

KNOW YOUR RIGHTS, OWN YOUR LIFE

Rights exist to protect and guide people. When we know how and when to use them, we gain the clarity to make decisions with confidence and the strength to act when it matters.

Knowing our rights can change our lives. It gives us the tools to make decisions that define our future.

The Health and Care Act 2022

What You Need to Know and How It Can Help You

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OVERVIEW

The **Health and Care Act 2022** is a UK-wide reform law that strengthens the **integration of health and social care services** in England. Its purpose is to create a more collaborative, transparent, and efficient health system that reduces inequalities and improves population health outcomes.

The Act replaces **Clinical Commissioning Groups (CCGs)** with **Integrated Care Boards (ICBs)** and introduces **Integrated Care Partnerships (ICPs)**. These bodies work together to plan and deliver services across NHS organisations, local authorities, and social care providers.

Key objectives:

- Improve health and wellbeing across communities.
- Reduce inequalities in access and outcomes.
- Strengthen joint working between the NHS, local government, and voluntary sectors.
- Promote transparency and accountability in decision-making.
- Support public involvement in health and care planning.
- Contribute to environmental sustainability and net-zero goals.

The Act also reinforces responsibilities in **information sharing, safeguarding, hospital discharge, and collaboration across public agencies**, aligning health legislation with the **Care Act 2014, Children and Families Act 2014, and Equality Act 2010**.

2. GUIDANCE FOR FAMILIES, YOUNG PEOPLE AND ADULTS

The **Health and Care Act 2022** states that **people of all ages**, including **families, young people, and adults**, must be **centrally involved in decisions about their own health and wellbeing**. It builds on existing legal duties under the **Care Act 2014, Children and Families Act 2014, and Mental Health Act 1983**, ensuring that care planning is **person-centred, co-produced, and coordinated between agencies**.

Public, Family, and Carer Involvement

The Act requires **NHS England** and **Integrated Care Boards (ICBs)** to make arrangements for involving **individuals, carers, and representatives** in designing, planning, and evaluating health services.

- Section 13Q of the amended NHS Act 2006 mandates public involvement **“of individuals to whom the services are being or may be provided, and their carers and representatives (if any).”**
- This duty extends to **young people transitioning into adult services**, recognising the need for continuity of care and advocacy at key life stages.
- Integrated Care Boards must promote patient choice and ensure that individuals can make **informed decisions** about their care and treatment (Section 14Z37).

Practical benefit:

Families, young people, and adults can now expect to be consulted before significant changes are made to the way local NHS services are planned or delivered. Carers have clearer recognition and inclusion in service discussions.

Safeguarding and Welfare Duties

The Act strengthens the statutory safeguarding framework by making **Integrated Care Boards (ICBs)** direct partners in local safeguarding arrangements under the **Children Act 2004** and **Care Act 2014**.

- ICBs must work alongside **local authorities and police** to promote the welfare of both **children and vulnerable adults**, helping prevent abuse and neglect.
- Sections 74–79 confirm ICB responsibility in **child death reviews, multi-agency safeguarding partnerships**, and in supporting the welfare of **young people up to 25 years old** who may transition from children’s to adult services.
- ICBs must also collaborate on safeguarding adults under the **Care Act 2014**, **ensuring consistent, joined-up protection across health and social care boundaries**.

Practical benefit:

Families and individuals can rely on clearer safeguarding partnerships between health, police, and local authorities. This joined approach reduces risk and ensures that health professionals are accountable in protecting both children and vulnerable adults.

Hospital Discharge and Aftercare

The Act repeals the previous “delayed discharge” arrangements under the **Care Act 2014** but replaces them with a **duty of cooperation** between NHS bodies and local authorities to ensure safe and timely discharge.

- Hospitals must **consult the individual, their family, or carer** before making a discharge decision (Schedule 20, Paragraph 2).
- ICBs and local authorities are jointly responsible for ensuring appropriate post-discharge support, community care packages, and continuity of rehabilitation or home-based care.
- The new model supports the “home first” approach, focusing on recovery and independence.

Practical benefit:

Young people and adults with care needs, as well as their families, now have a statutory right to be involved in discharge planning, ensuring safe transitions from hospital to home or supported settings.

