



Nottingham and
Nottinghamshire
Integrated Care Board

Personal Health Budgets and Integrated Personal Budgets Policy

July 2022 - July 2024

CONTROL RECORD			
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			Team Personalised Care team, Quality Directorate
Title	Personal Health Budgets and Integrated Personal Budgets Policy		
Amendments	Review Date amended to July 2024		
Purpose	<p>The Integrated Care Board (ICB) has established this commissioning policy to ensure the best use of NHS resources, providing a level of service that is sustainable and equitable (fair) to the health and well-being of the people within the ICB footprint.</p> <p>This policy covers those individuals who have the legal right to have a personal health budget, and where health and social care work together to provide an integrated personal budget.</p>		
Superseded Documents	Personal Health Budgets and Integrated Personal Budgets Policy v1.0		
Audience	The document is aimed at the public, staff within the Nottingham and Nottinghamshire Integrated Care Board and providers who deliver personal health budgets.		
Consulted with	None		
Equality Impact Assessment	See Section 17		
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<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>			

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1. Introduction

- 1.1 This policy applies to NHS Nottingham and Nottinghamshire Integrated Care Board (ICB); hereafter referred to as 'the ICB' and outlines the national context for Personal Health Budgets and Integrated Personal Budgets (hereafter referred to as 'budgets').
- 1.2 The NHS exists to serve the needs of all but also has a statutory duty to financially break even (National Health Service Act 2006). ICBs have a responsibility to provide health benefits for the whole of their population, whilst commissioning appropriate care to meet the clinical needs of individual patients.
- 1.3 The Integrated Care Board (ICB) has established this commissioning policy to ensure the best use of NHS resources, providing a level of service that is sustainable and equitable (fair) to the health and well-being of the people within the ICB footprint.
- 1.4 This policy covers those individuals who have the legal right to have a personal health budget, and where health and social care work together to provide an integrated personal budget.

The groups of people with a legal right to have a personal health budget are:

- Adult NHS Continuing Healthcare (NHS CHC)
- After-care services under section 117 of the Mental Health Act (1983)
- Personal wheelchair budgets
- Children and Young Person's Continuing Care.

- 1.5 In addition, the ICB offer integrated personal health budgets to people who are not eligible for NHS CHC and receive a package of health and social care as an integrated personal budget.

2. Purpose

- 2.1. The purpose of this policy is to ensure that high-quality, cost-effective care is delivered, and to support consistency and equity of access to services for individuals assessed as eligible for a Personal Health Budget.
- 2.2. This policy should be used alongside the ICB personal health budget guidance and standard operating procedures and processes.

3. Scope

- 3.1. This policy applies to all employees and appointees of the ICB and any individuals working within the ICB in a temporary capacity.

4. Definitions

Term	Definition
Personal Health Budget	<p>A personal health budget is an amount of money to support a person's identified health and wellbeing needs, which is planned and agreed between the person, their representative, or, in the case of children, their families or carers and the local NHS team. It is not new money, but money that would normally have been spent by the NHS on a person's care being spent in a more flexible way to meet their identified needs. The use of personal health budgets is one way of providing more personalised care and means tailoring services and support for people to enable them to have choice, control, and flexibility over their care. Personal wheelchair budgets are another form of personal health budget.</p>
Integrated Personal Budget	<p>An integrated personal budget is where the budget includes funding from both the local authority and the NHS. This could be for health and social care needs and where appropriate, includes education funding. Integrated personal budgets aim to put in place a seamless approach to care, so that people and their families have the same experience of care and support, regardless of whether their care is funded by the local authority or the NHS.</p> <p>The joint funded packages of care and S117 aftercare are provided to people as integrated personal budgets.</p>
Options in how people can have a budget	
Notional Budget	<p>The money is held by the NHS. No money changes hands. The person is informed how much money is available and is invited to talk to their local NHS team about the different ways to spend that money on meeting their individual support needs. The local NHS team will then arrange the agreed support.</p>
Third Party Budget	<p>The money is paid to an organisation that holds the money on the person's behalf. A different organisation or trust holds the money for the person and helps them to decide what they need. After the person has agreed this with their local NHS team, the organisation then buys the care and support the person has chosen. The organisation becomes the legal employer for the person.</p>

