

PETERBOROUGH RESPONSE TO NO SECRETS REVIEW **JANUARY 2009**

Approach

The following groups contributed to the consultation in Peterborough:

- Peterborough Adult Safeguarding Board
- NHS Peterborough Board
- NHS Peterborough Professional Executive Committee
- Safer Peterborough Partnership
- Health and Adult Social Care Scrutiny Panel
- Learning Disability Partnership Board (LDPB)
- Peterborough City Council Corporate Management Team,
- Mental Health Joint Development Group
- Other partnership groups (in less detail)

The approach in Peterborough has been to include as many partnership groups and stakeholders as possible in the consultation using existing partnership groups which fell within the consultation period.

The Safeguarding Board held a specific workshop to consider its views. Board members noted that some partners e.g. the Cambridgeshire Constabulary would be submitting their own responses.

The LDPB had a very detailed discussion using the easy read tools and made detailed responses to some questions – these have been specifically referenced in the response.

By agreement with these groups, the Director of Adult Social Services (a joint appointment of the City Council and NHS Peterborough) has compiled and submitted this composite response.

Leadership

National leadership appears to fit best with the Department of Health given the key roles for health and social care.

In Peterborough, health and social care services are fully integrated and we believe this provides a good model for leadership around safeguarding. Joint posts between councils and the NHS may be in a particularly good position to lead the adult safeguarding agenda. The LDPB felt it was important that the police take on an active role.

Arrangements for safeguarding Boards should be consistent with the arrangements for Children's Safeguarding Boards and there is support in Peterborough for moving forwards with independent chairs of these Boards. We support putting these boards on a statutory footing with firm duties for co-operation across agencies.

Primary Care Trusts as local leaders of the NHS should have lead responsibility for safeguarding however it is important that all parts of the NHS (hospital trusts, mental health trusts, primary care) are represented on safeguarding boards.

Nationally there is insufficient emphasis within NHS guidance and planning frameworks which relates to safeguarding vulnerable adults. Specific issues in relation to learning disabilities have become more prominent following 'Healthcare for All' but there is a need to increase the focus on safeguarding more broadly. For example the 2009/10 Operating Framework has minimal requirements in terms of safeguarding. 'Standards for Better Health' includes child protection but not adult protection.

Service providers including from the care home sector should form part of safeguarding boards. Leadership should be provided by commissioners and regulators of these services as well as umbrella bodies that represent the sector. This also applies to domiciliary services.

Prevention

The LDPB suggested that people with learning disabilities could support others to keep themselves safe. It was suggested that "Feel Safe Groups" which exist in Peterborough's day centres and drop-ins were good – people talk about what is okay and what isn't. These groups should exist in all services. Other suggestions included carrying safety alarms, information in doctors surgeries and dentists, advertising on buses, using supermarket notice boards, having hate crime reporting centres and looking at local demographics to decide what is needed especially around black and minority ethnic communities. There is a need to consider people who don't use services as well. It was suggested that people with profound and multiple needs should be supported through communication devices and through advocacy. It was also suggested that information on staying safe should be sent out with benefits information.

Outcomes

There is a need for an outcomes framework linked to safeguarding and support to develop this would be welcome. Local annual reports should be more outcome focused and evaluative.

There is support for national indicators in this area and these will clearly need to be metrics which are measurable and can be compared across areas. The consultation agreed with the difficulty in identifying one or more suitable measures. Repeat abuse was thought to be a useful indicator of effective safeguarding work but misses the primary preventative angle.

The LDPB felt that there should be more police especially at weekends and that the police would have more awareness about people with learning disabilities. The police should have one or more people who are specifically trained in relation to disability issues. Police locally should meet with people

with learning disabilities. In Peterborough, the police have met with sheltered housing residents and talked to them about keeping safe. The police should respond more quickly to people who live in flats on their own and it was suggested there should be a target about responding to vulnerable people very quickly.

Managing risks

We acknowledge that risks to individuals may sometimes increase with greater choice. There is some public concern in Peterborough, as elsewhere, on this matter with the introduction of Individual Budgets. The suggestion of a safeguarding pack for all recipients of Individual Budgets is a suggestion which could be explored.

