

25/04/2025

NN-ICB/25-1094

Dear Requestor

**Re: Freedom of Information Request**

Thank you for your request for information, received on 20 March 2025 and further clarification, regarding outsourcing of NHS Continuing Healthcare (CHC) reviews and assessments. We have processed your request in accordance with the Freedom of Information Act 2000 (FOIA).

Under the FOIA, public authorities like ours are required to respond to requests for information within 20 working days. In response to your request, I can confirm that we partially hold the information requested. However, please note that some / all of the information you requested has been withheld. Under the FOIA, certain exemptions may apply to protect sensitive information.

**Details of your request:**

I am writing to request information under the Freedom of Information Act 2000 regarding the ICB's outsourcing of NHS Continuing Healthcare (CHC) reviews and assessments. My request is structured into key areas to ensure clarity and ease of response.

**Please find below our response to your request:**

1. Procurement & Contracting			
Please provide information on all private companies contracted to conduct CHC reviews, fast-track decisions, and full CHC assessments within the last 5 years:			
The name of each company contracted for CHC reviews/assessments.	UB Healthcare	Liaison	CHS Healthcare (T/A Xyla)
The contract start and end dates.	October 2024 – October 2025	December 2022 – to date	August 2024 – August 2027
The total value of each contract.	Case by case up to £40k	Nil Value – gain share based agreement	Nil Value – cost per claim
Whether the contract was awarded via a competitive tender process, direct award, or framework agreement.	Framework	Direct Award	Framework
Whether the contract was cost per case or a shared benefit agreement.	Cost per case	Shared Benefit	Cost per case

The name of the procurement framework used, if applicable.	Countess of Chester Hospital - CPS	N/A	SBS
The job title of the individual who signed the contract on behalf of the ICB and whether they had budget-setting responsibilities at the time.	Chief Nurse Overall budget manager for all CHC expenditure	Chief Nurse Overall budget manager for all CHC expenditure	Chief Nurse Overall budget manager for all CHC expenditure
The organisation that provided procurement advice for awarding the contract.	N/A	N/A	N/A
A copy of the Key Performance Indicators (KPIs) set for the provider and details of how their performance is measured.	Included as part of contract so cannot be shared. Measured though regular contract review meetings. (* See exemption below).	Included as part of contract so cannot be shared. Measured though regular contract review meetings. (* See exemption below).	Included as part of contract so cannot be shared. Measured though regular contract review meetings. (* See exemption below).
Confirmation of whether the contract was awarded via the NHS Standard Contract.	Yes	No	Yes

## 2. Due Diligence & Regulatory Compliance

To ensure the suitability of the providers, please provide:

	UB Healthcare	Liaison	CHS Healthcare
Copies of any due diligence reports conducted before awarding the contract.	The ICB does not hold this information as it uses a Framework Agreement – Countess of Chester Hospital.	References taken from other commissioners. The ICB does not hold this information.	The ICB does not hold this information
Confirmation of whether the ICB reviewed the provider's Companies House registration, SIC codes, and financial standing prior to appointment.	The ICB does not hold this information as it uses a Framework Agreement – Countess of Chester Hospital.	Not completed	The ICB does not hold this information as it uses a Framework Agreement
Details of how the ICB verified the provider's compliance with NHS CHC Framework requirements.	The ICB does not hold this information as it uses a Framework Agreement – Countess of Chester Hospital.	Included in provider proposal	The ICB does not hold this information as it uses a Framework Agreement
Confirmation of whether the provider is registered with the Care Quality Commission	The ICB does not hold this information as it uses a	The ICB does not hold this information	The ICB does not hold this information

(CQC) and, if not, why this was not a requirement.	Framework Agreement – Countess of Chester Hospital.		
A copy of any risk assessments conducted before outsourcing CHC assessments to the provider.	The ICB does not hold this information as it uses a Framework Agreement – Countess of Chester Hospital. References sought from existing UB Healthcare customers	The ICB does not hold this information	The ICB does not hold this information
Copies of any internal audit reports or governance reviews relating to outsourced CHC assessments.	The ICB does not hold this information	The ICB does not hold this information	The ICB does not hold this information

### 3. CHC Assessment Outcomes & Financial Impact

To understand the impact of outsourcing on CHC eligibility and costs, please provide:

UB Healthcare	July 2022-March 2023	April 2023-March 2024	April 2024-Feb 2025
The total number of CHC assessments (reviews, fast tracks, and full assessments) conducted by outsourced providers, broken down by year and assessment type.	N/A	N/A	25
The percentage of assessments that: <ul style="list-style-type: none"> <li>○ Maintained CHC eligibility – please breakdown by standard CHC and fast tracks.</li> </ul>	N/A	N/A	84% - All CHC
<ul style="list-style-type: none"> <li>○ Were converted to Funded Nursing Care (FNC).</li> </ul>	N/A	N/A	0%
<ul style="list-style-type: none"> <li>○ Resulted in a transfer to local authority/social care funding.</li> </ul>	N/A	N/A	16% – all under dispute
Any reported cost savings attributed to outsourcing, including how savings were calculated (e.g., reductions in care package costs, transfers to social care, or other).	N/A	N/A	No cost savings to report due to current ongoing disputes

<b>Liaison</b>	<b>July 2022- March 2023</b>	<b>13/02/2023 – 10/07/2024</b>	<b>April 2024- Feb 2025</b>
The total number of CHC assessments (reviews, fast tracks, and full assessments) conducted by outsourced providers, broken down by year and assessment type.	N/A	106 CHC reviews completed, 49 of these triggered the CHC pathway and resulted in a DST	N/A
The percentage of assessments that: <ul style="list-style-type: none"> <li>○ Maintained CHC eligibility – please breakdown by standard CHC and fast tracks.</li> </ul>	N/A	Out of the 106 reviews, 57 did not trigger the CHC pathway and therefore remained CHC funded. Of the 49 DST's completed, 6 (12%) remained eligible for CHC	N/A
<ul style="list-style-type: none"> <li>○ Were converted to Funded Nursing Care (FNC).</li> </ul>	N/A	Of the 49 DST's completed, 25 (51%) remained eligible for CHC	N/A
<ul style="list-style-type: none"> <li>○ Resulted in a transfer to local authority/social care funding.</li> </ul>	N/A	Of the 49 DST's completed, 9 (18%) remained eligible for CHC	N/A
Any reported cost savings attributed to outsourcing, including how savings were calculated (e.g., reductions in care package costs, transfers to social care, or other).	N/A	Liaison completed several other pieces of work for us during this period, but we do not have a breakdown of savings specifically for the CHC reviews.	N/A
<b>CHS Healthcare</b>	<b>July 2022- March 2023</b>	<b>April 2023- March 2024</b>	<b>April 2024- Feb 2025</b>
The total number of CHC assessments (reviews, fast tracks, and full assessments) conducted by outsourced providers, broken down by year and assessment type.	15	7	11
The percentage of assessments that: <ul style="list-style-type: none"> <li>○ Maintained CHC eligibility – please breakdown by standard CHC and fast tracks.</li> </ul>	0 CHC 0 fast track	0 CHC 0 fast track	0 CHC 0 fast track
<ul style="list-style-type: none"> <li>○ Were converted to Funded Nursing Care.</li> </ul>	0	0	0

<ul style="list-style-type: none"> <li>○ Resulted in a transfer to local authority/social care funding.</li> </ul>	0	0	0
Any reported cost savings attributed to outsourcing, including how savings were calculated (e.g., reductions in care package costs, transfers to social care, or other).	Information not held	Information not held	Information not held

<b>4. Appeals, Complaints &amp; Disputes</b>			
<b>UB Healthcare</b>	<b>July 2022-March 2023</b>	<b>April 2023-March 2024</b>	<b>April 2024-Feb 2025</b>
The total number of complaints received about outsourced CHC assessments.	N/A	N/A	We do not hold this information in a format that we can accurately report on.
The total number of CHC eligibility appeals related to outsourced assessments.	N/A	N/A	We do not hold this information in a format that we can accurately report on.
The number of ICB decisions overturned on appeal, and the body responsible for the decision (e.g., NHS England, independent review panels).	N/A	N/A	We do not hold this information in a format that we can accurately report on.
The number of interagency disputes (e.g., between ICBs and local authorities) resulting from outsourced assessments.	N/A	N/A	4 in progress
<b>Liaison</b>	<b>July 2022-March 2023</b>	<b>April 2023-March 2024</b>	<b>April 2024-Feb 2025</b>
The total number of complaints received about outsourced CHC assessments.	N/A	We do not hold this information in a format that we can accurately report on.	N/A
The total number of CHC eligibility appeals related to outsourced assessments.	N/A	We do not hold this information in a format that we can accurately report on.	N/A
The number of ICB decisions overturned on appeal, and the body responsible for the decision (e.g., NHS England, independent review panels).	N/A	We do not hold this information in a format that we can accurately report on.	N/A

