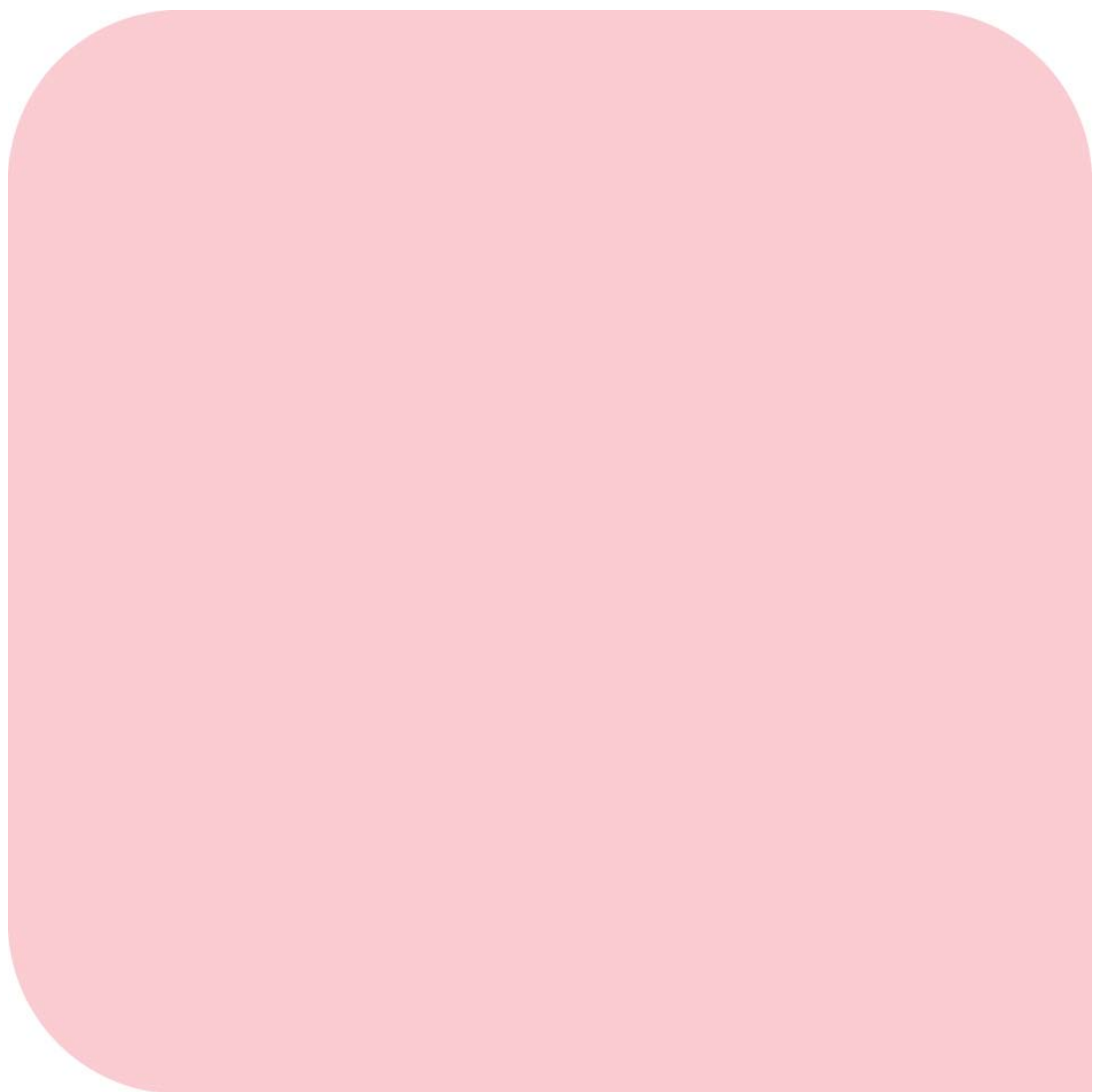


# Putting the Mental Capacity Act 2005 into Practice



## Introduction

It is over two years since the Mental Capacity Act (MCA) came into force. There should now be a good understanding of the principles of the MCA across health and social care services. The challenge now is to make sure that the Act is part of everyday practice.

These free of charge conferences provided an opportunity to learn about examples of good practice that have been developed in both health and social care settings.

The conferences were aimed at audiences across the health and social care workforce. We were particularly keen that managers and other professionals with a lead responsibility for the Mental Capacity Act attended, including registered managers, social workers with a management role, doctors, nurses and the managers of voluntary organisations. There is a full breakdown of attendees at the end of this report.

We are very grateful to all those who played a part in bringing the conference together as well as assisting on the day to make it a success. Particular thanks go to regional MCA leads and those who chaired the events:

- **David Ellis**, Principal Advisor Adult Services, SCIE
- **Bruce Bradshaw**, Yorkshire and Humber MCA/DoLS lead
- **Pat Stewart**, North East MCA/DoLS lead
- **Colin Vines**, West Midlands MCA lead
- **David Pennington**, South West Policy implementation lead MCA/DOLS, Safeguarding and Dignity in Care, DH
- **Steve Chamberlain**, London Lead, Mental Capacity Act and Safeguarding Adults
- **Dr Jon Nash**, Consultant Psychiatrist, Flintshire Community Learning Disabilities Team
- **Jim Crowe**, Director, Learning Disability Wales
- **Simon Rose**, Training and events manager, Learning Disability Wales
- **Rebecca Watkins**, Events and sponsorship Manager, Learning Disability Wales

## Dates and locations

Wednesday 3rd March 2010 – **Cambridge**

Tuesday 9th March 2010 – **Leeds**

Wednesday 10th March 2010 – **Newcastle**

Monday 15<sup>th</sup> March 2010 - **Birmingham**

Thursday 18th March 2010 – **Bristol**

Wednesday 24th March 2010 – **London**

Thursday 8<sup>th</sup> July 2010 – **Llandudno**

Friday 9<sup>th</sup> July 2010 - **Cardiff**

## Presentations

The following speakers presented at six of the conferences:

