

Review of Adult Safeguarding in Monmouthshire

Background to the review

Directorate Management Team (DMT) considered a report in October 2013, which identified some significant risks around the county's ability to deliver the Welsh Guidance for Protection of Vulnerable Adults (POVA).

The areas of concern identified were:

- Increased demands on the POVA rota leading to overload on an already fragile arrangement.
- Changes in the personnel providing the Designated Lead Manager (DLM) function has diluted expertise.
- Lack of consistency in approach in the use of the All Wales procedure.
- Changes in other service areas, e.g. the police, has left the DLM role compromised at times
- Fragility of accurate data due to lack of administration availability.
- Poor Quality Assurance.

DMT agreed to:

- Immediate increase in staffing
- Change to the way we managed the flow of work into the authority
- Review of the model in Monmouthshire to address areas of concern as above.

What we did.

1. We separated the functions of screening referrals from the DLM role of taking forward the POVA referral, thus removing the daily POVA rota from the DLM's which immediately freed up DLM's to carry out the rest of the POVA process, and we were able to accurately measure demand.

To deliver this new front end service we moved the POVA Co-coordinator (Hilary Smart) into the role and provided an additional team manager to support the new arrangement (Andrew Burford), an increase in a full time manager resource. We have backfilled Andrew's substantive post on a short-term basis.

The secure e-mail account, which is the access point for all referrals which could be designated adult protection, was then screened by either Andrew or Hilary using the All Wales Threshold Tool to define whether to progress in POVA or manage in core care management services, thus providing a consistent screening process.

We recruited an additional full time administrator to work in the newly formed POVA team.

2. We asked the DLM's to self-assess to find out where the gaps in confidence and experience lay.

We put in place the start of a programme to support improvement of confidence and experience for all DLM's.

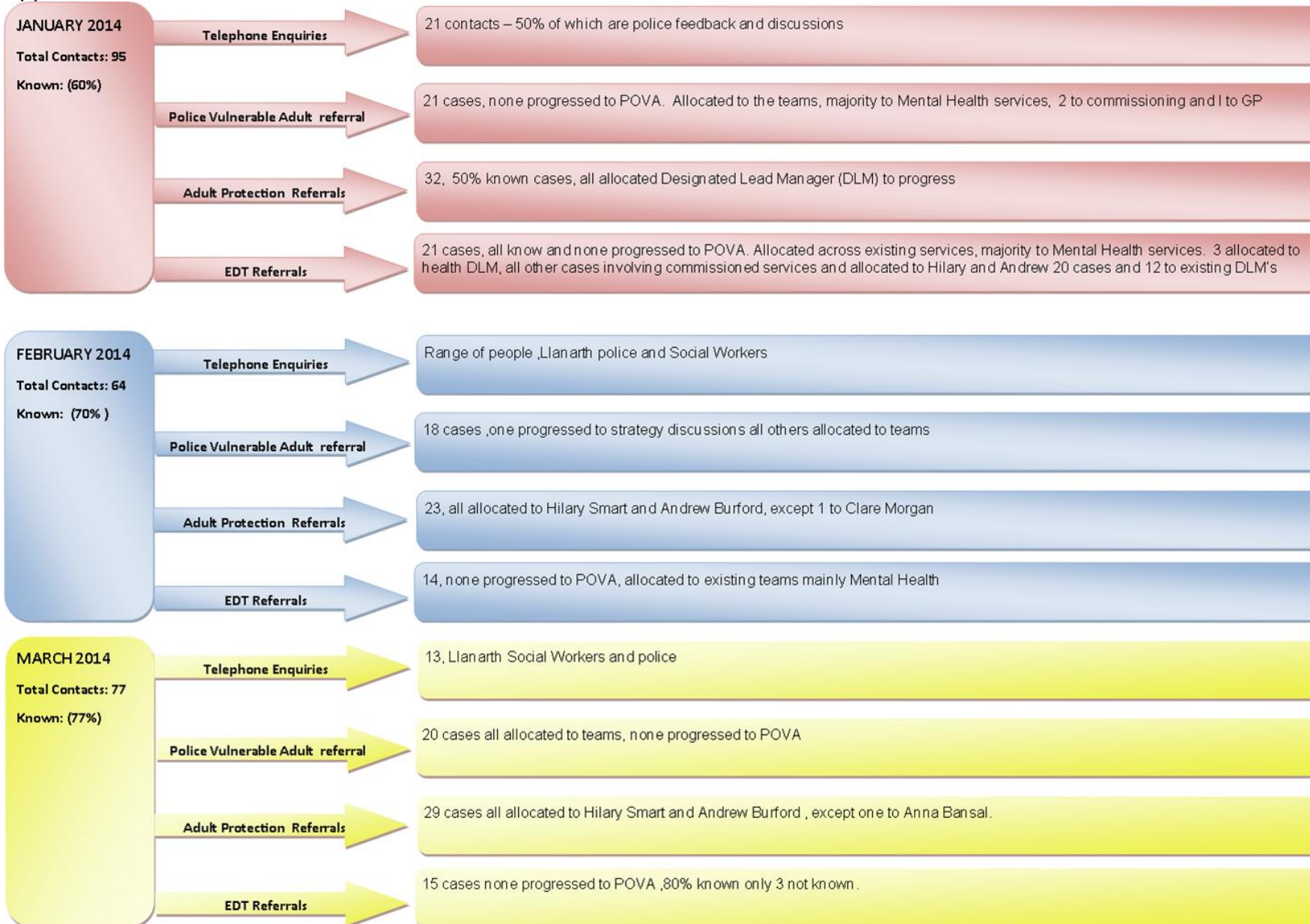
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3. We researched other models across Wales and considered opportunities for collaboration with adult services and children's.
4. We re-evaluated the POVA Co-ordinator job description in line with how the role has developed over recent years. We passed the new job description through job evaluation and found it to be Band K.
5. We found temporary accommodation for the new POVA 'team' in Mardy Park Resource Centre.
6. We referred issues relating to changes in the police to Simon Burch to progress at a strategic level.

