



NEATH PORT TALBOT  
COUNTY BOROUGH COUNCIL  
**CASTELL-NEDD PORT TALBOT**  
**CYNGOR BWRDEISTREF SIROL**

# **AREA ADULT PROTECTION COMMITTEE PWLLGOR AMDDIFFYN OEDOLION RHANBARTHOL**

## **ANNUAL REPORT ADRODDIAD BLYNYDDOL**

**2009-2010**



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



**Implementing the In Safe Hands Guidelines for the  
Protection of Vulnerable Adults in Wales**

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# INTRODUCTION

The role of Adult Protection within Neath Port Talbot:

Adult Protection aims to provide a service and protective support systems to the people in our society who are deemed to be most vulnerable.

Although all adults can be assaulted, harmed and exploited in many ways, adults with significant disabilities, difficulties, frailty or ill health are particularly vulnerable to abuse due to their depending on others.

By definition that is;

A person who is 18 years of age or over and who is or may be in need of a community care service, by reason of mental or other disability, age or illness and who is or maybe unable to care for him/herself or unable to protect him/herself against significant harm or serious exploitation.

## What is Abuse?

Abuse can be defined as:

“A single or repeated act of omission, occurring within a personal or other close relationship where there is an expectation of trust which causes harm to a vulnerable adult at defined above”.

“Abuse is a violation of an individual’s human and civil rights by any other person or persons” (SWAP Forum Policy)

## Categories of Abuse;

Neath Port Talbot Area Adult Protection Committee recognises abuse in the following categories as provided by the Safe Hands Guidance.

- **Physical Abuse** includes hitting, slapping, pushing, kicking, misuse of medication, under restraint or inappropriate sanctions.
- **Sexual Abuse** includes rape and sexual assault or sexual acts to which the vulnerable adult has not or could not consent and or was pressured in to consenting.
- **Physical Abuse** includes threats of harm or abandonment, humiliation, verbal or social abuse, isolation or withdrawal from services or supportive networks.
- **Financial Abuse** includes theft, fraud, pressure around wills, property or inheritance, misuse or misappropriation of benefits.
- **Neglect and/or acts of omission** failure to access medical care services, neglect in the face of risk taking, failure to give prescribed medication, poor nutrition or lack of heating.

In the past year, Adult Protection continues to be a key issue for all parties in Neath Port Talbot, with a 25% increase in the level of Adult Protection activity compared to last year's report.

This, once again indicates the importance of having robust adult protection measures in place, and an awareness of the issues continues to grow, we are likely to see a continued increase in referrals. Those responding to allegations of abuse have gained more experience in applying the policy and procedures, and significant training activity has resulted in greater awareness of the issues.

As more staff throughout the authority receive training in P.O.V.A. the greater level of awareness in P.O.V.A. issues there is and, this leads to staff being more vigilant in preventing and identifying the abuse of vulnerable adults. The Area Adult Protection Committee has continued to oversee the developments locally and to monitor activity.

Awareness has also increased in provider agencies who support the POVA process by training their staff to be aware of POVA issues.

The P.O.V.A. partnership continues to be a strong one with all partner agencies embracing the principles of the Protection of Vulnerable Adults Guidance.

## **PARTNERSHIP AGENCY – ACTIVITY AND DEVELOPMENTS**

### **PARTNERSHIP WORKING**

In all areas of health and social care it is impossible to achieve optimum results without the co-operation and commitment of a number of partner agencies working together to make the operation of the policies and procedures run as smoothly and efficiently as possible. This is even more the case in adult protection, where the identification, reporting, investigation and resolution of allegations of abuse is dependent on a wide range of agencies and people sharing a common vision.

This vision has been embraced by agencies in Neath Port Talbot who have sent staff on training courses, attended meetings, raised queries and generally worked closely together to the benefit of the vulnerable adults. The partners helping to identify alleged abuse include the staff of statutory organisations like Social Services, the ABMU Health Board, the Public Protection Unit South Wales Police, the Care and Social Services Inspectorate Wales, the Probation Service, and the Contract Monitoring Officers of the Local Authority, also the staff of Independent Sector organisations providing residential and nursing care, day care, home support and other services.

Where investigations are initiated, these can include any of the partners listed above, and often include several partners in any one case.

In addition, to prevent further abuse, many other organisations play a part – Victim Support, People First, Housing Officers, Education and Lifelong Learning, General Practitioners, District Nurses, Health Visitors and Practice Nurses.

All these organisations are represented on the Adult Protection Committee.

The developments undertaken by Social Services' key partners during the year are as follows:

## **NEATH AND PORT TALBOT PUBLIC PROTECTION UNIT**

The South Wales Police Public Protection unit covering Neath and Port Talbot areas comprises of four departments, all of which are based at Skewen Police Station.

Child Protection Unit

Vulnerable Adults

Domestic Violence

Dangerous and Registered Sex Offenders management

The Unit currently consists of

1 x Detective Inspector who has overall responsibility for each department

2 x Detective Sergeants one of which has multiple responsibilities

7 x Detective Constables

5 x Police Constables

These Officers each have differing roles and responsibilities.

The Child Protection Unit is made up of seven Detective Constables, and one Detective Sergeant

The Vulnerable Adults unit comprises one Police Constable and one Detective Sergeant.

Two Police Constables and one Detective Sergeant manage Dangerous and Registered Sex Offenders.

Domestic Violence has two Police Constables.

All Units are the responsibility of the Detective Inspector.

The Vulnerable Adults Unit are responsible for the protection of vulnerable adults through the POVA process, to work with alongside partner agencies with the combined aim of protecting all vulnerable adults in the present and the future.

This aim is managed through inter-agency discussions, sharing information and deciding upon the most appropriate course of action in each individual case.

Under POVA the Police will investigate a variety of offences, with a view to a successful prosecution. These offences will include allegations of financial, physical and sexual abuse; this also includes any enquiry into the death of a vulnerable adult, where there are suspicious circumstances and any other criminal enquiry involving the care of a vulnerable adult. This process will be followed in order to achieve the following:

1. To protect Vulnerable Adults from current and future abuse
2. To facilitate the procedures whereby the Vulnerable Adult is able to make a complaint irrespective of their vulnerability
3. To collate evidence of sufficient quality to proceed with a prosecution
4. To interview suspects and liaise with the Crown Prosecution Service
5. To offer advice to partner agencies and families of Vulnerable Adults
6. To achieve the best outcome for the Vulnerable Adult and their families whether or not that involves a prosecution

A total number of 408 referrals were dealt with during the period 1<sup>st</sup> April 2009 – 31<sup>st</sup> March 2010. All of these referrals (concerns) are recorded at source and will not necessarily match Social Services figures.

Total number of POVA referrals for the above period was 186. Total number of PPD1 referrals for the above period was 222, giving a total of 408 POVA/PPD1 referrals for the year.

**CARE AND SOCIAL SERVICES INSPECTORATE WALES SOUTH WEST  
WALES REGION**  
**NEATH PORT TALBOT AREA ADULT PROTECTION COMMITTEE**

Care and Social Services Inspectorate Wales (CSSIW) is an operationally independent division of the Welsh Assembly Government. CSSIW encourages the improvement of social care, early years and social services by regulating, inspecting and reviewing, and by providing professional advice to Ministers and policy makers. Through our work, we aim to raise standards, improve quality, promote best practice and inform people about social care.

This includes the regulation and inspection of establishments and agencies that provide direct care to vulnerable people. In respect of adult services, this includes local authority and independent care homes for younger and older adults, local authority and independent domiciliary care services and local authority adult placement schemes.

CSSIW continue to take an active role in Protection of Vulnerable Adults (POVA) referrals made to them in relation to regulated service3s within Neath Port Talbot. It also a member of the Area Adult Protection Committee (AAPC) which is organised by Neath Port Talbot and includes statutory and voluntary bodies who focus on the welfare of vulnerable adults in the area.

Inspectors, and where appropriate Team Managers, take an active role in ensuring information provided to them in relation to POVA referrals is passed on to the POVA Co-ordinator. CSSIW also participates in strategy discussions and meetings, in determining the appropriate action to be taken by CSSIW where breaches of care standards regulations are deemed to have occurred.

It is pleasing to report a positive level of co-operation between members of CSSIW and the POVA Team; we will continue to develop this understanding which will aid and improve the management of POVA referrals, giving clarity to the respective roles within Multi-agency adult protect5ion work.

It is clear to members of CSSIW that this high level of interagency contact and joint working enables officers from all agencies to accomplish a greater understanding and a high level of compliance with the policies of the South Wales Adult Protection Forum and ultimately the ongoing protection of vulnerable adults.

## **ABM UNIVERSITY HEALTH BOARD**

During the past year there has been a great deal of progress in all areas of Safeguarding in ABM U Health Board and it has been considered a priority area for development and investment. The Board has appointed the Director of Nursing to lead and champion the safeguarding agenda, with responsibility for strategy and policy development for Safeguarding adults, Children, Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLs).

The Quality and Safety Committee has designated a sub committee to provide assurance in relation to the Health Board meeting its statutory duties in relation to safeguarding (Safeguarding Committee). The Safeguarding Committee sets the strategic direction for safeguarding, monitors progress and receives all policy documents developed by the Child Protection Committee and Protection of Vulnerable Adults (POVA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) Operational Group. In addition the MCA & DoLs Consortia (multiagency membership) has been established and meets every two months.

ABM has made significant progress in training staff in the past 12 months. All staff receive Induction Training when they start their employment with ABM and Child, Adult Safeguarding and MCA, DOLS is a key part of the programme.

### **Safeguarding Adults**

#### *MCA/ DoLs*

The Mental Capacity Act (2005) was fully implemented on 1st October 2007. The Act provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves, or have capacity and want to make preparations for a time when they may lack capacity in the future. In addition, the Deprivation of Liberty Safeguards was introduced into the Mental Capacity Act 2005 through the Mental Health Act (as amended 2007) and has become a statutory obligation from April 2009. The safeguards cover people in hospital, and in care homes registered under the Care Standards Act 2000 whether placed in public or private arrangements. Hospitals, Health Boards, care homes and Local Authorities are required to undertake specific responsibilities and processes when a service user who lacks capacity is being assessed for and subsequently deprived of their liberty in their best interests. The MCA and DOLS framework has made a huge impact on clinical practice and staff have reacted very positively to the requirements of the legislation. An audit of current practice and knowledge has commenced to assist the Health Board in shaping future decision making and allocation of resources.