### **Lessons from the OPG – Supporting LPA's and deputies**

Joan Goulbourn, *Customer and Stakeholder Manager, Office of the Public Guardian*

### **Deprivation of Liberty Safeguards – the early picture**

Paul Gantley, *National Implementation Manager Mental Capacity Act, Department of Health*

### **Introducing SCIE and the MCA programme**

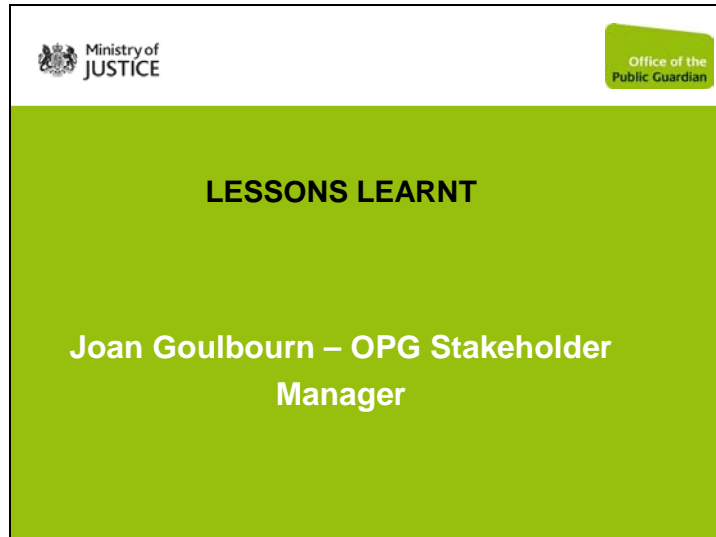
Susan Elsmore, *MCA consultant, SCIE*

### **How well is the Independent Mental Capacity Advocate safeguard working?**

David Thompson, *Practice Development Manager, SCIE*

**Lessons from the OPG – Supporting LPA’s and deputies**

Joan Goulbourn, *Customer and Stakeholder Manager, Office of the Public Guardian*



# PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE

## Where are we now

- From 1 October 2007 administration for the Court of Protection was provided by the OPG
- Since 1 April 2009 responsibility transferred to Her Majesty's Court Service (HMCS)
- The move gives the Court greater flexibility in the ability to liaise with other Courts on the sharing of judges and the use of court rooms
- Makes clearer the distinction between the Court and the OPG

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

## Review of the implementation of the Act

- Ascertain whether the expected benefits to be gained by the Act have been realised
- Undertake research into best interest decision making in complex cases
- Provide post legislative scrutiny

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

## Court of Protection

- Review of Court and OPG interfaces
- Court Rules, forms and processes do not form part of the implementation review.
- President of the Court has requested the set up of a formal Rules Group to deal with this.
- HMCS/OPG liaison to deal with outputs from the Rules review

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

# PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE

## OPG issues

Review has already identified areas of OPG work which need to be improved to ensure that OPG provides best possible service.

- Aim to develop the OPG into a modern multi-site organisation with a stronger market focus
- Ensure effective engagement with our stakeholders to improve knowledge of and support OPG's role as a regulator
- Moving operations out of London to Birmingham (2009) and Nottingham (complete by Spring 2010).

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

## OPG issues

- New level of supervision introduced- Type 2A
- More flexible and robust
- 300% increase in referrals for investigation into the work of deputies and attorneys
- 'Hands on' approach
- Review of guidance provided by the OPG
- Review of the Code of Practice
- Review of MCA Update
- Safeguarding protocol agreed with Local Authorities

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

# PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE

## LPA FORMS: October 2009

- Feed back from customers and stakeholders and from OPG's own experience
- Forms considered to be too long and complicated
- 1 October 2009 – new forms launched
- LPAs made on the old forms will be accepted for registration provided they have been signed before 1 April 2011

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

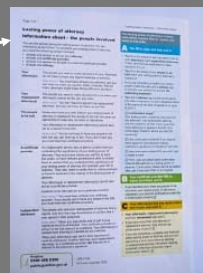
## LPA FORMS: October 2009

New Style, New Approach

Information Sheet:

**Not part of the form, explains about the people involved**

**Sets out people's roles including the witnesses.**



[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

# PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE

## What next

Public Guardian Board published annual report on 2 November 2009

Close watch over the Advance Decision debate  
Safeguarding Vulnerable Groups Act and the effect for deputies and attorneys

Information sharing protocol being drafted with the BBA and the Building Societies Assoc.

Mapping the customer journey

[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

## Deprivation of Liberty Safeguards – the early picture

Paul Gantley, *National Implementation Manager Mental Capacity Act, Department of Health*

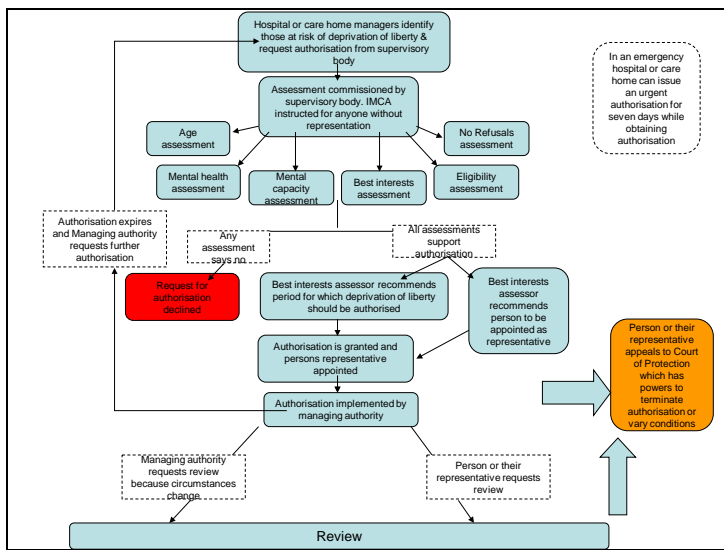
## Deprivation of Liberty Safeguards

Paul Gantley  
National Programme Implementation Manager  
Mental Capacity Act 2005

