

Corporate	ICBP004 Partner Dispute Policy
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1	July 2022	December 2022

Prepared By:	ICS CHC Task and Finish Group
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Approved By:	Executive Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
June 2022	None

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1	July 2022	ICS CHC Task and Finish Group.	First Issue

Approval

Role	Name	Date
Approver	Executive Committee	July 2022

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1. Introduction

This Partner Dispute Policy outlines the roles and responsibilities of partners where a dispute has occurred regarding a CHC eligibility decision and provides the information regarding what the steps to follow during the partner dispute process and who the right persons to address it are.

1.1 Status

This policy is a corporate policy.

1.2 Purpose and scope

There are four stages to the resolution of disagreements between Partner Organisations in this Policy:

- the prevention of disputes and the direction of resources towards the accurately and timely assessment of Individuals for CHC.
- an informal dispute resolution procedure at operational level (Part 1) ICB and LA Head of Service level (Part 2)
- a formal dispute resolution procedure through the Disputes Panel
- resolution by the Board Executives of both Partner Organisation

Every effort will be made to comply with the time limits set out in this Policy. The Partner Organisations may, by agreement, extend any of the time limits if this is in accordance with the National Framework.

This policy If either the Individual and the Local Authority or both dispute the decision of the CHC verification, The ICB shall seek to resolve the individuals or Local Authority or both dispute in the first instance.

2. Dispute at Checklist Stage

Who can complete a Checklist?

“It is for each ICB and LA to identify who can complete the tool.” and “Staff should be trained in the Checklist’s use and have completion of it as an identified part of their role” (National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, July 2022 (Revised) page 42, paragraph 123).

Health or social care staff completing a Checklist should have completed an agreed joint training package for their area.

All staff working in and with CHC should complete the Department of Health CHC E-learning modules as a minimum and that this is included within contractual details for organisations where the ICB commissions a service.

What evidence is required for completion of the Checklist?

“The Checklist requires practitioners to record a brief description of the need and source of evidence used to support the statements selected in each domain.” (National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, July 2022 (revised), page 43, paragraph 127).

Minimum Data Set

The following minimum data set must be in place:

- Equality Monitoring Form
- Fully completed checklist which includes:
 - Sufficient information for the individual and the ICB to understand why the decision was reached so that the ICB coordinator is supported to put arrangements in place quickly.
 - References to the evidence that has been used to support the statements selected in each domain.
 - An overall explanation in the rationale for decision box as to why the individual should be referred for a full assessment for CHC. A fuller explanation is required where the completed domains do not suggest their needs meet the levels required.
- Consent/Best Interests is not mandatory but is good practice

Evidence to support the levels indicated if not included in Checklist itself. Optional but will be required if progresses to Multi-Disciplinary Assessment and so useful to include at this stage.

There are occasions when a checklist is not appropriate. The National Framework for Continuing Healthcare (CHC) (para 121), states there will be many situations where it is not necessary to complete a Checklist. These include where:

- It is clear to practitioners working in the health and care system that there is no need for NHS Continuing Healthcare now. Where appropriate/relevant this decision and its reasons should be recorded. If there is doubt between practitioners a Checklist should be undertaken.
- The individual has short-term health care needs or is recovering from a temporary condition and has not yet reached their optimum potential (If there is doubt between practitioners about the short-term nature of the needs it may be necessary to complete a Checklist). See paragraphs 96-103 for how NHS Continuing Healthcare may interact with hospital discharge)
- It has been agreed by the ICB that the individual should be referred directly for full assessment of eligibility for NHS Continuing Healthcare
- The individual has a rapidly deteriorating condition and may be entering a terminal phase – in these situations the Fast-Track Pathway Tool

should be used instead of the Checklist.

- An individual is receiving services under Section 117 of the Mental Health Act that are meeting all their assessed needs.
- It has previously been decided that the individual is not eligible for NHS Continuing Healthcare and there has been no change in needs.

Screening and assessment of eligibility for NHS Continuing Healthcare should be at the right time and location for the individual and when the individual's ongoing needs are known. The full assessment of eligibility should normally take place when the individual is in a community setting. The core underlying principle is that individuals should be supported to access and follow the process that is most suitable for their current and ongoing needs.