5. Roles and Responsibilities

Roles	Responsibilities
Directors	Directors have overall accountabilities for all aspects of an individual's safety within the ICB and to ensure appropriate care is delivered. The ICB's Directors are responsible for the implementation of all relevant policies and arrangements within their areas of control and to lead their managers and staff in proactive and effective risk management.
Director of Nursing	The Director of Nursing leads on Personalised Care and has a consultative and advisory role in clinical and operational aspects within the team. The Director of Nursing ensures that the ICB has met its responsibilities.
Assistant Director, Heads of CHC and PHB and Case Managers	Responsible for ensuring that the PHB and CHC team work to the policy related to CHC and Children and Young People's Continuing Care and personal health budgets, to ensure the delivery of best possible health and well-being outcomes, as well as working to promote equality, and achieving this with the best use of available resources.
CHC Delivery Unit staff	All members of CHC staff have a responsibility to familiarise themselves with the contents of the Policy.
Personalised Care Team	All members of PBH staff have a responsibility to familiarise themselves with the contents of the Policy
Wheelchair services Delivery Unit managers and staff	All members of wheelchair services managers and staff have a responsibility to familiarise themselves with the contents of the Policy.

6. NHS Long Term Plan for Personalised Care

- 6.1 The NHS Long Term Plan outlines how personalised care will support the transformation of the NHS over the next 10 years and this policy describes how the ICB will meet the objectives of the NHS Long Term Plan whilst fulfilling the legal duty to provide personalised health budgets to our patients.

6.2 The NHS Long Term plan describes a new service model for the 21st century and sets out practical changes to transform the NHS service model over the next five years, including;

- Ensuring more people can benefit from personalised care is one of the key aims of the NHS Long Term Plan and this includes the ambition to increase the uptake of personal health budgets to 200,000 people by 2023/24 which is outlined further in Comprehensive Model for Universal Personalised Care.
- The legal right to have a personal health budget, and the extension of this right was made in 2019 supports the ICB to deliver on this aim. It enables people experiencing some of the most significant long-term health conditions to exercise greater choice and control and to enhance independent living in the community.
- By extending the legal right NHS England's (NHSE) aim is to increase the numbers of personal health budget holders, many of whom will have had limited opportunities to exercise choice and control over their health and wellbeing prior to this right.
- All areas across England are expected to offer personal health budgets to additional groups of people, based on local need, but who do not have a legal right to have a personal health budget.
- The ICB is working with the four Place Based Partnerships of Bassetlaw, Mid Nottinghamshire, South Nottinghamshire, and Nottingham City, to agree groups of people who may benefit from a personal health budget, based on local population needs.

7. Eligibility for Personal Health Budgets

7.1. The ICB has a duty to ensure eligible groups of people benefit from the legal right to have a personal health budget. The groups of people who have a legal right to have a personal health budget are listed below.

7.2. *NHS Continuing Healthcare*

People who are assessed as or are already eligible for NHS CHC (including fast track cases) as defined by the National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK (www.gov.uk).

7.3. *Children and young people continuing care*

Families of children and young people eligible for Children and young people's continuing care national framework - GOV.UK (www.gov.uk), who have had a right to have a personal health budget since October 2014.

In the case of children and young people, this refers to the element of their care package that would normally be provided by the NHS once they become eligible for

continuing care, and not the elements of their package provided by social care or education.

7.4. *After-care services under section 117 of the Mental Health Act*

The Explanatory Memorandum defines eligibility for section 117 after-care as:

‘The provision or arrangement of help and support for people who have been detained in hospital under sections 3, 37, 45A, 47 or 48 of the Mental Health Act 1983, when they leave hospital. Section 117 after-care services include healthcare, social care, and employment services, supported accommodation, and services to meet people’s social, cultural and spiritual needs – as long as the needs arise from or are related to the person’s mental condition and helps reduce the risk of their mental condition getting worse. It also applies to people if they have been discharged onto a community treatment order (CTO), granted leave of absence under section 17 leave and are section 117, or are a restricted patient on a conditional discharge.’

