

**HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE – 15TH
JANUARY 2009.**

**REPORT OF THE DIRECTOR OF ADULT COMMUNITY AND HOUSING
SERVICES**

**SAFEGUARDING VULNERABLE ADULTS : DEPARTMENT OF HEALTH
CONSULTATION ON 'NO SECRETS' GUIDANCE**

PURPOSE OF REPORT

1. To brief Select Committee on the Department of Health Consultation on the Review of the 'No Secrets' Guidance on safeguarding vulnerable adults.
2. To invite Select Committee to contribute to Dudley's response to the Consultation document.

BACKGROUND

3. The Minister for Social Care launched a Review of the No Secrets guidance on Safeguarding Vulnerable Adults in October 2008.
4. No Secrets was first published in 2000. It was a ground-breaking document in the recognition of an issue which had been hidden for a long time. It provided guidance to Councils and partner agencies on developing adult protection policies and procedures.
5. The Department of Health considers that a review of No Secrets is necessary for three reasons:
 - The focus of the 2000 document was on adult protection. We now use the broader term 'safeguarding adults'. There have been several serious incidents of adult abuse, for example, the Cornwall and Sutton/Merton Inquiries into abuse of people with a learning disability in long-stay hospitals. Implementation of No Secrets has sometimes been slow and inconsistent. It is time to take stock of the original guidance.
 - Government policy on social care has changed. 'Putting People First' – the cross Government concordat on transforming social care published in December 2007 - makes it clear that the right of people

to make informed choices about risk and about how to spend their personal budget must be balanced by effective safeguarding arrangements.

- Some agencies consider that legislative powers are needed in this area, which would be similar to the powers which already exist to safeguard children. Such powers already exist in Scotland in the Protection of Vulnerable Groups (Scotland) Act 2007. The Mental Capacity Act 2005 introduced the offence of ill-treatment or wilful neglect of a person lacking capacity.

Key Messages in the Consultation Document

6. The Consultation document contains a number of key national issues relating to arrangements for safeguarding vulnerable adults, as follows:
7. There is a need for a more integrated safeguarding framework, making safeguarding everyone's business. This would address safeguarding in regulated and unregulated care; it would define safeguarding responsibilities for all professional groups – housing officers; nurses; advocates; social workers and police officers. It would integrate other guidance on hate crime, vulnerable witnesses, community safety, domestic abuse, child protection and forced marriage.
8. The scope of safeguarding should be extended to include self-neglect; poor care practices in hospitals; multi-agency public protection arrangements.
9. Community empowerment as envisaged in the White Paper 'Communities in Control; real people; real power' must include the safety of people in communities – for example, measures to protect people with disabilities from hate crime.
10. No Secrets 2000 invited but did not require agencies to work in partnership; this has resulted in confusion between Councils' leadership and co-ordinating roles and between an option or a requirement for other organisations to participate in the inter-agency framework. Leadership of safeguarding arrangements at local level could involve wide-ranging new tasks in future.
11. At national level several different organisations are involved – CSCI; Healthcare Commission; Mental health Act Commission; ADASS; Public Guardian; Official Solicitor; Independent Safeguarding Authority. This can also blur leadership and accountability.
12. No Secrets 2000 is concerned with the response to harm which has already occurred; More vulnerable people are living independently in the community; preventive work is needed with these groups to educate, prevent and alert.

13. An indicator which could be included in the National Indicator set or Vital Signs, backed up by a national data collection, would allow Councils and NHS bodies to be performance managed on safeguarding activity. Performance management will also need to take account of the experiences of people who use care services.
14. Full engagement by the NHS been slow to develop but there is evidence that the NHS is taking its responsibilities in this area more seriously. Concerns have emerged in recent years about ignorance and institutional neglect in the NHS e.g. the Mencap report 'Death by indifference'; pressure ulcers and risks of malnutrition on wards.
15. Housing Services offer scope for early identification of people at risk, but there is much to be done to ensure that appropriate reporting takes place and effective intervention follows.
16. Specialist Police officers are often highly experienced and committed, but continuity and handover are sometimes not effective leaving gaps in the safeguarding system. Numbers of successful prosecutions are disappointingly low and there are difficulties with the identification and support of vulnerable witnesses.
17. New legislation is not necessarily the answer; there would have to be certainty that new laws would make it easier to prevent and tackle abuse and neglect and that these laws would fit with other legislation such as the Human Rights Act.
18. If legislation was introduced, it could cover the following areas: role of the Safeguarding Board; statutory duty to co-operate; clarification of terminology relating to vulnerable adults; and specific powers e.g. the right to enter people's homes if there is suspicion of abuse.
19. No Secrets 2000 defined a vulnerable adult as a 'person who may be in need of community care services'. This definition is now considered too restrictive, but there is no clarity re a revised definition. A much wider definition which included e.g. homeless people; those with drug or alcohol problems might dilute the focus of local safeguarding arrangements.

Independence, Well-being and Choice Inspections

20. The Consultation document draws on feedback from Independence, Well-being and Choice inspections which have been carried out by CSCI in a number of Councils since August 2007. This inspection will be carried out in Dudley some time in the next 12-18 months. CSCI's recent overview report indicates that the following strategic and operational framework is vital to effective safeguarding arrangements.

