

# NHS Continuing Healthcare (CHC) Dispute Resolution Policy

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**Document Amendment History**

<b>Version No.</b>	<b>Date</b>	<b>Brief Description</b>
Version 1.0 Draft	June 2024	Initial development of a draft policy by STW ICB's Individual Commissioning Senior Leadership Team
Version 2.0 Draft	August 2024	Comments received from Local Authority for review by the ICB's IC SLT
Version 3.0 Draft	September 2024	Review of LAs' comments by the ICB IC SLT and further updates to the content

Version 4.0 Draft	October – December 2024	Latest version under review by Joint Working Group members from health and social care; remaining comments addressed by updating the policy content  V4.2 – version with all comments V4.3 – policy version without comments
Version 5.0 Draft	January 2025	Latest version following a joint review by the STW ICB and Shropshire and Telford & Wrekin Local Authorities undertaken throughout January 2025.
Version 6.0 Final draft	July 2025	Final draft version following a joint review by the STW ICB and Shropshire and Telford & Wrekin Local Authorities.
Version 6.1 Final approved	30/09/2025	Final approved document following slight amendment to counter-fraud contact details.

The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin website:

[www.shropshiretelfordandwrekin.nhs.uk](http://www.shropshiretelfordandwrekin.nhs.uk)

Printed copies or those saved electronically must be checked to ensure they match the current online version.

## Contents

<b>1</b>	<b>Introduction .....</b>	<b>4</b>
<b>2</b>	<b>Purpose.....</b>	<b>4</b>
<b>3</b>	<b>Responsibilities.....</b>	<b>5</b>
<b>4</b>	<b>Grounds for Dispute.....</b>	<b>7</b>
<b>5</b>	<b>Arrangements for funding during Dispute and Reimbursement .....</b>	<b>7</b>
<b>6</b>	<b>Resolution Process .....</b>	<b>8</b>
6.1	Stage 1 .....	8
6.2	Stage 2 .....	8
6.3	Stage 3 .....	9
<b>7</b>	<b>Related Documents .....</b>	<b>10</b>
<b>8</b>	<b>Dissemination.....</b>	<b>10</b>
<b>9</b>	<b>Advice and Training .....</b>	<b>10</b>
<b>10</b>	<b>Review and Compliance Monitoring .....</b>	<b>10</b>
<b>11</b>	<b>Fraud, Bribery and Corruption .....</b>	<b>10</b>
<b>12</b>	<b>Equality .....</b>	<b>11</b>
<b>13</b>	<b>Glossary.....</b>	<b>11</b>
	<b>Appendix 1 – CHC Dispute Resolution Process Flowchart.....</b>	<b>12</b>
	<b>Appendix 2 – CHC Dispute Form Template .....</b>	<b>13</b>
	<b>Appendix 3 – Dispute Resolution Panel ToR (Stage 3).....</b>	<b>18</b>

## 1 Introduction

The [National Framework for Continuing Healthcare and NHS-funded Nursing Care 2022](#) gives a clear expectation that there should be a jointly agreed for NHS Continuing Healthcare. This policy, which has been jointly developed by NHS Shropshire, Telford and Wrekin Integrated Care Board (NHS STW), Shropshire Council and Telford and Wrekin Council, only applies to disagreements over eligibility for NHS Continuing Healthcare and not any other disagreement or dispute that Local Authorities (Shropshire Council and Telford and Wrekin Council) may have with NHS STW.

Such procedures should be conducted in line with the Framework and with the best interests of the individual in mind and set clear timescales to avoid protracted periods of uncertainty. This procedure is written in accordance with the above Framework. It should be noted that NHS England has no formal role in disputes between Local Authorities and NHS STW and therefore all disputes will be managed through this disputes policy.

