



Norfolk and Suffolk
Integrated Care Board

Norfolk and Suffolk ICB

**NHS Continuing
Healthcare Local
Resolution (Appeals)
Policy and Procedure**

Document Control Sheet

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Name of document	NHS Continuing Healthcare Local Resolution (Appeals) Policy and Procedure
Version	V0.1 of Norfolk and Suffolk ICB Policy
Date of this version	April 2026
Produced by	Head of Nursing for Clinical Services
What is it for?	To ensure there is a fair and equitable process for management of appeals in relation to NHS Continuing Healthcare eligibility that is compliant with national guidance.
Evidence base	National Framework for NHS Continuing Healthcare
Who is it aimed at and which settings?	The policy applies to individuals subject to a decision by Norfolk and Suffolk ICB that they are not eligible for NHS Continuing Healthcare who wish to challenge this decision.
Consultation	Completed when policy originally developed in Suffolk and North East Essex.
Impact Assessment:	Complete
Other relevant approved documents	N/A
References:	<ul style="list-style-type: none"> • NHS England and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended) • National Framework for CHC and NHS-funded Nursing Care ('the Framework'). • Decision Support Tool • LR Best Practice Guide FINAL PDF.pdf
Monitoring and Evaluation	This policy will be reviewed every three years, or if changes to national guidance occur, more frequently.
Training and competences	All new staff are required to complete the ICB's mandatory training and should be given information about how to access policies relevant to their role
Reviewed by:	To be completed
Approved by:	To be completed
Date approved:	To be completed
Signed:	To be completed
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Contact for Review:	Head of Nursing for Clinical Services

Version Control

Revision History	Summary of changes	Author(s)	Version Number
N/A	N/A	N/A	N/A

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1. INTRODUCTION

- 1.1. Norfolk and Suffolk Integrated Care Board is responsible for NHS Continuing Healthcare. The NHS Continuing Healthcare Team is the name given by the ICB for the team managing these funding streams.
- 1.2. Norfolk and Suffolk Integrated Care Board must comply with the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. The Local Resolution Process is intended to ensure that where individuals or their representatives have a reasonable belief that a decision of NHS Continuing Healthcare (NHS CHC) eligibility may not be correct that a local review will be undertaken.

2. PURPOSE

- 2.1. The policy is not a substitute for effective provision of information and clear communication with individuals, families, and advocates throughout the assessment process. Where possible queries about the outcome of an assessment process should be dealt with informally through conversation with the lead coordinator and multidisciplinary team (MDT) members.
- 2.2. For the removal of doubt, this policy covers the local resolution process and refers to Independent Review (IR) where local processes do not resolve the appeal. 'Appeals' relate to where the ICB have determined that an individual is not eligible for NHS CHC following a full NHS CHC assessment.
- 2.3. An appeal can be requested by the individual or their representative within six months of the date of the decision letter being sent. Appeals cannot be raised against checklists or Fast Track applications and cannot be raised by professionals or organisations on behalf of the individual unless they have been legally appointed to do so.

3. SCOPE

- 3.1. This policy applies to all employees of the ICB, including fixed term employees when working within the ICB and whilst on ICB business.

4. DEFINITIONS

- 4.1. The table below outlines the definitions

Abbreviation / Item	Definition
CE	Chief Executive
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
NHS	National Health Service
SC	Social Care

We	The ICB
NHS CHC	NHS Continuing Healthcare
PHB	Personal Health Budget

5. ROLES AND RESPONSIBILITIES

5.1. Roles and responsibilities are described in the policy details.

6. POLICY DETAILS

Requests to commence Local Resolution Process (Appeal)

