

Information Brief

Date: 27 March 2013

Coverage: Wales

Theme: DoLS

Deprivation of Liberty Safeguards (DoLS)

The information brief on Deprivation of Liberty Safeguards (DoLS) produced by the Welsh Government CSSIW and HIW was released on 27 March 2013. Information on DoLS includes data for Wales for the period 1 April 2011 to 31 March 2012. Data for the previous two years is also included for comparison.

Summary

Applications for DoLS authorisations

Table 1: Number of applications by type of referral

	Application for standard authorisation	Application for standard authorisation, where an urgent authorisation is already in place	Total applications
Number			
2009 -10	214	333	547
2010 -11 (a)	237	249	488
2011 -12	284	261	545
Percentage			
2009 -10	39	61	100
2010 -11 (a)	49	51	100
2011 -12	52	48	100

(a) The supervisory body was unable to provide information on type of application in 2 cases

- In 2011-12, there were 545 applications for DoLS authorisations from managing authorities – the 545 applications relate to 428 people.
- Applications for standard authorisation where an urgent authorisation is already in place accounted for 261 (48 per cent) of the total applications. There was no urgent authorisation already in place for the remaining 284 (52 per cent).

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Next Update: March 2014 (provisional)

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Table 2: Number of applications by type of referral for local authorities and Health Boards

	Local Authority			Health Board		
	Application for standard authorisation	Application where an urgent authorisation is already in place	Total applications	Application for standard authorisation	Application where an urgent authorisation is already in place	Total applications
<i>Number</i>						
2009 -10	163	249	412	51	84	135
2010 -11 (a)	183	161	346	54	88	142
2011 -12	232	151	383	52	110	162
<i>Percentage</i>						
2009 -10	40	60	100	38	62	100
2010 -11 (a)	53	47	100	38	62	100
2011 -12	61	39	100	32	68	100

(a) The supervisory body was unable to provide information on type of request in 2 cases

- Of the 545 applications, 383 (70 per cent) were from social care where the local authority is the supervisory body. 162 (30 per cent) were from health.
- The number of applications to health boards and local authorities in 2011-12 has risen since the previous year.
- In social care, there has been a substantial increase in applications for standard authorisations while applications for standard following urgent authorisations have decreased. In health, the number of applications for standard following urgent authorisations has increased, while applications for standard authorisations have remained at similar levels to the two previous years.

Authorisations granted and not granted

Table 3: Number of applications for authorisation, granted and not granted

	Local Authority			Health Board			All applications		
	Granted	Not granted	Total Local Authority applications	Granted	Not granted	Total Health Board applications	Granted	Not granted	Total applications
<i>Number</i>									
2009 -10 (a)	177	229	406	77	58	135	254	287	541
2010 -11 (b)	203	141	346	74	64	138	277	205	488
2011 -12 (c)	216	159	383	82	78	162	298	237	545
<i>Percentage</i>									
2009 -10 (a)	44	56	100	57	43	100	47	53	100
2010 -11 (b)	59	41	99	52	45	97	57	42	99
2011 -12 (c)	56	42	98	51	48	99	55	43	98

(a) due to missing data, totals do not reflect total number of applications

(b) 6 cases (3.4%) recorded as in progress are not included in this table

(c) 10 cases (3.3%) recorded as in progress are not included in this table

- 298 (55 per cent) of applications for DoLS authorisation were granted
- 237 (45 per cent) of applications for DoLS authorisation were not granted.
- Of those not granted, 159 (67 per cent) were in social care and 78 (33 per cent) were in health.
- In social care, 80 per cent of authorisations were valid for up to 6 months, while in health, 94 per cent of authorisations were valid for up to 3 months.
- 57 per cent of authorisations that came to an end during the year ran for the full period authorised by the supervisory body.

Time between application and decision

Table 4: Time between application and decision (Local Authorities and Health Boards)

	Standard authorisation					Standard following urgent authorisation				
	Same day	1-7 days	8-14 days	15-28 days	Over 28 days	Same day	1-7 days	8-14 days	15-28 days	Over 28 days
<i>Number</i>										
2009 -10 (a); (b)	..	75	35	45	10	..	225	50	20	*
2010 -11 (b)	15	90	45	60	20	15	175	35	5	*
2011 -12 (c)	12	80	71	100	17	2	189	51	10	3
<i>Percentage</i>										
2009 -10	..	45	21	27	6	..	76	17	7	*
2010 -11	6	39	19	26	9	6	74	15	2	*
2011 -12 (c)	4	28	25	35	6	1	72	20	4	1

(a) Due to missing data, totals do not reflect total number of authorisations

(b) Numbers have been rounded

(c) Excludes 10 cases recorded as being in progress

- The majority of decisions (53 per cent) were made within seven days, whether an application came from a social care or health setting.
- Where the application for a standard authorisation is made where an urgent authorisation is already in place, the legislation requires this to be completed within seven days or in prescribed circumstances where an extension is granted, fourteen days. This was met in most cases.
- All requests for time extensions for assessment for standard following urgent authorisations were granted.

