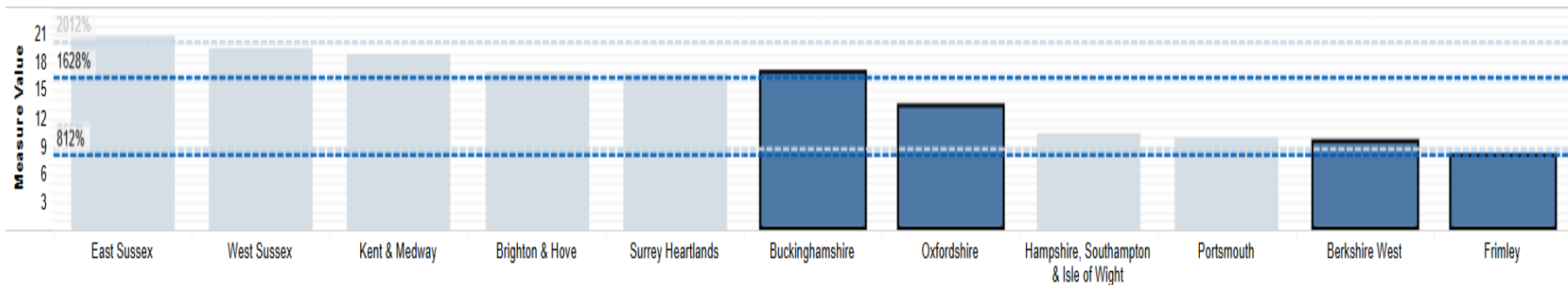


# Fast Track: Regional Data for Q4 2025/26

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

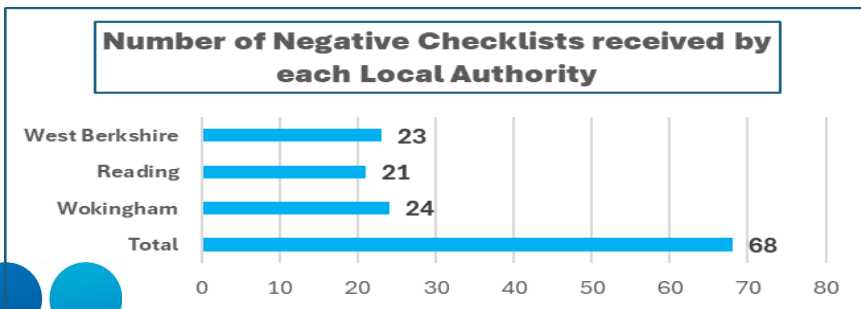
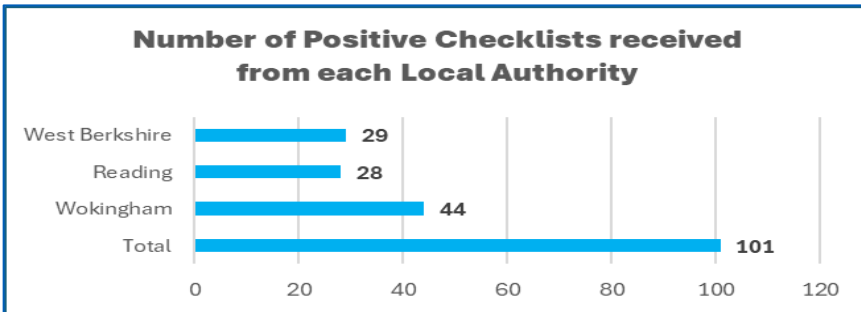
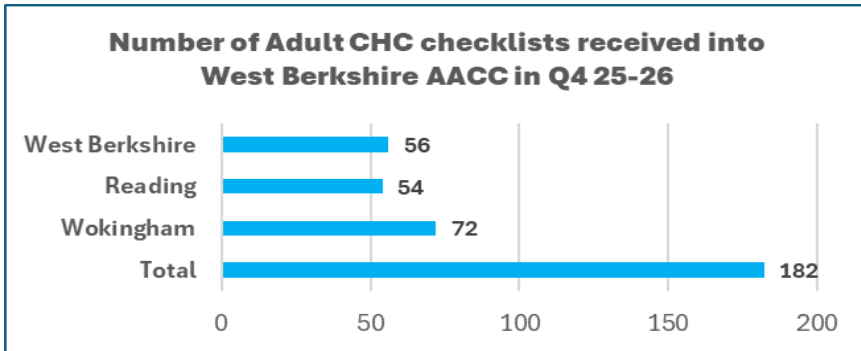


In December 2025, we presented that Berkshire West was reporting an increased value of for new referrals in Q2 of 21.4. As of Q4, this metric has increased further to **22.2**. This figure reflects a position in line with the average referral rates per 50K population compared to other organisations in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

