

Corporate	ICBP004 - Interagency Dispute Policy
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Prepared By:	Clinical Services Manager
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Approved By:	Quality and Safety Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
1/5/25	Step 2 completed

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: nencicb-nor.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1		AACC Network Task and Finish Group. Clinical Services Manager Vicky Playforth/ Marie Cunningham	V0.1 First Issue V0.2 Reviewed by subject matter expert, as part of forward plan. No amendments required at review point V0.3 National best practice review. NHSE and Framework alignment check. Final AACC Network Group review. V0.4 Comments for LAs included V0.5 Comments updated from LAs

Approval

Role	Name	Date
Approver	Quality and Safety Committee	10 July 2025

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1. Introduction

1.1. The National Framework for NHS Continuing Healthcare (CHC) and NHS-funded Nursing Care (FNC), revised in 2022 requires NHS bodies and Local Authorities to have in place a local organisational dispute resolution process regarding people's eligibility for NHS Continuing Healthcare. This policy sets out the process for organisational dispute resolution across the North East and North Cumbria (NENC) Integrated Care Board (ICB). This policy may include but not limited to disputes between ICBs and ICBs and Local Authorities and other public bodies. It relates to new assessments and to reviews of NHS Continuing Healthcare (CHC) eligibility. It should be noted that NHS England has no formal role in disputes between Local Authorities and Integrated Care Boards (ICBs) and therefore all organisational disputes will be managed through this disputes policy.

1.2. This policy applies to All Age Continuing Care (AACC) across NENC ICB. It applies to packages of care with AACC which includes Adults Continuing Healthcare (CHC) Children's Continuing Care (CCC). It applies to those where there is a difference in professional opinion regarding eligibility for NHS CHC, CCC or joint funding responsibilities.

1.3. The policy does not apply to individual patients/service users or their representatives who may appeal against a decision on eligibility. Separate procedures exist for individuals and their representatives to appeal ICB decisions regarding their eligibility for NHS CHC in accordance with the Framework. If an adult individual or their representative wish to appeal a decision regarding eligibility, they should contact the AACC team in their locality where they will be directed to the AACC local resolution policy. This is available on the NENC ICB webpage - [icbp002-continuing-healthcare-local-resolution-policy-2.pdf](#). This appeals policy does not apply to children or young people. Should an individual or their representative disagree with a CCC eligibility outcome they can raise this via the ICB Complaints Policy available on the NENC ICB webpage [icbp007-complaints-policy-2.pdf](#).

1.4. ICBs are responsible and accountable for system leadership of NHS AACC within their local health and social care economy including making decisions on eligibility for NHS AACC. (National Framework page 22) and the National Framework for Children and Young People's Continuing Care (2016).

1.5. There is an expectation that the Local Authority will work jointly with the ICB in carrying out the NHS CHC process. The Frameworks explain that collaboration between partners (including local government and NHS) within an integrated care system is essential to sustain joined-up, efficient and effective services and Integrated Care Boards (ICBs) and Local Authorities (LAs) should minimise the need to involve formal inter-agency dispute processes by:

- All parties following the guidance set out in the National Framework

- Agreeing and following local protocols and / or processes
- Developing a culture of genuine partnership working in all aspects of NHS Continuing Healthcare, Children's Continuing Care.
- Ensuring that eligibility decisions are based on thorough, accurate and evidence-based assessments of the individuals' needs
- Always keeping the individual at the centre of the process and ensuring a person-centred approach to decision-making
- Always attempting to resolve inter-agency disagreements at an early and preferably informal stage
- Dealing with genuine disagreements between practitioners in a professional manner without drawing the individual concerned into the debate to gain support for one professional's position or the other.
- Ensuring practitioners in health and social care receive high-quality joint training (i.e., health and social care) which gives consistent messages about the correct application of the National Framework.

This Inter-agency Dispute Policy outlines the roles and responsibilities of public bodies/agencies where a dispute has occurred between North East and North Cumbria (NENC) Integrated Care Board (ICB) and a local authority or regarding a CHC or CCC 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.

1.6 Status

This policy is a corporate policy.

2. Purpose and objectives

2.1 Implementation and application of this policy will ensure that practitioners work in partnership, following the National Framework. It should be possible to resolve many disagreements regarding eligibility decisions and recommendations through normal processes without the need to invoke formal procedures. It is expected that inter-organisational disputes will be minimal and only occur in exceptional circumstances.

2.2. The primary objective is to ensure that the interests of the individual are protected, and that care is provided and / or not disrupted. If a formal dispute is raised by either organisation (ICB or Local Authority), it is agreed both parties will work collaboratively to provide a stage 1 and 2 outcomes within four weeks of the LA notifying the ICB of a dispute. This timescale does not include stage 3 (refer to appendix 1 for detail about the process).

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 accurate and timely assessment of Individuals for CCC / 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.

3. Basic Principles

3.1. By practitioners working in partnership, following the National Framework, it should be possible to resolve many disagreements regarding eligibility recommendations through the normal processes without the need to invoke formal dispute resolution procedures.

3.2. It is expected that disputes between the Local Authority and NHS will be exceptional due to locally agreed processes regarding AACC and engagement and discussion between practitioners throughout the process of considering eligibility for CHC/ CCC.

3.3. Each partner organisation should nominate individuals who are empowered to resolve disputes at practitioner level wherever possible to avoid the need for formal disputes procedures to be invoked.

3.4. The Department of Health and Social Care advises ICBs and Local Authorities to carefully monitor the use of their disputes process. Disputes should be reviewed after resolution for learning points, and these should be fed back to those involved in the decision-making process in the case and built into AACC training as appropriate.

3.5. Continuity of care and safety should not be compromised during a dispute between the NHS and Local Authority regarding CHC/CCC eligibility decisions. Care arrangements must be continued without disruption, during the period of dispute and the relevant body will be reimbursed at the conclusion

3.6 Those that complete Checklists / Decision Support Tools should be proficiently trained and competent in their use and if there is an issue around poor quality this should be addressed through targeted training.

3.7. Most NHS AACC assessments should take place outside of acute hospital settings. In the majority of cases, it is preferable for eligibility for NHS AACC to be considered after discharge from hospital when the person's ongoing needs should be clearer. 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.

3.8. The shared principle is that all disputes should be avoided if possible and any disagreements should initially be addressed informally at the earliest opportunity to try and agree a resolution.