The number of interagency disputes (e.g., between ICBs and local authorities) resulting from outsourced assessments.	N/A	We do not hold this information in a format that we can accurately report on.	N/A
<b>CHS Healthcare</b>	<b>July 2022-March 2023</b>	<b>April 2023-March 2024</b>	<b>April 2024-Feb 2025</b>
The total number of complaints received about outsourced CHC assessments.	1	2	0
The total number of CHC eligibility appeals related to outsourced assessments.	7	4	2
The number of ICB decisions overturned on appeal, and the body responsible for the decision (e.g., NHS England, independent review panels).	NHSE – 1 ICB - 5	NHSE – 1	ICB - 1
The number of interagency disputes (e.g., between ICBs and local authorities) resulting from outsourced assessments.	0	0	0

<b>5. Data Sharing &amp; Patient Notification</b>			
To understand how patient data was managed when outsourcing CHC assessments:			
	<b>UB Healthcare</b>	<b>Liaison</b>	<b>CHS Healthcare</b>
Was patient data shared with the outsourced provider? If so, please confirm:	Data agreement verified by data controller.	Data agreement verified by data controller.	Data agreement verified by data controller.
<ul style="list-style-type: none"> <li>The legal basis under which patient data was shared.</li> </ul>	In accordance with NHS Standard Contract	In accordance with NHS Standard Contract	In accordance with NHS Standard Contract
<ul style="list-style-type: none"> <li>The types of data shared (e.g., clinical records, care plans, financial assessments).</li> </ul>	Personal data, most recent DST	Personal data, most recent review document	Personal Data, Clinical information if held by ICB
<ul style="list-style-type: none"> <li>Whether the provider was required to comply with NHS Data Security and Protection Toolkit (DSPT) standards.</li> </ul>	Yes – in accordance with Framework and NHS Standard Contract	Yes – in accordance with Framework and NHS Standard Contract	Yes – in accordance with Framework and NHS Standard Contract
How were patients informed that their data would be shared with the outsourced provider?	Letter sent to all patients involved advising their data would be shared with provider	Letter sent to all patients involved advising their data would be shared with provider	Letter sent to all patients involved advising their data would be shared with provider

<ul style="list-style-type: none"> <li>What information was provided to patients (e.g., privacy notices, consent forms)?</li> </ul>	Consent form from provider	Consent form from provider	Consent form
<ul style="list-style-type: none"> <li>Please provide copies of all patient-facing communications related to data sharing, including letters, leaflets, emails, or any other notification methods.</li> </ul>	Please see attachment A.	Please see attachment B.	Please see attachment C. Please see attachment D. Please see attachment E. Please see attachment F.
<ul style="list-style-type: none"> <li>How much notice were patients given before their data was shared?</li> </ul>	5 days	7 days	Assessments completed on request
A copy of any Data Protection Impact Assessment (DPIA) conducted before sharing patient data with an outsourced provider.	Please see attachment G.	Please see attachment H.	Included as part of contract so cannot be shared. (* See exemption below).

6. Equality Impact & Patient Consultation			
	UB Healthcare	Liaison	CHS Healthcare
Please provide a copy of any Equality Impact Assessment (EIA) conducted in relation to the outsourcing of CHC assessments.	Included as part of the policies which are available from the ICB website - <a href="#">Our Policies and Procedures - NHS Nottingham and Nottinghamshire ICB</a>	Included as part of the policies which are available from the ICB website - <a href="#">Our Policies and Procedures - NHS Nottingham and Nottinghamshire ICB</a>	Included as part of the policies which are available from the ICB website - <a href="#">Our Policies and Procedures - NHS Nottingham and Nottinghamshire ICB</a>
Has the ICB consulted patient groups, advocacy organisations, or families regarding the outsourcing of CHC assessments? If so, please provide copies of any consultation reports or feedback summaries.	No	No	No

\*Exemption applied at Questions 1 and 5:

The ICB is unable to share this information as it is deemed commercially sensitive under Section 43 (2) of the Act.