#### *Protection of Vulnerable Adults (POVA)*

A total of 168 cases of alleged abuse were reported within ABM in the past 12 months and of these 70 cases (41%) were allegations of abuse against ABM staff. This was an increase of 60 cases since last year and was due to increased awareness of staff and the public. All cases are managed by a Designated Lead Manager and the "South Wales Interagency Policy and Procedures for Managing Alleged Abuse and Inappropriate Care of Vulnerable

Adults” were adhered to. All cases were reviewed and wherever appropriate changes to care are made through policy development or changes to care management. In the past 12 months the following policy documents have been developed and approved by the Safeguarding Committee:

MCA & DOLS Guidance & Action Plan  
MCA Five Principles, Posters and leaflets  
Adult Safeguarding Strategy and Policy  
Guidelines for Reporting Pressure Ulcers to the POVA Process (& Posters)  
Chaperoning and Intimate Care Guidance  
ABM Threshold Guidance  
ABM POVA Referral Posters

Over 1000 staff has attended Level 2 Adult Protection Recognition and Referral (R&R) training. An e-learning package is available and so far over 700 staff has enrolled and 70% have completed it. MCA/DOLS training programmes are fully supported by Swansea University and delivered via regular programme to key staff.

Level 3 Adult Protection training (Roles and Inter Agency Working is currently delivered by Social Services and the ABM Safeguarding Teams participate in this with Swansea, Neath Port Talbot and Bridgend Social Services.

Furthermore the following progress and achievements have been made since last year

- A POVA database has been established and all cases are now logged onto the DATIX system
- Adult Safeguarding is a standing agenda item on the Risk Management Committee and regular reports are provided
- ABM has been involved in the review of “In Safe Hands 2000” via workshops and completion of a consultation document.
- Designated Lead Manager Resource Packs which incorporates a risk assessment tool have been developed in conjunction with the South Wales Adult Protection Forum.
- Domestic Abuse Forum has been established and very successful “White Ribbon” Domestic Abuse Awareness events were held in a number of hospital settings on November 25<sup>th</sup> 2009
- Working arrangements with all other partner organizations including social Services, Police, universities, private and voluntary organisations are effective and continually improving
- Links with the Office of the Public Guardian have been strengthened and all developments including the DOLS checklists, MCA care plans have been shared UK wide.
- A DVD for care homes has been made and distributed with information on MCA / DOLS

## **HOUSING AND SUPPORTING PEOPLE**

2009 has seen the development of a revised system for monitoring and review of service provision; of particular note has been the introduction of joint visits to Supported Housing projects with staff from Supporting People and Community Care contracting. The Supporting People Team are also undertaking the ongoing organisational reviews which confirmed requirements on providers to have in place all relevant policies for the protection of vulnerable adults.

Monitoring provides an opportunity to identify any concerns with the agencies providing support to the person and ensuring they have robust systems, policies and procedures in place to provide protection for vulnerable adults.

Another example of how the profile of Adult Protection has been raised in the Supported Housing Sector is the continuing trend for provider organisations accessing Local Authority training for POVA.

In the last year the provider forum meeting and circulation list has provided a useful vehicle for the distribution of POVA related material, particularly the VA1 process flowchart; which, evidenced through review and monitoring, is being used by providers.

In addition Supporting People have been involved in the development of a financial protocol for providers of supported housing and residential care. This document, referred to in the action plan for the 08/09 report, will assist providers and professionals supporting Service Users to understand the need for robust processes in the management of personal finances and “housekeeping.” An easy reference guide has been drafted which is appended to this report.

The document has been produced in response to a rise in POVA investigations that have involved tenant’s finances; the investigations have evidenced that those involved with services would benefit from a guide to assist in establishing accurate record keeping and effective management of shared accounts; this should then be underpinned by organisational policy and procedures for handling tenant’s finances

In new developments the Supporting People programme is in the process of amending Service Aim standards to be more user-focused; this is being done through an information gathering system posited on a core set of outcomes. Of interest to this report is the outcome;

## **Promoting Personal and Community Safety**

The information will be gathered through a number of resources to ascertain the Service User's experience of:

### **Feeling Safe**

**Support needs in relation to improving or maintaining safety & security of accommodation have been met or needs of those experiencing violence, discrimination or abuse have been addressed**

Where relevant this outcome could also include whether Service Users felt they're adult protection needs were effectively met by services; this issue could then be verified through future Local Authority SP monitoring and review process.

In the event of the Welsh Assembly Government withdrawing the basis for review i.e. the SP Service Aims which place a requirement on providers to ensure compliance with Adult Protection processes POVA compliance will be ensured through robust contractual arrangements with providers and through the operational protocols to be developed for monitoring outcomes.

Housing is currently going through considerable flux with the imminence of stock transfer; however for those services retained by the Local Authority, Strategy and Supporting People in Neath Port Talbot will continue to maintain strong representative links with the AAPC. As with previous reports we will maintain our commitment to monitoring and review of supported housing provision, and ensure that organisations, service delivery and systems continue to enable the process for the prevention of vulnerable adult abuse.

## **Supported Housing Financial Protocol Good Practice Guide**

### **Roles and Responsibilities**

The following chart represents good practice in respect of Supported Accommodation;

Guidance states care managers and care co-ordinators have responsibilities as part of the care plan assessment to clarify arrangements are in place and “determine if they are sufficient to protect the vulnerable individual” this would include, for example;

Shared Accommodation; establishment of all relevant accounts prior to the establishment of a project or when a new tenant takes up occupancy.

One such assessment will include the individual’s capacity to manage their finances; if they lack capacity and their finances are managed by an appointee, court deputy or via a lasting power of attorney, the individual holding this responsibility should sign any agreements in respect of personal finances. When capacity is established tenants should sign up to a “financial transaction agreement” on the contributions they will make. In other instances the agreement should be made available to Care Managers for verification. Good practice has been identified where a Domiciliary Care agency has produced a regular report for Care Manager’s and Commissioners on all tenant’s finances.

The agreement should explain all tenants contributions to;

- Housekeeping accounts
- Rent (including service charges these will include repairs and renewals, Internal decorations and garden maintenance and the maintenance of equipment by the landlord or their agent)]
- Mobility and transport
- Care contribution
- Council Tax contribution if tenant not exempt who is liable
- Other Joint obligations to be detailed in the “financial transaction agreement” e.g. Holidays and Transport

Providers of Support who manage any aspect of tenants finances should note “it is important that all information is recorded clearly, concisely, accurately and promptly” in addition they should provide tenants with a record of all financial transactions handled by the project

The record of all financial transactions should also be copied to Care Managers for monitoring purposes; this should negate situations that result in payment arrears accruing

Underpinning the above is a requirement on **ALL** providers to ensure the appropriate Policies and Procedures are in place for each project that accurately reflects the financial management needs of the tenants who have occupancy. This will be appraised by the Supporting People Team as part of their ongoing service reviews, and also jointly monitored with Community Care contracting.

## **THE MENTAL CAPACITY ACT 2005 DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)**

In essence, The Mental Capacity Act 2005 states that in any interaction with an individual lacking capacity where you act on their behalf, you become the 'Decision Maker' and are therefore liable to be held to account in a court of law for your actions and any consequences that you could reasonably have foreseen stemming from those actions.

It should be recognised that The Mental Capacity Act 2005 is a powerful piece of legislation, containing provisions that allow for the lawful restraint and detention of vulnerable adults lacking capacity and that DoLS are in addition to, and do not replace, other safeguards. Therefore a good working knowledge of the provisions and operation of this Act is essential for all.

The Deprivation of Liberty Safeguards (DoLS) gives Best Interest Assessors (BIA's) the authority to make recommendations about proposed deprivations of liberty and Supervisory Bodies (Local Authority or Local Health Board) the power to use these recommendations to give the necessary authorisation to deprive someone of their liberty. The Safeguards only apply to those individuals assessed as lacking the capacity to make decisions about care, treatment and accommodation.

Any objections or disagreements to the BIA's recommendations or the Supervisory Bodies authorisations can only be dealt with in the Court of Protection following a writ of 'Habeas Corpus' i.e. a written order of the court used to correct violations of personal liberty by directing judicial inquiry into the legality of a detention.

When a DoLS situation arises, the BIA becomes the Decision Maker and acts independently of the Local Authority, Local Health Board, NHS Trust and the Care Home. The BIA is therefore individually liable and accountable for their decision making in much the same manner as an AMHP.

As noted above, the BIA is in a unique and powerful position to influence and indeed challenge practice. S/he works very closely with the POVA team and is able to use their vested authority to ensure vulnerable adults are safeguarded.

In the first year of operation, eight authorisations were granted out of a total of 36 requests. These numbers are below those anticipated by WAG but are reflective of the picture in the UK as a whole. This low number is believed to be a reflection of the complexity of the arrangements resulting in an inability to understand when the advice of the BIA is required. As training and awareness raising sessions continue, there has been a concomitant increase in the number of referrals and requests for

advice and assistance. Joint training with ABM Trust and the Independent Care Sector has been commissioned and sessions will commence in November 2010.

## **CARE MANAGEMENT**

A small percentage of VA1 forms that are completed do not go down the route of POVA.

This could be for many different reasons, with the main one being that the referral could be more successfully dealt with through the Care Management Process with a social worker involved in the POVA process.

When a VA1 is received, the Designated Lead Manager will consult with the relevant agencies to decide if it is a POVA or not. If not the Designated Lead Manager will then pass the case on to a social worker for the case to be processed through Care Management which will involve assessing; monitoring and reviewing the situation.

## **PROTECTION OF VULNERABLE ADULTS TRAINING**

Community Care Services continue to provide for some of the most vulnerable adults. A Training & Development Officer has continued to make links with the AAPC Training Sub-group and the South Wales Adult Protection Committee.

The Training and Development Officer has also made contact with direct services, private and the voluntary sector and has re launched the NPT Adult Protection Training Sub-Group. This is to support the development of training throughout Neath and Port Talbot and to meet the rising needs of local services providing the support to the vulnerable adults.

Part of this group is to look at the development of a training package to enable individuals to have the skills and knowledge to carry out a non-criminal investigation as required, following a formal set out by Jackie Pritchard. During 2009 the Neath Port Talbot Adult Protection Committee Training Sub-Group started preparing to facilitate and Adult Protection Road Show. This is to take place in July 2010.

