

## A child- centred system: Responding to the Munro review of child protection

### **Recommendation 8** **Safeguarding children in the NHS;** **a co-produced work programme between the Department of Health,** **Department for Education, and national and local stakeholders**

#### **Introduction**

1. Professor Eileen Munro's final Report of her review of child protection, '*A child- centred system*', confirmed the part that all partners must play in keeping children safe. It recognised the changes in train through the Government's reforms to the NHS, and made the following recommendation :

*"The Government should work collaboratively with the Royal College of Paediatrics and Child Health, the Royal College of General Practitioners, local authorities and others to research the impact of health reorganisation on effective partnership arrangements and the ability to provide effective help for children who are suffering, or likely to suffer, significant harm."*

2. In its July 2011 response, the Government made the following commitment :

*"The Government accepts the spirit of this recommendation, but wants to go further and establish a co-produced work programme, to ensure continued improvement and the development of effective arrangements to safeguard and promote children's welfare as central considerations of the health reforms. The Department of Health will work with the Department for Education, NHS bodies, local authorities, professional bodies and practitioners to agree a co-produced work programme. We anticipate that this will include:*

- *developing shared understanding of future roles and responsibilities;*
- *ensuring professional leadership and expertise are retained in the new system, including the continuing key role of designated and named professionals;*

- *clarifying future arrangements for partnership working, including the relationship between LSCBs and health and wellbeing boards*
  - *developing clinical commissioning groups;;*
  - *the NHS contribution to early help;*
  - *future arrangements for training in safeguarding and child protection;*
  - *the implications for the NHS of the proposed new inspection framework; and*
  - *drawing on health sector learning on systems approaches to improving patient safety.”*
3. This paper outlines the co-production process and the work that is planned as a result.
4. Professor Munro was clear that her recommendations should be addressed as a whole, not “cherry-picked”, if the child development system is to work as it should. Equally, action on safeguarding children needs to be embedded within wider development work on the health reforms if it is to be mainstreamed within future systems. Accordingly, this work programme seeks to balance a necessary focus on the specific concerns of recommendation 8 with connections to these wider streams of work.

### **The co-production process**

5. This work programme builds on the extensive stakeholder engagement that helped shape Professor Munro’s reports and that has informed early work on the health system response.
6. To build the co-production approach, the Department of Health (DH) hosted two events in September 2011, bringing together stakeholders from across the range of relevant health professionals, designated and named safeguarding professionals, Strategic Health Authority leads, commissioners, the inspectorates, third sector organisations, public health, local government, Directors of Children’s Services, social workers and the police.
7. The first of these events sought views on the outline work programme to test for completeness, identify priorities, and seek views on key issues. The second began to explore roles and responsibilities in more depth, through a scenario-based simulation approach. DH and the Department for Education (DfE) undertook to firm up the work programme in the light of the valuable input from these events, and of other comments that have come to the two Departments through their existing channels, and to set out how partners would be involved in ongoing work.

8. This will include a mix of existing and new approaches :
  - building on DH's stakeholder forum for the NHS contribution to safeguarding children
  - invitations to the health and wellbeing board early implementers learning set on children and families to test emerging proposals
  - further special events on the co-produced work programme for the wider stakeholder group in January 2012 and Spring 2012
  - testing proposed approaches with the DH and Local Government Transition Group, the sounding group set up to hold the ring on local government engagement in the transition to the new health and care system. We shall also invite feedback from the Local Government Association's Community Wellbeing Programme Board and from the newly established Local Government Health Transition Task Group, which has been set up by the Local Government Group and Society of Local Authority Chief Executives, with the Association of Directors of Adult Social Services and the Association of Directors of Children's Services (ADCS), to help co-ordinate local government input to implementation of the health and care reforms.
9. Links will also be made to wider co-production work in response to the Munro review, including
  - the work DfE is leading, with DH and a wide range of stakeholders, through the Advisory Group on the revision of *Working Together to Safeguard Children*
  - the work DfE is taking forward work on early help in partnership with the ADCS and other partners.
10. While some issues may need decisions at national level, the focus of the co-production work will be on working together to clarify the framework and context within which local partners – across all sectors and professions – can seize the opportunities to shape the best approaches to improving outcomes for vulnerable children, young people and their families.