[Paul.Gantley@dh.gsi.gov.uk](mailto:Paul.Gantley@dh.gsi.gov.uk)

020 7972 4431

# PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE



## Activity as of 31.10.09

|                                      | 30.6.09              | 30.9.09               | 31.10.09              |
|--------------------------------------|----------------------|-----------------------|-----------------------|
| <b>Granted : not granted (25:75)</b> | 33:67                | 38:62                 | 39:61                 |
| <b>LA:PCT (80:20)</b>                | 77:23                | 76:24                 | 76:24                 |
| <b>LA % granted</b>                  | 30%                  | 36%                   | 38%                   |
| <b>PCT % granted</b>                 | 41%                  | 44%                   | 44%                   |
| <b>LA no activity</b>                | 14                   | 4                     | 4                     |
| <b>PCT no activity</b>               | 40                   | 19                    | 14                    |
| <b>Cases</b>                         | <b>1,856 (37%)</b>   | <b>3,527 (36%)</b>    | <b>4,068 (35%)</b>    |
|                                      | 84 still in progress | 187 still in progress | 182 still in progress |

### Breakdown as of 30.6.09

#### **Age**

- 18 – 64 = 35%
- 65 – 74 = 12%
- 75 – 84 = 28%
- 85 and over = 25%

#### **Sex**

- 47% male; 53% female

### Breakdown

#### Ethnicity

- White British = 82%
- White Irish = 3%
- Any other white background = 3%
- Not stated = 3%
- Caribbean (black or black British) = 2%
- White and black Caribbean; any other mixed background; Indian; Pakistani; and N. African and others = 7%

### Breakdown

#### Religion

- Christian = 57%
- Not stated = 30%
- None = 7%
- Jewish = 2%
- Hindu = 1%
- Muslim = 1%
- Any other religion = 2%

## PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE

### Breakdown

Disability (more than one can be recorded)

- Physical disability = 40%
- Mental Health = 65%
- Dementia = 44%
- Learning Disability = 23%

### Breakdown

Reason for authorisation not granted

- Age requirement = 0%
- Mental health requirement = 1%
- Mental capacity requirement = 9%
- No refusals requirement = 0%
- Eligibility requirement = 5%
- Best interests requirement = 85%

## PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE

### Breakdown

Total number of requests required by urgent authorisations = 1250 (71%)  
For LA alone = 72%, and PCT alone = 66%  
Total number of requests where there was no urgent authorisation = 522 (29%)  
Outcome of all assessments = 33% granted  
Outcome of requests required by urgent authorisations = 37% granted  
Outcome of requests where there was no urgent authorisation = 25%

### Breakdown

Length of authorisation

- 0 – 90 days = 48%
- 91 – 180 days = 22%
- 181 – 270 days = 15%
- 271 – 365 days = 15%

## PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE

### Breakdown

Number of people subject to a standard authorisation during the quarter = 596

Number of people subject to a standard authorisation on 30.6.09 = 536

Number of third party requests = 41 leading to 26 full assessments

**Number of cases where no authorisation is given but person is (now unlawfully) deprived of their liberty = 49**

### Breakdown

Reviews

SB 47

RPR 6

MA 110

## PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE

### Activity as of 8.10.09

| <b>IMCA</b> | <b>TOTAL</b> |
|-------------|--------------|
| S39A        | 341          |
| S39C        | 34           |
| S39D        | 40           |

### Issue 1

Number of cases where no authorisation is given but person is (now unlawfully) deprived of their liberty = 49

What happens next?

Whose responsibility?

Paragraphs 4.72 and 4.73 of the Code

## Issue 2

Appointment of RPR who may be  
opposed to the deprivation of liberty

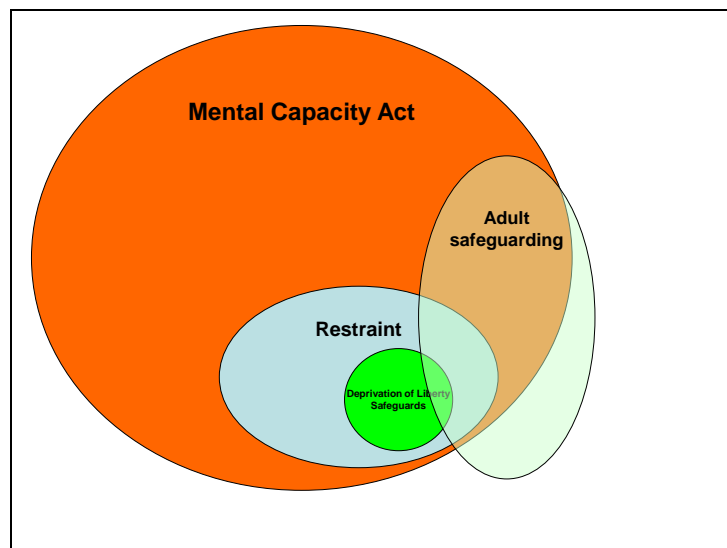
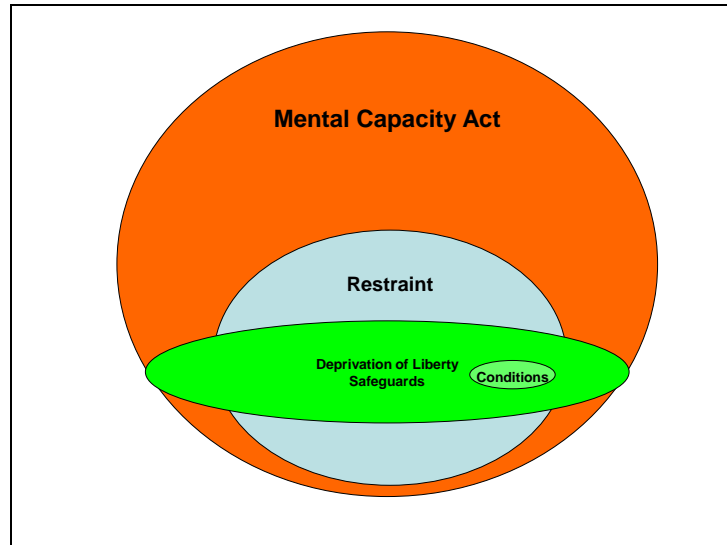
Paragraph 7.17 of the Code

