

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

1 DECEMBER 2016

**REPORT OF
SENIOR MANAGEMENT TEAM**

CABINET DECISION

Adult Services and Health – Lead Cabinet Member – Councillor Jim Beall

Mental Capacity Act and Deprivation of Liberty Safeguards Update and Funding Requirements

Summary

This report provides an update on improvement work completed in relation to the application of the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) following the Supreme Court Judgment on the Cheshire West and Cheshire Council and Surrey County Council cases (March 2014).

The rationale for a substantive budget and a further interim budget to support the DoLS function is also provided.

Recommendations

1. That Cabinet notes the content of the update report, the implications of the judgment and the requirement for additional work to be carried out.
2. That Cabinet notes the requirement for substantive funding of £471,300 to be considered as part of the Financial Plan.
3. That Cabinet note the requirement for additional one year funding for 2017-2018 of £281,000 to be considered as part of the Financial Plan
4. That Cabinet agrees to receive regular updates on progress against the operational plan. The next update is planned for the autumn of 2017.

Reasons for the Recommendation(s)/Decision(s)

To keep Cabinet informed of progress with respect to the related plan of work and ongoing resource requirements.

Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in **paragraphs 9 and 11** of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of **paragraphs 12 - 17** of the code.

Where a Member regards him/herself as having a personal interest, as described in **paragraph 16** of the code, in any business of the Council he/she must then, **in accordance with paragraph 18** of the code, consider whether that interest is one which a member of the public, with knowledge of the relevant facts,

would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code)

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

Disclosable Pecuniary Interests

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code)

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DETAIL

1. Following the Supreme Court Ruling on 19 March 2014: P -v- Cheshire West and Chester Council and P and Q -v- Surrey County Council, there has been a radical change to the legal definition of and the test for Deprivation of Liberty (DoL), which must now be followed.
2. There are now two key questions that need to be considered when applying the test:
 - Is the person subject to continuous supervision and control?
 - Is the person free to leave?
3. For a person to be deprived of their liberty, they must be subject both to continuous supervision and control and not be free to leave. They must also lack the mental capacity to consent to the relevant care and support arrangements, where they have been put in place by the State.

The Safeguards: Legal Framework & Statutory Duties

4. Following this judgment, and as outlined in the previous Cabinet reports, a much greater number of existing and potential clients are now considered within the scope of the Safeguards, including the current care home population and people living in supported living, both within and outside the Borough, who are Stockton-on-Tees residents and who are aged 16 or over. These clients require assessments for mental capacity as the first stage in the process.
5. Future planned admissions to care homes and care-planning for supported living needs to include an assessment for Deprivation of Liberty (DoL) before admissions to care homes are made/care packages are put into place.
6. The DoLS for people in 24 hour care settings aged 18 years and over (care homes and hospitals) consist of six assessments to establish if the DoL is in the client's best interests and that care arrangements constitute the least restrictive option to ensure the safety and well-being of the client. These assessments are carried out by Best Interests Assessors (BIAs) and doctors approved under the Mental Health Act 1983 (s.12). In complex cases, an application to the Court of Protection should be made. For clients living with support in the community and young people aged between 16 and 18 years, all deprivations need to be authorised through the Court of Protection. A Preliminary Judgment has been given by the President of the Court of Protection on the consummate cases presented in June 2014, which has clarified that all cases before the Court of Protection need to be considered by a judge.
7. All people subject to Mental Health Act Guardianship, Community Treatment Orders and Conditional Discharge need to be assessed for potential Deprivation of Liberty. This is because these people are at high risk of being deprived of liberty.
8. Clients with mental health problems and/or a learning disability who are resident in, or assessed as needing care in, a hospital facility and would previously have been considered as 'informal' admissions, need to be assessed for a Deprivation of Liberty Authorisation or for detention under the Mental Health Act. This is of particular importance as there are two independent Mental Health hospitals in Stockton-on-Tees providing Mental Health services.
9. Local Authorities act as Supervisory Bodies. The Supervisory Body is responsible for considering a deprivation of liberty request received from a managing authority (care home or hospital), commissioning the statutory assessments and, where all the assessments agree, authorising a deprivation of liberty.
10. In giving authorisation, the supervisory body must specify its duration, which must not exceed 12 months and must not be longer than recommended by the Best Interests Assessor, as Deprivation of Liberty should not continue for longer than is necessary.
11. The supervisory body must appoint a relevant person's representative (RPR) to represent the interests of every person for whom a standard authorisation of DoL is given. Where there is no family member or friend available or willing to be appointed to this role, an independent (paid) RPR will be appointed.
12. The Supervisory Body must make and keep a written record of the standard authorisations they have given. For each authorisation, this includes the name of the relevant person (the person deprived of liberty), details of the managing authority (the care setting), the period during which the authorisation is to remain in force, and any conditions attached to the authorisation.
13. The supervisory body must give notice of its decision in writing to:
 - the eligible person (the client);
 - the person to whom the request relates (if the authorisation was not granted);
 - the managing authority and