POVA level 1, 2 and 3 continue to be delivered and supported through the social care sector within the Neath Port Talbot area. This includes the development of trainers, to enable them to train their own staff within their organisations, with close support. The Training Officer has supported this by selling the SWAP DVD's on behalf of the SWAP Forum and Neath Port Talbot CBC.

Below is a chart showing how many courses have been facilitated within Neath Port Talbot CBC

<b>Course Title</b>	<b>Number of Courses</b>	<b>Provider</b>
Protection of Vulnerable Adults (Awareness)	<b>5</b>	<b>Training Officer</b>
Protection of Vulnerable Adults (Level 2)	<b>16</b>	<b>Training Officer</b>
Protection of Vulnerable Adults (Level 3) (2 day course)	<b>5</b>	<b>Training Officer</b>

We have also taken POVA outside of community care. The Training Officer has delivered POVA awareness courses to other sectors such as housing and environment and to external sources with support from the POVA Co-ordinator.

The Training Officer works very closely with the POVA Co-ordinator to ensure that there is a very clear link between Adult Protection and training. This is supported by the in-put from ABM and the Police. The Head of POVA for ABM attends POVA Level 3 courses to offer guidance around the interagency working with health. NPT POVA Co-ordinator also attends the level 3 course, and facilitates a Strategy Meeting role play. This has been

very effective and assists in putting the knowledge of the policy in to a conclusive end. We have now gained the support from the police, and this will continue during 2010/2011.

Part of the on-going review of Adult Protection Training, a training programme was developed and implemented to all Designated Lead Managers. This gave them the underpinning knowledge and enables them to enhance the skills they already had. This programme included:

- Two day Non-Criminal Investigation course Jackie Pritchard
- Chairing skills for Adult Protection
- Law update.

### **PRODUCTION OF ‘EVERYBODY’S BUSINESS’ POVA DVD**

The SWAP Project was set up in 2004 to develop a DVD which could be used by public and professionals alike to develop and raise awareness of adult protection issues. Unfortunately due to funding issues the project was discontinued. As a result of the success of the SWAP Forum conference held in March 2007, together with available SWAP monies, sufficient funds were generated to enable the Forum to self-fund the project. In June 2007 SWAP members tasked the Training sub group to revisit and complete the project.

It was agreed to approach local drama colleges and discussions were entered into with Bridgend and Merthyr colleges both of whom had drama departments affiliated to the University of Wales. A business case was presented by Bridgend College which met the outline needs of the project and a proposal to develop the DVD as a joint venture between SWAP and Bridgend College, was agreed. This was ratified by the September Forum and membership of the project group extended to include POVA Co-ordinator representation and representation from Bridgend College.

Between October 2008 and March 2008 a script was developed jointly by the project group and the college and the DVD was completed.

On 15<sup>th</sup> June 2009 Neath Port Talbot launched the DVD locally at the Aberavon Beach Hotel. The event was well attended by all our partner agencies, many brought stalls and displayed at the launch. Court Councillor Peter Rees opened the event and welcomed the DVD to raise the awareness of adult abuse in the Neath Port Talbot Borough.

Every agency/organisation that attended was given a copy of the DVD to use for their own training progress.

## **ROLE OF AAPC SUB GROUPS AND WORK PLANS**

The role of the Area Adult Protection Committee (AAPC) is to oversee and coordinate policy and practice relating to vulnerable adults within the Neath Port Talbot area. The membership of this committee is multi-agency based and the AAP Chair is a Senior Manager from Social Services, with clearly designated formal responsibilities.

The main objectives of the AAPC are:

To develop, monitor and evaluate the practice of adult abuse procedures and

- To promote joint working between partner agencies
- To commission inter-agency reviews into exceptional cases (Serious Case Review) and consider outcomes.

At a local level in addition to the Area Adult Protection Committee there are local Sub-Groups:-

Training (addressing all the issues outlined in the Training Section above)

External Policy and Practice (meeting with key partner organisations – Social Services, ABMU HB , Care Standards Inspectorate)

Internal Policy and Practice (for Social Services designated Lead Managers)

These groups ensure all POVA issues are fully explored and any lessons learned translated into practice.

## **SOUTH WALES ADULT PROTECTION FORUM**

At a South Wales level, Neath Port Talbot is represented at the South Wales Adult Protection Forum.

One of the main recommendations to come out of the Welsh Assembly Guidance “In Safe Hands” in 2000 was the need to develop a Senior Multi-Agency Management Group to implement it.

The South Wales Adult Protection Forum was created as a multi agency group to co-ordinate policy and procedures, evaluate actual protection, develop awareness to all staff and the general public, provide training opportunities and analyse performance management data regarding referrals and their outcomes relating to Adult Protection.

The Forum has a number of working Sub-Groups:-

- Policy and Practice Development Group
- Training Group

## **SERIOUS CASE REVIEWS**

In 2004 Government guidance was issued requiring Adult Area Protection Committees to consider how they would carry out review of any POVA cases of a particularly serious nature. The South Wales Adult Protection Forum took upon itself the task of drafting local guidance through its Practice Evaluation Sub-Group, who produced a document for consultation. Following consultation, the guidance was formally ratified by the South Wales Forum on 24 June 2005.

To date there has been one serious case review in Neath Port Talbot CBC during 2008/2009

## **AAPC WORK PLAN 2009/2010**

Overall the AAPC wants to ensure that POVA activity is protecting vulnerable adults through:

- Robust inspections – Contracting/C.S.S.I.W./ABMU HB
- Raising awareness of POVA through care staff, management, service users, and families.
- Training all social work/social care staff to relevant level.
- Referrals to POVA list.
- Distribution of leaflets and posters.
- Talking to service user groups in the community.
- Developing a close working relationship with partner agencies, Public Protection Unit, ABMU HB, C.S.S.I.W., as well as with carers and service users.
- Looking at our practice and how we can improve.
- Being aware of trends or patterns that might develop in Residential/Nursing Homes etc.

## **AAPC BUSINESS PLAN 2009/2010**

Objective – to improve the capture of data relating to adult protection and a clear link between operational and strategy through improved sharing of data and information through the AAPC.

In taking this forward the Adult Protection Committee Business Plan for 2009-2010

1. Establish ‘access rights’ for CSSIW, Police and Health on a read-only basis pertaining to the information on the Social Services, Health & Housing database.
2. Establish a clear link to South Wales Adult Protection website and All Wales website.
3. Quarterly reports of POVA trends to be completed by Policy and Practice Group.
4. All member organisations to evidence systems for dissemination of lessons learned.
5. Ensure full implementation of Mental Capacity Act 2005. Ensure full implementation of DOLS Training.
6. Explore and clarify resource implication of activity.
7. Launch and widely publicise the POVA awareness raising DVD in Neath Port Talbot.
8. Evidence that all AAPC member organisations ensure that POVA is included in relevant Board and Executive level agendas.
9. Increase understanding and awareness of POVA amongst GP’s and practice staff.
10. Create flow chart for Care Homes, Domiciliary Settings, and ABM Hospital Staff. When identifying a POVA what to do next.
11. Create a flow chart for ABMU Hospital Staff when identify a POVA what to do next.
12. Ensure that POVA is in a regular agenda item for NPT Provider Forums and that training issues are addressed via the SCDWP Partnership.

13. Raise awareness of POVA through Roadshows in local town centres.
14. Develop and approve a POVA Preventative Strategy and Implementation Plan.
15. Establish a task and finish group to consider the underlying causes of the increase in neglect in POVA Cases in Neath Port Talbot and put in place actions to address these causes.
16. All AAPC member organisations will demonstrate zero tolerance to substantiate allegations and report actions taken to the AAPC.
17. AAPC Chair to ensure active engagement with LSCB and Community Safety Partnership Annual multi-agency event.
18. AAPC to initiate at least two media campaigns each year to demonstrate that every opportunity is taken to reinforce public awareness.
19. Develop an information pack for individual reflecting key messages.
20. Create a financial protocol to eradicate the incidents of financial abuse that take place in Care Homes/Supported Housing, etc.
21. Implement a system of peer audit of closed POVA cases.
22. An Internal Audit to review POVA systems to advise on improvements to recording that can be made.

Agree and implement the internal Audit Action Plan and recommendations of the Internal Audit.

23. Implement a regular ‘mystery shopper’ exercise to ensure all parts of the Council to which POVA may be reported understand how to respond appropriately
24.
  - a) Consider the recommendations from the local and national inspection of POVA arrangements.
  - b) Implement the recommendations of the National POVA Inspection which are:
    - i. risk analysis.
    - ii. systems to ensure monitoring of agreed actions following closure,
    - iii. Clarify the difference between Strategy Meeting and Case Conference.
25. Understand the implications of NHS reforms for leadership of POVA.

26. Active and strong engagement in the SWAP Forum.
27. Active and strong engagement in the AAPC and review of sub-groups and communication.
28. Take forward the training recommendations which were identified following the non-criminal investigation in November 2009.

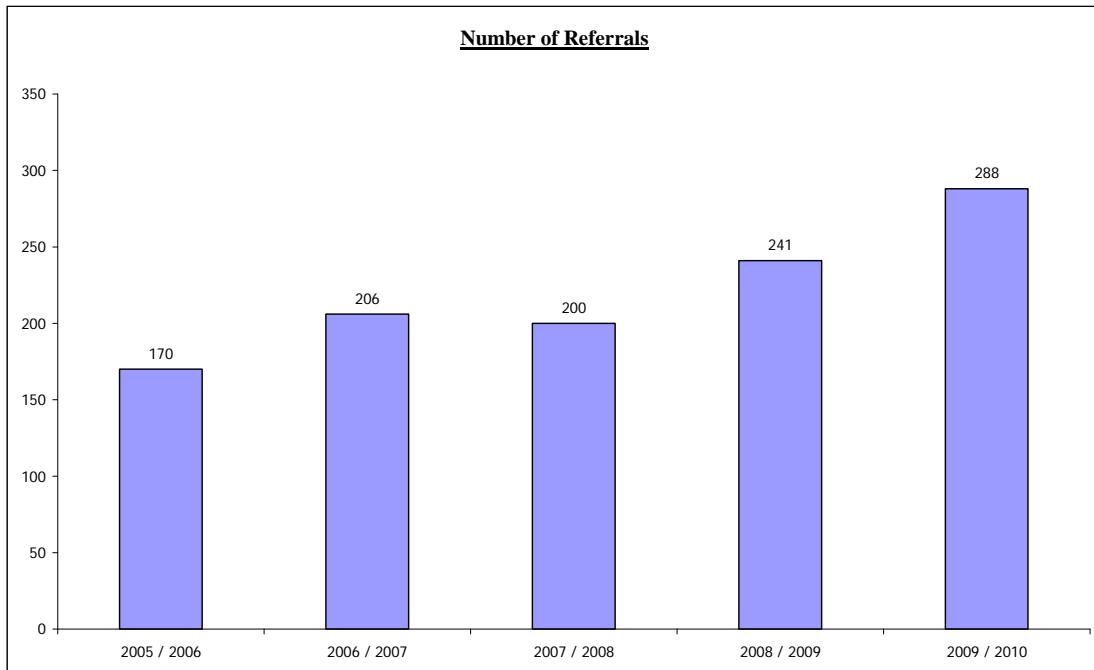
## ANALYSIS OF ACTIVITY DATA

### POVA SUMMARY CHARTS

#### Referrals

Total number of referrals by year for Neath Port Talbot.