### **Work programme phase 1**

11. The September stakeholder events took as their starting point the proposed statutory responsibilities laid out in the Health and Social Care Bill. All NHS bodies already have a statutory duty to make arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. They are statutory members of Local Safeguarding Children Boards (LSCBs) under section 13 of that Act. Subject to the passage of the Health and Social Care Bill, statutory responsibility will transfer from Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) to clinical commissioning groups (CCGs) and

the NHS Commissioning Board (NHS CB). The statutory responsibilities of NHS providers for safeguarding children will not change.

12. The strongest message from the September events was that it would be helpful to set out in more detail what the new roles and responsibilities will be, and what this will mean both for individual NHS bodies and for partnership arrangements. The meetings proposed development of an accountability framework for the new system, which will address the following elements of the proposed recommendation 8 work programme :
  - developing a shared understanding of future roles and responsibilities
  - ensuring professional leadership and expertise are retained in the NHS system, including the continuing key role of designated and named professionals
  - clarifying future arrangements for partnership working including the relationship between LSCBs and health and wellbeing boards.
13. This work will need to take account of developing thinking on future inspection arrangements. It will also set the context for work on the development of CCGs and for the NHS contribution to early help.
14. **Developing the accountability framework:** In the light of this feedback, DH has explored how best to take this forward in the context of wider work on the NHS reforms. Sir David Nicholson, Chief Executive of the NHS, has asked the Chief Nursing Officer to lead a piece of work, with colleagues across DH, the NHS, DfE and wider partners, to develop proposals for the accountability framework for the NHS contribution to safeguarding children.
15. This work will set out the proposed roles and responsibilities of NHS bodies, including the NHS Commissioning Board, clinical commissioning groups, NHS and independent sector providers, taking account also of the role of the Care Quality Commission (CQC). It will include proposals for what this will mean for the NHS contribution to LSCBs, and set out the opportunities offered by the introduction of health and wellbeing boards.
16. Working with colleagues across the Departments, the Chief Nursing Officer and her team will develop emerging proposals to test with stakeholders, including members of the health and wellbeing board early implementer learning set for children and families, and other local partnerships. They will then be presented to the wider stakeholder group for discussion in January 2012. Subject to the progress of legislation, proposals will then be put to Ministers, and to the new NHS Commissioning Board Special Health Authority, for adoption and action in Spring 2012.

17. The accountability framework will address the priority concerns identified by stakeholders, and set the framework for development both within the NHS and in local partnership arrangements. It will inform the NHS Commissioning Board's planning for its future capacity and capability and working arrangements, for clinical commissioning group development and authorisation, and development plans for designated professionals. It will contribute to work on quality and safety systems in the new NHS. It will also offer a basis for the detailed planning that will be needed to ensure a safe transition from the existing statutory responsibilities of SHAs and PCTs, through the current SHA and PCT cluster arrangements, to the new arrangements planned to come into force from April 2013.
18. The work will take account of progress on the Government response to the other Munro recommendations, including plans for future inspection arrangements as they develop. The accountability framework will also inform revision of *Working Together to Safeguard Children*, setting out, subject to legislation, roles and responsibilities of NHS bodies from April 2013.
19. Once the accountability framework is tested and agreed, it will be widely shared, so that the full range of partners, including for example schools and early years services, understand the developing arrangements and the expectations and opportunities as to partnership working with the NHS on safeguarding children in future.