What is our demand?

The following information was collected over a three month period January – March 2014, and the highlights recorded overleaf:

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1. What does the demand now tell us?

- Majority of contacts are for people already known to service.
- 50% of enquiries for information are from the police exchanging and feeding back information. LLanarth Court makes up the next largest group followed by other professionals and CSSIW enquiries.
- 50 Emergency Duty Team (EDT) referrals, none progressed to POVA, all contacts known to the service, and all passed to relevant teams, predominantly Mental Health.
- 59 Police referrals, 1 progressed to POVA all others allocated to teams predominantly Mental Health.
- Considerable activity through the secure POVA e mail account which does not progress to POVA but requires consideration
- Adult protection referrals make up on average 35% of the activity and were allocated to a range of DLM's to progress, the majority by Hilary and Andrew.
- The time taken for decisions to be made regarding progress of POVA referrals shown to be variable, the majority in excess of 2 weeks.

Time to complete POVA process	JAN	FEB	MAR	APR	MAY	JUN
Same day	1	1	1			
<2 weeks	2	2	5			
2 - 4 weeks	7	3				
4 – 8 weeks	6	2				
8 weeks or more	15					
Total AP referrals	31	23				

2. The self- assessment was completed by all current DLM's in Monmouthshire and told us:

- All had participated in the appropriate training available at Level 3 and Level 4.
- All felt supported by other DLM's and Hilary in particular as POVA co-ordinator.
- All recognised that there was considerable expertise in the group.

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When asked to identify any gaps in competence / confidence the following themes emerged:

- Lack of experience as newly in post
- Lack of previous social care experience
- Lack of knowledge around financial arrangements, legal knowledge and capacity issues associated with court of protection and finances.
- Pressure due to dual role team manager and DLM on duty

As a result of the above we have targeted the less confident DLM's for allocation and 'buddied' them with a more experienced DLM to progress the case.

We have agreed to implement the DLM skills framework with all DLM's and then progress the outcomes for training and support where necessary.

This is an on-going stream of work.

3. Models across Wales

Some work carried out across Wales has reported on the models which each Local Authority has in place to deliver Adult Protection and they fall into the following categories:

- A care management model where the screening of referrals and the DLM role is carried out by a range of managers and senior staff from the care management and assessment service and commissioning. Non-criminal investigations are allocated to staff in core services.
- A specialist team model where the screening of referrals, the DLM function and non-criminal investigation is delivered through a specialist team.
- A shared specialist /care management model where screening is separated into a specialist role, and a range of DLMs appointed from the core services and non-criminal investigations are delivered both from a specialist team and core services.

In Monmouthshire we have been operating a care management model where the adult protection referrals are managed by a range of staff allocated the role of the DLM on a daily rota basis. The new arrangement has moved 2 expert DLM's to the front door, who now carry out the function of screening all the demand into the authority. They apply the threshold tool, seek further appropriate information and liaise with partner organisations before making the decision as to whether it is a referral which needs managing within POVA and the allocation of a DLM to carry on with strategy meeting, or whether to allocate into a care management team.

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Models locally in Gwent:

Locality	Population approximately	Adult safeguarding model	Staff	Referral rate 12/13	No of investigations 12/13
Monmouthshire	91K	Care Management model, referral managed via a duty rota across all DLM's	1 POVA co coordinator at Senior practitioner level plus 15 DLM's from adult service teams and commissioning.	145	55
Torfaen	91K	Safeguarding Unit – Children's and Adults	A joined up team, safeguarding manager and 1 Adult protection co coordinator plus DLM in adult service teams.	130	53
Blaenau Gwent	70K	Care management moving to review specialist functions.	Service manager for POVA, I F T co coordinator at Senior Practitioner and 1 F T admin plus 16 DLM's in adult services teams	150	57

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Locality	Population approximately	Adult safeguarding model	Staff	Referral rate 12/13	No of investigations 12/13
Newport	141K	Specialist moving to shared with care management, and consideration of merge with Children's.	1 POVA Team manager 3 Senior Practitioners working as DLMs 3 admin support – 2 fulltime and 1 part time	220	31
Caerphilly	170K	Specialist Adult Safeguarding team	1 Service manager (responsible for 5 different teams in total) 5 FTE POVA coordinators (grade 11) (of which one is 50/50 funding with health) Senior admin 1 FTE (grade 7) 4 FTE admin officers (grade 5)	340	72

Information taken from Statistics for Wales data issued 25-02-14 and information re staffing given by local co coordinators.

