



Milton Keynes
City Council

Children and Young People referred for NHS Continuing Care .

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We have a problem ...



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Milton Keynes C&YP referred to ICB CCC team May to December 2025

Children newly referred for CCC

No of children/young people	Referral accepted at triage	Eligible following Decision Support Tool/CCC assessment	Primary need
13	4 (30.7%)	2 (15.2%)	Breathing (both cases)

Our concerns (1)

- Amount of clinical information required is unreasonable
- ICB CCC team refuse to access a C&YP's health record unless triaged for DST.
- Very low level of referrals are triaged to completion of a DST (30%)
- No agreed process to escalate concerns
- There will be C&YP who are eligible but not assessed.

Our concerns (2)

- Many young people assessed as not eligible for CCC are eligible for NHS CHC via transition to adulthood.
- Social workers are being expected to understand complex clinical information or go and find health-related evidence
- C&YP on waiting list for CAMHS will not be considered as having a severe or priority need in behaviour domain as they have no specialist input.

Types of evidence expected at referral stage:

Challenging Behaviour- Referrer has scored as a Priority in this domain.

- N displays physical bursts of aggression, destruction of property and absconding.
- How are the behaviours managed?
- How frequent are these behaviours?
- What is the impact of these behaviours on N and his family does it limit his access to his surrounding environments and community structures?
- Do they have a Sensory assessment?
- What multi-agency support is currently in place? CAMHs are known to review quarterly, are they able to meet need?

Types of evidence expected at referral stage:

- Are they at risk of school placement breakdown or breakdown in the home setting?
- You advised that N is locked in the property due to risk of harm from the nearby road if he was to abscond, please can you advise whether a DOLS is being explored? If yes, what is the status of this application?
- What medication is the young person in receipt of to manage their behaviours?
- Please can you elaborate on the difficulties with transition both to and from school? what does this look like? How long does this intervention take?

Types of evidence expected at referral stage:

- service has been provided with two incidents of behaviour in 12 months, is this all that has been recorded? Please could additional entries be provided if available for our consideration.
- What level of support is required to keep this young person safe? It is recorded he requires 2:1 support at school but may require 3 or 4: during a period of escalation, how often is this higher level of care required. Additionally, what ratio of care is provided at home?
- Are they at risk of school placement breakdown at cambian, or breakdown in the home setting?

Types of evidence expected at referral stage:

THIS IS ONE DOMAIN

'As per the BLMK ICB Children and Young People's Continuing Care Policy we require this additional information within 10 working days.'

'The referral will be added to the agenda for Milton Keynes on 08.01.26 to agree closure if this information is not received.'

We have a plan...

- Working with Quality Assurance Manager re level of information being required at referral stage
- Potential legal challenge re NHS refusing to use the information that they have whilst refusing to accept referral with as much info as social worker can acquire

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