Uses and data quality of the Guardianship, under the Mental Health Act, 1983 data collection

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

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Executive Summary

The Guardianship under the Mental Health Act 1983 annual report contains information on the use of Guardianship under Section 7 and 37 of the Mental Health Act. It reports on the number of new, continuing and closed cases during the reporting period at national, regional and local authority levels and includes breakdowns by gender, Guardianship type, and type of local authority.

The collection was developed to provide a coherent National Statistic on Guardianship cases. The data is collected annually and is a statutory collection for all 152 Councils in England with Adult Social Services Responsibilities (referred to as CASSRs or Councils throughout this report). The Guardianship data is collated from administrative data sources within councils and returned to the Health and Social Care Information Centre (HSCIC) via a secure web-based submission platform called Omnibus.

The purpose of this report is to understand the quality of the administrative data sources used within councils to record and report Guardianship data to the HSCIC. This report also sets out to identify who uses the Guardianship data, for what purpose and whether the current data items and data quality is meeting user needs or whether further developments are required. The report also documents a number of Guardianship case studies where councils have found the use of Guardianship beneficial which may be of use to users when using the data.

Key findings

Data Quality:

- Councils keep information about Guardianship cases on both paper and electronic records.
- Councils report having robust storage and access protocols for Guardianship records, with access only available to authorised staff.
- A range of data validation processes are adopted by councils to help ensure accuracy of the data before submission.
- The HSCIC provide guidance and support throughout the year to councils that supply the data with regular communications.
- The HSCIC data collection process is secure and clearly defined to councils, data is checked and all queries are referred back to the submitting council for amendments. Any errors remaining or amendments to data from previous reporting periods are noted in the data quality statement of the annual report.
- The HSCIC have outlined a number of recommendations in this report that councils should adopt to ensure the data they submit is accurate.
- The HSCIC have implemented further methods to help understand more about the quality assurance arrangements in councils.

Users and Uses:

- The current collection reports on new, closed and continuing cases by council and region, this allows users to monitor trends at a national and local level. Councils make good use of the Guardianship report to assist in performance management, benchmarking against comparator councils, forecasting and budgeting and contributing to internal reporting.
- Policy teams, regulatory bodies, mental health charities and academics make use of the Guardianship data for monitoring trends in the number of Guardianship cases year on year and by region, monitoring the use of the Mental Health Act in England and the effects other mental health legislation have on Guardianship numbers.
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- Users report that whilst the data currently meets their needs further data items would be beneficial e.g. age, mental health disorder and reason for Guardianship case closing.
- The ability to revise data from previous reporting years provides users with data that is current and a true record, adding to the credibility of the data. Any changes are minimal and have little impact on previously reported figures; users report that they do not want to lose this aspect from the collection as some changes are needed such as change in Guardian.
- The statistics have a low impact with little political or media interest in Guardianship usage.
- To aid users of the statistics councils have been able to provide a number of examples of Guardianship cases. This will help users add context when interpreting trends.

Conclusion:

- Due to the low impact of the Guardianship statistics and the high level of guidance and support provided by the HSCIC during the data collection cycle we conclude that the Guardianship statistics meet the UK Statistics Authority basic level of assurance for statistics\(^1\).

Introduction

Background

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.

The SSDA702 Guardianship under the Mental Health Act 1983 report contains information on the use of Guardianship under Sections 7 and 37 of the Act (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). The collection reports on the number of new, continuing (cases still open as of 31st March) and closed cases during the reporting period at national, regional and local authority levels and includes breakdowns by gender, Guardianship type, and type of local authority.

The annual report is 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. The report will be of particular interest to policy teams, regulatory bodies, and academics along with local authorities who are the named Guardians in the majority of cases and who supply the data used for these statistics.

The collection was developed to provide a coherent National Statistic on Guardianship cases. The data is collected annually and is a statutory collection for all 152 Councils with Adult Social Services Responsibilities (referred to as CASSRs or councils throughout this report). Statistics on Guardianship under the Mental Health Act were designated National Statistics before the Statistics and Registration Service Act 2007 came into force – that is, they were 'legacy' National Statistics. During 2014, the statistics were assessed for compliance with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics\(^2\).

Outcome of the UKSA assessment

During 2014 the UKSA assessed whether the collection, production, management and dissemination of the Guardianship statistics meet the Code of Practice for Official Statistics and warrant the National Statistics badge. The UKSA published their Assessment report in October 2014 (Assessment Report 295).\(^3\)

Two requirements were identified (see Table 1) which the Health and Social Care Information Centre (HSCIC) is required to meet in order to fully comply with the Code of Practice for Official Statistics, and to enable future designation as National Statistics.

The HSCIC have undergone a programme of work during 2014 and 2015 to understand firstly more about the quality of the data provided for the Guardianship collection and secondly to identify who the users of the data are and for what purpose they use the data. This report details those findings; Chapter 1 covers the quality of the data recorded within a subset of councils in England, Chapter 2 the Users and Uses of the Guardianship data, Chapter 3 the next steps for the collection and Chapter 4 has examples of Guardianship cases within councils to provide user context when using the data.


Table 1: Requirements from UKSA for the Guardianship report

<table>
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<th>Finding</th>
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<tr>
<td>1. Guardianship does not include enough information about the reliability of the statistics in relation to use. HSCIC should:</td>
<td>Provide detailed information about the quality and reliability of the statistics in Guardianship in relation to the range of potential uses</td>
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| 2. HSCIC has not demonstrated publicly its own awareness of the risks that are posed by the data sources to the quality of Guardianship. HSCIC does not publish details of the quality assurance and audit arrangements for the administrative data submitted by local authorities. HSCIC should: | a) Determine the appropriate scale of assurance and documentation required for the administrative data used in Guardianship based on pragmatic and proportionate judgement about the quality of the data and the public interest profile of the statistics  
b) Communicate this requirement to data suppliers  
c) Publish an appropriate level of detail to inform users about the quality assurance and audit arrangements for the administrative data. HSCIC should take into consideration the Authority’s Report Quality Assurance and Audit Arrangements for Administrative Data and the National Statistician’s Interim Guidance |

Acknowledgement

The HSCIC is grateful to those councils who have assisted with this report. We would like to express our sincere thanks to the following Local Authorities that assisted us with the data quality exercise: Bristol, Gateshead, Hampshire, Leicester, Middlesbrough, Newcastle-upon-Tyne, North Tyneside, Northumberland, South Tyneside, Staffordshire and Warwickshire. We would like to particularly thank staff from Stockton-on-Tees and Lancashire councils for their extra assistance in facilitating visits and dedicating their time to help us understand their operational processes in relation to Guardianship.
Chapter 1: Understanding the quality of the data

Introduction

The data for the annual Guardianship collection comes from administrative sources, that is it is collected and compiled within councils for other reasons, such as record keeping or for providing a service and the statistical use is secondary. The Guardianship collection is named on the single data list provided from central government which sets out the datasets that local government must collect and return. The HSCIC is responsible for collecting and reporting for a number of these datasets including Guardianship.