## Issue 3

Setting of conditions

Paragraphs 4.74 and 4.75 of the Code

# PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE




## Introducing SCIE and the MCA programme

Susan Elsmore, *MCA consultant, SCIE*



**Introducing SCIE  
& the MCA Programme**

*Susan Elsmore  
Putting MCA into Practice Conference  
Leeds, 9 March 2010*

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The image is a slide with a white background and a light beige header bar at the top. The main content is centered and includes a bold title, a subtitle in italics, and the SCIE logo in the bottom right corner.

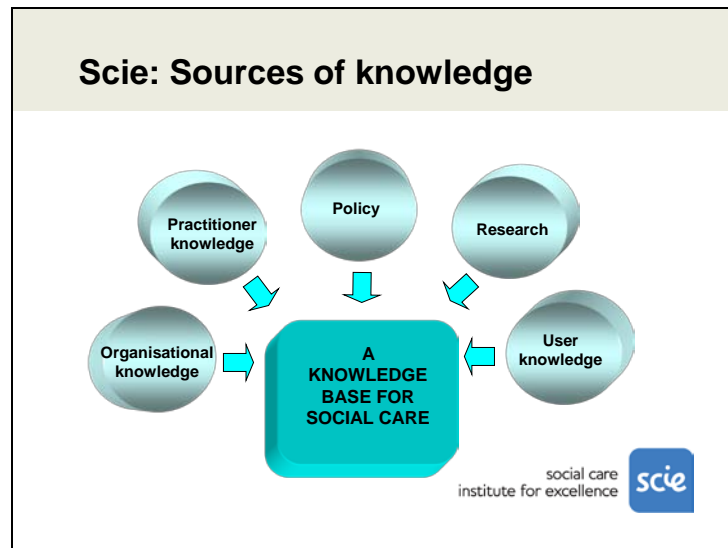
## Overview

- Introducing Scie
- Role in knowledge transfer
- Setting MCA in context
- MCA Programme

## Scie: a brief history

- Launched in October 2001 as part of UK Government drive to improve social care
- An independent body (registered charity, governed by a board of 15 trustees)
- Regarded as key part of national architecture of social care bodies
- Draws on and analyses knowledge from a range of sources to identify and disseminate the knowledge base for social care

# PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE



- ## SCIE: big picture
- 3 sources of funding:
    - Department of Health
    - Welsh Assembly Government
    - Northern Ireland Executive
  - 4 themes:
    - Adults
    - Children and families
    - Workforce development
    - Knowledge and Research
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- scie

## Scie & the MCA Programme

- Commissioned by the Department of Health
- Knowledge transfer role for health and social care to reach good practice standards
- MCA and IMCA projects
- Dedicated MCA & IMCA web pages offer guidance, research and training materials
- Social Care TV: 4 Mental Capacity films
- Audit Tools
- E-learning resources
- SCIE MCA Advisory Group



## Audit Tools

- Resources to measure and review provision
- To test compliance against the Mental Capacity Act
- As benchmarks to test future improvements
- 8 Tools
- Designed for use across statutory, independent and third sectors, and health and social care
- Audit not research



## Healthcare Audit Tools I

- [Guy's and St Thomas' NHS Foundation Trust \(GSTFT\)](#)
  - The tool is designed to cover all adult patients in all specialities who lack or might lack capacity
- [NHS North Lancashire, Lancashire County Council and Lancashire Care Association](#)
  - This toolkit incorporates a series of questionnaires to review existing practice and assess compliance with requirements of the Act by those involved in the hospital discharge planning process

## Healthcare Audit Tools II

- [Royal Hospital for Neuro-Disability \(RHN\)](#)
  - RHN have developed a tool to evaluate the impact of the Act on the consent process, in any healthcare setting

## Social Care Audit Tools

- [East Sussex County Council](#)
  - These tools are designed to ascertain whether or not care management staff have the confidence, knowledge, skills and judgement to assess and act in another's best interests under the Act

## Health & Social Care Audit Tools I

- [Association for Real Change \(ARC\)](#)
  - ARC have developed three tools, each designed to be used across all health and social care sectors but aimed at different staff groupings – front line staff, managers and lead professionals
- [British Psychological Society \(BPS\)](#)
  - BPS have developed a tool to evaluate the quality of mental capacity assessments

## Health & Social Care Audit Tools II

- [Mental Health Foundation \(MHF\)](#)
  - MHF have developed a fit-for-purpose online tool for self-audit by any decision-maker. This can be used either to evaluate a specific assessment, or as a reflective learning exercise to aid professional development
- [Health and Social Care Advisory Service \(HASCAS\)](#)
  - HASCAS have produced a range of tools and processes that are aimed at auditing the overall performance of an organisation

## Health & Social Care Audit Tools III

- [Social Care Association \(SCA\)](#)
  - SCA in conjunction with a large provider, Voyage, have developed an online, interactive tool to assess compliance with the Act. The tool has direct applicability to Older People's services

## Further information



- Sign up for email alerts [www.scie.org.uk](http://www.scie.org.uk)
- Visit Social Care Online via [www.scie.org.uk](http://www.scie.org.uk)
- Give us your feedback [info@scie.org.uk](mailto:info@scie.org.uk)

