

# All Age Continuing Care - a call to action, a call for delivery



## *Our values-based consultancy provides expert review services, working as a trusted partner addressing a broad range of AACC requirements.*


Integrated Care Boards (ICBs) are now the statutory bodies with responsibility for NHS All Age Continuing Care (AACC), having taken over from CCGs, with, since July 2022, a revised National Framework in place. Across the NHS budgets are under relentless pressure and the c£3b AACC budget is no exception. It is now incumbent upon ICBs to


- deliver value for money (VFM);
- ensure there is a skilled workforce to meet demand;
- optimise pathways;
- provide individualised, family-orientated care;
- ensure smooth transitions between principally, CYPCC, FNC and CHC, as people move through eligibility for different services; and
- maintain robust governance and assurance processes around continuing care services.


In our extensive experience of working particularly within continuing healthcare, we also know that this is an area of commissioning which tends to garner the most complaints. This is because such decisions tend to meet at the intersection between available funding and personal need; rarely are the two easily reconciled. Key to delivering a successful framework around AACC will be the ability of the ICB to ensure effective, fundamental design principles.

### Key AACC design principles

 **Optimised timely pathways which offer VFM** to provide care through appropriate assessments and effective partnership working with social services/local authorities and AACC providers.

 **Person-centred, inclusive of family, relative to need** as an integral part of personalised care that includes effective and accessible communication in a timely way. The right to have personalised care through the best mechanisms available to the ICB.

 **Skilled sustainable workforce and leadership** by ensuring the resource requirement lines up properly and is optimised within the available cost envelope.

 **Continual improvement** through good governance, systems, processes and controls, received and responded to, qualitative and quantitative reporting.



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## Delivering AACC design principles

### This may be, in practice, the most complex area of service commissioning...

There is now an exceedingly complicated landscape of both provider services and commissioning structures. These arrangements form the basis upon which life-altering decisions are made about care packages for individuals of all ages to meet their ongoing health and care needs. These include jointly funded packages of care with local authorities and education, and other services to meet needs once people have been discharged from hospital e.g., patients requiring neurological rehabilitation after a brain injury. However, several problems exist which require diverse and informed strategic thinking to address; some of the known challenges include:

- **Long delays in assessment and decision-making.** People should wait no longer than 28 days for a *determination of eligibility*. There should then be a review at three months and annually thereafter, however there are significant challenges nationally in meeting these timelines resulting in both quality and financial risk.
- **Inconsistency in governance processes, and decision-making.** There is a lack of consistency in decision-making, with some people being accepted for funding while others are not, even when they have similar needs.
- **A shortage of skilled staff.** There is a national shortage of skilled staff to provide assessments and reviews due to remuneration levels for care staff.
- **The rising cost of care** putting pressure on budgets resulting from increased care complexity, staff costs as well as the costs of equipment and supplies.
- **Rising demand** due to an ageing population. The number of people over the age of 65 is increasing, and this is putting more demand services which were already stretched prior to the COVID-19 pandemic.
- **Increasingly dissatisfied populations.** People rightly want the best for themselves and their loved ones, however, resources are finite. We have seen many examples of complaints tying up staff resource for months, if not years.

### How we can provide impactful support when you need it most...

Niche has a suite of options available to support all aspects of your design process thinking, these include:

1. **A full independent service review** utilising the maturity matrix and SIP principles encompassing your strategic vision and leadership and delivery of the wider AACC model. This will look at the enablers you have in place to support a successful team, as well as the operational effectiveness of your core processes in place. This review allows you to fully understand your current position and offers options for improvement and development through an action plan to meet and deliver relevant activities.
2. **Detailed capacity and demand modelling** of activity, costs and workforce to assess whether your arrangements are fit for purpose to deliver the AACC framework and tackle current and future demographic issues. This modelling could include options for more collaborative working with partners and opportunities to align functions at a place level.
3. **Deep dives** into particular issues such as quality concerns, provider performance, Personal Health Budget utilisation, analysis of patient experience data and trends, assessment processes and the contracting and brokerage functions. This can also extend to wider market management and development requirements.
4. **Assistance in clearing backlog cases** such as overdue reviews; Fast Track decisions, joint funding and section 117 reviews. Independent support with validation on funding decisions, or complaint responses can be vitally helpful. We have a dedicated specialist multi-disciplinary team who can assist in this regard across the whole AACC spectrum.

### Our talented team

We have a diverse and expert team which includes accountants, data scientists, modelling experts, commissioning experts, clinical teams and ICSA registered governance experts. Our AACC team includes:

- **Joyce Bowler:** With over 35 years' experience as a Registered Nurse, and over 15 years in CHC, including as a programme manager for personalisation; Head of Service for AACC and Discharge to Assess.
- **Debbie Fairclough:** With over 23 years' experience of working within NHS corporate governance and an MA in Healthcare Law, Debbie helps ICBs to navigate legal requirements when implementing key projects.
- **Dr Paul Smith:** Paul is an expert in all fields of complex modelling and has previously worked for McKinsey & Co, The Kings Fund, The Nuffield Institute and more recently a large local NHS Foundation Trust.

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integrity  
impact



**Tom McCarthy- Partner, Analytics and Modelling**  
Tom leads on AACC projects and is a Health Economist having vast experience of delivering intelligence-led assignments specifically those involving capacity, demand and flow issues.

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