Section 43 of the Act states that:

(1) Information is exempt information if it constitutes a trade secret.



(2) Information is exempt information if its disclosure under this Act would, or would be likely to, prejudice the commercial interests of any person (including the public authority holding it).

(3) The duty to confirm or deny does not arise if, or to the extent that, compliance with section 1(1)(a) would, or would be likely to, prejudice the interests mentioned in subsection (2).

A **public interest test** was undertaken on 14 April 2025 in response to your request made under the Freedom of Information Act 2000.

The Information Commissioner's Office (ICO) sets out public interest factors in favour of and against disclosure. Some of the factors in favour were as follows:

- Ensuring that the public authority can be held accountable for its decisions, particularly as to how it spends public money.
- Ensuring that a tender process is open and transparent.
- Providing insight into the nature of a procurement process and winning bids, so that other companies are encouraged to take part in the process and improve future bids.

Public interest factors against disclosure (and in favour of the maintenance of an exemption) included:

- There is an inherent public interest in the maintenance of the exemption, and of upholding private companies' expectations that commercially confidential information will be protected from disclosure when they engage in public authority tenders.
- Avoiding the discouragement of prospective tenderers from tendering for public sector contracts, for fear of disclosure of their commercially sensitive information to competitors, and that this may adversely affect both the quality of tenders for public sector contracts, and public authorities' ability to negotiate them effectively.
- Maintaining a competitive market and driving competition as this benefits public authorities and consumers, and which could be threatened by disclosure of companies' commercial information.

On balance of the factors considered above, along with relevant case law, we considered that the ICB would be entitled to withhold a copy of the Key Performance Indicators (KPIs) set for the provider and details of how their performance is measured and also withhold a copy of any Data Protection Impact Assessment (DPIA) conducted before sharing patient data with an outsourced provider and that this would not be superseded by public interest considerations.

Due to an administrative error, the Data Protection Impact Assessment for UB Healthcare incorrectly stated that the legal basis for processing under UK GDPR was Article 6(1)(a) – Consent and Article 9(2)(a) – Explicit Consent.

The correct legal basis was Article 6(1)(e) – Processing necessary for the performance of a task carried out in the public interest, and Article 9(2)(h) – Processing necessary for the purposes of preventive or occupational medicine, the provision of health or social care, or treatment.

If you are unhappy with the way in which your request has been handled, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) has an internal review procedure through which you can raise any concerns you might have. Further details of this procedure can be obtained by contacting Lucy Branson, Director of Corporate Affairs via [lucy.branson@nhs.net](mailto:lucy.branson@nhs.net) or by writing to FOI Team at NHS Nottingham and Nottinghamshire ICB, Sir John Robinson House, Sir John Robinson Way, Arnold, Daybrook, Nottingham NG5 6DA.



If you remain dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office (ICO), who will consider whether the organisation has complied with its obligations under the Act and can require the organisation to remedy any problems. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by NHS Nottingham and Nottinghamshire ICB. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/for-the-public/>

Complaints to the Information Commissioner's Office should be sent to:

FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 123 1113 or report a concern via <https://ico.org.uk/concerns/>

Yours sincerely

Freedom of Information (FOI) Officer on behalf of NHS Nottingham and Nottinghamshire Integrated Care Board

[nnicb-nn.foi@nhs.net](mailto:nnicb-nn.foi@nhs.net)

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the [Open Government Licence](#) (OGL) a request to re-use is not required, but the license conditions must be met. You must not re-use any previously unreleased information without having the consent of NHS Nottingham and Nottinghamshire Integrated Care Board. Should you wish to re-use previously unreleased information then you must make your request in writing (email will suffice) to the FOI Lead via [nnicb-nn.foi@nhs.net](mailto:nnicb-nn.foi@nhs.net). All requests for re-use will be responded to within 20 working days of receipt.