Annex A – Law Commission Recommendations and Government Responses

Law Commission Recommendation		Government Response
Overarching		
1	The DoLS should be replaced as a matter of pressing urgency	We have introduced the Mental Capacity (Amendment) Bill to replace the DoLS with the Liberty Protection Safeguards.
2	The Liberty Protection Safeguards should provide for the authorisation of care or treatment arrangements which would give rise to a deprivation of liberty within the meaning of Article 5 of the ECHR. Deprivation of liberty should have the same meaning as in Article 5(1) of the ECHR.	We are introducing the Liberty Protection Safeguards. The Bill provides for deprivation of liberty to have the same meaning as in Article 5(1) of the ECHR. However, we also note and are considering the Joint Committee on Human Rights' recommendation to introduce a statutory definition of deprivation of liberty.
3	The Liberty Protection Safeguards should be accompanied by the publication of a new Code of Practice which covers all aspects of the Mental Capacity Act	A new Code of Practice addressing all aspects of the new system will be published ahead of implementation. We will work with a wide range of stakeholders to co-design the new Code of Practice, and this will be subject to consultation (and must be laid before Parliament before it comes into force).
4	The Liberty Protection Safeguards should enable the authorisation of arrangements which are proposed (up to 28 days in advance), or are in place, to enable the care or treatment of a person which would give rise to a deprivation of that person's liberty. The arrangements that can be authorised should include: (1) arrangements that a person is to reside in one or more particular places; (2) that a person is to receive care or treatment at one or more particular places; and (3) arrangements about the means by which and the manner in which a person can be transported to a particular place or between particular places.	We have made provision in the Bill for Liberty Protection Safeguards authorisations to apply to arrangements enabling care or treatment that give rise to a deprivation of liberty. Paragraph Two of Schedule AA1 outlines that authorisations can be given up to 28 days in advance. Authorisations apply to any setting or situation where Article 5 is engaged, and can therefore move with people between settings (e.g. transfer from a care home to a hospital).
5	The Liberty Protection Safeguards should apply to people aged 16 and above.	We have not included 16 and 17 year olds in the Bill because we want to work through fully the complexities of ensuring that the new system complements and strengthens existing support and protection for this age group, for example in Education, Health and Care plans and noting ongoing litigation. We'll reflect if there is anything more we can do on extension

		of the model.
6	The Government should consider reviewing mental capacity law relating to all children, with a view to statutory codification.	We outlined in our response to the Law Commission that we did not accept this recommendation at this stage.
	Authorising a DoL – including responsible bodies, assessments required, fluctuating capacity, who must be consulted	
7	The responsible body, which can authorise arrangements, should be: (1) if the arrangements or proposed arrangements are being, or will be, carried out primarily in a hospital, the hospital manager; (2) if paragraph (1) does not apply and the arrangements or proposed arrangements are being, or will be, carried out primarily through the provision of NHS continuing health care, the clinical commissioning group or local health board; (3) if neither paragraph (1) nor paragraph (2) applies, the responsible local authority.	We have made provision in the Bill for hospital managers and CCGs to act as the responsible body where they are responsible for the cared-for person's care and treatment. This is outlined in Paragraph Six of Schedule AA1 Local health boards in Wales are already responsible bodies when they are responsible for the person's care and treatment and this will continue to be the case. In other cases the responsible body will continue to be the local authority.
8	The responsible body may authorise arrangements if (amongst other requirements) a capacity assessment has been carried out which confirms that the person lacks capacity to consent to the arrangements which are proposed or in place and would give rise to a deprivation of that person's liberty.	Capacity assessments will continue to form part of the authorisation process. This is outlined in Paragraph 15 of Schedule AA1.
9	The responsible body may authorise arrangements if (amongst other requirements) a medical assessment has been carried out which confirms that the person is of "unsound mind" within the meaning of Article 5(1)(e) of the ECHR.	Paragraph 15 of Schedule AA1 confirms that medical assessments will continue to form part of the authorisation process. The Bill requires a medical assessment to confirm that the cared-for person is of "unsound mind". We have used this terminology as this is the language used in the European Convention on Human Rights. However, we recognise that this language is not progressive and the Code of Practice and other guidance will use alternative language where possible and will explain what this term means in clinical practice.