If the ICB has questions about the evidence/levels indicated, then the reasons for the choice of level chosen by the referrer should be sought.

In cases where checklists are not completed to an acceptable standard, they will be discussed with and returned to the originating organisation ensuring that the quality issues are clear. This will however not stop the 28-day clock as the individual should never be disadvantaged because the referrer hasn't completed the checklist correctly.

The quality issues can be addressed and re-submitted by the referring organisation. In these instances, the referring organisation must ensure the patient/representatives are informed of the situation and next steps.

Communication regarding Negative Checklists

Where the outcome is not to proceed to full assessment of eligibility, the written decision should also contain details of the individual's right to ask the ICB to reconsider the decision and who they should contact to request reconsideration. "The ICB should give such request due consideration, taking account of all the information available, and/or including additional information from the individual or carer." (National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, July 2022 (revised) page 43, paragraph 132.

A clear written response should be given to the individual and (where appropriate) their representative, as soon as is reasonably practicable. The ICB will aim to do this within ten working days of the decision. The response should also give details of the individual's rights under the NHS complaints procedure as enshrined in the NHS Constitution.

Where the LA wish to challenge the outcome of a Checklist they may ask the ICB to reconsider the decision. The ICB should give such requests prompt and due consideration, considering all the information available.

A clear written response should be given to the LA, as soon as is reasonably practicable. The ICB will aim to do this within 10 working days of the decision.

If the LA do not accept the response given by the ICB, they may utilise the ICB

complaints procedure. This Interagency Working and Disputes procedure does not apply to negative Checklists.

3. Assessment without a Checklist

The ICB may, if they wish move directly to a full multi-disciplinary assessment for an individual without using a Checklist. (National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, July 2022 (revised), page 41, paragraph 121).

4. Multi-Disciplinary Teams Assessments

In the context CHC Regulation 21 The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended) defines a 'multi-disciplinary team' as:

- two professionals who are from different healthcare professions, or
- one professional who is from a healthcare profession and one person who is responsible for assessing persons who may have needs for care and support under part 1 of the Care Act 2014.

“Whilst as a minimum requirement a multi-disciplinary team can comprise two professionals from different healthcare professions, the Framework makes it clear that the MDT should usually include both health and social care professionals, who are knowledgeable about the individual’s health and social care needs”. (National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, July 2022 (revised), page 45, paragraph 141).

“The involvement of Local Authority colleagues as well as health professionals in the assessment process should streamline the process of care planning and will make decision making more effective and consistent” (National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, July 2022 (revised), page 46, paragraph 142)

If a situation arises where a relevant professional is unable or unwilling to attend an MDT meeting every possible effort should be made to ensure their input to the process. Where this is not possible then submission of written assessment or other documentation of views could be used but this should be the least favoured option.

“If a local authority is consulted, there is a requirement for it to provide advice and assistance to the ICB, as far as is reasonably practicable. A local authority must, when requested to do so by an ICB, co-operate with the ICB in arranging for persons to participate in an (National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, July 2022 (revised), page 45, paragraph 142).

5. Attendance at Multi-Disciplinary Assessment Meetings

“Once an individual has been referred for a full assessment of CHC, irrespective of the individual’s setting, the ICB has responsibility for co-ordinating the process until the decision on funding has been made.” (National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, July 2022 (revised), page 44, paragraph 137).

Once a Checklist has positively screened in, the ICB will arrange the multi-disciplinary assessment to suit the needs of the individual.

The time that elapses between the Checklist being received by the ICB and the funding decision being made should, in most cases, not exceed 28 days.

(National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, July 2022 (revised), page 55, paragraph 182).

Multidisciplinary assessments will in most cases be booked in for 21 days (or sooner). However, in relation to hospital discharge to assess, these will follow the Discharge to Assess pathway. In exceptional cases, where it is necessary to complete a multi-disciplinary assessment whilst the individual is still in hospital, these cases will take priority to ensure delays in hospital discharges are not encountered

Where timescales exceed 8-10 weeks without reasonable explanation, further discussion between the ICB and LA should seek to progress the case. If this is not possible and the LA so wishes, they may utilise the ICB complaints procedure.