- any section 39A Independent Mental Capacity Advocate (IMCA) appointed to support the person.
14. When an authorisation is in place, the relevant person, their RPR and any IMCA representing the individual have a right at any time to request that the supervisory body reviews the decision. This will involve undertaking re-assessments. They are also able to challenge the authorisation in the Court of Protection.
 15. In the case of *LB Hillingdon v Steven Neary* (2011) in the Court of Protection, the Judge stated that *“there is an obligation on the State [under Article 5(4) ECHR] to ensure that a person deprived of liberty is not only entitled but enabled to have the lawfulness of his detention reviewed speedily by a court”* (emphasis added). It was identified that there had been a protracted delay in applying to the court, with the burden being placed on the relevant person to progress this. This had given rise to a breach of his Article 5 rights.
 16. Deprivation of Liberty is within the scope of the Human Rights convention, not an addition to it. Recent case law (February 2015) has highlighted the need for local authorities and professionals to be alert to proper consideration of people’s human rights in situations involving a deprivation of liberty. In *re: AJ*, the Court concluded that the Local Authority had infringed AJ’s human rights by:
 - wrongly appointing a RPR, when AJ had stated she did not wish to be there and it was clear that the RPR would not challenge the standard authorisation
 - failing to terminate the appointment of the RPR
 - failing to take adequate steps to ensure that the challenge of deprivation of liberty was brought expeditiously before the court.
 17. The claim was brought on behalf of the incapacitated person by her litigation friend the Official Solicitor, for declarations and damages under section 7 of the Human Rights Act 1998 in respect of the alleged unlawful violation of her rights under articles 5 and 8 of the Convention.
 18. Compensation personal damages claims for unlawful deprivation of liberty have been cited as being in the region of £3,000- £4,000 monthly.
 19. The Chief Coroner has decided that all deaths of people subject to an authorised DoL at the time of their death will be treated as a death in state detention. It is at the discretion of the local Coroner how they choose to deal with deaths of people subject to a DoL. The Tees Coroner’s office has decided that it will be informed of each death and will decide if any examination of the client’s records is necessary on a case by case basis.

Law Commission Consultation

20. The Law Commission’s Mental Capacity Act and Deprivation of Liberty consultation closed in November 2015. A final report with recommendations and a draft Bill are expected to be published in 2016. The interim statement published on 25th May 2016 reaches a number of conclusions, which if implemented, could have a significant impact on working practices and resources in the longer term, which will require ongoing additional resource. The interim conclusions are summarised in **Appendix 1**.

Key Risk Areas

21. The following key risks in relation to undertaking the DoLS function have been identified:
 - There is the risk of challenge to Stockton-on-Tees Borough Council in the existing legal framework where the Council, as Supervisory Body, is aware of people who currently have unauthorised Deprivation of Liberty, but those people have not yet been assessed. Legal challenge would be in respect of Human Rights claims (particularly in relation to interference with Article 5 and Article 8 of the EHRC). However, it is anticipated that assessments will be completed for those people by December 2016.

- Within current practice, equitable use of the DoLS across the eligible Stockton-on-Tees population (and for those clients placed out of area) as a direct result of the Supreme Court Judgement, has not been possible to date.
- There are increased workload pressures across the DoLS function. As the number of existing authorisations increases, so too will for the number of further standard authorisations (“renewals”).
- There are risks in relation to staff retention and stability in the workforce, and ensuring sufficient BIA and signatory resource within Stockton-on-Tees Borough Council.
- There is a risk in respect of financial resources to fulfil the DoLS function. A change of legislation (in response to the Law Commission consultation) is expected to result in transition from the existing to a new framework. This could have a significant impact on working practices and resources in the longer term.