Characteristics of individuals involved

- 55 per cent of applications concerned females.
- 99 per cent of applications concerned white people.
- 84 per cent of applications concerned people who were over 65 years.
- Only 1 per cent of applications came from a third party.
- In 73 per cent of applications where the individual had a relevant person's representative (see Key Terms), the representative was a carer, relative or friend.
- The relevant person's representative was paid in 26 per cent of cases. All of these representatives were professionals rather than a family member.

Location of the relevant person

- For 480 applications (88 per cent), the relevant person was located in the same area as the Local Authority or Health Board supervisory body dealing with the case.
- 42 (8 per cent) of the relevant persons were in care homes in Wales outside the Local Authority in which they were normally resident. 17 (3 per cent) were in care homes in England.

- Six (1 per cent) of the relevant persons were in hospital placements in England which had been commissioned by the reporting Health Board.

Rate of DoLS authorisations per 100,000 population

Table 5: Proportion of authorisations per 100,000 population

Local Authority	Population 18+ (thousands) (a)	Number of authorisations	Proportion per 100,000 population
Isle of Anglesey	55	1	1.8
Gwynedd	95	0	0.0
Conwy	89	0	0.0
Denbighshire	77	7	9.1
Flintshire	118	8	6.8
Wrexham	105	1	0.9
Powys	105	9	8.6
Ceredigion	64	3	4.7
Pembrokeshire	92	4	4.3
Carmarthenshire	144	33	22.9
Swansea	187	16	8.5
Neath Port Talbot	106	2	1.9
Bridgend	109	13	11.9
The Vale of Glamorgan	97	10	10.3
Cardiff	272	20	7.3
Rhondda Cynon Taf	184	46	25.0
Merthyr Tydfil	44	11	25.3
Caerphilly	135	10	7.4
Blaenau Gwent	54	1	1.9
Torfaen	71	13	18.3
Monmouthshire	70	7	10.0
Newport	109	1	0.9
All Local Authorities 2009-10	2,370	175	7.4
All Local Authorities 2010-11	2,382	203	8.5
All Local Authorities 2011-12	2,382	216	9.1
Health Board			
Betsi Cadwaladr	539	19	3.5
Powys Teaching	105	0	0.0
Hywel Dda	300	0	0.0
Abertawe Bro Morgannwg	402	5	1.2
Cardiff and Vale	370	38	10.3
Cwm Taf	228	15	6.6
Aneurin Bevan	438	5	1.1
All Health Boards 2009-10	2,370	75	3.2
All Health Boards 2010-11	2,382	74	3.1
All Health Boards 2011-12	2,382	82	3.4

(a) Source: Mid year population estimates, Statistical Directorate, Welsh Government

- The rate of authorisations for local authorities has increased steadily over the three year collection period (authorisations per 100,000 population). The rate for Health Boards has remained fairly consistent.

