

Corporate	ICBP044 Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguards (DOLS) Policy
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Version Number	Date Issued	Review Date
V3	September 2025	September 2027

Prepared By:	Wendy Proctor Designated Nurse Safeguarding Adults
Consultation Process:	NENCICB Quality and Safeguarding Task and Finish Group
Formally Approved:	January 2023
Approved By:	Executive Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
December 2022	No issues identified.
April 2025	No issues identified

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.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
V1	July 2022	Designated Nurse Safeguarding Adults	First Issue
V2	January 2023	Director of nursing	Reviewed by subject matter expert, as part of forward plan. Minor amends made
V3	April 2025	Designated Nurse Safeguarding Adults	Reviewed as per ICB guidelines. Reformatted and updated to align with current guidance. This policy will require a review if LPS is enacted.

Approval

Role	Name	Date
Approver	Executive Committee	December 2022
Approver	Executive Committee	January 2023
Approver	Quality and Safety Committee	September 2025

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For the purposes of this policy NHS Integrated Care Board (the ICB) will be referred to as “the ICB”.

1. Purpose

This policy outlines how Northeast and North Cumbria Integrated Care Board (ICB) will discharge their duties of ensuring the ICB and its commissioned services are compliant with the [Mental Capacity Act \(2005\)](#), the [Mental Capacity Amendment Act \(2019\)](#) and [Deprivation of Liberty Safeguards \(DoLS\) 2009](#) and as outlined within the [NHS England \(2014\)](#) guidance for ICBs* and the [Safeguarding Accountability and Assurance Framework \(2022\)](#).

The Law Commission reviewed the DoLS guidance resulting in the [Mental Capacity Amendment Act 2019](#), which introduced Liberty Protection Safeguards (LPS). The implementation of LPS has been paused. At a time when the LPS is enacted this policy will need reviewed

This policy aims to ensure that no act or omission by the ICB as a commissioning organisation puts an adult who lacks mental capacity at risk by ensuring robust systems are in place to safeguard and promote the rights of adults in commissioned services.

This policy applies to all staff (temporary and permanent) directly employed by the ICB ensuring that all staff and commissioned services comply with MCA and DoLS legislation.

The policy does not set out to provide a detailed account of the MCA and DoLS but seeks to provide a manner for ensuring the ICB and its employees seek adequate assurances from service providers in their duty to deliver on the requirements of the Act

All managers must ensure their staff are made aware of this policy, how to access it and ensure its implementation in their line of responsibilities and accountabilities.

This policy should be read in conjunction with the

[The Mental Capacity Act 2005: Code of Practice](#)

[Deprivation of Liberty Safeguards \(DoLS\): Code of Practice](#)
[Mental Capacity \(Amendment\) Act 2019](#)

Safeguarding Adults Policy (ICB) ([LINK required](#))

1.1. Status

This policy is a corporate policy.

1.2. Introduction and Scope

The Mental Capacity Act (MCA) promotes the empowerment of individuals (aged 16 years and over) to make decisions for themselves as far as is possible and protects adults who may lack capacity to make their own decisions.

The MCA provides a framework for protecting people who may be unable to make decisions for themselves and for those who wish to plan for a time when they may lack capacity to make certain decisions in future.

The MCA is built on five statutory principles that guide and inform decision-making when working with people who may lack capacity for making choices in some aspects of their life, including their health care. The underlying philosophy is that any decision made, or action taken, must be made in the best interests of someone who lacks the capacity to make the decision or act for themselves.

The DoLS framework applies to people aged 18 or over and the purpose is to prevent arbitrary decisions that deprive people who lack capacity of their liberty. Under the framework, people can be deprived of their liberty in hospitals and care homes for the purposes of care and treatment. For supported living environment, adult placements and small homes an application for DOLs must be made to the Court of Protection.

The two codes of Practice for MCA and DoLS have statutory force meaning that there is a legal duty for certain people, including those providing health care, to have regard to the codes when appropriate (Links are above).

