



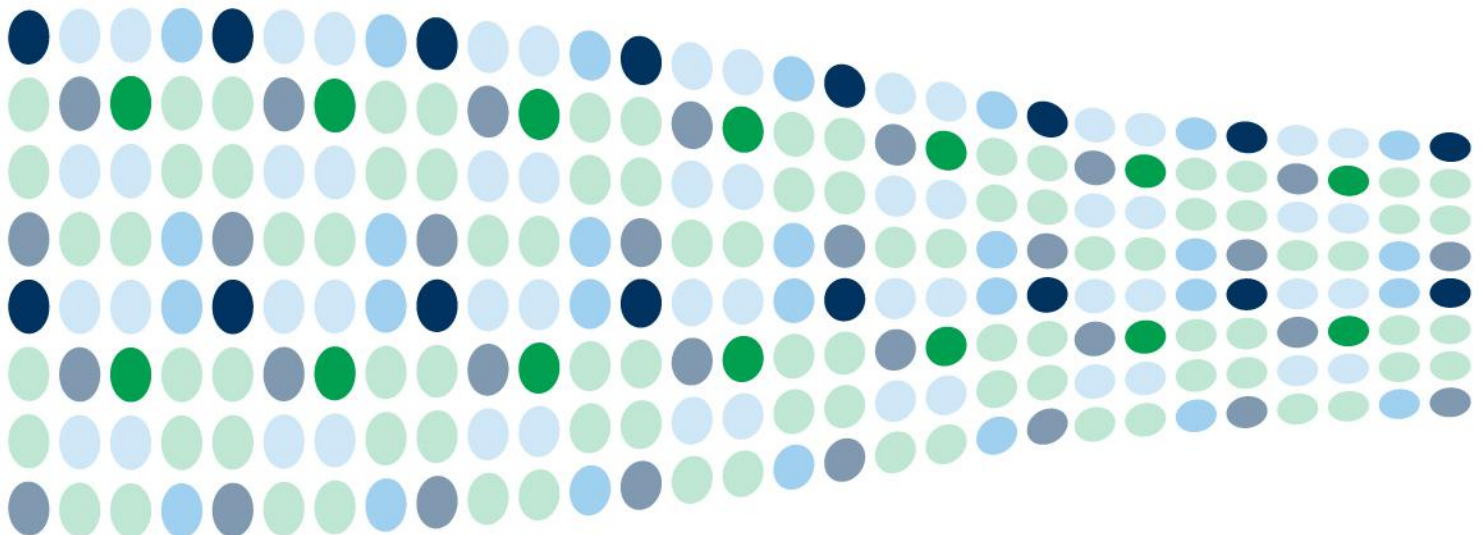
Health & Social Care
Information Centre



Local Authority Personal Social Services Statistics

Guardianship under the Mental Health Act, 1983

England, 2013-14



Published 10th September 2014

**We are the trusted
national provider of
high-quality information,
data and IT systems for
health and social care.**

www.hscic.gov.uk

enquiries@hscic.gov.uk

 **[@hscic](https://twitter.com/hscic)**

This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

Author: Adult Social Care Statistics Team,
Health and Social Care Information Centre

Responsible statistician: Pritpal Rayat, Section Head

Version: V1.0

Date of publication: 10th September 2014

Contents

This is a National Statistics publication	5
Executive Summary	6
Key findings	6
Introduction	7
Background	7
Guardianship under Section 7 and 37 of the Mental Health Act	8
Data Collection	9
Revisions in Data	9
Feedback and Queries	10
Acknowledgement	10
Chapter 1: Guardianship Cases in England	11
Other findings in 2013/14	12
Chapter 2: Variation in Guardianship Cases	13
Guardianship Cases by Region	13
Guardianship Cases by Type of Local Authority	15
Duration of Guardianship Cases by Region	16
Chapter 3: Relationship to other sections of the Mental Health Act	18
Appendix A: Data Quality	21
Purpose of this Section	21
Relevance	21
Accuracy and reliability	22
Accuracy	22
Reliability	23
Data quality	24
Timeliness and punctuality	25
Accessibility and clarity	25
Accessibility	25
Clarity	25
Coherence and comparability	26
Coherence	26
Related Publications	26
Comparability	27

Trade-offs between output quality components	27
Assessment of user needs and perceptions	28
Performance, cost and respondent burden	29
Confidentiality, transparency and security	29
Appendix B: Glossary	30
Legislative Reform	31
Appendix C: Validation routines used during the online Omnibus data collection for Guardianship under the Mental Health Act, 1983 –2013/14	31
Appendix D: List of Tables	32
Appendix E: SSDA702 form	33

This is a National Statistics publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.



Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Find out more about the Code of Practice for Official Statistics at www.statisticsauthority.gov.uk/assessment/code-of-practice

Executive Summary

This report contains information on the use of Guardianship under Section 7 and 37 of the Mental Health Act 1983, during the reporting period 1st April 2013 – 31st March 2014. It contains information on new, continuing and closed cases at national, regional and local authority levels and includes breakdowns by gender, Guardianship type, and type of local authority. Data were collected from all 152 Local Authorities with Social Services Responsibilities, including 30 nil returns from organisations which did not have any Guardianship cases to report for this period. The data was submitted to the Health and Social Care Information Centre via Omnibus, a secure web based data collection system.

Guardianship under the Mental Health Act 1983 provides a framework of care to help a person achieve as independent a life as possible whilst protecting their safety or that of others. A guardian has the power to specify where a patient may live, that they attend specific places for treatment, education, occupation or training, and access is granted to the patient by a doctor, approved mental health professional or other specified person.

Key findings

- The number of new Guardianship cases increased from 280 cases in 2012/13 to 290 cases in 2013/14 (a rise of 4 per cent). This slight increase ends the decline seen over the past three years.
- The number of people subject to a Guardianship order at the end of the reporting period was 600, a decrease of 4 per cent from 2012/13. This is the ninth consecutive year of decline in continuing cases from 950 continuing cases in 2004/05 to 600 cases in 2013/14, a reduction of 37 per cent. The decline in Guardianship usage may partly be due to the availability of other mental health legislation.
- In the North West the rate of new cases per million population fell from 10.7 for the previous year to 9.0 cases per million. The region with the highest rate of new cases relative to its population became the North East with an increase from 8.1 to 10.8 cases per million population.
- The Eastern region had the fewest new cases with 1.8 cases per million population, the same as last year, and the only region with less than 2 cases per million population.
- The North West had the highest number of cases continuing at the end of the 2013/14 year with 160 cases, accounting for over a quarter (26 per cent) of continuing cases in England. The North West also had the highest rate for continuing cases with 22.0 cases per million population.
- Despite an increase in new cases, London continued to have the lowest rate of continuing cases, with 2.7 per million population.
- In 2013/14 there were 310 Guardianship cases closed. The shortest Guardianship case was 7 days and the longest was 30.3 years. The median duration of a Guardianship case in England was 11.9 months. Cases in the East Midlands had the longest median duration (28.5 months) and cases in London had the shortest (6.0 months).

In the Executive Summary numbers over 100 have been rounded to the nearest 10, percentages to the nearest whole number

Introduction

This annual report provides the latest statistics regarding cases of Guardianship under Sections 7 and 37 of the Mental Health Act 1983 in England, for the reporting period 1st April 2013 to 31st March 2014. The data are supplied to the Health and Social Care Information Centre from all Local Authorities with Social Services Responsibilities.

The report is divided into three chapters and provides information on new, continuing and closed cases at a national, regional and local authority level. Chapter one provides information at a national level, including a breakdown by gender and Guardianship type. Chapter two discusses the information at a local authority level including regional and different types of local authority. Chapter three discusses Guardianship cases in relation to other aspects of Mental Health Law.

The report will be relevant to anyone responsible for handling Guardianship applications or those involved in monitoring Mental Health Law and the rights of people with mental disorders. It will be of particular interest to local social services authorities who are the named guardians in the majority of cases and who supply the data used for these statistics.

A Working Group was established in early 2014, the aim of the group is to manage the development of the Guardianship collection to reflect the requirements of users and policy. The Group includes representatives from the Health and Social Care Information Centre (HSCIC), the Department of Health, Care Quality Commission, NHS England, MIND and regional representatives from local authorities. Current membership can be found at <http://www.hscic.gov.uk/socialcarecollections2015>

Background

The majority of people receiving treatment for a mental health disorder are treated either in the community or in hospital on a voluntary basis, that is they consent to the care, support and treatment they receive. In 2013/14, 1,746,698 people had contact with adult secondary NHS mental health services and 357,732 people were recorded as being on the Care Programme Approach¹, which is a UK wide model for delivering community based services to people with significant mental health needs.

The Mental Health Act 1983 (MHA) allows the reception, care and treatment of people with a mental health disorder, the management of their property and other related items. As of 31st March 2014, 15,863 people were subject to the MHA in England¹. The MHA contains a number of Sections permitting different levels of care and treatment depending on the individual circumstances. People can be formally detained in hospital, that is they are not free to leave, under Section 2 of the MHA for assessment (this may then include treatment) for up to 28 days, Section 3 covers treatment, initially for up to 6 months, Section 4 for emergency assessment for up to 72 hours and Section 5 may apply if they were already a voluntary (informal) patient. The police can remove a person to a place of safety (usually a hospital) without their consent under Sections 135 and 136.

However detention in hospital in the first instance or long-term is not the only available option. Section 17 of the MHA, known as leave, allows a detained patient to be released from hospital either for a short period or indefinitely. Section 17A, known as Supervised Community Treatment Orders (CTOs), allows a detained person to be discharged back into the community under certain conditions. The aim is to help the person maintain stable mental health outside the hospital and not relapse. A person under a CTO must comply with certain conditions if these are breached the person can be recalled back to hospital and placed back on their original section.

The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) provide a framework for the lawful deprivation of a patient's liberty, ensuring that this is only done where there is no other way to care for a person or safely provide treatment. 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. The safeguards cover patients in hospital or in the community.

