**Deprivation of Liberty Safeguards**

Somerset Council has a specialist DoLS team consisting of a team manager, five senior BIAs, two BIAs and two administrative support staff. The team is highly experienced and the team’s assessors are responsible for approximately 50% of the BIA assessments. Additional assessment capacity is provided by a group of 8 independent BIAs who have worked for Somerset for a number of years. There are a small number of trained BIAs in the locality social work teams who contribute a number of assessments each year.

Due to concerns about the quality of many DoLS applications and the staffing time needed to seek clarification, Somerset Council developed and implemented an online application system about four years ago. This enabled us to specify a more comprehensive set of information than the standard ADASS approved Forms 1 and 2. The questions asked of Managing Authorities are couched in non-technical terms and feedback from Managing Authorities is that they find it easy to use. The system is set up in such a way that the applications arrive in the DoLS team’s mailbox with an initial indication of priority to assist in the processing. Any application containing information about possible objection, safeguarding issues, or disputes about the provision is scrutinised further by the experienced senior BIAs in the team who have access to other sources of information within the Council’s and the NHS record systems. This is used to make a priority decision.

In common with many LAs nationally we base our decision making loosely upon a priority guidance tool originally produced by ADASS in 2015. This is being further developed in light of practice developments and LPS thinking over recent years. As the team has the capacity to assess approximately 20-25% of all applications this prioritisation process is critical. The ultimate rule of thumb the team use is: are we likely to provide a positive benefit to P by carrying out a DoLS process?

We have currently 20 senior managers (service mangers and above) trained and active as DoLS authorisers.

**CoP s21A challenges to DoLS authorisations**

As we mainly assess people where there is some element of objection to care provision, it is not surprising that we have a significant proportion of DoLS authorisations leading to s21A challenges. We have approximately 400 DoLS authorisations in place at any given time and currently 50 cases in s21A proceedings. This validates the decisions we made about which cases to prioritise.

The DoLs team works closely with our current advocacy provider, SWAN advocacy, who provide Care Act, IMCA, IMHA and other services as well as advocates acting as RPRs. Paid advocates are appointed for approximately 75% of DoLS authorisations. The Council has a policy of funding paid RPRs to act as litigation friends in CoP proceedings. We believe this to be more cost effective and beneficial for service users than the alternative of relying upon the Official Solicitor. We have an agreement with SWAN managers about whether s21A applications are to be initiated by the RPR or by Somerset Council.

The Council’s adults legal team has had some difficulty recruiting solicitors in recent years and currently the three main solicitors are all locums. Due to the level of proceedings involved a number of cases are currently managed by an external legal firm. The aim is to reduce the need for external solicitors because of the very significant additional cost to the Council of this.

**Community deprivations of liberty**

Like many authorities the responsibility for making applications to the CoP for community DoL situations rests with the locality social work teams and not the DoLS team. Unfortunately, there has never been any specific staffing resource for this element of those teams’ work and therefore the number of applications has been very small. Co-ordination of this work has informally been led by the DoLS service manager.

In preparation of the introduction of the Liberty Protection Safeguards scheme the DoLS team manager worked with a seconded staff member to a) identify as many people as possible for whom consideration of CoP applications should be made, and b) to develop improved systems for tracking and reporting on this work. This remains in progress.

An enhanced version of the standard Care Act review record has been developed and is currently in the test module of the Eclipse record system. Once implemented (hopefully by June 2024) it will trigger workers to address the issues of mental capacity, necessity and proportionality in more detail for any person identified as lacking capacity and in receipt of 24 hour support (formal or informal). This enhanced review is seen as a mitigation against the risks arising from unauthorised DoL situations, whether in care homes or in the community.

Initial reporting suggests that of approximately 350 people in receipt of 24h support from the Council (outside care homes) who probably meet the DoL acid test, 320 are or will be allocated within the re-structured LD teams. The cases to be accorded the highest priority are those people with intensive support arrangements and significant behaviour support needs who have little or no family involvement and are therefore most reliant for their wellbeing upon their care providers and the Council. There are approximately 40 people in this high priority group who do not currently have an authorisation in place or under preparation. Staffing levels within the new LD teams is proving quite a challenge to making any in-roads into this work list.

The Council has a guidance document to help the SW teams make decisions about how to prioritise community DoL situations. A regionally developed priority tool for DoLS and Community DoL is under development and will be incorporated into the guidance as appropriate.

**Other mental capacity work**

The Service Manager responsible for the DoLS team also has responsibility for the use of the Mental Capacity Act more generally across Adult Social Care. This involves the development of guidance, detailed case consultation, the commissioning of training, contributing to assessments of work quality and working with partner organisations.

Members of the DoLS team also provide advice on case queries as requested.

All ASC staff are provided with mandatory two-day MCA training, followed by one day annual updates as well as embedding activities and less formal CPD opportunities. The DoLS Service Manager provides a monthly mental capacity drop-in session which is well attended and appreciated.

The Council also provides a number of places annually on more specialist topic MCA related courses such Preparing evidence for the CoP, and Sexual Activity. The Council offers a small number of places annually for appropriate staff to undertake DoLS BIA training with our higher education partners at the University of the West of England in Bristol.

An audit of the quality of mental capacity assessments is currently in progress (Feb – Mar 2024) and will ultimately allow for a view to be taken about quality across the whole of the ASC workforce. Initial findings are due to be shared at the Practice Quality Board in late April and will be used to inform planning for support to the workforce.

The creation of the new role of the Practice Development Advanced Practitioners is seen as an essential element of the work to improve practice quality and the staff appointed to these roles will act as mental capacity champions for their respective teams. They have already made a good start by offering practice development sessions about the use of the Council’s mental capacity documentation.