3.9. A formal dispute cannot progress until a decision has been made regarding eligibility for NHS AACC. In exceptional circumstances, if the Multi-Disciplinary Team (MDT) has been unable to agree a recommendation regarding eligibility for NHS AACC despite making every reasonable effort to resolve any differences, the ICB will progress and decide using the ICB verification process. There are local operational Standing Operating Procedures (SOP) that detail the process followed with each individual Local Authority. Once a decision has been made, if the Local Authority do not agree with the outcome, a dispute can be raised by following the processes in Appendix 1.

4. Definitions

Terms	Definition
NHS Continuing Healthcare (CHC)	A package of continuing care that is commissioned (arranged and funded) by or on behalf of the NHS in accordance with Regulation 20 of The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended)
The National Framework'	The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care (revised 2022) which provides the context for the commissioning of NHS Continuing Healthcare, providing clarity and consistency of decision making in regard to eligibility and setting out the systems and processes to be used by the NHS
Primary Health Need	An individual has a primary health need if, having taken account of all their needs (following completion of the Decision Support Tool), it can be said that the main aspects or majority part of the care they require is focused on

	addressing and/or preventing health needs. Having a primary health need is not about the reason why an individual requires care or support, nor is it based on their diagnosis; it is about the level and type of their
'Funded Nursing Care' (or "FNC")	NHS-funded nursing care (FNC) is provided by the NHS to care homes with nursing, to support the provision of nursing care by a registered nurse for those assessed as eligible. The NHS pays a flat rate directly to the care home towards the cost of this nursing care
Integrated Care Board (ICB)	ICBs were created following the Health and Care Act 2022 and replaced Clinical Commissioning Groups on 1 July 2022. ICBs are a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in the ICS area
Local Authority	Local authorities are statutory bodies responsible for a wide range of public services in specified geographic area, including social services. Individually and in partnership with other agencies, local authority social services departments provide a wide range of care and support for people who are in need and meet nationally specified eligibility criteria for care and support
Decision Support Tool	A national tool to bring together information from the assessment of needs and applying evidence in a single practical format to facilitate consistent evidence-based recommendations and decision-making regarding eligibility for NHS Continuing Healthcare

5. References

National Health Service Commissioning Board and Integrated Care Boards (Responsibilities and Standing Rules) Regulations 2012 (as amended)
www.legislation.gov.uk/ukxi/2012/2996/contents/made

National Framework for NHS Continuing Healthcare and NHS funded Nursing Care (DH 2008, revised 2009, 2012, 2018, 2022) www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcareand-nhs-funded-nursing-care

National Framework for Children and Young People's Continuing Care (2016)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499611/children_s_continuing_care_Fe_16.pdf

The Mental Health Act 1983 Section 117. [Mental Health Act 1983](#)

NHS Constitution for England www.gov.uk/government/publications/the-nhs-constitution-for-england

NHS Zero Tolerance campaign
[Stronger protection from violence for NHS staff - GOV.UK](#)

6. Implementation

6.1. This policy will be available to all staff for use in relation to the specific functions of the policy.

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

7. Review

This policy will be reviewed no later than three years after it has been approved or at any point within this time to reflect changes of the ICB's circumstance / arrangements or changes in legislation.

8. Mutual Respect

The harassment and / or discrimination (indirect or direct) of NHS or care staff will not be accepted in line with the NHS Zero Tolerance campaign.

Appendix A: Dispute Process

1. Resolving Disagreements at DST stage

1.1 Following completion of a Decision Support Tool, the MDT is required to make a recommendation to the ICB as to whether the individual has a primary health need. In coming to this recommendation, the MDT should work collectively to make a professional judgement about eligibility for NHS CHC or CCC.

1.2 The MDT should make every effort to reach an agreed eligibility recommendation, including reconvening if necessary to consider further evidence. In exceptional circumstances, if an MDT is unable to reach agreement this should be clearly recorded on the DST together with the rationale of both parties.

1.3 The ICB All Age Continuing Care (AACC) Nurse Assessor/ Clinical Lead should attempt to resolve the matter through discussion with a Social Care Manager, there should be a clear record of this discussion and the outcome but if this remains unsuccessful, the case should progress through the ICB verification process where additional evidence may be requested from the MDT or the ICB will make an eligibility decision.

1.4 At all times, practitioners and those involved in any informal discussion prior to an eligibility decision should be mindful of the expectation in the Frameworks that the overall assessment and eligibility decision-making process should, in most cases, not exceed 28 working days from the date that the ICB receives the positive checklist (or where a checklist is not used other notice of potential eligibility).

2. Dispute Resolution Process

2.1 The ICB 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
- request the submission of further evidence to support a decision
- Where a decision has been made that a person does not have a primary health need, there may be a consideration of a joint package of care if the local authority has requested this. This will need to be supported by a clear rationale. (Appendix D).

2.2 The adoption of this escalation process means that disputes will not remain unresolved indefinitely.

2.3 Once a decision regarding eligibility for NHS AACC or a joint funding solution has been made, if there is a disagreement, the LA should notify the ICB by completing the notification form (Appendix B or Appendix C for CCC) and sending it to their Place/CCC based AACC team. Any disagreement regarding a CHC or CCC eligibility decision should be raised within 5 working days of the date of the decision.

2.4 Any disagreement regarding a joint solution outcome should be raised within 10 working days of the date of the decision.

2.5 The Adult Social Care (ASC) or the Children's Social Care (CSC) Practitioner from the responsible LA Team will also notify the individual / representative that they are disputing the eligibility decision or the process / procedure. They should also advise them of the relevant timescales for resolution and any funding arrangements which may be applicable in the interim (section 3).

2.6 Dealing with genuine disagreement between practitioners should always be in a professional manner without drawing the individual concerned into the debate in order to gain support for one professional's position or the other.

Stage 1 – Informal Resolution

2.7 The first stage in the resolution process will be for nominated individuals from the ICB and Local Authority to meet to discuss the case. The nominated individuals at this stage will be a an AACC Clinical Lead and the LA nominated Team Manager. Possible outcomes of the meeting may include:

- Agreeing to refer the case back to Health and LA teams for further work and review by the MDT
- Agreeing that the individual is eligible or not eligible for NHS CHC/CCC funding
- Escalating the matter to a Stage 2 Meeting if unresolved.