Chapter 33 The Mental Health Act Code of Practice states that ‘planning of aftercare needs to start as soon as the patient is admitted to hospital’. Therefore, a personal health budget can be considered:

Whenever planning is taking place for section 117 mental health after-care needs during an admission to hospital: or

- At any assessment held to review the person’s section 117 after-care package of support in the community, which may be managed by either the local authority or the NHS. This will include Care and Treatment Reviews (CTR) for adults, or Care Education and Treatment Reviews (CETR) for children, who have a learning disability and/or autistic people who are section 117 eligible.
- After-care planning for all patients admitted to hospital for treatment for a mental health disorder should be planned within the framework of the Care Programme Approach (CPA). However, if an eligible person’s care is not being managed under CPA, this should not impact their right to a personal health budget as this right is not based on how services are locally delivered but on their eligibility for section 117 after-care.

7.5. *Personal wheelchair budgets*

People who are referred and meet the eligibility criteria of their local NHS wheelchair service and people who are already registered with the wheelchair service, will be eligible for a personal wheelchair budget when they require a new wheelchair or specialist buggy, either through a change in clinical needs or in the condition of the current chair. ‘Wheelchair services’ means services which are arranged and funded by a relevant body for a person with a medically recognised long-term disability who for their health and wellbeing requires a wheelchair or

specialist buggy to carry out normal day-to-day activities. For this guidance, long-term broadly means six months or more. However, individual eligibility for local wheelchair services may be flexible and if a person presents with a significant unmet postural and mobility need under the six-month period, ICBs may use their discretion to provide a personal wheelchair budget if it is clinically appropriate and the person meets their local eligibility criteria for the provision of a wheelchair and / or a specialist buggy.

7.6. *Local offer - Joint Packages of Health and Social Care Services*

All areas across England are expected to offer personal health budgets to additional groups of people, based on local need, but who do not have a legal right to have a personal health budget. The ICB is working with the Place Based Partnerships

Currently, the ICB offers integrated personal budgets to people who are not eligible for NHS CHC and receive a package of health and social care as an integrated personal budget.

There will be some individuals who, although they are not entitled to NHS CHC (because 'taken as a whole' their needs are not beyond the powers of a local authority to meet), but nonetheless have some specific needs identified through the Decision Support Tool (DST) that are not of a nature that a Local Authority (LA) can solely meet or are beyond the powers of an LA to solely meet. ICBs should work in partnership with their LA colleagues to agree their respective responsibilities in a joint package of care, including which party will take the lead commissioning role.

If a person is not eligible for NHS CHC, they may receive a package of health and social care (rather than be fully funded by the NHS). In these cases, the person will have an integrated personal budget.

7.7. *Considerations for people with fluctuating conditions*

Some people may have fluctuating conditions which means they may, at times, not be eligible for NHS CHC, continuing care for children, section 117 after-care or need a wheelchair. However, they may continue to have their identified health needs met by a personal health budget. The only difference is that they cease to have the right to have a personal health budget.

The duty to provide section 117 after-care services exists until both the ICB and local authority are satisfied the person no longer requires that support. These services can be reinstated if it becomes obvious that they have been withdrawn prematurely (such as when a person's mental health begins to deteriorate). Reinstating section 117 after-care is not dependent on a person being readmitted to hospital on a section in these circumstances. If a person is eligible for section 117 after-care they will have the right to have a personal health budget and a personal health budget should be considered as an option for people with fluctuating mental health conditions.

7.8. ***Considerations for children and young people in transition***

Children and young people eligible for continuing care who have a personal health budget and who transition to adult services should be supported to continue to access their assessed health care needs via a personal health budget, whether they are found to be eligible for adult NHS CHC or not. Although these young people may cease to have a right to have a personal health budget, ICBs can choose to continue to offer services via a personal health budget on a voluntary basis. Therefore, transitioning from child to adult services should not be the sole reason for stopping a personal health budget.

Section 117 after-care applies across all ages. Therefore, young people transitioning into adult services will continue to have the right to a personal health budget for their after care.