Guardianship under Section 7 and 37 of the Mental Health Act

Guardianship under Section 7 of the MHA enables patients 16 years or older who are suffering from a mental disorder to receive care in the community. It provides a framework, as part of the overall care and treatment plan, for working with a patient to achieve as independent a life as possible. Under the MHA a guardian can be appointed with limited powers to take decisions on a person's behalf where these decisions are in the patients' best interest. Guardianship can be provided by either a local social services authority or a named individual.

A Guardianship application can be made by an approved mental health professional or a nearest relative. Two doctors must confirm that the patient is suffering from a mental disorder of a nature or degree that warrants reception into Guardianship and that it is necessary in the interest of the patient's welfare or for the protection of others. Under Section 37 where a person is convicted of an offence a court can also make a Guardianship order to place that person under the guardianship of a local social services authority or such other person approved by a local social services authority.

Section 8 of the Act provides that guardian with power to require that:

- The patient lives in a specified place
- The patient attends specified places for medical treatment, occupation, education or training
- Access is given to the patient by a doctor, approved mental health professional or other specified person

The main differences between a Guardianship and CTO are a Guardianship can be placed on a person who may or may not have previously been detained under another Section of the MHA, whereas a patient subject to a CTO must have been detained under Section 3 or for offenders under sections 37, 47, 48 or 51. There are also no sanctions for a person non-compliant with a Guardianship order whereas a person not complying with the conditions of their CTO can be recalled to hospital for treatment and, if warranted, the CTO revoked meaning that the person is then detained on the original section.

However, in the appropriate case and if used effectively a Guardianship order is a viable and beneficial option in supporting a person whilst also maintaining the least restrictive principle of support. An example of a situation where a Guardianship order maybe beneficial is where an individual has spent a number of years in a mental health secure unit and is discharged into their own home, however there maybe periods where increased care is needed and due to their mental health this maybe refused. Under the Guardianship order the individual can be required to live in their own home and access allowed to staff on agreed intervals, when the individual's mental health begins to deteriorate the guardian can require that the individual live at a care home which will provide the increased care needed until they are able to return home. This 'shared care arrangement' enables the individual to remain in the community and have a positive and supportive experience around their recovery.

¹Monthly MHMDS report: March 2014 final data <http://www.hscic.gov.uk/catalogue/PUB14303>

Data Collection

These statistics are collected annually from Local Authorities with Social Services Responsibilities and returned to the Health and Social Care Information Centre via the Omnibus on-line collection tool. The information is collected on form SSDA702 which collects information for each Guardianship case in force during the period. A copy of SSDA702 can be found in Appendix E. The next data collection is for the period 1st April 2014 to 31st March 2015, the 2014/15 annual report will be published at a similar time next year.

All 152 Local Authorities with Social Services Responsibilities returned a completed SSDA702 form, including 30 local authorities with a nil return. Blank fields are only allowed in the return for relationship of guardian, which is left blank if the guardian is the local authority and date Guardianship closed which is only completed once the case has ended, those left blank refer to cases that at the end of the reporting period (31st March 2014) are still open.

The data used in the report are available in a supporting spreadsheet file as reference tables which can be found at:

<http://www.hscic.gov.uk/pubs/guardianmh14>

Revisions in Data

In the 2013 report we commented that we planned to stop allowing revisions to historical data. However, as a result of feedback received from the UK Statistics Authority as part of the National Statistics assessment process for this report, we have decided not to implement this. For 2013/14, as with previous data collections on Guardianship, we have accepted information about cases opened and closed in earlier years that have led to revisions to the published figures for earlier years. For future collections we will continue to allow revisions to historical data. All revisions to previous data are indicated in the time series in this report and the accompanying data tables. Further details about the amendments can be found in the Background Quality Statement in Appendix A. Users should bear this in mind if comparing these data to information published in previous reports; the most recent reporting period should be taken as the authoritative representation of the data.

The HSCIC revisions statement can be found at:

http://www.hscic.gov.uk/media/1351/Publications-Calendar-Revisions-Procedure/pdf/Revisions_Procedure.pdf

Feedback and Queries

We are always interested in knowing if the Guardianship collection is meeting your needs, and if not what improvements we could make for the future. We will be consulting with users before the 2014/15 report to understand if the Guardianship collection is meeting your needs and how we could improve it further. If you would like to know more about the consultation you can contact us on the details below. Alternatively, in the meantime, if you have any comments or queries regarding the publication, they would be welcomed.

Email the Guardianship mailbox: hscicguardianship@hscic.gov.uk

Telephone Enquiries: 0300 303 5678

Acknowledgement

Thank you to all the local authorities that have supplied data and supporting information for this year's return and for their continued dialogue to enable us to maintain a collection that meets user needs.

Chapter 1: Guardianship Cases in England

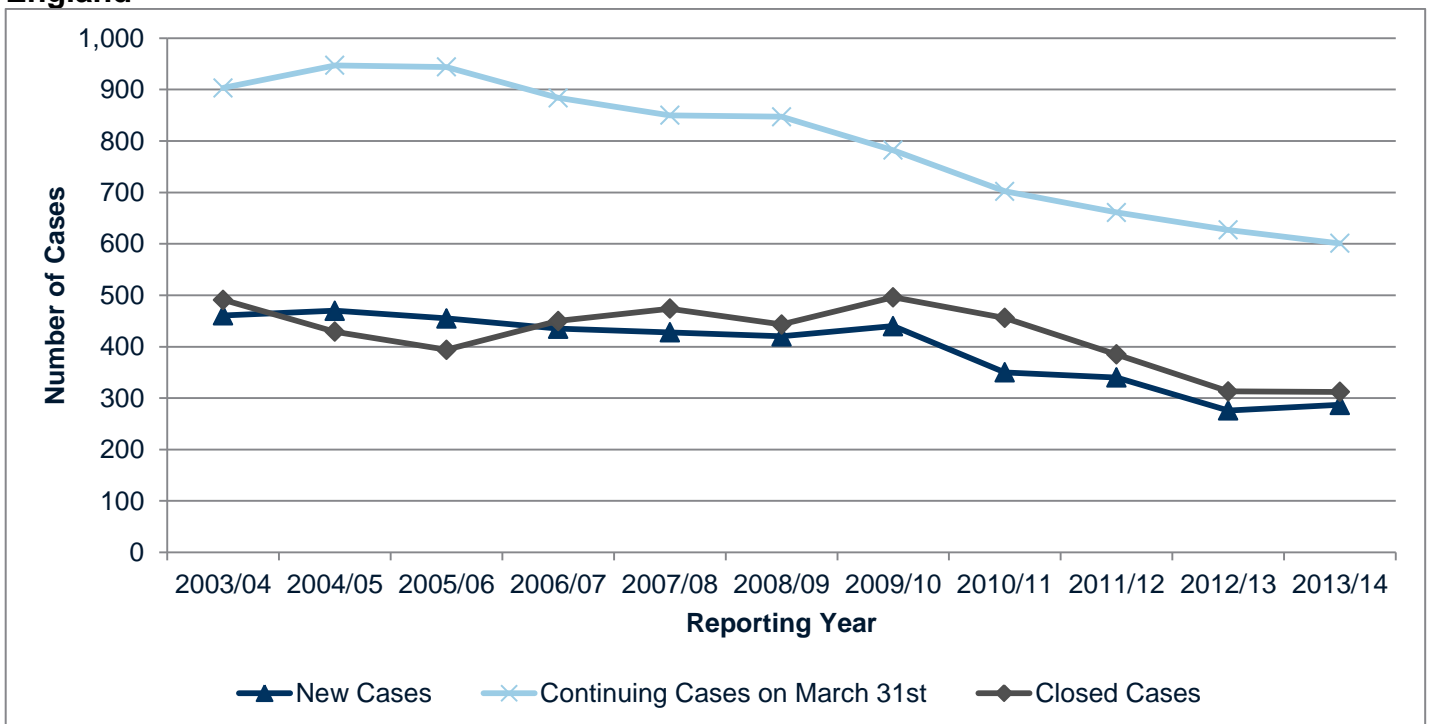
This annual report covers data from 2003/04 to 2013/14. For the 2013/14 reporting period there were 287 new Guardianship cases, 11 more than in 2012/13 which is an increase of 4 per cent. This increase follows three consecutive years of decline; 20 per cent in 2012/13, 3 per cent in 2011/12 and 19 per cent in 2010/11. Between 2003 and 2010, there was in excess of 400 new cases reported each year, however from 2010 this dropped to below 400 per year, and from 2012 to below 300 per year. This decrease maybe linked to other aspects of Mental Health Law; Community Treatment Orders came into effect from the 3 November 2008 and Deprivation of Liberty Safeguards from 1 April 2009. These will be discussed further in Chapter 3.

As of 31st March 2014 there were 601 people in England currently subject to a Guardianship order, this was 26 less than at the same point last year (a decrease of 4 per cent). This is the ninth consecutive year of decline in continuing cases from 947 continuing cases in 2004/05 to 601 cases in 2013/14, a reduction of 37 per cent.

The number of closed cases was similar to the previous year, 312 cases in 2013/14 and 313 cases in 2012/13.

Table 1.1 and Figure 1.1 display the number of new, closed and continuing cases for 2003 to 2014. New and closed cases relate to the total number of cases during the reporting year whereas continuing cases are the number of people subject to Guardianship on a specific day. As cases can be renewed initially every 6 months and then yearly, both closed and continuing cases may relate to cases that have either been opened in the current reporting year or from a previous year.

Figure 1.1: Continuing, new and closed cases of Guardianship by year (2003/04-2013/14), England



Data source: SSDA702, see Table 1 of the supporting spreadsheet file

As with previous data collections on Guardianship, in provider submissions we have accepted information about cases opened and closed in earlier years that have led to revisions to the published figures for earlier years. The time series in Table 1.1 and Figure 1.1 have been updated to reflect these revisions. These revisions include 30 new cases with a commencement date prior to 1st April 2013, 4 cases continuing at the end of 2012/13 that should have closed in 2011/12 and 18 cases continuing at the end of 2012/13 that should have closed prior to 1st April 2013. For further information on the local authorities that these revisions relate to, please refer to the Reliability and Data Quality sections of the Background Quality Statement in Appendix A.