2.8 The nominated individuals may request that a member of the MDT join the Stage 1 meeting to explain their initial decision rationale.

2.9 The ICB will coordinate the meeting and ensure that participants in the Stage 1 Meeting have copies of the following:

- The Checklist and DST
- Any other evidence considered or requested at the MDT Meeting including relevant assessments
- A record from both the Clinical and Local Authority teams of the reasoning and rationale for the decision including confirmation of the domain levels of need where agreed (and indicating where not agreed, the reasons for this and any additional evidence reasonably required).

2.10 The Stage 1 Meeting should take place within 10 working days of receipt of dispute notification and be clearly documented to ensure that a record of the discussion is available (Appendix D).

2.11 If resolution is not reached, the ICB AACC senior clinical and operations manager and the LA senior team manager nominated individual should immediately be informed by the Stage 1 representatives that Stage 2 meeting will be necessary.

2.12 In addition to the documented outcome of the meeting, the outcome of the Dispute meeting will be completed by the AACC Place representative at the Stage 1 local resolution meeting.

2.13 It is the responsibility of the responsible funding organisation at the time the dispute is raised to keep the individual/their representatives informed of the progress and any interim funding arrangements at this point in the process. Stage 2.

Stage 2 – Local Review

2.14 A Stage 2 Meeting should only occur if the nominated persons from the respective organisations cannot resolve the issue at the Stage 1 Meeting.

2.15 The Stage 2 Meeting will involve a Senior Clinical and Operational AACC Manager on behalf of the ICB and the Local Authority nominated individual. The meeting will be led by the ICB AACC Team, who will coordinate the meeting and provide a record of the a record of the meeting.

2.16 The meeting will consider the information as presented at Stage 1, along with a copy of any formal record taken at the Stage 1 Meeting. The Stage 2 Meeting will apply the principles of the National Framework.

2.17 Participants in the Stage 2 meeting should have copies of the following:

- The Checklist and DST
- Minutes from the Stage 1 Meeting
- Any additional evidence that is considered relevant.

2.18 They may also request a joint briefing from the NHS and LA representatives present at the Stage 1 Meeting for further information. This review is considered independent from the MDT and would not involve members present at the original MDT meeting.

2.19 The Stage 2 meeting should take place within 10 working days of the completion of Stage 1 if it is not resolved at that stage. The meeting should be clearly documented to ensure that a record of the discussion is available.

2.20 An appropriate record of the meeting should be made. The outcome should be recorded on the Dispute Resolution form (Appendix D).

2.21 If resolution is not reached, the relevant Senior Managers (ICB AACC and LA) should immediately be informed that consideration of convening a Stage 3 meeting with Deputy Director or Director may be necessary. It is the responsibility of those present at the Stage 2 meeting to inform their relevant Senior Managers.

Stage 3 – Formal Review

2.22 Stage three of the dispute's procedure involves the attempt to resolve the dispute at Deputy Director/ Director level.

2.23 This meeting will be arranged 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.

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

2.25 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.

2.26 It is in the interests of Partner Organisations to resolve disputes whether informal or formal as quickly and effectively as possible.

Escalation to final stage

2.27 A final stage involving independent arbitration should only be invoked as a last resort and should rarely if ever be required. It can only be triggered by Directors within the respective organisations who must agree how the independent arbitration is to be sourced, organised and funded, prior to the initiation of the final stage meeting. Once the independent arbitration has been completed, the recommendation should be accepted by the disputing organisations.

2.28 It should be remembered that decisions regarding eligibility for AACC are the responsibility of the ICB who may choose to make their decision before an interagency disagreement has been resolved. In such cases 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.

2.29 The Independent reviewer will be commissioned to complete a thorough review of the case and provide a full written report within 4 weeks. They will be expected to attend the disputes panel which will be held within 4 weeks of the escalation from stage 3.

2.30 This final stage Disputes Panel will have three members as follows:

- An independent person (with relevant AACC experience and knowledge) jointly appointed by the partner organisations. The costs i.e. fees and expenses approved by the partner organisations and shared 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.

2.31 It is acknowledged that delays to AACC eligibility, may create concerns for individuals/ representatives whilst they await outcomes for decisions. The whole

timeframe of a dispute process that, in rare occasions, goes to the final arbitration, should take 2 months and no more than a maximum of 3 months. It is important that arrangements are made, as previously stated, to keep the individual and/or their representative informed throughout the dispute process by the current funding organisation.

3. Interim Care and Funding Arrangements

3.1 The National Framework provides that disputes should not delay the provision of the care package, and the protocol should make clear how funding will be handled during the dispute. Individuals must never be left without appropriate support while disputes between statutory bodies about funding responsibilities are resolved.

3.2 The National Framework also provides that neither the ICB nor the LA should unilaterally withdraw from funding of an existing package until there has been appropriate reassessment and agreement on future funding responsibilities and any alternative funding arrangements have been put into effect.

3.3 During the dispute, a “without prejudice” approach can be adopted to interim funding whereby once the dispute is resolved, funding will be backdated to the date of the eligibility decision or day 29 if decision timeframe exceeds 28 days.

3.4 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 the ICB must continue to be funded until the dispute is resolved.

3.5 If an individual is not in receipt of a care package and self-funding their care, the individual should continue to fund whilst the organisational dispute is in progress subject to reimbursement as outlined in section 3.7.

3.6 NHS NENC ICB agree to adopt a “without prejudice” approach to such scenarios whereby the outcome of the dispute will be backdated as detailed in paragraph 3

3.7 In the event that any party has been funding the care cost of a person for any period of time and it is established that statutory responsibility for funding falls or has fallen to another party in respect of all or any part of that period, the party that has been funding the care cost previously shall be entitled to be reimbursed for the care costs incurred in supporting that person during any period when statutory responsibility rested with the other party. The date where this will apply will be from the date of the disputed eligibility decision or day 29 following receipt of the Checklist if the eligibility decision exceeds 28 days.

3.8 Once a dispute outcome has been reached, there should be no unreasonable delay to the responsible organisation assuming funding responsibility. Any “without prejudice”

funding will be reimbursed during the scheduled recharge exercises between organisations subject to the principles outlined in paragraph 3.7.

