



HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE - 11TH SEPTEMBER 2012

SUBJECT: ADULT PROTECTION – CAERPHILLY ADULT AREA PROTECTION COMMITTEE (AAPC) ANNUAL REPORT 2011/12

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 To explain the purpose of the Caerphilly Area Adult Protection Committee (AAPC) Annual Report for 2011/12, providing information on the main activity of the Committee and its achievements.

2. SUMMARY

- 2.1 The Wales Interim policy for the protection of vulnerable adults (Nov 2010) recommends the production of an annual report of the Area Adult Protection Committee. The report is to be shared with Social Service departments, Local Health Boards and the Welsh Assembly and made widely available.

3. LINKS TO STRATEGY

- 3.1 The annual report demonstrates work undertaken by the multi-agency group that complements the local authority work in relation to the Service Improvement Plan. The local authority adult service division has identified one of its five strategic aims within this framework as 'to develop and strengthen preventative work and service provision for vulnerable children and adults'.

4. THE REPORT

- 4.1 The report includes details about the purpose and membership of the Committee; a summary of the Committee's activity for 2011/12 and the activities of the multi agency subgroups: Education and Training; Performance Review; and the POVA practice Improvement Forum. The report includes information about key developments in relation to collaboration with Aneurin Bevan Health Board (ABHB) and Gwent Agency Partners as the committee moved to become members of the Gwent Wide Adult Safeguarding Board.
- 4.2 Improving quality of care provided in regulated care settings

The committee continued to focus on themes of quality and safeguarding. The initial AAPC Provider Performance Monitoring Protocol agreed in January 2008 has provided partner agencies with a comprehensive tool to respond to deteriorating quality and increasing levels of risk. The protocol is reviewed frequently and enables partners to respond collectively and intervene in a proportionate manner at the earliest opportunity.

- 4.3 The lessons learned from using the protocol were shared with registered providers of care homes through a workshop held in May 2011. Caerphilly POVA and contract monitoring staff, ABHB and Care and Social Services Inspectorate Wales (CSSIW) staff highlighted the issues of concern that were frequently identified by contract monitoring officers, the practice development nurse for care homes and the inspectors. The significance of a strong registered manager who had a good working relationship with the owner and cascaded responsibility and accountability throughout the staff team were some of the positive strategies that were associated with improving and sustaining the quality of care. The importance of the care homes own quality assurance system was reinforced to reduce dependency upon external monitoring. In addition the roles of the regulator, the health and social care commissioners and the POVA team were reiterated.
- 4.4 Decreases in the percentage of the total numbers of referrals were noted in residential care homes by 4% (from 70 to 52); in care homes with nursing by 4% (from 50 to 30); and for domiciliary care providers by 3% (from 53 to 39). Referrals in respite placements decreased by 1% (from 11 to 8).
- 4.5 The POVA advice service continues to be a well respected and a well used service. It provides opportunity for POVA coordinators to talk through practice situations and/or improve quality thus preventing further incidents or abuse. The POVA advice given to staff encourages them to consider the protection steps they have already taken and suggests further ways of minimising risk and managing the situation. Guidance has been developed with practitioners working in day; respite and long term care settings to consider an appropriate response to service users who are susceptible to frequent falls or bruises. Care providers made 437 of the 1308 POVA enquiries received, which accounts for 33%. The response to these enquiries starts immediately the enquiry is received. During 2011/12 the requested information was returned to the POVA Team to enable and the enquiry to be completed within 7 days in 89 % of cases.
- 4.6 The committee considered examples of good practice that had been noted in the care homes providing care above that expected by the National Minimum Standards as part of the care home quality payment pilot project implemented in 2010/11. For example, increased activities (more hours for Activities Co-ordinators), IT equipment purchased for residents and increased opportunities for safe independence.
- 4.7 People who fund their own care are not reviewed as part of the usual assessment care management processes of the local authority, however adult services aim to ensure that they are equally protected and have the opportunity to discuss the standard of care with someone outside of the direct care giving environment if they so wish. In order to try to increase the uptake of these reviews, contract monitoring staff explored the reasons why the people who fund their own care refused a quality care review. Quality care reviews are continually promoted.
- 4.8 Collaborating with agency partners enables the ABHB Practice Development Nurse, CSSIW and Caerphilly contract monitoring staff to participate regularly in both announced and unannounced monitoring visits. This collaboration aims to avoid duplication, ensure providers receive consistent feedback about the standard of care and reduce the impact on the home as a result of frequent visitors. Monitoring reports are available for the general public to view on the organisation's websites.
- 4.9 Improving consistency in responding to POVA referrals
- Caerphilly local authority was acknowledged to have a number of years experience of a strong POVA team using a robust system. However it was noted that clinical expertise is often required to manage or investigate an allegation of abuse in a nursing home or in relation to a patient in the community who has complex or continuing health care needs. A jointly funded health POVA coordinator was seconded from ABHB to work in the local authority POVA team in December 2011 managing a caseload of hospital and community referrals and