Summary of Key Terms

Application	Request for deprivation of liberty of a relevant person.
Deprivation of liberty	Deprivation of liberty is a term used in the European Convention on Human Rights about circumstances when a person's freedom is taken away. Its meaning in practice is being defined through case law.
Deprivation of Liberty Safeguards (DoLS)	The framework of safeguards under the Mental Capacity Act 2005 for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment.
Health Board (HB)	There are 7 Health Boards in Wales. Health Boards fulfil both the supervisory body function and the managing authority function for NHS services. They work alongside their partner local authorities, usually in the same geographical area, in planning long-term strategies for dealing with issues of health and well-being.
Local Authority (LA)	There are 22 Local Authorities in Wales. In the deprivation of liberties context, this is the local council responsible for social services in any particular area of the country. Senior managers in social services fulfil the supervisory body function for social care services. Different managers are responsible for the managing authority role, where the local authority also provides care home facilities.
Managing authority	The person or body with management responsibility for the hospital or care home in which a person is, or may become, deprived of their liberty. They are accountable for the direct care given in that setting.
Relevant person	A person who is, or may become, deprived of their liberty in a hospital or care home.
Relevant person's representative	A person, independent of the relevant hospital or care home, appointed to maintain contact with the relevant person, and to represent and support the relevant person in all matters relating to the operation of the deprivation of liberty safeguards.
Standard authorisation	An authorisation given by a supervisory body, after completion of the statutory assessment process, giving lawful authority to deprive a relevant person of their liberty in the particular hospital or care home.
Supervisory body	A local authority social services or a local health board that is responsible for considering a deprivation of liberty request received from a managing authority, commissioning the statutory assessments and, where all the assessments agree, authorising deprivation of liberty. They must also respond to concerns from third parties, who believe that a person is being deprived of their liberty without authorisation.
Third party request	If anyone (in addition to the relevant person themselves) is concerned a person is being deprived of their liberty without authorisation they should draw this to the attention of the managing authority. This term is not applied if the managing authority themselves decide that the relevant person is being deprived of their liberty. The Code of Practice sets out guidance for a third party to address matters with the managing authority and if matters are not quickly resolved, with the relevant supervisory body.
Urgent authorisation	An authorisation given by a managing authority to itself for a maximum of seven days, which subsequently may be extended by a maximum of a further seven days by a supervisory body. This gives the managing authority lawful authority to deprive a person of their liberty in a hospital or care home while the standard deprivation of liberty assessment process is undertaken.

Notes

1. Source of statistics

The information in this brief was collected at individual level by CSSIW and HIW from Local Authorities and Health Boards.

The Care and Social Services Inspectorate Wales (CSSIW) encourages the improvement of social care, early years and social services by:

- regulating
- inspecting and reviewing
- providing professional advice to Ministers and policy makers.

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare in Wales. HIW's primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales.
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee.
- Strengthening the voice of patients and the public in the way health services are reviewed.
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

2. Timing

All references made to 'year' relate to the financial year which runs from 1 April to 31 March and 2010-11 should be understood as 1 April 2011 to 31 March 2012.

3. Data quality

2011-12 was the third year that this data was collected. Instances of missing data have decreased therefore the quality of data has improved. However there are still a small number of cases where some information is missing. We will continue to work with the Local Authorities and Health Boards to improve the quality of the data.

4. Symbols

The following notation is used in these tables:

- . = the data item is not applicable
- .. = the data item is not available
- = the data item is not exactly zero, but estimated as zero or less than half the final digit shown
- * = the data item is disclosive or not sufficiently robust for publication

5. Disclosure and rounding

All tables where disclosure risks exist have been rounded to the nearest 5 and numbers between 1 and 4 have been suppressed. This is to protect against accidentally revealing confidential information.

In tables where figures have been rounded there may be an apparent discrepancy between the sum of the constituent items and the total.

6. Revisions policy

As the data is part of an annual collection by Local Authorities and Health Boards, the data will not be revised.

7. Uses of statistics

We believe the key users of information on DoLS (apart from CSSIW's and HIW's core use) are:

- Welsh Government Ministers
- Department of Health and Social Services
- Assembly Members and the National Assembly for Wales Research Service
- National Health Service
- Local government unitary authorities (elected members and officials)
- Registered providers of relevant health and social care settings
- Students, academics and universities
- Other areas of the Welsh Government
- Other government departments
- Individual citizens and private companies.

Apart from CSSIW's and HIW'S core use of the information these statistics are used in a variety of ways. Some examples of these include:

- Advice to Ministers
- Monitoring policies and implementation
- Unitary authority and Health Board comparisons and benchmarking
- To inform debate in the National Assembly for Wales and beyond
- To provide information to planners and commissioners of health and social care services

8. Feedback

We actively encourage feedback of our statistics. If you have any comments or queries, or if you don't think the list adequately reflects the range of users and uses, then please contact us using the contact details on the front page of this bulletin.

9. Related publications

This brief accompanies the joint CSSIW and HIW DoLS Monitoring Report which was published on the same date. This report can be found at the following link:

<http://wales.gov.uk/cssiwsbsite/newcssiw/publications/ourfindings/allwales/;jsessionid=B28DEF12BCEC474C72D965D4E85D31CF?lang=en>

A set of more detailed information is also being made available in Excel format and this can be found at the Monitoring Report link above.

10. Further information

Further information is available from the CSSIW and HIW web sites:

www.cssiw.org.uk

www.hiw.org.uk