The ICB will notify the LA via a single point of contact with the maximum amount of notice possible of the date for assessments and CHC/FNC reviews. The LAs have made available dedicated social care leads with cover arrangements in place, and a social worker will be allocated to a case within XXX days of notification from the ICB. The LAs will endeavour to meet these timescales in 90% of cases.

6. Provision of Care Act Assessments

Where a Care Act assessment has been carried out, the LA should use information from those assessments to assist the ICB in carrying out its responsibilities. This should be completed alongside the CHC Checklist and be used to populate evidence for the domains.

It is expected that the LA shall provide advice and assistance to an ICB over individual cases as far as reasonably practicable. Once a case has been brought to the attention of the LA, in addition to giving advice and assistance it should, having regard to the facts of the case, also consider whether a Care Act assessment is required.

LAs should have systems for responding promptly to requests for information when the ICB has received a referral for CHC which will include undertaking assessments and jointly completing the DST, including where the individual is a self-funder.

In all cases, any relevant social care assessments will be requested.

If the ICB is unable to access the LA for an individual case, discussion between the ICB and LA should seek to progress the case. If this is not possible, and the ICB so wishes, they may utilise the LA complaints procedure or discuss with senior managers.

7. Agreeing an Eligibility Recommendation

Where it has not been possible to engage with a relevant professional, the ICB should explain to them that, whilst their views will be taken into account, the eligibility recommendation will be made by the MDT members physically present or participating in a teleconference call.

The Decision Support Tool should record reasons for any disagreements along with the reasons for choosing each level and by which practitioner.

The Decision Support Tool advises practitioners to move to the higher level of a domain where agreement cannot be reached but there should be clear reasoned evidence to support this.

The four key characteristics should be written by the Multi-Disciplinary Team before a recommendation considered. However, where a Multi-Disciplinary Team cannot agree on a recommendation the following should take place:

- The reasons why an agreement cannot be reached should be fully documented in the Decision Support Tool
- The Multi-Disciplinary Team should obtain further evidence to aid agreement.
- The Multi-Disciplinary Team should re-convene to attempt to agree a recommendation.
- If the Multi-Disciplinary Team is still unable to agree on a recommendation, each organisation should provide a written recommendation using the 4 key indicators.

8. Stage One: Preventing Disputes

Formal dispute is a last resort, which should seldom if ever be necessary. Most disagreements can be resolved through discussion and negotiation. Partner Organisations should stay focussed on the key objective, which is to ensure that an individual's eligibility for CHC is correctly determined in a timely fashion.

Resources should be directed at that aim rather than being directed into the management of disputes. Recourse to a dispute's procedure should be regarded as a failure of collaboration. However, it must be recognised that this is a complex, high-risk area of activity for all the parties and that there may well be issues of disagreement and difference between the Partner Organisations. It is therefore crucial that strategic managers take steps to strengthen joint activity that focuses on agreement and aims to prevent conflict.

Partner Organisations will need to work through the following issues:

- Partnership Culture: The Partner Organisations should ensure there is a clear and consistent message about the joint responsibility to solve problems and resolve disagreements purposefully and constructively before they develop into disputes
- Assessment Procedures: Accurate needs assessment is fundamental to the process of determining eligibility for CHC. The Partner Organisations should ensure there is a robust and comprehensive joint assessment process in place and that this is adequately resourced to enable a timely and proportionate assessment to be undertaken in accordance with the National Framework and the Directions.
- Applying Eligibility: There should be a clear and robust process agreed locally to determine eligibility as set out in the National Framework together with the Department of Health's supporting tools. This process should not involve finance officers from either of the Partner Organisations
- Assessment of Eligibility for CHC: This will be undertaken by an MDT in accordance with the NHS Continuing Healthcare (Responsibilities) Directions last updated 2022. The MDT will make its recommendation to the ICB. Only in exceptional circumstances and for clearly articulated reasons will the MDT's recommendation not be followed by the ICB. However, the ICB may ask a multidisciplinary team to carry out further work on a DST.
- If the ICB CHC verifier does not agree with the MDT's recommendation in the first instance, they may seek further information and defer its decision until this has been sourced. The CHC verifier's reason for deferral must be recorded and the Individual whose case is being considered informed of the likely timescale before the decision can be communicated
- If the Local Authority disputes the recommendation of the MDT, it must notify and give reasons in writing about why they disagree with the recommendation to the ICB within two working days before a decision of the ICB is made, in accordance with Paragraph 182 in The National Framework.
- The final decision of the verifier together with reasons for it will be communicated by a clerk appointed by the ICB's verifier to the Local Authority, the Individual and their representatives within five working days of the decision.