4. Safeguarding concerns

4.1 This policy applies to people who may have care and support needs whilst an organisational dispute regarding eligibility for NHS CHC is being progressed and therefore safeguarding policies and principles apply.

4.2 If there are safeguarding concerns for a person who; has need for care and support, is experiencing or at risk of experiencing abuse or neglect and is unable to protect themselves from this abuse due to their care and support needs then a referral to safeguarding should be made through local arrangements. Safeguarding enquires for adults under section 42 of the Care Act will be made (or requested to be made) or as appropriate by the local authority. Links to Local authority safeguarding information is contained on page 15 and 16 of this Policy.

4.3 Further information on safeguarding can be found in the care and support statutory guidance and the NENC ICB safeguarding procedures provide further information on the policy which can be found at [icbp043-safeguarding-adults-policy-2.pdf](https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_2)

4.4 If the safeguarding concern relates to an individual this should be referred to the local authority that the person lives in. If the concern is about a care home it should be referred to the local authority in which the home is situated. Specific information for each of NENC ICB places can be found on the respective Council's websites:

Cumberland

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_2

Darlington

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_3

Durham

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_1

Gateshead

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_4

Hartlepool

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_5

Middlesbrough

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_6

Northumberland

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_9

Newcastle

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_7

North Tyneside

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_8

South Tyneside

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_11

Sunderland

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_13

Redcar and Cleveland

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_10

Westmorland and Furness

https://northeastnorthcumbria.nhs.uk/here-to-help-you/health-advice-and-support/safeguarding/#collapse_6311d180-14db-4ccf-b0ed-cdf8f147ebfe_14

Disputed Recommendation Rationale Form

Completed by the MDT professional who is disputing the recommendation
Must be returned to the Nurse Assessor within 5 working days of the MDT taking place

Appendix B – Dispute Notification Form

Client Name													
Date of DST													
ICB System Number/LA identifier													
Domains Disputed? (Please check box)	Y	N	Rationale for Dispute	Social Worker Level (Please check box)				Nurse Assessor Level (Please check box)					
Breathing (Starred Domain)	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/>	L	<input type="checkbox"/>	NN	<input type="checkbox"/>	L	<input type="checkbox"/>		
				M	<input type="checkbox"/>	H	<input type="checkbox"/>	M	<input type="checkbox"/>	H	<input type="checkbox"/>		
				Se	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Se	<input type="checkbox"/>	Pr	<input type="checkbox"/>		
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/>	L	<input type="checkbox"/>	NN	<input type="checkbox"/>	L	<input type="checkbox"/>		
				M	<input type="checkbox"/>	H	<input type="checkbox"/>	M	<input type="checkbox"/>	H	<input type="checkbox"/>		
				Se	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Se	<input type="checkbox"/>	Pr	<input type="checkbox"/>		
Continence	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/>	L	<input type="checkbox"/>	NN	<input type="checkbox"/>	L	<input type="checkbox"/>		
				M	<input type="checkbox"/>	H	<input type="checkbox"/>	M	<input type="checkbox"/>	H	<input type="checkbox"/>		
				Se	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Se	<input type="checkbox"/>	Pr	<input type="checkbox"/>		
Skin	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/>	L	<input type="checkbox"/>	NN	<input type="checkbox"/>	L	<input type="checkbox"/>		
				M	<input type="checkbox"/>	H	<input type="checkbox"/>	M	<input type="checkbox"/>	H	<input type="checkbox"/>		
				Se	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Se	<input type="checkbox"/>	Pr	<input type="checkbox"/>		
Mobility	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/>	L	<input type="checkbox"/>	NN	<input type="checkbox"/>	L	<input type="checkbox"/>		
				M	<input type="checkbox"/>	H	<input type="checkbox"/>	M	<input type="checkbox"/>	H	<input type="checkbox"/>		
				Se	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Se	<input type="checkbox"/>	Pr	<input type="checkbox"/>		
Communication	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/>	L	<input type="checkbox"/>	NN	<input type="checkbox"/>	L	<input type="checkbox"/>		
				M	<input type="checkbox"/>	H	<input type="checkbox"/>	M	<input type="checkbox"/>	H	<input type="checkbox"/>		

				Se	Pr	Se	Pr
Domains Disputed? (Please check box)	Y	N	Rationale for Dispute	Social Worker Level (Please check box)		Nurse Assessor Level (Please check box)	
Psychological + Emotional	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/> L <input type="checkbox"/>	NN	<input type="checkbox"/> L <input type="checkbox"/>
				M	<input type="checkbox"/> H <input type="checkbox"/>	M	<input type="checkbox"/> H <input type="checkbox"/>
				Se	<input type="checkbox"/> Pr <input type="checkbox"/>	Se	<input type="checkbox"/> Pr <input type="checkbox"/>
Cognition	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/> L <input type="checkbox"/>	NN	<input type="checkbox"/> L <input type="checkbox"/>
				M	<input type="checkbox"/> H <input type="checkbox"/>	M	<input type="checkbox"/> H <input type="checkbox"/>
				Se	<input type="checkbox"/> Pr <input type="checkbox"/>	Se	<input type="checkbox"/> Pr <input type="checkbox"/>
Behaviour (Starred Domain)	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/> L <input type="checkbox"/>	NN	<input type="checkbox"/> L <input type="checkbox"/>
				M	<input type="checkbox"/> H <input type="checkbox"/>	M	<input type="checkbox"/> H <input type="checkbox"/>
				Se	<input type="checkbox"/> Pr <input type="checkbox"/>	Se	<input type="checkbox"/> Pr <input type="checkbox"/>
Drug therapy + Medication (Starred Domain)	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/> L <input type="checkbox"/>	NN	<input type="checkbox"/> L <input type="checkbox"/>
				M	<input type="checkbox"/> H <input type="checkbox"/>	M	<input type="checkbox"/> H <input type="checkbox"/>
				Se	<input type="checkbox"/> Pr <input type="checkbox"/>	Se	<input type="checkbox"/> Pr <input type="checkbox"/>
Altered States Of Consciousness (Starred Domain)	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/> L <input type="checkbox"/>	NN	<input type="checkbox"/> L <input type="checkbox"/>
				M	<input type="checkbox"/> H <input type="checkbox"/>	M	<input type="checkbox"/> H <input type="checkbox"/>
				Se	<input type="checkbox"/> Pr <input type="checkbox"/>	Se	<input type="checkbox"/> Pr <input type="checkbox"/>
Other Significant Needs	<input type="checkbox"/>	<input type="checkbox"/>		NN	<input type="checkbox"/> L <input type="checkbox"/>	NN	<input type="checkbox"/> L <input type="checkbox"/>
				M	<input type="checkbox"/> H <input type="checkbox"/>	M	<input type="checkbox"/> H <input type="checkbox"/>
				Se	<input type="checkbox"/> Pr <input type="checkbox"/>	Se	<input type="checkbox"/> Pr <input type="checkbox"/>
Please embed any evidence that will support your dispute rationale.	Please embed electronic documents in this space						