NHS STW and both Local Authorities (Shropshire Council and Telford and Wrekin Council) are decision makers in the dispute resolution process, however, there is a significant difference in respective responsibilities and therefore NHS STW and Local Authorities do not share identical decision-making roles. The key difference in these roles is that NHS STW has the statutory responsibility to determine as to whether a person has a primary health need. This statutory responsibility cannot be delegated or shared with any Local Authority or another external agency.

## 2 Purpose

As per paragraph 234 of the [National Framework for Continuing Healthcare and NHS-funded Nursing Care 2022](#) (revised), when developing and agreeing dispute resolution protocols, ICBs and Local Authorities should commit to work in partnership and with a person-centred approach. Before the formal stage of resolving disputes is implemented, NHS STW and Local Authorities should follow an 'informal' stage at an operational level whereby disagreements regarding the eligibility recommendation can be resolved. This involves consultation with relevant managers immediately following the MDT meeting to explore whether agreement can be reached. This stage includes seeking further information/clarification on the facts of the case or on the correct interpretation of the National Framework. The timeline of the informal stage should not exceed 10 working days.

This procedure sets out the arrangements for resolving disputes where the Local Authority does not agree with the recommendation made by NHS STW in relation to the eligibility of an individual for NHS Continuing Healthcare. In most cases, the Local Authority will either be Shropshire Council or Telford and Wrekin Council, or in a small number of cases the Local Authority may be a neighbouring authority where, for example, the individual resides out of area but is registered with a Shropshire, Telford and Wrekin GP. All Local Authorities are expected to work with and adhere to the processes and

principles established in this policy. All Local Authorities will be provided with a copy of this policy for reference to support adherence in any dispute process.

There will also be cases where a Local Authority from elsewhere in the country has responsibility for placing the individual in Shropshire, Telford and Wrekin and where under the relevant “Who Pays” Commissioner guidance, responsibility for determining eligibility for NHS Continuing Healthcare is established as being the responsibility of NHS STW.

Where there is a dispute between Shropshire Council or Telford and Wrekin Council / a Local Authority and NHS STW over a recommendation for eligibility for NHS Continuing Healthcare, the disputing Local Authority must register its dispute in writing to NHS STW, including a clear rationale for their position, within five working days of the recommendation. The Local Authority should also make it clear who NHS STW should contact to progress the dispute.

NHS STW and the Local Authorities agree that a Joint Working Agreement is required, and all parties will maintain to the 28-day timeframe set out in the [National Framework for Continuing Healthcare and NHS-funded Nursing Care 2022](#) (revised). If disengagement occurs, then escalation processes in place will be followed. It is the responsibility of both parties to work effectively together in reaching the resolution (the Local Authority and NHS STW), should the disputing party disengage at any time against the specified timeframes for response the dispute will be considered resolved.

### **3 Responsibilities**

This policy applies to all ICB employees and, in addition, establishes specific responsibilities for designated roles:

#### **3.1 The Chief Executive**

The Chief Executive has responsibility and overall accountability for all aspects of NHS Continuing Healthcare, an individual’s safety within NHS Shropshire, Telford and Wrekin and to ensure appropriate care is, where indicated and assessed as the responsibility for NHS Shropshire, Telford and Wrekin to meet, commissioned and delivered.

#### **3.2 Executive Directors, Directors and Deputy Directors**

Executive Directors have delegated accountability for all aspects of an individual’s safety within the NHS Shropshire, Telford and Wrekin and to ensure appropriate care is delivered. The Executive Directors are responsible for the implementation of all relevant policies and arrangements within their areas of control and to lead their managers and staff in proactive and effective risk management.

#### **3.3 Specialist Staff**

### Chief Nursing Officer

The Chief Nursing Officer holds executive responsibility for CHC and all individual commissioning activity and has a consultative and advisory role in clinical and operational aspects within the team. The Chief Nursing Officer ensures that the ICB has met its responsibilities as set out in the National Health Service Regulations 2012.