- If the Local Authority disputes a decision of the CHC Verifier, then they will notify the ICB in writing within seven days of the dispute.

9. Funding Disputes

Individuals should be fully communicated with but should not be involved or concerned by any dispute between the Partner Organisations and should not be involved in the application of this Policy. However, the Partner Organisations confirm that they will identify and use any relevant and pertinent comments made by the Individual and their representatives when discussing the always act in the best interest of the Individual and, in the spirit of partnership and co-operation, will ensure that the Individual is being cared for in an appropriate environment and that their assessed needs are being always met. The ICB will ensure that Individuals are informed about their eligibility (or not) for CHC once a final decision is made.

Pending resolution of a Dispute, there should be no delay to the provision of appropriate care for the individual. At no point during the process may either the ICB or the Local Authority unilaterally withdraw from an existing funding agreement.

Where a dispute arises, the partner organisation funding the arrangements in place at the time that the Individual is assessed by the MDT will continue with the funding on an interim basis (and without prejudice to their position) until the final resolution date.

If no funding arrangements are in place at the time that the Individual is assessed by the MDT, the Partner Organisations will agree in writing responsibility for interim funding of the care required without prejudice to their position until the dispute is resolved.

Unless otherwise agreed, costs incurred by either Partner Organisations (“Paying Partner”) pursuant to interim funding arrangements will be reimbursed by the other Partner Organisation no later than 28 days from the Final Resolution Date where that dispute is resolved in favour of the Paying Partner.

10. Stage Two: Informal Disputes Procedure

Part One: Attempts to Resolve the Disputes at Operational Level

Each Partner Organisation will nominate operational staff empowered to resolve issues at the frontline wherever possible, so long as they act within agreed policies and procedures. If a solution cannot be reached within five working days, senior managers will need to be informed.

To ensure robustness, the process needs to involve operational staff with a good understanding of the National Framework (and its application). To ensure fairness, there should be a balance between the ICB and Local Authority perspectives.

Where this Paragraph applies, the operational staff should refer the matter to the nominated senior managers. Nominated senior managers are expected to contact their counterparts in the other partner organisation and negotiate a resolution of the issue. In the absence of such resolution, Stage 2 (Part II) of this disputes procedure will apply.

Part Two: Attempts to Resolve the Dispute at Deputy Head/ Senior Manager Level

If, despite following the Stage Two, Part One of the Disputes Resolution Policy, the Local Authority continues to dispute the decision made by the ICB, the dispute will be referred by the nominated senior managers to an NHS CHC Deputy Head of Service and Local Authority Deputy Head of Service for resolution within five working days of referral of the dispute to the nominated senior managers by the operational staff.

If the dispute cannot be resolved by negotiations the Local Authority Head of Service will submit a formal notification of dispute to the NHS CHC Head of Service within three working days setting out the grounds for the Dispute clearly and concisely.

11. Stage Three: Formal Dispute Procedure

Stage three of the dispute's procedure involves the convening of a Disputes Panel.

A meeting of the Disputes Panel will be set up by the ICB within 14 working days of receiving a formal letter of dispute from the Local Authority, which should set out the grounds for the dispute.

The CHC Team will provide all Disputes Panel members with documents on behalf of the ICB to be considered by the Disputes Panel at least 2 working days before they are to convene.