Table 1.1, Continuing, new and closed cases of Guardianship by year (2003/04-2013/14), England

England												<i>numbers</i>
	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	
New Cases	461	470	455	435*	428*	420*	440*	350*	340*	276*	287	
Continuing Cases on March 31st	903*	947*	944*	884*	850*	847*	782*	702*	661*	627*	601	
Closed Cases	491	429	394	450	474	443	496	456	385*	313*	312	

Data source: SSDA702, see Table 1 of the supporting spreadsheet file

*These figures have been amended from those previously published; this is due to updated data received in this year's return which relates to previous years.

Other findings in 2013/14

The majority of Guardianship cases are made under Section 7 of the MHA. 96.5 per cent of new cases were under Section 7 (277 cases) and 91.2 per cent of continuing cases (548 cases). See Table 1 of the supporting spreadsheet file.

Prison transfers are made under Part III of the MHA and relate to patients detained by direction of the court while either on remand, after conviction, or transferred from prison under warrant from the Secretary of State for Justice (Sections 35-38; 44; 45A; 46-48). Under Part III Section 37 a court can place a prisoner on a Guardianship order. In 2013/14 there were 10 new and 53 continuing Guardianship cases under Section 37. Cases under Section 37 continue to be a small proportion of the total new (3.5 per cent) and continuing (8.8 per cent) cases in England each year. This is similar to other aspects of the MHA, in 2012/13 only 6.0 per cent of hospital detentions were made under Part III of the MHA and 4.2 per cent of Community Treatment Orders were under Section 37². See Table 1 of the supporting spreadsheet file.

The assigned guardian in cases can either be the local authority or a designated person, such as a relative. In 99.7 per cent of new and 96.5 per cent of continuing cases the guardian was the local authority. See Table 1 of the supporting spreadsheet file.

There were slightly more new cases for men (147 cases) than women (140 cases) and also more continuing cases at the end of the reporting year for men (338 cases) compared to women (263 cases). This is in keeping with other aspects of the MHA, in 2012-13 two thirds of people detained in hospital under the MHA and people subject to a CTO were male². See Table 2 of the supporting spreadsheet file.

² Inpatients Formally Detained in Hospitals under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2012-2013, Annual figures <http://www.hscic.gov.uk/catalogue/PUB12503>

Chapter 2: Variation in Guardianship Cases

There are large variations in the numbers of Guardianship cases across England. Not all local authorities had new Guardianship cases to report in 2013/14, with only 97 of the 152 (64 per cent) having new cases and 113 (74 per cent) having continuing cases. See Table 5 of the supporting spreadsheet file.

Guardianship Cases by Region

The North West had the highest number of new cases, with 64 cases being reported in 2013/14, accounting for 22 per cent of all new cases in England. However this was 13 less than the previous year and led to a fall in the number of cases per million population from 10.9 to 9.0 cases per million. In 2013/14, the North East had the highest rate of new Guardianship cases relative to its population with an increase from 8.1 (2012/13) to 10.7 cases (2013/14) per million population. This reflects double the England rate in 2013/14 of 5.3 cases per million, as shown in Figure 2.1.

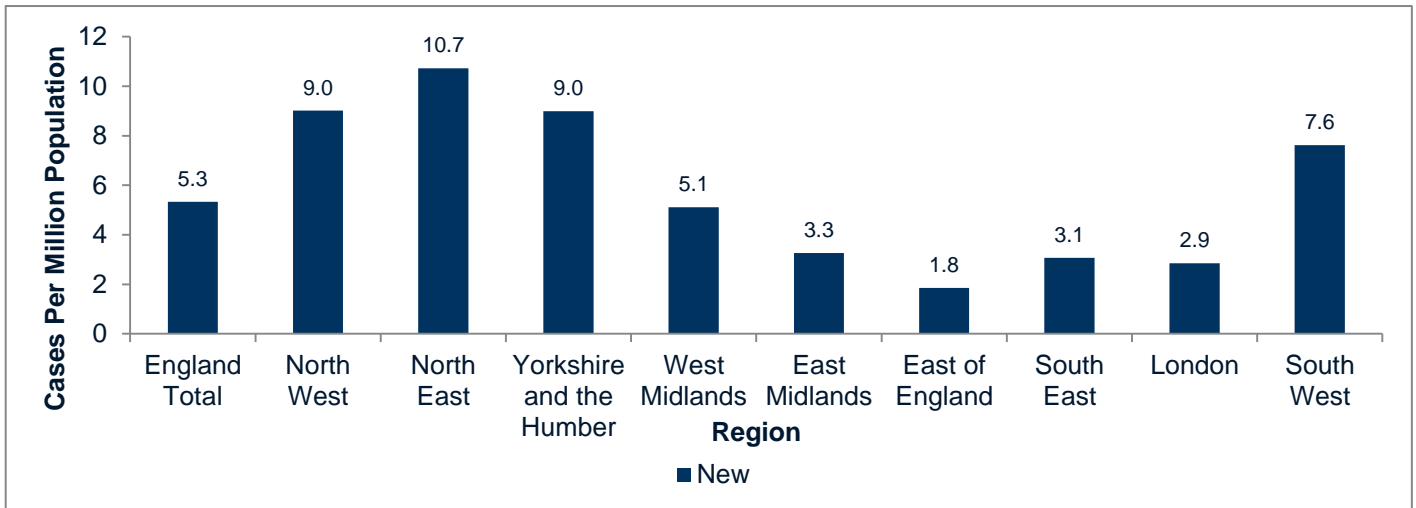
In 2013/14 The North East, Yorkshire and Humber, East Midlands and London all reported an increase in the number of new cases from the previous year, London had the largest percentage increase from 14 cases in 2012/13 to 24 cases in 2013/14, an increase of 71 per cent. The Eastern region had the lowest number of new cases (11 cases, the same as the previous year) and the lowest number of new cases per million population, with 1.8 cases per million population. The Eastern region was the only region with less than 2 cases per million population (Figure 2.1).

The North West also continued to have the highest number of cases continuing at the end of the 2013/14 year with 156 cases, accounting for over a quarter (26%) of continuing cases in England. The North West also had the highest rate for continuing cases with 22.0 cases per million population, almost double the national average of 11.2 cases per million (Figure 2.2).

All regions except the North East, North West and the West Midlands reported a slight increase in the number of continuing cases in 2013/14. The South East and London continue to have the lowest rate of continuing cases, the South East had 5.6 cases per million population, and London 2.7 cases per million population (Figure 2.2).

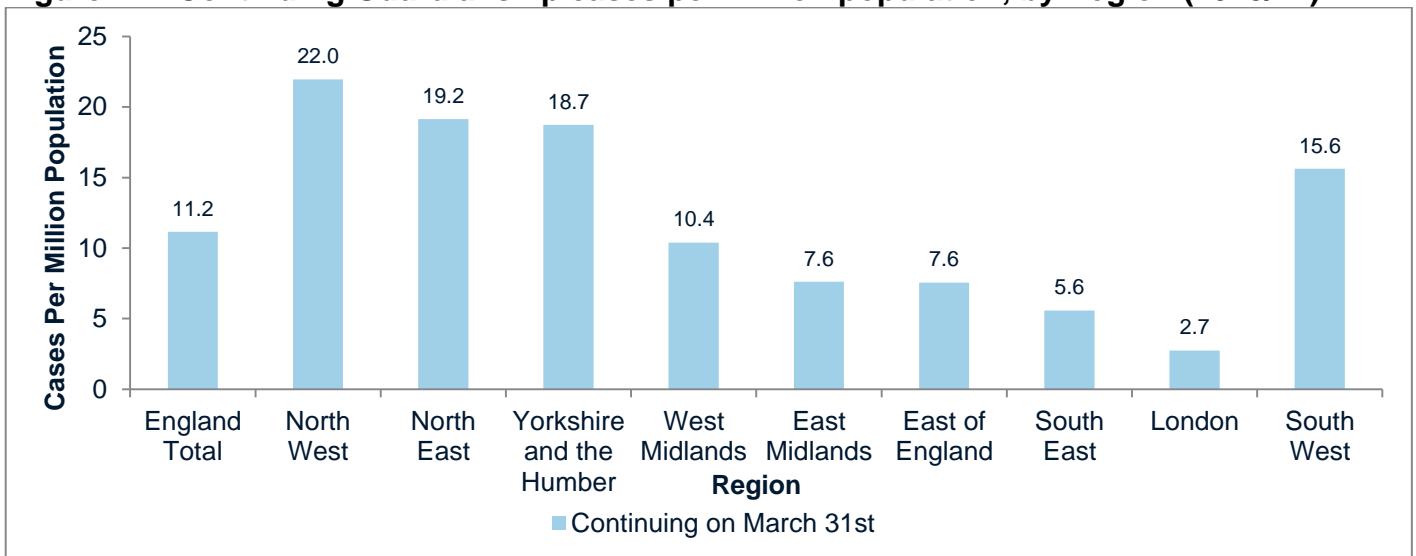
The North West and the North East also had the highest number of closed Guardianship cases within the 2013/14 reporting year. The North East had the largest increase in the rate of closed cases, from 5.8 cases per million in 2012/13 to 15.7 cases per million in 2013/14 (Figure 2.3).

