

**Checklist for Panel Deputyship**

This Checklist should be used with the Application Form to your manager for sign off. Your manager will then arrange for it to be scheduled to the next Deputyship Panel. They will then inform the Welfare Service, previously known as ‘Client Affairs’.

This checklist should serve as the last opportunity to double check that the relevant information has been provided for the application for Panel Deputyship. If you have been unable to obtain relevant information from the adult or their contacts, then state why and provide more details in the application form itself. The application form should be accompanied by this Checklist.

The purpose of this checklist is to ensure consistent quality of Panel Deputyship Applications are made across all adult services.

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| Name of the Adult: LAS number:  | Date for Deputyship Panel: | Date of completing this form:  |
| Name of the Social Worker / Practitioner:  | Service Area: e.g. Mental Health, Disabilities or Integrated Care | Service Manager signature for Quality Assurance: |

Tick below when this has been done, or put not applicable (N/A) in the space provided:

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| 1. I have provided the Welfare Service (WS) with the **name, DOB, address, identity and contact details** of the adult and their emergency contact person.
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| 1. I have notified the WS about **whether the adult has a registered Attorney (Lasting Power of Attorney or Deputy)** to manage their property and financial matters. I have checked by use of PG100.
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| 1. I have presented all the **options to the adult** on who could manage their money such as a support agency for example the ILA, but this is not a suitable option for them and have detailed this on the application form.
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| 1. I have considered **all family / relative/s of the adult that could manage the appointee or deputyship** for the Adult and there is no one suitable and I have notified the WS about this.
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| 1. I have **provided the family member with advice about which agencies can support them with an appointee or deputyship**.
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| 1. I have **explored whether an appointeeship** would be possible and explained to the WS why this is not an option for this adult.
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| 1. I have explored with the adult that there is **no one** already acting on their behalf **as a deputy** (Property and Finance, or Health and Welfare) that is able to act as a panel deputy?
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| 1. The care and support **assessment is completed and authorised on Liquid Logic.** I have provided a copy as part of the application form.
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| 1. If the **adult is a home-owner**, I have detailed this on the application form.
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| 1. The application has details about whether the adult has **substantial savings or other assets, or have explained why this has not been possible to obtain.**
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| 1. The application contains information about the **adult’s bank account** and statements or I have explained why this has not been possible to obtain*.*
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| 1. I have **completed a mental capacity assessment with the adult regarding their finances** or have arranged someone to do this\* Please see Appendix 1 and Guidance from the WS, on how to complete this.
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| 1. I have included in the mental capacity assessment regarding the adult’s finances and that the adult **does not have the ability to appoint a Lasting Power of** Attorney.
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| 1. I have **considered a professional LPA** for the application and this contains the details and reasons for this.
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| 1. If the adult rents or owned a property that will be vacant now as they have moved into care, I have notified the **property protection team so they could secure the property** and this has been detailed in the application form.
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| 1. If the adult has a **tenancy, been moved away from the property where they previously lived** and they lack mental capacity, the tenancy needs to be terminated, discuss with your HOS to access legal department to help terminate the tenancy. A tenancy cannot be ended without relevant court orders.
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| 1. I have checked that the person is not **subject to any DOLS\*** which needs to be stopped, **or other court order that would impact their assets or care,** and I have made the necessary arrangements to notify the relevant agencies and my applications details this. *\*To check whether someone is subject to a Deprivation of Liberty Safeguard email:* *dols@lbbd.gov.uk* *and await confirmation that they are not, before this checklist is complete. You may have become aware that an adult is subject to a court order such as a judicial deprivation of liberty safeguard, if this is the case then document the details on the application form.*
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| 1. I have checked that the adult is not subject to a **complaint\*, ombudsman or judicial enquiry** and where I have knowledge of this, and my applications details this. *\* To check that someone is subject to a complaint email:****complaints@lbbd.gov.uk and await confirmation that they are not, before this checklist is complete.*** *You may have become aware that the adult is subject to a complaint, ombudsman matter or judicial enquiry, if this is the case then document the details on the application form.*
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| 1. I have provided the **details of three interested parties** on the application form or explained further if there are not three.
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| 1. If the adult has been moved from the property where they usually live, I have **notified relevant departments** including Rents, Council Tax and the WS to ensure liability and benefits are correctly **amended**.
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**Terms used in this document:**

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| **Appointee** | A person or organisation that is registered with the Department for Work and Pensions (DWP) to manage a person's benefits if they lack capacity to do this themselves. |
| **Deputy, short for property and financial affairs deputy** | This is someone who will do things like pay the person's bills or organise their pension. |
| **Panel Deputy** | Some professional deputies are called 'panel deputies'. They are appointed by the Office of the Public Guardian. Panel deputies support people who lack mental capacity by helping them to make decisions about their finances. |

**Support services that could help adults to manage their finances, is listed and you can click on it to see the websites:**

[Independent Living Agency](https://www.independentlivingagency.org/)

[Deputyship or Appointeeship from Money Carer](https://moneycarer.org.uk/)

[Appointee Services](http://www.appointeeservices.co.uk/wp/)

**Other Useful Resources:**

[Assessing-capacity-financial-decisions-guidance-final.pdf (wordpress.com)](https://empowermentmattersweb.files.wordpress.com/2014/09/assessing-capacity-financial-decisions-guidance-final.pdf)

[Find out if someone has a registered attorney or deputy (OPG100) (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1116079/opg100-find-out-if-registered-attorney-or-deputy_2022.pdf)

[Make a report on someone's capacity to make decisions: Form COP3 - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/make-a-report-on-someones-capacity-to-make-decisions-form-cop3)

[MCA: Making decisions about money | SCIE](https://www.scie.org.uk/mca/practice/assessing-capacity/making-decisions-money) and this includes a video on the matter.

[Mental Capacity Guidance Note Capacity Assessment March 2023.pdf (39essex.com)](https://www.39essex.com/sites/default/files/2023-03/Mental%20Capacity%20Guidance%20Note%20Capacity%20Assessment%20March%202023.pdf)

Panel deputies: list of court-approved professionals - GOV.UK (www.gov.uk)

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Date Reviewed: 15 12 2023

Date Review due 15 12 2024