Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments (England) - Third report on annual data, 2011/12

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Executive Summary

The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS), which came into force on 1 April 2009, provides a legal framework to ensure people are deprived of their liberty only when there is no other way to care for them or safely provide treatment. They were introduced as an amendment under the Mental Health Act 2007 but form part of the Mental Capacity Act.

Data is collected from Primary Care Trusts (PCTs) and Local Authorities (LAs), the organisations responsible for managing the process for authorising requests to deprive someone of their liberty in 2011/12. Requests from care homes are handled by LAs and requests from hospitals are handled by PCTs.

This third annual report provides information on uses of the legislation across the whole year from 1 April 2011 - 31 March 2012 in England. These data were collected on a quarterly basis and have previously been published in two earlier bi-annual publications released in December 2011 and June 2012[1].

This report also references the predicted figures included in the planning assumptions made by the Department of Health (DH) in their Impact Assessment, which was published in May 2008, prior to the introduction of the MCA DoLS legislation[2].

The information in this report will be useful to those responsible for implementing and monitoring the Safeguards as well as those individuals at risk of being deprived of their liberty and their families. It will also be useful to PCTs and LAs, who need to ensure that requests for authorisation for a deprivation of liberty are handled promptly and correctly and that resources are in place to do so.

The reference tables and supporting figures within the publication report refer to 'applications' and 'authorisations'. We have used the term 'application' to refer to the application process for deprivation of liberty to the supervisory body, and all figures quoted in this publication refer to applications which have been completed. We have used the term 'authorisation' to refer to the outcome of the request for authorisation, by the supervisory body.

Key findings:

- There has been a year on year increase in the number of applications completed for Deprivation of Liberty Safeguards (DoLS) since the safeguards were first introduced in 2009/10. There were 11,393 applications in 2011/12, which represents a 27% increase on the 8,982 in 2010/11 and a 59% increase on the 7,157 applications in 2009/10 (the first year of the new safeguards).

  This pattern of rising applications is contrary to predictions that applications would fall at a constant rate between 2009/10 and 2015/16[2].

[1] A few organisations have since updated their figures and therefore the annual figures published in this report may be slightly different to the sum of the bi-annual figures. Please see the data quality and methodology statement published alongside this report.

[2] Impact Assessment of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards to accompany the Code of Practice and regulations : http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_084982

- The number of people subject to a standard authorisation at the end of the quarter had increased each quarter since the safeguards were introduced, from 536 at the end of June 2009 to 1,976 at the end of December 2011. However, between the end of December 2011 and March 2012 the numbers decreased by 16%, the first fall in numbers seen.

- Over half (56% or 6,343) of the DoLS authorisations completed in 2011/12 were granted. This is a similar proportion to the 55% (4,951) granted in 2010/11, but higher than the 46% (3,297) authorised 2009/10.

- Dementia accounted for 53% of all applications and this is reflected in the age profile of people who are the subject of DoLS applications.

- 58% of applications relate to people over 74 and the population based rate of applications is much higher for over 74s and over 84s. For the over 84s the application rate is 25 in 10,000, This compares to 12 in 10,000 for 75-84 year olds, 3 in 10,000 for 65-74 year olds and just 1 in 10,000 for 18-64 year olds (working age adults).

- There are wide variations in population based application rates by region. The East Midlands has the highest rate of applications, at 51 per 100,000 whilst London had the lowest rate at just 17 per 100,000. These compare to a rate for England as a whole of 28 per 100,000.

Introduction

The Deprivation of Liberty Safeguards (DoLS), which were introduced as amendments to the Mental Capacity Act 2005 on 1 April 2009, are designed to protect vulnerable people against overly restrictive care while they are in hospitals or care homes.

This third annual report on DoLs uses data provided every three months by Primary Care Trusts (PCTs) and Local Authorities (LAs), the organisations responsible for managing the process for authorising requests to deprive someone of their liberty in 2011/12. Requests from care homes are handled by LAs and requests from hospitals are handled by PCTs.

This report draws on data published earlier this year, covering four quarters data for the year 2011-12 to provide analysis of the whole year's data, as well as a commentary on what the statistics show for the third year since implementation of the new legislation. Appendix A lists the analyses of the whole year's data which provides the information for this report. These tables are provided in an accompanying Excel spreadsheet. Information about the process to deprive someone of their liberty can be found in Appendix B.

Where population based rates are calculated these are produced using the latest population figures available which incorporate the relevant demographic breakdown. Mid 2010 estimates are used to calculate rates by age, gender and region. 2009 population estimates are used to calculate rates by ethnic group. The population figures used in this report are the same as the population figures used in last year 2010/11 report, because these are still the latest available with the demographic breakdowns required.

The information in this report will be of interest not only to those charged with implementing and monitoring the new safeguards, but also to individuals who are at risk of being deprived of their liberty and their families. Information about the number of assessments and characteristics of people for whom applications were made will also be of interest to PCTs and LAs, who have to ensure that requests for authorisation for a deprivation of liberty are handled promptly and correctly and that resources are in place to do so.

Before any new legislation is introduced an impact assessment is undertaken, which in this instance includes estimating how many people will be affected and how many applications will need to be assessed. This report has used this analysis to show the comparison of actual to planned volumes of activity.

Background information about the implementation of the Deprivation of Liberty Safeguards

In 2008 the then Government's impact assessment (see Appendix A) for the new legislation included an estimate that approximately half a million people in England were living in institutions and lacked capacity to consent to the arrangements for their care or treatment. These are considered to be the group potentially at risk of being deprived of their liberty.

Within this population by far the largest group is thought to be people with dementia. However it also includes people with severe learning disabilities and people with a mental disorder who lack capacity, as well as others who lack capacity, for example because of acquired brain injury. The Department of Health (DH) estimated that approximately 1 in 10 of the group at risk might be subject to a degree of restriction, to protect them from harm, and in some cases these restrictions might constitute a deprivation of liberty. A combination of factors, such as being constantly subject to one to one

supervision or being prevented from taking trips out with friends and relatives could add up to a deprivation of liberty.

The number of likely applications for assessment to see if a person's situation constituted a deprivation of liberty was considered to be largely dependent on the judgment of individual hospital and care home managers and on how they assessed the distinction between a restriction of someone's liberty and a deprivation of liberty. It seemed unlikely that applications for authorising a deprivation of liberty would be made for the entire 'at risk' population of people in institutions.

On the basis of consultation with interested parties the DH estimated that there would be about 21,000 applications in the first year in England and Wales resulting in fewer than 5,000 authorisations. They estimated that the number of applications would drop to 6,600 in 2015/16 and that the number of applications between these years would diminish at a constant rate. They also estimated that the applications would be split 80/20 between LAs and PCTs, because more of the at risk population were in care homes than in hospital. They also anticipated that more applications would be made for women than for men because there are more women than men in the 75 and over age group and older people were more likely to be 'at risk' because of dementia[2].

Data Quality Issues

Whilst data coverage was good (all organisations expected to submit data did so), the current process by which organisations are permitted to submit revisions to their data throughout the reporting year up to a stated closing date caused a few issues. Some organisations provided revisions to totals for data items without altering the underlying demographic breakdowns, one organisation provided a breakdown of disability figures which did not sum to the totals for authorisations granted and not granted, and other organisations submitted their final revisions too late to include in our figures for publication. Further details are published in the data quality statement which is published alongside this report.

Users should therefore bear in mind that figures published within the two biannual reports may not total to those in the annual report and should refer to the accompanying data quality statement when using these data.