10	The responsible body may authorise arrangements if (amongst other requirements) those arrangements are necessary and proportionate, having regard to either or both of the following matters: (1) the likelihood of harm to the person if the arrangements were not in place and the seriousness of that harm; and (2) the likelihood of harm to other individuals if the arrangements were not in place and the seriousness of that harm	Paragraph 16 of Schedule AA1 of the Bill requires that the arrangements are necessary and proportionate. The Mental Health Act review is considering whether harm to others should be expressly included as part of the necessary and proportionate test.
11	If the capacity assessment which was relied on for the purpose of authorising arrangements stated that the person's capacity to consent to the arrangements is likely to fluctuate, the authorisation should not automatically cease to have effect provided that the responsible body reasonably believes that the gaining or regaining of capacity will last for a short period only.	The Code of Practice will outline how authorisations apply to persons whose capacity to consent to arrangements is likely to fluctuate.
12	A capacity assessment and a medical assessment must in all cases have been prepared by someone who meets the requirements set out in regulations made by the Secretary of State and Welsh Ministers.	We agree that people carrying out capacity and medical assessments must be appropriately qualified and skilled. The Code of Practice will set out the appropriate skills and qualifications for those carrying out these assessments. With regards to capacity assessments we want to ensure that all relevant health and care workers can play a role where appropriate. We will work with stakeholders on the detail of capacity and medical assessments in the Code of Practice.
13	The capacity assessment, the medical assessment and the assessment of whether the arrangements are necessary and proportionate must be provided by at least two assessors. If the assessments are carried out by two assessors, they must be independent of each other – or if there are more than two assessors at least two must be independent of each other.	We agree that assessments should be completed by at least two assessors. We will outline how assessments will work operationally in the Code of Practice.

14	The responsible body should be able to rely on a capacity or medical assessment carried out under the Liberty Protection Safeguards on a previous occasion or for any other purpose, provided it is reasonable to do so. In doing so, it must have regard to the length of time that has elapsed since the assessment was carried out, the purpose of the assessment and whether there has been any significant change in the person's condition.	The Bill provides in Paragraphs 12 and 13 of Schedule AA1 for the use of previous and equivalent assessments in line with the Law Commission's recommendation. This will help to reduce the number of unnecessary assessments and bureaucracy.
15	The responsible body may authorise arrangements if (amongst other requirements) it has consulted, unless it is not practical or appropriate to do so: (1) anyone named by the person as someone to be consulted; (2) anyone engaged in caring for the person or interested in their welfare; (3) any donee of a lasting power of attorney or enduring power of attorney, and any court appointed deputy; (4) any appropriate person or independent mental capacity advocate; (5) in the case of a person aged 16 or 17, anyone with parental responsibility; and (6) in the case of a person aged 16 or 17 who is being looked after by a local authority, the authority concerned.	This recommendation forms part of the Bill as outlined in Paragraph 17 of Schedule AA1. A major criticism of the current DoLS system is that the voice of the individual isn't heard. This is why we want to ensure a wide range of people to be consulted with (including the person themselves), meaning the person's voice is at the heart of the process.
16	The responsible body should not be able to authorise arrangements which provide for a person to reside in, or to receive care or treatment at, a particular place, which conflict with a valid decision of a donee of a lasting power of attorney or a deputy appointed by the court.	It is already the case that a best interest decision could not be taken which conflicted with a valid decision by an attorney/deputy. The Bill does not alter this.
17	The Mental Capacity Act should be amended to confirm that a donee of a lasting power of attorney or a court appointed deputy cannot consent on	This is the current position under the Mental Capacity Act. The Bill does not alter this.

