

From the Permanent Secretary
Sir Chris Wormald



Department
of Health &
Social Care

Meg Hillier MP
Chair of the Public Accounts Committee
House of Commons

6th August 2018

Dear Chair

Public Accounts Committee – Interface between Health and Social Care

Further to the Public Accounts Committee hearing on 18th July 2018 on the Interface between Health and Social Care, I said I would write to provide information on specific questions raised at the hearing.

Definitions of ‘children’ across health and social care – transition planning and arrangements

The UN Convention on the Rights of the Child defines a child as everyone under 18 unless "under the law applicable to the child, majority is attained earlier". The UK has ratified this convention.

- **Children and young people with learning disabilities:** Children and young people with learning disabilities are legally adults on reaching their 18th birthday. However, under the Children and Families Act 2014, a local authority may continue to maintain an Education, Health and Care Plan for a young person until the end of the academic year during which the young person attains the age of 25. The health and social care received under that plan would of course be adult care, once they were 18.
- **Children and young people’s mental health services:** Transition between services should be based on individual circumstances, rather than absolute age, with joint working and shared practice between services to promote continuity of care. NHS England published the Commissioning for Quality and Innovation (CQUIN) framework to support improvements in the quality of services and the creation of new, improved patterns of care. Of the 13 clinical quality and transformational indicators, there is a specific goal to improve the experience and outcomes for young people as they transition out of Children and Young People’s Mental Health Services (CYPMHS).
- **All other children:** For groups not covered by health, social care and education legislation, NICE guidelines state that practitioners should start planning for



adulthood from year 9 (age 13 or 14) at the latest¹. For young people with Education, Health and Care Plans this must happen from year 9, as set out in the Children and Families Act 2014.

Ongoing work on the issue of care workers' pensions when moving between the NHS and private social care providers

Historically, health and social care workforces have worked in different organisations, with different pay and conditions, and different pensions.

Individuals moving between health or social care employers are able to join the scheme offered by their employer. The Public Service Pensions Act 2013 grants powers for the Secretary of State to provide a pension scheme for the benefit of 'health service workers', in the form of the NHS Pension Scheme. For social care occupations, the Local Government Pension Scheme may be offered to individuals employed by local authorities. Both schemes participate in the Public Sector Transfer Club, which facilitates the transfer of accrued benefits between schemes upon change of employment. Private social care providers will provide their own auto-enrolment compliant pension scheme.

Since 2014, scheme regulations have permitted independent providers of NHS clinical services to participate in the NHS Pension Scheme, in order to remove a pension barrier to health workforce mobility. Towards the end of last year, the Department consulted on proposals to amend scheme regulations to permit NHS Pension Scheme membership for employees of independent providers who wholly or mainly spend their time delivering a blend of NHS clinical and health-related local authority services, provided the non-NHS element of their work is a minority. Conversely, independent provider employees who are wholly or mainly delivering health-related local authority functions (e.g. social care) would not be eligible for NHS Pension Scheme membership as the role cannot be considered within the 'health service worker' scope set by the Public Service Pensions Act 2013. In such instances, the Local Government Pension Scheme or an alternative pension arrangement is appropriate.

Taken as a whole, the proposed changes to NHS Pension Scheme rules aim to provide NHS Pension Scheme eligibility for individuals who are working in roles that deliver a blend of health and social care activities appropriate to the scope of the scheme.

The Department has been working closely with NHS England to consider arrangements for staff delivering integrated services under a single contract. NHS England have launched a public consultation on integrated care providers and the Department will consider what changes are necessary to the NHS Pension Scheme in light of the outcome of NHS England's consultation.

¹ https://www.nice.org.uk/guidance/ng43/chapter/Recommendations#footnote_2



Figures for publically-funded and self-funded social care

The latest financial year for which data is available is 2016/17². That year, the total public funding for social care was £20.4 billion. This includes all Local Authority spend, user contributions, income from the NHS and 'other' incomes. Excluding user contributions, the total was £17.7 billion.

In 2016/17, privately purchased (self-funded) care was estimated to have been worth £10.9 billion.

Areas that are jointly commissioning

At the PAC hearing, Sir Geoffrey Clifton-Brown asked how many areas are operating in a similar way to Gloucestershire in terms of joint commissioning. There are different models for integrating care and joint commissioning, and good examples are not limited to the Gloucestershire model. Gloucestershire is an Integrated Personalised Commissioning (IPC) site. IPC focuses on supporting people with long term conditions and complex needs. In 2016/17, the IPC programme worked across 20 CCGs. In 2017/18, the programme expanded to work across 42 CCGs, including the 10 CCGs covering Greater Manchester. NHS England has built upon IPC to develop its new model for comprehensive personalised care, which expands this to an all age, whole population approach to personalising health and social care and will launch this new model in the autumn.

In 2018/19, work is taking place in 20 areas (including Gloucestershire) across ICSs, STPs, including the Greater Manchester devolution area to embed the comprehensive model. This involves 66 CCGs across a third of the country. As part of this work three areas (Nottingham, Gloucestershire and Lincolnshire) are developing and testing the new single assessment and planning announced by Secretary of State in March 2018. This new assessment will have a greater focus on health and prevention.

Numbers of change management specialists in the NHS and across Local Authorities

The Department of Health and Social Care does not hold information on the number of change management specialists the NHS employs.

Yours sincerely,

SIR CHRIS WORMALD
PERMANENT SECRETARY

² <https://www.nao.org.uk/report/adult-social-care-at-a-glance/>; page 10