

## **The Mental Capacity Act 2005 – setting up a local implementation network.**

**The Mental Capacity Act 2005** is due to be **implemented from April 2007.**

It will affect the work of all health and social care staff and organisations working with adults who may lack capacity.

The DH Mental Capacity Act (MCA) Implementation Team has supported the creation of local area MCA implementation networks across the geographical area of a local social services authority. Networks continue to be put in place across the 150 local social services areas in England.

### **The Role of the Care Service Improvement Partnership (CSIP)**

Regional CSIP MCA implementation leads are now almost all in post.

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### **The Role of Regional CSIP MCA leads**

The six primary tasks that the regional CSIP MCA leads have are

- to support commissioners and advocacy organisations to bring the Independent Mental Capacity Advocacy (IMCA) service into place from April 2007
- to coordinate the flow of information and publicity about the Act's implementation
- to raise the awareness of health and social care staff of the implications of the Act
- to support the training and education of health and social care staff, via the dissemination and use of training materials that will be available later this year using a "Training the Trainers" approach
- to chair regional meetings of the chairs of local implementation networks to share information and coordinate the regional implementation of the Act.
- to sign off along with Adult Directors of Social Services and Social Services' Directors of Finance local multi agency implementation plans, to confirm the local allocation of centrally provided training monies.

### **Local Implementation Networks**

As the MCA potentially affects all adults, a local implementation network would need to be representative of services for

- adults with learning disabilities,
- adults with mental health problems,
- adults with physical disabilities and
- older people

## **The membership**

Its core membership could be drawn from:

- Adult Protection Teams
- Advocacy service providers
- Ambulance services
- Banks
- Carers
- DWP
- GPs
- Independent sector organisations / providers
- Legal Services
- NHS / NHS Foundation Trusts
- PCTs
- Police
- Service users
- Social Services
- Voluntary sector organisations / providers

## **The suggested tasks of a local implementation network**

The six suggested primary tasks of an implementation network mirror many of the responsibilities of the regional CSIP MCA leads.

- to ensure an Independent Mental Capacity Advocacy (IMCA) service is in place from April 2007
- to disseminate information and publicity about the Act's implementation
- to assist in the awareness raising of health and social care staff of the implications of the Act
- to support the education and training of health and social care staff, possibly via the dissemination and use of training materials that will be available later this year and by supporting a regional "Training the Trainers" approach
- to meet, with an agreed frequency, as a multi agency local implementation network, with a chair that attends a regional network meeting on its behalf
- to sign off along with Adult Directors of Social Services and Social Services' Directors of Finance a local multi agency agreed implementation plan, that confirms how centrally provided training monies will be locally allocated.

## **Mental Capacity Act Grants**

In September, the DH expects to inform Adult Directors of Social Services of an allocation for 2006 / 07 and for 2007 / 08 of a training budget. The budget is for the planned and agreed use by all health and social care staff in that authority's geographical area.

At the same time the DH expects to inform Adult Directors of Social Services of an allocation in 2006 / 07 to assist the commissioning and tendering of IMCA services and to confirm the 2007 / 08 allocations that were previously communicated.

### **Best practice tool**

The DH has also distributed this week, via the Chief Executive's Bulletin, a best practice tool to assist statutory organisations and independent and voluntary sector hospitals to test their readiness to implement the Act. The accompanying notes to that communication contain information about the Act's implementation and a brief summary of the Act was appended.

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