	a person's behalf to arrangements which give rise to a deprivation of that person's liberty.	
	Independent reviews and role of Approved Mental Capacity Professional	
18	The responsible body may authorise arrangements if (amongst other requirements) an independent review has been carried out and the person carrying it out has confirmed that: (1) it is reasonable for the responsible body to conclude the relevant conditions for an authorisation are met, or (2) the case has been referred to an Approved Mental Capacity Professional and their approval has been obtained. (3) The independent review may not be carried out by a person who is involved in the day-to-day care of, or providing any treatment to, the person.	We have introduced this in the Bill in the pre-authorisation review process, outlined in Paragraph 18 of Schedule AA1. A pre-authorisation review of authorisations is an important way of providing adequate scrutiny of an individual's arrangements and ensuring that their rights are protected. The Code of Practice will set out how responsible bodies will implement this responsibility.
19	There should be a duty to refer a case to an Approved Mental Capacity Professional if: (1) the arrangements that are proposed, or in place, provide for the person to reside in, or receive care or treatment at, a particular place, and it is reasonable to believe that the person does not wish to reside at that place, or receive the care or treatment at that place; or (2) an assessor has determined that the arrangements are necessary and proportionate wholly or mainly by reference to the likelihood of harm to other individuals if the arrangements were not in place and the seriousness of that harm. Otherwise, there should also be a power to refer a case to the Approved Mental Capacity Professional if the case is one which is appropriate to be considered by an Approved Mental Capacity Professional and the	The Bill provides in Paragraph 18 of Schedule AA1 that cases must be referred to an Approved Mental Capacity Professional if it is reasonable to believe that a person does not wish to reside at that place, or receive care and treatment at that place: in short, where there is an objection. The Bill also enables Approved Mental Capacity Professionals to consider other appropriate cases (eg of a particular complexity). We will work with a wide range of stakeholders to set out in the Code of Practice the situations in which this should apply.

	Approved Mental Capacity Professional agrees to accept the referral.	
20	The Approved Mental Capacity Professional should be required to approve the arrangements if he or she determines that the conditions for the authorisation of arrangements are met. In doing so, he or she must meet with the person (unless it is not practicable or appropriate to do so), and may consult others and take further steps (including obtaining information or making further enquiries).	Paragraph 19 of Schedule AA1 of the Bill requires the Approved Mental Capacity Professional to meet with the person unless it is not practicable or appropriate to do so. The Approved Mental Capacity Professional must also consult with others and take other further steps as they consider appropriate.
21	Each local authority should be required to make arrangements for the approval of persons to act on its behalf as Approved Mental Capacity Professionals, and ensure there are sufficient numbers of persons approved as Approved Mental Capacity Professionals for the purposes of the Liberty Protection Safeguards.	The Bill provides for this in Paragraph 32 of Schedule AA1. Local authorities are in the best position to provide oversight for this.
22	The Secretary of State and Welsh Ministers should be given regulation making powers to prescribe, amongst other matters, criteria which must be met in order for a person to become an Approved Mental Capacity Professional and a body to approve courses.	Paragraph 33 of Schedule AA1 of the Bill gives the Secretary of State and Welsh Ministers power to make regulations prescribing criteria for approval as an Approved Mental Capacity Professional. This will replace the existing regulation-making powers relating to best interests assessors.
23	Each local authority should be required to appoint a manager who is responsible for the conduct and performance of Approved Mental Capacity Professionals and is accountable directly to the director of social services.	This has not been included expressly in the Bill. Internal governance arrangements are a matter for local authorities, but we intend to provide guidance to assist them in the Code of Practice.
24	The responsible body should be required to produce or revise an authorisation record if it authorises arrangements. This must, amongst other matters, specify in detail the arrangements which are authorised and date(s) from which they are authorised. Copies of the authorisation record must be given to the person and certain other key individuals.	The Bill requires an authorisation record to be maintained.
25	Where arrangements have been	This is the case with the current DoLS, and will

	authorised under the Liberty Protection Safeguards, no liability should arise in relation to the carrying out of the arrangements if no liability would have arisen if the person had had capacity to consent to the arrangements, and had consented.	remain the case with the Liberty Protection Safeguards.
	Duration of authorisation, ability to renew the authorisation and requirements for review	
26	An authorisation should last for an initial period of up to 12 months, and be renewed for a further period of up to 12 months and then for further periods of up to three years.	Paragraph 23 and 26 of Schedule AA1 of the Bill provides for this.
27	The responsible body should be able to renew an authorisation if it reasonably believes that: (1) the person continues to lack capacity to consent to the arrangements; (2) the person continues to be of unsound mind; (3) the arrangements continue to be necessary and proportionate; and (4) it is unlikely that there will be any significant change in the person's condition during the renewal period which would affect any of the matters in (1), (2) and (3).	This is provided for in the Bill as outlined in Paragraphs 27 and 28 of Schedule AA1. This is important for maintaining a streamlined process.
28	An authorisation should cease to have effect if the responsible body knows or ought reasonably to suspect that: (1) the person has, or has regained capacity, to consent to the arrangements (except in fluctuating capacity cases); or (2) the person is no longer of unsound mind; or (3) the arrangements are no longer necessary and proportionate. The authorisation should also cease to have effect if there is a conflicting decision of a lasting power of attorney or a court appointed deputy, or if the authorisation conflicts with	This is provided for in the Bill. Authorisations must be kept under regular review and will cease to have effect if they are no longer necessary and proportionate.