Wheelchair services are traditionally commissioned as an all-age service, therefore there is no transition into adult wheelchair services. Personal wheelchair budgets support wheelchair assessment and provision to be considered as part of wider transition planning. This is underpinned by the expectations of The Special Educational Needs and Disability Code of Practice in which joint commissioning is a 'must do', to support joint working across education, health, and care for joint outcomes. Transition should be planned and agreed with the young person and their family or carers in good time to avoid any disruption or delay to implementing a package of care. Chapter 8 of the Code provides further useful information relating to transition and planning for adulthood.

8. Wheelchair Personal Health Budgets

A personal wheelchair budget can be managed in the following ways:

8.1. Notional personal wheelchair budget

This is where the person chooses to use their personal wheelchair budget within NHS commissioned services and the service purchases and provides the chair. This also offers the option for contributions to the personal wheelchair budget to enhance the wheelchair people can access. This contribution may come from an integrated package with other agencies such as education, social care, a voluntary or charity organisation, or through self-pay. This would have previously been known as a partnership voucher.

8.2. Third party personal wheelchair budget

This is where the person chooses to use their personal wheelchair budget outside of NHS commissioned services. An independent provider receives the personal budget by invoicing the NHS. This may also be contributed to as above. This would have been known previously as an independent voucher.

8.3. **Traditional third-party personal health budget**

This is where an organisation, legally independent of both the NHS and the person holds the money and manages the budget. This could include provision of a wheelchair as part of a wider package of support.

8.4. **Direct payment**

This is where the budget holder holds the money in a bank account or an equivalent account and takes responsibility for arranging the care and support and supply of any equipment in line with the agreed personalised care and support plan.

Direct payments are not currently routinely available as an option for managing a standalone personal wheelchair budget. NHS England and NHS Improvement, and the Department of Health and Social Care, are currently reviewing existing regulations to establish whether additional contributions are permissible under the Direct Payments in Healthcare Regulations. Therefore, where a direct payment is requested, it would either need to meet the whole cost of the wheelchair (which may be appropriate as part of an NHS Continuing Healthcare package) or be part of an integrated package of care and clearly able to demonstrate the health and wellbeing outcome which required a contribution via a separately commissioned service.

9. **What can a Personal Health Budget be used for?**

- 9.1. Personal health budgets are not appropriate for all types of healthcare. There are exclusions for their use where the personal health budget is received as a direct payment and a full list can be found in The National Health Service (Direct Payments) Regulations 2013. Although the regulations refer specifically to direct payments, for consistency and good practice the exclusions should be applied to all types of personal health budgets.
- 9.2. A personal health budget can potentially be spent on a broader range of care and support than would routinely be commissioned by the NHS, if it is agreed as being appropriate to meet someone's identified needs and achieve their health outcomes. This could include funding for a personal assistant to help with personal care at home, and equipment such as a wheelchair. The ICB will not exclude unusual requests without examining the proposal on a case-by-case basis as these may have significant benefits for people's health and wellbeing.

10. **What a Personal Health Budget cannot be used for**

- 10.1. There are a small number of exclusions that are outlined in [The National Health Service \(Direct Payments\) Regulations 2013](#)