The work programme and resource implications

22. Following an initial scoping exercise, a work programme is in progress to ensure that current clients are not unlawfully deprived of their liberty. Working practices have also been reviewed to ensure that the new test is embedded in practice and risks to vulnerable clients and the Council are mitigated, as far as is reasonably practicable.
23. Client assessments resulting from the Supreme Court ruling have been prioritised by client group and care and support arrangements, in line with the Association of Directors of Adult Services (ADASS) priority tool. This “managed approach” is subject to ongoing review to ensure that priority continues to be given in accordance with those clients at greatest risk. Authorisation requests outside of this work programme, and re-assessments for those people subject to an authorisation of DoL, are being processed within the statutory timescales. It is anticipated that the DoLS assessments for those clients identified within the “managed approach” will be completed by December 2016. Current and projected activity is included at **Appendix 2**.
24. A DoLS Benchmarking exercise was undertaken as part of the DoLS Lean Review. The information was based on the *NHS Digital report Mental Capacity Act (2005) Deprivation of Liberty Safeguards (England), England 2015/16 National Statistics*. All data included in this benchmarking report is from February 2015 to March 2016. Some of the information has been supplied by NHS Digital National Statistics.
25. Based on the information provided, the following assessment can be made:
 - Nationally there has been a 42% increase in the number of DoLS applications when compared with 14/15
 - Stockton’s applications have more than doubled from 742 in 14/15 to 1690 in 15/16
 - During 14/15 there was a significant increase throughout the year, but in 15/16 the figures appear to have stabilised
 - The national average number of applications per 100,000 adult population is 454
 - The North East average number of applications per 100,000 adult population is 900 which is more than double the national average.
 - The Stockton average number of applications per 100,000 adult population is 1,073
 - The vast majority of applications are for people over the age of 85
 - The vast majority of applications are for people with a dementia (Disability Mental Health: Dementia).
26. It is unclear why the North East is an outlier but the returns across the area are double the national average. The North East ADASS region has commissioned further analysis.

27. A benchmarking exercise has also been undertaken with the local authorities in the North East to understand their approach the additional work created by the DoLS applications. Of the Councils who responded (8 out of 12):
- all have established dedicated administration teams and the size of the teams is in line with the volume of applications they receive
 - only two local authorities, including Stockton, use external Best Interest Assessors (BIA) as the norm, all other local authorities use in-house staff and only use external BIAs when they have capacity issues or when the referrals are from their own services
 - nearly all of the local authorities have full-time BIAs
28. Based on the returns, Stockton is not out of line with the approach taken by the other Councils in the North East.
29. It has been recognised that the additional work resulting from the Supreme Court Judgment is creating workload pressures across Adult Services and the 0-25 team. Initial work to identify the number of children and young people whose care may amount to deprivation of liberty has been completed, and there are 3 young people between 16 and 18 years old in this situation. Each case will be considered by the Court of Protection. Further work is being undertaken to identify young people who may meet these criteria when they reach 16 years old.
30. Additional and significant pressures on existing social work resource have been identified in relation to applications to the Court of Protection under section 21A of the Mental Capacity Act to challenge or review the standard authorisation. These “section 21A challenges” will continue to have an impact on current resource in respect of preparation for, and attendance at Court.
31. The Social Worker progression framework for the Council now requires that all qualified Social Workers must complete the BIA qualification in order to progress to Grade L. This will support an increase in capacity and retention of BIAs in the workforce. Changes to the job description will need to be made so that it will be an essential criteria for staff to become a BIA within 12 months of appointment to the role where criteria for commencing training is met.
32. An independent, paid Relevant Person’s Representative Service has been commissioned effective from 1st April 2016. This is to ensure that all people subject to a DoLS authorisation have an appointed representative where there is no other person eligible or able, to be appointed to the role.
33. 39D IMCA services will be offered / appointed where support is needed for an unpaid RPR to bring a legal challenge. Where an appointed RPR has not taken steps to bring a challenge before the court, Stockton-on-Tees Borough Council will bring this on behalf of the person deprived of liberty.
34. A decision has been taken that, locally, short authorisations (less than 12 months’ duration) will be granted where:
- the person is objecting to the deprivation of liberty (maximum six-month authorisation)
 - the care arrangements are likely to change
 - it has not been possible for the assessors to consult with the necessary people
 - there are safeguarding concerns
 - the signatory considers that re-assessment of the deprivation of liberty needs to be considered.
35. Current Resources Allocated to the DoLS Function: A number of key responsibilities are currently managed within existing resources:
- Best Interests Assessors within teams, completing DoLS assessments in addition to main duties.