## Phase 2

20. Phase 2 of the work programme, from January 2012, will explore the way forward on the NHS contribution to specific Munro review recommendations, within the context of the NHS reforms and the accountability framework developed in Phase 1.
21. **Early help:** The wider programme of action following Professor Munro's final report includes work to examine how professions and organisations across the sectors could better work together in order to deliver a transparent offer of early help to children and families. This work will be informed by ongoing dialogue with ADCS and other stakeholders.
22. This will include exploration of the opportunities offered by the emergent roles and responsibilities of health and wellbeing boards. Health and wellbeing boards, jointly led by local authorities, will provide the vehicle for local government to work in partnership with clinical commissioning groups to develop robust joint health and wellbeing strategies, which will in turn set the framework for commissioning.
23. Local authorities and clinical commissioning groups will work together through the health and wellbeing board to develop a Joint Strategic Needs Assessment (JSNA) and, based on this, to develop a joint health and wellbeing strategy for their area, reflecting priorities across the

system. The joint health and wellbeing strategy will then inform commissioning decisions, and underpin commissioning plans. Clinical commissioning groups will, subject to legislation, need to have regard to local JSNAs and joint health and wellbeing strategies as part of their commissioning plans – and if challenged will have to justify why or amend the plans if they are not aligned with the local priorities expressed there.

24. Working with the health and wellbeing board early implementer programme, and drawing on the learning from the Early Help Trial Authorities (which are trialling a more flexible approach to assessment of need), Phase 2 of the work programme will explore the opportunities these new arrangements offer to support better joined up early help for vulnerable children, young people and families.
25. **Future arrangements for training in safeguarding and child protection:** This part of the work programme will explore how the development needs of all NHS staff, including clinicians, board members, and others, can best be met, within the framework of roles, responsibilities and accountabilities developed in Phase 1, and of wider progress on future NHS education and training arrangements. It will take account of developing thinking across other sectors, including social work, education and the early years, and of opportunities for joint and multi-professional development and training
26. **Proposed inspection framework:** Ofsted have consulted on draft arrangements for local authority inspection and how it relates to child protection. Alongside that, DfE, DH, the Ministry of Justice and the Home Office are working with all relevant inspectorates, including the Care Quality Commission, on how they might respond to Professor Munro's recommendation that inspection examines the effectiveness of the contribution of all local services to the protection of children.
27. The four departments and the inspectorates will agree a way forward in December 2011. The planned January 2012 stakeholder event will include an update on this work.
28. **Drawing on health sector learning on systems approaches to improving patient safety:** The Government has agreed Professor Munro's recommendation that systems methodology should be used by LSCBs when undertaking serious case reviews (SCRs). Work is now underway to consider what that should mean in practice and what models might be available to LSCBs for future use in SCRs.
29. There is considerable experience in the health sector of using systems based approaches such as Root Cause Analysis for reviews of individual cases. This experience will feed into thinking on how a systems model might be developed and adapted to fit the requirements of an SCR.

## **Implications for safeguarding adults**

30. Stakeholders also asked that the Departments consider how far work on developing the arrangements to safeguard children in the future system might also inform work on the emerging proposals for the framework for safeguarding adults. While this goes beyond the specific programme of work to respond to the Munro review, DH will aim to reflect this in ongoing work and stakeholder discussions, aiming where possible for an holistic approach that will assist people moving from one life stage to another – including safeguarding children moving into adulthood.

## **Next steps**

31. The programme will evolve in response to the co-production process and in the light of wider developments on the NHS reforms and on the response to the Munro review. Key milestones for the programme are:

### **Phase 1**

#### **November – December 2011**

develop and test accountability framework for safeguarding children in the context of the NHS reforms

#### **January 2012 stocktake with stakeholders**

review of proposed accountability framework

update on wider post-Munro work on joint inspection

update on work to date on early help

detailed planning for Phase 2

### **Phase 2**

#### **January – Spring 2012**

taking forward early help in the light of the NHS reforms and accountability framework

clarifying future arrangements for training and development of NHS staff on safeguarding

other action to be agreed at January 2012 stakeholder stocktake

#### **Spring 2012 second stakeholder stocktake**

review of progress and further action planning as necessary.