Data collection

There are a number of stages during the collection process which are described below and outlined in Figure 1.

The Guardianship Working Group - consists of stakeholders from the Department of Health, Care Quality Commission, NHS England, Mental Health Charities and Local Authorities and oversees the development of the Guardianship collection.

Changes to requirements – any changes to the data to be collected are communicated prior to the start of the reporting period. Communication is via email to known contacts and via a September letter that is published on the HSCIC website and circulated via email to known council contacts.

Guidance/proforma – the HSCIC publishes a guidance document which can be used when designing systems locally so that the relevant information is captured and also during the collection period for collating and submitting the data. The guidance document also includes how to submit the data and what data validations are included. To help councils collate and check their data an excel template (pro forma) of the online system is provided. The guidance document is updated ad hoc during the reporting period based on feedback from councils and the Guardianship Working Group. The Guidance document for the 2015-16 reporting period can be found at http://www.hscic.gov.uk/socialcarecollections2016.

Reporting period – this runs from the 1st April to 31st March the following year. During this time councils record the relevant information as outlined in the guidance documents. The HSCIC provide support with queries via email or telephone. Where relevant the guidance document is updated and known contacts are informed, the guidance document contains a version control sheet so that users can see what areas have been updated and when. The closing date for submission of the data is communicated 6 months in advance via a letter to councils in the preceding September. Prior to the launch of the collection system all known Guardianship contacts within councils are contacted to update who will be the person responsible for submitting the return for that year.

Collection period – The data is submitted via a secure web-based form through the Omnibus System. Submissions are received from all 152 councils in England giving a good geographical coverage. An email is sent to the identified person within each council announcing that the Omnibus System is open for submissions, the email gives detailed instructions on how to log on to the secure system, who to contact regarding queries and the final date for submission. Only one person is allowed access at any time so that changes to submissions are controlled. Nearing the
deadline for submission any councils who have yet to submit are communicated with to understand if there are any issues or where they may need support.

**Data validation** – The Omnibus form has some built in validations included in the submission process. Table 1 (cases open at the start of the collection period) is pre-populated with the previous year’s data and is locked down to prevent amendments – the only column that can be updated is the date the case closed. Any other revisions need to be notified in Table 3. Table 2 collects information about new cases, and table 3 about any changes to be made to previous returns along with a reason why a change is needed. As the collection is mandatory, all 152 councils need to make a submission regardless of whether they have had any Guardianship cases, instructions are given for what to enter in each table if this is the case, therefore understanding where councils have nil cases rather than a non-submission. After submission a number of validations are carried out, any queries are referred back to the submitting council who can either update their figures or give a reason why there is an error. These validations are:-

- All dates are in the correct format dd/mm/yyyy
- Date commenced falls within the reporting period
- Date case closed falls within the reporting period
- Date case closed is after date case commenced
- No reference numbers are duplicated
- Where a case closes any cases opening within 5 days are checked to make sure it is a different person and not a renewal.

**Analysis** – The HSCIC analyse the data in accordance with identified user needs, elicited from the stakeholder Working Group. Any validations still outstanding at the end of the validation window are reported in the data quality statement, including amendments to historical cases.

**Publication** – The report is published adhering to the Code of Practice for Official Statistics and HSCIC guidelines. The proposed date for publication is confirmed with the Working Group and finalised by the HSCIC’s Head of Profession for Statistics.
Data Quality of the administrative source

The HSCIC engage with suppliers throughout the collection process to understand any issues arising and to make sure requirements are communicated in full and understood. Using administrative sources for statistical use helps reduce the burden for data collection; however it is not without limitations or complications. Councils have different ways of recording data and different quality assurance processes. Once the data is received at the HSCIC it is rigorously checked and validated. However this is only one step in the process for quality assurance, and if the data is not of good quality before submission post collection checking is limited.

Users need to be aware of any limitations with the quality of the data submitted not just after submission but also internal processes within councils during recording and reporting so that they can understand fully any limitations with the data. To aid the understanding of the data quality of the administrative data used in the Guardianship collection the HSCIC conducted a data quality exercise with a subset of councils. A series of questions were developed with the Guardianship Working Group and can be found in Appendix A. A subset of councils were approached to take part in the data quality exercise. Councils approached were chosen based on the number of
Guardianship cases they recorded in 2013/14 and their geographical location so that there was representation from different regions of the UK. Eighteen councils were approached from different regions in England; 6 councils agreed to take part. In addition, to understand any differences within regions, the twelve councils from the North East region were approached; 7 councils agreed to take part. Two of the councils allowed the HSCIC team to visit to understand more about operational processes and how data is recorded locally and reported to the HSCIC, these visits were used to test the questions before circulating via email to the remaining councils.

**Results of the data quality exercise (excluding the North East)**

Six councils responded to the invitation to answer questions on their processes regarding Guardianship. Geographical representation covered the North West, East Midlands, West Midlands, South West and the South East.

Summary of questions 1 to 4: Which teams and individuals are involved with Guardianship cases?

It was common across the responding councils that multiple teams, such as Learning Disability, Mental Health or Early Intervention teams, are involved in the Guardianship process. These are mostly supported by Approved Mental Health Professionals (AMHPs), who take on the responsibility for managing the application process for the Guardianship order, including the relevant application forms. They would also involve other officers as necessary e.g. Social Worker, Responsible Clinician. Authorisation for the Guardianship order is generally granted by a senior council officer.

Summary of questions 5 to 9 and 18: How are records stored and maintained?

Record keeping varies across the councils. The majority maintain a central registry but others hold files within the relevant teams or administration office. In all councils, Guardianship cases are included on the service’s electronic system against the service user’s record. Some councils use a spreadsheet system of recording key information on each case for easy reference. Only authorised staff have access to the records. Reminders for review/renewal of the Guardianship are generated by these systems around two months prior to the expiry of the existing order to allow sufficient time for the renewal application to be completed before expiry. Electronic systems (such as Liquidlogic, Documentum, Careworks and In4tek PARIS) are updated as appropriate, with any paperwork being stored with the original application.