Figure 2.1: New Guardianship cases per million population, by Region (2013/14)



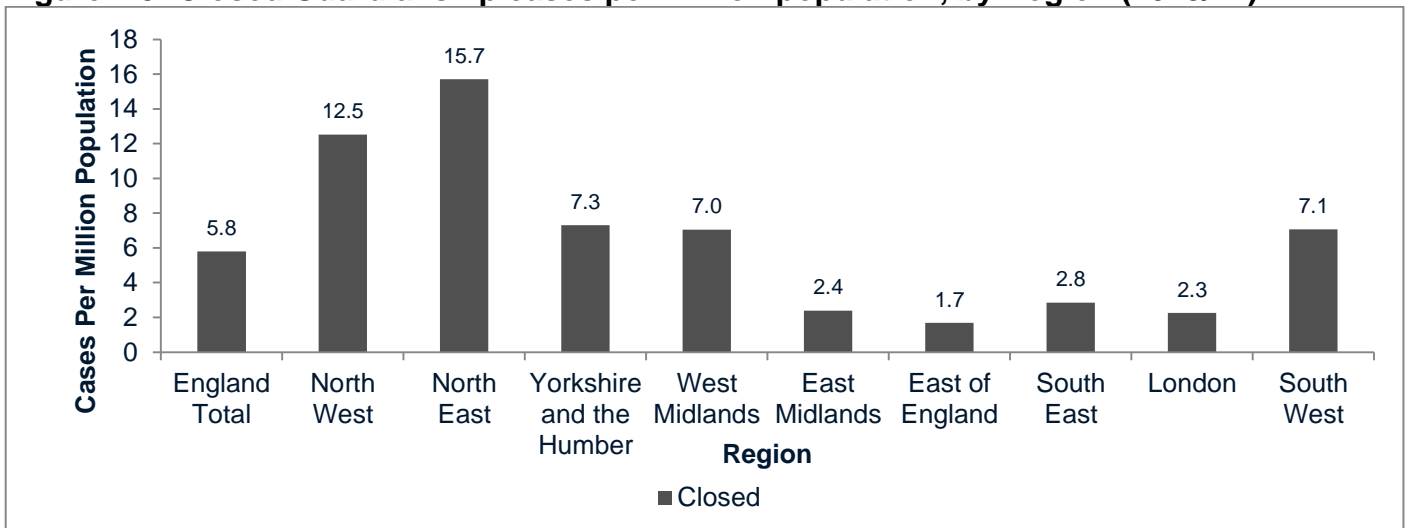
Data source: SSDA702, see Table 3 of the supporting spreadsheet file

Figure 2.2: Continuing Guardianship cases per million population, by Region (2013/14)



Data source: SSDA702, see Table 3 of the supporting spreadsheet file

Figure 2.3: Closed Guardianship cases per million population, by Region (2013/14)



Data source: SSDA702, see Table 3 of the supporting spreadsheet file

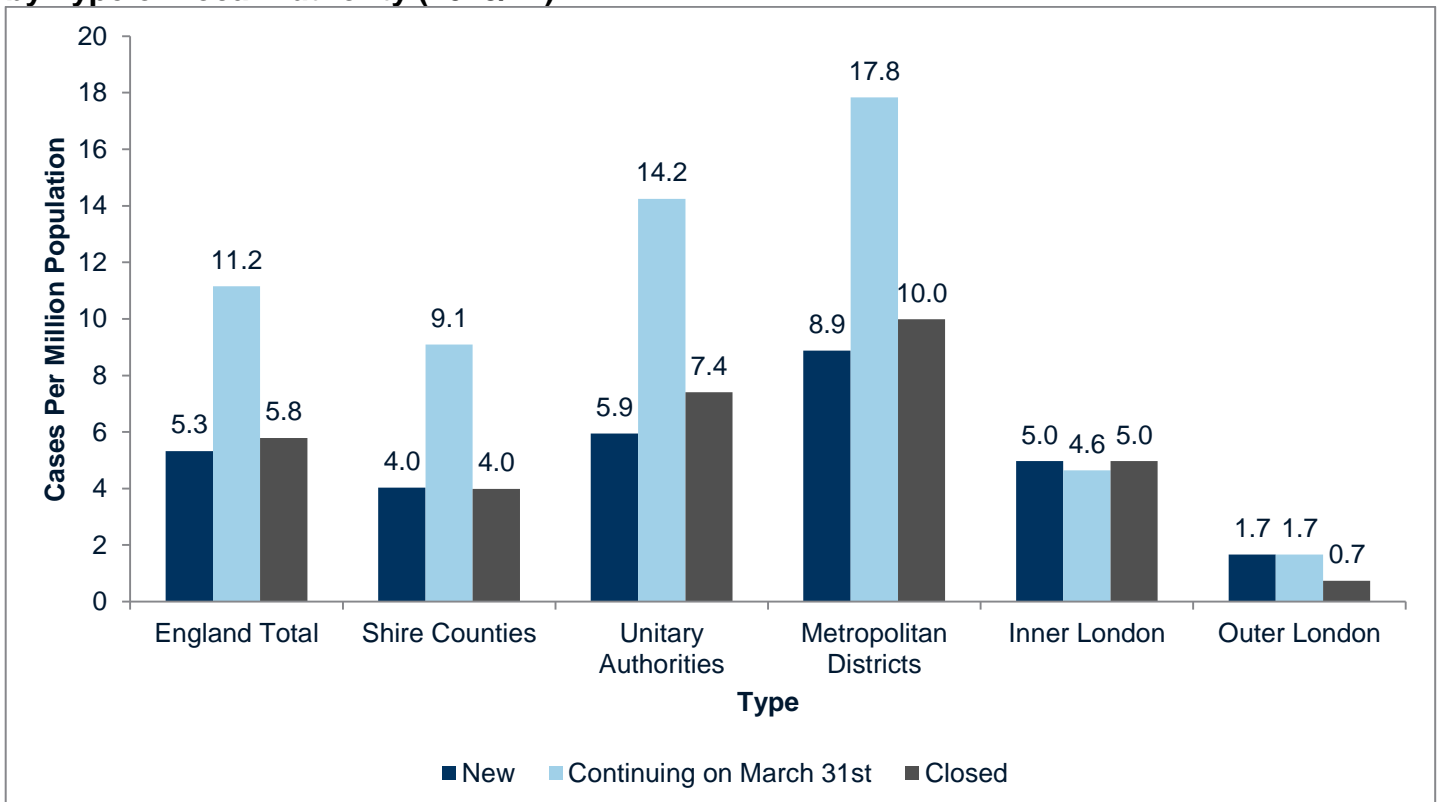
Guardianship Cases by Type of Local Authority

There are large variations in the rates of Guardianship cases per million population between different types of local authority. Figure 2.4 shows the number of cases per million population for England and for each local authority type 2013/14.

Guardianship is used more in Metropolitan Districts, which had the highest rate of new and continuing cases, 8.9 cases per million for new cases and 17.8 cases per million for continuing cases. Metropolitan Districts are based in the North West, the North East, Yorkshire and Humber, and the West Midlands, which are also the regions with more cases. Whether the use of Guardianship in Metropolitan Districts is related to local practice within this type of local authority or the geographical location is unknown and warrants further investigation. We are looking to develop the validation process for 2014/15 to enable local authorities to provide further explanations relating to year on year changes in the number of new, continuing and closed Guardianship cases.

The London region is made up of Inner and Outer London authorities. Outer London had the lowest rate of new cases (1.7 cases per million), however this was double the rate of 0.7 in 2012/13. Outer London also had the lowest rate for continuing cases with 1.7 cases per million. Inner London local authorities were the only type with a lower rate of continuing cases than new or closed cases.

Figure 2.4: Rates of new, continuing and closed Guardianship cases per million population, by Type of Local Authority (2013/14)



Data source: SSSA702, Table 3 of the supporting spreadsheet file

Duration of Guardianship Cases by Region

A person may be discharged from Guardianship for a number of different reasons;

- The reason for placing the individual under Guardianship may no longer be relevant
- The individual maybe non-compliant with the Guardianship order
- The individual's mental health need may have deteriorated
- They may warrant reception under a different Section of the MHA, for example hospital detention (which may or may not then include transfer to a CTO)
- The individual may now be deceased.

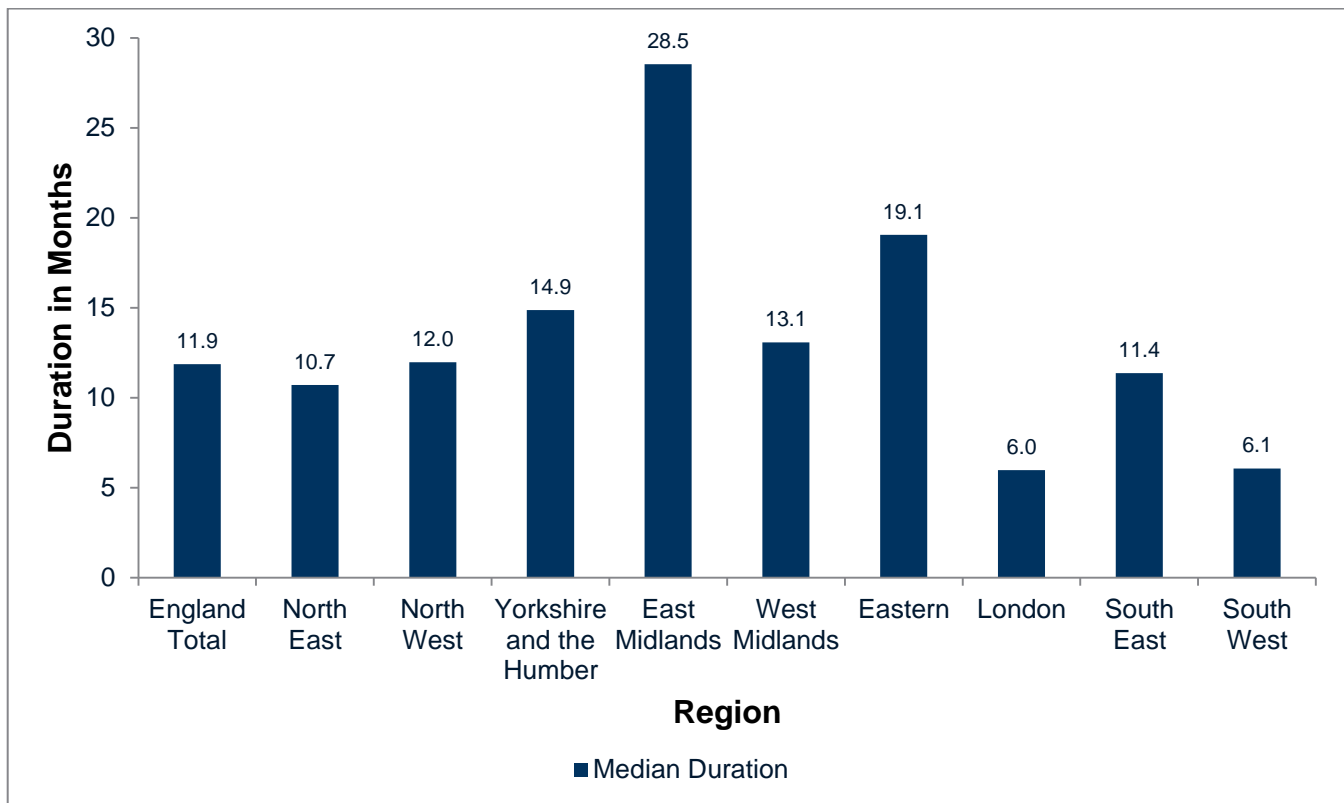
There was a wide variation in the duration of Guardianship cases across different regions, as shown in Figure 2.5 (based on closed cases only). In comparisons the median[†] case duration was used rather than the mean, this was due to the small number of cases in some regions as individual cases of unusual length can skew the mean figures. This should be noted when comparing to earlier reports where the mean value was used. The shortest Guardianship case was 7 days and the longest was 30.3 years. The median duration of a Guardianship case in England was 11.9 months.