### Head of All Age Continuing Care and Individual Commissioning

The Head of All Age Continuing Care and Individual Commissioning holds Senior Responsible Officer responsibility for ensuring that NHS Shropshire, Telford and Wrekin is compliant with the National Framework and the ICB's policies related to CHC; and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

## **3.4 Line Managers**

### Service Manager, Team Managers and Team Leaders

Managers and team Leaders are responsible for ensuring all decisions are compliant with the National Framework and the ICB's policies related to CHC; and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

## **3.5 All Staff**

All staff are responsible for ensuring that they work in accordance with all frameworks, policies and standard operating procedures and have a duty to ensure that their training and knowledge remains up to date. They have a duty to ensure their recommendations and decisions are compliant with the National Framework and the ICB's policies related to CHC; and for ensuring the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.

## **3.6 The Board**

The ICB has a statutory responsibility to ensure that it operates within its financial framework and obligations for equality under the Public Sector Equality Duty. In addition, it has a duty to ensure that it assesses those requiring assessment for NHS Continuing Healthcare and commissions care to meet the needs of those assessed as having a Primary Health Need. This policy, and adherence to the principles thereof, will ensure the ICB meets all of those duties.

## **3.7 Committees and Groups**

### Strategic Commissioning and Productivity Committee

The Strategic Commissioning and Productivity Committee has overall delegated responsibility for the approval of the policies and procedures to support the arrangements for discharging the statutory and delegated duties associated with its clinical and non clinical commissioning functions. In addition, the Committee is also responsible for arranging for the provision of health services in line with allocated resources across the ICS by working with local authority and voluntary, community and social enterprises sector (VCSE) partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care and agreeing personal health budgets and direct payments for care.

### System Quality Group

The System Quality Group will be responsible for overseeing the quality of application of this policy and will receive quarterly overview reports detailing any quality concerns and exception reports.

## **4 Grounds for Dispute**

Local Authorities may raise a dispute with NHS STW in relation to NHS Continuing Healthcare eligibility recommendations. Local Authorities may not raise a dispute based on the process by which a decision is reached. Local Authorities should address concerns around process directly to the management of the Individual Commissioning Team at NHS STW.

In all cases of dispute, timelines must be adhered to, for the purposes of clarity; disputes lodged will not be accepted unless there is a clear rationale for dispute provided at the notification to NHS STW of intention to dispute. It is not acceptable to state that the grounds for dispute are that there is disagreement in relation to the eligibility decision as this in itself is not a rationale. The Dispute Form is available in **Appendix 2** of this Policy.

## **5 Arrangements for funding during Dispute and Reimbursement**

In line with the NHS National Framework 2022, any individual who is already in receipt of a care package within their own home, or in a residential or nursing home funded by the Local Authority or by NHS STW must continue to be funded by the commissioning authority who were funding the support at the time of dispute until the dispute is resolved.

NHS STW, Shropshire Council or Telford and Wrekin Council or any other relevant Local Authority agree to adopt a “without prejudice” approach to such scenarios whereby the final outcome of the dispute will be backdated to the date of eligibility.

Where the originating commissioner has continued to fund the care package and the outcome of the dispute process determined eligibility or non-

eligibility, the newly established commissioner will backdate the funding to the date of eligibility. The individual will also be reimbursed any charges that they have paid during this interim period.

All costs associated with Stage 3 independent panel, will be met jointly by NHS STW and the disputing Local Authority. NHS STW will invoice the disputing Local Authority for the half of total costs.

## 6 Resolution Process

NHS STW has two stages of dispute with a further third exceptional stage, all of which may deliver the following outcomes:

- decide an individual does not have a primary health need;
- decide an individual does have a primary health need;
- decide an individual has some needs that are above the level the Local Authority can legally provide. In these circumstances a jointly funded package of care may be considered;
- or request the submission of further evidence to support a decision.