Year	Referrals
2005 / 2006	170
2006 / 2007	206
2007 / 2008	200
2008 / 2009	241
2009 / 2010	288

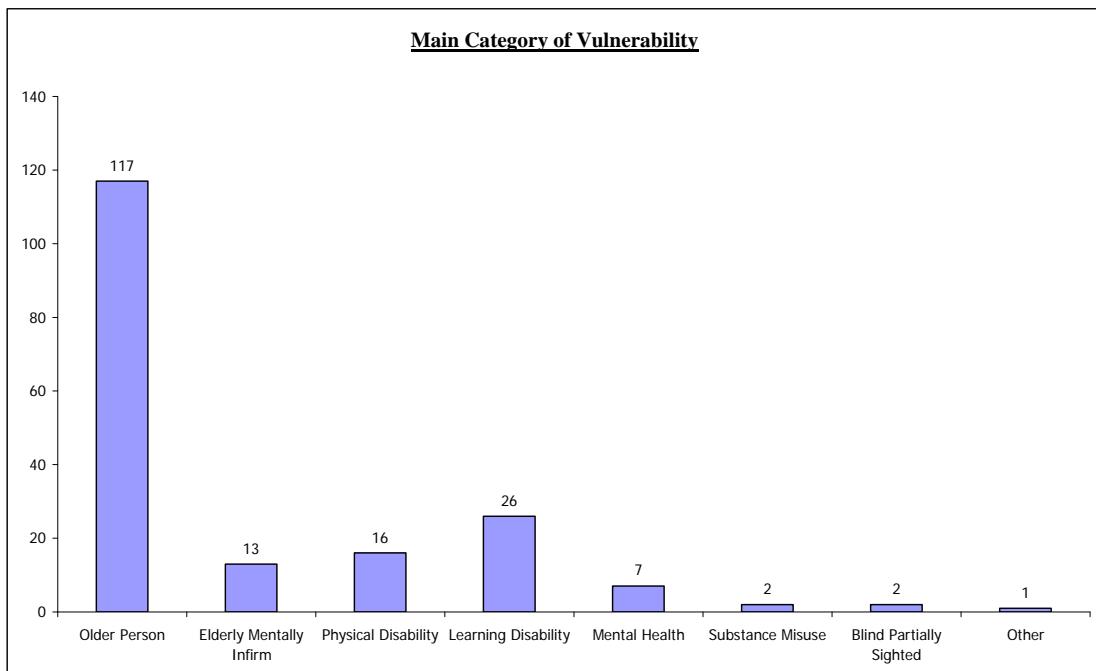


This graph demonstrates the number of referrals each year from 2005. In the reporting year 2005/06 there were 170 referrals in 2006/07, there were 206, with a drop in number to 200 in 2007/08.

241 were recorded for 2008/09 with a 25% increase to 288 for 2009/10.

## Main Category of Vulnerability

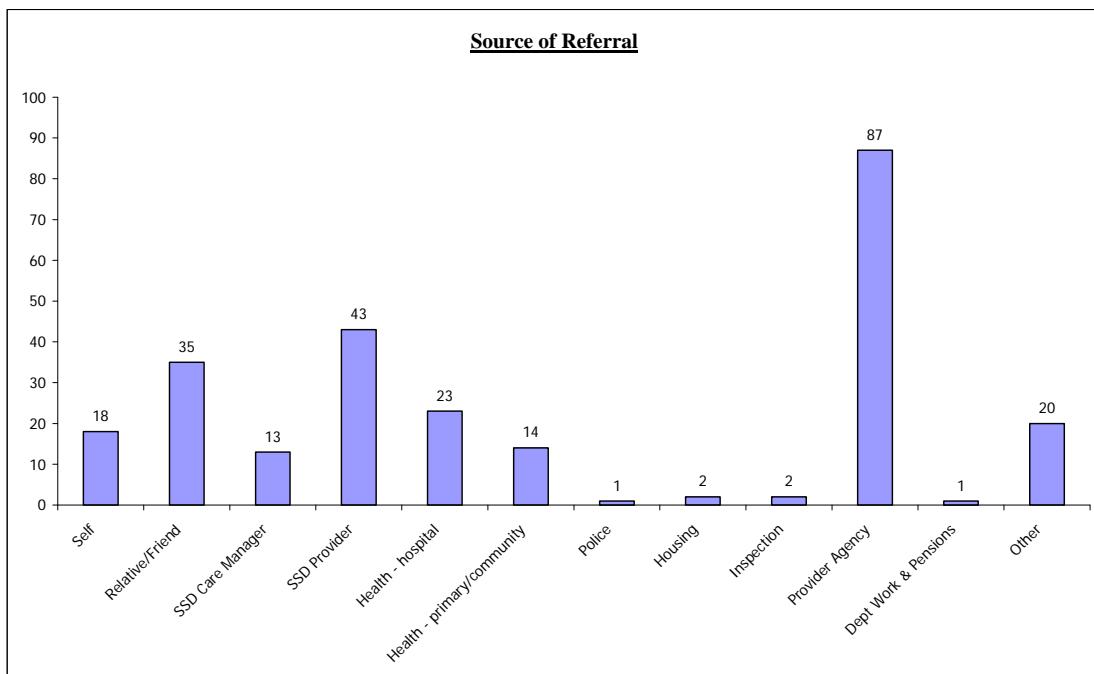
Main Adult Group	Number	%
Older Person	117	63%
Learning Disability	26	14%
Physical Disability	16	9%
Elderly Mentally Infirm	13	7%
Mental Health	7	4%
Substance Misuse	2	1%
Blind Partially Sighted	2	1%
Other	1	1%



Older people are the largest group with a total of 63% for both men and women.  
Adults with a learning disability make up 14% of the referrals  
Adults with a physical disability make up 9%  
Older people with mental health problems make up 7%  
Adults with a mental health problem make up 4%  
Substance Misuse make up 1% as do blind/partially sighted service users

## Source of Referral

Source of Referral	Number	%
Provider Agency	87	33%
SSD Provider	43	17%
Relative / Friend	35	14%
Health, Hospital	23	9%
Other	20	8%
Alleged Victim	18	7%
Health, Primary / Community /	14	5%
ABMU HB		
SSD Care Manager	13	5%
Housing	2	1%
Inspection	2	1%
Police	1	0%
Dept Work & Pensions	1	0%

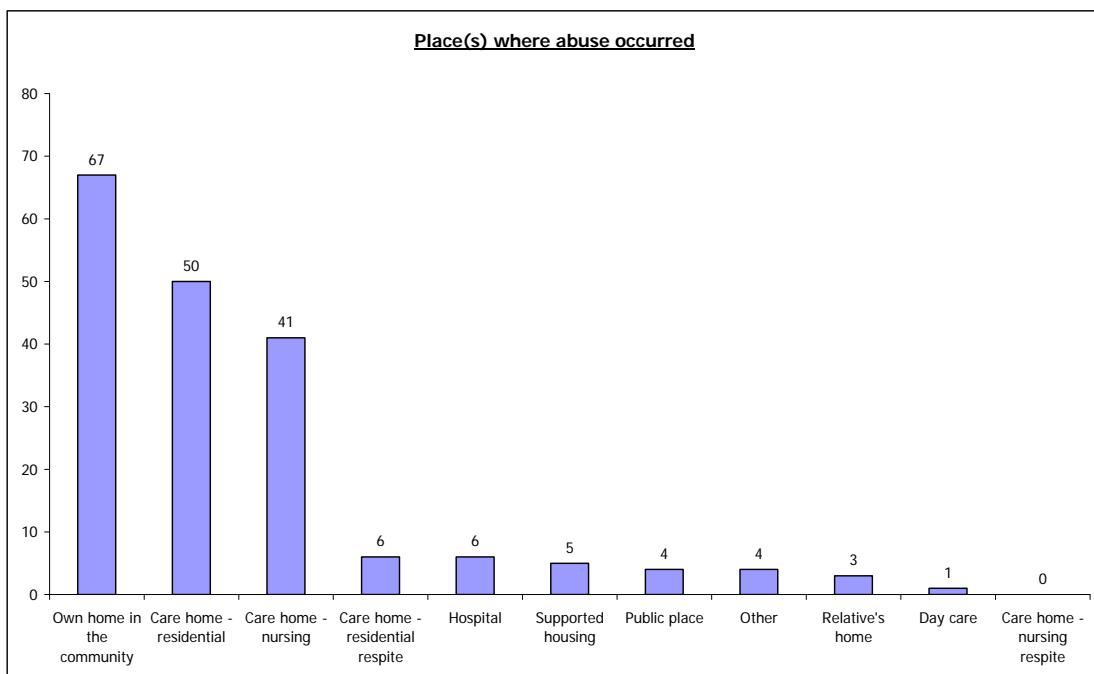


- As part of the role of the Adult Protection Team we invest time raising awareness and assisting in the training of our staff and provider staff. This would explain the increase in referrals from this sector which may well be a direct result of awareness raising.
- The highest number of referrals came from the Private and In House Providers totalling 50% (33% from the private sector and 17% in house)
- 7% of the referrals came direct from the alleged victim with a further 14% from relatives/friends. We have Roadshows and events planned for 2010 to attempt to raise awareness of the general public and would hope to see an increase in these referrals, in the future.