We were made aware of some revisions to quarter 3 (September – December 2011) figures by a number of organisations, but notice of these was received too late to include in the published figures. We, therefore wish to make users aware that some published total values differ from these late corrections. Details are provided in the data quality statement accompanying this report and should be consulted when using these figures. We were only provided with corrections for total values and therefore the true figures in the breakdowns of numbers granted (e.g. by age, gender etc.) will differ from the published values.

Terminology

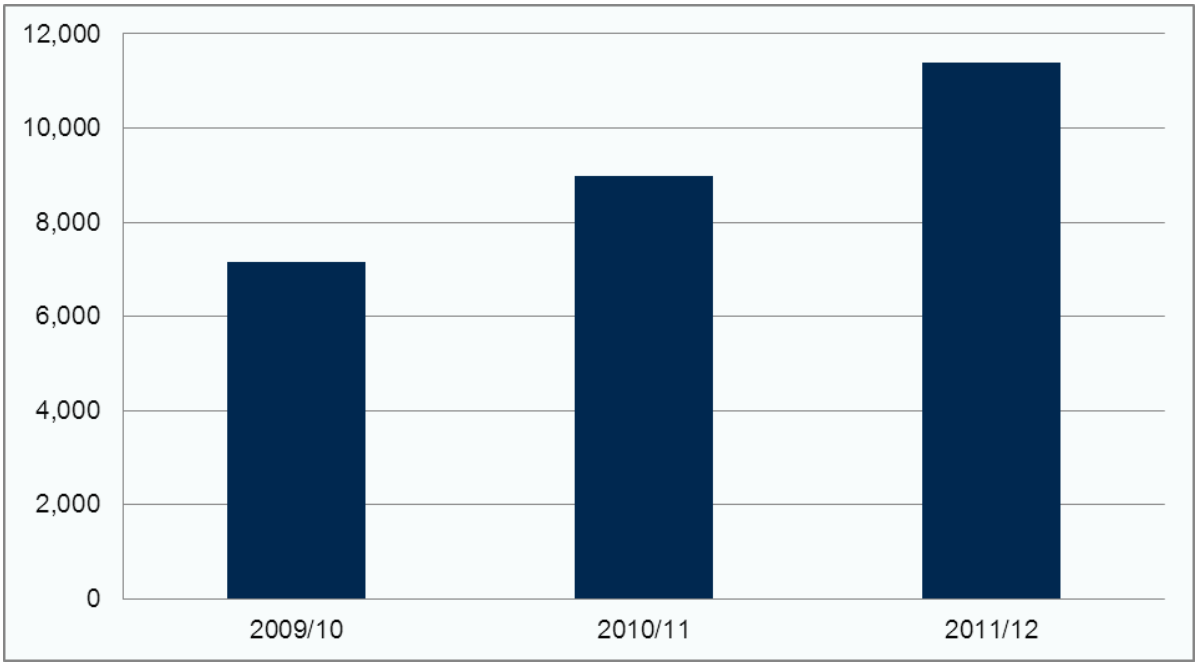
The reference tables and supporting figures within the publication report refer to 'applications' and 'authorisations'. We have used the term 'application' to refer to the application process for deprivation of liberty to the supervisory body, and all figures quoted in this publication refer to applications which have been completed. We have used the term 'authorisation' to refer to the outcome of the request for authorisation, by the supervisory body.

Commentary

Number of applications

Since DoLS safeguards were first introduced in 2009/10 there has been a year on year increase in the number of applications for DoLS authorisations which have been completed. There were 11,393 applications in 2011/12, which represents a 27% increase on the 8,982 in 2010/11 and a 59% increase on the 7,157 in 2009/10.

Figure 1: Total completed applications by year, 2009/10 - 2011/12

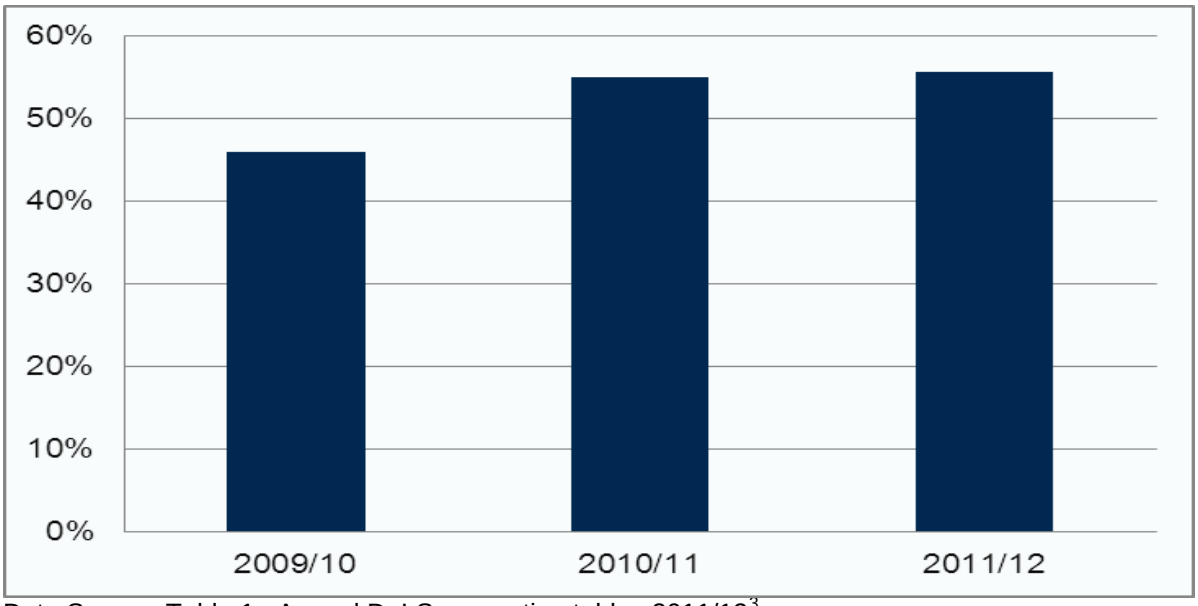


Data Source: Table 1a Annual DoLS supporting tables 2011/12

Outcome of assessments

Over half (56% or 6,343) of the DoLS authorisations completed in 2011/12 were granted. This is a similar proportion to the 55% (4,951) granted in 2010/11, but higher than the 46% (3,297) authorised 2009/10.

Figure 2: Proportion of authorisations granted, by year, 2009/10 - 2011/12



Data Source: Table 1a Annual DoLS supporting tables 2011/12[3]

Applications and the outcome of authorisations compared against predictions

The rise in DoLS applications, illustrated in figure 2 above, is contrary to the predictions outlined in the DH Impact Assessment, that the number of applications for England and Wales would diminish at a constant rate each year from 21,000 in 2009/10 to 6,600 2015/16[1]. Also the proportion of completed authorisations which are granted is much higher than the 25% predicted[2].

People subject to a standard authorisation at the end of the quarter (Snapshot)

The number of people subject to a standard authorisation at the end each quarter has increased each quarter since the DoLS were first introduced, with the exception of the last quarter of 2011/12. 1,667 people were subject to a standard authorisation at the end of March 2012 (a fall of 16%).This decrease follows a noticeable increase in the number of people subject to a standard authorisation at the end December 2011/12 (an increase of 17%).