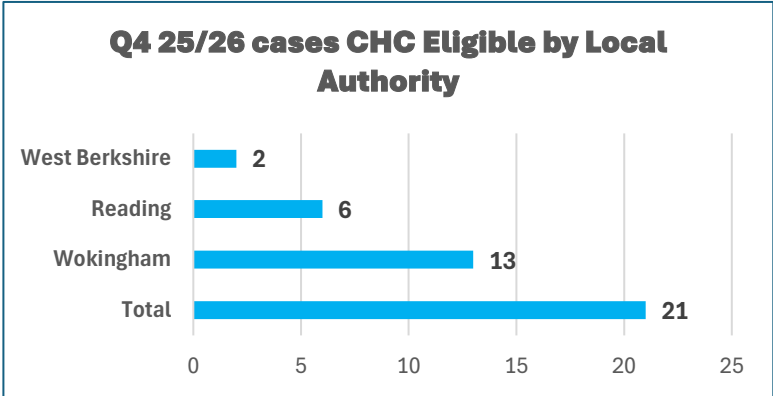
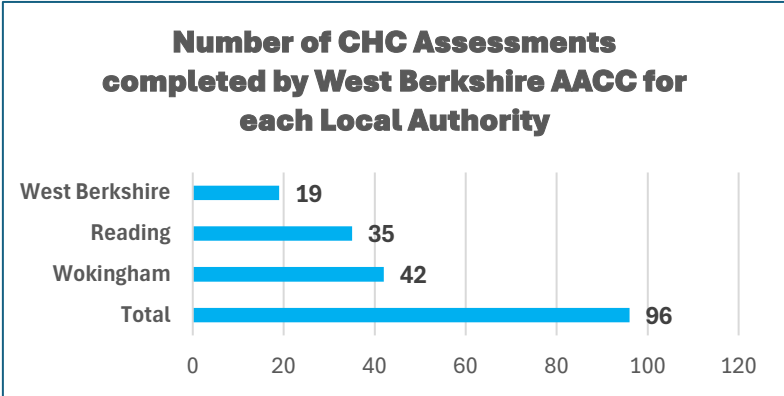
The current data configuration is primarily designed to meet NHS England reporting requirements. As a result, manual data collection has been necessary to produce the following tables. The data presented has been extracted locally from the live database and relates to Q4 2025/26 activity.

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.

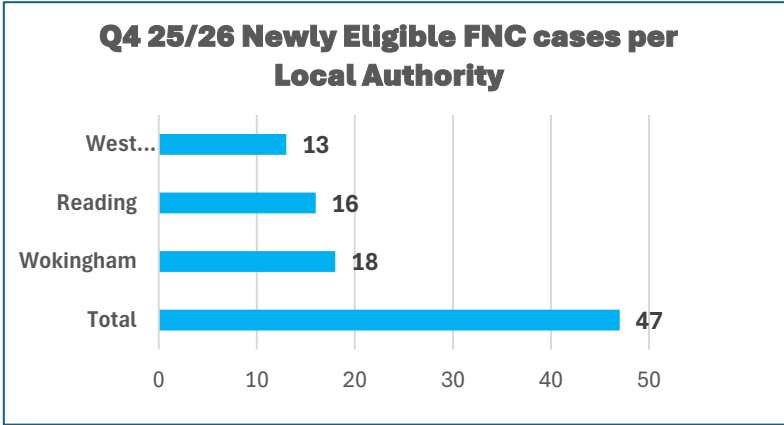
The team is working closely with the East Berkshire service to identify opportunities for improvement in locality-level data reporting. A key objective is to reduce reliance on manual data extraction processes. It is anticipated that the introduction of the national Patient Level Data Set (PLDS), scheduled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

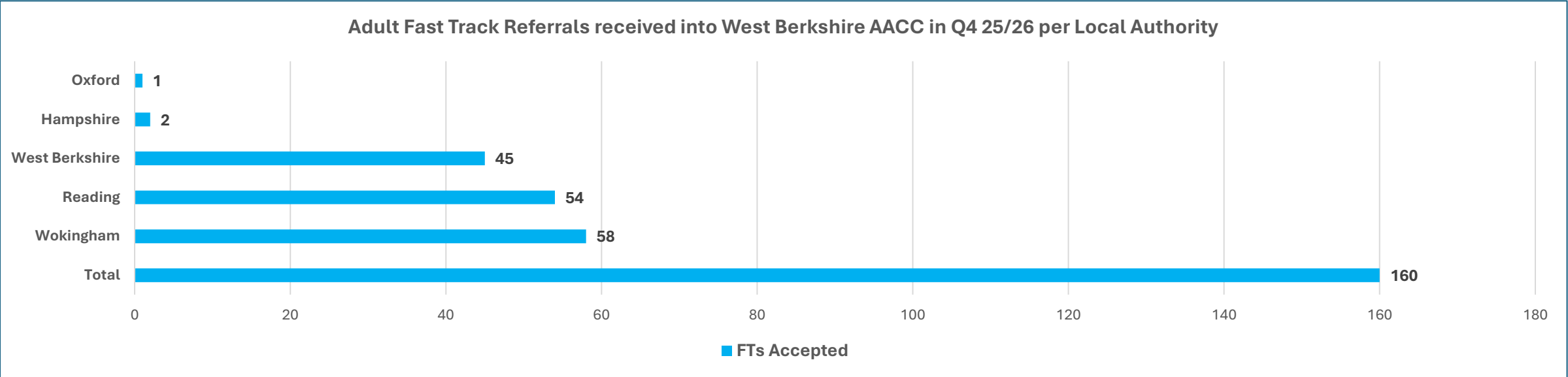


The tables above present the number of completed Continuing Healthcare (CHC) multidisciplinary assessments undertaken during Q4 2025/26. While the number of individuals found eligible for CHC may appear comparatively low, it is important to note that the Checklist threshold is intentionally set at a 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.



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