NHS commissioners require a good understanding of both MCA and DoLS so they can ensure that assessments of capacity are carried out appropriately, that decisions

made on behalf of people who lack capacity are made in their best interests and that any deprivation of liberty is authorised and monitored appropriately, and in line with due process.

2. Definitions

The following terms and abbreviations are used within this document:

Reference	Abbreviated Term
Mental Capacity Act 2005	MCA
Mental Health Act 2007	MHA
Independent Mental Capacity Advocate	IMCA
Office of the Public Guardian	OPG
Court of Protection	COP
Lasting Power of Attorney	LPA
Enduring Power of Attorney	EPA
Advance Decision to Refuse Treatment	ADRT
General Practitioner	GP
Deprivation of Liberty Safeguards 2009	DoLS
Deprived of Liberty	DoL
Supervisory Body	SB
Managing Authority	MA
Liberty Protection Safeguards	LPS

Advance Decision: This is a decision made by an adult with capacity to refuse specific medical treatment in advance. The decision will apply at a future date when the person lacks the capacity to consent or refuse the treatment specified in the advance decision.

Best Interests: Any act done, or decision made on behalf of a person who lacks capacity must be done or made in their Best Interests. Section 4 of the Mental Capacity Act sets out a non-exhaustive checklist.

Best Interests Assessor: Best Interests Assessors (BIAs) are authorised practitioners who complete Best Interests Assessments in accordance with the MCA who have undertaken further and continuous training to maintain their competence.

Court of Protection: The Mental Capacity Act created this court which has jurisdiction relating to the whole of the Act.

Decision Maker: This is a person who is responsible for deciding what is in the Best Interests of a person who lacks capacity which can be a professional, family member, carer or close friend dependent upon the decision needing to be made.

Deprivation of Liberty: This is a term used in the European Convention on Human Rights about circumstances when a person lacking capacity is deprived of their liberty. There is no simple definition of deprivation of liberty. See Chapter 2 of the DoLS Code

of Practice for a more detailed understanding. Case law constantly changes and informs practice relating to deprivation of liberty.

Independent Mental Capacity Advocate (IMCA):

This is a person who supports and represents a person who lack the capacity to make certain decisions where the person only has paid staff to support them. An IMCA must be instructed when the decision involves serious medical treatment, change in accommodation, and consideration when there are care reviews and safeguarding adults concerns.

Lasting Power of Attorney (LPA): This is a power of attorney created under the Mental Capacity Act 2005. It enables a person (the donor) with capacity to appoint another person to act on their behalf (the donee) in relation to decisions about the donor's financial and/or personal welfare (including healthcare) at a time when they no longer have capacity. An LPA must be registered with the Office of the Public Guardian before it can be used.

Managing Authority: The person or body with management responsibility for the hospital or care facility in which a person is or may become deprived of their liberty.

Mental Capacity: This describes a person's ability to make a specific decision at a specific time. A legal definition is contained in Section 2 of the Mental Capacity Act.

Restriction/Restraint: The MCA defines restraint as the use or threat of force where a person who lacks capacity resists, and any restriction of liberty or movement whether the person resists or not. Section 6 of the Mental Capacity Act sets out limitations on the use of restraint when acting in connection with care and treatment. Restraint is only permitted if the person using it reasonably believes it is necessary to prevent harm to the person who lacks capacity, and if the restraint used is a proportionate response to the likelihood and seriousness of the harm.

Supervisory Body: A local authority, that is responsible for considering deprivation of liberty requests, commissioning the assessments, and where all the assessments agree, authorising deprivation of liberty.

Office of the Public Guardian: The Office of the Public Guardian is a government body that polices the activities of deputies, attorneys and guardians who act on behalf of people who lack the mental capacity for making decisions about finances, health and welfare

3 Governance and Accountability

The ICB is responsible for ensuring all its provider services have arrangements in place to meet their statutory requirements as well as service contract standards.

The ICB through its governance structures and quality arrangements will assure itself that its commissioned services are compliant and will receive regular reports and updates with reference to MCA and DoLS.