In line with paragraph 235 of the National Framework, NHS STW may choose to make their decisions on eligibility before an inter-agency disagreement has been resolved. In such case it is possible that the formal dispute resolution process will have to be concluded after the individual has been given a decision by the ICB. This does not detract from or supersede this disputes process and there is expectation that the stages of the disputes process continue to be worked through to resolve the dispute. If the outcome of the dispute differs to the decision originally made and communicated by NHS STW, NHS STW will contact the individual to notify them of the revised outcome and make arrangements for the outcome to be implemented in line with Section 4 of this policy.

### 6.1 Stage 1

Following notification from NHS STW to the Local Authority that a dispute has been accepted, Stage 1 will be progressed. The first stage in the resolution process will be for both parties to come together to discuss their positions at an Informal Meeting. Both parties will support this by identifying named individuals who can work with each other to resolve the dispute. Stage 1 should be achieved within 10 working days of the dispute being received by NHS STW. The process will be managed by the NHS STW administrative function. Both parties will be expected to provide any additional evidence and their views on the needs of the applicant will be fully considered. NHS STW decision makers will be independent of the first MDT.

Following the Stage 1 informal meeting NHS STW will make its decision jointly and provide a written outcome within 10 working days.

### 6.2 Stage 2

Should the Local Authority remain dissatisfied with the outcome they should put their reasons in writing to NHS STW within 10 working days of the date

of the Stage 1 decision letter. NHS STW will then move to Stage 2 of Dispute within 20 working days of the dispute letter.

Both parties will support the Stage 2 process by providing a named individual. NHS STW and Local Authority representatives will be Team Managers able to explore needs relative to eligibility criteria and act as decision makers on behalf of the Local Authority.

Stage 2 formal meetings should be achieved within 20 working days of the Stage 2 dispute being received by NHS STW. NHS STW decision makers will be independent of the first MDT and Stage 1. Similarly to Stage 1 the resolution process will be for both parties to come together to discuss their positions at a formal meeting, with outcome decision formally communicated in writing to both organisations within 10 working days.

It is expected that most disputes will be addressed via the Stage 2 process. However, it is recognised that in some instances exceptional circumstances may arise that would require escalation to Stage 3.

### 6.3 Stage 3

Escalation to Stage 3 and review of exceptional circumstances will be subject to NHS STW and Local Authority Service Manager or nominated deputy approval.

Where Stage 3 is authorised by the Service Manager or nominated deputy, the case will be reviewed by an independent panel as soon as possible. This will include an Independent Chair to NHS STW and, as with Stage 1 and 2, the Local Authority will be welcomed to attend to provide their views. Full membership of the Independent Panel can be found in **Appendix 3**.

All costs associated with Stage 3 independent panel, will be met jointly by NHS STW and the disputing Local Authority. NHS STW will invoice the disputing Local Authority for the half of total costs.

The adoption of this escalation process means that disputes will not remain unresolved indefinitely. Stage 3 disputes will require a longer time period to arrange, this is due to the panel members being sourced independent to Shropshire, Telford and Wrekin. For purposes of expediency and at NHS STW discretion Stage 3 resolution may be supported by a Chair decision only.

Once appointed, the independent panel will make its deliberation in private, and a decision will be communicated in writing within 10 working days. The outcome of this panel will be upheld by all parties.

Stage 3 concludes the dispute process, however, if a Local Authority remains dissatisfied with the outcome they may choose to explore other options which may include advice from the Association of Directors of Adult Social Services (ADASS) or litigation and Judicial Review.

## 7 Related Documents

The following documents contain information that relates to this policy:

- [National Framework for Continuing Healthcare and NHS-funded Nursing Care 2022](#) (revised)
- The [Care Act 2014](#)

## 8 Dissemination

This policy will be disseminated by the following methods:

- Directors – to disseminate within their areas
- Published to the Website/ Shropshire, Telford and Wrekin Integrated Care Board(ICB) Staff Intranet
- Shropshire, Telford and Wrekin Integrated Care Board (ICB) Individual Commissioning (IC) Team meetings
- Shropshire, Telford and Wrekin Health and Social Care Joint Working Group

## 9 Advice and Training

All employees directly involved in application of this policy will be trained in its use and application. Standard Operating Procedures are in place to ensure a defined process and equitable application of this policy.