- 6.1. If an individual or their representative is unhappy with the outcome of an NHS CHC assessment and decision and wishes to appeal this decision then in the first instance, they must contact the NHS CHC team to request commencement of the Local Resolution Process. Individuals should contact the ICB within 6 months of the date of the NHS CHC eligibility letter they have received. The ICB will not accept requests to appeal decisions that are out of time.
- 6.2. Where applicable, the ICB will need to obtain appropriate consent or authority to act documents if a representative is appealing on behalf of an individual. In the first instance, the NHS CHC team will acknowledge the appeal and ask the individual and/or their representative to complete a questionnaire setting out the grounds for appeal. The ICB's aim to do this within 10 working days of receiving the request to appeal. This questionnaire should be completed and returned to the NHS CHC team within 28 days. Once this questionnaire has been received, the NHS CHC team aims to deal with the request for commencement of local resolution process within 3 months.

Stage 1 – Informal Local Resolution

- 6.3. Stage 1 of the local resolution process consists of an informal, two-way discussion between an ICB NHS CHC practitioner and the individual and/or their representative. This discussion will usually take place via phone or virtual meeting, and a written summary will be made available after the discussion takes place.

During this discussion, there will be an opportunity for the individual to:

- I. Receive clarification on anything they have not understood,
- II. Have an explanation from the NHS CHC practitioner with regards to how the ICB arrived at its eligibility decision, referencing the completed Decision Support Tool (DST) document and Primary Health Need (PHN) test.
- III. Describe additional information that has not been obtained by the Multi-Disciplinary Team (MDT) that the individual feels should be considered and,
- IV. Describe additional information that was available to the MDT that the individual believes was not given due consideration.

6.4. If differences cannot be resolved informally through this discussion, or if an individual declines this stage of the appeals process the individual will be invited to attend a formal local resolution meeting

Stage 2 – Formal Local Resolution

6.5. Stage 2 of the local resolution process involves a formal meeting between the ICB local resolution representatives and the individual and/or their representative. Individuals can bring someone with them to support them during the meeting if they wish. Individuals will be offered a face to face or virtual formal meeting. During the meeting, the individual and/or their representative will be invited to put forward the reasons why they remain dissatisfied with the ICB's decision.

6.6. The ICB should have relevant core information such as GP records, care provider records, local authority records and any other information deemed important for the completion of the NHS CHC assessment. If an individual makes the ICB aware of new or additional information that was not available to the original MDT, the ICB will decide if this information should be considered as part of the formal local resolution process, or if the case needs to be referred back to the original MDT for review of their recommendation, in light of the new information.

6.7. The formal local resolution process will involve the following at a minimum:

- **A senior health or social care professional representative** nominated by the ICB from outside of the original MDT. This professional will have extensive NHS CHC experience and enable an objective review of the original assessment and subsequent decision. This individual will usually act as chairperson.
- **A second health or social care representative** with knowledge of NHS Continuing Healthcare who was not involved in the original MDT. This could be a Registered Nurse from the NHS CHC team or a social care representative from the Local Authority.
- **The individual and any representative** they wish to accompany them
- **A minute taker.**

6.8. The formal local resolution may also involve:

- **Other health or social care professionals** with appropriate expert knowledge if the ICB determines that expert knowledge is required to support the process. This is an advisory role.

6.9. At the start of the meeting, all parties will be introduced to each other. The individual and/or their representative will then be invited to make their representations, discussing any concerns about the NHS CHC assessment process, the domains where levels of need are disputed, associated evidence and the primary health needs test. The Chairperson will make sure that everyone has had an opportunity to contribute to discussions and clarify any outstanding issues.

6.10. After the individual has made their representation, the formal local resolution representatives will deliberate in private and comment on any differences of opinion between the individual and the MDT involved in the original assessment. The formal

local resolution representatives will decide if they agree with the original recommendation and decision on NHS CHC eligibility, or if they feel that the original decision was flawed. If they decide the original decision was flawed, they have the authority to overturn this decision and decide that the individual is eligible for NHS CHC. If there is a split decision regarding eligibility, the senior health or social care professional representative will make the final eligibility decision.