- 9% of referrals came from hospital staff.
- 8% were classed as other.
- 5% of referrals came from Social Services Staff
- 5% came from Health, Primary/Community/ABMU HB
- 1% came from housing.
- 1% came from CSSIW
- No referrals came from the police.
- No referrals were received from the Department of Work and Pensions.

## Place Alleged Abuse Occurred

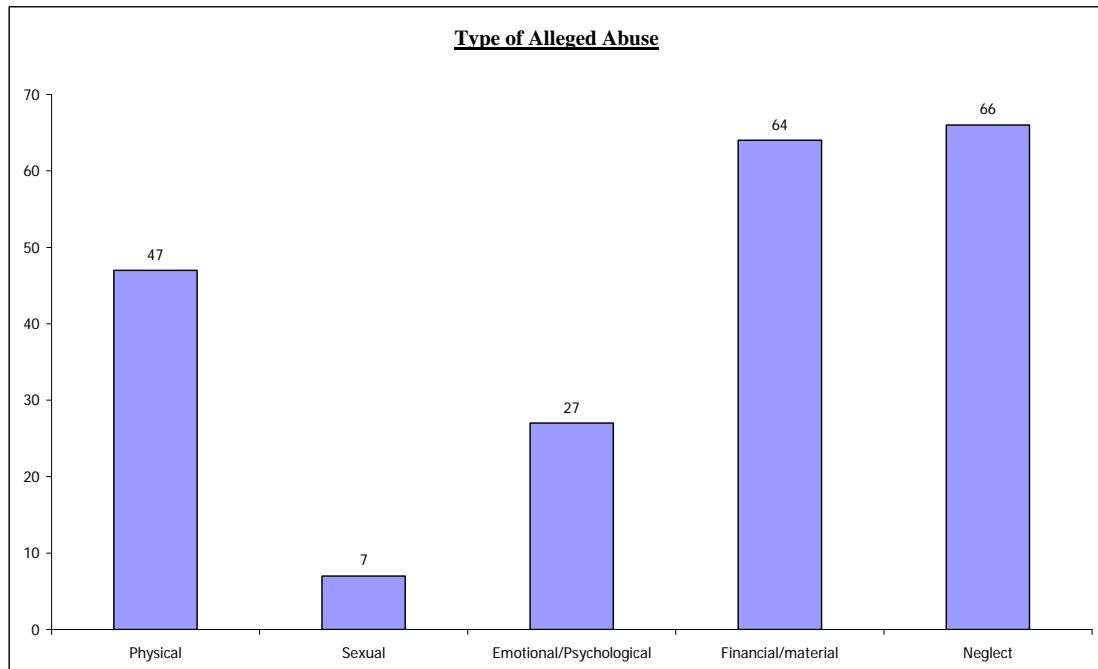
Place(s) alleged abuse occurred	Number	%
Own Home in the Community	67	36%
Care Home - Residential	50	27%
Care Home – Nursing	41	22%
Care Home – Residential	6	3%
Respite		
Hospital	6	3%
Supported Housing	5	3%
Public Place	4	2%
Relative's Home	3	2%
Day Care	1	1%
Other	4	2%



- The place where the alleged abuse occurred totalled 187. As with last year the most prevalent place where abuse has allegedly occurred was in a Care Home Setting, either residential, nursing or respite care making up 57% of the referrals.
- 36% of the referrals occurred in the persons own home with 3% taking place in Supported Tenancy.
- 3% took place in a hospital setting.
- 2% happened in a public place.
- 2% in a relative's home.
- 1% in Day Care.
- 1% described as other.

## Type of Alleged Abuse

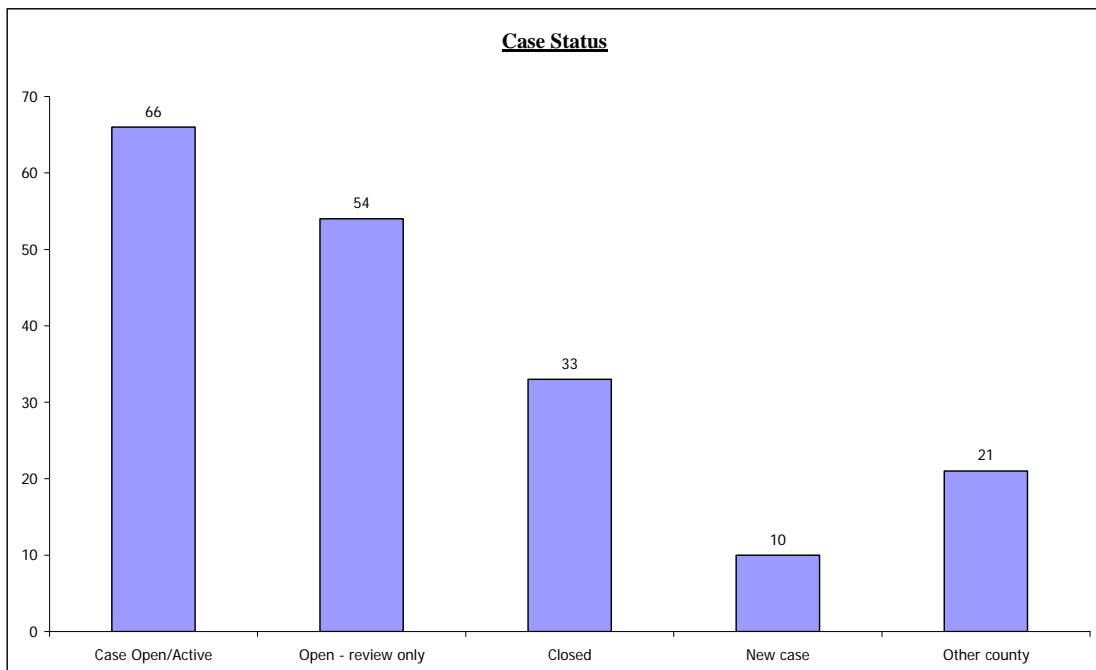
Type of Alleged Abuse	Number
Neglect	66
Financial / Material	64
Physical	47
Emotional / Psychological	27
Sexual	7



- The most prevalent type of abuse for both men and women is neglect making up 32% of the referrals for 2009/10.
- Financial/material make up the second highest with a total of 30%.
- Physical abuse makes up 22% of the referrals.
- Emotional/psychological abuse is 13%.
- 3% was relating to sexual abuse.

## Case Status

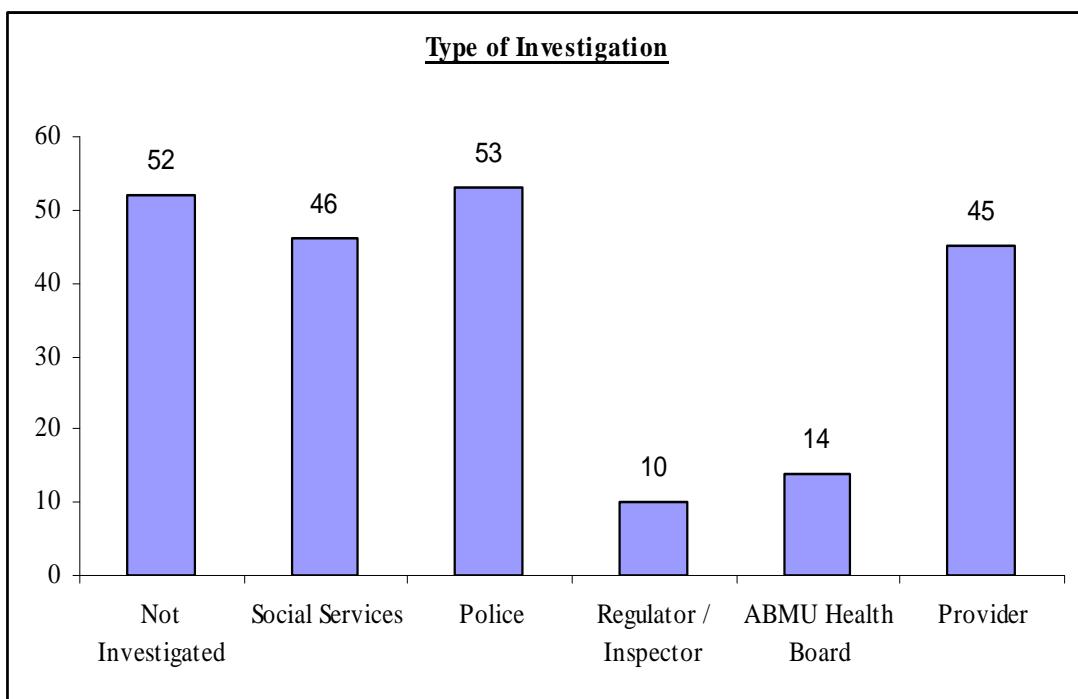
Case Status	Number	%
Open / Active	66	36%
Open – Review Only	54	29%
Closed	33	18%
Other County	21	11%
New Case	10	5%



- Out of the 288 cases received, a total of 65% were either open to Social Services Department, active or review only.
- 18% were closed.
- 11% were Other County Placements.
- 5% were new cases

