**Current position**

Our work plan in April 2015 was to focus on prioritised applications as well as to build in some capacity for regular assessment work on non-priority referrals. We are pleased to have completed assessments and issued outcomes on the majority of applications outstanding from 2014-15, the first year following the Supreme Court judgement.

In the absence of further funding from the Department of Health this year, we are no longer able to process non-prioritised applications. We will continue to screen all applications on a daily basis, using the ADASS screening tool. Re-applications will be screened in the same way as new applications. The absence of government funding means that there will be a longer waiting time period before a prioritised referral is being assessed.

We are receiving 400-450 applications per month and prioritising on average 35-40% of all applications, resulting in approximately 150 applications per month being instructed for assessors and processed for outcomes.

**Screening and prioritising**

Like other local authorities, we use the ADASS screening tool (see below) in order to determine whether a referral should be prioritised for assessments. The tool sets out the criteria most commonly applied which indicates that an urgent response may be needed so as to safeguard the individual concerned. Each of the criteria is not weighted and we take all individual circumstances of the case in considering prioritisation, in order to focus our limited resources on the most vulnerable people. **The criteria are used as an indicative guide only as it will generally be based on information provided by the Managing Authority in the application and each case must be judged on its own facts.** We also take into account other protective factors, e.g. whether there are friends and families, Lasting Powers of Attorneys or Deputies with decision making authority, case managers and/or other professionals already involved in the care of the relevant person.

|  |  |  |
| --- | --- | --- |
| **High** | **Medium** | **Low** |
| Psychiatric or acute hospital and not free to leave  Continuous 1:1 care during the day and/or night  Sedation / medication used frequently to control behaviour  Physical restraint used regularly – equipment or persons  Restrictions on family/friend contact (or other Article 8 issue)  Objections from relevant person (verbal or physical)  Objections from family/friends  Attempts to leave  Confinement to a particular part of the establishment for considerable period of time  New or unstable placement  Possible challenge to Court of Protection, or complaint  Already subject to DOL about to expire | Asking to leave but not consistently  Not making any active attempts to leave  Appears to be unsettled some of the time  Restraint or medication used infrequently  Appears to meet some but not all aspects of the acid test | Minimal evidence of control and supervision  No specific restraints or restrictions being used e.g.in a care home not objecting, no additional restrictions in place  Have been living in the care home for some time (at least a year)  Settled placement in care home/ hospital placement, no evidence of objection etc but may meet the requirements of the acid test  End of life situations, intensive care situations which may meet the acid test but there will be no benefit to the person from the Safeguards |

**Working in partnership**

We rely on working in partnership with all Managing Authorities in order to safeguard our most vulnerable service users. **The effectiveness of our work in screening, prioritising and allocating referrals largely depends on the quality of up-to-date information we receive from the individual Managing Authority regarding the relevant person. Please provide as much relevant information as possible when you make an application, and ensure you call or email to inform us immediately if there is a change of circumstances for the relevant person for whom you have already made an application.**

Whilst working with you to process the increasing numbers of applications, we want to highlight our position that we would not discourage Managing Authorities from making DOLS applications. If you believe that a person is or will be deprived of their liberty, you must make an application. We do encourage **applications to be made on a case-by-case basis, following consideration of the person’s mental capacity and best interests, in compliance with MCA**.

We will be undertaking regular data cleansing exercises by contacting you to check whether the relevant person is still in your care. Please do not wait for us to contact you but **notify the MCA DOLS Service in writing by email as soon as the relevant person has moved or passed away**.

**Back to basics**

If your application has not already been processed, continue to comply with the Mental Capacity Act, **consider mental capacity on a decision specific and time specific basis, act in the person’s best interests and make every attempt to provide care/treatment in the least restrictive way**, as supported by relevant care plans and risk assessments subject to reviews.

It is important to highlight that **a DOLS authorisation does not authorise care and treatment**, so a relevant person under a DOLS authorisation should not be cared for differently from someone whose application has not been prioritised and therefore an outcome not issued. All care and treatment decisions must be underpinned at all times by the principles of MCA.

**Annie Ho, MCA DOLS Manager**

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