Mental Health and Emotional Wellbeing

The Act introduces requirements for transparency in **mental health spending** and **improvements in access to emotional and psychological support**.

- Section 3 of the Act mandates that the **Secretary of State for Health and Social Care** must report annually to Parliament on expected **mental health spending** and its proportion of NHS expenditure.
- ICBs must include detailed statements of mental health expenditure in their annual reports (Section 13U).
- Integrated Care Partnerships must consider the **mental health of young people and adults** within their five-year plans and align services across schools, community support, and specialist care.

Practical benefit:

People can expect greater investment in mental health services, including early intervention, crisis support, and local community provision. Transparency enables communities to hold NHS bodies accountable for parity between physical and mental health.

Support for Young People with Special Educational or Complex Needs

The Act aligns NHS responsibilities with those under the **Children and Families Act 2014** for young people with special educational needs or disabilities (SEND).

- ICBs must work jointly with local authorities to **assess and meet the health and care needs** specified in Education, Health and Care (EHC) plans.
- **Transition planning between children's and adult services** must be coordinated to avoid service gaps.
- NHS England may direct ICBs to provide **specialist or community-based health services** for children and young adults with complex conditions.

Practical benefit:

Young people with long-term conditions and their families have more consistent access to health and education support during transitions, ensuring continuity of care and empowerment in decision-making.

Involvement of Victims and Survivors

Section 14Z52(2)(e) requires that joint forward plans by ICBs must include **specific steps to address the needs of victims of abuse**, including **domestic and sexual abuse** affecting both children and adults.

- Integrated Care Partnerships are expected to design **trauma-informed services**, offering **safe and confidential support pathways**.
- Local areas must **report on progress and outcomes** in their annual performance reviews.

Practical benefit:

Individuals affected by trauma, abuse, or violence gain access to more coordinated support through the NHS and community agencies, ensuring their physical and emotional safety.

Promoting Equality and Accessibility

The Act embeds a strong duty on NHS England and ICBs to **reduce inequalities** in both access and outcomes.

- Section 13G (for NHS England) and Section 14Z35 (for ICBs) require active work to address disparities caused by poverty, disability, ethnicity, or geography.
- Section 13SA mandates NHS England to publish and review national statements on how inequalities are monitored and improved.
- Services must be **accessible**, culturally appropriate, and responsive to individual needs, including for neurodivergent people and those with communication differences.

Practical benefit:

Families, young people, and adults are better protected under a system that measures fairness, inclusion, and the right to equitable care.

Education, Employment, and Community Inclusion

ICBs must also promote education, training, and workforce development under Section 14Z41, supporting lifelong learning and employment inclusion for young adults with health conditions or disabilities.

The Act recognises the interconnection between health, work, and community participation, ensuring that local care strategies support people's aspirations for independence and inclusion.

This is how knowing our rights can change lives.

When families and young people understand what support they're entitled to, they can make informed choices, access the right services, and create new possibilities for their future. One inspiring example is **Luke**, who transitioned from hospital to the comfort of his new home.

Today, **having the right support means Luke has reduced behaviours of concern, improved emotional well-being through proactive support, and enhanced daily communications.**

[More](#)

3. OBLIGATIONS AND DUTIES FOR COMMISSIONERS, PUBLIC BODIES, AND LOCAL AUTHORITIES

The Act establishes new statutory duties to promote collaboration, transparency, and equity across health and care systems.

Integrated Care Boards (ICBs)

ICBs are statutory NHS bodies responsible for **planning, commissioning, and overseeing healthcare services** in their areas. They replaced **Clinical Commissioning Groups (CCGs)** on 1 July 2022.

Their core duties are set out in **Part 1, Chapter A3 of the Act**, and include the following:

1. Duty to Promote the NHS Constitution

- Each ICB must act consistent with the NHS Constitution and promote awareness among **patients, staff, and the public** (Section 14Z32).
- This ensures that all decisions respect core NHS values: **equity, respect, accountability, and compassion**.

2. Duty as to Effectiveness, Efficiency, and Economy

- ICBs must exercise functions **effectively, efficiently, and economically** to ensure best use of public funds (Section 14Z33).
- They are accountable to **NHS England** through **annual reports, performance assessments, and financial oversight**.