Summary of questions 10 – 12: Differences between Guardianship Section 7 and Section 37 processes

Very few councils had dealt with Section 37 cases. However, their views were similar should they be required to provide Guardianship. The Court would need to contact the council to establish whether they would be willing to accept the offender into Guardianship. Once agreement is made the process within the council would be the same as any other Section 7 case, with reviews and records maintained in the same way. There is no further contact with the court or other services such as Probation.

Summary of questions 13 – 15: preparing and submitting the Guardianship collection

In most councils data is extracted from both the electronic and paper records for use in the Guardianship collection to allow for double checking of records. Some councils appear to have

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5 [http://www.mentalhealthlaw.co.uk/MentalHealth_Act_1983_Statutory_Forms](http://www.mentalhealthlaw.co.uk/MentalHealth_Act_1983_Statutory_Forms)
more detailed checks on the data before submission than others, such as using the proforma to assist with checking ahead of submitting onto the online form in Omnibus, comparing paper and electronic records to make sure they agree and double checking the figures by a second person before submitting the return.

Summary of questions 16 – 17: Is any other information collected during Guardianship and are there any links to other collections?

For all the councils, Guardianship records are kept in isolation to other social care records. However, in some councils, details can be linked and included during the Guardianship application process. Details other than those required for the Guardianship collection are not generally collected but some additional data items could be extracted from the service user’s record if required such as age or ethnicity, while some other details, such as reason for case closure, would require alterations to data collection and storage.

Summary of questions 19 – 20: opinions regarding revisions to data from previous reporting years

It is felt revisions to the collection are required to maintain the accuracy and credibility of the data. Various reasons were suggested for why revisions are necessary, including incorrect information being recorded in the service user record, late recording of cases so they miss the return and need to be added in the following year’s collection, cases transferred from another council area or Mental Health Act section and not being correctly identified as a Guardianship case.

Summary of question 21: Does the recording of Guardianship cases differ from other records held by the council?

The main difference identified for Guardianship cases compared to other records is the inclusion of paper records which need to be securely kept with limited access.

Results of the data quality exercise in the North East

All 12 of the councils in the North East were approached as part of the data quality exercise due to the region being identified in the Guardianship 2013-14 report as having the highest number of new Guardianship cases per million population. The region also had the second highest number of continuing Guardianship cases per million population (cases that were still open on the last day of the reporting period, 31st March 2014). Seven of the 12 councils from the North East responded to the invitation to answer questions on their processes regarding Guardianship.

Does one team deal with Guardianship cases or are multiple teams involved? If multiple teams, which teams are involved and do they all have an allocated AMHP?

Five of the 7 councils involve multiple teams across Adult Services for Guardianship cases; this includes Older People, Adult Mental Health, Learning Disability, Physical Health and Acquired Brain Injury Teams. In the other two councils the Mental Health Team manage Guardianship cases in one council and in the other it is the Older People Services Team. Whilst Guardianship involves multiple teams usually one person is responsible for managing Guardianship cases, in one team this was the Strategic Safeguarding Adults Manager.

For the majority of councils there was a spread of AMHPs available to assess Guardianship cases across the different teams, usually AMHPs are based in the Mental Health Team, but sometimes The Older People or Learning Disability Teams also have AMHPs available.
Is paperwork sent to a central office or do they hold individual records within teams?

The 5 councils involving multiple teams have a central location where Guardianship records are stored. Copies of the Guardianship order are held on an individual case file or an electronic case management system by the individual teams. The other two councils keep a record of the paperwork with limited access, e.g. the Social Worker and Head of Services, and copies are sent to the Legal Department.

How is the initial Guardianship application (form G1 or G2) recorded from the nearest relative/AMHP? Are most cases initiated by an AMHP? Is there any difference if nearest relative initiates Guardianship case?

Most cases are initiated by a responsible clinician, councils gather and record the information and the original application is kept in a central file with copies held on the individual’s service user file by the AMHP worker, paper records and electronic records are kept. For the minority of cases where a nearest relative initiates the application the council assign an AMHP to work alongside the nearest relative to complete the application, thereafter the process for recording internally is the same with a paper and electronic audit trail.

Who completes the Guardianship forms G1-G10? Who is responsible for checking the forms are completed in full and correctly? Who authorises the Order?

Out of the 7 councils, 6 responded that AMPH workers would complete the G1-G10 forms and submit the applications. For 3 of the authorities the application is first checked and agreed for submission by a Mental Health Panel, before it is submitted for approval to the Service Manager. For 2 of the authorities the application is submitted to the Head of Service/Director to authorise the application. In one authority the senior manager and policy lead approve the application.

In the final Authority the Strategic Safeguarding Adults Manager completes the documentation including checks and scrutiny, the Head of Safeguarding and Strategic Commissioning authorises the application.

Where are the paper forms stored?

All councils kept the paper forms securely, 4 councils confirmed they were kept in files in a locked cabinet, either held by a designated person or administration officer. Two councils responded that paper forms are held by the legal department and one council responded that the responsible AMPH Workers hold the paper forms.

Who has access to records – Information Governance/security measures?

All councils responded that access was limited to designated members of staff, this ranged from managers, mental health workers, legal departments, administration officers.

Two of the seven councils confirmed that professionals and social care members of staff have access to records. One council stated that access is available to managers and staff of the mental health team as required. One council responded that there is a shared area on the network for the Safeguarding Team, with restricted access. The case management system has secure access including “involvement based security”. One council stated that legal and case records are only accessed as required, by designated officers of the Council who have been granted access to restricted areas. Designated officers include the designated administrator who provides data returns on Guardianship, designated AMHP Lead, allocated AMHPs and acting Guardians. One council confirmed that copies of Guardianship forms are sent to the Care Manager, Legal team,
Social Worker, Psychiatrist, and Hospital Trust (for transferred Guardianship cases). In the final council only social care teams have access to the electronic system but not all details are recorded e.g. for Guardianship, paper forms are retained as there is no provision for scanning documents to create an electronic copy. Details are recorded in the electronic system with shared access – only pertinent details are recorded due to the shared access. The council is looking to change access next year so different levels of access can be granted depending on the individual officer’s need so that more data can be safely stored with restricted access.

**How long are records kept for?**

- 4 of the councils keep the documentation indefinitely. One of the 4 councils keeps a manual spreadsheet of all cases for reference.
- 1 council stated that Guardianship records are held for 6 years after case closure.
- 1 council hold records 10 years after the order has ceased.
- 1 council hold records in line with the current local authority retention i.e. Not less than the period of retention required by the other agency for files of the same category, but at least 20 years from the date at which in the opinion of doctor concerned, the disorder has ceased or diminished to the point where no further care or treatment is considered necessary.

Where services are jointly run with other agencies, records of joint services are to be retained in line with the longest retention period operated by any of the partner agencies.