21. The framework is outlined below with a brief summary of progress in Dudley:

Multi agency commitment

22. An Adult Protection Committee has been in place since 2002 developing into the Safeguarding Board from April 2008. Membership includes a broad range of agencies at senior level.

23. In the last six months, the Safeguarding Board has set a new strategic direction for safeguarding activity. The Board commissioned and completed a self-assessment, which was a comprehensive review of our safeguarding arrangements. A seminar of the Directorate Management Team with the Safeguarding Board in July agreed a work plan which will form the focus of the Board's activity over the next 12 months.

Strong leadership and political support.

24. Council members have been kept abreast of local and national inquiries through reports to Select Committee in November 2006 and March 2008. In June 2008 an Elected Member Safeguarding champion was appointed, who is also a member of the Board. Training on safeguarding vulnerable adults has also been offered to elected Members.

Governance arrangements

25. The reporting mechanism for the Safeguarding Board is to (a) Dudley Health and Well-being Partnership (b) Safe and Sound (Community Safety) Board and (c) Overview and Scrutiny Committee.

Performance management and quality assurance.

26. There has been considerable improvement in data collection and analysis during the past 12-18 months. This was recognised by CSCI in our annual review of performance in July 2008. An Audit of 30 cases was carried out in autumn 2007. Internal Audit will be carrying out a routine audit of compliance with key policy/procedural instructions in January 2009, as part of the Directorate audit programme.

Contracting

27. Safeguarding is integrated into contracting processes across all sectors with clear expectations and reporting requirements placed upon providers. Contract monitoring and other work to improve the performance of providers clearly focus on their safeguarding arrangements.

28. Concerted efforts are made to ensure take up within the independent sector of in house training in adult abuse, and other relevant training.

Community safety

29. The Director of Adult, Community and Housing Services has the statutory lead responsibility for safeguarding and attends the Safe and Sound Board and Health and Well-being Partnership. The Chair of the Safeguarding Board is also chair of the DAAT, a member of the Safe and Sound Partnership, and a member of the Children's Safeguarding Board. This affords opportunities to make links with wider community safety work and other initiatives which could improve safeguarding for vulnerable adults.

Resources

30. Specialist resources are in place to support safeguarding activity at both strategic and operational levels across the Council. The Safeguarding team has been expanded with the creation of a Head of Service post whilst retaining the existing Co-ordinator post. A minute-taker for conferences/strategy meetings has been appointed and we are about to recruit an additional training officer.

Policies

31. The revised multi-agency Safeguard and Protect Policy and Procedures were issued in January 2007. The central section on managing investigations provides clear and unambiguous guidance on the process, to ensure a consistent approach.
32. The PCT's Serious Untoward Incident Protocol was approved by the Trust Board in January 2008. It makes clear that any SUI involving suspected abuse of a vulnerable adult must be notified to DACHS immediately.

Learning and development

33. A programme of specialist training was commissioned in 2005 following an analysis of needs, The training is aligned with the Safeguard and Protect procedures. Since then, 2500 people have attended basic awareness training. Almost all Social Workers have attended advanced training on managing investigations.
34. We are also aware of some development areas in Dudley, which include:
- Further improvements to quantitative and qualitative data
 - Integration of Safeguarding to service strategies and to the JSNA
 - Training needs to be better aligned to competencies and workforce planning

- Accessible public information
- Quality Assurance
- Systematic process of review and audit of casework
- Improvements to risk assessments and protection plans.

Key questions for consultation in Dudley

35. In Dudley, the Safeguarding Vulnerable Adults Board is co-ordinating the response to the consultation document, working with the Safe and Sound Partnership and the Health and Well-being Partnership as well as the Council's Corporate Board and Health and Social Care Select Committee. The response must be submitted to DH by 31st January 2009.

36. The Consultation document contains 100 different questions and stakeholders are invited to submit views on all or any of these questions. For the purpose of this report, ten key questions are listed as follows:

- How do we know whether a Safeguarding Board is working effectively, and to whom should it be accountable?
- How do we make sure we don't lose focus on the abuse and neglect of vulnerable adults in the wider safeguarding agenda?
- Do we need legislation or is guidance enough? What provisions should legislation include?
- Are adult safeguarding systems within the NHS effective and how well do they interface with multi-agency policy and procedures?
- Where and how should we concentrate our efforts on prevention and public information?
- Would an outcomes framework for safeguarding be useful and if so which indicators and audit arrangements should we use across Adult Social Care and the NHS?
- How can we empower people to make it easier for them to report abuse and to shape and evaluate safeguarding arrangements?
- Is there support for multi-disciplinary / joint investigation teams?
- How can we improve risk assessments in the context of personalisation?
- How much does adult protection cost and how is it funded?

FINANCE

37. As outlined in paragraph 30 above, significant additional resources have already been provided for safeguarding activity. No new investment is proposed at this stage.

LAW

38. Section 44 of the Mental Capacity Act 2005 includes an offence of ill-treatment or wilful neglect of a person lacking capacity.

EQUALITY

39. The No Secrets consultation document raises issues relating to diversity. The work plan of the Safeguarding Board is consistent with the Equal Opportunities policy of the Council.

RECOMMENDATION

40. Health and Adult Care Social Care Select Committee is asked to consider and comment on this report, in order to inform the Council's response to the No Secrets consultation document.

A handwritten signature in black ink that reads "Linda Sanders". The signature is written in a cursive style with a large, looping initial 'L'.

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