## Type of Investigation

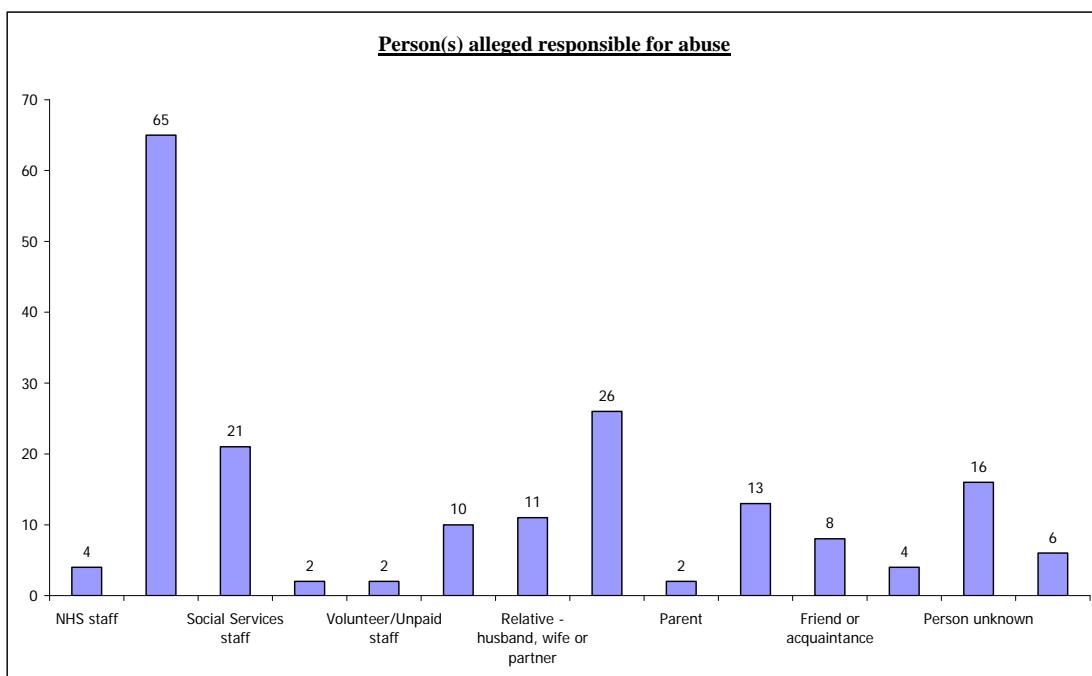
Type of Investigation	Number	%
Not Investigated	52	24%
Social Services	46	21%
Police	53	24%
Regulator / Inspector	10	5%
ABMU Health Board	14	7%
Provider	45	20%



- 25% of the cases were not investigated.
- 24% of the cases were investigated by the police.
- Social Services investigated 21%.
- Providers investigated 20% of the cases.
- ABMU Health Board investigated 7% of the cases were investigated by NHS Trust
- Regulators/inspectors investigated 5% of the cases.

## Person Alleged Responsible for Abuse

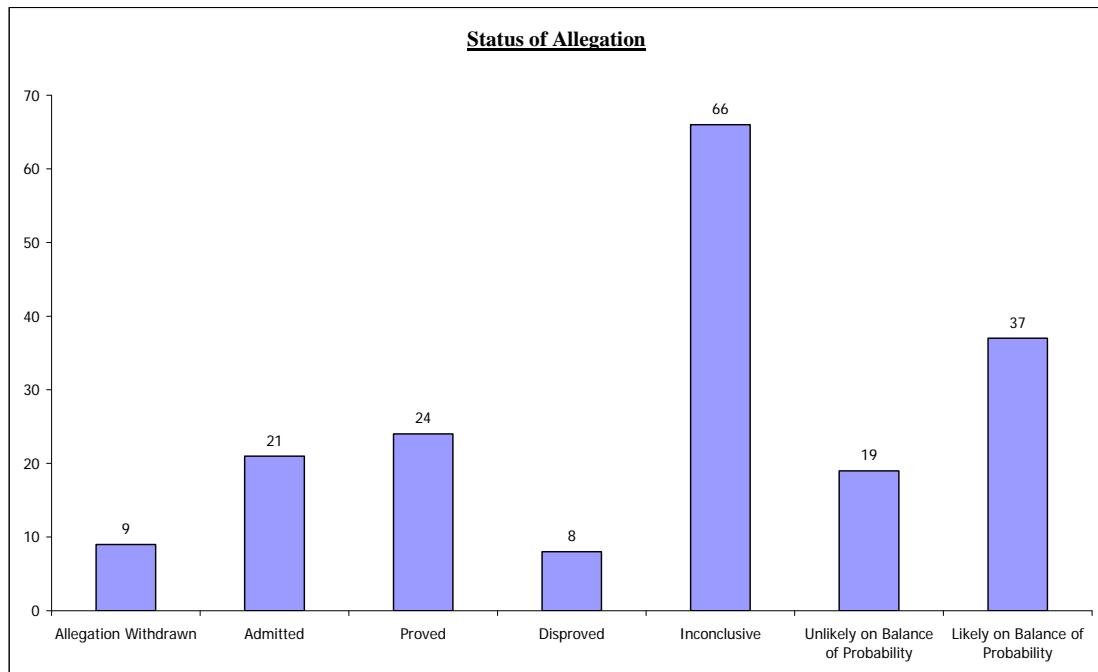
Person Alleged Responsible for Abuse	Number	%
Independent Sector Staff	65	34%
Relative – Son / Daughter / In Law	26	14%
Social Services Staff	21	11%
Person Unknown	16	8%
Relative – Other	13	7%
Relative – Husband / Wife or Partner	11	6%
Another Service User	10	5%
Friend / Acquaintance	8	4%
Other	6	3%
NHS Staff	4	2%
Neighbour	4	2%
Direct Payment or ILF Employee	2	1%
Volunteer / Unpaid Staff	2	1%
Parent	2	1%



- 34% of the allegations were against independent sector staff.
- 21% of the allegations were against relatives with husband/wife/partner making up 6%, son/daughter/in-law making up 14% and parents 1%.
- Relatives (other) making up another 70%
- 11% involved Social Services staff.
- 8% were person unknown and 3% other.
- 5% related to another Service User.
- 4% were against friend/acquaintance.
- 2% accounted for NHS Staff and neighbour
- 1% involved Direct Payment Staff/and Volunteer/Unpaid staff.

## Status of Allegation

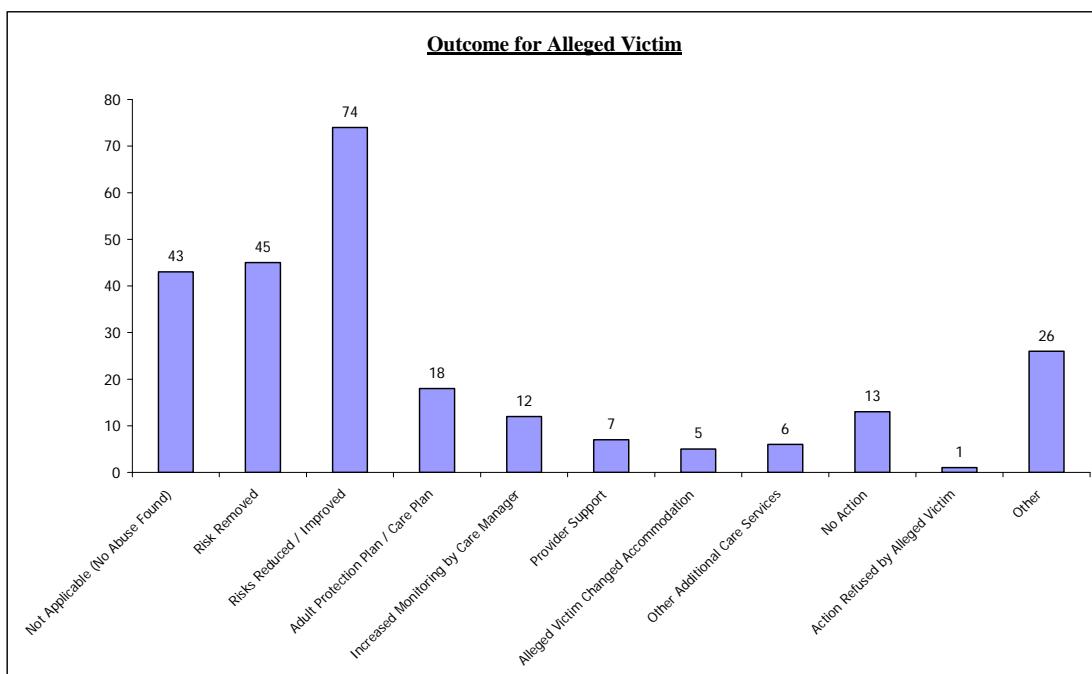
<b>Status of Allegation</b>	<b>Number</b>	<b>%</b>
Inconclusive	66	36%
Likely on Balance of Probability	37	20%
Proved	24	13%
Admitted	21	11%
Unlikely on Balance of Probability	19	10%
Allegation Withdrawn	9	5%
Disproved	8	4%



- 35% of the cases were inconclusive.
- 20% were likely on the Balance of Probability.
- 13% were proven.
- 11% were admitted.
- 10% were unlikely on the Balance of Probability.
- 5% allegations were withdrawn.
- 4% were disproved.

## Outcome for Alleged Victim

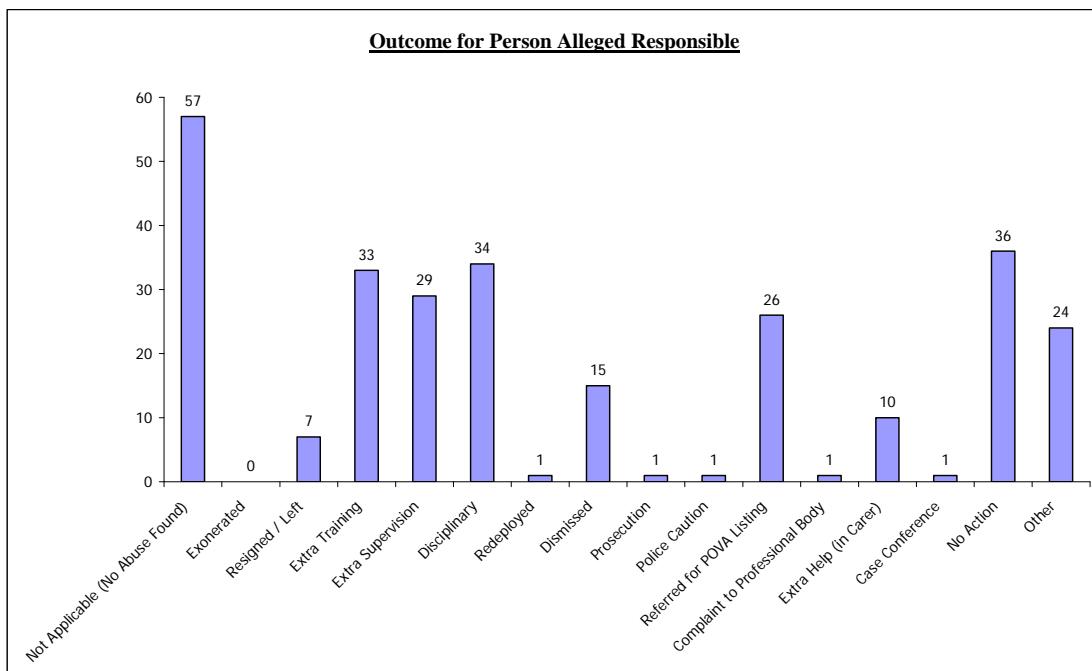
<b>Outcome for Alleged Victim</b>	<b>Number</b>	<b>%</b>
Risks Reduced / Improved	74	30%
Risk Removed	45	18%
Not Applicable (No Abuse Found)	43	17%
Other	26	10%
Adult Protection Plan / Care Plan	18	7%
No Action	13	5%
Increased Monitoring by Care Manager	12	5%
Provider Support	7	3%
Other Additional Care Services	6	2%
Alleged Victim Changed Accommodation	5	2%
Action Refused by Alleged Victim	1	0%



- The risk was either removed or reduced for 48% of cases.
- Not applicable (no abuse found) was for 17% of the cases.
- Other support was given to 10% of the cases.
- An adult protection/care plan was initiated for 7 % of the cases.
- 5% of cases received additional support from the Care Manager.
- There was no action for % % of the cases.
- 3% received provider support.
- 2% moved to other accommodation.
- 2% received additional Care Services.
- 1 Service User refused any action to be taken.