The ICB will ensure effective leadership, commissioning and governance through the following:

- Annual report
- Ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding compliance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and that ICB commissioning, contracting, contract monitoring, and quality assurance processes fully reflects this.
- Ensuring service specifications, invitations to tender and service contracts fully reflect MCA and MCA DoLS requirements as outlined in this policy with specific reference to the clear standards for service delivery.
- Providing regular updates and reports, including data and information regarding compliance to be provided via quality arrangements.
- Ensuring a system is in place for escalating risks via Risk Registers and quality arrangements.

3.1 Service Contract Standards

Clear service standards for ensuring compliance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) will be included in NHS commissioned service contracts, as appropriate to the service.

The ICB will seek assurance from providers in relation to these standards via its contract management and quality assurance processes.

4. Duties and Responsibilities

ICB responsibilities:

To discharge their responsibilities with respect to the Mental Capacity Act the ICB will:

- Identify a named MCA Lead to be accountable for ensuring that relevant policy, procedure, and organisational structures support their role.
- Provide mandatory training for relevant ICB staff on the MCA to ensure they are aware of their responsibilities for its effective implementation as a key priority within strategic planning processes.
- Ensure that all contracts for the delivery of health care promote best practice and include clear standards for implementing the MCA, DoLS specifying compliance.
- Ensure that all health providers from whom services are commissioned have a comprehensive policy and procedure for MCA/DOLS including auditing of standards thereby providing assurance that the legislation is being correctly

implemented. In addition, MCA/DoLS is included in other key policies e.g., Safeguarding, Consent, Restraint and Advanced Decision making.

- Work with Local Safeguarding Adults Boards and Board sub-groups to provide joint strategic leadership on MCA and DoLS
- Ensure that learning from cases where mental capacity has been an issue will be used to inform future commissioning and practice.

Lead	Duties and Responsibilities
ICB Chief Executive	The Accountable Officers of the ICB have overall responsibility for ensuring that the duties related to MCA and DOLS are effectively implemented across the local health economy through the ICB commissioning arrangements.
Executive Chief Nurse	The Executive Chief Nurse has overall accountability and responsibility for the strategic direction and operational management, including ensuring that process documents comply with all legal, statutory and good practice requirements. The Executive Chief Nurse is the Sponsoring Director for this policy and is responsible for ensuring that: • this policy is drafted, approved and disseminated in accordance with the Policy for the Development and Approval of Policies • the necessary training required to implement this document is identified and resourced. • mechanisms are in place for the regular evaluation of the implementation and effectiveness of this document. • the ICB has in place assurance processes to ensure compliance with MCA and DoLS legislation, guidance, policy, procedures, code of practice, quality standards, and contract monitoring of providers
Nurse Director	Nurse Directors will be responsible through delegated authority, for assuring the Governing Body in respect of all issues relating to the implementation of the requirements of both MCA and DoLS..
Designated Professionals for Adult Safeguarding	The Designated professionals for Safeguarding Adults are the Nominated Leads for MCA. They will: • ensure robust assurance arrangements are in place within the ICB and ICP • provide advice and expertise to the ICB, Local Safeguarding Boards and to professionals across the NHS and partner agencies • provide professional leadership, advice, support and professional supervision to the lead adult safeguarding professionals in each provider organisations.

