

#### Department of Health

# Deprivation of Liberty Safeguards (DoLS)

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### **Deprivation of Liberty Safeguards (DoLS)**

#### March 2014 Cheshire West Judgment

"Acid test":

Individual is deprived of their liberty if they

- Lack capacity to consent to arrangements
- Under continuous control & supervision
- Not free to leave

Lack of objection/ compliance, "relative normality" irrelevant: "gilded cage still a cage"

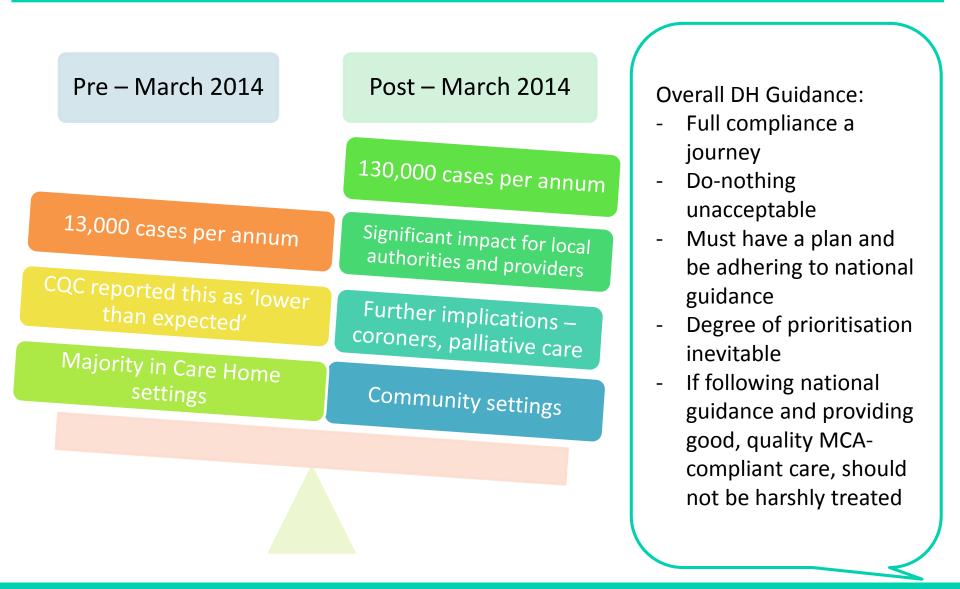
Such a DoL must be authorised through DoLS or the Court of Protection (or through Mental Health Act if approriate)



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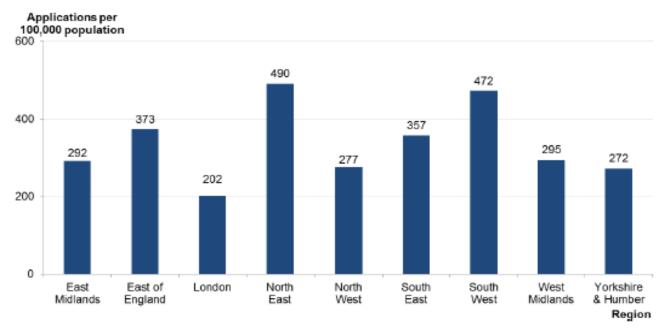


Palliative Care	<ul> <li>In last few days/ weeks of life, consent before losing capacity can be taken to be consent to the conditions of care (providing no subsequent major change)</li> </ul>
Coroners DoLS	<ul> <li>This is not, for families, a death in "state detention" and so professionals should act appropriately. Working with police, providers, GPs to ensure families are kept informed before the event - good communication absolutely key</li> </ul>
Eligibility	<ul> <li>All of this only applies to those who have a mental disorder, lack the specific capacity to consent the accommodation and who meet the acid test. [NB. Unconsciousness in itself not a mental disorder]</li> </ul>

# **DoLS – Spreading best practice important**



#### Figure 1.2: Received DoLS applications per 100,000 by region, England, 2014-15



Source: Deprivation of Liberty Safeguards (DoLS) data collections for 2014-15 Population data source: Office for National Statistics - 2014 mid-year population estimates Based on 137,540 applications Only includes applications received within the reporting year, where the date is a valid entry

Lots of helpful guidance materials including from Law Society, ADASS and DH. Easily found: <u>http://www.mentalcapacitylawandpolicy.org.uk/resources-2/cheshire-west-resources/</u>

### The future of DoLS – the challenge



Supreme Court judgment: tenfold increase in cases. DoL no longer rare

> Difficult fit in today's health and care system and with key priorities

Severe criticisms from Parliament: complexity of legislation and variability in use

The challenge: a system that delivers real benefits for individuals and their families (encourages their engagement), best use of health and care system funding, complements (does not duplicate) other safeguards in the health and care system



# Legislative Change?

Determined legislation should be considered in the round – "quick and dirty" changes may lead to more problems. Law Commission engaged as experts in law reform.

Law Commission has completed its public consultation. Achieved enthusiastic engagement. Await their suggested reviews – provisional report spring 2016. Final report and draft legislation end December 2016.

Final decision lies with Government. If legislative change preferred, will need to identify Parliamentary time and subject it to debate and scrutiny.