Closed Guardianship cases in the East Midlands had the longest median duration (28.5 months), which is more than double the national figure of 11.9 months. After the East Midlands, the Eastern region had the longest average duration with 19.1 months. London and the South West had the shortest duration with 6.0 and 6.1 months respectively. We are looking to develop the data validation process for 2014/15 to allow for Local Authorities to provide further explanations related to duration of closed guardianship cases so that we obtain evidence to explain any differences regionally.

Of the 312 closed Guardianship cases in 2013/14, 305 were Section 7 cases and 7 were Section 37 cases. Section 7 cases varied in duration from 7 days to 14.9 years, the median duration was 11.9 months. Section 37 Guardianship cases varied in duration from 4.4 months to 30.3 years, the median duration was 28.8 months.

[†]Median is the middle value when the values are ordered from lowest to highest.

Figure 2.5: Median Duration of Closed Cases by Region, 2013/14, England



Data source: SSDA702, see Table 4 of the supporting spreadsheet file

Chapter 3: Relationship to other aspects of Mental Health Law

As well as Guardianship, there is also alternative Mental Health legislation for helping a person with a mental health disorder receive care and treatment where there is a risk to themselves or others. Community Treatment Orders (CTOs) aim to promote the welfare of people who would otherwise be detained in hospital for treatment, and the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) are to protect people who lack the capacity to make decisions regarding their own care or treatment to ensure they are deprived of their liberty in a necessary and proportionate way (See Background). These are used more commonly than Guardianship and their usage may in part account for the reduction in Guardianship cases over the years.

CTOs were implemented on 3 November 2008. In the first full year of reporting (2009/10) there were 4,107 new CTO cases, since then this has increased to 4,647 new cases in 2012/13, an increase of 13 per cent (data for 2013/14 will be published in October 2014). At the end of the first full year of reporting (31st March 2010) there were 3,325 people subject to a CTO, and on the 31st March 2013 this had increased by 57 per cent to 5,218 people^{2,3}.

DoLS were implemented on the 1st April 2009, in the first year (2009/10) there were 3,297 DoLS applications granted and in 2013/14 this has doubled to 7,629. At the end of the first year (31st March 2010) there were 1,137 active DoLS authorisations in place, and at the end of 2013/14 (31st March 2014) this has doubled to 2,292 authorisations^{4,5}. Table 3.1 shows the number of new and continuing Guardianship, CTOs and DoLS cases for 2009 to 2014 including the difference (+/-) from year to year (where data available).

Whilst the usage of CTOs and DoLS has increased since their implementation, during the same time the number of Guardianship cases has fallen. In 2007/08, before the implementation of CTOs and DoLS, there were 428 new and 850 continuing Guardianship cases. This has fallen to 287 new and 601 continuing cases in 2013/14, a decrease of 33 and 29 per cent respectively. It is unknown whether the fall in Guardianship cases is directly linked to the implementation of CTOs and DoLS; the increase in CTOs and DoLS greatly exceeds the reduction in the number of Guardianship cases. However the availability of alternative legislation to care for a patient may have led to changes in local practice and therefore the decrease in the usage of Guardianship.

² Inpatients Formally Detained in Hospitals under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2012-2013, Annual figures <http://www.hscic.gov.uk/catalogue/PUB12503>

³ Inpatients Formally Detained in Hospitals under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2009-2010, Annual figures <http://www.hscic.gov.uk/catalogue/PUB00850>

⁴ Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments - England, 2009-2010, First report on annual data <http://www.hscic.gov.uk/catalogue/PUB00916>

⁵ Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments, England - 2013-14, Annual report www.hscic.gov.uk/pubs/mentcap1314annual

Table 3.1 New and continuing cases of Guardianship, CTOs and DoLS in England for 2009 to 2014

	2009/10	2010/11	2011/12	2012/13	2013/14
New cases (1 April – 31 March)					
Guardianship	440	350 (-90)	340 (-10)	276 (-64)	287 (+11)
CTOs	4,107	3834 (-273)	4220 (+386)	4647 (+427)	-
DoLS	3,297	4951 (+1654)	6339 (+1388)	6546 (+207)	7629 (+1083)
Continuing cases (on the 31 March)					
Guardianship	782	702 (-80)	661 (-41)	627 (-34)	601 (-26)
CTOs	3,325	4291 (+966)	4764 (+473)	5218 (+454)	-
DoLS	1,137	1512 (+375)	1667 (+155)	1607 (-60)	2292 (+685)

Data Source: Guardianship SSDA 702 (2009 - 2014), Community Treatment Orders KP90 (2009 - 2013) CTO data for 2013/14 will be published in October 2014, Deprivation of Liberty Safeguards DoLS collection (2009 - 2014).

Data are not yet available for the number of CTOs in 2013/14. Therefore the most up to date figures for comparisons by region for the number of Guardianship, CTOs and DoLS were 2012/13. Figures 3.1 and 3.2 show the number of new and continuing Guardianship, CTO and DoLS cases by region in the reporting period 2012/13. Regional data for new and continuing Guardianship and DoLS cases for 2013/14 are shown in the supporting spreadsheet (Table 6).

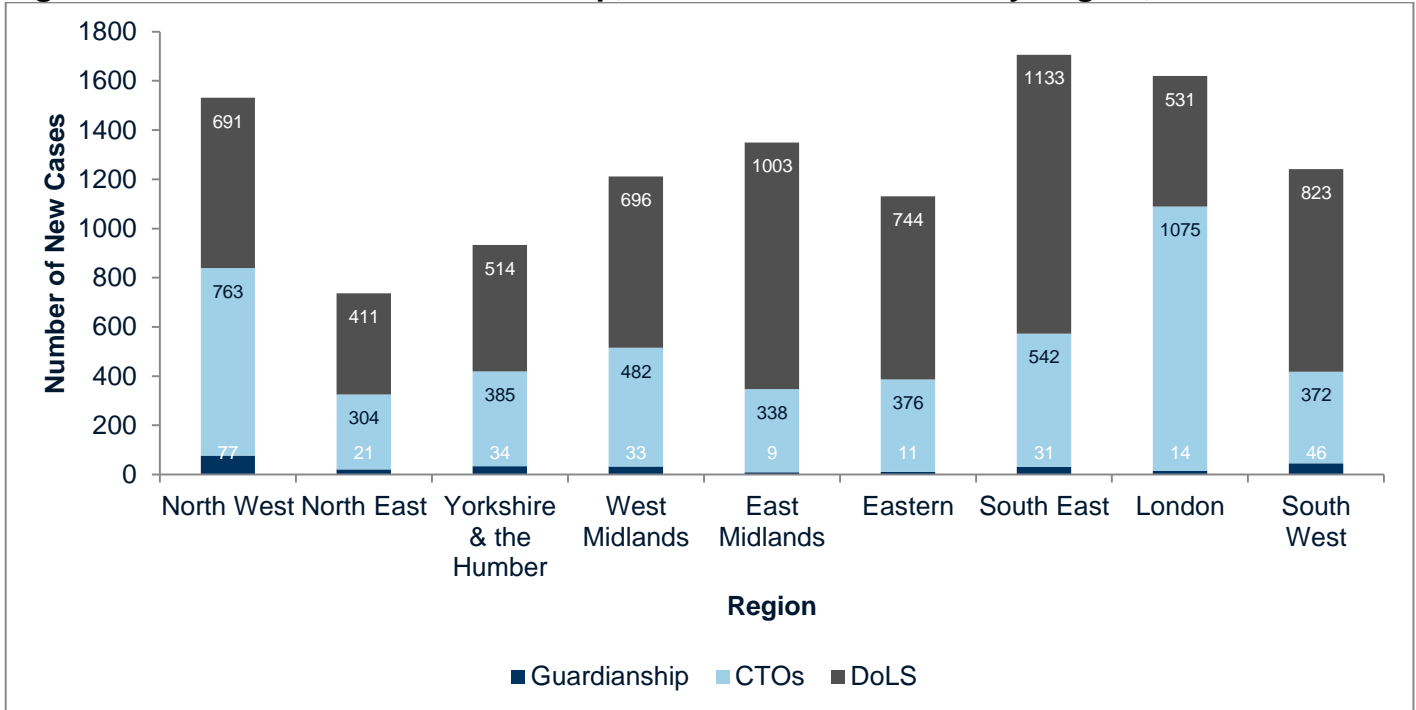
There is wide regional variation in the use of Guardianship, CTOs and DoLS legislation, and this may be due to differences in the interpretation of Mental Health legislation, local practice or maybe reflective of differences in the types of Mental Health cases within each region. In 2012/13, London had the highest number of new CTOs, with over 1,000 new cases and 23 per cent of the England total yet only had a small number of new Guardianship cases (14 cases accounting for 5 per cent of the England total). The East Midlands had the lowest number of new Guardianship cases (9 cases) but the second highest amount of DoLS authorisations with over 1,000 new authorisations. The South East had the highest number of DoLS authorisations.

