

**Mental Capacity Act Implementation (MCA) and Deprivation of Liberty Safeguards
(DoLS) Sub Group of the Safeguarding Adults Board
Terms of Reference**

1.	GROUP MEMBERSHIP
	<p>Core Members</p> <ul style="list-style-type: none"> • Lancashire County Council Adults and Children representatives • Lancashire Clinical Commissioning Groups • Advocacy Focus • Acute Hospital providers: Lancashire Teaching Hospitals Trust, East Lancashire NHS Trusts , University Hospitals of Morecambe Bay NHS Foundation Trust, Mersey Care NHS Trust • Lancashire Care NHS Foundation Trust • Lancashire Care Association • Lancashire Constabulary • Healthwatch • Lancashire County Council Learning Disability & Autism Partnership • District Councils • Virgin Care • Southport & Ormskirk Hospital Trust • UCLAN <p>Core membership will be selected via the MCA practice group</p> <p>Other members Attendees from relevant agencies, Legal teams and NHS services can be co-opted on to the panel as appropriate</p> <p>Members should have sufficient seniority and leadership within their own agency to speak on its behalf, to commit appropriate resources and agree actions and to represent their agency should the group need to hold agencies to account</p>
2.	<p>CHAIR</p> <p>The Chair will be the Designated Lead Nurse Safeguarding Adults and MCA for Chorley South Ribble, West Lancashire and Greater Preston Clinical Commissioning Groups; subject to LSAB Chair approval. The Chair will become a full board member</p> <p>The Vice Chair will be the LCC Court of Protection Coordinator subject to LSAB Chair approval</p>
3.	<p>PURPOSE</p> <p>Statement of Purpose</p>

	<p>The MCA Implementation sub group is a multi-agency network, to work across the health and social care economy of Lancashire. The group will advise the Safeguarding Adult Board (SAB) on processes, procedures and outcomes in relation to the implementation of the MCA 2005 and the Deprivation of Liberty Safeguards 2009, including progress of how the Act is embedded in practice across the multiagency/ multicultural partnerships. The group will adhere to relevant legislation and associated statutory guidance and will not duplicate efforts of other board sub groups. Group members will consult with their respective organisations to promote MCA practice discussions, with a view to feeding back MCA practice issues into the subgroup meetings. Service user views will be actively sought where appropriate; to ensure practice development initiatives reflect service user views and experiences. Where possible a deputy will be provided in the event group members are not able to attend</p> <p>The MCA Implementation sub group will submit a bi-monthly report to the SAB's regarding progress/development /activity and areas of risk which will require a board view</p>
4.	<p>REPORTS TO</p> <p>The MCA Implementation sub group shall report to the Lancashire SAB. The sub group will also link closely to the work streams of other sub groups where MCA and DoLS themes are identified</p>
5.	<p>FREQUENCY OF MEETINGS</p> <p>Bi-monthly: Meetings shall be scheduled in conjunction with Lancashire Safeguarding Adults Board meetings</p>
6.	<p>TERMS OF REFERENCE</p>
6.1	The group will develop and lead on multi-agency implementation work plan against the recommendations outlined from the House of Lords 2014 report into the implementation of MCA and MCA/DoLS and the Supreme Court Ruling 2014 as well as ongoing case law developments
6.2	The group will adopt a shared learning approach identifying good practice and relevant quality standards in MCA and MCA/DoLS and will be instrumental in supporting and developing best practice across the Lancashire footprint
6.3	The group will identify and monitor a multi-agency MCA training and workforce development strategy linking closely with the Learning and Development sub group
6.4	The group will identify potential barriers to best practice or areas of risk regarding MCA and MCA/DoLS implementation, with a view to identifying strategies to address them and in standardisation across the system as appropriate
6.5	The group will develop systems to ensure that best practice information is available for service users, families /carers and the public about the MCA and the promotion of the rights of individuals who may lack capacity to consent. Service user views will be incorporated into practice development initiatives where appropriate
6.6	The group will ensure that local procedures comply with national guidance and will produce new guidelines and best practice tools as required

6.7	Practice development initiatives will be based on identified themes and trends within agencies. Information will be disseminated, by utilising the SAB and the appropriate sub-groups so that relevant action can be taken as appropriate
6.8	The group will provide quarterly practice briefing updates via the MCA practice group to share themes and trends, disseminate learning and to provide case law updates which will support in providing frontline practitioners with practice experience and best practice developments
6.9	All meetings with will have action minutes taken. These minutes will be circulated within 10 working days of the meeting
7.	QUALITY EXPECTATIONS
	Group members will commit to the sharing of information and in the development of high quality operational procedures. There is recognised and active leadership across partner organisations relating to the values underpinning the MCA and MCA/DoLS
7.1	100% attendance is expected at all meetings. If members are unable to attend, their designated deputy should be sent
7.2	Apologies for a second time by any one agency will be followed up in writing by the chair of the sub-group
7.3	The meetings will only be considered quorate if there is agreed representation from all statutory partners (Local Authority, Police, CCG)
8.	OPERATIONAL TASK AND FINISH WORKING GROUPS/SUB GROUPS
	Task and finish groups will be assigned to group members where appropriate, to deliver on key objectives and outcomes within agreed timeframes