## Outcome for Person Alleged Responsible

<b>Outcome for Person Alleged Responsible</b>	<b>Number</b>	<b>%</b>
Not Applicable (No Abuse Found)	57	21%
No Action	36	13%
Disciplinary	34	12%
Extra Training	33	12%
Extra Supervision	29	11%
Referred for POVA Listing	26	9%
Other	24	9%
Dismissed	15	5%
Extra Help (in Carer)	10	4%
Resigned / Left	7	3%
Redeployed	1	0%
Prosecution	1	0%
Police Caution	1	0%
Complaint to Professional Body	1	0%
Case Conference	1	0%
Exonerated	0	0%



- 21% of cases were not applicable (no abuse found).
- 13% there was no further action.
- 12% resulted in a Disciplinary/or extra training.
- 11% received extra supervision.
- 9% was closed as other/or referred to POVA list.
- 5% were discussed and closed.
- 4% of cases received extra help.
- 3% resigned/left

## **APPENDICES**

**ACTION**

All **Training** action will be the responsibility of the Training Sub Group

All **Policy & Practice** issues will be dealt with via the Policy & Practice Sub Group

**NEATH PORT TALBOT AREA ADULT PROTECTION COMMITTEE  
BUSINESS PLAN 2009-2010**

**Strategic Objective: To improve the capture of data relating to adult protection and a clear link between operation and strategy through improved sharing of data and information through the AAPC**

Action No.	Action	Target Date	Action Completed			Action Status	Action	Outcome
			Yes	No	In Part			
1.	Establish 'access rights' for CSIW, Police, and Health, on a read-only basis pertaining to the information on the Social Services, Health and Housing database.	April 2009		✓		<ul style="list-style-type: none"> <li>Partner agencies to nominate key names for access</li> </ul>	POVA Coordinator Training Officer	Requires submission to IT Business Group NPTCBC for consideration and decision. Police and Supported People have submitted names
2.	Establish a clear link to South Wales Adult Protection website and All Wales website.	End 2009		✓		<ul style="list-style-type: none"> <li>To facilitate ease of access to partner agencies and general public.</li> </ul>	POVA Coordinator	Done
3.	Quarterly report of POVA trends to be complied by policy and practice group Trend analysis to be provided bi annually to AAPC with recommendations for action	Dec 2009		✓		<ul style="list-style-type: none"> <li>Activity report will be presented to the December AAPC meeting</li> </ul>	POVA Co-ordinator/ Performance Manager	Systems are in place to produce activity information on a quarterly basis AAPC
4.	All member organisations to evidence systems for dissemination of lessons learned	Ongoing			✓	<ul style="list-style-type: none"> <li>To be formally agenda'd at AAPC meetings from December 2009 onwards to ensure shared learning.</li> </ul>	POVA Co-ordinator	Outcome of Serious Incident Multi-agency Action Plan was shared at External P&P on 27/05/10 and our AAPC on 08/04/10. Serious Case Review Overview Report will be presented on September 24 <sup>th</sup> 2010

Strategic Objective: To ensure full implementation of the Mental Capacity Act 2005 and that there is full understanding of the implications for the Protection of Vulnerable Adults of the legislation								
Action No.	Action	Target Date	Action Completed			Action Status	Action	Outcome
			Yes	No	In Part			
5.	Ensure full implementation of Mental Capacity Act 2005  Ensure full implementation or DOLS training.	July 2009			✓	<ul style="list-style-type: none"> <li>• Training for partner agencies in assessing capacity.</li> <li>• Changes to Receivership/Court of Protection.</li> <li>• Independent Mental Capacity Advocates.</li> <li>• Deprivation of Liberty safeguards.</li> </ul>	MCA/DOLS Training consortium	Training has been delivered on an ongoing basis and future training and advice will be provided by BIA specialist and he is now based in the POVA team. Schedule identified.

Strategic Objective: To continue to raise awareness of adult protection issues and improve channels for discussion of allegations								
Action No.	Action	Target Date	Action Completed			Action Status	Action	Outcome
			Yes	No	In Part			
6.	Explore and clarify resource implication of activity.	Ongoing			✓	<ul style="list-style-type: none"> <li>Deputy POVA Co-ordinator in post since November 2008</li> <li>Activity increasing year on year</li> </ul>	POVA Coordinator/ AAPC Chair	Additional Admin resource has been identified as a deficit within POVA Team and review and monitoring of demand is in place
7.	Launch and widely publicise the POVA awareness raising DVD in Neath Port Talbot	June 2009	✓			<ul style="list-style-type: none"> <li>Successful POVA launch attended by 100 participants</li> </ul>	POVA Co-ordinator	DVD is still being used as a useful training and awareness sessions tool across agencies
8.	Evidence that all AAPC member organisations ensure that POVA is included in relevant Board and Executive level agendas	Throughout 2009/10			✓	<ul style="list-style-type: none"> <li>Presentation on POVA to NPT CBC Corporate Management Group of all Corporate Directors and Heads of Service completed</li> <li>NPT CBC Scrutiny presentation of DVD completed</li> <li>NPT CBC POVA seminar for all members to be planned</li> </ul>	All AAPC Members	Awareness was raised at CDG and Scrutiny Members. Further sessions to be scheduled.
9.	Increase understanding and awareness of POVA amongst GPs and practice staff	Throughout 2009/10			✓	<ul style="list-style-type: none"> <li>Visits to all GP practices in Neath Port Talbot to raise awareness to be undertaken</li> </ul>	POVA Coordinator	Attended GP and agreed to visit practice for POVA Awareness PT4L Discuss with Tracey Evans, Senior Nurse responsible for Primary Care
10.	Create flow chart for Care Homes Domiciliary settings when identifying a POVA, what to do next.	Sept 2009	✓			<ul style="list-style-type: none"> <li>Clear instruction on what to do with contact numbers and names</li> </ul>	POVA Coordinator	Flow chart has been well received and is in regular use in a laminated format. There have been some inconsistencies and will redistribute.
11.	Create flow chart for ABMU Hospital Staff when identifying a POVA, what to do next.	Sept 2009	✓			<ul style="list-style-type: none"> <li>Clear instruction on what to do with contact numbers and names</li> </ul>	POVA Coordinator	Completed and distributed by Health POVA Co-ordinators

Strategic Objective: To continue to raise awareness of adult protection issues and improve channels for discussion of allegations								
Action No.	Action	Target Date	Action Completed			Action Status	Action	Outcome
			Yes	No	In Part			
12.	Ensure that POVA is a regular agenda item for NPT provider forums and that training issues are addressed via the SCDWP partnership	Continuous			✓	<ul style="list-style-type: none"> <li>POVA is a regular agenda item on all provider forums</li> <li>SCWDP partnership workshop considered training needs at October event.</li> </ul>		It is a regular standing item on all provider forums and has raised awareness of provider
13.	Raise awareness of POVA through Roadshows in local town centres.	March/April 2010		✓		<ul style="list-style-type: none"> <li>Raise awareness with general public of POVA issues.</li> <li>Raise awareness of referral route to Social Services.</li> </ul>	POVA Coordinator Training Officer	Roadshows have been organized on a multi-agency basis and will be on July 1 <sup>st</sup> and 19th

Strategic Objective: To improve understanding of the root causes of abuses of vulnerable adults in Neath Port Talbot and to implement appropriate preventative strategies								
Action No.	Action	Target Date	Action Completed			Action Status	Action	Outcome
			Yes	No	In Part			
14.	Develop and approve a POVA Preventative Strategy and Implementation Plan	Oct 2009	✓			<ul style="list-style-type: none"> <li>Preventative strategy approved by AAPC October 2009</li> </ul>	POVA Coordinator	Recently reviewed on a multi-agency basis and due to be implemented
15.	Establish a task and finish group to consider the underlying causes of the increase in 'neglect' in POVA cases in NPT and put in place actions to address these causes.	March 2010		✓		<ul style="list-style-type: none"> <li>Increase in 'neglect' as a critical factor in POVA. Dedicated work will be undertaken to identify the issues and put in place action to address.</li> </ul>	POVA Coordinator & DLMs	Current Inter Care Agency Forum has identified an escalating concern re. neglect within provider home. Further work to be taken forward. Task and Finish Group to be set up.
16.	All AAPC member organisations will demonstrate zero tolerance to substantiated allegations and report actions taken to AAPC	Dec 2009		✓		<ul style="list-style-type: none"> <li>Reporting of actions to AAPC to commence in December 2009</li> </ul>	All AAPC Members	?
17.	AAPC Chair to ensure active engagement with LSCB and Community Safety Partnership Annual multi- agency event	March 2010		✓		<ul style="list-style-type: none"> <li>To be planned for April 2010</li> </ul>	AAPC Chair	
18.	AAPC to initiate at least two media campaigns each year to demonstrate that every opportunity is taken to reinforce public awareness	March 2010			✓	<ul style="list-style-type: none"> <li>Media officer to attend Dec 2010 AAPC to discuss proposals</li> </ul>	POVA Co-ordinator/ SSHH Communication Officer	Roadshows x 2 have been arranged
19.	Develop an information pack for individuals reflecting key messages	March 2010			✓	<ul style="list-style-type: none"> <li>Work ongoing to supplement current information resource</li> </ul>	POVA Co-ordinator/ SSHH Communication Officer	SWAP PPD have ratified a DLM resource pack and will be distributed via POVA Co-ordinator
						•		

