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Dear Sir/Madam

### **NSPCC response to the Proposals for Health and Social Care Reform**

I am enclosing a short submission from the NSPCC relating to key elements of the Minister's proposals. We are happy to meet with officials from the modernisation team to discuss some of our concerns further.

Yours sincerely

Martin Crummey  
Director

1. The NSPCC is grateful for the opportunity to respond to the proposals for Health and Social Reforms published on 16<sup>th</sup> February. In doing so, we confined ourselves to responding selectively to key issues relating to our own role and remit in relation to child protection and safeguarding and the delivery of children's services.
2. In essence we are supportive of the guiding principles as set out on page 10 of the document but would the question the delivery of these through some of the actual and proposed arrangements: Key issues for us include:
  - a. **The size of some of the Trusts in particular the Belfast Trust.** We are concerned about the marginalisation of children's services in trusts that are dominated by hospital and medical provision. The NSPCC would question in governance terms if effective focus can be brought on family and child care, prevention, community development, children's residential care in such huge structures.
  - b. **CSR and efficiency savings** These are being applied to frontline provision and work against safe and effective care particularly in family and child care. We feel these bring in question the very sustainability of the reform programme currently underway as a result of the Regional Inspection in Child Protection published in 2007. Far from reducing bureaucracy as set out in the document we are seeing a real time reduction in service provision and prevention.  
**We would strongly suggest that proposed efficiency savings need to be reviewed and evaluated**

## **REGIONAL HEALTH AND SOCIAL CARE BOARD**

3. We are supportive of the new regional Health and Social Care Board proposals in the document and a move to health and well being commissioning. We feel LCG and local commissioning should be based on the 5 trusts although we are disappointed that there is not greater co-terminosity between local government and health and social care. The NSPCC would like greater attention given in LCGs to social care representation; as it is LCGs will be dominated by medical and nursing interests. **We would like to see some reference to voluntary sector representation in the arrangements.**

## **DHSSPS**

4. We are concerned with proposal on page 23 of the document regarding the reduction in staffing of the DHSSPS. Our experience is that the Child Care Policy Unit is grossly understaffed at DHSSPS and is under resourced to deliver on the development of high level care are policy at the moment. It is unlikely that many of its functions will be subsumed by the new Board. The NSPCC are of the view that Child Care Policy needs to be strengthened, not subject to post RPA reductions at this time.
5. It is unclear from the document how the Minister will ensure that services are planned and organised to deliver Ministerial priorities; this is a feature in the Appleby Review. It would be useful for the new legislation to impose some form of requirement notice on the health and social care system to improve governance.

## **REGIONAL PUBLIC HEALTH AGENCY**

6. We are supportive of the new Regional Public Health Agency, although again its very title suggests a medical model. The NSPCC would argue that health improvement should also include well being and that there are environmental and social improvements that impact on both.. The term well being is reflected in paragraph 7.9 and 7.10 of the document itself and up front emphasis on well being also reflects the reality of the interface between health and social care congruent with the linkages suggested in Paragraph 7.18 in to the RHSCB.

**We would suggest that the term “well being” is included in the title and the functions of the proposed body**

## **HEALTH AND SOCIAL CARE COUNCILS**

7. We are supportive of option 1 a single regional body with a physical presence in each HSC trust. The NSPCC is of a view that this is the best way to give a regional and local view to the consumer within the most cost effective structure. **We would welcome some further thought about how to include the views of children and young people as consumers of health and social care.**

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