The role, function and future of designated safeguarding professionals in the NHS in England

Analysis and position statement

June 2011

Background

The Royal College of Nursing and the Royal College of Paediatrics and Child Health produced a consultation paper in March 2011 about the implications of various policy developments for designated professionals in England. We received substantial feedback from a wide range of stakeholders, including designated doctors and nurses and Strategic Health Authority (SHA) personnel. This paper outlines our definitive position statement in light of the majority views of our members.

This document aims to:

• Provide clarity and guidance to support designated safeguarding professionals while carrying out their statutory functions during the current structural turbulence in the NHS;
• Outline a long term model to ensure that children and young people in contact with the health service are adequately protected.

Context

The statutory responsibilities to safeguard and promote the welfare of children, as outlined within Working Together, are still current and applicable. It is imperative that organisations do not lose sight of these responsibilities during transition.

The statutory responsibilities set out in the Children Act 2004 sections 11 and 13 currently residing with Primary Care Trusts (PCTs) are expected to transfer to commissioning consortia clusters.

The capacity of staff to fulfil these duties as PCTs cluster together during transition is a significant concern. The loss of key personnel and expertise has the potential to impact on the delivery of core statutory functions. Any future model must ensure that there is sufficient expertise and capacity for effective delivery of functions with establishments of designated professionals continuing to be proportionate to the local resident population and the complexity of provider arrangements.

Feedback from members and policy analysis highlighted two models for ensuring that specialist safeguarding expertise and leadership is available to help consortia fulfil their statutory responsibilities. The first was that designated professionals could be located within Local Authority Public Health (LAPH) teams and the second within commissioning consortia clusters.

1 This paper results directly from proposals contained within the Health and Social Care Bill, which applies to the NHS in England.
2 http://www.rcpch.ac.uk/sites/default/files/The%20role%20of%20Designated%20Professionals%20final_0_0.pdf
3 This statement was drafted during the “listening Exercise” in May 2011 and assumes the core elements of the Health and Social Care Bill will remain unchanged.
4 https://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN.pdf
5 This term is preferred to describe consortia to recognise that commissioners include other clinical professionals aside from GPs.
There are advantages and disadvantages of both approaches. LAPH teams will be responsible for addressing the violence agenda, will be part of local authorities, are population-based and will, subject to legislation, commission certain universal safeguarding services, such as school nursing (and potentially health visiting). Commissioning consortia clusters will commission services from provider organisations, who are required statutorily to have a named professional function.

A preferred option was clearly evident.

The preferred option

Designated professionals should remain within the NHS. There are strong arguments to support this proposal:

- The public health role in safeguarding is very different from the role performed by designated professionals - public health teams focus on population-based issues.
- The focus of designated professionals is promoting safeguarding within the health economy, offering advice and strategic leadership to ensure integrated high-quality NHS services.

It is important that health commissioners (i.e. consortia primarily led by GPs), retain accountability for the statutory duties placed upon them and through contractual arrangements with providers ensure that the team of named professionals are adequately supported within provider trusts. Commissioning consortia clusters could federate or collaborate in using designated professionals to ensure that contractual arrangements with providers are consistent in terms of safeguarding requirements and monitoring.

The independent nature of the role of designated professionals must be maintained to ensure that appropriate leverage with stakeholders and organisations is retained. We believe this is best achieved within commissioning consortia clusters. Professional credibility and credibility within the NHS would be retained, along with the ability to critically evaluate multiagency working if professionals are directly managed by commissioning consortia clusters. Influencing commissioning consortia clusters and avoiding professional isolation are also best protected by this solution.

We strongly believe there is a real risk that, if located within local authorities, the current functions of the designated professionals may be diluted and be lost amongst competing local authority priorities. There is a significant risk that designated professionals would also lose their strategic oversight and detrimentally focus on operational matters, becoming increasingly professionally isolated.

Health leadership and holding health organisations to account should be driven by professionals within the health arena. The clinical and professional roles held by designated doctors will be within provider organisations and the complexities of partial employment of staff by local authorities must not be underestimated.

The options for delivery within commissioning consortia clusters

Commissioning consortia clusters could collaborate to share designated professional expertise, with one consortium hosting the designated professionals. This arrangement would most effectively work where there was a level of coterminosity with the Local Authority to align representation on Local Safeguarding Children’s Boards and public health activity.

GP primary care will be centrally commissioned under the proposals rather than through the commissioning consortia clusters so it is important that the designated team formally has responsibility and contractual authority for safeguarding within GP practices.

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7 The Health and Social Care Bill proposes that school nursing is part of the remit of Public Health England, which will devolve ringfenced funding to local authorities.
8 Our consultation paper raised awareness of implications arising from transitional arrangements
9 Feedback indicated that locating designated professionals within each individual consortium was neither feasible nor appropriate. It would cause saturation, in turn weakening strategic functions, and provide inconsistent or duplicate links with LSCBs.
It is vital that designated safeguarding professionals work closely with public health professionals, as well as bodies such as Health and Wellbeing Boards and Local Safeguarding Children Boards, utilising safeguarding commissioning networks.

**Conclusions**

The Royal College of Nursing and Royal College of Paediatrics and Child Health strongly recommend that the **ultimate positioning of designated professionals should be within commissioning consortia clusters.**

We believe that determination of clustering arrangements and transitional arrangements are for local decision based on detailed knowledge of population needs and expertise available, but we believe an ultimate position, as set out above, is required to ensure functions are maintained and accountability is robust in the new NHS.

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