

Draft Protocol: Completion of CHC DSTs without a Social Worker

North West London ICB in partnership with NCL ICB – Adult Continuing Healthcare

1. Purpose

This protocol establishes the standardised procedure for completing Continuing Healthcare (CHC) Decision Support Tools (DSTs) within North West London Integrated Care Board (NWL ICB) & North Central London (NCLCB). It also provides guidance for circumstances in which a Local Authority (LA) is unable to assign a representative—designated under Section 47 of the National Health Service and Community Care Act 1990 to assess individuals for community care services—to participate in the Multi-Disciplinary Team (MDT) meeting. The protocol is designed to ensure full compliance with the 28-day assessment timeframe mandated by the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care². Principles

- **Timeliness:** The 28-day standard from checklist to decision remains paramount.
- **Quality:** Assessments must remain robust, person-centered and evidence-based.
- **Partnership:** Local Authority (LA) involvement remains essential, but temporary adaptations may be necessary where resource constraints risk breaching statutory timescales.
- **Accountability:** The ICB retains commissioning responsibility and must evidence efforts to involve social care.

3. Scope

This protocol applies to all adult CHC assessments across North West & North Central London ICB where:

- An LA representative is unavailable within the required timeframe.
- Attempts to secure LA input have been unsuccessful despite escalation.

4. Standard DST Process (for reference)

Normally, a multi-disciplinary team (MDT) including a health professional and a social worker jointly complete the DST. Both contributions are expected before a recommendation is made to the ICB.

5. Adapted Process in Absence of a Social Worker

Step 1: Evidence of Escalation

The CHC team must make at least **two** documented attempts to secure LA social work involvement. Escalation to the relevant LA service manager must be evidenced if there is no response within 5 working days.

Step 2: Proceeding without Social Worker

If despite escalation, a social worker is not available:

- The DST may proceed with a health professional only (nurse assessor, therapist, or other relevant professional).
- The patient and their representative must be invited and their views recorded (where family members are unable to attend, this should not hold up the DST but the views of family must be considered both before and after the assessment has taken place).
- Where possible, input from social care records, care providers, or safeguarding teams should be obtained and documented.

Step 3: Documentation

A clear note must be recorded in the DST explaining why social care input was not available. Evidence of escalation attempts must be attached. The assessor must highlight in the recommendation section that the DST was completed without social work input due to timescale risk.

Step 4: Local Authority Notification

The completed DST must be shared with the relevant LA with a request for comment within 5 working days. If the LA does not respond, the case will proceed to panel (which must include LA representation) for ratification to avoid breaching the 28-day timeframe.

Step 5: Governance Oversight

All DSTs completed without LA involvement must be logged and monitored by the Head of CHC and Assistant Director. A monthly exception report should be presented to the ICB Director of Nursing (NWL) & AD Complex Care (NCL) and LA Heads of Service.

6. Risk Mitigation

Risk	Description	Mitigation
Legal Risk	The protocol is consistent with the National Framework which allows DSTs to proceed with “a minimum of two	Document escalation, share with LA, monitor via governance reporting.

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professionals from different
healthcare disciplines” if
social care is unavailable.

Operational Risk

Escalation and
documentation protect the
ICB from challenge around
lack of LA involvement.

Document escalation,
share with LA, monitor via
governance reporting.

Patient Impact

Ensures timely decision-
making and avoids
unnecessary delays to
care planning.

Document escalation,
share with LA, monitor via
governance reporting.

7. Review

This protocol will be reviewed quarterly by the NWL ICB Director of Nursing & NCL AD Complex Care and amended as required in partnership with Local Authority leads.