	requirements arising under legislation relating to mental health (in so far as it relates to those arrangements).	
29	The responsible body should be required to specify in the authorisation record when it proposes to review the authorisation of arrangements, to keep an authorisation under review, and to review an authorisation: (1) on a reasonable request by a person with an interest in the arrangements which are authorised; (2) if the person to whom it relates becomes subject to mental health arrangements; (3) if the person to whom it relates becomes subject to different requirements arising under legislation relating to mental health; and (4) if it becomes aware of a significant change in the person's condition or circumstances.	This is provided for in the Bill as outlined in Paragraph 31 of Schedule AA1. Requiring an authorisation to be reviewed following a reasonable request by a person with an interest in the arrangements is an important way for individuals and their families to be involved in the process.
	Independent Mental Capacity Advocates and appointment of appropriate person	
30	If a responsible body proposes to authorise arrangements which would give rise to a deprivation of a person's liberty, it should be required to appoint an independent mental capacity advocate to represent and support the person (if there is no appropriate person appointed) unless: (1) the person does not consent to being represented; or (2) if the person lacks capacity to consent, being represented by an advocate would not be in his or her best interests. If a responsible body proposes to authorise arrangements which would give rise to a deprivation of a person's liberty and an appropriate person is appointed, the responsible body should be required to appoint an independent mental capacity advocate to support the appropriate	The Bill provides in Paragraph 36 of Schedule AA1 that everyone being assessed or subject to an authorisation will have a right to representation and support on an ongoing basis – either from an Independent Mental Capacity Advocate or from an appropriate person. The appropriate person will also have access to an IMCA to support them in their role. Advocacy provision across the health and social care sector is being considered as part of the Mental Health Act Review.

	person unless the appropriate person does not consent.	
31	The Secretary of State and Welsh Minsters should have regulation-making powers to make provision about how an independent mental capacity advocate is to discharge the functions of representing or supporting the person.	We will work with a wide range of stakeholders to give guidance relating to Independent Mental Capacity Advocates in the Code of Practice.
32	If a responsible body proposes to authorise arrangements, it should be required to determine if there is an appropriate person to represent and support the person. He or she must not be involved in providing care or treatment to the person in a professional capacity or for remuneration. If there is an appropriate person, the responsible body must appoint them to represent and support the person, unless: (1) the person has capacity and does not consent to that appointment; or (2) if the person lacks capacity to consent, and being represented by an advocate would not be in his or her best interests.	Paragraph 36 of Schedule AA1 of the Bill introduces the role of "appropriate person". This role is based on the Law Commission's recommendations.
33	The UK Government and the Welsh Government should review the adequacy of the current levels of advocacy provision under the Mental Capacity Act, Care Act, Social Services and Well-being (Wales) Act, Mental Health Act and Mental Health (Wales) Measure 2010.	Advocacy provision across the health and social care sector in England is being considered as part of the Mental Health Act Review.
	Challenging authorisations – role of the Courts	
34	In tandem with the "Transforming our justice system" programme, the Lord Chancellor, the Lord Chief Justice and the Senior President of Tribunals should review the question of the appropriate judicial body for determining challenges to authorisations of deprivation of liberty under the Liberty Protection Safeguards. This review should be undertaken with a view to promoting the accessibility of the judicial body, the participation in the proceedings of	The Mental Health Act Review is considering relationships between the Court of Protection and Mental Health Tribunals regarding challenges to Liberty Protection Safeguards.