All disputed domains must have the appropriate evidence to support the level of need recorded.	
The professional disputing the recommendation must provide a rational based upon the 4 key characteristics including Nature, Complexity, Intensity and Unpredictability	<p>Included in here is the reasons for the dispute, the rationale and the discussion between SW and Nurse Assessor. If it cannot be resolved at this level, this form with embedded documents is escalated via disputes process to the senior manager, the discussion is included in this document along with the rational for the outcome are added at that level, following conclusion of dispute this is sent to LA and to CHC for inclusion in clients notes.</p> <p>Nature:</p> <p>Intensity:</p> <p>Complexity:</p> <p>. Unpredictability:</p>
Additional Notes/Comments	

Name of Assessor	Name		Signature		Role	Nurse Assessor			Date			
Name of Social Worker	Name		Signature		Role	Social Worker			Date			
Contact Details of Assessor Office Base												
Contact Details of Social Worker												
Current Funding Stream (Please check box)	CHC	<input type="checkbox"/>	FNC	<input type="checkbox"/>	117	<input type="checkbox"/>	JPoC	<input type="checkbox"/>	LA Funded	<input type="checkbox"/>	Transition Tri Party Funded	<input type="checkbox"/>

Appendix C – CCC Dispute Rationale Form

Client Name					
Date of DST					
Broadcare Number/LA identifier					
Domain/s Disputed	Yes	No	Rational for Dispute	Social Worker Level	Nurse Assessor Level
Breathing					
Eating and Drinking					
Mobility					
Continence elimination					
Skin and tissue viability					
Communication					
Drug therapy +Medication					
Psychological + Emotional needs					
seizures					
Challenging behaviour					
Other Significant Needs					
Please embed any evidence that will support your dispute rational					

Name of Assessor	Name		Signature		Role		Date	Click or tap to enter a date.
Name of Social Worker	Name		Signature		Role		Date	Click or tap to enter a date.
Contact Details of Assessor Office Base	CCC service nencicb.childrenscontinuingcare@nhs.net 01642 746848							
Contact Details of Social Worker								
Current Funding Arrangements								

Appendix D

NHS Continuing Healthcare Dispute Resolution Meeting

Date and Time of Local Dispute Meeting:

Patient Name:

NENC ICB Place Team:

DST dated:

Venue of Local Resolution Meeting: Remote MS TEAMS

Local Resolution undertaken by:

In attendance:

Name/designation.

Name/designation.

Name /designation.

Name/Designation.

Introductions :

XX introduced herself as Clinical Lead, employed by Northeast & North Cumbria Integrated Care Board North Area. NENC ICB is the responsible organisation for verification of all recommendations made following multi-disciplinary team (MDT) meetings for application of the eligibility criteria for CHC following the Department of Health framework for NHS Continuing Healthcare and NHS Funded Nursing Care October 2022 (Revised) and Decision Support Tool October 2022 (Revised).

Name of Clinical Lead (XX) explained the principles for the 'dispute process' a process whereby the relevant Local Authority and ICB can express their reasons for disputing the recommendation and can review the evidence contained within to the Decision Support Tool (DST). Levels of need within each domain may require discussion if disputed between ICB and the Local Authority representative.

The purpose of the meeting is to offer an opportunity to discuss reasons for the dispute and attempt to reach a consensus on eligibility for ratification by ICB.

Overview/ timeline of case leading to CHC consideration.

Discuss the Domains if indicated

Breathing
DST – Level of need awarded =
Review of Domains
Clinical Lead (initials) the contents of this particular domain within the DST
Additional written submissions from Local authority regarding Breathing domain?
What was discussed?
LRM level of need agreed =
<u>Nutrition</u>
DST- Level of need awarded =
Review of Domains
Clinical Lead (initials) the contents of this particular domain within the DST

Additional written submissions from Local authority regarding Nutrition domain?
What was discussed –
LRM level of need agreed =
<u>Continence</u>
DST – level of need awarded =
Clinical Lead (initials) the contents of this particular domain within the DST
Additional written submissions from Local authority regarding Continence domain?
What was discussed -
Dispute level of need agreed =
<u>Skin</u>
DST – Level of need awarded =
Review of Domain –
Clinical Lead (initials) summarised the contents of this particular domain within the DST

Additional written submissions from Local authority regarding Skin domain?
What was discussed: .
LRM level of need agreed =
<u>Mobility</u>
DST – level of need awarded =
Review of Domains – Appeal nurse (initials) summarised the contents of this particular domain within the DST
Additional written submissions from Local authority regarding Mobility domain?
What was discussed?
LRM level of need agreed =
<u>Communication</u>
DST – Level of need awarded =
Review of Domains –

Clinical Lead (initials) summarised the contents of this particular domain within the DST
Additional written submissions from Local authority regarding Breathing domain?
What was discussed –
LRM level of need agreed =
Psychological and Emotional
DST - Level of need awarded =
Clinical Lead (initials) summarised the contents of this particular domain within the DST
Additional written submissions from Local authority regarding Psychological and emotional domain?
<u>What was discussed:</u>
LRM level of need agreed =
<u>Cognition</u>
DST – Level of need Awarded =
Review of Domains –

Clinical Lead (initials) summarised the contents of this particular domain within the DST
Additional written submissions from Local authority regarding Cognition domain?
What was discussed?
LRM level of need agreed =
<u>Behaviour</u>
DST - Level of need awarded =
Clinical Lead (initials) summarised the contents of this particular domain within the DST
Additional written submissions from Local authority regarding Behaviour domain?
What was discussed –
LRM level of need agreed =
<u>Medication</u>
DST Level of need awarded =
Review of Domains –

Clinical Lead (initials) summarised the contents of this particular domain within the DST
Additional written submissions from Local authority regarding Drugs & Medication domain?
What was discussed –
LRM level of need agreed =
ASC
DST Level of need awarded =
Review of Domains –
Clinical Lead (initials) summarised the contents of this particular domain within the DST
Additional written submissions from Local authority regarding ASC domain?
What was discussed?
LRM level of need agreed =
Other significant care needs
DST - Level of need awarded =

Review of Domains –

Clinical Lead (initials) summarised the contents of this particular domain within the DST

Additional written submissions from Local authority regarding domain?