**Does anyone else have a copy of the paper forms?**

Five councils responded that copies were kept on the electronic case recording/management system or paper forms sent to the Care Manager when necessary. Psychiatry may hold copies of paper files and 2 councils stated that a Section 7 application form maybe held in a care home if Guardianship relates to residence, one council also stated that copies of the paperwork were sent to the Legal Department.

**Are Guardianship cases also recorded electronically? What system? Who has access?**

Out of the 7 councils, 5 recorded Guardianship cases electronically using Case Management Systems. 2 of the councils recorded the Guardianship cases manually, recording data onto spreadsheets. All councils have restrictions on the electronic systems so that only designated staff can see the individual records.

**What is the review/renewal process for Guardianship cases?**

The review/renewal process across the 7 councils concluded that Guardianship cases were regularly reviewed at different stages to the process. All the councils follow the statutory process that the initial Guardianship case first review will take place after 6 months then a further 6 month review, with further reviews completed annually. One council stated that Guardianship cases were regularly reviewed 12 weeks prior to renewal or ceasing of the order. Four councils either nominated or allocated to the previous involved worker of the Guardianship case to start the process 2 months prior to expiry of the Guardianship. In one council a designated worker will send emails one month ahead of a review to the Responsible Clinician. One council reviewed the Guardianship cases every 3 months.
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If the circumstances change e.g. client dies, how is this recorded? Can a Guardianship case close early or will it just not be renewed? How is this recorded?

One council would record the change in circumstances with the date and reason why, this would be recorded on the paper form and electronically. The council stated that the order can be closed early but a meeting would always be held rather than let the order lapse.

One council stated they would ask the nominated worker to write or email the Service Manager and relevant others with the information; this would be kept on the Guardianship file. The recommendation to end the Guardianship is made to the panel. A record of the decision made by the panel, accompanied by notes of the planning meeting when the recommendation was made, is placed on the individual’s Guardianship file plus the register and uploaded to their electronic record. Letters are sent by the Service Manager to the service user, relatives, carers and other professionals to notify them of the decision.

One council stated this would be recorded electronically on a case management system and Guardianship file. The Guardianship will be stopped as soon as the review identifies that they no longer meet the criteria. We would expect to end the Guardianship and notify the patient and their nearest relative as well as the care team.

One council would record the information on a Case Management System. The Guardianship would be closed with the reason why. A Letter from Responsible Clinician and letters to MA Office, clients and the guardianship register for annual returns.

Two councils stated that the Guardianship order would automatically end if a person dies. In such circumstances the relevant workers will be notified as will the Responsible Clinician and GP.

One council stated the Guardianship can be discharged by the Guardian; however this is completed in a multiagency meeting and recorded on a case management system.

Are there different processes for Section 7 and Section 37 cases e.g. record logging and storage?

Councils have very little experience with Section 37 cases as there are very few of these cases. However, councils who expressed a view reported the process would be dealt with like a Section 7 case once handed over from the court and their process would be sufficient, with no difference in logging or the storage process.

How is information collated for the HSCIC Guardianship collection and who is responsible for collating and submitting the return?

Most councils collect their information from both electronic and paper records, utilising Business Support, Information or administration teams to collate the data. All seven of the councils have independent checks of the data prior to submitting the return with, in most cases, a senior manager being responsible for authorising the return.

Is any other information routinely gathered with the Guardianship information e.g. age, mental health condition, reason for case closure?

Five councils responded that yes all other information is routinely gathered; one council responded that no further information is routinely gathered, and one council chose not to respond.

In response to what other information to collect, 6 councils stated that it would be easier to collect the actual age rather than an age band. Three councils stated they could collect mental health disorder. Two councils stated acquired brain/head injury could be collected in addition to other mental health disorders, such as functional mental health, organic, learning disability.
In response to why cases closed, one council stated there are numerous reasons for closure e.g. deceased, MH improved, no longer fits criteria, these are not grouped together on their systems to provide a drop down list. One council responded with numerous answers i.e. service user dies, discharged by tribunal, discharged as no longer meets criteria, hospital admission under MH Act and discharged by nearest relative. One council stated that they have developed drop down boxes for their system the most popular of which are death, no longer meets criteria for Guardianship, made subject to alternative legal structure i.e. DoLS. One council stated the reasons for case closure would be death or no longer meets the criteria.

*If recorded electronically are there any links to other collections e.g. DoLS or are details kept separate?*

Four councils specified that details are recorded on the Social Care Database from which they produce all statutory returns and whilst separate can be cross referenced if needed, e.g. by NHS number. Two councils confirmed that records are kept separately and links cannot easily be made. One council chose not to respond to this question.

*Why do amendments occur and do revisions have any impact on how you use the Guardianship data?*

It was felt that amendments come about due to the nature of the collection, and the fact that personnel delegated to complete these returns change over time. Human error would be the main cause of amendments, particularly in missing complete cases off the return which was felt to be more likely than there being an error within a record. Similarly, due to it being a manual recording system, an update to a record may not have been made at the time of the collection, leading to an amendment when the record catches up. Also if the physical record was missing for some reason that could cause an amendment to be needed later. Councils felt revisions had no impact on the way they use the Guardianship data.

*Does the recording of Guardianship cases differ from other records held by the council?*

In most councils there is no difference to how Guardianship cases are recorded in their electronic system, with most details being stored within the services user’s centralised case record. One difference, however, is the inclusion of a centralised file and register dedicated to Guardianship.
Quality Assurance of the Guardianship data

For the councils that took part in the data quality exercise (13 of 152 councils) it appears that they have robust storage and access procedures for Guardianship paper and electronic records, with paper records being kept in locked cabinets and electronic records only accessible by authorised staff, therefore protecting the data and confidentiality of service users and also limiting the chance of errors in recording. Some of the councils carry out multiple checks on the case details to be included in the annual collection. These include cross-referencing the number of cases held in the electronic system to the number of paper records held, verifying relevant dates are correct and appropriate to the collection period and cases pre-populated in Table 1 are accurate. Other councils have less detailed validation but this may relate to the small number of Guardianship cases a council deals with and so find easier to administer. Based on the results of the data quality exercise the HSCIC feels confident that the measures councils have in place for recording and collating data are robust enough to ensure the quality of the data for its intended use. However the data quality exercise was only performed with a subset of councils and the HSCIC intend to do further work to understand if these measures are adopted by all councils. The HSCIC recommend that councils carry out the below data quality steps to assure themselves that their data submissions are accurate:

Recommendations:

- We would encourage councils to ensure the records they keep are accurate and up to date, that paper records are kept secure and information is also recorded in an electronic database with restricted access to personnel. Recording should be on-going throughout the year and paper records transferred as soon as possible to the electronic database.
- Where multiple teams are involved communication is paramount to ensure details are passed to the appropriate team and there is no lag for records being updated/recorded.
- Reminders for case renewals should be set electronically and in plenty of time before the end date so cases do not lapse.
- Councils should make full use of the guidance document on the HSCIC website⁶ and the support offered by the Social Care team at the HSCIC.
- During the collection period, we would recommend that councils allow plenty of time for collating and checking their submission.
- Paper and electronic records should be compared to make sure numbers are the same, personal identification codes, dates, gender and guardian match
- We recommend that councils log on to the Omnibus system prior to submission to see what cases are pre-populated in table 1 and then check these against the records they hold internally.
- Records should be double checked by another person prior to submission, this includes checking the data extracted from locally systems and the data entered onto the online web form.
- A senior manager should sign/approve the records as a true record and reflection of the activity of the social care team in respect of Guardianship.
- The nominated person for submitting the Guardianship data should be identified early, making sure that they are present for the collection and validation period in case of queries. Training should be provided for submitting data collections to the HSCIC.

Chapter 2: Uses of Guardianship data

Introduction
The information obtained from the annual report is used to assess the impact of on-going mental health policy, and is intended to provide Policy Teams, Mental Health Charities, Regulatory Authorities, Academics and Local Authorities with the information to make informed decisions and improvements within this area. The collection reports on the number of new, continuing (cases still open as of 31st March) and closed cases during the reporting period at national, regional and local authority levels and includes breakdowns by gender, Guardianship type, and type of local authority.

Councils are able to compare the number of cases within their council to other councils of interest (known as comparator councils) - this helps councils understand their use of Guardianship and also the Mental Health Act. It also helps councils to understand if they are assigning enough staff to this area. Charities use the data to help understand where they are best placed to help and support individuals, whilst Academics use the data to understand research developments in Mental Health Law along with monitoring trends in Guardianship usage and the effects other mental health legislation such as Community Treatment Orders or Deprivation of Liberty provisions have on Guardianship. The Department of Health uses the statistics to assess the impact of ongoing mental health policy development and the use of Guardianship in the community. The Care Quality Commission has specific duties to monitor the use of the Mental Health Act in England and uses Guardianship data for this purpose.

The collection includes an annual report that provides national and regional figures, tables and charts and commentary. An excel data file of the tables and charts is included for re-use by users and an excel file and csv file of council level data for further analysis. Following publication of the 2013-14 report on 10th September 2014, the web page was visited 323 times in September alone and a total of 574 times up to and including 24th March 2015. The Guardianship report has been downloaded 330 times during this time period. The publication received a small amount of media interest with 4 articles being published reaching a circulation of 51,600 people. This is small in comparison to other mental health reports the HSCIC publish such as the Inpatients Formally Detained in Hospitals Under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment report which was cited in 6 articles reaching a circulation of nearly 3.2million people.

Consultation on Adult Social Care Outputs from the National Returns
During autumn 2014 a consultation on Adult Social Care Outputs from the National Returns was held. Findings from the consultation can be found at http://www.hscic.gov.uk/socialcarecollections2015. The purpose of the consultation was to engage with users of the data and to gather opinion to shape future outputs of the HSCIC Social Care collections. This would help ensure that the outputs continue to provide the information needed for the effective delivery of adult social care services now and in the future.

Part of the consultation sought to capture information about how the report and Guardianship data are used. Users were asked “How do you use the data in the Guardianship report?” and allowed to give their response via a free-text field.

A variety of responses were received from 35 users regarding their use of the data in the Guardianship report. 27 of the responses were received from representatives of local authorities, the remaining 8 responses were from various organisations such as the Department of Health.

http://www.hscic.gov.uk/pubs/guardianmh14
NHS Trusts and Local Government Association. The responses are summarised in Table 2 and the full set of responses can be found in Appendix B.

Responses could be grouped into five categories:

1. Performance monitoring / benchmarking
2. Information / reference
3. Internal reports
4. Not used
5. Intend to use in future

Table 2: How do you use the data in the Guardianship report?

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance monitoring / benchmarking</td>
<td>12</td>
<td>34%</td>
</tr>
<tr>
<td>Information / reference</td>
<td>6</td>
<td>17%</td>
</tr>
<tr>
<td>Internal reports</td>
<td>8</td>
<td>23%</td>
</tr>
<tr>
<td>Not used</td>
<td>6</td>
<td>17%</td>
</tr>
<tr>
<td>Intend to use in future</td>
<td>3</td>
<td>9%</td>
</tr>
</tbody>
</table>

Total number of respondents = 35

Source: Health and Social Care Information Centre

For the 27 responses from councils geographical coverage is shown in Table 3. At least one council from each region (except East England) responded to the consultation - the North West had the largest coverage with 30% of councils responding to the survey. The North West had the highest number of new Guardianship cases in 2013/14 with 64 new cases and is probably the reason they had the highest response.

Table 3: Council Region:

<table>
<thead>
<tr>
<th>Region</th>
<th>Submitted no. Councils</th>
<th>Total Councils in England</th>
<th>% responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Midlands</td>
<td>2</td>
<td>9</td>
<td>22%</td>
</tr>
<tr>
<td>Eastern</td>
<td>0</td>
<td>11</td>
<td>0%</td>
</tr>
<tr>
<td>London</td>
<td>4</td>
<td>33</td>
<td>12%</td>
</tr>
<tr>
<td>North East</td>
<td>3</td>
<td>12</td>
<td>25%</td>
</tr>
<tr>
<td>North West</td>
<td>7</td>
<td>23</td>
<td>30%</td>
</tr>
<tr>
<td>South East</td>
<td>5</td>
<td>19</td>
<td>26%</td>
</tr>
<tr>
<td>South West</td>
<td>1</td>
<td>16</td>
<td>6%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>3</td>
<td>14</td>
<td>21%</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>2</td>
<td>15</td>
<td>13%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>27</td>
<td>152</td>
<td>18%</td>
</tr>
</tbody>
</table>

The main use of the Guardianship data is for performance management and benchmarking within councils. The report provides information to the councils allowing them to compare the number of cases within their council to other councils of interest (known as comparator councils), make assessments on year-on-year results in areas such as new, open or closed cases and as additional...
data for internal reports. The report also assists in providing information which contributes to forecasting and budgeting social workers’ time for the future. The information can also help understanding of operational thresholds and to quality monitor internal processes.

Examples of use of the Guardianship report by organisations other than councils are for briefing and policy development, to inform statutory requirements under the section 7 Mental Health Act 1983 and include in annual reports on Mental Health Act activity.