	the person concerned, the speedy and efficient determination of cases and to the desirability of including medical expertise within the panel deciding the case.	
35	Pending the conclusion of our recommended review of the appropriate judicial body for determining challenges to authorisations of deprivation of liberty under the Liberty Protection Safeguards, the Court of Protection should have jurisdiction to determine any question relating to arrangements which are authorised under the Liberty Protection Safeguards. No permission should be required for any application made for such determination.	The Mental Health Act Review is considering relationships between the Court of Protection and Mental Health Tribunals regarding challenges to Liberty Protection Safeguards. The Court of Protection continues to have jurisdiction to determine challenges to Liberty Protection Safeguards authorisations.
	Monitoring the scheme	
36	The Secretary of State and Welsh Ministers should be given regulation-making powers to require one or more prescribed bodies to monitor and report on the operation of the new scheme, and make provision for how the prescribed bodies must undertake these functions.	Paragraph 38 of Schedule AA1 of the Bill gives the Secretary of State and Welsh Ministers regulation-making powers to prescribe bodies to monitor and report on the scheme. In England, it is intended that the scheme will be monitored by the Care Quality Commission. In Wales, it is intended that Healthcare Inspectorate Wales and Care Inspectorate Wales will monitor the scheme.
	Fit with the Mental Health Act	
37	The Liberty Protection Safeguards should not apply to arrangements carried out in hospital for the purpose of assessing, or providing medical treatment for, mental disorder within the meaning it is given by the Mental Health Act. But the Liberty Protection Safeguards should be available to authorise arrangements in hospital for the purpose of providing medical treatment where those arrangements arise by reason of learning disability where that disability is not associated with abnormally aggressive or seriously irresponsible conduct.	The Bill replicates the legal effect of the existing interface between the DoLS and the Mental Health Act as outlined in Paragraphs 39 to 47 of Schedule AA1. The interaction between the Mental Health Act and Mental Capacity Act is being considered as part of the Mental Health Act Review.
38	The Liberty Protection Safeguards should not apply to arrangements which are inconsistent with: (1) a requirement imposed by a guardian under section 8 of the Mental Health Act; (2) a condition or direction under	The Bill replicates the legal effect of the existing interface between the DoLS and the Mental Health Act. The interaction between the Mental Health Act and Mental Capacity Act is being considered as part of the Mental Health Act Review.

	section 17 of the Mental Health Act; (3) a condition in a community treatment order made under section 17A of the Mental Health Act; (4) a condition or direction in respect of a hospital order under section 37 of the Mental Health Act; (5) a requirement imposed by a guardian under section 37 of the Mental Health Act; (6) a condition in respect of a restriction order under section 42 of the Mental Health Act; (7) a condition imposed when a person is conditionally discharged under section 73 of the Mental Health Act; or a condition or requirement imposed under any other enactment prescribed by regulations.	
39	The UK Government and the Welsh Government should review mental health law in England and in Wales with a view to the introduction of a single legislative scheme governing non-consensual care or treatment of both physical and mental disorders, whereby such care or treatment may only be given if the person lacks the capacity to consent.	The government has commissioned Sir Simon Wessely to conduct an Independent review into the Mental Health Act.
	Wider amendments to the MCA	
40	Section 4(6) of the Mental Capacity Act should be amended to require that the individual making the best interests determination must ascertain, so far as is reasonably practicable: (1) the person's past and present wishes and feelings (and, in particular, whether there is any relevant written statement made by him or her when they had capacity); (2) the beliefs and values that would be likely to influence the person's decision if he or she had capacity; and (3) any other factors that the person would be likely to	Ascertaining the person's wishes and feelings, is explicitly the main purpose of the new consultation requirement within the Bill as outlined in Paragraph 17 of Schedule AA1 for authorising arrangements for care or treatment that give rise to a deprivation of liberty. Having regard to the person's wishes and feelings, beliefs and values, as part of the best interest decision making in the Mental Capacity Act is already required by law and considered best practice among practitioners. The law already requires practitioners to have regard for the person's wishes and feelings. We believe a non-legislative approach can drive the behaviour and cultural change needed and we will work with the sector to further spread and support improved practice.

	consider if he or she were able to do so; and in making the determination must give particular weight to any wishes or feelings ascertained.	If this work does not secure the improvement we are looking for and if it is appropriate to do so we will consider making legislative changes in the future.
41	If someone acting in a professional capacity or for remuneration does an act pursuant to a relevant decision, the statutory defence under section 5 of the Mental Capacity Act should not be available unless before doing the act he or she has prepared a **written record** (or one been prepared by someone else) containing required information. The relevant decisions should be those relating to: (1) moving the person to long-term accommodation; (2) restricting the person's contact with others; (3) the provision of serious medical treatment; (4) the administration of "covert" treatment; and (5) the administration of treatment against the person's wishes. The required information should be: (1) the steps taken to establish that the person lacks capacity; (2) the steps taken to help the person to make the decision; (3) why it is believed that the person lacks capacity; (4) the steps taken to establish that the act is in the person's best interests; (5) a description of ascertained wishes and feelings for the purses of a best interests determination and if the decision conflicts with the person's ascertained wishes, feelings, beliefs or values, an explanation of the reason for that decision; (6) that any duty to provide an advocate has been complied with; and (7) that the act would not be contrary to an advance decision.	Health and care workers should already record these decisions in care and treatment records and this will continue in the new system. Stakeholders have told us that they think this requirement is unnecessary and would merely generate extra paperwork at the expense of providing direct care. We will provide clear guidance in the Code of Practice on recording decisions, particularly when Article 8 rights are engaged.

