Report to Adult Social Care Partnership Board

Safeguarding Adults: A Consultation on the Review of the 'No Secrets' Guidance

January 2009

1. Purpose of the Report

The purpose of the report is to present the Board's draft response to Safeguarding Adults: A Consultation on the Review of the 'No Secrets' Guidance.

2. Background

The Board received an overview report on Safeguarding Adults: A Consultation on the Review of the 'No Secrets' Guidance at its last meeting and were asked to consider responding to the national consultation. Subsequently, a task group of members from the Board met to discuss the document and develop a draft response. The Task Group did not attempt to answer all questions, only those that were relevant and those that members felt able to offer a contribution to.

The draft response is attached for comment by the Board and agreement.

3. Recommendations

The Board are requested to provide comments and agree that the response be submitted as part of the consultation process.

Sunderland City Council: Health, Housing and Adult Services - Adult Social Care Partnership Board

Response to Safeguarding Adults: a consultation on the review of the 'No Secrets' guidance

Chapter 3 - Leadership, prevention and outcomes

1. Leadership

Q1b. Where should leadership lie locally? If within local government, where?

The responsibility should remain with local government through adult social care. Another view is that it should lie with elected members which would ensure all council department's commitment to leadership and ownership

Q1d. How do we know if a safeguarding board is working effectively? To whom should it be accountable?

A suggestion is that the Safeguarding Board could be accountable to the Local Strategic Partnership to ensure citywide ownership of safeguarding issues.

Q1e. Where should leadership for NHS safeguarding issues lie? Do we want national procedures for the NHS?

Leadership for NHS should lie with the Department of Health. If national procedures are developed there would need to be the flexibility within them for local interpretation. However, there should be no need to have separate procedures for the NHS as they should be signed up to the agreed local multi-agency procedures.

Q1f. Where should leadership for safeguarding in the care home sector lie? What can be done to strengthen this?

Individual care home managers have a responsibility for complying with local safeguarding policies and procedures. Leadership within the care home sector needs to be driven through the commissioners (Local Authority and PCT) contractual framework, which includes monitoring arrangements to ensure that safeguarding issues are addressed and that procedures are understood and acted upon.

2. Prevention

Q2a. Should we be doing more work on prevention? If so, where should be concentrate our efforts? If you are doing effective prevention work, tell us what it involves.

Yes more work needs to be focused on prevention particularly outside of the health and social care sectors. Preventative work should focus on education and training across the whole community of what is abuse and the policies and procedures in place to report and respond to possible/actual cases of abuse.

Q2b. Should we develop a national prevention strategy for adult safeguarding which includes, for example, links with neighbourhood policing, with a human rights agenda and with health and well-being?

Yes, however this raises questions about how it would be implemented locally, particularly how local areas would be accountable for its delivery. Any strategy needs to include 'must dos'.

3. Outcomes

Q3a. Would an outcomes framework for safeguarding be useful? If so, which indictors should we use within the wider responsibilities of local government, the NHS and the police force?

An outcome framework would be useful, as it would ensure that agencies were accountable and that they were addressing safeguarding issues. Possible indicators could include:

- Reduction in number of serious case reviews
- Increased prevalence of safeguarding cases reported.

Q3c. How can we learn from people's experiences of harm and their experiences of the safeguarding process in order to improve safeguarding?

This is difficult in respect of how people's views and experiences can be obtained due to the sensitive nature of the experience and of confidentiality. It also raises issues of how we would obtain the views of people who lack capacity.

Q3g. What are the desired outcomes of safeguarding work?

As question Q3a.

Chapter 4 - Personalisation and Safeguarding

4. Managing Risks

Q4. In an environment where an increasing number of people will be taking responsibility for arranging their own support, we need to have a debate on how their interests can be safeguarded. What aspects of safeguarding do we need to build into personalisation? What training, risk assessment and risk management should we use? What are you doing locally and what more needs to be done?

Safeguarding needs to be a core element that is built in to the process, which is developed in relation to personalisation. There needs to be a balance between safeguarding, risk and choice.

5. Managing Choice

Q5. What aspects of personalisation – greater independence, choice and control – can we build into safeguarding? How do we better reflect services users' informed choices? How do we facilitate informed self determination in risk situations and in the safeguarding process? How can we move forward on this agenda?

As Q4.

Chapter 5 - Health services and safeguarding

Q6a. How is the No secrets guidance being implemented and applied to ensure that it enables staff in the NHS to recognise, investigate and act on abuse? Are local arrangements effective? What more should be done?

All NHS trusts within the local area have access to multi-agency training to educate staff to recognise and report abuse. These local arrangements are effective.

Q6c. What are the responsibilities of the NHS safeguarding leads – are they champions, professional leaders, awareness raisers, data collectors and reporters? Can one person fulfil all these roles? If not, how should these responsibilities be shared?

It would be difficult for one person to fulfil all of these roles therefore a range of people would be needed to ensure these roles are carried out effectively.

Q6h. Is the role of GPs a crucial role for safeguarding in the NHS? Where is the existing good practice and what can learnt from it?

Yes, GPs and all primary care staff have a crucial role to play in safeguarding in the NHS as they are often the first point of contact for individuals and may be the first people who can identify cases of abuse.

Q6j. What central leadership role should there be (if any) and what function should it have (Healthcare Commission, Monitor, Department of Health, General Medical Council, Nursing and Midwifery Council, Strategic Health Authorities)?

The central leadership role should be with the Healthcare Commission. The Annual Health Check should be further developed to include safeguarding adults issues.

Chapter 6 - Community empowerment, housing and safeguarding

Q7a. Do we need stronger policy links between safeguarding and community development and empowerment? How can this be achieved at the national and local level?

Q7b. How can housing providers contribute to safeguarding? What could housing departments, housing associations and supported housing/living providers do to enable their tenants and residents to live safer lives?

Training and awareness raising on abuse and the mechanisms for reporting it should be made available for the whole community. Information can be cascaded down to the community through Community Development Workers and the Third Sector. Housing providers should be part of Safeguarding Adults Boards.

Chapter 8 - The roles of guidance and legislation

Q9a. Do we need updated and refreshed No secrets guidance?

Q9b Is new legislation necessary and how would it help?

We would support the introduction of legislation. We also feel that guidance can and should be improved as guidance allows flexibility for local implementation. All of the issues covered in this section need to be addressed with care so as not to infringe individuals' human rights.

Chapter 9 - The definition problem

Q10a. Should the No Secrets definition of vulnerable adults be revised?

The current definition appears to be appropriate. The No Secrets guidance, or whatever is to follow this consultation, needs to be seen within a wider strategic framework i.e. Domestic Violence Strategies, Parenting Strategies etc. to ensure the safeguarding of all groups, whilst ensuring that No secrets is specific to vulnerable adults, in line with the current definition.