Potential collaborative opportunities:

We met with staff in Newport to discuss the potential for collaborative opportunities. The William's report has connected our two localities together so it seemed the most appropriate place to test the discussion. The service manager, Alys Jones and two of her managers, visited us in Monmouthshire and were very interested to find out about the review and how we were working locally but did not feel there were any opportunities to progress a collaborative plan as they too had concerns about the sustainability of their model and were considering a children's and adults approach to safeguarding within their locality.

We also met with Monmouthshire Children's Services and considered if there were any opportunities for collaboration. Again, we had a good discussion with Tracy Jelfs and Jane Rogers and agreed opportunities to work more closely in some areas but did not agree that there was the potential at this time for a re-structure approach to safeguarding across both departments.

Options for improvement in Monmouthshire

Option 1:

We return to our care management model in Monmouthshire. This is not considered to be a viable option as identified in previous DMT report.

We have considered two further options of moving to a shared model putting experts at our front door and using a range of DLM's to progress POVA referrals through the All Wales process.

This would be a shared model comprising experts who specialise in POVA as their substantive post. They would provide the expert front door service for all contacts to the locality and support and information for all other DLM's and staff working in the adult safeguarding arena. They would be supported by administrators who would be expert in POVA minute taking and take responsibility for the data collection around Monmouthshire's POVA activity.

Our other 'experts' will be the current DLM staff group who remain with substantive posts in the care management and assessment service and commissioning. They would take allocated POVA referrals and progress through the All Wales procedures.

Option 2:

To permanently fund two FULL TIME front door experts at Team Manager, Band K level in line with current job evaluation of our existing POVA Co-ordinator post. In addition to fund 2 FULL TIME full time administrators at Band 3.

The advantages are:

- A single point of access more robustly managed, effective screening of all contacts, partner relationships developed, allocation to other DLM's and follow up centrally, data collection more efficient, minute taking more reliable,

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- More availability to attend sub groups on a Pan Gwent basis.

The weaknesses:

- DLM's will need to continue to cover for annual leave and sickness
- Limited capacity to fulfil requests to participate in related areas eg MARAC, hate crime etc.
- Limited capacity to provide quality assurance
- Cost – see table below:

Option 3:

To provide a full time team manager Band K and 2 full time senior practitioner DLMs, Band J, to work at the front door thus making the specialist front door arrangement robust, plus 2 full time administrators. The team manager post would be able to take on the coordination of work across the locality and contribute to the strategic agenda around POVA.

The advantages are:

- As Option 2, plus a more robust front door arrangement to cover absence and leave, availability to attend MARAC, hate crime meetings etc, ability to quality assure the work stream, training/ support for DLM, availability to participate more fully in Pan Gwent work streams.
- Robust coordination of POVA work allocated out to the teams
- Contribution to the strategic agenda for POVA.

The weaknesses:

- Cost- see table below:

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The disadvantages are cost:

POVA OPTION COSTINGS	
OPTION 1	
No additional resources	
Total additional cost:	£0.00
OPTION 2	
Increase current 30 hour POVA Co-ordinator post to 37 hour Band K	£9,720.00
Increase current 30 hour admin post to 37 hour	£4,812.00
Additional 1 FT Band K post	£55,061.00
Additional 1 FT Administrator post -	£24,934.00
Total additional cost:	£94,527.00
OPTION 3	
Additional 1 FT Band K team manager POVA post	£55,061.00
Additional 1 FT POVA coordinator post Band J	£50,215.00
Increase current 30 hour POVA coordinator post to 37 hour Band J	£9,720.00
Additional 1 FT Administrator post	£24,934.00
Increase current 30 hour admin post to 37 hour Band	£4,812.00
Total additional cost:	£144,742.00

RECOMMENDATION:

This review has given us the opportunity to consider demand more fully and to work with our current staff to consider ways of developing their competence around adult safeguarding.

It has not reached far enough into considerations as to how the new Social Services and Wellbeing Bill will require changes to the way local authorities manage safeguarding and the increased expectations on staff and how this will impact on our work force planning.

Hence my recommendations are two-fold. Firstly to consider the options put forward to ensure a robust approach is in place for the foreseeable future and secondly to discuss how we as an authority will take forward the wider safeguarding agenda around implementation of the Bill.

We have considered the options above and recommend that:

- We move to a permanent shared model by staffing with experts at the front door and delivering the DLM role and non-criminal investigation role across the care management service.
- We look to further scope the shared delivery of safeguarding both children and adults in line with the new bill in Monmouthshire in suitable accommodation to meet needs of the service.

Ailsa Macbean
Integrated Service Manager - South Monmouthshire
May 2014