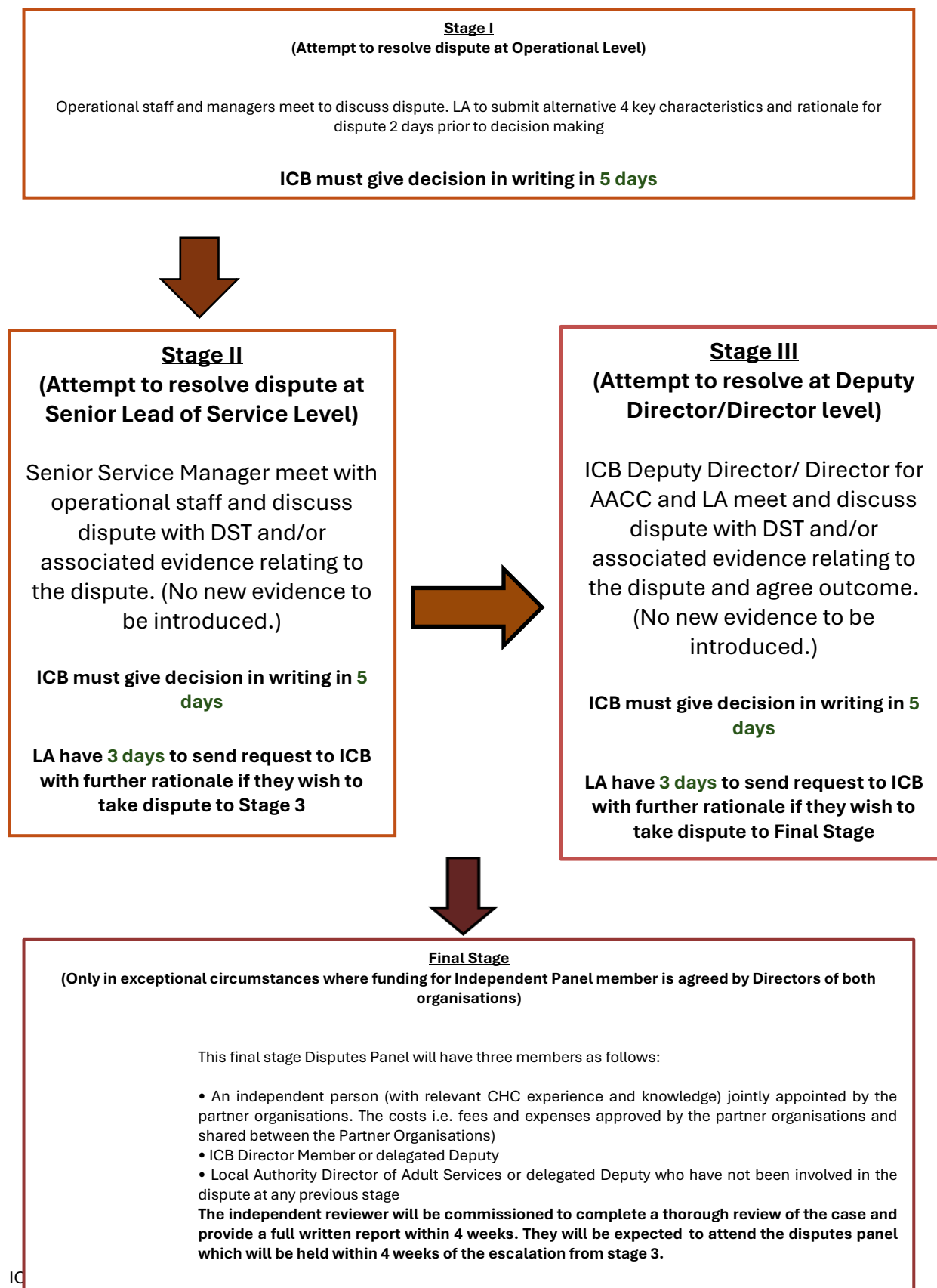
What was discussed:

LRM level of need agreed =

Domain	Original DST Dated 00/00/0000	Dispute outcome levels agreed
Breathing		
Nutrition		
Continence		
Skin		
Mobility		
Communication		
Psychological and Emotional		
Cognition		
Behaviour		
Drug Therapies and Medication		
Altered States of Consciousness		
Other Significant Care needs		

Totals	0 x Severe 0 x High 0 x Moderate 0 x Low 0 x No needs	0x Severe 0 x High 0 x Moderate 0 x Low 0 x no needs
<p><u>4 key characteristics discussed / eligibility.</u></p>		
<p><u>Any further comments</u></p>		
<p>Name Date</p>		
<p><u>Signature</u></p>		

Appendix E - Disputes Flowchart



Appendix F – 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 Marie Cunningham

Job Title: Deputy Director of Nursing AACC

Organisation: NENC ICB

Title of the service/project or policy: Inter-Agency 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 Inter Agency 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the piece of work involve or have a negative impact on: 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 checked="" type="checkbox"/>	<input 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. The impacts have been assessed within Step 2 EIA, which follows.

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 nencicb-nor.comms@nhs.net

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
Kate O Brien	Director of Nursing AACC	1/7/25

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.

Equality Impact Assessment Full Assessment (STEP 2)

An Equality Impact Assessment is an assurance tool that determines whether there are potential differential impacts on any groups with a protected characteristic under the Equality Act 2010 and related legislation.

