Short roadmap — what each party is asking the Court to decide

The central practical question beneath the legal argument is: can the Minister revise the Northern Ireland DoLS Code so that a person aged 16+ who lacks legal capacity can be taken to have given "valid consent" to confinement by merely expressing wishes and feelings — and thus fall outside Article 5 authorisation? The parties disagree sharply about whether that change is compatible with Article 5 ECHR and therefore within the Minister's power. Supreme Court UK

Appellant — Attorney General for Northern Ireland (who made the reference) Core argument (simplified):

- The Minister of Health can revise the Code to treat the expressed wishes/feelings
 of 16+ persons with impaired decision-making as valid consent to confinement,
 so those arrangements need not always be treated as a deprivation of liberty for
 Article 5 purposes.
- The proposed approach would differ from *Cheshire West* but, the AG says, it would still satisfy Article 5 because it treats consent (subjective element) as a real part of the analysis.
- In short: the AG asks the Supreme Court to confirm such a revision is compatible with the ECHR and therefore within the Minister's statutory power. Supreme Court UK

2. Respondents — Lord Advocate; Advocate General for Northern Ireland; Counsel General for Wales; Minister of Health (collectively the principal oppositions/respondents)

Core lines (general):

- The respondents (and the Scottish / devolved legal actors among them) press
 caution about treating expressions of wishes/feelings as automatically
 amounting to legally valid consent where the person lacks capacity.
- They emphasise the Strasbourg and domestic jurisprudence that protects
 people who lack capacity (relying on the structure of Article 5 and previous
 decisions), and argue that any narrowing of protection risks removing procedural
 safeguards that the ECHR requires when deprivation of liberty occurs.
- The respondents press the Court to ensure that the Code (and any revision) remains compliant with Article 5 procedural and substantive guarantees. (The

Lord Advocate's and other respondents' written cases defend the need for protective procedures.) <u>Supreme Court UK+1</u>

3. Intervener — Secretary of State for Health and Social Care (DHSC)

Core argument:

- The Secretary of State's written case supports a re-examination of Cheshire
 West. DHSC says Cheshire West created a bright-line "acid test" that swept
 many people into DoLS authorisations and that this outcome (a "great
 confinement") was wider than Strasbourg requires.
- DHSC contends the European Court of Human Rights does not apply a single acid-test; it uses a multifactor/contextual approach (type, intensity, manner, duration). Therefore the domestic Courts should be willing to adjust or narrow Cheshire West so that only cases meeting a firmer, contextual deprivation-ofliberty threshold are captured.
- If the Court will not otherwise depart from *Cheshire West*, DHSC says the Attorney-General's "valid consent via expressed wishes" approach should be accepted (with caveats). localgovernmentlawyer.co.uk+1

4. Interveners — Mencap, Mind and the National Autistic Society (joint intervention) Core argument / stance:

- The disability and mental-health charities strongly oppose any narrowing of the
 Cheshire West approach or any Code revision that treats expression of
 wishes/feelings as automatically amounting to valid consent when a person
 lacks capacity.
- They argue such a move would remove essential safeguards for extremely vulnerable people, would be inconsistent with Article 5 protections as developed by the ECtHR and domestic courts, and would expose people to unlawful or unreviewable confinement.
- Their written case aims to preserve the status quo (or at least to require rigorous safeguards) so that vulnerable people can access independent authorisation and review. <u>Community Care+1</u>

5. Intervener — Official Solicitor

Core argument / emphasis:

- The Official Solicitor stresses that deprivation of liberty is not confined to
 "classic" prison-style examples it occurs in many care settings and that
 the law must protect people who cannot meaningfully consent.
- The Official Solicitor's submissions emphasise the practical realities (degree of control, freedom to leave, supervision) and warn that re-characterising "consent" risks sidelining independent safeguards and judicial oversight for those unable to protect their own interests. Supreme Court UK

6. Intervener — Mental Welfare Commission for Scotland

Core argument / emphasis:

- The Commission's written case raises professional and human-rights concerns about removing or weakening authorisation safeguards. It underscores the importance of independent review and of treating the person's capacity and the objective facts of confinement as central to whether Article 5 is engaged.
- It aligns with interventions that press the Court to preserve robust protections rather than narrow the test. Supreme Court UK

7. Practical themes running through the arguments (so you can see the battle lines)

- Consent vs capacity: the dispute is focused on whether expressed
 wishes/feelings by a person who lacks capacity can count as legally valid
 consent for Article 5 purposes. Appellant & DHSC push for giving that expression
 weight; charities, Official Solicitor and others say it cannot substitute for
 capacity and independent safeguards. Supreme Court UK+1
- Cheshire West tension: DHSC (and, to an extent, the AG) argues Cheshire West led to over-inclusion and mass authorisation; charities and the Official Solicitor defend Cheshire West as protective and consistent with Strasbourg.

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- State/ECHR compatibility/devolution: because the Code is a statutory instrument under the MCA(NI) 2016, the Court must say whether the Minister's proposed revision would be compatible with ECHR rights and thus lawful in devolved competence. That legal/constitutional framing features in most written cases. Supreme Court UK

- 1. If the Court accepts (even partly) DHSC/AG arguments: expect a narrowing of when authorisation under DoLS-type schemes is required fewer people would automatically fall within Article 5 authorisation regimes.
- 2. If the Court sides with charities / Official Solicitor / respondents: Cheshire West's protective reach will effectively be preserved (or re-affirmed), meaning formal authorisation and review remain widely available for people who lack capacity and are under continuous supervision and control.
- 3. **The Court may adopt a middle path:** refine the tests (objective/subjective elements) while insisting on safeguards e.g., require a clearer showing of the factual intensity of confinement before Article 5 triggers, but refuse to treat mere "contentment" as valid consent where capacity is lacking.

Possible Outcome	Legal Effect	Likely Reasoning	Practical Consequences
		The Court follows	♦ All current
		Storck (subjective	DoLS/authorisation
		element: absence	safeguards remain.
	The Supreme Court	of valid consent)	NI cannot
	confirms that a person	and Guzzardi	implement the
Reaffirm	who lacks capacity	(degree and	revised Code.
Cheshire West	cannot give valid consent	intensity) as	UK-wide policy
(no valid	under Article 5, even if	minimum ECHR	pressure for a
without 7	they express contentment. The "acid test" —	requirements. It holds that the NI	"streamlined" regime (LPS etc.) continues
		and control + not free to	Code would be
	leave — remains decisive.	incompatible with	Charities and
		Article 5 and beyond	rights groups will view
		devolved	it as a major
		competence.	protection victory.
	The Court re-interprets	Draws heavily on	Many fewer cases
2 Modify the	Cheshire West by	Guzzardi 's	require formal
test	importing Guzzardi's	contextual	authorisation
(contextual,	multifactorial test:	reasoning.	(particularly benign
proportional approach)	deprivation of liberty	Recognises that	care-home or
	depends on the "type,	Cheshire West may	supported-living
	duration, effects, and	have gone further	settings).

Possible
Outcome

Legal Effect

Likely Reasoning

Practical Consequences

manner of implementation," not just two binary limbs. It stops short of overturning Cheshire West but clarifies of control or that not every case of supervision/control triggers Article 5.

than Strasbourg. Affirms that true "deprivation" must show an **intensity** coercion.

NI could revise its Code, but only if it embeds a contextual proportionality assessment, not a presumption of consent.

- Local authorities would see reduced administrative burdens.
- Critics would warn of reduced protection for "quiet" deprivations of liberty.

Major contraction of Article 5 safeguards.

• Possibly **25–30**% fewer authorisations

in NI (and similar impact if adopted in England & Wales).