	• represent the ICB on relevant committees, networks and multi-agency groups charged with responsibility for leadership, oversight and implementation of MCA and DoLS • lead and support the development of MCA and DoLS policy and procedures in the ICB in accordance with national, regional and local requirements. • provide advice and guidance in relation to MCA and DoLS training including standards • Ensure quality standards for MCA and DoLS are developed and included in all provider contracts and that compliance is evidenced. • provide regular updates via the quality assurance processes and is responsible for ensuring policy development and compliance.
Named GP (Named Primary Care Clinical Professionals)	The Named GP (or Named Primary Care Clinical Professionals) will lead and support the development of practice within General Practice which includes training standards and compliance with statutory guidance.
Managers and Executive Leads	Executive leads and Managers have responsibility for: • ensuring they are aware of and able to carry out their responsibilities in relation to MCA and DoLS • ensure that the MCA and DoLS policy is implemented in their Local Delivery Team. • ensuring staff are aware of the contact details of the Designated Professionals for Safeguarding Adults and the local authority contact number for MCA and DoLS • ensuring that all staff undertake mandatory MCA and DoLS training at the appropriate level for their role
All staff	• where applicable, will have a responsibility to ensure that MCA and DoLS is included in commissioning process/contracts • to undertake training, including attending regular updates so that they maintain their skills and are familiar with the legal requirements of the Mental Capacity Act. • All staff having contact with patient groups to be aware of principles of confidentiality and information sharing in line with the Mental Capacity Act. • contribute, when requested to do so, to the multi-agency best interest meetings when related to commissioning of placements or packages of care.

5. Implementation

This policy will be available to all Staff within the ICB via the shared intranet and the internet sites.

All Executive leads and Managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties.

6. Training Implications

The ICB will enable employed staff (temporary and permanent) to participate in MCA and DoLS training relevant and proportionate to their role to meet the requirements of commissioning of services. And as outlined within the [Adult Safeguarding: Roles and Competencies for Healthcare staff](#) and the [National Mental Capacity Act Competency Framework](#)

The ICB will seek assurance from providers on compliance for staff training and induction in relation to MCA and DOLS/ in line with the standard NHS contract.

The ICB will seek assurance that any Best Interests Assessors who may be employed by them maintain their competence and registration in accordance with the requirements of the Mental Capacity Act.

7. Documentation

7.1 Other related policy and resource

- Safeguarding Adults Policy:
- [GMC MCA tool kit](#)

7.2 Legislation and statutory requirements

- Cabinet Office (1998) *Human Rights Act 1998*. London. HMSO.
- Cabinet Office (2000) *Freedom of Information Act 2000*. London. HMSO.
- Cabinet Office (2005) *Mental Capacity Act 2005*. London. HMSO.
- Cabinet Office (2006) *Equality Act 2006*. London. HMSO.
- Cabinet Office (2007) *Mental Health Act 2007*. London. HMSO.
- Health and Safety Executive (1974) *Health and Safety at Work etc. Act 1974*. London. HMSO.
- Cabinet Office (1983) *Mental Health Act 1983*. London. HMSO • Cabinet Office (2005) *Mental Capacity Act 2005*. London. HMSO.
- Cabinet Office (2007) *Mental Health Act 2007*. London. HMSO
- Department of Health (2007) *Mental Capacity Act 2005: Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*. London. DH.
- Department of Health (2009) *The Mental Capacity Act Deprivation of Liberty Safeguards*. London. DH.
- Griffiths, Rachel and Leighton, John (November 2012) Adults' Service SCIE

Report 62. Managing the transfer of responsibilities under the Deprivation of Liberty Safeguards: a resource for local authorities and healthcare Commissioners. London: Social Care Institute for Excellence.

- Health and Safety Executive (1974) *Health and Safety at Work etc. Act 1974*. London. HMSO.
- House of Lords (March 2014) Select Committee on the Mental Capacity Act 2005: Post-legislative scrutiny. London: The Stationery Office
- P (by his litigation friend the Official Solicitor) (Appellant) v Cheshire West and Chester Council and another (Respondents) P and Q (by their litigation friend, the Official Solicitor) (appellants) v Surrey County Council (Respondents) [2014] UKSC 19 on appeal from: [2011] EWCA Civ 1257; [2011] EWCA Civ 190
- A Local Authority v JB [2021] UKSC 52

7.3 Best practice recommendations

- Department of Health. (2006) *Records Management: NHS Code of Practice*. London: DH.
- Independent Safeguarding Authority (<http://www.isa-gov.org.uk/>)

8. Monitoring, Review and Archiving

8.1 Monitoring

The ICB will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

The ICB will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The ICB will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

Appendix 1: Equality Analysis

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: Wendy Proctor

Job Title: Designated Nurse Safeguarding Adults.

