

**PCC opening statement to the Health Committee  
on the Adult Protection Bill 29 January 2026**

*(check against delivery)*

1. Thank you for the opportunity to provide evidence on the Adult Protection Bill today.
2. The PCC welcome the introduction of the Adult Protection Bill, we consider it a significant step and clear opportunity to enhance adult protection practices and outcomes for individuals and families.
3. In order to assist committee members in understanding why we are making certain comments on the Bill and certain proposals, I will briefly outline relevant aspects of the role, functions and work of the PCC.
4. The PCC is the second-smallest arm's-length body in the Department of Health in budgetary terms, but we have a significant mandate from the Northern Ireland Assembly through the Health and Social Care (Reform) Act (Northern Ireland) 2009. That mandate is to independently represent the interests of the public in health and social care and to seek to influence the system from within.
5. As such, we have a very wide brief but a budget of only £2.1 million to undertake that task. Within this budget, we operate at an individual and systemic level, seeking to provide advocacy services for people who have issues in health and social care, right across the breadth of those services, as well as engaging the public at a regional level and seeking to influence policy and systems change.

6. Under the 2009 Act, we have five statutory functions. We also play an important independent assurance and challenge role, which is set out in the HSC Framework Document. We are one of only two organisations that has this role, the other being the RQIA. Our independence is something that we take very seriously, in order to promote and support public trust and confidence in the health service. There is an explicit constructive tension in how the PCC is set up. On the one hand, it represents the interests of the public, while, on the other hand we work with HSC bodies within the system to influence change on behalf of the public. This brings with it opportunities and challenges.
7. We understand our role in the system of governance and assurance as providing the wider public, HSC trusts, other service providers and the Department with information, insights and evidence gathered as part of discharging our statutory functions and direct engagement with the public. In responding to the Draft Bill we have considered it in the broader context of what influences and impacts upon adult protection and public safety across the HSC system, including other Departmental initiatives and consultations.
8. We have provided the Committee with a written submission which we hope has been of assistance. By the nature of our work and the statutory functions we hold, we are generalists and not experts in this field. We recognise and acknowledge evidence that has been presented to the Committee by others so far. To best add value, we will focus our oral evidence on elements relating to the voice of the public and independent advocacy.
9. Fundamental to our role and thinking on this issue is ensuring the voice of the public is heard and woven into the fabric of the Bill. This is rooted in the clear message we have heard from the public. Through our practice, and most clearly during our engagement with patients and families in the development of the Terms of Reference for the Muckamore Abbey Hospital Inquiry we heard that, and I quote  
*'responsibility for the failure to act over the years points to a systemic failures to hear the voice of patients, families and carers..'*

We note the powerful testimony that the Committee heard last week in this regard, as well as the contributions from PCC's Adult Protection Engagement Platform. This has shaped our approach to this Bill and our work in general.

### **PCC Membership of the Adult Protection Board**

10. We welcome the proposal to create an Adult Protection Board within the Bill. However, we have engaged with the Department to seek agreement that PCC be removed as a member of the Adult Protection Board. We understand that the Department accepts this position and will bring forward a related amendment and we hope that the Committee will agree with this approach.
11. The basis for this is that we do not believe PCC's membership of the board is compatible with PCC maintaining our independent challenge and assurance function on behalf of the public and in relation to adult protection, given what the Board is tasked to do.

### **Ensuring the Adult Protection Board listens to and considers the voice of the public**

12. Whilst it is not appropriate for PCC to be a member of the Adult Protection Board we do think PCC should be a designated consultee of the Board. This would ensure that PCC can make appropriate representations to the Board, in line with our statutory functions and challenge role, and we can also play an important role in ensuring the voice and the broader experiences of the public are reflected in the Board's thinking.
13. Listening to and hearing people and family's experiences should be the first line of defence when safeguarding vulnerable people. To truly **listen to understand** organisations, systems and structures must critically be able to demonstrate how listening to experience is contributing to institutional and systemic change, improving the quality and safety of services for others.