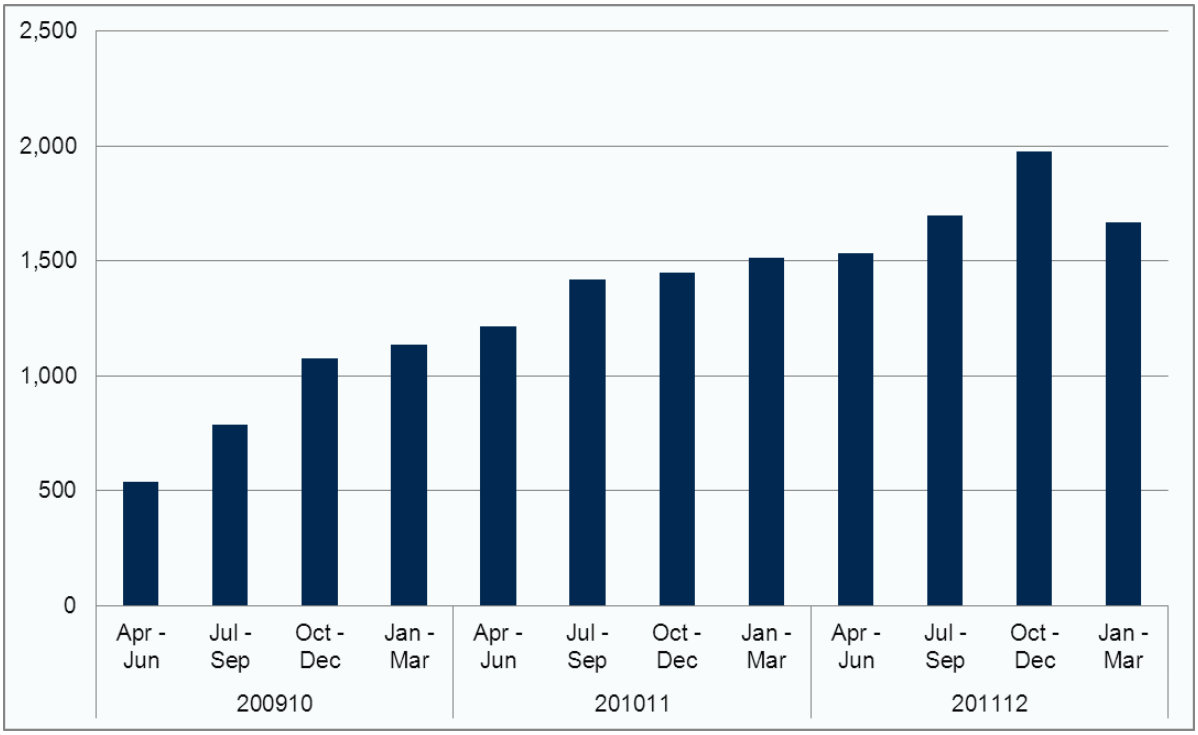
Table 1: The number and increase in people subject to a standard authorisation at the end of the quarter, 2009/10 - 2011/12

	200910				201011				201112			
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
England total	536	786	1,074	1,137	1,213	1,418	1,447	1,512	1,536	1,696	1,976	1,667
Increase on previous quarter		*46.6%*	*36.6%*	*5.9%*	*6.7%*	*16.9%*	*2.0%*	*4.5%*	*1.6%*	*10.4%*	*16.5%*	*-15.6%*

Data Source: Table 8 Annual DoLS supporting tables 2011/12

[3] Reference tables are published separately as an excel file and a list of these reference tables can be found in appendix A of this report.

Figure 3: The number of people subject to a standard authorisation at the end of the quarter, 2009/10 - 2011/12



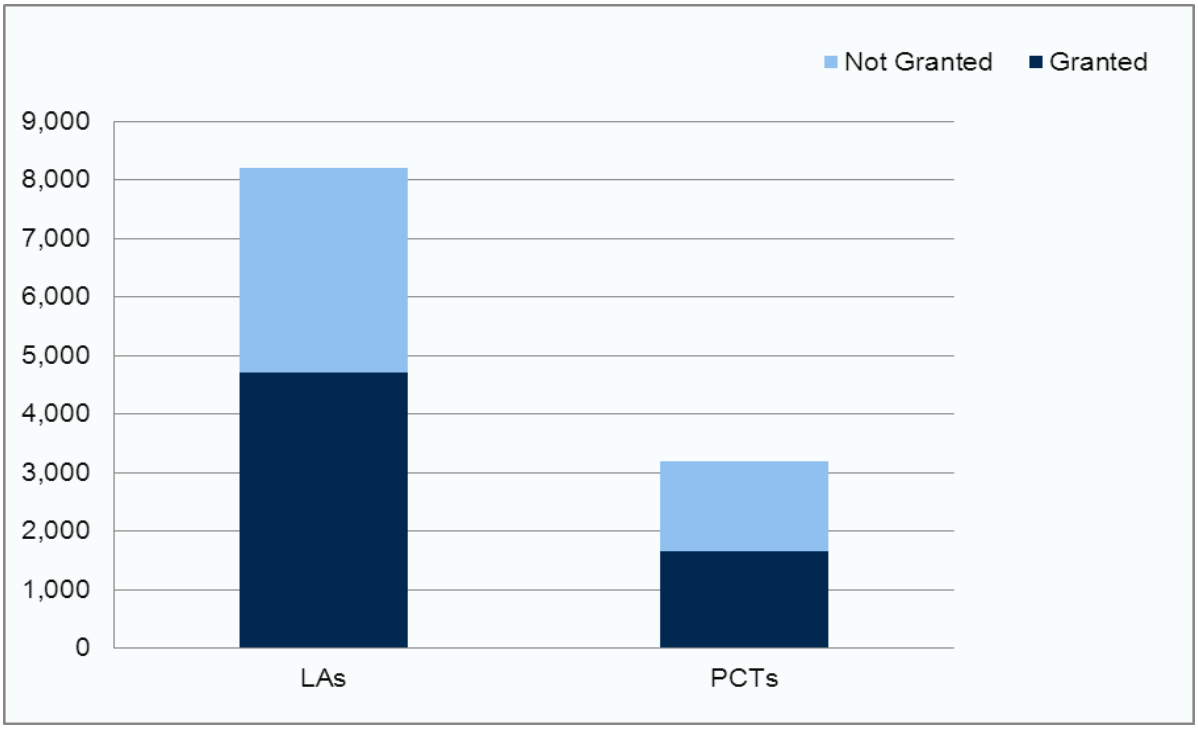
Data Source: Table 8 Annual DoLS supporting tables 2011/12

Applications and outcome by type of organisation

LAs completed a higher proportion of applications 72% (8,208) than PCTS who completed 28% (3,185).

They also granted a higher proportion of authorisations than PCTs, authorising 57% (4,697) compared to 52% (1,646). This suggests that someone in a care home is more likely to have a DoLS authorisation granted than someone in hospital.