The number of active DoLS authorisations on the 31st March 2013 is considerably lower than the number of new DoLS cases within the year, this is because in the majority of cases (approximately 70%), the duration of a DoLS is less than 3 months⁵. Guardianship and CTOs can initially be made for 6 months, and then can be renewed for a further 6 months and then yearly, therefore people subject to a Guardianship or a CTO at the end of the reporting year may have had their cases started in earlier years. CTOs can also be revoked, that is the underlying Section of the MHA is reinstated and the individual is detained in hospital. In 2012/13 forty one per cent of CTOs that ended were because the CTO was revoked rather than the individual being discharged². In 2012/13 London had the lowest number of continuing Guardianship cases (19 cases) yet the highest number of continuing CTO cases (1,089 cases).

² Inpatients Formally Detained in Hospitals under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2012-2013, Annual figures <http://www.hscic.gov.uk/catalogue/PUB12503>

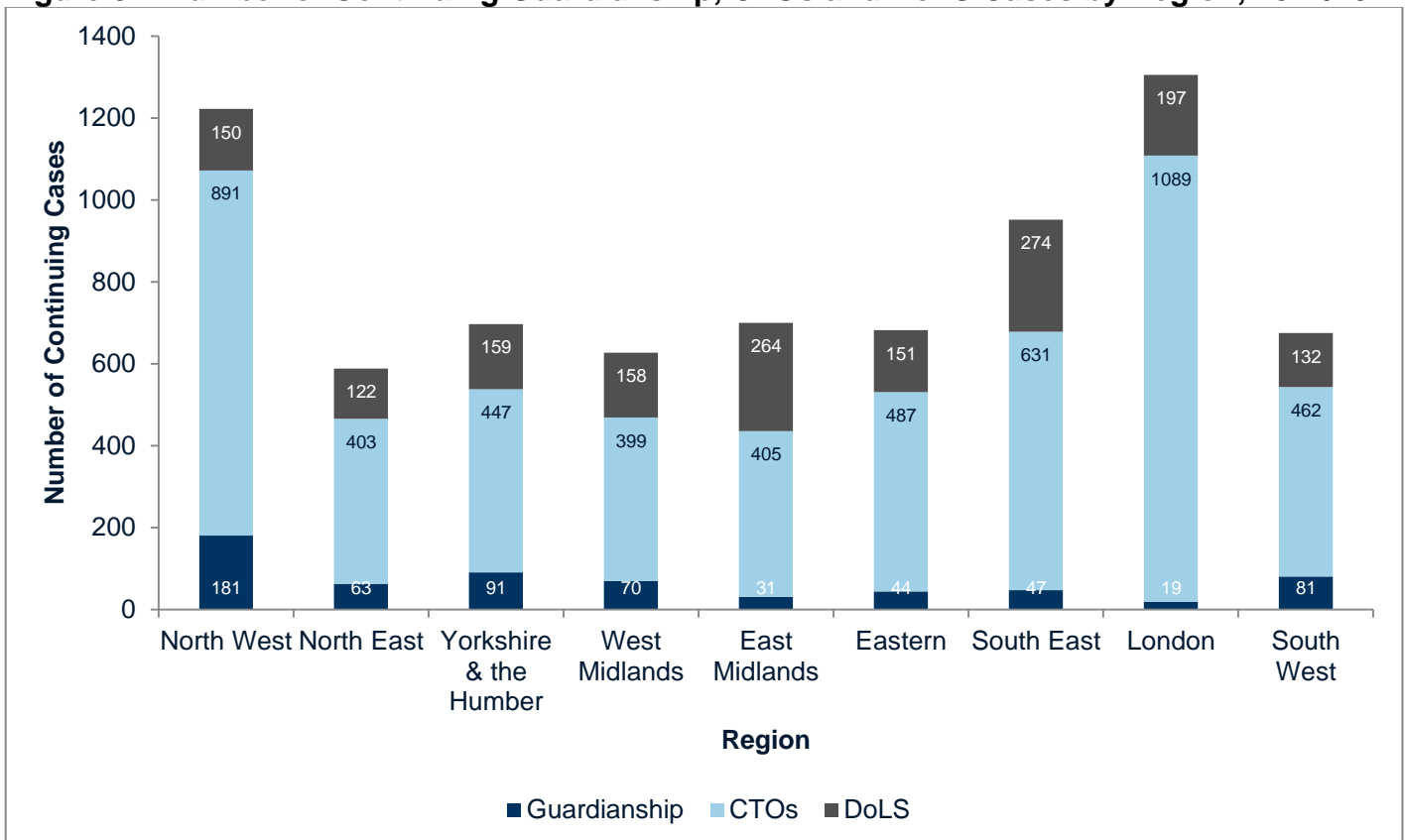
⁵ Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments, England - 2013-14, Annual report www.hscic.gov.uk/pubs/mentcap1314annual

Figure 3.1 Number of New Guardianship, CTOs and DoLS Cases by Region, 2012/13



Data Source: Guardianship SSDA 702 (2012/13), Community Treatment Orders KP90 (2012/13), Deprivation of Liberty Safeguards DoLS collection (2012/13). See Table 6 of the supporting spreadsheet file. The total number of new CTO cases for 2012/13 was 4647, ten cases could not be matched across to a region, therefore have not been included in Figure 3.1.

Figure 3.2 Number of Continuing Guardianship, CTOs and DoLS Cases by Region, 2012/13



Data Source: Guardianship SSDA 702 (2012/13), Community Treatment Orders KP90 (2012/13), Deprivation of Liberty Safeguards DoLS collection (2012/13). See Table 6 of the supporting spreadsheet file. The total number of continuing CTO cases for 2012/13 was 5218, four cases could not be matched across to a region, therefore have not been included in Figure 3.2.

Appendix A: Data Quality

Purpose of this Section

This section aims to provide users with an evidence-based assessment of the quality of the statistical output from the Guardianship 2014 collection by reporting against those of the nine European Statistical System (ESS) quality dimensions and principles¹ appropriate to this output. In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics², particularly Principle 4, Practice 2 which states: Ensure that official statistics are produced to a level of quality that meets users' needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors, and other aspects of the European Statistical System definition of quality.

¹ The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.

² UKSA Code of Practice for Statistics

Relevance

This dimension covers the degree to which the statistical product meets user need in both coverage and content.

The publication report contains the latest statistics about cases of Guardianship under Sections 7 and 37 of the Mental Health Act 1983. This report contains summary statistics detailing the following information:

- Cases of Guardianship under the Mental Health Act 1983, by year, Section and relationship of guardian for 2003-04 to 2013-14
- Cases of Guardianship under the Mental Health Act 1983, by gender, Section and relationship of guardian 2013-14
- Cases of Guardianship under the Mental Health Act 1983, by region and type of local authority 2013-14
- Duration of closed cases of Guardianship under the Mental Health Act 1983, by region and type of local authority 2013-14
- Cases of Guardianship under the Mental Health Act 1983, by region and local authority, 2013-14 (including duration of closed cases)
- Cases of Guardianship under the Mental Health Act 1983, by region and local authority, 2013-14 (ordered by number of continuing cases)
- Cases of Guardianship, Community Treatment Orders and Deprivation of Liberty Safeguards for 2009-10 to 2013-14
- Cases of Guardianship, Community Treatment Orders and Deprivation of Liberty Safeguards for 2012-13 and 2013-14, by region.

The report contains figures and commentary, and is accompanied by a series of data tables in a separate spreadsheet.

The report will be relevant to anyone responsible for handling Guardianship applications or those involved in monitoring uses of the Mental Health Act and the rights of people with mental health

disorders, in particular the Department of Health, Care Quality Commission and NHS England. It will be of particular interest to local social services authorities who are the named guardians in the majority of cases and who supply the data used for these statistics.

Accuracy and reliability

This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.

Accuracy

Sampling, coverage and non-response errors

The collection was sent to all 152 Local Authorities and responses were mandatory, regardless of whether Guardianship cases had been handled in the reporting year by the Authority. Nil returns were accepted. Returns were received from all 152 Local Authorities, 30 submitted a return with no data in relation to 2013/14, of these 18 also returned a nil return in 2012/13 (Table A1).

Table A1: Local Authorities (LA) returning a nil return in 2013/14

LA code	Local Authority	Also nil in 2012/13
106	Gateshead	
214	East Riding Of Yorkshire	
415	Herefordshire	
418	Telford & Wrekin	
510	Rutland	Yes
615	West Berkshire	Yes
618	Windsor & Maidenhead	Yes
624	Peterborough	Yes
625	Bedford Borough	Yes
626	Central Bedfordshire	Yes
702	Camden	
703	Greenwich	Yes
706	Islington	
714	City Of London	Yes
716	Barking & Dagenham	Yes
719	Brent	Yes
721	Croydon	Yes
722	Ealing	Yes
723	Enfield	
725	Harrow	
726	Havering	Yes
727	Hillingdon	Yes
729	Kingston Upon Thames	Yes
730	Merton	Yes
731	Newham	
733	Richmond Upon Thames	
734	Sutton	
816	Brighton and Hove	
821	Medway Towns	Yes
906	Isles Of Scilly	Yes

A set of validation routines were carried out by the Omnibus collection system, and details of these are available in the Appendix C at the end of this document. Data quality assurance was carried out on all derived and calculated figures in the report (including replication from base data by at least one other analyst).

Information was returned on 937 Guardianship cases in total. The only fields that are allowed to be left blank in the return are "Relationship of the Guardian to the Client" which is left blank if the local authority is the guardian, and "date the case closed" which is left blank if the case is still continuing at the end of the reporting period. Other than those designated no other cell was left blank in the return and local authorities were able to populate all other data fields.

Reliability

Historical data – continuing cases

In the 2010/11 publication, we reported an issue observed whereby some local authorities had been closing continuing cases and then reopening them as new cases whenever a Guardianship order had been renewed. This had an impact on historical figures for new, continuing and closed cases as well as the length of historical closed cases. Amendments to figures were made where information pertaining to this issue was received in time, but historical data should continue to be interpreted with caution. This issue appears to have been resolved so should not impact data from 2011/12 onwards.

Historical data - revisions

As with previous data collections on Guardianship, in provider submissions we have accepted information about cases opened and closed in earlier years that have led to revisions to the published figures for earlier years. The time series in Table 1 and Figure 1 have been updated to reflect these revisions. These revisions include:

- 30 additional cases with a commencement date prior to 1st April 2013, which were not included in any previous returns. These alter the previously published figures for both new and continuing cases and are shown in Table A2.