Stage 3 of the dispute's procedure should encourage resolution of disputes at the earliest opportunity and where a formal dispute is declared it is important that all attempts to resolve the dispute informally continue where possible and that the Disputes Panel is kept informed of any progress.

It is in the interests of Partner Organisations to resolve disputes whether informal or formal as quickly and effectively as possible. It is recommended that whilst the Disputes Panel acts in an advisory role, which is described below, Partner Organisations, should agree to accept the recommendations given by the Disputes Panel other than in exceptional circumstances.

12. The Role of the Dispute Panel

The Dispute Panel role is advisory, as the Partner Organisations cannot be compelled to accept its recommendations. They should however be available to the senior decision makers in the ICB and Local Authority where they are unable to locally resolve a dispute and prior to referral to the Executive Board members of the ICB and the Local Authority.

The purpose of the Dispute Panel is to advise whether the ICB should be based on all available evidence given by the MDT constitutes consideration for CHC, whether it should be a joint package of health and social care ("Joint Package") or whether it should be the Local Authority's sole responsibility. If the view of the Panel is that the individual is not entitled to CHC, they must advise on the extent to which the ICB must contribute or not (either in funding or in service provision) to an Individual's care package in order to meet their assessed health needs. The Dispute Panel should also advise on reimbursement of the costs incurred by the partner organisations if it is determined they do have a PHN or health needs identified under a joint package agreement during disputes as appropriate.

To ensure fairness, there should be a balance between health and social care perspectives. Members of the disputes panel should act in a professional manner. They should interpret the eligibility of an individual according to the National Framework. They should not be representing the “position” taken by their own Partner Organisation and should always ensure that the Individual’s needs and best interests are at the heart of the decision. A review panel of a neighbouring ICB may be called upon to review the case which provides greater patient confidence in the impartiality in decision making. Provided that the review does not put unnecessary delays in the process of decision making.

13. Membership of the Disputes Panel

To ensure robustness, the process needs to involve individuals with a good understanding of the National Framework. For each case, decisions must be based on a high quality of assessment.

For speed, the process needs to be simple, involving few people and/or use of existing mechanisms such as regular meetings.

The Disputes Panel will have three members as follows:

- An independent person (with relevant CHC experience and knowledge) jointly appointed by the partner organisations. The costs i.e. fees and expenses approved by the partner organisations will be shared equally between the Partner Organisations)
- ICB Director Member or delegated Deputy
- Local Authority Director of Adult Services or delegated Deputy who have not been involved in the dispute at any previous stage

The following individuals may be present in an advisory capacity:

- Independent NHS Continuing Healthcare Manager / advisor
- Case lead/Presenter
- Clinical/Social Worker advisor
- Co-opted specialists as required

If the Dispute involves more than one ICB, the ICB will invite representatives of the other ICB(s) to attend.

14. Attendance and Procedure at the Dispute Panel Meeting

Attendance at meetings is expected of all participants notified of the requirement to attend. Practitioners unable to attend will take responsibility for informing the Chair and sending another appropriate representative with delegated authority. Please note these meetings may be virtual and all joining details will be provided by the ICB.

The Dispute Panel members will endeavour to reach a unanimous decision. In the event of a majority decision the voting will be recorded together with the reasons for the decision and the recommendation made.

The ICB will take the responsibility of appointing a clerk to take minutes of the meeting and record and issue the recommendations in writing to the partner organisations within five working days of the meeting.

15. Information sharing/documentation for the Disputes Panel

The decision to convene a Dispute Panel meeting will normally be the result of the completion by the MDT of a Decision Support Tool, which has previously been discussed as part of the verification process. The written assessment information and a copy of the verification minutes together with all relevant supporting information will be required. A dispute panel may also be requested to review funding proportions and all appropriate documentation will be shared to accompany this.

The meeting attendees will need a basic understanding of the circumstances of the case under discussion and copies should be made available to all of those attending. Other specialist assessments may also be used if it would be helpful or appropriate to do so.

Data protection and Caldicott guidelines will apply.