Date of Screening	1/5/25
Name of Assessor	Marie Cunningham
Job Title	Deputy Director of Nursing
Title of service/project/policy	Interagency Dispute Policy SOP (AACC)

Is this a...?	Strategy / Policy <input checked="" type="checkbox"/> Service Review <input type="checkbox"/> Project <input type="checkbox"/> Other Click here to enter text.
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a. What is the main aim or purpose of the service, project, or policy? Provide a detailed overview of the changes proposed and who would be affected.	
Who will the project/service/policy/decision impact? Consider the actual and potential impacts	Staff <input checked="" type="checkbox"/> Service User / Patients <input checked="" type="checkbox"/> Other Public Sector Organisations <input checked="" type="checkbox"/> Voluntary / Community groups / Trade Unions <input type="checkbox"/> Others, please specify Click here to enter text.
Could there be an existing or potential negative impact on any of the protected characteristic groups?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Description This document is intended to provide guidance for ICB and partner agencies on the process for Disputes regarding CHC Eligibility.
Could this piece of work affect the workforce or employment practices?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<p>Does the piece of work involve or have a negative impact on:</p> <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 	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
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<p>What are the intended outcomes of the project/service/policy?</p> <p>What is it trying to achieve?</p>	<p>Assessment for CHC is a clinical process of assessment which determines NHS funding for health related conditions. This assessment is completed in accordance with the National Framework for Continuing Healthcare and Funded Nursing Care (2022).</p> <p>An individual is eligible for NHS Continuing Healthcare if they have a ‘primary health need’. This is a concept developed by the Secretary of State to assist in determining when the NHS is responsible for providing for all of the individual’s assessed health and associated social care needs. In order to determine whether an individual has a primary health need, a detailed assessment and decision-making process must be followed, as set out in this National Framework. Where an individual has a primary health need and is therefore eligible for NHS Continuing Healthcare, the NHS is responsible for commissioning a care package that meets the individual’s assessed health and associated social care needs.</p> <p>Interagency disputes for AACC funding arise when disagreements occur between the NHS, local authorities, and other agencies regarding eligibility for AACC funding, the allocation of funding in joint-funded care packages, or other aspects of AACC administration. These disputes can arise at any point in the AACC assessment process, including when determining eligibility for funding or when apportioning funding responsibilities in joint-funded packages.</p> <p>This funding is split between NHS local authorities and Education. For CCC the individual is not affected by the outcome of the assessment and is not expected to</p>
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	<p>contribute to their care. The funding is split only between public sector agencies.</p> <p>This document will provide a process for the management of partner disputes for AACCC eligibility decisions between partner agencies only. The Local Resolution and Appeals Policy is for use by individual patients and/or their families for issues or concerns relating to eligibility decisions for Continuing Healthcare.</p> <p>The NHS funds healthcare services via core services such as mental health services, GP services and core community services such as district nursing. In some instances, for children a dispute may arise relating to the funding split across Health and other agencies such as Education and Social Care and may relate to an unmet health need for a child that is not met by core healthcare provision.</p> <p>Funding decisions do not impact the child, nor their families and the dispute process does not impact on the care provision whilst the interagency disputes are in progress. For adults if the individual is not assessed as eligible for CHC the Local Authorities will consider their needs based on their assessed social care needs.</p> <p>This Policy is an ICB corporate Policy and will be published on the ICB internet webpage. This Policy will be available to Partner agencies that include providers and local authorities across the NENC footprint.</p>
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<p>How will you measure the outcomes?</p> <p>So that it does not adversely impact on any group of people?</p>	<p>Monitoring will include the timely management of disputes, as laid out in the Policy and provides clear time frames for each stage of the dispute and their outcomes. This Policy will provide guidance and direction that disputes are resolved as soon as possible. Once the dispute is resolved financial restitution to the relevant agency will be agreed as part of the dispute outcome.</p> <p>This monitoring will ensure that we include the identification of key groups of people and include those with protected characteristics who may be impacted by delays caused by disputed assessment outcomes. However, this will not involve delays to care provision.</p> <p>This will support the identification of themes and trends for those that may be disadvantaged in accessing and using the services.</p>
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b. Gathering information

<p>Current evidence/Information held</p> <p>Provide details on who would be affected. This could be employees/service users/ wider community stakeholders. Describe the workforce profile or community demographic profile utilising: Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance, legislation changes, surveys, complaints, consultations/patient/staff feedback, etc.</p>	<p>Information is currently held on the Broadcast system which is limited in the extraction of data and the ability to draw on timely accurate data.</p> <p>Staff may be affected by the delays to outcomes from disputed assessments that are likely to impact on timely costings and cross payment and recharging of invoices, which may create a backlog.</p> <p>Delays to the communication to eligibility decisions to families may cause an increase in complaints to the NHS as families will not receive an outcome letter until the dispute has been resolved. However, this will not impact on any transference of costs to children and families.</p> <p>Capturing feedback from service users will be supported by the ICB patient experience team and complaints team.</p> <p>Local authority colleagues will be required to provide additional evidence to support their dispute, this may cause issues where this is no evidence to support the rationale for raising the dispute.</p> <p>NENC regional population demographics:</p> <ul style="list-style-type: none"> • Gender: 51% female, 49% male • Age: 28% under 25, 24% 25-44, 27% 45-64, 21% 65+ • Disability: 21% disabled, 79% non-disabled • Ethnicity: 94% white, 3% Asian, 1% black, 1% other, 1% mixed • Sexual orientation: 91% straight/heterosexual, 3% LGB+, 6% unknown • Religion: 52% Christian, 39% Atheist/no belief, 4% non-Christian, 5% unknown
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	<ul style="list-style-type: none"> • Marital status: 36% married/civil partnership, 10% divorced, 31% single, 6% widowed, 17% unknown • Gender Identity: 95% cisgender, 1% gender diverse, 5% unknown • Unpaid Carers: 9.5% carers, 90.5% non-carers
<p>Please provide details of the information you have used to assess the impact</p> <p>For example, details/evidence of internal performance/monitoring reports, external evidence, research and guidance, consultation with internal/external groups</p>	<p>Using existing NHSE national and regional published data to inform themes and trends of national access to services.</p> <p>The National Framework for CCC (2016) and National Framework for CHC and FNC (2022) provides guidance for disputes and the need for a local policy to support decision making in the process.</p> <p>Internal ICB AACC performance data reports on the complaints and the number of disputes Delays in the processing of these disputes relate to the lack of a policy that is in date. This Policy is the review of the previous Disputes Policy.</p> <p>This Policy has received feedback from all 14 Local Authorities for comments as part of this review. Comments have been incorporated and consisted of ensuring clear time frames have been added to the document.</p> <p>AACC staff from all organisations which include NENC and other ICBs. This review has been completed with key staff from the AACC service.</p>