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## Contact details

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MCA Consultant

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Tel. 020 7089 6840

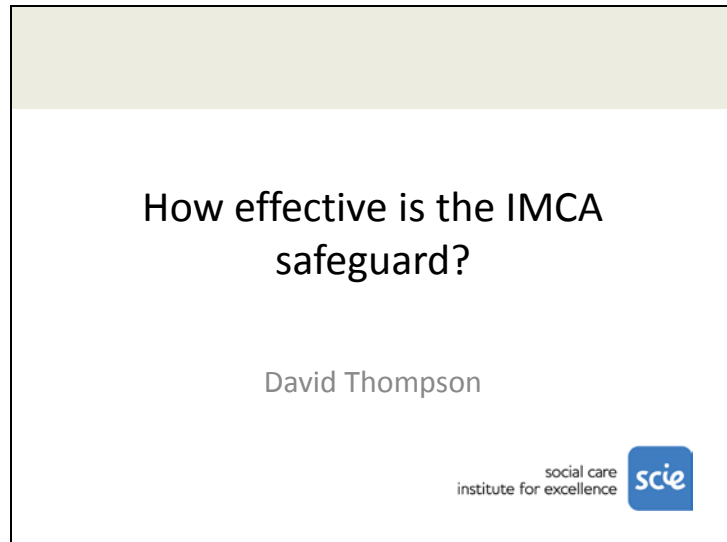
[www.scie.org.uk/mca](http://www.scie.org.uk/mca)

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**How well is the Independent Mental Capacity Advocate safeguard working?**

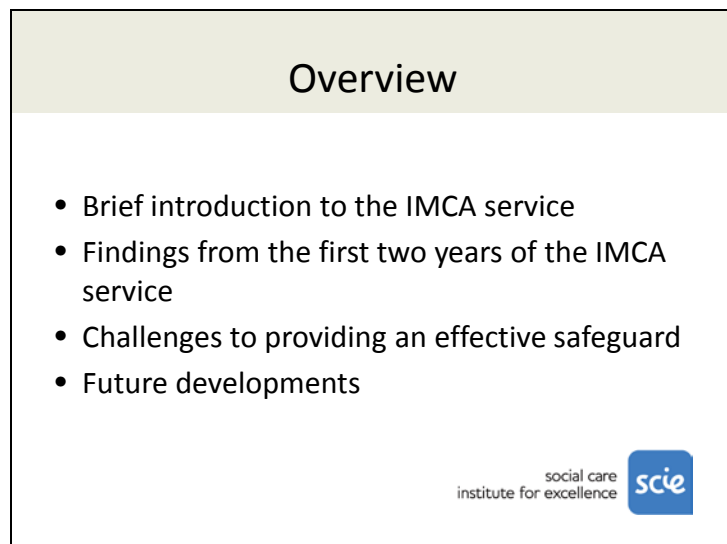
David Thompson, *Practice Development Manager, SCIE*



How effective is the IMCA  
safeguard?


David Thompson

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Overview

- Brief introduction to the IMCA service
- Findings from the first two years of the IMCA service
- Challenges to providing an effective safeguard
- Future developments

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## IMCA basics

- A safeguard for some people facing specific decisions
- Mainly for people who don't have family and friends who can represent them
- The person needs to lack capacity to make specific decisions to access the IMCA service
- Only IMCAs can be IMCAs and they have to be instructed by LAs or NHS trusts

## IMCA decisions

### **When IMCAs must be instructed**

- Accommodation decisions
- Serious medical treatment

### **When there is an option to instruct an IMCA**

- Care reviews
- Adult protection

### **The DOLS introduced additional IMCA roles**

## IMCA role

- Represent and support the person in the decision making process
- Rights to meet the person and access relevant records
- Get the views of others
- Must prepare a report which the decision maker must have regard to
- May challenge decisions

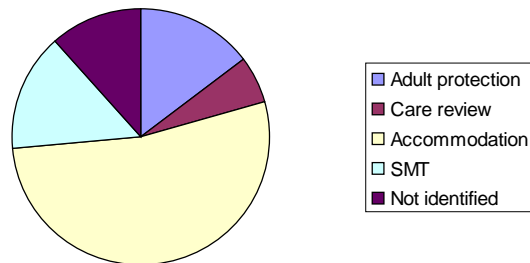
## IMCA statistics

- IMCAs required to log all cases on DH website
- Year 2 figures published in the second annual report of the IMCA service
- Some concerns about validity and accuracy of some of the data

## England referrals year 2

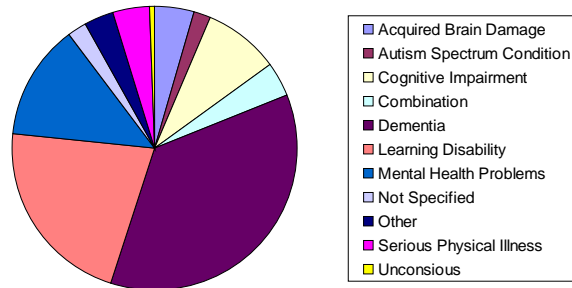
- Eligible referrals 6583  
This is a 24% increase from year 1
- Ineligible referrals 1745  
This is a 24% decrease from year 1
- The most common reasons were ineligible was the person was befriended (40%)

## Eligible referrals year 2



Consistent with year 1

## Mental impairment year 2



## Access issues

- Number of IMCA instructions range across local authorities from about 5 to 35 per 100,000 population annually ( DH initial estimates 58)
- Different awareness amongst health and social care staff of the MCA & IMCA role
- Different understandings of who has “no one appropriate to consult”

## SMT year 2

|                                    |     |
|------------------------------------|-----|
| Pregnancy termination              | 1   |
| Major Amputations                  | 10  |
| Affecting Hearing/Sight            | 15  |
| Hip / Leg Operation                | 23  |
| Artificial nutrition and hydration | 25  |
| Major Surgery                      | 39  |
| Cancer Treatment                   | 81  |
| Serious Dental Work                | 105 |
| DNAR                               | 109 |
| Medical Investigations             | 163 |
| Other                              | 397 |
| Total                              | 968 |