16. Stage Four: Referral of the dispute to the Chief Executives or delegated Executive Board Members of both Organisations

If the Dispute Panel's recommendations are not accepted by either Partner Organisation, the dispute may be referred by either Partner Organisation within 5 working days of the Dispute Panel's decision to the Chief Executive or delegated Executive Board Members of the ICB and Local Authority. An independent CHC advisor should be made available if required to provide advice to the Chief Executives or Executive Board Members on framework. An appointed clinical advisor, agreed by both parties, may also be necessary to provide clinical advice.

The partner organisations will accept the recommendation made by their nominated Executive Board members.

17. Implementation

This policy will be available to all Staff for use in relation to the specific function of the policy.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

18. Training Implications

The training required to comply with this policy are:

- Competency of The National Framework for NHS Continuing Healthcare & NHS Funded-Nursing Care (2022)
- Awareness of The Care Act 2014
- Mental Health Act 1983 awareness
- Mental Capacity Act 2005 awareness

19. Documentation

Other related documents.

- CHC Appeals and Disputes SOP.
- Commissioning Policy
- National Framework for NHS Continuing Healthcare & NHS Funded-Nursing Care (2022)
- The NHS Commissioning Board and Clinical Commissioning Group (Responsibilities and Standing Rules) Regulations 2012

Legislation and statutory requirements

- Health and Social Care Act 2012
- The Care Act 2014

Best practice recommendations

- Joint Health and Social Care Approach to Training for CHC Eligibility

20. Monitoring, Review and Archiving

Monitoring

The ICB will agree with the accountable Executive Director a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

Review

The ICB will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

Archiving

The ICB will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice 2021.

Schedule of Duties and Responsibilities

Through day to day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the CFS or the chief finance officer immediately.

ICB Board	The ICB has the lead responsibility for NHS Continuing Healthcare and Complex Care in the ICB locality, there are also specific requirements for Local Authorities to cooperate and work in partnership with the ICB several key areas.
Local Authority	Local Authority staff have a responsibility to familiarise themselves with this policy and additional guidance for Local Authority staff contained in appendices. Local Authority staff have a responsibility to work in partnership with the ICB. Local Authority Operational staff should consult Integrated
Accountable Officer	The AO must ensure the ICB meets its responsibilities as set out in the National Health Service (Commissioning Board and Clinical Commissioning Groups Standing Rules) Regulations
Executive Nurse	The Executive Nurse leads the Complex Care Team and assumes a consultative and advisory role in the clinical and operational aspects of the team. The Executive Nurse must ensure the ICB meets its responsibilities as set out in the
Local Resolution Panel Chair	The Independent CHC Panel Chair is responsible for ensuring that the local panel decision-making process is equitable and due process is followed as per the National Framework for the NHS Continuing Healthcare 2018. The Chair's responsibilities include ensuring families and carers are given clear information about the panel procedures and decisions are communicated appropriately.
Heads of CHC (Delivery Units) and Case Managers	Have responsibility for supporting CHC staff to identify residents who may need additional observations. They should support staff to review submitted clinical documents to inform appropriate decision making around those people who may require additional care and supervision and signpost for additional support e.g. Dementia Outreach, Falls Clinic, etc. They also have a duty to ensure all staff and providers are aware of and comply with this policy.

Complex Care Team	All members of Complex Care Team have a responsibility to familiarise themselves with the content of the policy ensuring that all requests receive from providers for 1:1 have adhered strictly to the guidelines. Clinical staff should make sure that there is no mismatch with evidence submitted and the request.
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Appendix A – Equality Impact Assessment

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Debra Pease

Job Title: Head Of All Age Continuing Care

Organisation: NECS

Title of the service/project or policy: Partner Dispute Policy

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

This Partner Dispute Policy outlines the roles and responsibilities of partners where a dispute has occurred regarding a CHC eligibility decision and provides the information regarding what the steps to follow during the partner dispute process and who the right persons to address it are.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**

- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here](#) to enter text.

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

This policy is expected to be utilised for any CHC eligibility dispute with partners and will not have a detrimental impact on any equality group.

If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Executive Committee	Approver	July 2022

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

**Please send a copy of this screening documentation to:
NECSU.Equality@nhs.net for audit purposes.**

Appendix B - Prevent Disputes Flowchart