Advice in relation to the terms and application of this policy can be sought from:

**Brett Toro-Pearce**

Senior Responsible Officer for All Age  
Continuing Care and Individual  
Commissioning  
Tel: 01952 580349  
Email:  
[stw.icbindividualcommissioning@nhs.net](mailto:stw.icbindividualcommissioning@nhs.net)

**Colin Evans**

Service Manager - All Age Continuing  
Care and Individual Commissioning  
Tel: 01952 580349  
Email:  
[stw.icbindividualcommissioning@nhs.net](mailto:stw.icbindividualcommissioning@nhs.net)

## 10 Review and Compliance Monitoring

Monitoring and policy review will take place in accordance with the agreed Policy and Process review procedure within Shropshire, Telford and Wrekin Integrated Care Board(ICB). This policy will be reviewed bi-annually or in light of any legal, framework, policy, process of other changes which impact on the validity or application of the policy, whichever occurs first.

## 11 Fraud, Bribery and Corruption

Unfortunately, fraud, bribery and corruption, as well as theft, does occur throughout the NHS, and as such all NHS employees have a duty to ensure that public funds are protected. The ICB is committed to reducing the level of fraud, bribery and corruption (economic crime) within the NHS to an absolute

minimum and keeping it at that level, freeing up public resources for better patient care.

If an employee, manager or volunteer suspects that there has been a potential act of fraud, bribery or corruption against the ICB or the wider NHS, or has seen any suspicious acts or events, they must report the matter to the ICB's Counter Fraud Team (contact details can be found on the ICB's public website) or report the matter to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Alternatively reports can be made through the online reporting tool at <https://cfa.nhs.uk/reportfraud>.

Further advice on counter fraud issues is available from the Chief Finance Officer, Director of Finance/Fraud Champion and the ICB's Counter Fraud Team.

#### ICB Counter Fraud Contact details:

Paul Westwood (ICB nominated Local Counter Fraud Specialist)

Tel: 07545 502400

Email: [paul.westwood@cwaudit.org.uk](mailto:paul.westwood@cwaudit.org.uk)

Email: [pwestwood@nhs.net](mailto:pwestwood@nhs.net) (secure).

This policy should be read in conjunction with the ICBs policies covering counter fraud, bribery and corruption which can be found on the ICB website (<https://www.shropshiretelfordandwrekin.nhs.uk>) or you can contact a member of the Team who will be able to supply a copy.