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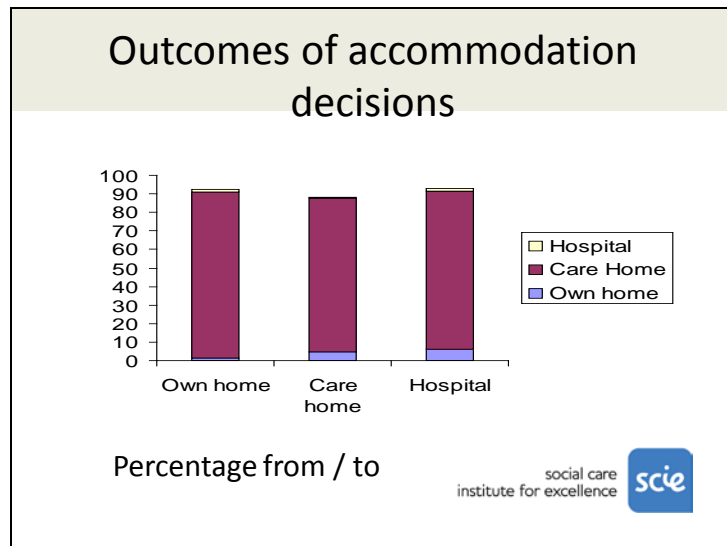


## SMT concerns

- Lack of clarity about what is a SMT
- Department of Health concerned that significant numbers of people are not accessing an IMCA for SMT
- Being older and having dementia are associated with being less likely to access an IMCA for SMT decisions
- Difficulties gaining instruction

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- ### Accommodation concerns
- IMCAs instructed late in the decision making process
  - Limited use for planned admissions to hospital or when stays exceed 28 days
  - Being instructed in advance of hospital discharge
  - Very limited use of IMCAs in accommodation / care reviews
- social care institute for excellence **scie**

## Outcomes of the IMCA service

- IMCAs report having a significant impact on the outcome of decisions in 57% of cases
- Decisions challenged in 12% of cases
- Unsatisfied with the outcome in 8% of cases
- Are IMCAs as effective as the most committed family members?

## Service concerns

- The model of the IMCA service: accepting to challenging
- Maintaining independence when commissioned by local authorities which are responsible for most decisions.
- Difficulties accessing the Court of Protection
- Managing workload pressures
- Relationship to other advocacy services

## Developments

- Expansion of role with the DOLS
- Qualification in independent advocacy
- IMCAs will need to be registered with the Independent safeguarding Authority
- Regional IMCA networks
- SCIE and Action for Advocacy supporting the development of good practice

## Developments (2)

- SCIE IMCA web pages [www.scie.org.uk/imca](http://www.scie.org.uk/imca)
- Good practice guidance on the commissioning and monitoring of IMCA services
- Practice guidance on the role of IMCAs in safeguarding adults
- Research to support the effectiveness of the IMCA service commissioned by SCIE

## Contact details

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Tel. 02070896864

[www.scie.org.uk/imca](http://www.scie.org.uk/imca)

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## Presentations – regional speakers and workshops

For copies of any of the presentations below, please contact [alison.picton@scie.org.uk](mailto:alison.picton@scie.org.uk).

### Cambridge, 3<sup>rd</sup> March 2010

Chair – David Ellis, Principal Advisor Adult Services, SCIE

#### Speaker

##### **Making judgments about capacity and best interests**

Professor Tony Holland, *Health Foundation Chair in Learning Disabilities, Cambridge Intellectual & Development Disabilities Research Group, University of Cambridge*

#### Workshops

**a) Good practice in best interests decision making**

Robert Nisbet, *East Midlands Programme Manager for Safeguarding Adults & Dignity in Care*, and Steve Vickers, *Leicestershire, Leicester City, Rutland LA's and Leicestershire & Rutland Counties & Leicester City NHS DoLS lead*

**b) The IMCA safeguard**

Ken Hawkins, *Service Manager, Rethink*

**c) The Deprivation of Liberty Safeguards – Bridging the Bournemouth Gap**

Amanda Keeling, *Research Assistant* and Professor Tony Holland, *Health Foundation Chair in Learning Disabilities, Cambridge Intellectual & Development Disabilities Research Group, University of Cambridge*

**d) Assessing how well organisations are using the MCA**

Paul Swift, *Foundation for People with Learning Disabilities*

**e) Supporting staff to understand the appropriate use of restraint**

Nadira Sharif, *Research Analyst* and Susan Elsmore, *MCA consultant, SCIE*

Leeds, 9<sup>th</sup> March 2010

Chair – Bruce Bradshaw, Yorkshire and Humber MCA/DoLS lead

**Workshops**

**a) Good practice in best interests decision making**

Robert Nisbet, *East Midlands Programme Manager for Safeguarding Adults & Dignity in Care*, and Steve Vickers, *Leicestershire, Leicester City, Rutland LA's and Leicestershire & Rutland Counties & Leicester City NHS DoLS lead*

**b) Implementing the MCA in healthcare settings**

Karen Trevlyn, *Project Officer MCA/DoLS, NHS Kirklees*

**c) Supporting people to make their own decision**

Anita Lindon, *Social Worker and Best Interests Assessor, Lancashire County Council*

**d) Assessing how well organisations are using the MCA**

Sue Neal, *MCA lead North Lancashire Teaching PCT*

**e) Supporting staff to understand the appropriate use of restraint**

Paul Bartle, *Hull City Council*

Newcastle, 10<sup>th</sup> March 2010

Chair – Pat Stewart, North East MCA/DoLS lead

**Speaker**

**Going home from hospital – a study of capacity and best interests in dementia**

Professor Julian C Hughes, *Consultant in old age psychiatry and honorary professor of philosophy of ageing, Northumbria Healthcare NHS Foundation Trust and Institute for Ageing and Health, Newcastle University.*