Figure 4: Total authorisations granted and not granted, by type of organisation, 2011/12



Data Source: Table 1 Annual DoLS supporting tables 2011/12

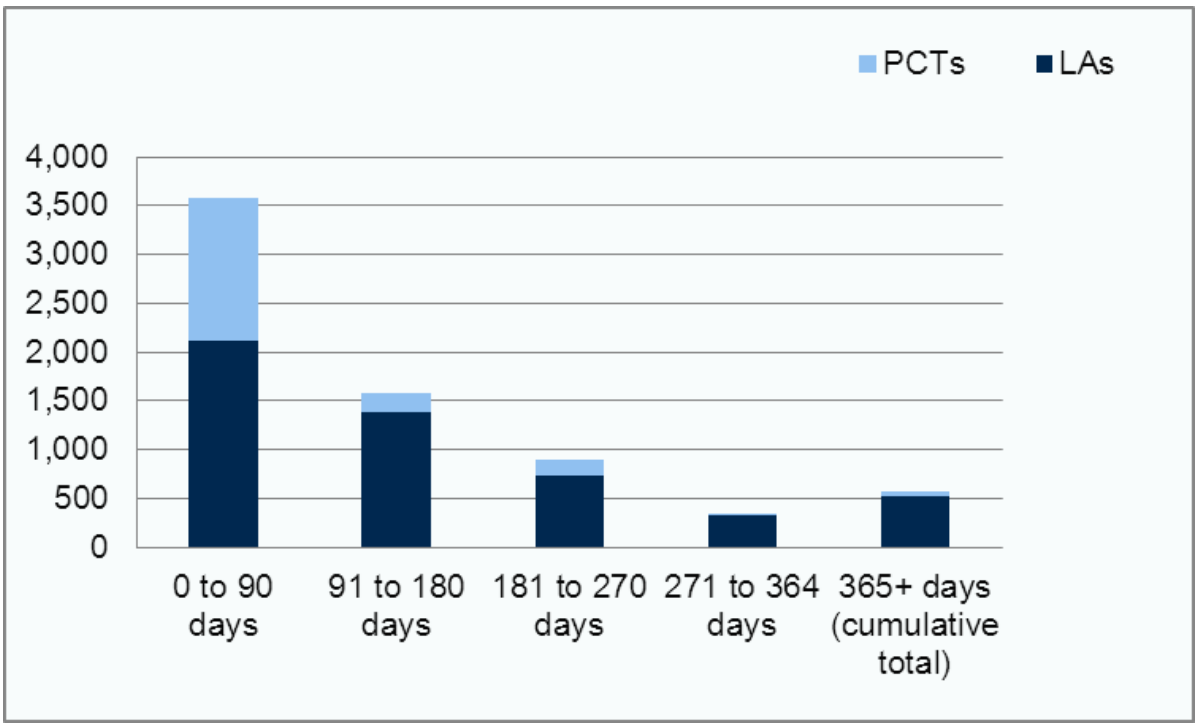
Length of Authorisation

About half (51%) of authorisations were granted for a period of between 0 and 90 days and less than one in ten (8%) were granted for over a year.

The length of authorisations, however, varies according to the type of organisation granting the authorisation. 77% of all PCT authorisations were for up to 90 days, but only 13% were for 181 days or more, of which 2% were for more than a year. This compares to LAs where just 42% of authorisations were for up to 90 days, 31% were for 181 days or more and of these 10% were for more than a year[4]. As suggested in the previous year's reports, this indicates that authorisations for people in care homes are generally likely to be for longer periods than for people in hospitals.

[4] The maximum length of an authorisation is twelve months. Where a full year's authorisation has ended and is followed up immediately with a new authorisation, managing authorities are instructed to record these as 365 days or more. This category also includes multiple shorter authorisations with a cumulative authorisation period of over one year.

Figure 5: Total number of authorisations granted by type of organisation, by length of authorisation, 2011/12

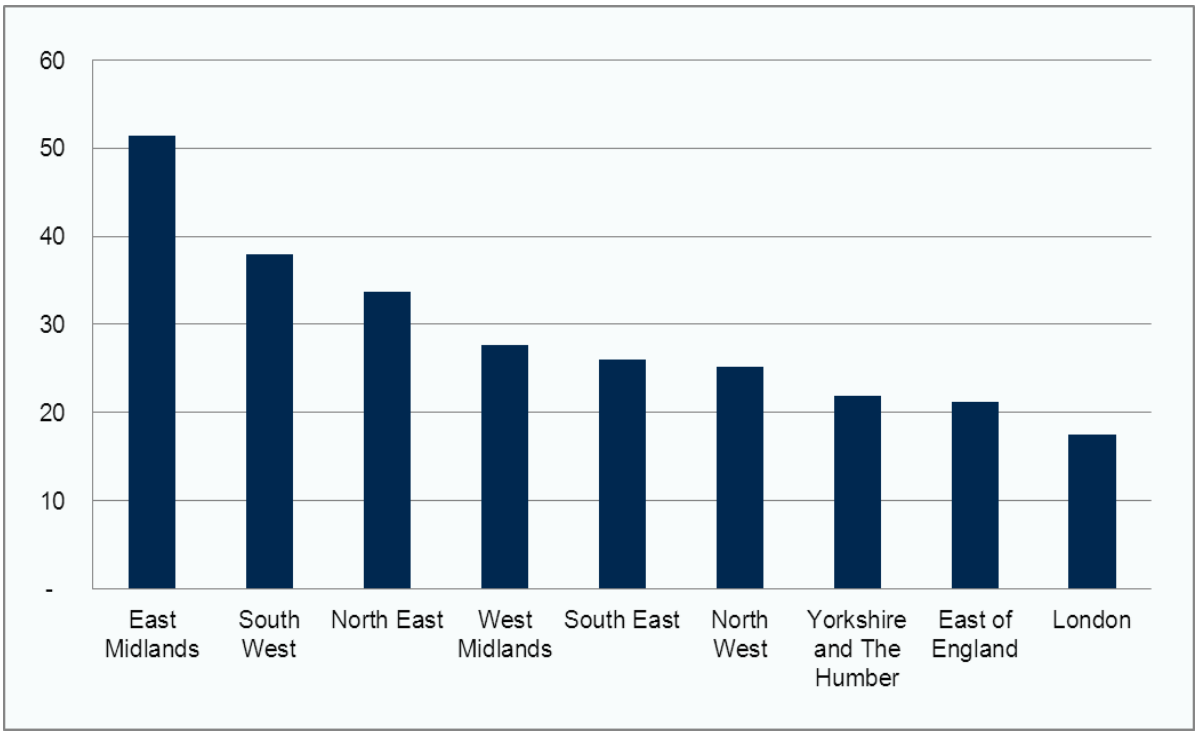


Data Source: Table 2 Annual DoLS supporting tables 2011/12

Regional Variations

There are wide regional variations in both the number of completed applications and the rate of applications per 100,000 of the population. The East Midlands accounted for 16% of all applications (1,825), whilst the North East accounted for just 6% of applications (703). When populations figures are taken into account the East Midlands still had the highest rate of applications at 51 per 100,000, whilst London had the lowest rate at just 17 per 100,000. These compare against a rate for England as a whole of 28 per 100,000.

