The Care Act is an important piece of statute for NHS agencies. Duties that relate directly to the NHS include:

- Integration to strengthen local strategic planning of health and social care provision
- New standards of co-operation to safeguard vulnerable adults, including participation on local Safeguarding Adults Boards.
- Changes to S117 of the Mental Health Act which relate to mental health after care
- New regulations for Delayed Transfers of Care to strengthen hospital discharge arrangements

Other duties require the NHS to support local authorities in the delivery of adult social care functions. This includes:

- Working to streamline and integrate assessments and care and support plans, combining processes where possible to benefit the service user (e.g. NHS Continuing Health Care; joint packages of care; identification and appointment of advocates)
- Supporting effective transitions of young people into adult services
- Supporting individuals in prison or custody

Further to these the Care Act introduces entirely new legal obligations to:

- Promote wellbeing and offer preventative support to maintain wellbeing
Provide information and advice to the local population

Assess the needs of, and give services to carers

These provisions of the Care Act will have significant policy and commissioning implications which will require alignment of approach and effective partnership working between the Council and the NHS to successfully deliver.

For the reasons outlined above it is essential that NHS partners are engaged with the Care Act and fully aware of its implications so that each organisation is compliant with the duties and requirements in the Act and its Statutory Guidance.

At the last H&WBB meeting (09 December 2014) each NHS organisation was requested to give consideration to the impacts and implications of the Care Act and what steps are being taken to ensure compliance with the Act from 01 April 2015. The recommendation asked that the CCG, NELFT, and BHRUT reports back to the H&WBB in February 2015 to give assurance. To bring structure and consistency to those reports a short list of questions was prepared.

Has the Care Act been discussed at the CCG/Trust Board/governing body?  
Are you conducting / sending staff on training?  
Does the Care Act require any changes to your policies and procedures?  
What the issues or challenges for your organisation and how are you addressing these?  
What are the issues, if any, that need to be escalated to the H&WBB for discussion?

The responses to the questions have been collated at Appendix 1 for the Board to review.

To support NHS partners in understanding the parts of the Care Act which relate to them, the Care Act Programme Team has produced a summary of the statutory guidance that highlights the duties and requirements that directly impact NHS agencies. This is can be found at Appendix 2.

Separate to this process the London Social Care Partnership has organised a voluntary framework for London based Mental Health Trusts to use to self-assess local activity which supports implementation of the Care Act. NELFT has completed the self-assessment framework document. The framework is a useful tool to pinpoint issues or areas of development for NELFT. It is therefore suggested that senior officers from NELFT work with the Care Act Programme Team to ensure that actions arising from the self-assessment are taken forward in the context of the wider implementation programme.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

(i) Note the submissions at Appendix 1 from NHS organisations that give the H&WBB assurance of Care Act awareness and preparedness.

(ii) Note the duties and requirements highlighted at Appendix 2.
1. **Financial Implications**

1.1. The implementation of the Care Act is a work stream of the Better Care Fund Plan. There are a number of funding streams to support the implementation of the Care Act in 2015/16, including £513k funding contribution from the CCG. Recommendations on the allocation of these resources will be presented to the March meeting of the Health and Wellbeing Board.

(Comments completed by Roger Hampson, Group Manager Finance, Adults and Community Services)

2. **Legal implications**

2.1. The legal implications are that if the various NHS organisations are not prepared their actions could leave LBBD open to either complaints or ultimately legal challenge.

2.2. They have to be clear as to the authorities’ duties under the statute and how they can effectively assist in meeting these duties.

(Comments completed by Dawn Pelle, Adult Social Care Lawyer)

**Background Papers Used in Preparation of the Report:**
— The Care Act 2014: Implementation Update (H&WBB, 09 December 2014)

**List of appendices**
— APPENDIX 1: Collated submissions from NHS organisations
— APPENDIX 2: Summary of Care Act Statutory Guidance for NHS agencies