The annual report allows users access to data at a national level, but also regional and council level, therefore providing a granular level of data for more in depth analysis between councils. The current data items reported are new, closed and continuing cases. Based on responses to the consultation about how stakeholders use the data and conversations with the Guardianship working group the current collection meets the requirements of users.

As part of the Guardianship section of the Consultation on Adult Social Care Outputs survey, users were asked the following question:

Do you have any views on whether the following data items would be useful - Age, Mental health disorder, Reason for Guardianship case closing (e.g. death, reason for Guardianship no longer relevant) or Other (please specify), or do you have any other suggestions?

Whilst the current format of the collection is meeting user needs there is also an appetite to develop the collection further. Table 4 shows that the majority of respondents would find the collection of additional data items such as age, mental health disorder and reason for Guardianship case closing either “very useful” or “somewhat useful”. On this basis, further discussion will be held with the Guardianship Working Group regarding including these items in future collections.

Other additional data suggestions/comments were:

- Ethnicity & renewal reason
- Links with DoLS - would be useful to see how many Guardianship orders have needed to be assessed in terms of DoLS.
- Additional information will support more comprehensive national analysis.

Again, the feasibility/value of these additional data items will be discussed with the Working Group.

Table 4: Do you have any views on whether the following data items would be useful?

<table>
<thead>
<tr>
<th>Response</th>
<th>Very useful</th>
<th>Somewhat useful</th>
<th>Not useful</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>39%</td>
<td>44%</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Mental health disorder</td>
<td>33%</td>
<td>36%</td>
<td>11%</td>
<td>19%</td>
</tr>
<tr>
<td>Reason for Guardianship case closing (e.g. death, reason for Guardianship no longer relevant)</td>
<td>33%</td>
<td>47%</td>
<td>6%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Total number of respondents = 36

Figures may not add up to 100 percent due to rounding

Source: Health and Social Care Information Centre
Chapter 3: Next Steps

Amendments to Historical Cases

The Guardianship collection allows councils to amend details for past submissions, that is, where councils find there are mistakes in the data they have previously submitted they can notify the HSCIC of any changes. Errors may include missing cases, cases recorded as open when they should have been closed, or wrong gender being recorded. Councils can also update for any legitimate changes such as a change in Guardian, these are not errors but amendments due to operational changes. Allowing amendments means that the data is up to date and is a true record, any errors are minor and do not impact greatly on the use of the data, having minimal impact on the interpretation of Guardianship trends over time. If councils keep secure, up to date records throughout the year and follow the recommendations highlighted earlier in Chapter 1 for data checking this should limit the need to make changes to past submissions.

Previously, amendments to historical cases had been grouped together with new cases in Table 2 during submission. For the 2014/15 collection Table 2 will only relate to new cases opened in 2014/15. A further table (Table 3) has been included in the proforma to record amendments to historic Guardianship cases, that is any case that opened before 1st April 2014 and have either not previously been included in past returns, or cases from previous years which need amending e.g. case previously recorded as closed but actually it is still open. For the 14/15 submission, and ongoing for future submissions, we have added a text box to the proforma to capture information about why any amendments are needed. This will help us understand why councils need to change their data - it may be because of an error in recording, e.g. paper records found that have not been added to the electronic database, or may be misunderstanding the scope of the collection, such as not realising that the collection also asks for information about section 37 cases. This will help us to understand the quality of the data and what areas we need to target further for improvement. All amendments and the reason why are reported in the data quality statement of the annual report.

Understanding more about quality assurance within councils

To gather more information about data quality assurance within councils a new section has been added to the proforma for the 2014/15 Guardianship collection (see Appendix C). This is a free text field which allows the council to give details of the processes they have in place and may cover areas such as how the data is gathered, stored, managed, shared, reused, identified and extracted or how risks to the data are identified e.g. how misuse, data loss or irretrievability are managed. This will help improve our knowledge about data collection and operational issues that may affect the quality/accuracy of the submitted data.

Information collected from the Quality Assurance section of the proforma will be included in the data quality statement of the 2015 Guardianship report and will help us to understand the quality of the Guardianship data and where any improvements need to be addressed or where we need to make users further aware of any limitations in the data.
Collection improvements

Users outlined a number of developments to the collection that are intended to improve the data, and offer context to explain regional differences and variations in the duration of cases. These developments include the addition of mental health disorder, age and the reason the case was closed. Discussions are on-going with the Guardianship Working Group and the Department of Health who are responsible for the single data list\(^8\). The inclusion of any new categories to the collection will need to be considered alongside the additional burden on councils to collect and report this information.

Chapter 4: Guardianship Case Studies

The following are different scenarios where Guardianship has been used within councils. It is hoped that this information will provide some context to users of the types of cases where Guardianship maybe appropriate, the range of service users and the cross over with other aspects of social care such as safeguarding and Mental Health:

A: This 78 year old lady, suffering from dementia was made subject to Guardianship in response to safeguarding concerns that she was vulnerable to financial exploitation. This included a concern that acquaintances would remove A from the country to continue to financially exploit her. Guardianship was used in the case to require A to remain living at her home address whilst safeguarding concerns were investigated and a protection plan developed. The Guardianship was discharged by the Responsible Clinician following a best interests meeting which agreed a protection plan and removed the need for the Guardianship.

B: B is a 48 year old woman with a long history of depressive episodes, hypoxic brain injury and organic obsessive compulsive disorder had had repeated episodes of self neglect, disengaging from services and attempted suicide/self harm. These episodes had led to admission to hospital for treatment under the Mental Health Act. The Guardianship application was used to require B to allow access to ‘relevant’ persons to offer care and monitor her health and wellbeing at her own home address. This was seen as an effective framework to prevent repeated hospital admissions and to allow B to live in her own home with support/monitoring. B is currently not subject to Guardianship having successfully accepted support for a period following transfer from hospital.

C: C is a 25 year old man with a diagnosis of Asperger’s Syndrome and aggressive behaviour toward young women in the community and difficulties in managing his behaviour in supported accommodation. The Guardianship in this case was s37 Guardianship, the request for the council to be Guardian coming from the Magistrates Court following conviction for assault. The Guardianship is used to require C to live at specialist accommodation for young adults. Without this requirement C would not remain at the accommodation or allow support staff to have any involvement in his life. He will however respect the legal framework of the Guardianship to some extent which provides him with some stability in his life, preventing homelessness and lessening the risk of further criminality.