<p>Are there any gaps in your information and if so, how are you going to address these?</p> <p>Does the author have enough information to make an informed decision about each group protected by law?</p>	<p>A current review of data is in progress which will identify the need to review and commission an IT system that will facilitate better and consistent recording of data that will be patient centric and will provide better access to current data that will drive service improvement.</p>
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c. Assessing the Impact (essential)				
Protected Groups as per the Equality Act 2010				
Equality Group	Is there potential for a positive or negative impact?	If yes/possibly, please describe the potential impact	Is this impact legal and justifiable? If yes, please explain how	What action (if any) can be taken to address the impact?
Age	Positive	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patient and user feedback to identify disadvantaged group to ensure that services meet their need	N/A

Disability	Positive	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patient and user feedback to identify disadvantaged group to ensure that services meet their need	
Sex/Gender	Positive	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patient and user feedback to identify disadvantaged group to ensure that services meet their need	
Gender identity	Positive	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patient and user feedback to identify disadvantaged group to ensure that services meet their need	

Marriage and civil partnership	No Impact	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patients and user feedback to identify disadvantaged group to ensure that services meet their need	
Maternity and pregnancy	Positive	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patient and user feedback to identify disadvantaged group to ensure that services meet their need	
Race	Positive	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patient and user feedback to identify disadvantaged group to ensure that services meet their need	

Religion or belief	Positive	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patient and user feedback to identify disadvantaged group to ensure that services meet their need	
Sexual orientation	Positive	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patient and user feedback to identify disadvantaged group to ensure that services meet their need	

d. Assessing the Impact (recommended)

Other vulnerable groups relating to health inequalities

Vulnerable Group	Is there potential for a positive or negative impact?	If yes/possibly, please describe the potential impact	Is this impact legal and justifiable? If yes, please explain how	What action (if any) can be taken to address the impact?

Carers	Positive	Service improvement	Improvement to service delivery based on evidence and user feedback	Nil required
Socio Economic	Positive	Service improvement	Improvement to service delivery based on evidence and user feedback	
Armed Forces	N/A			
People with substance/alcohol abuse challenges	Positive	Service improvement	Improvement to service delivery based on evidence and user feedback	
Sex Workers	Positive	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patient and user feedback to identify disadvantaged group to insure that services meet their need	

Other identified groups relating to health inequalities	Positive	Better identification of this group and development of services improvements to meet their needs	Using published and locally held information and patient and user feedback to identify disadvantaged group to ensure that services meet their need	
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e. Considering alternatives

If the policy/project/service has a detrimental impact on any group, can any changes be made to reduce the impact?

If yes, please detail the changes. e.g. amending the wording of a policy or changing a procedure to be more accessible.

This Policy will provide a consistent approach to management and delivery of the dispute process for AACC.

This policy is for Partner Agencies and provides consistency and clarity for the management of disputes. Details of how to obtain alternative formats of this document is available at the beginning of the policy.

Details of how to seek further guidance for Safeguarding concerns re also contained at the end of the Policy.

f. Involvement consultation, feedback and partnership working

Has the author engaged/ consulted on the policy/project/service with any patient, community, service user, third sector, colleagues or any other groups representing colleagues or patients?

Yes. If yes, please provide details.

This work had a large stakeholder group that included:

Consultation with key stakeholders such as the 14 Local Authorities.

	<p>AACC staff from all organisations which include NENC and other ICBs.</p> <p>Feedback was collated by the Local Authorities and included in the Policy document or amendments made accordingly. Discussion about the Policy was included in the AACC Network meetings attended by the ICB AACC team and the 14 Local Authority CHC representatives. Feedback included more clarity around timeframes, Roles and Responsibilities for each stage of the dispute process.</p> <p>The people engagement team will support consultation with families and service users when required</p>
<p>Has the author involved, consulted or worked in partnership with any specialist services, groups or practitioners?</p> <p>Yes / No. If yes, please state which services, groups or practitioners.</p>	<p>The AACC working group has stakeholders from all 13 local authorities, NENC personnel, and complex care.</p> <p>This group that meets quarterly will monitor the actions and sign off of this Policy.</p>

g. Methods of communication

What methods of communication do you plan to use to inform service users/colleagues about the policy/project/service?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Verbal – meetings | <input checked="" type="checkbox"/> Verbal - Telephone |
| <input checked="" type="checkbox"/> Written – Letter | <input checked="" type="checkbox"/> Written – Leaflets/guidance booklets |
| <input checked="" type="checkbox"/> Written - Email | <input checked="" type="checkbox"/> Internet/website |
| <input checked="" type="checkbox"/> Intranet page | <input type="checkbox"/> Other |

If other please state: We will consider digital accessibility and literacy for people with protected characteristics such as age, disability, race and religion when planning engagement and communications. Access to interpretation services for hearing impaired and those who do not have English and their primary language. Consideration for people who have sight impairments and those who require information in easy read formats will also be considered. Accessible venues will be available for people with mobility needs. Consideration for all these needs will be required to increase and manage engagement from hard to reach groups.

h. Accessible Information Standard

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>

Yes ☒ No ☐

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

nencicb-nor.comms@nhs.net.

Tick to confirm that you have considered an agreed process for:

- ☒ Asking people if they have any information or communication needs and find out how to meet their needs.
- ☒ Recording those needs clearly and in a set way.
- ☒ Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
- ☒ Sharing information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission/facilities to do so.
- ☒ Have processes in place, that ensure people receive information which they can access and understand, and receive communication support if they need it.

If any of the previous have not been implemented, please state the reason:

i. Potential impacts identified – Action Plan

Action No.	Potential / Actual Impact Identified	Protected Group(s) Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale / Completion date

j. Governance, ownership and approval

Please state here who has completed the assessment and approved the actions and outcomes of the screening

Authors Name	Job title	Signature	Date
Marie Cunningham	Deputy Director of Nursing		1/5/25
Director/Head of Service Name	Job Title	Signature	Date
Kate O'Brien	Director of Nursing		1/5/25

1. Please send the completed Equality Impact Assessment with your document to: nencicb.healthequityandinclusion@nhs.net
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NENC ICB Health Equity Team: nencicb.healthequityandinclusion@nhs.net