



All Age Continuing Care: Have your say on future reform

Submitted below on 18th September 2026

[We want to hear your views on the future of All Age Continuing Care - Beacon CHC - Beacon CHC](#)

Introduction

The Homecare Association welcomes the opportunity to contribute to this engagement on the future development of All Age Continuing Care (AACC) currencies. This response draws on feedback from member organisations delivering Continuing Healthcare (CHC) and Children and Young People's Continuing Care (CYPCC) funded services across England, as well as discussions at a dedicated member engagement meeting facilitated by PA Consulting, which is leading this work on behalf of NHS England.

Members strongly recognised the challenges identified in the case for change, particularly the lack of a shared approach to linking need, care and cost; variation in local commissioning practices; limited transparency in decision-making; and inconsistent experiences for people receiving care and support. While there is broad support for greater consistency and a clearer national framework, members emphasised that any future model must accurately reflect the realities and costs of delivering high-quality home-based care, preserve person-centred decision-making, and support genuine choice, continuity of care and provider sustainability.

Survey questions

Case for Change - Please refer to page 7 of the accompanying pack which can be found here: <https://beaconchc.co.uk/wp-content/uploads/2026/08/AACC-currencies-engagement.pdf>

9.Case for change (page 7) - To what extent do you recognise the challenges described in your experience of AACC? (1 - do not recognise at all, 5 - strong recognition)



Score: 5 (Strong recognition)

10. Case for change (page 7)

Which of these challenges do you consider most important to address?

Suggested order:

1. No shared approach to linking need, care and cost
2. Decisions are not always transparent or easy to explain
3. Commissioning is highly dependent on local processes and relationships
4. Variation is visible but difficult to understand
5. The system lacks common reference points for learning and comparison

11. Case for change (page 7) - Why have you chosen this order?

Homecare Association members strongly recognised all five challenges. The most significant issue is the lack of a shared approach to linking need, care and cost. Members consistently reported that CHC funding often fails to reflect the actual cost of delivering safe and high-quality care, including workforce-related costs, travel time, training, insurance, regulatory compliance and increasing care complexity. Similar levels of need can result in vastly different care packages and funding decisions across different areas.

A lack of transparency in decision-making was also a major concern. Families and providers often struggle to understand how decisions have been reached, how needs have been interpreted, or why similar individuals receive different outcomes. This is compounded by local commissioning practices, varying levels of commissioner expertise and inconsistent interpretation of guidance.

Variation between areas is widely recognised, but members reported that it is often difficult to understand whether differences are due to individual need, local market conditions, workforce availability or commissioning decisions. The absence of common reference points makes benchmarking and learning difficult and can undermine



confidence in the system. These findings closely align with the challenges set out in the case for change.

12. Case for change (page 7) - Are you aware of any important issues which are currently missing from the case for change as described?

While we support the case for change, we believe several important issues deserve greater prominence:

- Insufficient recognition of the actual cost of delivering home-based care, including travel time, workforce development, recruitment, retention, insurance, regulation, and increasing clinical complexity.
- Workforce shortages in both provider organisations and commissioning teams, which affect assessment quality, reviews and care package delivery.
- Significant delays in reviews, funding decisions and payments, with some providers carrying financial risk for extended periods while awaiting CHC decisions.
- Inconsistent access to Personal Health Budgets and variation in how choice, personalisation and family top-ups are handled.
- The impact of geography, cultural considerations and local provider availability on the delivery of care.
- The importance of continuity of care and family involvement in achieving positive outcomes and avoiding unnecessary hospital admissions.
- Concerns that some commissioning decisions prioritise short-term cost reduction over quality, safety, continuity and long-term value for money.
- Challenges associated with transition between Children and Young People's Continuing Care (CYPCC) and adult NHS Continuing Healthcare (CHC), which can result in uncertainty, delays and disruption for individuals, families and providers.
- Limited recognition of delegated healthcare and the costs associated with training, competency assessment, clinical oversight and ongoing governance of staff delivering complex healthcare interventions in home settings.



- The need for funding and commissioning arrangements to recognise the capacity providers must maintain to respond to changing needs, hospital discharge, deterioration and end-of-life care.

Design principles - Please refer to page 8 of the accompanying pack which can be found here: <https://beaconchc.co.uk/wp-content/uploads/2026/08/AACC-currencies-engagement.pdf>

13.Design principles (page 8) - To what extent do you agree that these design principles are the right ones to guide the development of AACC currencies? (1 - strongly disagree, 5 - strongly agree)

Score: 5 (Strongly agree)

14. Please rank the design principles in order of importance to you (page 8)

1. Equity
1. Transparency
2. Consistency
3. Choice & Personalisation
4. Clinical Credibility
5. Sustainability
6. Deliverability
7. Accessibility
8. Stability

15.Design principles (page 8)

Are there any in here that do not feel relevant to you? - None ticked

- Equity
- Transparency
- Consistency



- Stability
- Sustainability
- Accessibility
- Clinical Credibility
- Deliverability
- Choice & personalisation

16.Design principles (page 8) - Do you feel that any principles are missing? If so, what would you include and why?