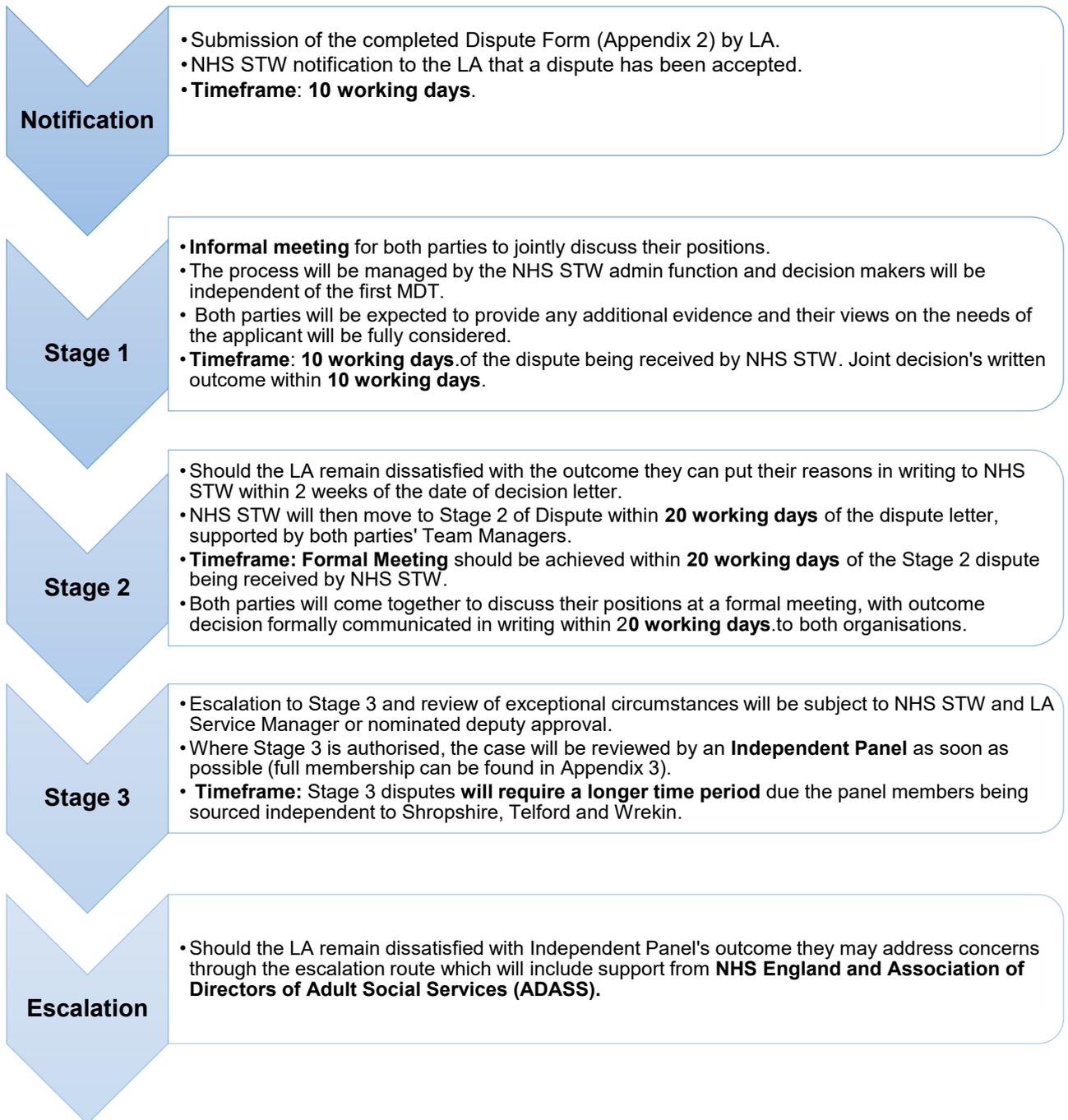
## 12 Equality

NHS Shropshire, Telford and Wrekin has a duty under the Public Sector Equality Duty as defined in the Equality Act 2010 and obligations under the Human Rights Act and Article 8 of the European Convention on Human Rights. These duties and obligations have been taken into account within this policy.

## 13 Glossary

Term / Abbreviation	Explanation / Definition
CHC	NHC Continuing Healthcare
Dispute	This policy only applies to disagreements over eligibility for NHS Continuing Healthcare and not any other disagreement or the dispute that Local Authorities (Shropshire Council and Telford and Wrekin Council) may have with the NHS STW.
National Framework	National framework for NHS Continuing Healthcare and NHS Funded nursing Care 2022 (revised)
NHS STW	NHS Shropshire, Telford and Wrekin Integrated Care Board

## Appendix 1 – CHC Dispute Resolution Process Flowchart



## Appendix 2 – CHC Dispute Form Template

### Local CHC Dispute Process – For Local Authority

Section 1 – Personal Details from the Decision Supporting Tool (DST)	
Name	D.O.B.
BroadCare Number	
NHS Number/GP	
Permanent Address:	
Date of MDT (CHC Assessor /Local Authority Assessor)	
Name of Local Authority	
Local Authority Reference Number	
Members of CHC MDT (responsible for making recommendation)	

**Section 2 – Supporting information, outlining a reason for the dispute**

The Local Authority Social Worker should provide their professional view regarding any disagreed domain(s), the level of need using the descriptors, referring as necessary to the current evidence (if not already captured in the DST) in reference to social care needs. NHS STW representative will focus on health care needs justification.