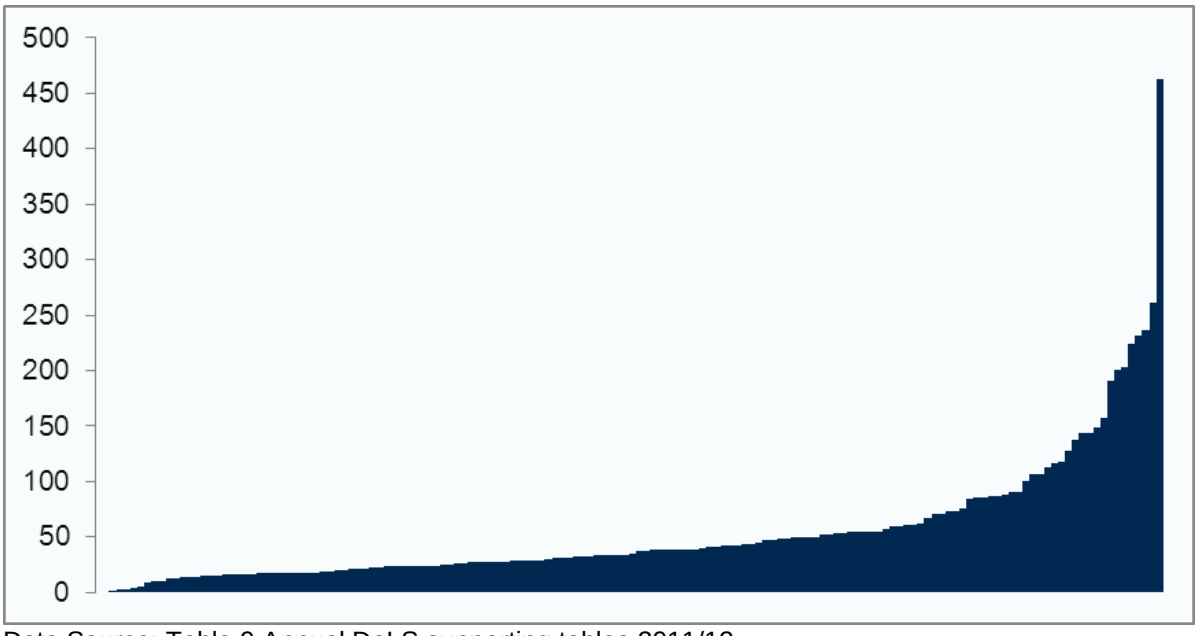
Figure 6: Rates of applications completed per 100,000, by region, 2011/12



Data Source: Table 3 Annual DoLS supporting tables 2011/12

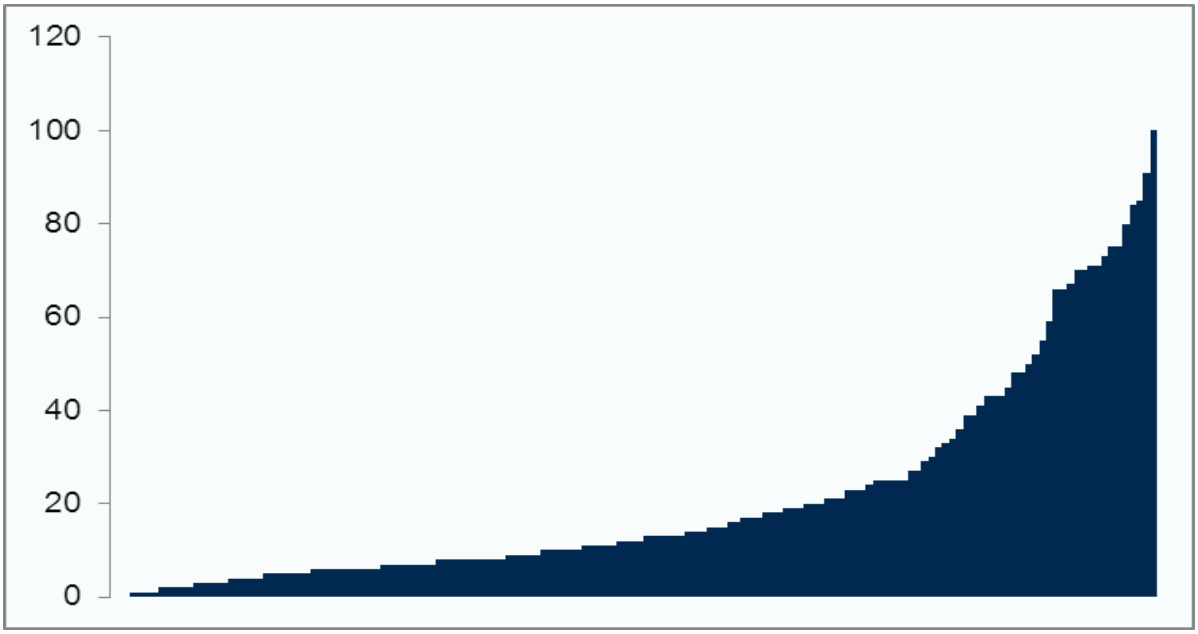
There are also very large variations in the number of applications completed at organisation level, as illustrated by figure 7 and figure 8 below. Over 50% of those applications completed by LAs were completed by just 18% of LAs and over 50% of those applications completed by PCTs were completed by just 17% of PCTs. The number of applications by LA range from 0 to from 463 (Leicestershire). The numbers by PCTs range from 0 to 100 (Mid Essex).

Figure 7: Total number of completed LA applications, by LA, 2011/12



Data Source: Table 9 Annual DoLS supporting tables 2011/12

Figure 8: Total number of completed PCT applications, by PCT, 2011/12



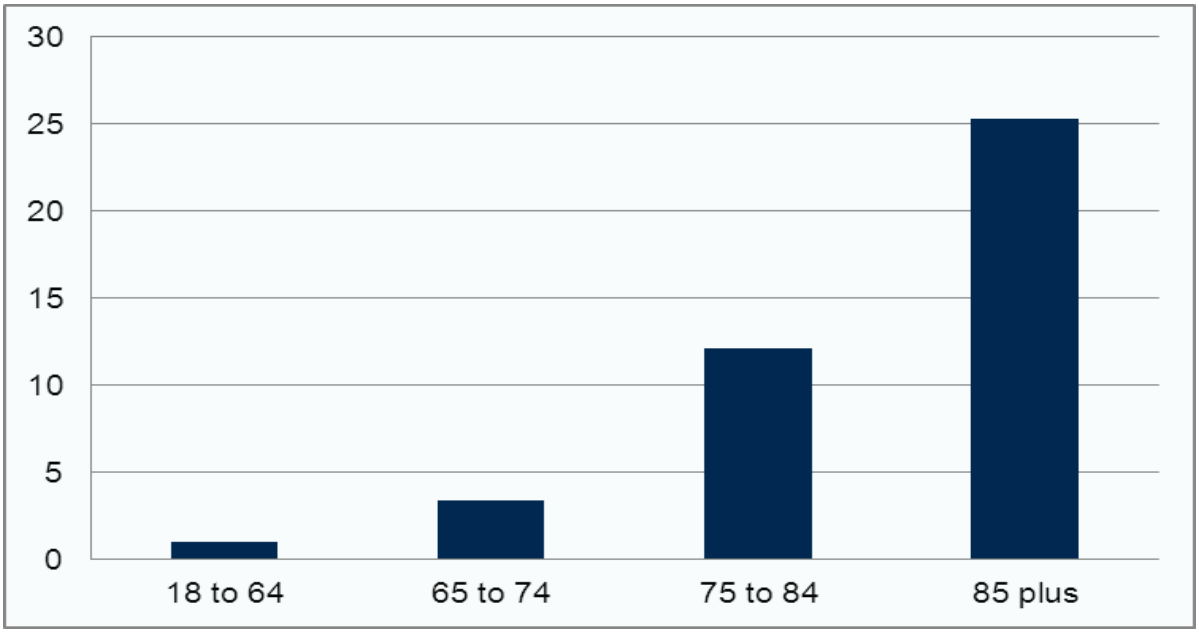
Data Source: Table 10 Annual DoLS supporting tables 2011/12

Applications by Age

Most applications (71%) were for people aged 65 or over, with 58% of all applications being for 75 or over and 27% being for people 85 or over.

