

Adult social care and delegated healthcare activities – briefing by ADASS

January 2025

Delegated healthcare activities are activities, usually but not exclusively of a clinical nature, that a regulated healthcare professional delegates to a care worker or personal assistant. The Government has stated its intention to promote more use of delegation.

ADASS was one of the organisations funded to produce resources to support of a voluntary framework ('Guiding Principles') for delegated healthcare activity, which was published by Skills for Care (SfC) and the Department of Health and Social Care (DHSC) in May 2023 and [revised in 2024](#).

The ADASS products were:

- Top Tips document for Directors of Adult Social Services (distributed December 2022; revised and re-circulated in May 2023 to take account of new NICE guidance.)
- A [public document](#) summarising learning from the stakeholder research ADASS had undertaken in producing the top tips.

Based on its research, and its continued conversations with partners as part of the SfC Insight Group which has been supporting continued development of the 'Guiding Principles' and associated work, ADASS observes the following (quotations are from research participants are highlighted):

Key Risks

Delegation is often occurring in a piecemeal or ad-hoc way, and has evolved without strategic intent or review. Consequences can include:

Unacknowledged cost-shunting from health to social care: 84% of Directors in [Spring Survey 2024](#) reported that frontline adult social care staff are increasingly undertaking tasks that were previously delivered by NHS staff on an unfunded basis, (up from 70% reported in our [2023 Autumn Survey](#))

"There wasn't an understanding at multiple levels across the system of reciprocal arrangements for the delivery of support ... all of the interventions and costs [were] being pushed onto social care commissioners and providers."

Shortcomings in staff training and review and competence checks: 67% of Directors in the [Spring Survey 2024](#) say delegated tasks are undertaken without training, supervision and/or funding from the NHS.

“Will everyone receiving health interventions feel as safe in the hands of people who aren’t nurses?”

Insufficient attention to the specific conditions under which local authorities *may* meet needs which are normally the responsibility of the NHS. Section 22 of the [Care Act](#) allows for health care delegation to local authorities where the intervention is an incidental or ancillary part of an individual’s social care support (the ‘quantity’ test); and where the delegated task is of a nature that a local authority could be expected to provide it (the ‘quality’ test).

“Without an understanding of the legal context, the front line tends just to be rolled into agreement.”

“Things have evolved organically. I suspect some councils have been sailing close to the wind.”

Key Opportunities

There is evidence that people receiving delegated health care tasks often like the arrangements, on grounds including flexibility and familiarity. SfC’s Guiding Principles document focusses primarily on the benefits of personalised care.

Some health and social care systems have agreed arrangements for decision making, training and ongoing support/review, along with any necessary re-charging arrangements. Emerging evaluation evidence suggests that these can provide benefits for people receiving care and support, while delivering system efficiencies. An ADASS Policy Co-lead is involved in the academic evaluation of a work in Tameside. Leeds and Bradford Councils (and their respective Community NHS Trusts) are collaborating on co-commissioning new domiciliary care contracts which include the provision of delegated health activity. ADASS trustees presented on this work at Spring Seminar 2024.

There is some evidence that social care workers feel valued, respected and motivated when supported to take on delegated health care tasks in collaboration with health colleagues. This may help with recruitment and retention. ADASS top tips urge engagement with staff and unions at the earliest possible stage. ADASS also notes that it is untenable to expect staff to take on additional tasks without some form of financial recognition in the longer term. This development is also likely to expose the disadvantageous position of most social care staff, in comparison to NHS staff.

Speak to an expert

If you have any questions or wish to discuss any of the above further, please contact Vicky Smith, ADASS Communications and Public Affairs Officer, in the first instance: Vicky.smith@adass.org.uk