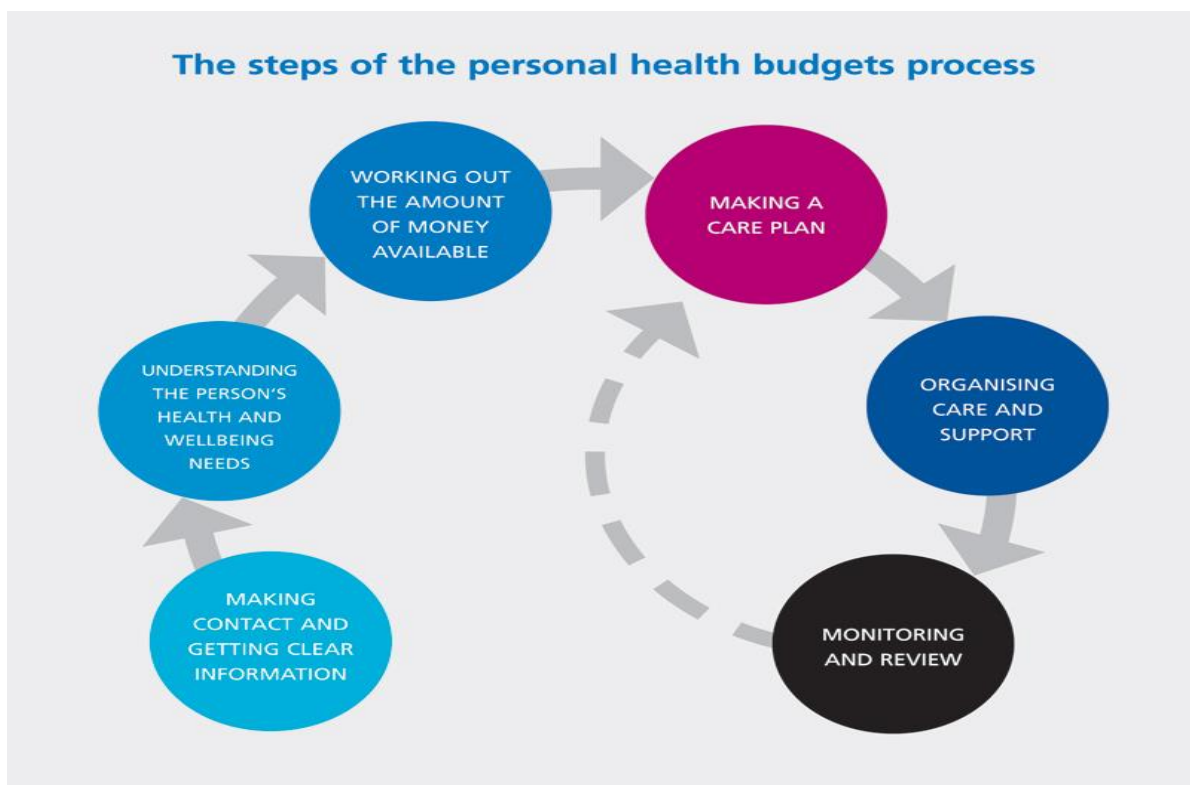
A personal health budget cannot be used to buy:

- Alcohol, tobacco, gambling or debt repayment, or anything that is illegal. There are restrictions on employing friends and close family members living in the same home.
- Emergency care – for example if someone in receipt of a personal health budget had an accident, they would go to A&E like everyone else.
- Primary care services such as seeing a GP services (GP contract).
- Acute unplanned care (including A&E).
- Surgical procedures.
- Medication.
- NHS charges e.g., prescription charges.
- Vaccination/immunisation.
- Screening.

11. Setting up a Personal Health Budget

11.1 There are six key features of a personal health budget that ensure people experience the best outcomes possible. A person should:

- Be central in developing their personalised care and support plan and agree who is involved
- Be able to agree the health and wellbeing outcomes (and learning outcomes for children and young people with education, health and care plans) they want to achieve, in dialogue with relevant health, education and social care professionals
- Know upfront an indication of how much money they have available for healthcare and support
- Have enough money in the budget to meet the health and wellbeing needs and outcomes agreed in the personalised care and support plan
- Have the option to manage the money as a direct payment, a notional budget, a third-party budget, or a mix of these approaches
- Be able to use the money to meet their outcomes in ways and at times that make sense to them, as agreed in their personalised care and support plan.



12. Equality and Diversity Statement

- 12.1. Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services, as well as an employer.
- 12.2. The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 12.3. We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.
- 12.4. As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 12.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

13. Communication, Monitoring and Review

- 13.1. The policy will be published and maintained in line with the ICB's Policy Management Framework.
- 13.2. The ICB will establish effective arrangements for communicating the requirements of this policy and will provide guidance and support to line management in relation to their responsibilities.
- 13.3. This policy will be audited as to effectiveness of ensuring choice and equity in the delivery of Personal health budgets to individuals across the ICB.
- 13.4. This policy will be reviewed every three years, or if there are changes in national guidance on the legal right to have a personal health budget or the ICBs local offer of a personal health budget and will be approved by the ICB's Strategic Planning and Integration Committee.
- 13.5. Any individual who has queries regarding the content of the Policy, or has difficulty understanding how this relates to their role, should contact the ICB's Personalised Care Team via email: NNICB-NN.personalisedcare@nhs.net
- 13.6. The policy will be highlighted to new staff as part of the local induction process and made available to all staff through the ICB's internal communication procedures (and internet/intranet sites).
- 13.7. The ICB's Quality, People and Inequalities will review the effectiveness of this policy, and its implementation.
- 13.8. Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the Personal Health Budget Team.