**Please provide here supporting information, outlining your reasons for the dispute. If there are things you think that are missing from the DST, please list them within this form.**

**Caveat:** requirement to capture only additional information not already included within the DST (in the 4-week period up to the date of the DST that has not been previously considered).

Also provide an additional Supporting Evidence to be considered by Local Dispute Panel – *please identify and forward any additional evidence to be considered, i.e.: SALT, Physio, Mental Health Reports, NHS Consultant clinical letters, Care Provider records.*

**Supporting information**

**Section 3 – Recommendation:****Local Authority**

The Local Authority Social Worker should provide statements about the nature, intensity, complexity and unpredictability of the individual's needs, bearing in mind the explanation of these characteristics provided from the National Framework of Continuing Healthcare.

They should give an explanation of how the needs in any one domain may interrelate with another to create additional complexity, intensity or unpredictability.

Give a recommendation as to whether or not the individual has a primary health need. It should be remembered that, whilst the recommendation should make reference to all four characteristics of nature intensity, complexity and unpredictability, any one of these could on their own or in combination with others be sufficient to indicate a primary health need.

**Summary:** *Provide a summary of the individual's needs in the light of the identified domain levels and the information underlying these. This may include the individual's own view of their needs.*

**LA Summary:**

**Characteristics:** *Each of these characteristics below, may, alone or in combination, demonstrate a primary health need, because of the quality and/or quantity of care that is required to meet the individual's needs. The totality of the overall needs and the effects of the interaction of needs should be carefully considered when completing the DST. Also needs should be considered if they are expected to change (in terms of deterioration or improvement)*

**Nature:** *This describes the **particular characteristics of an individual's needs** (which can include physical, mental health, or psychological needs), and the **type of those needs**. This also describes the overall effect of those needs on the individual, including the **type ('quality')** of interventions required to manage them.*

**LA Considerations:**

**Intensity:** *This relates to both the **extent ('quantity')** and **severity (degree) of the needs** and the **support required** to meet them, including the need for sustained/on-going care ('continuity').*

**LA considerations:**

**Complexity:** This is concerned with how the needs present and interact to **increase the skill required to monitor the symptoms, treat the condition(s) and/or manage the care**. This may arise with a single condition, or it could include the presence of multiple conditions or **the interactions** between two or more conditions. It may also include situations where an individual's **response to their own condition** has an impact on their overall needs, such as when a physical health need results in the individual developing a mental health need.

**LA considerations:**

**Unpredictability:** This describes **the degree to which needs fluctuate** and thereby **create challenges** in managing them. It also relates to **the level of risk** to the **individual's health** if adequate and timely care is not provided. An individual with an unpredictable healthcare need is likely to have either a **fluctuating, unstable or rapidly deteriorating condition**.

**LA considerations:**

**Recommendation:**

Provide a recommendation as to whether or not the individual has a primary health need. It should be remembered that, whilst the recommendation should make reference to all four characteristics of nature intensity, complexity and unpredictability, any one of these could on their own or in combination with others be sufficient to indicate a primary health need.