42	The Secretary of State and Welsh Ministers should be given the power, by regulations, to establish a supported decision-making scheme to support persons making decisions about their personal welfare or property and affairs (or both).	The second of the Mental Capacity Act's five statutory principles, already empowers individuals to make decisions for themselves wherever possible. Under the Act, all practicable steps must be taken to help a person to make a decision before they are to be treated as unable to make their own decisions. We intend to strengthen the Code of Practice to improve supported decision making in the future. The government reaffirmed its commitment to the principle of supported decision-making in its response to the Law Commission and we will consider approaches to it as part of our response to the UN Convention on the Rights of Persons with Disabilities. However, we do not think that a new regulatory legislative scheme with the associated costs and bureaucracy is an appropriate response at this time.
43	A person aged 16 or over who has capacity to do so, should be able to consent to specified care or treatment arrangements being put in place at a later time, which would otherwise give rise to a deprivation of that person's liberty.	The key problem people encounter with DoLS during end-of-life stages arise from the bureaucracy and inappropriate invasiveness at a sensitive time. These are addressed through the reforms in the Bill, namely a new streamlined process based around care planning which is in place before any deprivation of liberty happens. Our engagement with stakeholders indicated a lack of support for including in the Bill provision for advance consent to being deprived of liberty, as they were unable to confidently envision a future scenario where they felt could 'trust' the advance decision for the specific future circumstances. Without robust monitoring processes, advance consent in some long stay settings could also be interpreted as people 'giving up' their protections and human rights.
44	Section 4B of the Mental Capacity Act should be amended to provide that a person may be deprived of liberty to enable life sustaining treatment or action believed necessary to prevent a serious deterioration in the person's condition if there is a reasonable belief that the person lacks capacity to consent to	Clause Two of the Bill makes provision for individuals to be deprived of their liberty in these circumstances.

	the steps being taken, and: (1) there is a question about whether the decision-maker is authorised to deprive the person of liberty and a decision is being sought from the court; (2) a responsible body is determining whether to authorise arrangements which would give rise to a deprivation of P's liberty (and it does not matter if the steps taken by D which deprive P of P's liberty as mentioned in subsection (1) do not correspond to the arrangements which the responsible body is determining whether to authorise); or (3) it is an emergency.	
45	A person should be able to bring civil proceedings against the managers of a private care home or an independent hospital when arrangements giving rise to a deprivation of their liberty have been put in place and have not been authorised under the Mental Capacity Act, the Mental Health Act or by an order of a court.	There are already mechanisms to help ensure that providers are complying with legislation. For example, commissioners of care help ensure good quality of care and the Care Quality Commission in England and Healthcare Inspectorate Wales and Care Inspectorate Wales will be able to take enforcement action where necessary.
	Coroners	
46	Section 48 of the Coroners and Justice Act 2009 should be amended to provide that a person is not in State detention if the compulsory detention, to which he or she is subject, arises as a result of arrangements which are authorised under Liberty Protection Safeguards, section 4B of the Mental Capacity Act or a provision of an order made under section 16 of the Mental Capacity Act.	The Coroners and Justice Act 2009 has since been amended to this effect. This position will be maintained under the Bill.
47	If the Department of Health decides not to introduce its proposed reform to require a medical examiner or medical practitioner to refer a case to a coroner if the death was attributable to a failure of care, measures should be put in place to ensure that deaths	The Government consulted on this issue and published its response in June 2018. The Government will amend the Coroners and Justice Act 2009, when an opportunity arises, to put the medical examiner system on a statutory footing and further consider legislative

	of people subject to the Liberty Protection Safeguards or deprived of their liberty pursuant to an order of the Court of Protection are notified to the coroner.	requirements post April 2019.