We also recommend including a principle relating to sustainability and practical implementation. Any future currency model must recognise the actual cost of delivering care safely and sustainably, including workforce development, supervision, governance, travel time, continuity of care, specialist skills requirements, regulatory obligations and the capacity to respond to fluctuating needs. Home care provision is influenced by workforce availability, geography and the increasing complexity of need. If currencies do not adequately reflect these factors, there is a risk of creating funding models that are consistent in approach but do not reflect the realities of delivering safe and effective home-based care, undermining provider sustainability and restricting choice for people who need care.

17. Design principles (page 8) - Do you have any other comments or feedback on the design principles?

We support the proposed principles but recommend that transparency, equity and choice remain central throughout development. Members reported that families often struggle to understand decisions and experience significant variation between areas. Any future approach should improve people's ability to understand decisions, challenge them where appropriate, and exercise meaningful choice over how care is delivered. Particular attention should also be paid to ensuring that local workforce availability, rural delivery challenges and market conditions do not create unintended inequalities.

We would also encourage explicit consideration of continuity of care within the design principles. For many people receiving continuing care, particularly those with complex, long-term or life-limiting conditions, positive outcomes are closely linked to stable



relationships with consistent care teams. Future arrangements should avoid creating incentives for unnecessary provider or workforce changes.

18. What currencies might look like (page 9)

To what extent do you think currencies respond to the case for change?(1 - not at all, 5 - completely)

Suggested Score: 4

19.What currencies might look like (page 9) - Please share your reasons for your answer

The proposal has the potential to address several of the challenges identified in the case for change by creating a more consistent way of describing needs, care and resource requirements. A common framework could improve transparency, support benchmarking and help explain variation between individuals and geographical areas.

However, members would want assurance that currencies accurately reflect the complexity and cost of delivering care in practice. Care delivery is influenced by factors including workforce availability, rurality, family circumstances, cultural considerations, continuity requirements and market conditions. A currency model must not oversimplify these factors or limit professional judgement and personalised care planning.

The success of any approach will depend on the quality of assessments, the consistency of implementation and whether funding mechanisms properly reflect the real costs of care delivery. Members emphasised that consistency should not necessarily mean uniformity. While a common national methodology may support greater fairness and transparency, two individuals with similar assessed needs may require significantly different resources to support safely and effectively depending on local delivery factors. There is a risk that if currencies are ultimately linked to pricing without sufficient understanding of provider costs and market conditions, unintended consequences could arise for provider sustainability, service availability and choice

Members would also welcome assurance that any future currency model supports funding based on assessed need and intended outcomes rather than encouraging overly task-based or time-based approaches to commissioning. Sufficient flexibility will



be required to reflect the complexity of individual circumstances while maintaining consistency and transparency.

Members also highlighted the importance of ensuring that any future model appropriately reflects situations where providers are expected to undertake increasingly complex healthcare activities in community settings. Such developments may require additional training, competency assessment, clinical oversight, governance arrangements and organisational risk management, all of which carry resource implications that should be recognised within future funding models.

20. What currencies might look like (page 9) - Are there groups of people for whom currencies are not appropriate, for example people with particularly complex needs? Please specify.

Currencies may be more challenging to apply where individuals have highly complex, rapidly changing or unpredictable needs, including:

- People receiving end-of-life care.
- Individuals with rapidly deteriorating neurological conditions.
- People with highly complex behavioural, cognitive or mental health needs.
- Individuals whose care arrangements are heavily influenced by family circumstances, safeguarding concerns or availability of specialist services.
- Cases where needs fluctuate significantly over short periods.
- Children and young people with highly complex needs who are approaching transition into adult services and whose needs, support arrangements and outcomes may be changing significantly.

For these groups, currencies may still provide a useful starting point, but there should be clear flexibility for clinical judgement, personalised care planning and exceptions where a standard category does not adequately reflect individual circumstances.

These draft responses align closely with the themes raised by members while remaining supportive of the overall direction of travel and in line with the Homecare Association's usual approach of supporting greater consistency while highlighting risks around delivery, choice, provider sustainability and market realities.



Particular care should also be taken where individuals require highly personalised packages of support delivered through Personal Health Budgets or where continuity of longstanding care arrangements is central to maintaining safety and wellbeing.