D: D is a 62 year old man diagnosed with Aspergers Syndrome. He had been living in his own home which was considered to be in a state of dangerous disrepair. Guardianship was applied to require D to live at a residential care home whilst extensive repairs were attempted at the house – managed by the Client Affairs Team which acts as Deputy for his finances. The full extent of the disrepair was such that eventually the house was demolished and D agreed to remain at the care home until his house was rebuilt, which meant that the Guardianship was no longer needed.

E: E is a 74 year old with a diagnosis of Schizo-affective disorder. He has a history of admissions into acute psychiatric and general hospital care. He was assessed as lacking capacity and placed from an acute physical hospital into a care home using MCA and DoLS due to being significantly neglectful at home so his physical and mental health declined. He did not settle and took his own leave and returned to his home address and refused to return to the care home or have care services so again became neglectful. The DoLS ceased as he was no longer residing in a care home. His care team reviewed his needs and best interests and felt that if he could be supported at home this would be both proportionate, least restrictive, and in line with principles of the Human Rights Act. The key was to arrange access so that care services could be provided. Guardianship assessment was convened at his home address and was assessed as being required in line with his current welfare needs and to reduce risks to his own health and safety, with the legal framework
providing the necessary authority for access. Mr E reluctantly accepted this legal framework, his care stabilised and his significant self neglect abated over the coming months. He has now had his Guardianship reviewed and renewed. He represented himself, with support from an advocate, at the renewal hearing and gave clear indication that although he did not like support he wanted to remain in his own home. The Guardianship was found to be supporting him in living independently with care services preventing self neglect negatively impacting on his mental and physical health. He remains subject to Guardianship and living within his own home with no further admissions into acute general or psychiatric hospital whilst the Guardianship has been implemented.

**F:** F is a young woman with a learning disability and mental health issues. She presents a risk to children and is also vulnerable herself. A Guardianship order has allowed the creation of a clear order which has then allowed a move to a residential care environment from a secure hospital and a support plan that gives her independence whilst maintaining her safety and that of others.

**G:** Mr G had been in a secure mental health hospital for a number of years and ready to be discharged to independent accommodation, he was supported to find his own home and received support on a daily basis around daily living skills and prompting with medication. Although his mental health had improved he would still experience periods of difficulty and his mental health would deteriorate. At such times Mr G would refuse access to his carers, become isolated, and neglect his personal care, diet and general wellbeing. Despite best efforts by his community support he would deteriorate to the point that hospital admission was the only solution. After a number of readmissions a decision was taken to try and change this course of care and treatment, as Mr G's relapse pattern was well known, community staff were able to identify 'relapse' well before it required inpatient treatment and they agreed that a care home was a more appropriate alternative as this offered the care for welfare that Mr G required as opposed to repeat hospital admission. Mr G was not willing to agree to this arrangement largely out of anxiety having been familiar with hospital settings for several years. It was therefore decided that Guardianship was an appropriate section of the Mental Health Act to provide Mr G with the care he required in the community. Mr G continued to live at home with a 'shared care' arrangement between home and a care home when required and the Guardianship dictates where Mr G needs to reside.

**H:** H lived in her own home but due to her mental disorder she was vulnerable to financial abuse and consequently would have no money for food, utilities and to support her chosen lifestyle, despite a number of safeguarding enquiries the follow up support was not sufficient to manage this risk. Furthermore H was not compliant with her medication leading her mental health to worsen and compound her vulnerability. Her community workers became very concerned that they were unable to maintain her safety despite increased levels of support from the CMHT and a care package and over time H was losing daily living skills and becoming more vulnerable. Following a case conference it was decided that H would benefit from a period in a rehabilitation unit but she refused to go of her own accord. Guardianship was used to facilitate the move to a rehabilitation unit and requires H to live there. H is free to come and go from the rehabilitation unit – can visit the local shops, her relative etc – but should she not return and there be concern about her welfare and safety, staff at the unit are able to return her. H is also required to attend sessions with the OT for therapy activities and allow access to the RC, an AMHP and other care staff to ensure she is well and that the programme of rehab is effective. This framework has encouraged H to engage with rehabilitation and is bringing around some positive outcomes. However without this framework in place, H would choose to return home immediately.
**J:** Mr J had a history of recurring self-neglect, poor engagement with services and repeat admissions into hospital. His diagnosis is an anti-social personality disorder, compounded by the co-morbidity of Parkinson’s disease. While he would not readily meet the threshold for detention under s3 and for a subsequent Community Treatment Order; due to the self-neglect and ongoing welfare concerns he does meet the criteria for Guardianship. The predominate issue in this case relate welfare concerns rather than compliance to medication per se. Mr J has now been subject to Guardianship for approximately 9 months, and the related structure of Guardianship has enabled him to live in a stable supportive environment (residential care placement), and provides him with ready access support services he requires. The structure of Guardianship has reduced the number of hospital admissions Mr J would routinely experience, has stabilised his health and appears to have enhanced his wellbeing. In my experience Guardianship works best in those cases where services users have had a history of welfare concerns e.g. neglect or ongoing exploitation issues.

**K:** K is currently managed by the Learning Disabilities Team. At a young age a place of safety order was made to which she resided in a residential children home due to alleged abuse by her family. She moved around several fostering and residential placements that broke down and a Guardianship application was made some years later. This was renewed 6 months later and she was admitted into hospital under the care of the consultant psychiatrist. The following year the Guardianship lapsed. In the following 3 years she was admitted into hospital and other residential placements. She then settled down to live with her boyfriend. During this time she had admissions to a Hostel and an Assessment and Treatment Unit. A year later she was placed into two residential placements that broke down. She was then detained under Section 3 of the Mental Health Act and was placed into a unit where difficulties coping with her behaviour continued.

A Guardianship order was made and has continued to be renewed. Her current placement has been extremely successful in setting and coping with her behaviour and improvements have been made in her behaviour and health. It was felt by all professionals involved in her care that she has an emotionally unstable personality, and suffers from mood swings. She finds stress difficult to cope with and reacts to stressful situations by becoming angry with those around her, becoming non-compliant with treatment and running away. These difficulties have resulted in the breakdown of a number of placements throughout her life, and have placed her in situations where she has been vulnerable to physical, sexual and financial exploitation. She has not acquired sufficient skills to live independently, and would continue to be at risk without the safeguards that Guardianship can provide.

