Western Health & Social Care Trust response to Call for Evidence to Health Committee – The Adult Protection Bill

1. Broadly, the Western Health & Social Care Trust welcomes the introduction of the Bill. It will allow not only Trusts, wider stakeholders to strengthen Adult Protection practice and take proactive steps to protect some of the most vulnerable members of our society.
2. Senior Western Health & Social Care Trust staff have been engaged in the development of the Adult Protection Bill with the SPPG, the Department, regional colleagues and wider stakeholders for some years.
3. In responding to this Call for Evidence the Trust seeks to comment on the Bill, its implementation and the potential implications of the implementation for the public.
4. The Bill puts Adult Protection on a statutory footing which will give our adult protection service the foundations for consistent practice, power to intervene where necessary and power to hold to account where harm has occurred.
5. The principles of prevention; autonomy; empowerment; dignity; proportionality; partnership; and accountability – are central to the Bill and must remain the focus of statutory agencies and our stakeholders.
6. Adult safeguarding exists on a continuum with protection at the sharp end of that continuum.
7. The Bill's focus is intentionally on protection and not on safeguarding. In light of the serious inquiries in Muckamore Abbey Hospital and Dunmurry Manor, this is appropriate and makes sense to statutory agencies and those involved with the provision of care for adults.
8. The nuances between safeguarding (or prevention) and protection could be lost on those outside of those involved directly with the provision of care for adults. Clear communication from the Department regarding these nuances would be useful to inform those who are not directly involved in the provision of care for adults to include the public, the media and public representatives so that the Bill and its associated implications can be widely understood.
9. The principles of the Bill, the nuances between adult safeguarding and adult protection and a key focus on prevention should be pulled out through any Statutory Guidance.
10. Operational managers in Trusts have been involved in developing the Statutory Guidance, this will be necessary going forward if the Statutory Guidance is going to sufficiently support changes to day to day practice.
11. The *'Duty to Report'* will be transformative in the arena of adult protection. It will be the statutory agencies who will see the biggest increase in their workload as a result of it, due to the increased referrals and the assessment required to inform next steps. Resourcing must reflect this.
12. *Consent* is central to the Bill. Where consent is not provided by the affected individual a capacity assessment will be required. The Court will be unable to grant an order under the Bill without consent or a capacity assessment. Trusts are currently relying on expensive private assessments for similar assessments in other circumstances, formal capacity assessments for Court will require significant new resource investment.

13. The new offences in regard to corporate bodies and care workers are a positive step in holding those responsible for harm to adults at risk to account.
14. Current resources in care settings are extremely stretched, there is no slack in the system, while taking action will be appropriate in some circumstances, and we must be prepared for the outworking of that action which could be closed facilities or a reluctance for companies to open further facilities.
15. The care worker profession, again, is massively stretched, with recruitment and retention a significant challenge regionally. It may be that the introduction of these offences could negatively impact an already challenged workforce.
16. *Independent Advocates* have been a central component of the Bill from its conception and have been discussed throughout various inquiries regionally and nationally. The resource in the Western Health & Social Care Trust geographical area for well informed, appropriate and independent advocates for our patients and service users is extremely limited. For independent advocates to have the desired impact significant resource will be required in the Western Health & Social Care Trust.
17. *CCTV* has been called for in various inquiries and has been instrumental in the Muckamore Abbey Hospital Inquiry. Whilst useful at times, it is important that CCTV is not viewed as a silver bullet in the area of adult protection. CCTV systems, generally will provide video only, often times video out of context can be interpreted in various ways and also raises issues for the dignity, privacy and choice of adults availing of services. The difficulties associated with CCTV could also adversely impact staff morale/willingness to practice in challenging areas.
18. A number of 'options' have been outlined in regard to implementation of the Bill. The options consider the financial implications for implementation of the Bill and consider options such as – do nothing, do minimum, up to an 'option 5' - Introduce an Adult Protection Bill inclusive of 'core', 'desirable' and 'optional' key service requirements.
19. Having come through the phased implementation of the Mental Capacity Act, as region it is important that we learn from the challenges associated with a phased / incremental implementation, which could potentially look delayed or ineffectual.
20. Phasing this work not only has an impact upon patient and service user care and safety but also presents significant challenge for our staff in the delivery of services and challenges the public and public representatives in understanding the implementation at different points in time.
21. As an organisation which will hold increased statutory functions associated with the Bill, option 5 is the only option.
22. Option 5 will require significant resource, not only in terms of various grades of staff but also in terms of capital investment for Trusts to accommodate those staff and potentially new services. This must be considered in the Business Case.
23. Social work, as a profession is front and centre in terms of the duties associated with the Bill and its implementation in Trusts. It is widely accepted that social work as a profession is challenged in terms of the availability of qualified social

work staff for current roles. The introduction of more senior social work roles for the purposes of the Bill runs the risk of further depleting the social work workforce across the region and could have an adverse impact in other high need areas such as child protection. The region, supported by the Department, must be prepared for this and consider how the social work workforce can be future proofed in the context of developments such as the Bill.

24. Anything less than option 5 will further compromise statutory and stakeholder's ability to hold public confidence in the safeguarding and protection of some of the most vulnerable members of our society. This confidence has been degraded in recent years, the Adult Protection Bill is an opportunity to build confidence, if it is not properly funded this will be a missed opportunity.
25. The expertise to practice in an exceptional way in this space already exists in our statutory services, the challenge has been the lack of legislation and core funding, and the Bill is an opportunity to overcome some of those challenges.
26. The Trust believes that when the Bill is introduced and imposes legal duties on the Trust, it is vital that we are in a position to fully implement all these duties. In the event that the Trust are not able to do so (e.g. due to resources) this could lead to an inability to safeguard in line with the duties of the bill and lead to legal challenges or Judicial Reviews.