3. Duty to Improve Quality of Services

- ICBs must work toward **continuous improvement** in service quality, safety, and effectiveness (Section 14Z34).
- They must monitor patient experience and ensure services meet national standards for safety and outcomes.

4. Duty to Reduce Inequalities

- ICBs must **have regard to reducing inequalities** in access to services and outcomes achieved (Section 14Z35).
- This includes addressing disparities in socioeconomic background, race, disability, and geography.

- Annual reports must include a review of actions taken to meet this duty and demonstrate measurable improvements.

5. Duty to Involve Patients and Carers

- Each ICB must ensure **patients, carers, and representatives** are involved in decisions about prevention, diagnosis, care, and treatment (Section 14Z36).
- This reflects a legal requirement for person-centred care and co-production.

6. Duty Regarding Patient Choice

- ICBs must act to enable patients to **make choices about their care, including selecting providers and treatment options** (Section 14Z37).

7. Duty to Obtain Appropriate Professional Advice

- ICBs are required to seek and apply professional advice from individuals with a **broad range of expertise** in clinical care and public health (Section 14Z38).
- This ensures **evidence-based decision-making** and **adherence** to national best practice.

8. Duty to Promote Innovation, Research, and Training

- ICBs must promote **innovation** in care delivery (Section 14Z39) and **facilitate or promote research** relevant to health services (Section 14Z40).
- They must also **support education and training** of health professionals to strengthen workforce capability (Section 14Z41).

9. Duty to Promote Integration

- ICBs must ensure health services are delivered **in an integrated way** with social care and health-related services when it improves quality or reduces inequalities (Section 14Z42).
- They must coordinate closely with **Local Authorities**, particularly through **Integrated Care Partnerships (ICPs)** and **Health and Wellbeing Boards**.

10. Duty to Consider Wider Effects of Decisions

- ICBs must assess the **broader impact** of decisions on population health, quality, inequalities, and sustainability (Section 14Z43).
- This holistic duty requires them to **consider system-wide outcomes** beyond individual services.

11. Duties Relating to Climate Change

- ICBs must contribute to **UK net-zero emissions targets** and adapt to climate change impacts under the **Climate Change Act 2008** and **Environment Act 2021** (Section 14Z44).
- Environmental sustainability must be incorporated into health service planning and estate management.

12. Duty of Public Involvement and Consultation

- ICBs are legally required to **involve and consult the public** when planning or changing services, especially where service delivery or access may be affected (Section 14Z45).
- This includes collaboration with carers, family members, and advocacy groups

13. Duty for Forward Planning and Reporting

- Each ICB must prepare a **joint forward plan** with NHS trusts and foundation trusts in their area, covering at least five years (Section 14Z52).
- Plans must show how the ICB will address:
 - ▶ **Health inequalities**
 - ▶ **Children and young people's needs**
 - ▶ **Victims of abuse**
 - ▶ **Local Health and Wellbeing Strategies**
- The plan must be consulted upon, published, and submitted to NHS England.
- ICBs must also produce **annual reports** showing compliance with these duties, including expenditure on mental health (Section 14Z58).

14. Accountability and Performance Assessment

- NHS England must conduct **annual performance assessments** of every ICB (Section 14Z59).
- Assessments review how well ICBs meet their duties, including quality, equality, financial prudence, research, and public involvement.

NHS England

As the national governing body, NHS England's duties under the Act were expanded to provide **strategic leadership, coordination, and oversight** across the NHS.

1. Duty to Reduce Inequalities

- NHS England must reduce inequalities in health outcomes and access to care across England (Section 13G).
- It must publish reports and guidance to support local ICB compliance.

2. Duty Regarding Mental Health Spending

- NHS England must publish annual statements comparing spending on mental health with previous years (Section 3).
- The aim is to ensure **parity of esteem** between mental and physical health.

3. Duty to Have Regard to Wider Effects and Climate Change

- NHS England must consider the wider impact of decisions on wellbeing, quality, and sustainability (Section 13NA).
- It must also support environmental compliance and climate adaptation under Section 13NC.