14. A key element of adult protection, (and quality and safety in general) is ensuring that governance and assurance structures are appropriate and robust. As we outlined in our written evidence, there is an element of circular accountability to the proposed Adult Protection Board, in that the majority of Board Members are proposed to come from the Trusts, and organisations they are tasked with holding to account.
15. Therefore, ensuring the voice of those with lived experience of adult protection issues is heard, listened to and appropriately considered by the Adult Protection Board becomes even more important in the context of the Board's constitution. PCC consider the Bill can and should be strengthened to ensure that the Board is expressly required to engage with and consider the voice of those with lived experience. Equally, the skills composition and the training board members receive will be vitally important to its success.
16. We consider these proposals go some way to strengthening the governance of the Adult Protection Board and potentially boosting public confidence in its role and work.

### **Statutory Guidance**

17. We note and agree on the importance of statutory guidance relating to Part 1 of the Bill. We have proposed to the Department, for reasons already outlined, that the PCC should be included in the list of bodies the Department must consult with in the development, and subsequent review of this guidance.

### **Independent Advocacy**

18. We welcome the inclusion of and reference to independent advocacy in the Bill. We have, however, concerns with aspects of how the Bill articulates and deals with independent advocacy, which speaks to a much broader issue of the provision of independent advocacy in Northern Ireland.

19. Independent Advocacy is a critical component of safeguarding. The availability and accessibility of independent advocacy assists in creating a culture of openness and transparency, and plays a fundamental role in governance, assurance and addressing inequality. PCC believe that appropriately supporting advocacy services provides a level of assurance that the HSC system and bodies operating within it are committed to being learning organisations, committed to meeting their Statutory Duty of Quality, are appropriately invested in the Duty of Candour and, most importantly, to protecting vulnerable people.
20. As such, we believe that independent advocacy should be offered and made available to any person identified as a potential adult at risk. Independent advocacy should also be offered to family members and relevant persons, and it should extend to Part 2 of the Bill to include Serious Case Reviews carried out by the APB. Designated independent advocates should also be considered a relevant person under Clause 28.
21. The PCC expects, and we believe the public expect, that organisations providing advocacy services should be **independent of service providers i.e. structurally, financially and psychologically independent**. To ensure the integrity of independence, contractual and accountability arrangements for independent advocates should be wholly independent of Trusts.
22. The Bill as currently written, at Clause 26, requires that each HSC Trusts will make arrangements to secure independent advocacy, including the arrangements for paying for those services. This fails a key component of independence, understood in structural, financial and psychological terms, and is illustrative of broader issues.
23. At present, each HSC Trust can and does commission their own advocacy services. Whilst they are to be commended for this investment; the unintended consequence is fragmented provision in which a post code lottery exists. Advocacy services are not commissioned on a regional basis, to an agreed, or, required standard, with related training, support and governance mechanisms. This compounds the disjointed nature of provision, but it also

means the public do not know what to expect from advocacy services or how to engage to achieve best outcomes

24. PCC note that Independent Advocacy has been historically referenced in health legislation and public inquiry recommendations from the 1986 Mental Health Order, the Bamford Review, to the Mental Capacity Act, the IHRD public inquiry, to the recently consulted upon Code of Practice for the Mental Health Order and Learning Disability Service Model. In these references there is clear acknowledgement of the importance of independent advocacy to both individuals and families, but also as an assurance mechanism for the HSC system. Despite this, the right to advocacy is not enacted in legislation and independent advocacy is not currently defined, funded or commissioned on a regional basis.
  
25. Returning to the Bill; it could be future-proofed, for example, to accommodate the possibility of a future independent regional advocacy model being introduced. Whilst we recognise that the evolution of advocacy in Northern Ireland, and specifically the introduction of any regional advocacy model would be a policy decision and beyond the scope of this Bill, we believe that the Bill could be future proofed to allow for any potential developments in this area, including those which might result from forthcoming public inquiry reports, whilst avoiding the need for future legislative change. This could be achieved by making the Department responsible for defining independent advocacy and prescribing the arrangements for independent advocacy, including payment, on the face of the Bill.
  
26. PCC has given evidence to a number of public inquiries, including MAH and Urology, within which we have articulated and expanded upon many of the points we are making today, and we are happy to direct the Committee towards that evidence. Similarly, we are happy to expand on any aspect of our written or oral evidence in relation to this Bill.

Thank you.