undertaking investigations about health and nursing care the committee believes this is the first joint POVA coordinator post in Wales and provides an exciting opportunity to evaluate partnership working in this way. The number of cases of abuse reported in NHS hospital settings remains low, with a decrease noted from 11 referrals in 2010/11 to 8 referrals in 2011/12. It is hoped that additional liaison between the two statutory agencies will assist an evaluation of whether reporting is accurate or below the level of that which should be recorded.

4.10 The POVA leads and administrative staff for Caerphilly local authority and ABHB locality have worked closely together to improve consistency in the way that POVA referrals are responded to. Senior nurses for community, mental health older people and mental health services in the Caerphilly borough have been made aware of the importance of sharing information about POVA referrals they are currently managing to ensure databases are up to date to accurately reflect the patient/service users experience and ongoing safeguarding supports.

4.11 Sharing good practice

The committee recognises the importance of promoting multiagency practice and learning through the AAPC POVA Practice Improvement Forum for statutory agencies. The forum has adjusted the frequency of its meeting from monthly to bimonthly reflecting the capacity of attendees to be released for a learning session, however membership remains strong and the forum content evaluates positively.

4.12 Forum content this year has included a multiagency workshop approach where professionals explore themes for example domestic abuse - Gwent police, the independent domestic violence advocate, the domestic abuse coordinator for the borough and women's services joined together with health and local authority staff to discuss practice. ABHB staff undertaking the Designated Lead Manager role have shadowed local authority POVA coordinators to ensure consistency across both organisations.

4.13 Caerphilly local authority continues to manage the Social Services Improvement Agency (SSIA) Protection of Vulnerable Adults information website ensuring information is available across the Internet for both professional carers and the general public.

4.14 Reviewing performance

The AAPC Performance Review subgroup was established in May 2008 to increase the multiagency focus and scrutiny of the protection of vulnerable adult's activity in Caerphilly. Meetings continue to be held on a bi-monthly basis with attendance from the local authority POVA coordinators, contract monitoring and performance management team representatives, the Aneurin Bevan Health Board and Gwent Police. The subgroup has examined the quality of investigations and practice issues.

4.15 Service users

Work continues directly with service users in line with the Wales Interim POVA policy reinforcing that the service user remains central to the whole of the POVA process. Service users are assisted to attend POVA meetings that are often scheduled to take place in their own homes to facilitate participation. Where service users choose not to attend practitioners can make use of a guidance document developed by the local authority POVA Team to assist them to provide feedback at each stage of the POVA process to ensure that information is given in a timely and appropriate manner.

4.16 Considerable activity has been undertaken in raising awareness and providing education to service users, staff and the public via formal and bespoke training courses, network opportunities, team visits, posters and information leaflets available in paper and electronic/website format and events such as the public World Elder Abuse Awareness Day in June 2011.

- 4.17 The report includes the data return that is forwarded to the Welsh Government Data Unit at the end of the financial year. This data return includes information collated by the local authority about Protection of Vulnerable Adult requests for advice and the referrals that were received and responded to over the year.

5. EQUALITIES IMPLICATIONS

- 5.1 The report is for information purposes, so the Council Eqla process does not need to be applied.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no direct financial implications.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no direct personnel implications.

8. CONSULTATIONS

- 8.1 All comments received have been reflected in the body of the report.

9. RECOMMENDATIONS

- 9.1 It is recommended that members accept the annual report of the work of the multi-agency Caerphilly Area Adult Protection Committee.
- 9.2 It is recommended that elected members note that the Caerphilly Area Adult Protection Committee ceased to function at the end of March 2012, having become members of the regional Gwent Wide Adult Safeguarding Board.

10. REASONS FOR THE RECOMMENDATIONS

- 10.1 The recommendation is made in order that elected members are informed of the activity within the Caerphilly County Borough to protect vulnerable adults from abuse and neglect.

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Consultees: Caerphilly Multiagency Area Adult Protection Committee
Social Services Senior Management Team
Adult Services Divisional Management Team
Councillor Robin Woodyatt, Cabinet Member Social Services

Appendices:
Appendix 1 The Caerphilly Area Adult Protection Committee Annual Report