Table A2: Guardianship cases previously unknown by local authority and year the Guardianship commenced. The number of new cases previously reported for each year is shown in brackets.

Local Authority	Pre-2003	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
(902) Cornwall								1 (8)
(323) Lancashire							1 (18)	2 (12)
(503) Lincolnshire						1 (0)		1 (0)
(511) Nottinghamshire								1 (0)
(622) Thurrock	3			1 (1)			1 (0)	
(914) Torbay								1 (2)
(219) York	7	2 (1)	1 (1)	4 (2)	1 (2)	1 (0)	1 (0)	

- 22 cases reported as continuing cases as of 31st March 2013, were updated in this year's return with a closed date prior to 1st April 2013. These updates alter the previously published figures for continuing and closed cases. There were 4 cases continuing at the end of the 2012/13 that should have closed in 2011/12, and another 18 that should have closed in 2012/13, these are shown in Table A3.

Table A3: Number of cases that were reported as continuing as of 31st March 2013 that have now been amended to close previously. The total number of continuing cases for each year is recorded in brackets.

Local Authority	2011/12	2012/13
(816) Brighton and Hove	1 (1)	
(326) Cheshire East		1 (11)
(902) Cornwall		1 (10)
(912) Devon		1 (9)
(205) Doncaster		1 (7)
(812) Hampshire	1 (15)	1 (15)
(724) Haringey	1 (7)	
(820) Kent		1 (8)
(215) Kingston upon Hull		2 (4)
(107) Newcastle upon Tyne		1 (14)
(511) Nottinghamshire		4 (9)
(307) Oldham		1 (2)
(813) Portsmouth		1 (3)
(309) Salford		1 (4)
(734) Sutton	1 (1)	
(819) Swindon		1 (7)
(319) Wirral		1 (23)

Users should bear this in mind if comparing these data to information published in previous reports; the most recent reporting period should be taken as the authoritative representation of the data.

Data quality

There were a number of other smaller changes and data quality issues:

- One case for a male which opened in 2010/11, and is continuing in 2013/14, was amended from a section 37 to a section 7. This means that there is one more new case for a section 7 male for 2010/11 and one less new section 37 case. There is also from 2010/11 onwards one more continuing section 7 case for a male and one less section 37 case.
- One section 7 case that opened in 2010/11 and is still continuing in 2013/14 was amended from female to male. This means that for 2010/11 there is one less section 7 new case for a female and one more section 7 case for a male. There is also from 2010/11 onwards one less section 7 continuing case for a female and one more section 7 case for a male.
- In 2012/13 Wirral Council had 16 new cases and 23 continuing cases. One case that opened in 2012/13 and was still reported as continuing on the 31st March 2013 was removed as it had been entered in error. This reduced the number of new and continuing cases in 2012/13 by one for Wirral Council and for England.
- Nottinghamshire County Council had 7 new cases and one closed case for 2013/14. During the year one case was mistakenly allowed to lapse and was therefore recorded as closed and a new case for the same person was opened 3 days later.
- Lancashire County Council had 14 new cases and 26 closed cases for 2013/14. During the year one case was mistakenly allowed to lapse and was therefore recorded as closed a new case for the same person was opened one day later.

When comparing Guardianship with other areas of Mental Health Law, the HSCIC Deprivation of Liberty Safeguards collection and the KP90 collection for Supervised Community Treatment Orders (CTO) were used. England totals quoted for each year are as per the annual reports, where there were discrepancies for the time series the latest report figures were used. For regional comparisons for DoLS the numbers quoted are as per those quoted in the annual reports and supplementary tables. For CTO regional totals the CSV file accompanying the 2012/13 report was analysed, the reporting organisation was matched to a region using the Organisation Data Service Code. For new cases 10 (0.2 per cent) of the 4647 cases could not be matched across successfully to a region and for continuing cases 4 (0.1 per cent) of the 5214 cases, these were not included in the regional analysis.

Timeliness and punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

This report is based on an annual collection, for which the submission window was open between 1st April 2014 and 1st May 2014. Results were published approximately 20 weeks after the collection deadline, following validation and analysis. We are publishing the report two weeks earlier than in 2013, and the release is in line with pre-announced publication dates, therefore is deemed to be punctual.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.
Accessibility

Accessibility

The publication report and supporting Excel files containing reference data tables are accessible via the Health and Social Care Information Centre (HSCIC) website. A machine readable file containing the data used to create the analysis within the report is published in the same place.

Reuse of our data is subject to conditions outlined here:

<http://www.hscic.gov.uk/data-protection/terms-and-conditions>

Clarity

The reference data tables are presented as separate Excel worksheets. Each details a different aspect of these statistics, e.g. historical time series, information by section, gender and relationship of guardian, geographical information. Information at local authority level includes one table including duration of cases closed in the reporting year and another with case information ordered by number of cases continuing at the end of the year. Information for comparison with number of CTO and DoLS cases including a time series and geographical information.

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.

Coherence

There are no current alternative sources of data for England with which these can be compared, the data are collected from local authorities in England and this is the only collection of this data.

While comparisons to safeguarding statistics from other countries can be made, care needs to be taken as the data is unlikely to be directly comparable due to differences in Mental Health legislation and recording.

Guardianship in Wales is also covered by the Mental Health Act 1983, The Healthcare Inspectorate Wales monitors the use of the Act and collects information from the Welsh Health Boards. Mental health publications for Wales can be found at: <http://www.hiw.org.uk>
In Northern Ireland Guardianship is covered by The Mental Health (Northern Ireland) Order 1986.

In Scotland there is different legislation for Mental Health, Guardianship is provided under the Adults with Incapacity Act 2000. In Scotland if an adult is unable to make key decisions or take necessary actions to safeguard their own welfare, a court can appoint a 'welfare guardian' to do this for them. As in England, a welfare guardian can make decisions about where a person lives, as well as about their personal and medical care. However in Scotland anyone can apply to be a welfare guardian and whilst they must act in the best interest of the individual they do have more powers, which may be why unlike England where Guardianship numbers are falling in Scotland the number of welfare guardian applications continues to rise. The Mental Welfare Commission for Scotland monitors the use of the Adults with Incapacity Act 2000. Mental health publications for Scotland can be found at: <http://www.mwscot.org.uk>

Related Publications

The Health and Social Care Information Centre publishes two other statistical releases about the use of mental health legislation in relation to compulsory treatment/care for people with a mental disorder or who lack capacity. The latest reports are shown below (the next publication of Mental Health Act statistics is currently scheduled for October 2014).

Inpatients Formally Detained in Hospitals Under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2012-2013, Annual figures.
<http://www.hscic.gov.uk/catalogue/PUB12503>

Mental Capacity Act 2005, Deprivation of Liberty Safeguards Assessments (England), Fifth report on annual data, 2013/14
www.hscic.gov.uk/pubs/mentcap1314annual

Past reports for both these statistics can be obtained from the HSCIC's website at:
<http://www.hscic.gov.uk/home>

Other recent publications:-

The latest report for Wales covers the use of the Mental Health Act for 2011 to 2013, and includes information on inpatient detentions, guardianships, and supervised community treatment.

<http://www.hiw.org.uk/opendoc/239672>

The latest report for Scotland covers the use of the Mental Health (Care and Treatment) (Scotland) Act 2003 and includes information on compulsory treatment orders and detentions.

http://www.mwcscot.org.uk/media/138265/mha_monitoring_report_final_25_sept_2013.pdf

Guardianships in Scotland are managed under the Adults with Incapacity (Scotland) Act 2000, and the latest report can be found at:

http://www.mwcscot.org.uk/media/138295/awi_2013_final_report_25_sept_2013.pdf

The Care Quality Commission (CQC) also produce a report on use of the Mental Health Act which is available here:

http://www.cqc.org.uk/sites/default/files/documents/cqc_mentalhealth_2012_13_07_update.pdf

Comparability

The most recent reported data should be taken as the definitive version, since revisions to historical data are accepted during collection. See 'Reliability' section above.

The length of time a Guardianship order was in place for is calculated from closed cases only, that is those cases that have finished and a true assessment of length can be calculated. In previous publications comparisons have been made for duration of Guardianship cases by regions and type of local authority using the mean[†], however where local authorities have a small number of cases any individual cases of unusual length can skew the mean figures. Therefore in the 2013/14 publication we have used median[†] values. This should be noted when comparing to earlier reports where the mean value was used.

[†] Mean is the sum of all the numbers in a list divided by how many numbers in the list. Median is the middle value in a list when the values are ordered from lowest to highest.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other.

This submission was mandatory and therefore all organisations in existence at the point of collection submitted data. There are no known data quality issues other than those mentioned above.

Guidance is made available to all submitters on what items should be included in each field of the data return. The guidance document is consulted on by a Working Group including local authority representatives and updated yearly and as needed to reflect any comments. Once the data is submitted it is validated (See Appendix C for Validation rules), any issues are then passed back to the local authorities to amend or clarify their data submission. The HSCIC provide support not only at submission time but also throughout the year as local authorities collect and prepare their data.

Assessment of user needs and perceptions

This dimension covers the processes for finding out about users and uses and their views on the statistical products.

We anticipate that this publication will be relevant to anyone with responsibility for handling applications for Guardianship or who is involved in monitoring uses of the Mental Health Act and the rights of people with mental health disorders. It will be of particular interest to local social services authorities (who are the named guardians in the majority of cases) and who supply the data used for these statistics.