- 6.11. The only basis on which the ICB representatives can decide someone is eligible for NHS CHC is if it decides the individual has a primary health need according to the principles of the National Framework for NHS CHC.
- 6.12. The outcome of the formal meeting will be communicated to the individual within 6 weeks of the meeting. This will be communicated in writing and will include conclusions on the process followed during the individual's original NHS CHC assessment, the eligibility decision and a summary of any actions that are required following stage 2 of the local resolution process.
- 6.13. Some individuals chose to appoint a solicitor to represent them and act as their advocate during the appeal process. The appeals process is not a legal process and there is no formal role for legal professionals during the local resolution process. The NHS does not reimburse any costs the individual may incur by appointing a solicitor.

Stage 3 – Independent Review

- 6.14. If the individual and/or their representative remain dissatisfied after the formal local resolution process, they are entitled to submit a request to NHS England for an Independent Review. This request should be submitted to NHS England within 6 months of the Stage 2 Formal Local Resolution outcome letter.
- 6.15. The individual should write to NHS England asking them to consider reviewing the NHS CHC eligibility decision, explaining that the ICB has completed its local resolution process and briefly outlining the reasons for appeal. Request should be sent to:

CHC Appeals
NHS England East Office
2-4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB
Email: england.chcirpeoe@nhs.net

Dissatisfaction after stage 3

- 6.16. Finally, if following stage 3 of the NHS CHC appeals process the individual and/or their representative remain unhappy with the outcome of the Independent Review, they can complain to the Parliamentary and Health Service Ombudsman (PHSO). Further advice about the PHSO can be found on their website. PHSO Website: www.ombudsman.org.uk

Funding arrangements during the appeals process

6.17. During the NHS CHC appeals process, the original NHS CHC eligibility decision remains effective. If, following the appeals process the NHS CHC eligibility decision is changed and the individual is awarded NHS CHC funding then the ICB will make a restitution payment in accordance with NHS CHC redress guidance. Proof of payment of care fees will be required.

Core principles of local resolution

6.18. NHS England set out core principles within their Local Resolution Best Practice Guidance and Suffolk and North East Essex ICS NHS CHC team are committed to upholding these principles:

- I. **A person-centred approach:** The attitude, behaviour and intent should be focused on understanding the concerns (and addressing these where appropriate) and that this is key to successful resolution. Individual/representative input should be actively encouraged during the assessment process.
- II. **Clarification is the key:** The process of discussion with the individual/representative needs to elicit a clear understanding by all parties of what the key areas of disagreement are.
- III. **Constantly check communication:** Practitioners need to ensure that they give clear explanations and confirm that these have been understood, keeping in mind the requirements of the Accessible Information Standard and providing communications support.
- IV. **Don't delay:** NHS CHC teams should undertake local resolution in a timely way and aim to provide an outcome within 3 months.
- V. **Learn from the Process:** The NHS CHC team needs to reflect on the issues raised and decide whether there are any identified concerns in the process and/or a need for any additional training.
- VI. **Other issues:** Any issues identified that are not appropriate for the local resolution process need to be signposted appropriately, and the individual may need support to ensure they are dealt with elsewhere.

7. EQUALITY

7.1. In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the [Equality Act \(2010\)](#); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

7.2. An Equality Impact Assessment is included in Appendix 1

8. MONITORING AND REVIEW

8.1. This policy will be reviewed biannually by the NHS Continuing Healthcare Team, or sooner if necessary, due to guidance/legislative change (s).

9. DATA PROTECTION

- 9.1. In applying this policy, the ICB will have due regard for the [Data Protection Act 2018](#) and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

10. ASSOCIATED DOCUMENTATION

- 10.1. None

11. REFERENCES

- 11.1. Links to external reference documents:

- [NHS England and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012 \(as amended\)](#)
- [National Framework for CHC and NHS-funded Nursing Care \('the Framework'\)](#).
- [Decision Support Tool](#)
- [LR Best Practice Guide FINAL PDF.pdf](#)

12. APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed (This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).