- DoLS Signatories
- Court of Protection applications
- Best Interests Assessor training
- Safeguarding Administrator Post

36. Further additional resource has been agreed until 31st March 2017 to support:

- Paid (independent) Relevant Person's Representatives (RPR) and Independent Mental Capacity Advocacy (IMCA)
- Additional signatory resource to support the signatory rota
- Independent (external) Best Interests Assessments
- Section 12 approved Doctors to complete DoLS Mental Health Assessment

Improvement work completed in relation to the DoLS Function

37. The report to Cabinet in January 2016 outlined the planned improvement activity relating to the DoLS process. This work has now been completed, in partnership with the North of Tees Dementia Collaborative. These events used a Quality Improvement System (QIS) to identify and reduce waste in the processes, and to increase efficiency. This improvement work has been presented to the Adult Board and can be made available to Members.
38. The Improvement work focussed on 3 areas: the administration process, the Best Interests Assessor process and the care management reviews.
39. The administration work focussed on the work of the administration team. It identified processes to make the work more streamlined, reducing waste in the system. The work supports the central administration model, which is in line with the Mental Health Act office in a Mental Health Trust.
40. The Best Interest Assessor process focussed on the time it takes an assessor to complete an assessment. This process was streamlined reducing the amount of time it takes for an assessment to be completed.
41. The improvement work looked at the 3 monthly care management reviews which are carried out by care managers. This work identified that the process could be transferred to the managing authorities, reducing the requirement for care management reviews.
42. A Lean Review of the overall DoLS Function was completed in August/September. It was identified that the improvement work completed to date had addressed a number of areas and resulted in the processes being as efficient as possible.
43. There is a significant cost associated with the commissioning of individual DoLS Mental Capacity, Mental Health and Eligibility assessments, which must be completed by a Section 12 (of the Mental Health Act) approved doctor. Initial discussions have been held with Tees Esk & Wear Valleys NHS Foundation Trust (TEWV NHS FT) to consider the options for the commissioning of Section 12 doctors for the completion of these assessments. A direct employment arrangement was identified as a potential option. Based on current levels of activity, this was identified as potentially being more cost-effective than the current arrangements, but the significant risks associated with attracting professionals to apply for the posts, and to ensure continuity of service, would need to be explored.
44. Further work will be undertaken to consider the options available to commission the Section 12 doctor contribution.

45. It is recognised that consideration should be given to the potential to introduce technology to reduce face-to-face contacts and/or enhance the assessment process. This may include the use of Skype/Face Time and electronic Tablets by DoLS Best Interests and Mental Health Assessors.

46. Next Steps

- The operational plan will continue to be implemented and monitored.
- Improvement work will be undertaken with a focus on Section12 doctor and other direct costs.
- Quality Assurance of the whole process will continue to be monitored through the MCA DoLS Steering Group and Adult Care Management Team.
- Tees-wide Safeguarding Adults Board and Local Safeguarding Children's Board reporting will be undertaken as appropriate.

COMMUNITY IMPACT IMPLICATIONS

1. The implementation of the DoLS will have an impact on the following:

Residents of Stockton-on-Tees in hospital or care homes who lack the capacity to consent to the arrangements made for their care and treatment and:

- who are aged 18 or over
- who have a mental disorder
- for whom a deprivation of liberty may be necessary in their best interests to protect them from harm
- who meet the eligibility criteria
- where no-one with the authority to refuse/object to the proposed care and treatment is doing so

Potential barriers to the DoLS

2. Potential barriers have been identified in respect of completion of assessments within the managed approach. However, this work is expected to be completed by December 2016, and all subsequent assessments would then be progressed within ongoing workloads.
3. Managing authorities have the responsibility for instigating the DoLS process, and non-identification of the need for the use of DoLS to protect residents may present a barrier. However, this is mitigated through the requirement of MCA and DoLS training by providers, the provision of regular information/update sessions for managing authorities, and involvement of social care professionals to identify and alert to clients who need to be considered within the DoLS.

Minimising impact

4. The following measures will continue to be implemented to minimise impact:

- Continued working with managing authorities to ensure application for DoL on equitable basis for all who need the protection of the DoLS.
- Processing applications with the statutory timescales, and ensuring that there are no gaps in between authorisations.
- Involving relatives in the assessment process.
- Provision of advocacy.
- Assessors being completed at appropriate times.
- Access to a range of assessors and DoLS signatories with a range of health and social care specialties.