The content of the 2013-14 Guardianship collection was determined as a result of a review of the HSCIC adult social care data collections which began in 2010. The review considered changes in the delivery of social care and looked into what information the government and local councils would find useful. A set of changes for the social care collections were proposed, and a consultation was organised to gather feedback from a wide range of stakeholders on these proposals. Following consideration of this feedback any amendments to the social care collections were approved by the Department of Health and the Department of Communities and Local Government. The review of the Guardianship collection concluded that it should remain the same and no changes were made. Further information about the consultation is available at: http://www.hscic.gov.uk/media/10088/Consultation-Summary/pdf/00_Consultation_report.pdf

A Working Group was established in early 2014, the aim of the group is to manage the development of the Guardianship collection to reflect the requirements of users and policy. The Group includes representatives from the Health and Social Care Information Centre (HSCIC), The Department of Health, Care Quality Commission, NHS England, MIND and regional representatives from Local Authority. Current membership is available at: <http://www.hscic.gov.uk/socialcarecollections2015>

The Guardianship report has recently been subject to an assessment from the UK Statistics Authority (UKSA) who regularly reviews the status of current national statistics to ensure they maintain a high level of quality and continue to meet the Code of Practice for Official Statistics. The outcome of the review will be available in October at: <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

We are always interested in knowing if the Guardianship collection is meeting your needs, and if not what improvements we could make for the future. We will be consulting with users before the 2014/15 report to understand if the Guardianship collection is meeting your needs and how we could improve it further. If you would like to know more about the consultation you can contact us on the details below.

Email: hscicguardianship@hscic.gov.uk Telephone Enquiries: 0300 303 5678

Performance, cost and respondent burden

This dimension describes the effectiveness, efficiency and economy of the statistical output.

We are required to report on Guardianship cases at organisation level and completing the return is mandatory so the collection is therefore a census of local authorities. Data should be submitted by all local authorities who have open, continuing or have closed any cases of Guardianship under the Mental Health Act 1983 in the reported year. Nil returns are accepted from organisations which have no cases to report. Respondents are required to complete a survey form with some details of each case. The information was collected using the HSCIC Omnibus online collection system. For more information on the format and content of the survey form please see Appendix E.

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

All publications are subject to a standard HSCIC risk assessment prior to issue. Disclosure control is implemented where deemed necessary.

Please see links below to relevant HSCIC policies:

Statistical Governance Policy (see link in 'user documents' on right hand side of page)

<http://www.hscic.gov.uk/pubs/calendar>

Freedom of Information Process

<http://www.hscic.gov.uk/foi>

Privacy and data Protection

<http://www.hscic.gov.uk/privacy>

Appendix B: Glossary

New Guardianship case – this represents a new Guardianship case implemented in the current reporting year. This can be a new person that has never been under Guardianship before, or someone that has previously been under Guardianship but has had a break from Guardianship.

Closed Guardianship case – this is a Guardianship case that has closed during the current reporting year, the case may have opened in the reporting year or in a previous year. Cases that are renewed should not be included as closed cases and should remain open.

Continuing Guardianship case – these are cases that are still in place on the last day of the reporting year (31st March). The case may have opened in the reporting year or in a previous year. This seeks to gather information on how many people are subject to Guardianship at a specific point in time.

Inner London – this area roughly relates to the part of Greater London falling within the boundaries of the former London County, which existed from 1889 to 1965. The HSCIC definition of Inner London includes the City of London council and 12 of the London Boroughs. The definition used by the Office for National Statistics (ONS) is slightly different and includes 14 councils in total. The differences in the ONS list are the inclusion of Haringey and Newham and exclusion of Greenwich.

Metropolitan District – The 36 metropolitan districts are subdivisions of the six metropolitan county areas of England. Since the abolition of the metropolitan county councils in 1986 the metropolitan district councils have been unitary administrations.

Outer London – this area roughly relates to the part of Greater London falling outside the boundaries of the former London County, which existed from 1889 to 1965. The HSCIC definition of Outer London includes 20 of the London boroughs. The definition used by the Office for National Statistics (ONS) is slightly different and includes 19 councils in total. The differences in the ONS list are the inclusion of Greenwich and the exclusion of Haringey and Newham.

Shire – The 27 non-metropolitan (Shire) Counties form the upper tier of the two-tier local government structure found in many parts of England. The lower tier of the structure is the non-metropolitan districts.

Unitary Authority – Unitary authorities (UAs) are areas with a single tier of local government (as opposed to the two-tier county/district structure). In practice the term is only applied to the 56 UAs established in parts of England between 1995 and 2009. However, some London boroughs and metropolitan districts in England are all also served by single-tier (unitary) administrations.

Mean - is the sum of all the numbers in a list divided by how many numbers in the list.

Median - is the middle value in a list when the values are ordered from lowest to highest.

Rates of cases per population – This is calculated by taking the number of Guardianship cases in a specific area (e.g. in a region or for England), then dividing by the population of that area and finally multiplying by 1,000,000 to give the rates of Guardianship cases per million population for that particular area.

Legislative Reform

The Mental Health Act 2007 received Royal Assent on 19 July 2007. It did not make any fundamental changes to the operation of Guardianship under the Act, but it abolished the need to categorise each patient's mental disorder as being mental illness, psychopathic disorder, severe mental impairment or mental impairment.

The Mental Health Act 2007 did however make a number of other significant changes to the Mental Health Act 1983, this included the introduction of Community Treatment Orders (CTOs) which were introduced on 3 November 2008. The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) also came into force on 1 April 2009. They were introduced as an amendment under the Mental Health Act 2007 but, since they involve only people who lack capacity, form part of the Mental Capacity Act 2005.

Past and present legislation for the Mental Health Act and the Mental Capacity Act can be found at <http://www.legislation.gov.uk>

Appendix C: Data Submission Validations

Below are the validations used during the online Omnibus data collection for Guardianship under the Mental Health Act, 1983 –2013/14

- 1) Check for new cases where "Date case commenced" is after 31st March 2014 and therefore falls in the next reporting year
- 2) Check new Cases "Date case commenced" is before 1 April 2013 and is a new case that should have been reported in a previous reporting period
- 3) Check "Date case commenced" is in correct format (dd/mm/yyyy)
- 4) Check for cases where "Date case closed" is on or before 31st March 2013 and therefore should have been closed in a previous reporting period
- 5) Check for cases where "Date case closed" is after 31st March 2014 and therefore falls in the next reporting period
- 6) Check "Date case closed" is in correct format (dd/mm/yyyy)
- 7) Check "Date case closed" is after "Date case commenced"
- 8) Check for identical reference numbers
- 9) Check where an open date and closed date are within 5 day period to ensure cases is a true new case and not a renewal.

Appendix D: List of Tables

The supporting spreadsheet file contains the following tables and can be accessed here:
<http://www.hscic.gov.uk/pubs/guardianmh14>

Table	Title
Table 1	Cases of Guardianship under the Mental Health Act 1983, by year, section and relationship of guardian, 2003 - 04 to 2013 - 14
Table 2	Cases of Guardianship under the Mental Health Act 1983, by gender, section and relationship of guardian, 2013-14
Table 3	Cases of Guardianship under the Mental Health Act 1983, by region and type of local authority, 2013-14
Table 4	Duration of closed Guardianship cases under the Mental Health Act 1983, by region and type of local authority, 2013-14
Table 5	Cases of Guardianship under the Mental Health Act 1983, by local authority, 2013-14 (including duration of closed cases)
Table 6	New and continuing cases of Guardianship, CTOs and DoLS by Region, England, 2012-2014

Appendix E: SSDA702 form

Guidance on completing this return form can be found here:
<http://www.hscic.gov.uk/datacollections/guardianship>

The Health and Social Care Information Centre - Local Authority Social Services Statistics
 SSSDA702

Please ensure you have only one Omnibus window open at a time, even if you are logged in as different organisations. Opening more than one window can cause data to be saved incorrectly and lead to errors in your organisation's return.

GUARDIANSHIP UNDER THE MENTAL HEALTH ACT 1983

If the relationship of guardian to client has changed for any of the cases listed below, please amend column E. Please note this should be left blank if the relationship is Local Authority.

If any of the cases below closed between 1st April 2013 and 31st March 2014, please enter the date in the format dd/mm/yyyy in column F (Date Case Closed).

Table 1: Guardianship cases open as of 31st March 2013

Please read the notes BEFORE completing this section						
A Reference Number	B Date Case Commenced	C Section of the Act	D Sex (M/F)	E Relationship of guardian to client (if not LA)	F Date Case Closed	
1	dd/mm/yyyy				dd/mm/yyyy	Delete

Please enter below ALL new cases that opened between the period 1st April 2013 and 31st March 2014.

You can add rows either individually or specify the number of rows.

Please note: Dates for "Cases Commenced" and "Cases Closed" must be entered in the format dd/mm/yyyy. If cases are still open, please remove "dd/mm/yyyy" from column F before submitting your return.

Please DO NOT submit blank rows.

If any of the new cases are still open, please delete dd/mm/yyyy from column F (Date Case Closed).

If you have NO new cases please:

- Enter '99999' in column A, Reference Number
- Enter '01/01/1900' in column B, Date Case Commenced
- Select '7' from column C, Section of the act
- Select 'M' from column D, Sex (M/F)
- Leave column E, Relationship of guardian to the client blank
- Delete 'DD/MM/YYYY' from column F, Date Case Closed

Further notes on how to complete each field can be found in the Guidance Notes section of the Omnibus System.

Table 2: New Guardianship cases opened between 1st April 2013 and 31st March 2014

Please read the notes BEFORE completing this section						
A Reference Number	B Date Case Commenced	C Section of the Act	D Sex (M/F)	E Relationship of guardian to client (if not LA)	F Date Case Closed	
1	dd/mm/yyyy	Select...	Select...		dd/mm/yyyy	Delete

Add New Row

Add Multiple Rows

Please ensure that you click the "Release Final" button to submit your data to the Health and Social Care Information Centre.

Your data must be valid in order to successfully release your data.

Thank you for taking the time to complete the Guardianship 2014 return.

Additional Comments

If you have any comments regarding the data above or feedback about the collection and/or omnibus survey please enter them below:

**Published by the Health and Social Care Information Centre
Part of the Government Statistical Service**

Responsible Statistician

Pritpal Rayat

Section Head, Adult Social Care Statistics Team

ISBN 978-1-78386-187-3

This publication may be requested in large print or other formats.

For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

Copyright © 2014 Health and Social Care Information Centre. All rights reserved.

This work remains the sole and exclusive property of the Health and Social Care Information Centre and may only be reproduced where there is explicit reference to the ownership of the Health and Social Care Information Centre.

This work may be re-used by NHS and government organisations without permission.