

Health and Care Act 2022



The Health and Care Act 2022 changes how health and care services are planned, co-ordinated, and commissioned (purchased and paid for). The reforms (changes) aim to promote better joined-up services, and mean that local authorities, the local NHS, and local partners will be expected to work together in 'Integrated Care Systems'.

Integrated Care Systems have been in development for a number of years and will now be formalised in law. An Integrated Care System (ICS) is made up of two parts.

- The first is the Integrated Care Board (ICB), which has responsibilities for the NHS functions of the ICS, including the NHS budget and commissioning (purchasing and paying for) NHS services.
- The second part, the Integrated Care Partnership, has responsibility for wider public health and social care needs and for developing an integrated care strategy, but it does not commission (purchase and pay for) services.

Watch this video about Integrated Care Systems:



[Click here to watch the video](#)

Provider Collaboratives are another new feature of the Health and Care Act 2022. Provider Collaboratives are partnerships that bring together NHS Trusts and non-NHS providers from voluntary, community and social enterprises (VCSE) or the private sector to look at how to collaboratively (work together to) improve the delivery of services and outcomes for the community they are in.

Watch this video about provider collaboratives:



[Click here to watch the video](#)

The VCSE sector, is sometimes referred to as 'the Third Sector', 'Social Purpose Sector' or 'Civil Society'. It is made up of groups that are independent of the government, and they exist for the good of the community, to promote social, economic, environmental or cultural objectives to benefit society as a whole, or particular groups within it.

What does this mean for your relative and you (family carer)?

You should expect:

- Services to be better coordinated because people with a learning disability, autism or both are typically supported by more than one service at a time
- A holistic approach to your relative's health because it is important that both their physical and emotional and mental health is addressed because one influences the other
- Health and social care professionals to work in partnership with third sector and private providers and involve agencies such as housing. This is because factors such as poor housing, lack of education and employment opportunities can contribute to both physical and emotional and mental health
- Working in partnership and coordinating services will make a better use of resources. This saving will be reinvested to provide better early intervention services in the community
- A legal duty to involve local residents, people who access services (your relative) their family carers (you) and other family members, in the design and delivery of integrated services. One of the ways this will be done is through the involvement of Experts by Experience

[Read how CQC use Experts by Experience in their inspection process](#)



- Services available locally and close to home, including mental health services, e.g. assessment and treatment units
- Instead of success being measured by quantity, it will be measured by quality so instead of how many people have used a service, the focus will be on whether an intervention has had a positive impact, including being proactive in asking for and responding to feedback
- A big part of making services available locally will be identifying what is required to meet that

area's specific needs to ensure that people receive the right support at the right time close to home

A skilled workforce

As part of the Health and Care Act 2022, from 1 July 2022, **all** registered health and social care providers (not just specialist services) must ensure that **all** their staff (including ancillary, e.g. cleaning staff and administrative e.g. reception staff) receive training in learning disability and autism, including how to interact appropriately. This should be at a level appropriate to their role. For example, a reception staff member needs some awareness training as they may come into occasional contact with a person with a learning disability or autism compared to a healthcare professional who would require a higher level of training.

The Care Quality Commission are responsible for ensuring that this happens, and it will be part of their inspection criteria. If they identify that staff have not received training appropriate to their role to support people with a learning disability and autism, they may take regulatory action.

Part of the Government's duty includes preparing and publishing a Code of Practice to set out what must be included in training to meet the legal requirement, including a public consultation.



[Click here to read the Code of Practice](#)

Many family carers and their relatives will have experience of using services which 'on paper' (e.g. via their website or brochure) state that they are 'learning disability and autism specialists' but often find this 'specialism' has not translated into the care and support and/or treatment their relative has received. The Act, and the duty on CQC to regulate this, means that going forward your relative should receive care and support and/or treatment from healthcare professionals who are well trained, knowledgeable and skilled and if they are not then this can be raised as a concern or by making a complaint, including reporting to CQC.

Read more about the Oliver McGowan mandatory training on learning disability, autism or both. The training is named after Oliver, whose death shone a light on the need for health and social care staff to have better training on learning disabilities and autism, and has been campaigned for by his parents Paula and Tom McGowan:



[Click here to more](#)

Further information:

Read this explainer from the King's Fund 'Integrated care systems: How will they work under the Health and Care Act':



[Click here to read the explainer](#)