When age related population figures are taken into account the rate of application per 10,000 people is about 25 for people aged 85 and over, compared to 12 in the 75-84 age category, 3 in the 65-74 age range, and just 1 for18-64 year olds (working age adults).

Figure 9: Rate of applications completed by 10,000, by age group, 2011/12

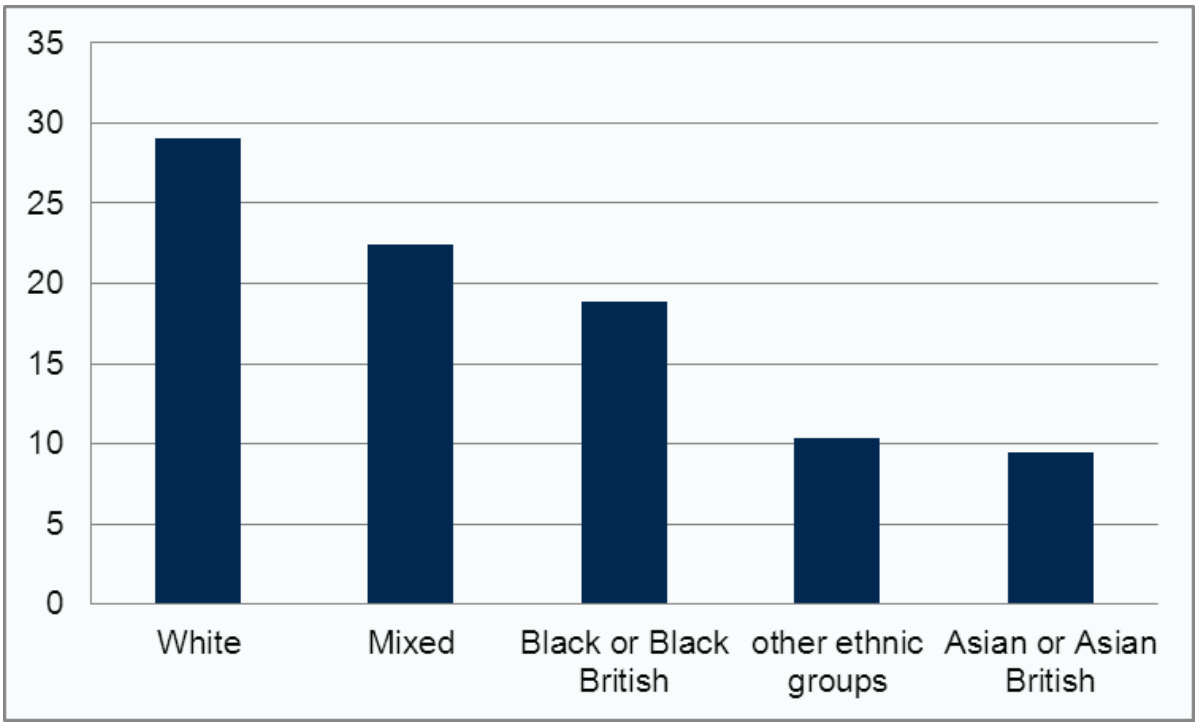


Data Source: Table 4 Annual DoLS supporting tables 2011/12

Applications by Ethnic Group

The differences in the rates of applications per 100,000 of the populations, based on population figures broken down ethnic category are shown in figure 10 below. The rates vary from 29 per 100,000 for those people categorised as White to 9 per 100,000 for those people categorised as Asian or Asian British.

Figure 10: Rate per 100,000 of applications completed by ethnic group, 2011/12

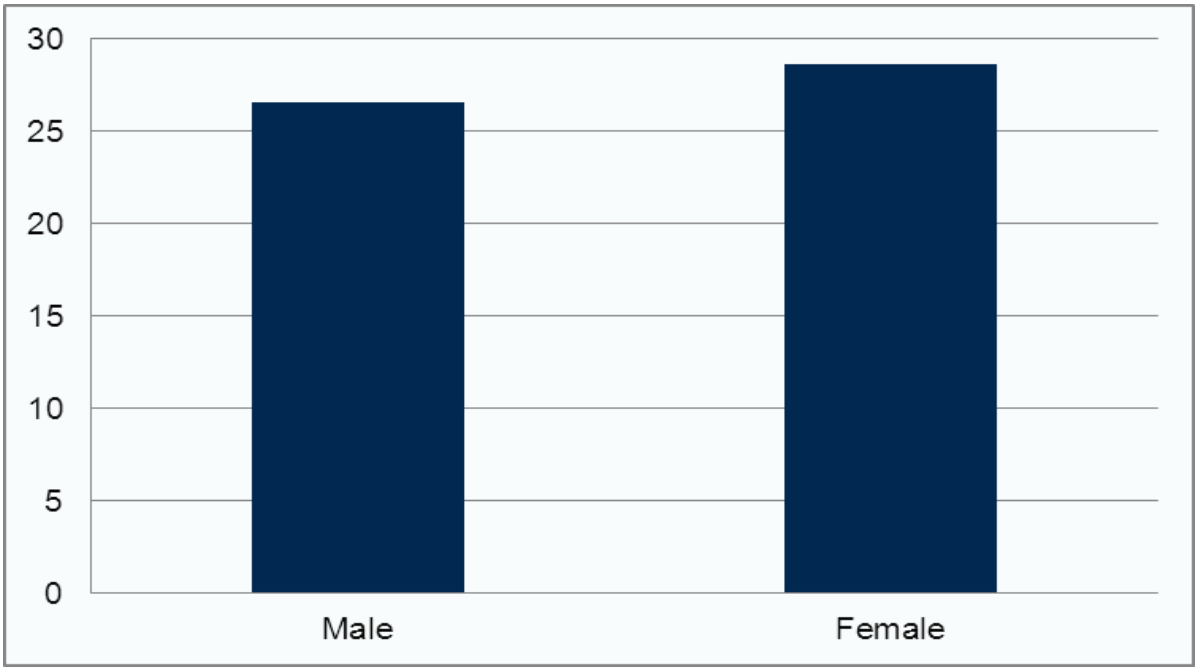


Data Source: Table 4 Annual DoLS supporting tables 2011/12

Applications by Gender

There were no big differences found in the number of completed applications for men and women, at 5,350 and 6,043 respectively, representing a rate per 100,000 of 27 for men and 29 for women.

Figure 11: Rates per 100,000 of applications completed by gender, 2011/12



Data Source: Table 4 Annual DoLS supporting tables 2011/12

Applications by disability

Mental health issues accounted for 67% of all applications. This figure includes dementia, which over half (53%) of all applications relate to.