Policy Aim: The policy intends to ensure a fair and equitable approach to managing appeals against NHS Continuing Healthcare eligibility decisions that is compliant with the National Framework for NHS Continuing Healthcare, and with national best practice guidance. The aim is to be clear with patients, the public and ICB staff in relation to the procedure that should be followed and the core principles of local resolution.

Step 2: Screening process for relevance to equality & diversity issues. Does this proposal / policy have any equality & diversity relevance in the following areas? (This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance).

General Statement: The policy aims to ensure all appeals against NHS Continuing Healthcare eligibility decisions are treated fairly. While this policy does not include or exclude any individual based on protected characteristics, it is important that our appeal processes challenge any barriers to successful resolution by putting in place good practice and reasonable adjustments around managing areas including consent, language, communication methods and physical/digital accessibility. It is also important to note that the psychological/emotional impact of making an appeal may be amplified for people who are already facing discrimination as part of an underserved or underheard group.

Characteristic	Implications
Age	See general statement. It is noted that barriers may also include generational attitudes towards appealing a decision.
Disability	See general statement. It is noted that barriers may also include assumptions about the capacity or autonomy of the person making the appeal.
Gender reassignment	See general statement. It is also noted that care should be given to the name, identity, and language used by the person making the appeal.
Marriage and Civil Partnership	See general statement. It is noted that consideration should also be given to consent and confidentiality between partners where relevant.
Pregnancy and maternity	See general statement
Race	See general statement. It is noted that barriers may also include cultural attitudes towards appealing a decision.

Religion or belief	See general statement
Sex	See general statement
Sexual orientation	See general statement
Other issues	Emotional impact and information overload can both be common issues faced when appealing a decision. This may be especially challenging for those with more complex communication needs or people experiencing trauma

Step 3: If you have answered, “Yes”, to any of the protected characteristic boxes in Step 2, a full impact assessment is required

Are any of the protected characteristic boxes in Step 2 marked “Yes”? Yes. All protected characteristics are relevant to the policy as it relates to the accessibility and personalisation of the appeals resolution process. There are also other areas for additional general awareness flagged.

Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).

This policy is also developed based on the subject expertise of the team and on insights and experiences gathered by feedback from the appeals and resolution process, alongside published notational best practice guidance.

- [Your rights under the Equality Act 2010 | EHRC](#)
- [Professional Standards: Barriers to complaints and how we can break them down](#)

Step 5: Full Impact Assessment Process

Step 5a: Consultation Log

Where are the consultation records stored? N/A

Date of consultation	Method	Who was consulted	What was the outcome
NA	NA	NA	NA

Step 5b: EIA Action Plan: Workforce Impacts (internal). Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome
Positive	Policy supports team to deliver the statutory appeals process.	N/A	Low	Socialisation and embedding of policy.
Positive	EIA highlights areas of wider impact in terms of accessibility and experience of people raising an appeal.	Awareness raising and access to resources for the team.	Medium	Continuous development of skills and best practice.

Step 5c: EIA Action Plan: Service Delivery Impacts (external). Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome
Positive	Policy supports a consistent and equitable experience of an appeal.	N/A	Low	Socialisation and embedding of policy.
Positive	Reasonable adjustments must be made to support people raising an appeal.	SOPs to support best practice.	High	Personalised and equitable application of policy.

Step 6: Monitoring and review arrangements

How will the implementation of the proposal / policy be monitored, and by whom?

BAU as part of appeals process delivery and management oversight.

What is the timetable for monitoring (with dates)?

BAU as part of appeals process delivery and management oversight.

Is there a plan to undertake an evaluation of this policy (with dates)?

BAU as part of policy review schedule or in response to any changes in legislation, best practice guidance, or learning from internal review of appeals management.

Step 7: Public availability of reports / result

N/A