**Workshops**

- a) **Best interests decision making at end of life**  
Professor Claud Regnard, *Consultant in Palliative Care Medicine, Visiting Professor of Research (Northumbria University)*
- b) **Implementing the MCA in healthcare settings**  
Sharon Thompson, *MCA lead Northumbria*
- c) **The IMCA safeguard**  
Gemma Hill, *Manager, Skills for People*
- d) **Assessing how well organisations are using the MCA**  
Toby Williamson, *Head of Development, MHF*
- e) **Restriction and restraint – what is reasonable?**  
Chris Watson, *North East Mental Health Legislation lead, Northumberland, Tyne and Wear NHS Foundation Trust*

## Birmingham, 15<sup>th</sup> March 2010

Chair – Colin Vines, West Midlands MCA lead

### Speaker

#### **Implementing DoLS 'Hand in Hand' in Telford**

Mary Fraser, *Mental Health social work/social care lead, Telford and Wrekin Council*, Julie Bone, *MCA lead, NHS Telford and Wrekin* and Sheila Williams *DoLS Coordinator, NHS Telford and Wrekin*

### Workshops

#### **a) Good practice in best interests decision making**

Robert Nisbet, *East Midlands Programme Manager for Safeguarding Adults & Dignity in Care*, and Steve Vickers, *Leicestershire, Leicester City, Rutland LA's and Leicestershire & Rutland Counties & Leicester City NHS DoLS lead*

#### **b) Implementing the MCA in healthcare settings**

Joanne Bamford, *North Staffordshire Combined Healthcare Trust*

#### **c) Putting the Act into practice in Birmingham**

Robert Wu, *Programme Director, Birmingham City University* and Bridget Sullivan-Blakeney, *Operations Manager MCA / DoLS, Birmingham City Council*

#### **d) Assessing how well organisations are using the MCA**

Diane Morris, *Manager, North Staffordshire Combined Healthcare Trust* and Alison Picton, *MCA Project Co-ordinator, SCIE*

#### **e) Supporting staff to understand the appropriate use of restraint**

Nadira Sharif, *Research Analyst* and Susan Elsmore, *MCA consultant, SCIE*

## Bristol, 18<sup>th</sup> March 2010

Chair – David Pennington, South West Policy implementation lead MCA/DOLS, Safeguarding and Dignity in Care, DH

### Speaker

#### Implementation of Advance Decisions

Dr Andrew Tillyard, *Consultant in Intensive Care Medicine, Plymouth Hospitals NHS Trust.*

### Workshops

- a) **Good practice in best interests decision making**  
Rosslyn Azzam, DoLS officer, *Plymouth City Council*
- b) **Implementing the MCA in healthcare settings**  
Paul Wilkins, DoLS lead, *Directorate of Adult Care and Support, Cornwall Council*
- c) **Supporting people to make their own decisions**  
Hannah Smith, *MCA DoLS co-ordinator, Bristol City Council*
- d) **Assessing how well we are using the MCA – the Assessment of Mental Capacity Audit Tool**  
Paul Swift, *Foundation for People with Learning Disabilities*
- e) **Supporting staff to understand the appropriate use of restraint**  
Nadira Sharif, *Research Analyst* and Susan Elsmore, *MCA consultant, SCIE*

London, 24<sup>th</sup> March 2010

Chair –Steve Chamberlain, London Lead, Mental Capacity Act and Safeguarding Adults

**Speakers**

**Adult welfare cases before the Court of Protection**

Robert Eckford, *Solicitor, Office of the Official Solicitor*

**The IMCA safeguard**

Jakki Cowley, *IMCA Support Project Manager (North), Action for Advocacy*

**Workshops**

**a) Good practice in best interests decision making**

Robert Nisbet, *East Midlands Programme Manager for Safeguarding Adults & Dignity in Care*, and Steve Vickers, *Leicestershire, Leicester City, Rutland LA's and Leicestershire & Rutland Counties & Leicester City NHS DoLS lead*

**b) Implementing the MCA in healthcare settings**

Keith Nieland, *South East Mental Capacity Act Implementation Support Lead, DH*

**c) Supporting people to make their own decisions**

Rachel Griffiths, *MCA & DoLS Lead, Oxfordshire County Council*

**d) Assessing how well we are using the MCA – the Assessment of Mental Capacity Audit Tool**

Toby Williamson, *Head of Development, Mental Health Foundation* and Alison Picton, *MCA Project Co-ordinator, SCIE*

**e) Supporting staff to understand the appropriate use of restraint**

Nadira Sharif, *Research Analyst* and Susan Elsmore, *MCA consultant, SCIE*

## Llandudno, 8<sup>th</sup> July 2010

Chair – Dr John Nash, Consultant Psychiatrist, Flintshire Learning Disabilities team

### Speakers

#### **Deprivation of Liberty Safeguards – the early picture**

Jill Lewis, *Social Services Inspector, Care and Social Services Inspectorate Wales*

#### **The IMCA safeguard**

Peter Wakeford, *Advocacy Services Manager/SW IMCA Team Manager, Mental Health Matters Wales*

### Workshops

**a) The Map of Medicine MCA pathway – helping practitioners in health and social care make best interest decisions**

Chris Sayer, *Clinical Effectiveness Manager, Hywel Dda Health Board*

**b) Implementing the MCA in emergency healthcare settings**

Professor Peter Lepping - Associate Medical Director; Consent Capacity & Ethics / Consultant Psychiatrist -BCULHB

**c) The role of advance decision making in care planning**

Dorian Davies, *MCA consultant*

**d) Embedding the MCA in practice – supporting practitioners in evidencing their practice**

Glenda Lewis, *MCA co-ordinator, Hill House Hospital, Cockett*

**e) The Mental Capacity Act and restraint – supporting frontline staff**

David Thompson, *Practice Development Manager, SCIE*

Cardiff, 9<sup>th</sup> July 2010

Chair – Jim Crowe, Director, Learning Disability Wales

### **Speakers**

#### **Deprivation of Liberty Safeguards – the early picture**

Jill Lewis, *Social Services Inspector, Care and Social Services Inspectorate Wales*  
and Kate Lloyd-Jones, *Healthcare Inspectorate Wales*