FINANCIAL IMPLICATIONS

1. The DoLS budget is currently funded through one year Corporate funding of £546k as well as social care funding of £76k. Funding for the implementation of the DoLS function has been agreed until 31.3.2017. Expenditure in 2016-17 is projected to exceed the budget by £298k.
2. As a result of the improvement work completed to ensure lean processes, potential savings have been identified to reduce the cost of the DoLS function. A future resource requirement of £471, 300 has been identified for consideration as part of the Medium Term Financial Plan. As some of the savings will not be realised until 2018-19, a further £281,000 is required for 2017-18 and will also need to be considered in the medium term financial plan. Work will continue to identify efficiencies and savings. The resource requirement is detailed at **Appendix 3**.

LEGAL IMPLICATIONS

1. It is a legal requirement for the Council to adopt the 'acid test' for Deprivation of Liberty following the Supreme Court Judgment.
2. The outcome of the Law Commission consultation and the resulting draft Bill are awaited.
3. The relevant Case Law has been referenced in the main body of this report.

RISK ASSESSMENT

An entry to the Corporate Risk Register has been made with respect to DoLS.

COUNCIL PLAN POLICY PRINCIPLES AND PRIORITIES

Policy Principles:

- Protecting the vulnerable through targeted intervention
- The implementation of the DoLS will have a positive on the delivery of services for vulnerable client groups through the completion of an independent assessment in relation to the person's best interests, ensuring that equality issues are addressed.
- **Promoting equality of opportunity through targeted intervention**
The Council's approach in response to the Supreme Court ruling has been targeted to ensure that those people who were at greatest risk and therefore in the greatest need of the safeguards. Managing authorities have continued to submit new requests for authorisation of deprivation of liberty where there has been a new (unplanned) admission, or where the person's situation has changed and risk has increased. Managing authorities are required to ensure that staff members complete MCA and DoLS training. Additional information and update sessions are provided by the DoLS Team, and the involvement of social care professionals to identify and alert managing authorities to clients who need to be considered within the DoLS mitigate the potential barriers and promote equality of consideration within the safeguards.

CORPORATE PARENTING IMPLICATIONS

This report does not contain any corporate parenting implications.

CONSULTATION INCLUDING WARD/COUNCILLORS

This is not a ward-specific issue

Name of Contact Officer: Liz Hanley
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Ward(s) and Ward Councillors: Not applicable

Not applicable.

SUMMARY OF THE LAW COMMISSION INTERIM STATEMENT ON THE MCA AND DOLS

- The DoLS were not designed to deal with the increased numbers of people considered to be deprived of liberty following Cheshire West, and there is a compelling case for replacing them.

There is the need to reduce the administrative burden and associated costs with the current system through the introduction of a new, simplified, scheme to provide appropriate and proportionate safeguards to those deprived of liberty in a way that is meaningful to the relevant person and their family. This would apply to any setting where a deprivation of liberty for the purposes of article 5 of the ECHR may occur, including hospitals, care homes, supported living and shared lives accommodation, and domestic and private settings.

Implications for the Council: The transition to a new system will have a large-scale impact on working practices across the system. Eligibility for the safeguards would be in line with the Mental Capacity Act thresholds, meaning that more people could be considered within the safeguards than are currently.

- The responsibility for establishing the case for DoL should shift from the care provider to the commissioning authority (such as the NHS or local authority) arranging the care or treatment.

Implications for the Council: The workforce would need further training in identifying when a DOL may be occurring. This is the responsibility of the local authority and therefore any local authority staff attending care homes would have this duty, not just the social workers visiting the care homes. The local authority would be accountable for any clients who were being deprived without the correct authorisation.

- All those deprived of liberty would be eligible for safeguards to secure the protection of their rights under 5 of the European Human Rights Convention (ECHR), including comprehensive rights to advocacy to represent their views and wishes.

Implications for the Council: At least the current identified advocacy resource would be necessary should this proposal be implemented, with the need for additional advocacy provision extremely likely. This is due to the greater number of people to be considered within the safeguards.

- Amendments to the Mental Capacity Act need to seek to maintain as much as possible Article 8 protections (the right to private and family life), primarily in relation to consideration of living arrangements and also giving greater priority to the person's wishes and feelings. The consultation document also highlighted the need for consideration to be given to whether individuals at greater risk infringement of their rights (particularly Article 8 rights) should receive additional, independent oversight by an Approved Mental Capacity Professional (AMCP). The role of the Approved Mental Capacity Professional (suggested in the consultation as a replacement of the current Best Interests Assessor) in this case, would be to agree or not to the proposed DoL.