14. Staff Training

- 14.1. Awareness of this policy will be proactively undertaken throughout the ICB and ongoing support will be provided to individuals to enable them to discharge their responsibilities.

15. Interaction with other Policies

- Ethical Decision-Making Framework
- Continuing Healthcare, Children and Young People's Packages of Health and Social Care Services
- Children and Young People Continuing Care Policy
- Individual Funding Request Policy
- Section 117 After Care Policy.

16. References

- NHS England and Improvement: Universal Personalised Care: Implementing the Comprehensive Model [NHS England » Universal Personalised Care: Implementing the Comprehensive Model](#)
- NHS Long Term Plan [NHS Long Term Plan » The NHS Long Term Plan](#)
- NICE Guidance Transition from Children's to Adult's Services for Young People Using Health or Social Care Services [Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE](#)
- Guidance on Direct Payments for Healthcare: Understanding the Regulations [guid-direct-paymnt.pdf \(england.nhs.uk\)](#)
- National Framework for Children and Young People's Continuing Care [Children and young people's continuing care national framework - GOV.UK \(www.gov.uk\)](#)
- Mental Health Act 2007
- [newbook.book \(legislation.gov.uk\)](#)
- ADASS Guidance and Principles for After-Care Services Under Section 117 [Section-117-Protocol-reviewed-Dec-2018.pdf \(londonadass.org.uk\)](#)
- Care Act 2014 [Care Act 2014 \(legislation.gov.uk\)](#)

17. Equality Impact Assessment

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age¹	Yes, there is a potential adverse impact on people of all ages.	A personalised approach is offered through individual choice and control within the ICB's available resources. The ICB will ensure the balance between cost and individual choice is applied consistently and equitably across all individuals who are eligible for NHS funded care.	The ICB will always work with patients and families to find the most appropriate way to meet identified needs. The ICB will be responsive to changing needs and circumstances.	A person-centred approach will achieve better outcomes by promoting health, well-being and independence through choice and control.
Disability²	Yes, there is a potential impact on people who do not have capacity to make decisions and choices about their care.	The UCB will work with fellow professionals and families to make best interest decisions where required.	No	N/A

¹ A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

² A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
	The policy may impact on people with physical or learning disabilities when the person's preference is for a package of care at home which is high cost due to complexity and intensity of needs. There is a potential impact on people who have communication difficulties due to a sensory impairment.			
Gender identity (trans, non-binary)³	No, the ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning	N/A	N/A	N/A
Marriage or civil partnership status⁴	No, the ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning.	N/A	N/A	N/A

³ The process of transitioning from one gender to another.

⁴ Marriage is a union between a man and a woman or between a same-sex couple.
Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Pregnancy or maternity⁵	No, the ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning.	N/A	N/A	N/A
Race⁶	No, the ICB's approach is to provide person-centred care to meet assessed needs. Therefore any cultural needs are taken into account as part of the care and support planning. There is a potential impact on people who do not have English as a first language.	Mechanisms are in place via the Communications and Engagement Team to receive information in a range of languages.	N/A	N/A
Religion or belief⁷	No, the ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning.	N/A	N/A	N/A

⁵ Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

⁶ Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

⁷ Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Gender⁸	No, the ICB's approach is to provide person-centred care to meet assessed needs which are taken into account as part of the care and support planning.	N/A	N/A	N/A
Sexual orientation⁹	No, the ICB's approach is to provide person-centred care to meet assessed needs. Therefore all assessed needs are taken into account as part of the care and support planning.	N/A	N/A	N/A
Carers¹⁰	Yes	The ICB endeavours to consider respite as part of a care package where informal/family carers are delivering some of the care.	No	N/A

⁸ A man or a woman.

⁹ Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

¹⁰ Individuals within the ICB which may have carer responsibilities.