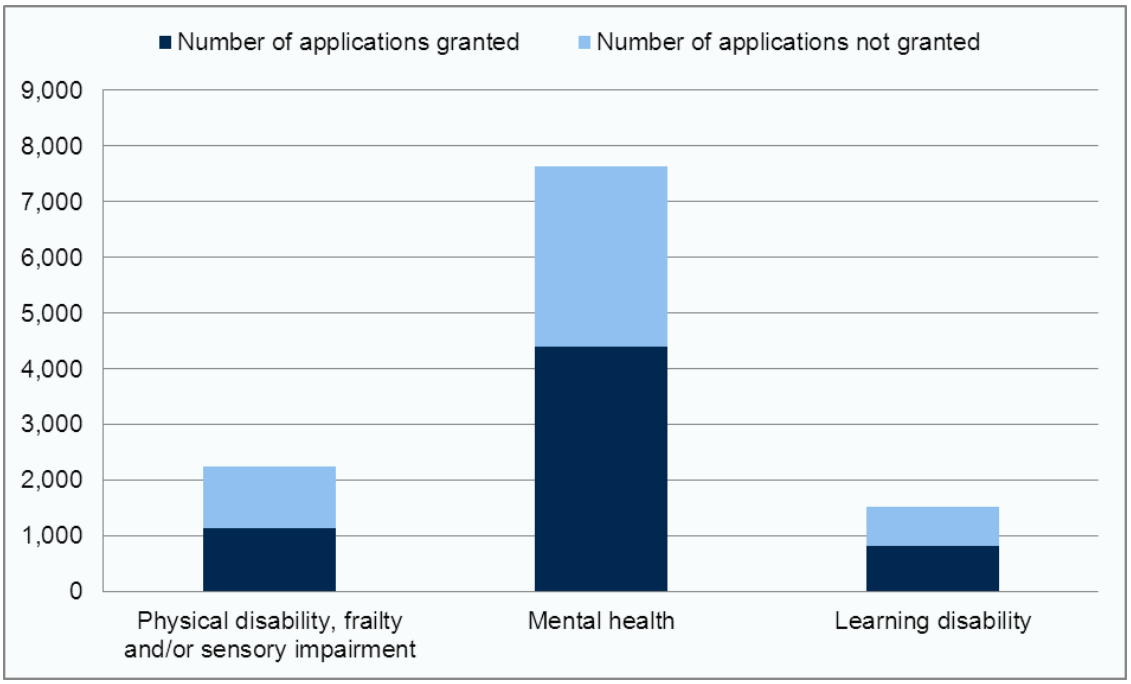
Table 2 and figure 12 illustrate the proportion of applications which were attributable to each main and sub category of primary disability and the proportion of applications in each category which were granted or not granted.

Table 2: Applications by outcome and disability, 2011/12

		Number of completed authorisations	As a % of all completed authorisations	Number of applications granted	% of applications granted	Number of applications not granted	% of applications not granted
England total		11,393		6,343	55.7%	5,050	44.3%
Physical disability, frailty and/or		2,242	19.7%	1,140	50.8%	1,102	49.2%
of which:	Physical disability, frailty and/or temporary illness	2,030	17.8%	1,012	49.9%	1,018	50.1%
	Hearing impairment	76	0.7%	47	61.8%	29	38.2%
	Visual impairment	110	1.0%	67	60.9%	43	39.1%
	Dual sensory loss	26	0.2%	14	53.8%	12	46.2%
Mental health		7,634	67.0%	4,388	57.5%	3,246	42.5%
of which:	Dementia	6,013	52.8%	3,546	59.0%	2,467	41.0%
Learning disability		1,513	13.3%	814	53.8%	699	46.2%

Data Source: Table 5 Annual DoLS supporting tables 2011/12

Figure 12: Applications by outcome, by disability, 2011/12



Data Source: Table 5 Annual DoLS supporting tables 2011/12

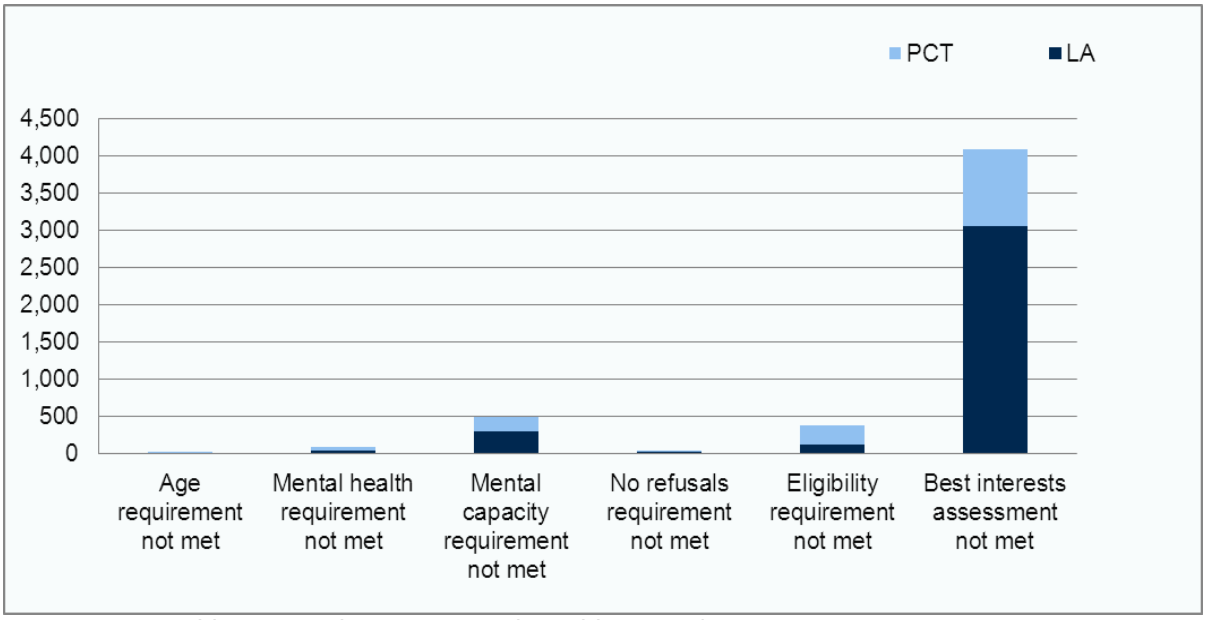
Differences can be seen in the proportion of applications that were granted, according to the primary disability. 62% of applications that related to hearing impairment were granted. This compares to 50% of applications relating to physical disability, frailty and/or temporary illness. However, these differences may not be statistically significant, since some of the numbers involved are small.

Reasons for not granting an authorisation

Most (81%) of those authorisations which were not granted, were not granted on the basis of best interests assessment not being met.

Figure 13 below shows the number of applications not granted, by reason for not granting the authorisation.

Figure 13: Reasons authorisations were not granted, by organisation type



Data Source: Table 6 Annual DoLS supporting tables 2011/12

Cases where best interests assessor advises deprivation of liberty is occurring

There were 93 instances where a DoLS authorisation had not been granted but a best interests assessor advised that a deprivation of liberty was occurring. 58 of these related to applications made to an LA and 35 related to applications made to a PCT.

Appendix A

List of Tables in the supporting Excel document and links to other supporting documents

The following tables can be found in the supporting Excel document which can be found here – http://www.ic.nhs.uk/pubs/mentalcapacity1112annual

Table 1:	Number of authorisation requests granted or not granted by type of organisation and region
Table 1a:	Total applications completed time series
Table 2:	Number of authorisations by length of authorisations (calendar days) and type of organisation
Table 3:	Number of authorisations granted or not granted by region and rates per 100,000
Table 4:	Number of authorisations granted or not granted by type of organisation and demographics (gender, age, ethnic origin, religion or belief and sexual orientation)
Table 4a:	Total applications completed by age - time series
Table 4b:	Number of authorisations granted or not granted by age, region and year
Table 4c:	Number of authorisations granted or not granted by gender and year
Table 4d:	Number of authorisations granted or not granted by gender, region and year
Table 4e:	Number of authorisations granted or not granted by gender, region and quarter
Table 5:	Number of authorisations granted or not granted by type of organisation and disability
Table 6:	Reason for not granting an authorisation and where best interests assessor advises deprivation of liberty is occurring
Table 7:	Number of standard authorisation assessments completed by quarter and by type of organisation
Table 7a:	Number of standard authorisation assessments completed by year and quarter
Table 7b:	Number of standard authorisation assessments completed by year, quarter and region
Table 8a:	Total number of people subject to a standard authorisation at the end of the period by type of organisation
Table 8b:	Total number of people subject to a standard authorisation at the end of the period by quarter
Table 8c:	Total number of people subject to a standard authorisation at end of year
Table 8d:	Total number of people subject to a standard authorisation at end of year and quarter
Table 8e:	Total number of people subject to a standard authorisation at end of year and quarter by region
Table 9:	Number of granted, not granted and total application by Local Authority
Table 10:	Number of granted, not granted and total application by Primary Care Trust

