

# **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