Currently she lives in a residential placement that has provided her with a safe and settled environment which continues to improve her skills for independent living and social interaction. Her current team have been successful in managing her behaviour, keeping to a minimum her own anxieties and providing her with strategies to manage them.
Appendix A: Data Quality Exercise Questions

1. Does one team deal with Guardianship cases, or are multiple teams involved?
2. If multiple, which teams? Do they all have individual AMHPs? Is paperwork sent to a central office or do they hold individual records within teams?
3. How is the initial Guardianship application (form G1 or G2) recorded from the nearest relative/AMHP? Are most cases initiated by an AMHP? Is there any difference if nearest relative initiates Guardianship case?
4. Who completes the Guardianship forms G1-G10? [http://www.mentalhealthlaw.co.uk/Mental_Health_Act_1983_Statutory_Forms] Who is responsible for checking the forms are completed in full and correctly? Who authorises?
5. Where are the paper forms stored? Who has access? How long are they kept for?
6. Does anyone else have a copy of the paper forms?
7. Are Guardianship cases also recorded electronically? What system? Who has access?
8. What is the review/renewal process for Guardianship cases?
9. If the circumstances change e.g. client dies, how is this recorded? Can a Guardianship case close early or will it just not be renewed? How is this recorded?
10. Are there different processes for Section 7 and Section 37 cases e.g. record logging and storage?
11. Is there any (regular) contact with the courts for Section 37 cases – what assurance is there that cases are passed on from the court to the council?
12. Is there any monitoring of Section 37 cases by the courts or any feedback to them? Are they dealt with by any other agency e.g. Probation?
13. How is information collated for the HSCIC Guardianship collection – is it prepared from electronic records or paper records, or both?
14. Do you use the Excel proforma provided by the HSCIC or enter straight into the online form (Omnibus)?
15. Who is responsible for collating and submitting the return? Does anyone else check the data before submission?
16. Is any other information routinely gathered with the Guardianship information e.g. age, mental health condition, reason for case closure, reason for Guardianship (e.g. residency, access, treatment)?
   16a Would age be easier to record as actual age or in age bands?
   16b What categories could be included for mental health condition?
   16c What are the reasons for case closure – can they be grouped to provide a list to pick from?
17. If recorded electronically (central database?) are there any links to other collections e.g. DoLS or are details kept separate?
18. Who has access to records – Information Governance/security?
19. Give your views on amended records in the Guardianship collection – why do amendments occur?
20. Does the fact that changes are allowed to previous returns have any impact on how you use the Guardianship data?
21. Does the recording of Guardianship cases differ from other records held by the council?
Appendix B: Output Consultation Responses

Outputs Consultation - responses to question: How do you use the data in the Guardianship report?

- For details of volume of applications made - performance management, forecasting, budgeting, quality monitoring, benchmarking and completing local/national reporting.
- Reference only
- This is used by our MH trust
- We don't
- It is not used
- Benchmarking (x3 responses)
- We have very small numbers and have not currently used report but will do in future
- For internal monitoring
- To benchmark against other areas. The information helps us to understand operational thresholds.
- I am not aware that we currently make extensive use of the Guardianship report. With increasing focus on mental health this is something that we may need to make more use of in the future.
- To compare district numbers. To compare numbers with a Guardianship order year on year. To compare number of new cases to old cases year on year. To note the number of open cases year on year. To compare the number of closed, new and open cases year on year based on age (18-64 and 65+) as well as primary category.
- We do not use this data
- Benchmarking analysis.
- To help inform mental health practice
- Rarely but it has value for a small percentage of members involved in guardianship issues
- Only for social worker pay. Otherwise, we don't use the data.
- Information
- To provide data to both LA & NHS Trust
- Performance management, Benchmarking.
- I read it, but do not necessarily use the data, just as a point of interest to help me look at demographic areas for training needs
- Not used.
- For local benchmarking with our comparator authorities.
- For briefing and policy development
- Under development
- To inform statutory requirements under the sec 7 MHA 1983 and include in our annual report on MHA activity.
- We do not use the data from the Guardianship report as we currently do not have any clients subject to a guardianship order.
- Information only
- This is used within the Report to the Trust's MH Legislation Committee
- We have very few cases and we do not really look at his return.
- Benchmarking and trend analysis
- Internal management reporting
- I collect the information for the Guardianship return to upload onto Omnibus and then produce a summary report and a set of tables breaking down the data by category and district (anonymised) for relevant staff.
- Comparisons to other LAs
### Appendix C: Guardianship Proforma for 2014-15

Revised proforma for 2014/15 submission

#### Table 1: Guardianship cases open as of 31st March 2014

<table>
<thead>
<tr>
<th>A Reference Number</th>
<th>Date Case Commenced</th>
<th>Section of the Act</th>
<th>B</th>
<th>C: The date of the Act</th>
<th>D: Reason of the Act</th>
<th>E: Date of the Act</th>
<th>F: Date Case Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please enter below ALL new cases that opened between the period 1st April 2014 and 31st March 2015.

Please note Column F should be left blank if the relationship is Local Authority.

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

Please note: Dates for “Date Case Closed” and “Date of the Act” must be entered in the format dd/mm/yyyy. If cases are still open, please remove “dd/mm/yyyy” from Column F (Date Case Closed) before submitting your return.

If you have NO new cases please:
- Enter “9999” in columns A, Reference Number
- Enter “0000” in columns B, C, D, E, F
- Leave columns C, Section of the Act blank
- Leave columns F, Date Closed blank
- Leave columns E, Reason of the Act blank

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 2014 and 31st March 2015

<table>
<thead>
<tr>
<th>A Reference Number</th>
<th>Date Case Commenced</th>
<th>Section of the Act</th>
<th>B</th>
<th>C: The date of the Act</th>
<th>D: Reason of the Act</th>
<th>E: Date of the Act</th>
<th>F: Date Case Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please enter below ALL historical cases that opened before 1st April 2014 which are not listed in Table 1.

Please note Column F should be left blank if the relationship is Local Authority.

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

Please note: Dates for “Date Case Closed” and “Date of the Act” must be entered in the format dd/mm/yyyy. If any historical cases are still open, please remove “dd/mm/yyyy” from columns F (Date Case Closed) before submitting your return.

If you have NO historical cases please:
- Enter “9999” in columns A, Reference Number
- Enter “0000” in columns B, C, D, E, F
- Leave columns C, Section of the Act blank
- Leave columns F, Date Closed blank
- Leave columns E, Reason of the Act blank

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

#### Table 3: Historical Guardianship cases

<table>
<thead>
<tr>
<th>A Reference Number</th>
<th>B Date Case Commenced</th>
<th>Section of the Act</th>
<th>C: The date of the Act</th>
<th>D: Reason of the Act</th>
<th>E: Date of the Act</th>
<th>F: Date Case Closed</th>
<th>G: Reason for adding/amending this historical case</th>
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Please ensure that you check the “Save”, “Validate” and “Release Final” boxes 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 2015 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:
Uses and data quality of the Guardianship under the Mental Health Act, 1983 data collection

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For further information

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