References and related publications

Impact Assessment of the Mental Capacity Act 2005 deprivation of liberty safeguards to accompany the Code of Practice and regulations - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_084982

Bi-annual analysis of Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) Assessments (England) –

Bi-annual analysis Oct 2011 - Mar 2012 - http://www.ic.nhs.uk/pubs/mentalcapacityoctmar1112
Bi-annual analysis Apr 2011 - Sep 2012 - http://www.ic.nhs.uk/pubs/mentalcapacityaprsep11

The Health and Social Care Information Centre publishes official statistics about uses of the Mental Health Act in the following annual releases:

Mental Health Bulletin - http://www.ic.nhs.uk/pubs/mhbmhmds11

*In-patients formally detained in hospitals under the Mental Health Act 1983 and patients subject to supervised community treatment - http://www.ic.nhs.uk/pubs/inpatientdetmha1011

*Guardianship under the Mental Health Act 1983, England 2011 – http://www.ic.nhs.uk/pubs/guardianmh11

*These publications are National Statistics.

Appendix B

About DoLS and the application process

The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS), which came into force on 1 April 2009, provide a legal framework to prevent the unlawful deprivation of a person's liberty occurring and were introduced into the Mental Capacity Act 2005 through the use of the Mental Health Act 2007.

The safeguards protect people who are vulnerable to overly restrictive care whilst in a hospital or care home (across statutory, independent and voluntary sectors) through the use of a rigorous, standardised assessment and authorisation process. They protect those who lack capacity to consent to arrangements made for their care and/or treatment but who need to be deprived of their liberty in their own best interests to protect them from harm. They also offer the person concerned the right to challenge any decision to deprive them of liberty, a representative to act for them and protect their interests and the right to have their status reviewed and monitored on a regular basis.

The safeguards apply to people aged 18 and above who suffer from a mental disorder (such as dementia or a profound learning disability) and who lack capacity to consent to the arrangements made for their care and / or treatment.

An authorisation is begun by a managing authority, which is either a care home or a hospital. Managing authorities submit a request for an authorisation to a supervisory body, who are Local Authorities for care homes and Primary Care Trusts (PCTs) for hospitals. Standard authorisation assessments, where no urgent authorisation is in place, must be completed (processed) within 21 days. Standard authorisation assessments where urgent authorisations are in place must be completed within 7 days or, in exceptional circumstances, within 14 days if an extension is granted by the supervisory body.

Urgent authorisations can be issued when a need exists to deprive a person of their liberty immediately to protect them from harm. When an urgent authorisation is used, a standard authorisation must be requested at the same time and must be completed within the time span the urgent authorisation lasts for.

The outcome of a completed assessment is that an authorisation is either granted or not granted, granted meaning that the person will be subject to an authorisation and so be deprived of their liberty. A single authorisation may be granted for any length of time up to a year.

An authorisation may not be granted for a number of different reasons. It could be that since the initial request for an authorisation was made the circumstances surrounding the person have changed, so making the authorisation no longer necessary. Under the legislation there are six reasons why an application may not be granted, which are explained below. Within the legislation specific roles of mental health assessor and best interests assessor exist.

The mental health assessor must be a doctor who is able to exercise objective medical expertise to assess whether a person is suffering from a mental disorder.

The best interests assessment must be undertaken by a person who is an Approved Mental Health Professional, or a suitably qualified social worker, nurse, occupational therapist or chartered psychologist who a supervisory body is satisfied has undertaken appropriate training and has the necessary skills and experience.

A minimum of two assessors are required. An assessor can undertake any assessment that they are eligible to carry out but the mental health assessment and best interests assessment cannot be carried out by the same person.

The best interests assessor cannot be a professional who is involved in providing care or in making decisions about the person's care.

If an assessor concludes that the person does not meet the qualifying criteria, for any assessment, then an authorisation cannot be granted. As an application cannot be withdrawn once it has begun, it will be recorded under one of the six categories below and cannot be granted.

Reasons why an authorisation may not be granted are:

1. The age requirement is not met.
   A best interests assessor will assess whether the person is aged 18 or over.
2. Mental health requirement not met.
   A mental health assessor will assess whether the person being deprived of liberty is suffering from a mental disorder within the meaning of the Mental Health Act 1983.
3. Mental capacity requirement not met
   The mental capacity assessor will determine whether the person being deprived of liberty lacks capacity to decide whether to be admitted to, or remain in, a hospital or care home in which they are being, or may be, deprived of liberty.
4. No refusal requirement not met.
   The best interests assessor will ensure that the authorisation being requested does not conflict with a valid decision by a donee of lasting power of attorney ('an attorney'), or by a deputy appointed by the Court of Protection, and is not for the purpose of giving any treatment that would conflict with a valid and applicable advance decision made by the relevant person.
5. Eligibility requirement not met.
   This can be carried out by either the mental health assessor or the best interests assessor to determine whether the person is eligible to be deprived of liberty under the MCA DoLS. A person is eligible unless they are subject to a requirement under the Mental Health Act 1983 that conflicts with the authorisation being requested, or object to being to in hospital for the purpose of treatment of a mental disorder, or to being given some or all of the treatment in question, and they meet the criteria for detention under the Mental Health Act 1983.
6. Best interests requirement not met.
   The best interests assessor will establish whether there is a deprivation of liberty and, if there is, whether it is:
   a. In the best interests of the person subject to the authorisation
   b. Necessary in order to prevent them coming to harm
   c. A proportionate response to the likelihood of them suffering harm and the seriousness of that harm.

If a third party (such as a social worker, nurse or care worker) believes someone is deprived of their liberty without authorisation then the concern can be raised with a Managing Authority.

When an authorisation ends, for any reason, the person must cease to be deprived of their liberty immediately.

A series of Standard Forms have been developed for use by both Managing Authorities and Supervisory Bodies in implementing the requirements of the legislation. An additional form has been developed for use by Supervisory Bodies in collating aggregate data from the standard forms for use in routine monitoring, including this publication. Data is collected through the Health and Social Care Information Centre for Health and Social Care Omnibus collection system.

Appendix C

Review of DoLS data collection and reporting

The collection of DoLs data is currently being considered as part of the Zero Based Review (ZBR) for Adult Social Care Data, which aims to reform national data collections in this area.

The 'Safeguarding' strand of this review proposes that future collections of DoLs data are made alongside the Abuse of Vulnerable Adults (AVA) collection as a single, case level return. Advantages of these proposed changes include augmenting the existing return, adding context, and reducing burden on data suppliers. The proposed changes would also satisfy UN convention requirements in terms of maintaining a register of those individuals deprived of their liberty.

We would welcome your views the DoLs collection, or any other HSCIC collections being considered as part of the ZBR (including the Community & Mental Health Team's Guardianship collection). Further information on the ZBR and instructions on how to contribute via the public consultation can be found here:

http://www.ic.nhs.uk/adultsocialcareconsultation12

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