

25 February 2019

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TO: All CCG Accountable Officers

Dear Colleague

**RE: Designated Professionals: Capacity, Deployment and Priorities**

The National Network of Designated Healthcare Professionals (NNDHP) exists to give a national voice to all designated healthcare professionals (DPs). This letter is to provide you with information that will influence the effective implementation of recent legislation.

New local child safeguarding arrangements<sup>1, 2</sup> give Accountable Officers and/or Chief Nurses new responsibilities. Many CCG leaders are now actively engaged with setting up new arrangements with local partners and some have already published their plans.

Recently published statutory guidance<sup>3</sup> specifies the ways in which designated professionals should be deployed. Amongst other things, it stipulates that:

- They should *“Be a member / or advisor of the Local Safeguarding Partnership (LSP)...”*
- They should *“Serve, as appropriate, on the sub-committees of the LSP...”*
- *“... designated professionals should also have regular, direct access to the CCG Accountable Officer or Chief Nurse to provide expert advice and support for child safeguarding matters, and they should also be invited to all key safeguarding partnership meetings.”*
- Designated professionals for safeguarding children *“...are dedicated posts and should not be combined with responsibilities for adult safeguarding or looked after children”.*

Last year, the NNDHP undertook two surveys of its membership. These revealed two significant themes.

The **first survey**, concerning capacity, demonstrated that a very significant number of designated professionals are being required to cover a far larger child population than the statutory guidance expects for the working time they have been given for the role. This is seen as a risk by NHSE and is on their risk register.

The **second survey**, regarding the new safeguarding arrangements, demonstrated that whilst a significant number of designated professionals reported that they are fully engaged in the process of advising the development of the new partnerships, there are a significant number that are not. This raises the question of the safety of proposed plans that are being developed without expert advice.

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<sup>1</sup> Children and Social Work Act 2017

<sup>2</sup> Working Together to Safeguard Children, July 2018

<sup>3</sup> Safeguarding Children and Young People: Roles and Competences for Healthcare Staff, 4<sup>th</sup> Ed (RCN) January 2019

For clarification, the statutory guidance regarding capacity can be summarized as follows:

	RECOMMENDATIONS FROM INTERCOLLEGIATE DOCUMENT	REQ. RESOURCE (IN WTE)
<b>SAFEGUARDING DESIGNATE POSTS</b>		
Designated Doctor	4.5/5 PAs** per week equivalent to 18 -20 hours per week	<b>0.48 – 0.53</b>
Designated Nurse	Minimum of 1 dedicated WTE*** for a child population of 70,000	<b>1</b> per 70,000 childhood population
Admin Support	A minimum of 0.5WTE dedicated admin support for Designated Nurse S/G role	<b>0.5</b>
<b>LOOKED AFTER CHILDREN DESIGNATE POSTS</b>		
Designated Doctor	0.2 WTE or 8 hrs per week (minimum resource) per 400 looked after children exc. operational activity such as health assessments	<b>0.2</b> per 400 LAC children
Designated Nurse	Minimum of 1 dedicated WTE for a child population of 70,000	<b>1</b> per 70,000 childhood population
Admin Support	A minimum of 0.5WTE dedicated admin support for Designated Nurse LAC role	<b>0.5</b>

\*\*A "Programmed Activity (PA)" is equal to approximately 4 hours of work

\*\*\* WTE – whole time equivalent – 37.5 hours per week

Children are our paramount concern. To fulfil our statutory responsibilities to protect children, improve their welfare and offer them the best possible outcomes, it is essential that:

- the local health economy has sufficient expert capacity in the form of designated professionals to guide and advise the local safeguarding leadership and
- the local designated professionals are actively engaged in the process of advising and supporting the development and implementation of new local safeguarding arrangements.

It would be of great help to the national advocacy role of the NNDHP if you would confirm that:

- 1) your CCG/CCGs is/are compliant with the Intercollegiate Document with regard to designated professional capacity
- 2) your designated professionals for safeguarding children are closely and fully engaged with you in the safeguarding partnership development process.
- 3) your designated professionals will be engaged with you and the LSP consistent with the new guidance.

The NNDHP has now also published a set of ideas (**The Voice of Health**) that describe the NNDHP priorities with regard to the new authority that the health sector now holds. I attach the document for your consideration.

Finally, the importance of a values based approach to developing a new safeguarding partnership has been debated at various health and multiagency fora over the past couple of years. A paper on the subject will be circulated shortly.

I look forward to hearing from you at your convenience.

Kind regards



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