Strategic Objective: To ensure there are robust systems of quality assurance in place to review and continuously improve operational practice								
Action No.	Action	Target Date	Action Completed			Action Status	Actions	Outcome
			Yes	No	In Part			
20.	Create Financial Protocol to eradicate the incidences of financial abuse that take place in Care Homes/Support Housing, etc.	Establish Working Group Sept 2009			✓	<ul style="list-style-type: none"> <li>Consider existing arrangements and how they can be improved.</li> <li>Look at alerts to inform staff when financial problems are developing.</li> <li>Establish working group to look at financial issues.</li> </ul>	POVA Coordinator	Financial protocol is near completion and will be sent out for comments
21.	Implement a system of peer audit of closed POVA cases.	Oct 2009			✓	<ul style="list-style-type: none"> <li>LA Designated lead managers undertake quarterly audit of cases, using agreed audit tool.</li> <li>Audit outcomes to be considered by the Policy and Practice Sub-Group and reported to the AAPC on an annual basis</li> </ul>	POVA Coordinator  Training Officer	Audit Case File has been initiated. Senior DLM's have carried out file audit in May 2010. Schedule of DLM audit will start September on a bi-annual basis

Strategic Objective: To ensure there are robust systems of quality assurance in place to review and continuously improve operational practice								
Action No.	Action	Target Date	Action Completed			Action Status	Actions	Outcome
			Yes	No	In Part			
22.	A Internal audit to review POVA systems to advise on improvements to recording that can be made  b Agree and implement the Internal Audit Action plan and recommendations of the Internal Audit	Nov 2009  April .2010			✓	<ul style="list-style-type: none"> <li>Audit work underway and draft report will be completed by November 009</li> </ul> <p>On going reporting and monitoring via the Internal P n P</p>	NPT CBC Internal Audit-POVA Coordinator and Senior DLMs	Recommendation of Internal Audit have implemented – See 21
23.	Implement a regular 'mystery shopper' exercise to ensure all parts of the Council to which POVA may be reported understand how to respond appropriately.	Nov 2009			✓	<ul style="list-style-type: none"> <li>Work in progress</li> </ul>	Community Car Performance & Analysis Manager	Outcome of first mystery shopper – shared with relevant access points within the Authority – also feedback to AAPC, Internal P&P, and relevant team meetings. Further corporate follow up required by HS.

Strategic Objective: To ensure effective strategic leadership of POVA and partnership working in Neath Port Talbot through the AAPC in the context of regional working through the SWAP forum								
Action No.	Action	Target Date	Action Completed			Action Status	Action	Outcome
			Yes	No	In Part			
24.	<p>a. Consider the recommendations from the local and national inspection of POVA arrangements</p> <p>b. Implement the recommendations of the National POVA Inspection which are</p> <ol style="list-style-type: none"> <li>1. risk analysis</li> <li>2. systems to ensure monitoring of agreed actions following closure</li> <li>3. Clarify the difference between Strategy Meeting and Case Conference</li> </ol>	March 2010			✓	<ul style="list-style-type: none"> <li>• POVA Inspection of Neath Port Talbot to take place end November 2009</li> <li>• Local review of AAPC effectiveness to be undertaken following external review to inform priority setting and business planning for 2010/11</li> <li>• Some of the recommendations identified in the Inspection Report have been also included in the Internal Audit Action plan</li> <li>• Re Risk Analysis 1, we will be introducing a adult protection risk assessment tool based on the national guidance</li> <li>• Raise action 2 with External Policy and Practice Group</li> <li>• Re action 3 ,SWAP seminar for DLMs April 2010 will reinforce policy and practice</li> </ul>	AAPC Chair  POVA Coordinator and Senior DLMs  External Policy and Practice  POVA Coordinator	<ul style="list-style-type: none"> <li>• Inspection – occurred</li> <li>• AAPC effectiveness workshop carried out Feb 16<sup>th</sup> 2010</li> <li>• Recommendation of Internal Audit Action Plan carried out</li> <li>• Risk Assessment tool – Piloted by POVA team</li> <li>• Re. closure actions – PC has developed tool for further review and implementation – agenda at next External P&amp;P</li> <li>• Seminars have been held across SWAP region which includes guidance on difference between strategy and case conference</li> </ul>
25.	Understand the implications of NHS reforms for leadership of POVA	Nov 2009			✓	<ul style="list-style-type: none"> <li>• ABMU Health Board established. Membership of AAPC to remain constant until new structures implemented by March 2010</li> </ul>	ABMU Health Board	ABMU Deputy POVA Co-ordinator discussed and clarified at External P&P on May 27 <sup>th</sup> 2010 and agreed to discuss at AAPC
26.	Active and strong engagement in the SWAP forum	Dec 2009			✓	<ul style="list-style-type: none"> <li>• Continuous action to ensure strong representation from NPT at the SWAP forum and to ensure reports from the SWAP forum on every AAPC agenda.</li> </ul>	AAPC members	Full commitment from NPT
27	Active and strong engagement in the	Feb 2010				<ul style="list-style-type: none"> <li>• AAPC workshop was held to review</li> </ul>	AAPC Chair person	Workshop was held on

Strategic Objective: To ensure effective strategic leadership of POVA and partnership working in Neath Port Talbot through the AAPC in the context of regional working through the SWAP forum								
Action No.	Action	Target Date	Action Completed			Action Status	Action	Outcome
			Yes	No	In Part			
	AAPC and review of sub groups and communication					<p>the current arrangements, membership and function of sub groups including communication between agencies and within agencies.</p> <ul style="list-style-type: none"> <li>• Reporting mechanisms were agreed for sub groups to the AAPC-Flow diagram to be created</li> </ul>	POVA Coordinator	February 16 <sup>th</sup> 2010 to review purpose and membership. Agreed new reporting mechanism and structure but further work to be done re. membership
28	Take forward the training recommendations which were identified following the non criminal investigation in Nov 2009					<ul style="list-style-type: none"> <li>• Action plan has been developed and will be implemented on a multi agency and progress reported through the External Policy and Practice Group</li> </ul>	Training Officer POVA Coordinator	Further training needed and SWAP training to be accessed through region

**NEATH PORT TALBOT  
AREA ADULT PROTECTION COMMITTEE**

**CONSTITUTION**

1. The Committee shall be known as the *Neath Port Talbot Area Adult Protection Committee* (referred to hereafter as the AAPC).
2. The AAPC fully accepts and operates within the guidance as outlined by *In Safe Hands* and its associated documentation.
3. The AAPC will be the joint forum responsible for developing, monitoring and reviewing adult protection policies within the County Borough. It will be the body responsible for issuing of procedural guidelines.
4. The AAPC will be accountable to the agencies which make up its membership. These are principally the Local Authority Social Services, Education and Lifelong Learning Service, the Local Health Group and NHS Trusts, South Wales Police, Probation Service, Crown Prosecution Service, and Housing.
5. Agency representatives will be mandated to give or withhold consent of their agency to issues considered and decided upon by the AAPC or its constituent Sub-Groups. This will not prevent agencies acting unilaterally in some instances but prior notice of such actions will be given to the AAPC.
6. The AAPC shall elect a Chair who shall hold office for three years and be eligible for re-election.
7. A Vice Chair shall be elected annually from the represented agencies other than that represented by the Chairperson.
8. The AAPC shall hold meetings as it shall determine and accepts that the main areas of its responsibilities shall be: (*note: items a and b will be known as direct interests; item c will be known as indirect interests*)
  - a. To establish, maintain and review local inter-agency guidelines on procedures to be followed in individual cases;
  - b. To monitor the implementation of legal procedures;
  - c. To identify significant issues arising from the handling of cases and reports from enquiries;
  - d. To monitor the implementation of legal procedures;

- e. To identify significant issues arising from the handling of cases and reports from enquiries;
  - f. To scrutinise arrangements to provide treatment, expert advice and inter-agency liaison and make recommendations to the responsible agencies;
  - g. To scrutinise progress on work to prevent adult abuse and make recommendations to the responsible agencies;
  - h. To scrutinise work related to inter-agency training and make recommendations to the responsible agencies;
  - i. To conduct reviews into cases where matters of serious concern have been raised.
9. An individual member of the AAPC will be taken to have an interest in an agenda item when either:
- a. They are personally involved in a matter before the Committee in such a capacity as may require their professional conduct or competence to be examined by the Committee;
  - b. They have a pecuniary interest in a matter before the Committee;
  - c. They have a private or personal interest in a matter which might influence their ability to impartially represent the views of their agency.
10. Meetings of the AAPC shall only proceed if three member agencies are present.
11. The AAPC shall produce an Annual Report which shall be circulated to the Welsh Assembly and constituent agency heads.

## **MEMBERSHIP OF THE AREA ADULT PROTECTION COMMITTEE**

Community Care Administration, Neath Port Talbot County Borough Council
Education, Leisure & Lifelong Learning, Neath Port Talbot County Borough Council
Neath Port Talbot People First, Neath
Neath Port Talbot Council Voluntary Services, Neath
Community Care Services, Neath Port Talbot County Borough Council
Department of Works & Pensions (DWP), Cymric House, Port Talbot
Training and Resource Centre, Glanrhdyd Hospital
Care and Social Services Inspectorate Wales, South Wales Wales Regional Officer
Parent Carer Council Voluntary Services, Neath Port Talbot
Trial Unit, CPS, Swansea
ABMU Health Board
Witness Service, Port Talbot
Legal Services, Neath Port Talbot County Borough Council
Older and Disabled Peoples Services, Neath Port Talbot County Borough Council
Training & Development Mental Health & Learning Disabilities, Neath Port Talbot County Borough Council
Independent Sector Nursing Care

South Wales Police Authority,
Public Protection Unit, South Wales Police Authority
Local Medical Committee
The Seibiant Project
Mental Health & Learning Disabilities, Neath Port Talbot County Borough Council
Elderly Forum, Neath Port Talbot Council Voluntary Service
Port Talbot Victim Support, South Wales Police Authority
Housing Services, Neath Port Talbot County Borough Council
South Wales Probation Services
Local Action Team, Neath Port Talbot County Borough Council
South Wales Adult Protection Forum,
Domestic Violence Forum
Gofal Cymru