#### **The IMCA safeguard**

Shanaz Dorkenoo, *Chair, IMCA network Wales, Brecknock and Radnor Community Health Council*

#### **The interface between the Mental Capacity Act and Mental Health Act**

Dr Robert Kidd, *Consultant clinical and forensic psychologist, Cardiff and Vale University Health Board*

### **Workshops**

- a) **The Map of Medicine MCA pathway – helping practitioners in health and social care make best interest decisions**  
Chris Sayer, *Clinical Effectiveness Manager, Hywel Dda Health Board*
- b) **Good Practice in best interests decision making**  
Chris Pearson, *Head of Service - Mental Health, Wrexham Social Services*
- c) **The role of advance decision making in care planning**  
Dorian Davies, *MCA consultant*
- d) **Embedding the MCA in practice – supporting practitioners in evidencing their practice**  
Glenda Lewis, *MCA co-ordinator, Hill House Hospital, Cockett*
- e) **The Mental Capacity Act and restraint – supporting frontline staff**  
David Thompson, *Senior Practice Development Manager, SCIE*

## Delegate analysis

| <b>Cambridge - 3<sup>rd</sup> March 2010</b><br>De Vere University Arms,<br>Cambridge   | <b>Leeds - 9<sup>th</sup> March 2010</b><br>The Met Hotel, Leeds  | <b>Newcastle - 10<sup>th</sup> March 2010</b><br>St James Park, Newcastle   |
|---|---|---|
| 100 places booked<br>84 attended: <ul style="list-style-type: none"> <li>• 17 Provider of social care (statutory org)</li> <li>• 5 Provider of social care (private org)</li> <li>• 3 Provider of social care (voluntary org)</li> <li>• 4 Organisation that commissions or plans social care services</li> <li>• 11 Healthcare provider</li> <li>• 15 Other</li> </ul> | 140 places booked<br>124 attended: <ul style="list-style-type: none"> <li>• 38 Provider of social care (statutory org)</li> <li>• 9 Provider of social care (private org)</li> <li>• 6 Provider of social care (voluntary org)</li> <li>• 5 Organisation that commissions or plans social care services</li> <li>• 13 Healthcare provider</li> <li>• 9 Other</li> </ul> | 150 places booked<br>124 attended: <ul style="list-style-type: none"> <li>• 32 Provider of social care (statutory org)</li> <li>• 4 Provider of social care (private org)</li> <li>• 7 Provider of social care (voluntary org)</li> <li>• 5 Organisation that commissions or plans social care services</li> <li>• 36 Healthcare provider</li> <li>• 8 Other</li> </ul> |
| <ul style="list-style-type: none"> <li>• 65 Evaluations forms returned (76.5%)</li> <li>• 55 Diversity forms returned (65.5%)</li> </ul>  | <ul style="list-style-type: none"> <li>• 109 Evaluations forms returned (87.9%)</li> <li>• 80 Diversity forms returned (64.5%)</li> </ul>   | <ul style="list-style-type: none"> <li>• 96 Evaluations forms returned (77.4%)</li> <li>• 92 Diversity forms returned (74.2%)</li> </ul>  |

## PUTTING THE MENTAL CAPACITY ACT INTO PRACTICE

| <b>Birmingham - 15<sup>th</sup> March 2010</b><br>Maple House (ETC Venues), Birmingham  | <b>Bristol - 18<sup>th</sup> March 2010</b><br>Mercure Holland House, Bristol   | <b>London - 24<sup>th</sup> March 2010</b><br>INMARSAT Centre, London   |
|---|---|---|
| 135 places booked<br>115 attended <ul style="list-style-type: none"> <li>• 25 Provider of social care (statutory org)</li> <li>• 4 Provider of social care (private org)</li> <li>• 4 Provider of social care (voluntary org)</li> <li>• 1 Service user group</li> <li>• 7 Healthcare provider</li> <li>• 15 Other</li> </ul> | 105 places booked<br>93 attended <ul style="list-style-type: none"> <li>• 15 Provider of social care (statutory org)</li> <li>• 4 Provider of social care (private org)</li> <li>• 12 Provider of social care (voluntary org)</li> <li>• 1 Organisation that commissions or plans social care services</li> <li>• 1 Service user group</li> <li>• 1 Policy-making organisation</li> <li>• 16 Healthcare provider</li> <li>• 1 Housing organisation</li> <li>• 12 Other</li> </ul> | 150 places booked<br>124 attended <ul style="list-style-type: none"> <li>• 35 Provider of social care (statutory org)</li> <li>• 4 Provider of social care (private org)</li> <li>• 7 Provider of social care (voluntary org)</li> <li>• 3 Organisation that commissions or plans social care services</li> <li>• 1 Policy-making organisation</li> <li>• 20 Healthcare provider</li> <li>• 1 Housing organisation</li> <li>• 13 Other</li> </ul> |
| <ul style="list-style-type: none"> <li>• 79 Evaluations forms returned (68.7%)</li> <li>• 56 Diversity forms returned (48.7%)</li> </ul>  | <ul style="list-style-type: none"> <li>• 74 Evaluations forms returned (79.6%)</li> <li>• 63 Diversity forms returned (67.7%)</li> </ul>  | <ul style="list-style-type: none"> <li>• 100 Evaluations forms returned</li> <li>• 84 Diversity forms returned</li> </ul>   |

### Further information

For further information on the Mental Capacity Act, see the SCIE website [www.scie.org.uk/mca](http://www.scie.org.uk/mca). Here you will find an accessible resource that people can visit as their "first port of call" when looking for information about the MCA, containing a range of guidance materials and links to further support its implementation. Given the potential of the MCA to touch the lives of millions - particularly those who live with learning disability, dementia or mental health problems and those working and caring for them – the website provides the opportunity to link related policy areas together. Examples include the development of the dementia gateway, and SCIE's practice development work on restraint.