Implications for the Council: The Law Commission states that there is a "...strong case for ensuring the approval and monitoring of education and training programmes leading to the qualifying award and continuing professional development..." of the ACMP role. Dedicated resource to meet the demands of the role will continue to be required, and the training and workforce development plans for social worker progression would support the workforce to deal with the pressures in the longer term.

- The Coroners and Justice Act 2009 should be amended to remove the proposed scheme from the definition of state detention.

Implications for the Council: no immediate implications foreseen.

- A position is yet to be reached on whether the Court of Protection role should be replaced by a First-Tier tribunal system (as exists for the Mental Health Act).

Implications for the Council: Access to the Court of Protection in respect of the DoLS is currently limited (the Law Commission cite a CQC report which states that only around one in 40 cases currently reach the Court of Protection). A tribunal system would be more flexible in nature than the current process. The main purpose of the tribunal would be to decide, simply whether, at the time of the hearing, the patient concerned should remain subject to the Deprivation of Liberty. Proceedings could take place without the involvement of the Official Solicitor, and within a specified timeframe. As with challenges to the Court of Protection, legal aid would be available to fund legal advice and representation. The relative lack of formality, the ability for the tribunal to deal directly with the person deprived of liberty and their families is likely to result in an increased number of challenges, creating workload pressures in respect of preparing reports and attendance at Tribunals.

- The new scheme requires a more positive name than the Deprivation of Liberty Safeguards.

Implications for the Council: no immediate implications foreseen.

DoLS Activity	2013/2014 (Full Year)	2014/2015 (Full Year)	2015/2016 (Full Year)	2016/2017 (as at 03.10.2016)
Number of applications for authorisation of DoL received	46	742	1699	1104
Number of further standard authorisations ("renewals")	-	133	543	369
Number of authorisations within the standard managed process (resulting from the Supreme Court Ruling)	-	344	100	156

Projected Estimated DoLS Activity	Additional authorisation requests to 31.3.2017	2017/2018 (Full Year)	Additional Information
Urgent authorisations and Standard Authorisations	430	1200	Projection is based on activity levels to date. There are 18 SBC BIAs currently active on the rota who are able to complete up to 8 BIA assessments weekly. Outstanding assessments must therefore be allocated to independent BIAs. Additional BIAs on this rota will increase capacity for more assessments to be completed "in-house",
Further standard authorisations "renewals"	550	900	Projection is based on activity levels to date, and assuming that approximately 80% of authorisations will require a further standard authorisation. Currently completed by dedicated BIA resource, with the remainder completed by independent BIAs.
Standard managed process (resulting from the Supreme Court Ruling)	65	0	Expected to be completed by the end of December 2016

APPENDIX 3

DoLS Current Resource	Cost	Rationale	Substantive funding	Additional 1 year funding	Further work	Potential further savings
Staffing costs	£373,000	Administration team to continue providing support to maintain and manage the DoLS process. 2 WTE Best Interest Assessors to complete assessments	£206,000			
Mental Health Assessors	£292,000	To continue with Mental Health Assessments to ensure that the assessments are carried out within the legal timescales. Equivalent assessments will be used wherever practical	£134,000	£133,000	Further work will be undertaken to look at models of delivery for mental health assessors.	unknown
Best interests Assessors	£239,000	Best Interests Assessors will continue to be commissioned to complete assessment within the legal time scales	£106,000	£133,000	Further work will be completed alongside HR to ensure that BIA is an essential part of the job description. This will reduce the need to commission independent assessors although there will always be some demand for this due to requiring independent assessors in council placements	£133,000
Relevant Persons' representatives	£17,000	RPRs are required to support the client if they have no-one willing or able to represent them	£17,000			
Court of Protection applications/legal fees	£11,000	These are required for all challenges which need to go to CoP for a decision	£11,000			
Signatory time	£15,000	An independent signatory is currently used to support the service managers who are carrying out this role.		£15,000	Further work will be completed to look at team managers taking on the signatory role	15,000
Misc Cost	£2,000	This is to support the costs of postage, ICT, stationery used by the team. Savings have been identified through work completed by the team	£1,300			
IMCA costs	£39,000	IMCAs are used to support clients who have no-one else willing or able to support them through the assessment process	£39,000			
IMHA costs	£33,000	IMHAs are used to support clients who have no-one else willing or able to support them through the assessment process	£33,000			
TOTAL	£1,021,000		£547,300	£281,000		
Funding Currently available from current resources			£76,000			
Funding Required for 2017/2018			£471,300	£281,000		