Organisation: NENC ICB

Title of the service/project or policy: Mental Capacity Act and Deprivation of Liberty Safeguards 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 policy sets out how the ICB will fulfil its duties and responsibilities effectively both within its own organisation and across the local health economy via its commissioning arrangements in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards 2009. The ICB as commissioners must understand the implications of the MCA and DoLS, and ICB commissioned services must demonstrate compliance with the MCA and as appropriate compliance with DoLS.

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** Legal delegate consents such as LPA or appointees

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	☐	☒
Has there been or likely to be any staff/patient/public concerns?	☐	☒
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☐	☒
Could this piece of work affect the workforce or employment practices?	☒	☐
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	☐	☒

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:

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/accessibleinfo-standard-overview-2017-18.pdf	☒	☐
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 NECSU.comms@nhs.net		
If any of the above have not been implemented, please state the reason: Not applicable.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
David Purdue	Executive Chief Nurse NENC ICB	July 2022

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.

Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

This document is to be completed following the STEP 1 – Initial Screening Assessment

STEP 2 EVIDENCE GATHERING

Name(s) and role(s) of person completing this assessment:

Name: Wendy Proctor

Job Title: Designated Nurse Safeguarding Adults

Organisation: ICB NENC

Title of the service/project or policy: Mental Capacity Act and Deprivation of Liberty Safeguards Policy

Existing ☐ **New / Proposed** ☐ **Changed** ☒

What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;

To set out the policy for ICB / to meet its statutory responsibilities in relation to the Mental Capacity Act, including the MCA amendment Act

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- Consultants ☒ • Nurses ☒ • Doctors ☒ • Staff ☒ • Service User / Patients ☒
- Others, please specify [Click here to enter text.](#)

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(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, other)	The existing policy has been reviewed and amended in preparation for transition to the Integrated Care Board during the review cycle.

STEP 3: FULL EQUALITY IMPACT ASSESSMENT

PLEASE NOTE THE INFORMATION OUTLINED IN THE TEXT BOXES LISTS PROMPTS FOR GUIDANCE PURPOSES. PLEASE INPUT INFORMATION OR DELETE AS APPROPRIATE.

The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.

Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:

Age

A person belonging to a particular age

No impact

Disability

A person who 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

No impact

Gender reassignment (including transgender) and Gender Identity

Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into

alignment with his or her internal self perception.

No impact

Marriage and civil partnership

Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters

No impact

Pregnancy and maternity

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.

No impact

Race <i>It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.</i>
No impact
Religion or Belief <i>Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.</i>
No impact
Sex/Gender <i>A man or a woman.</i>
No impact
Sexual orientation <i>Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes</i>
No impact
Carers <i>A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person</i>
No impact
Other identified groups relating to Health Inequalities <i>such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.</i> <i>(Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.”</i> <i>Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)</i>
No impact

STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics? Guidance Notes • List the stakeholders engaged • What was their feedback? • List changes/improvements made as a result of their feedback • List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.
ICB representatives, and NHSE have all been involved and in agreement with the amendment of this policy
If no engagement has taken place, please state why:
Click here to enter text.

STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- | | |
|---|--|
| ☒ Verbal – meetings | ☐ Verbal - Telephone |
| ☐ Written – Letter | ☐ Written – Leaflets/guidance booklets |
| ☐ Written - Email | ☒ Internet/website ☒ Intranet page |
| ☒ Other | |

If other please state: Available in other formats on request

Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standardoverview-2017-18.pdf>

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

- ☒ Asking people if they have any information or communication needs, and find out how to meet their needs.
- ☒ Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.

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 NECSU.comms@nhs.net

If any of the above have not been implemented, please state the reason: [Click here to enter text.](#)

STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date

Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
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GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
.	Executive Chief Nurse NENC ICB	

Presented to (Appropriate Committee)	Publication Date
NENC ICB Board	

1. Please send the completed Equality Impact Assessment with your document to: necsu.equality@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 NECS Equality Team:
necsu.equality@nhs.net