- DoLS applications fall sharply; oversight by courts and advocates reduced.
- Risk of future ECHR challenge in Strasbourg (arguing insufficient procedural safeguards).
- Politically controversial; rights

3 Overrule / substantially weaken **Cheshire West** (accept AG/DHSC argument)

The Court finds that a person who lacks legal capacity can nonetheless be treated as consenting if they appear content or express a wish to stay; such cases fall outside Article 5 altogether.

Emphasises autonomy and subjective **experience** over formal capacity. Declares that Cheshire West misconstrued Strasbourg law. Relies on a narrower reading of Storck (valid consent ≠ formal capacity).

groups likely to seek legislative reversal.

Realistic Forecast (based on Court composition & trend)

- The current UKSC has shown **reluctance to depart from settled Strasbourg-consistent principles** unless clearly justified (see e.g. R (SC) v Secretary of State for Work and Pensions [2021]).
- Given the explicit reliance on *Storck* and *Guzzardi*, it is **more likely** the Court will choose **Outcome 2 (modified/contextual test)** rather than a full rollback or complete reaffirmation.
- That would allow a nuanced realignment with Strasbourg while preserving the core procedural protections.

Practical headline summary

Stakeholder	What they "win or lose" under each scenario
Government / DHSC	Wins most under (reduced burden), partial win under , loses under .
Charities / Official Solicitor	Strong win under 1, partial under 2, major loss under 3.
Health & Social Care Trusts / Councils	Administrative relief under 2 or 3; continued workload under 1.
Individuals lacking capacity	Most protected under 1; somewhat less under 2; least under 3 (risk of unreviewed confinement).

Impact

How each possible Supreme Court outcome would affect England's DoLS figures

Scenario	Legal shift	Estimated effect on DoLS applications (England)	Who is most affected	Rationale
1 Reaffirm Cheshire West (strict "acid test")	The Court upholds that lack of capacity = no valid consent; continuous supervision + not free to leave = deprivation of liberty.	Minimal change — annual applications stay around 300–330 k; backlog continues.	Local authorities, NHS Trusts, care homes.	Maintains the current wide definition. DHSC's administrative pressures persist; reform via legislation (LPS) would remain only long-term fix.
2 Modify / contextual test (Guzzardi approach)	Court re-introduces "degree and intensity" analysis; not every 24-hour supervision counts. Must show coercion or lack of practical freedom.	Likely 15–30 % reduction — approx. 45–100 k fewer applications per year.	Older adults in benign care settings; supported-living residents who are content and not actively restrained.	Local authorities could treat "low-intensity" cases as outside Article 5; fewer referrals for formal authorisation; backlog eases but safeguards remain for clearly confined individuals.
3 Accept AG/DHSC argument (valid "consent" without capacity)	Court allows "expressed wishes/feelings" of contentment to count as valid consent; these people not deemed deprived of liberty.	Potential 25–40 % drop — roughly 75–130 k fewer applications annually.	disabilities,	Removes entire category from Article 5 coverage. Greatly reduces workload but high risk of underprotection and future ECtHR challenge.

III What this means in practice

• Administrative impact:

- Even a 20 % reduction could eliminate around £60–80 million per year in assessment and review costs for councils/NHS.
- Conversely, maintaining the current test (Scenario 1) would keep pressure for immediate LPS legislative reform.

Rights and oversight impact:

- Scenarios 2–3 would reduce access to independent advocates, family consultation, and court review, since fewer cases would enter the formal authorisation system.
- A large drop (Scenario 3) could see tens of thousands of people effectively "fall out" of monitored DoLS protections.

• Policy momentum:

 DHSC would almost certainly use any Supreme Court narrowing (2 or 3) as justification to revisit or delay LPS implementation, arguing that court clarification has already streamlined practice.

Realistic forecast

Given the Court's likely caution and Strasbourg alignment, Scenario 2 (contextual modification) appears **most probable**.

If so, expect:

- A moderate fall (15–25 %) in new DoLS applications within 12–18 months.
- **Guidance revisions** from the Department of Health & Social Care and the Association of Directors of Adult Social Services (ADASS).
- Some local variation as councils reinterpret borderline cases