The LDPB noted that some people have family to help them. For others social workers, care workers and advocates can all be helpful. It can take a long time to build a relationship with an advocate however and advocacy is not always useful for people with profound and multiple needs. IMCA is available for those with no family but the threshold was considered very high.

The LDPB was concerned about private services which are developing to manage people's finances. Approved providers were felt to be safer. It was suggested that all young people are taught at school how to keep their pin numbers safe.

The LDPB felt there should be support for family carers.

Managing Choice

There is considerable concern to ensure that those with Direct Payments make choices which are safe. This particularly relates to safe employment practices and CRB checks. There is a very strong view that every effort must be made to enable people to protect themselves through safe recruitment practice and awareness raising, information, support services and discussions during assessments and reviews could all contribute to this. Some people are of the view that CRB checks should be compulsory for Direct Payments users to carry out on any staff they employ.

Health Services & Safeguarding

Because NHS Peterborough is the organisation commissioning all health and social care in Peterborough, awareness and practice around safeguarding is stronger in the primary care trust than in many areas. That said, there is no room for complacency and ongoing awareness raising and practice development continues to be required. We are developing primary care awareness and engagement and suggest this is something which requires further attention. Primary care services are perhaps best placed to identify risk factors and early signs of abuse. A link to the quality frameworks for primary care are likely to be needed to effect change in this area. The PCT

Board considers the emphasis should be on the whole of primary care and not just GPs.

The LDPB was concerned about security in hospitals – this needs to be improved. It was also suggested that doctors need to be able to recognise people with learning disabilities and have a register of them so that extra time is allowed for appointments.

In Peterborough two people with learning disabilities are employed to help improve GP's awareness and good practice. They use role play to demonstrate good and bad practice.

Safeguarding, Housing & Community Empowerment

Housing providers have been shown to be critical partners in detecting and reporting risk and abuse in some recent, national serious case reviews. It is essential to get engagement across the sector locally and nationally. Supporting People provider networks can assist with this. Commissioning of services for supported living and housing more broadly need to consider safeguarding issues and outcomes. There is a role for the Housing Corporation successor organisation in reflecting standards in safeguarding for registered social landlords.

The LDPB felt that secure locks, intercoms and strong front doors were important to protect people from burglary and other crimes and to help people feel safe. The Board also felt that housing associations needed to be more responsive to vulnerable people living on their own. Vulnerable people may need help to choose safe areas to live in using Choice Based Lettings. Neighbourhood Watch was also suggested.

Access to the Criminal Justice System

The integration of adult safeguarding into more mainstream criminal justice activity is supported. The links with MAPPA and MARAC are currently not sufficiently clear, consistent or formalised and this needs to be addressed.

Guidance and Legislation

There is strong consensus in Peterborough for legislation in this area. Overall it is considered that only legislation will bring about sufficient change, raising of profile, co-operation and resources to address the area. There is a strong view that parity with safeguarding children work can only be achieved by legislation equivalent to the Children Act 2004.

It is essential that resources are provided to properly implement new legislation or changed guidance. All key agencies considered that a lack of dedicated resources limited progress in safeguarding work. Rising alert levels through raised awareness is adding year on year pressures to social services budgets.

There is support for statutory Safeguarding Boards, a duty to co-operate and legal definitions of key terms. There is some hesitancy with regard to powers to enter private homes and the power to remove individuals however most people contributed could see the need for such powers in some, limited circumstances. Legislation would need careful safeguards to ensure the appropriate use of such powers which would usually be exceptional.

The LDPB felt that if there were powers to enter people's homes, these should be very transparent and people should be kept involved in what is going on. Sharing information was felt to be important and the capacity of the person and any carers' issues should be considered. There should be regular reviews as circumstances may change and someone may be able to return home.

There was support for independent chairs of safeguarding boards and a reconfirmation of the need for a strong serious case review protocol.

Statutory posts similar to those in children's work were suggested e.g. specialist doctors and nurses.

Definitions

Vulnerable Adult is subject to so many different interpretations that clarity is recommended. The definition of abuse seems more consistent.

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