*\*The Local Authority Social Worker should sign the DST to indicate that the Local Authority has participated in the MDT. The DST should indicate that an agreement could not be reached regarding the primary health need and recommendation of eligibility.*

**LA Recommendation:**

**Name of Local Authority Social Worker:**

**Date:**

**Key Definitions:****Primary Health Need**

*Primary Health Need is a concept developed by the Secretary of State for Health to assist in deciding when an individual's **primary need is for healthcare** (which it is appropriate for the NHS to provide under the 2006 Act) rather than social care (which the Local Authority may provide under the Care Act 2014). To determine whether an individual has a primary health need, there is an assessment process, which is detailed in the National Framework of Continuing Healthcare.*

**NHS Continuing Healthcare**

*NHS Continuing Healthcare means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) where the individual has been assessed and found to have a 'primary health need' as set out in this National Framework. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen as a result of disability, accident or illness. The actual services provided as part of the package should be seen in the wider context of best practice and service development for each client group. Eligibility for NHS Continuing Healthcare is not determined by the setting in which the package of support can be offered or by the type of service delivery*

<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

## Appendix 3 – Dispute Resolution Panel ToR (Stage 3)

### Terms of Reference

#### 1. Purpose of the Panel

The Panel will consider and provide a decision on the outcome of disputes between NHS STW and Shropshire Council or Telford and Wrekin Council or other Local Authorities, against the recommendations made by NHS STW on eligibility for NHS Continuing Healthcare in accordance with the National Framework for NHS Funded Continuing Healthcare and NHS Funded Nursing Care 2022 (revised), this may include decisions on joint funding.

The Panel will be set up in accordance with the process set out in the NHS Shropshire, Telford and Wrekin Dispute Resolution Process.

#### 2. Objectives

To consider applications for NHS Continuing Healthcare where the Local Authority has disputed the recommendation made by NHS STW about whether an individual's health care needs demonstrate a Primary Health Need and/or meet the eligibility criteria for NHS Continuing Healthcare in accordance with the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care 2022 (revised). This could include eligibility decisions where an individual is considered as no longer presenting with a primary health need or meeting the criteria for joint funding following a reassessment of their needs.

To consider the evidence presented in support of the application and to make a decision as to the applicant's eligibility for NHS Continuing Healthcare or Joint Funding.

#### 3. Panel Membership

Membership of Dispute Panels will consists of:

- Stage 2, CHC Team Manager or nominated deputy as Chair
- Stage 2, Clinical Representative who was not the primary decision maker from original MDT
- Stage 2, Social Worker Team Manager with authority to make a decision
- Stage 3, Independent Chair – Independent from NHS Shropshire, Telford and Wrekin ICB
- Stage 3, Social Worker Service Manager from the disputing Local Authority
- Stage 3, Service Manager from NHS Shropshire, Telford and Wrekin ICB
- The case at Stage 3 should be presented by the ICB's Team Manager and LA's Team Manager who were present at stage 2.

In attendance:

- The summary notes will be taken by a Continuing Healthcare Administrator.

Other:

- Disputing Local Authority representative may be invited to attend part of panel proceedings to present additional evidence and view of Local Authority on care needs.
- AN NHS STW clinical representative/assessor may be invited to attend part of panel proceedings to present additional evidence and view of Local Authority on care needs.

Chair Decision:

- The Chair will be independent from all previous stages of the dispute.
- In this arrangement both NHS STW and Disputing Local Authority can present their case and the Chair will have a casting vote in the event of split decision.

#### **4. Declaration of Interest**

All Panel members should declare in advance if they are aware that they have any personal or professional knowledge of the case, or any other relevant (real or perceived) conflict that might, or may be seen to, influence their decision-making. The Chair should make a decision as to whether to replace that individual.

#### **5. Chair's Responsibility**

The Chair's role will involve agreeing the agenda for the meeting in advance, encouraging all members to participate, ensure that all the supporting information is considered within the relevant time frame and clarifying with the Panel what action is to be taken for each agenda item.

The members will aim to reach consensual agreement, however, should this not be the case; the Chair has the casting vote. The Chair will agree the minutes.

#### **6. Meetings Arrangements**

At Stage 2 and 3 the panel members will be appointed by NHS STW and will have the relevant experience and knowledge to support the process. Where possible, the Chair and panel members will have NHS England Independent Review experience.

The Administrator will agree the agenda items with the Chair and prepare and distribute the agenda and case papers and will take the minutes.