4. Duty of Guidance and Support

- NHS England may issue **guidance, financial assistance, or support** to any health services provider or public body (Section 13YA).
- It can give **directions to ICBs** and evaluate their compliance (Section 13YB).

5. Duty to Publish Inequalities Statements

- NHS England must publish statements explaining how NHS bodies should collect and use data to reduce inequalities (Section 13SA).
- ICBs and NHS Trusts must reference this in their annual reports.

6. Accountability to Parliament

- NHS England must report annually to Parliament on **spending, performance, and integration** of services, including the impact on mental health, cancer care, and inequalities.

Local Authorities

Local Authorities retain and strengthen their role as **health and wellbeing leaders** under the Act, working collaboratively with ICBs and NHS England.

1. Duty of Cooperation

- Local Authorities must **cooperate with ICBs** to improve health, prevent illness, and promote integration of health and social care (Sections 14Z42, 26B).
- This cooperation is delivered through **Health and Wellbeing Boards (HWBs)** and **Integrated Care Partnerships (ICPs)**.

2. Joint Health and Wellbeing Strategies

- Local Authorities, through HWBs, must prepare and maintain a **Joint Strategic Needs Assessment (JSNA)** and **Health and Wellbeing Strategy** that reflects community health priorities (Local Government and Public Involvement in Health Act 2007, as amended).
- ICBs must align their forward plans with these local strategies and report how they have implemented them (Section 14Z58).

3. Public Health Duties

- Local Authorities continue to have statutory duties under the **Health and Social Care Act 2012** to provide public health services (e.g., sexual health, drug misuse prevention, and health protection).
- The Act reinforces partnership between **Directors of Public Health** and ICBs for coordinated responses to local needs.

4. Safeguarding and Children's Services

- Local Authorities work alongside ICBs as **safeguarding partners for children and vulnerable adults**, ensuring interagency safeguarding procedures are met.
- They are also required to consult ICBs on **education, housing, and care arrangements** affecting children with complex needs.

5. Hospital Discharge Responsibilities

- Local Authorities must coordinate with NHS bodies to ensure **safe and timely hospital discharge**, including arranging continuing care or reablement support where needed.

6. Oversight and Scrutiny

- Local Authority **overview and scrutiny committees** retain the power to review and challenge ICB and NHS England decisions that affect local health services.

- They can require attendance and evidence from NHS representatives, strengthening local democratic accountability.

D. Information and Accountability

- NHS England and ICBs must publish information on **inequalities, payments to healthcare providers**, and performance.
- Annual reports and financial audits are mandatory to ensure public transparency (Schedule 2, paragraphs 22–23).

4. HOW INDIVIDUALS AND FAMILIES CAN TAKE PART AND BENEFIT FROM THE ACT

The Act empowers individuals, families, and communities to understand and influence their health and care systems. Knowing its rights and structures helps people participate, question, and shape the services they receive.

▶ Get Involved

People have a **legal right to be consulted** on how NHS services are designed and delivered. **Local Health and Wellbeing Boards** and **Integrated Care Partnerships** welcome public and voluntary group participation. Individuals can contribute to **public involvement sessions** or respond to **consultations** on local health strategies.

▶ Know Your Rights and Responsibilities

Families can expect early identification of children's additional needs, coordinated by health and education bodies. Patients and carers have a **right to be involved in discharge and care planning**. People can ask their local ICB how it is addressing **inequalities in access and outcomes**, including those based on disability, ethnicity, or geography.

▶ Promote Transparency

Members of the public can access ICB **reports, forward plans, and accounts**, which must be publicly available. Awareness of **inequality reports** published by NHS England can help communities advocate for fairer health access.

► Support Sustainability and Public Health

The Act encourages community participation in **environmental health initiatives** aligned with the UK's net-zero goals. Local citizens can hold NHS bodies accountable for their duties regarding **climate change adaptation and prevention**.

In essence, the Act gives people tools to:

- Understand how care decisions are made.
- Engage with their local ICB or NHS England on equality and quality issues.
- Advocate for family members' wellbeing across hospital, community, and social care services.

Introduced by: Sajid Javid, Secretary of State for Health and Social Care (House of Commons)

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Original Sources: [more information available via the link](#)