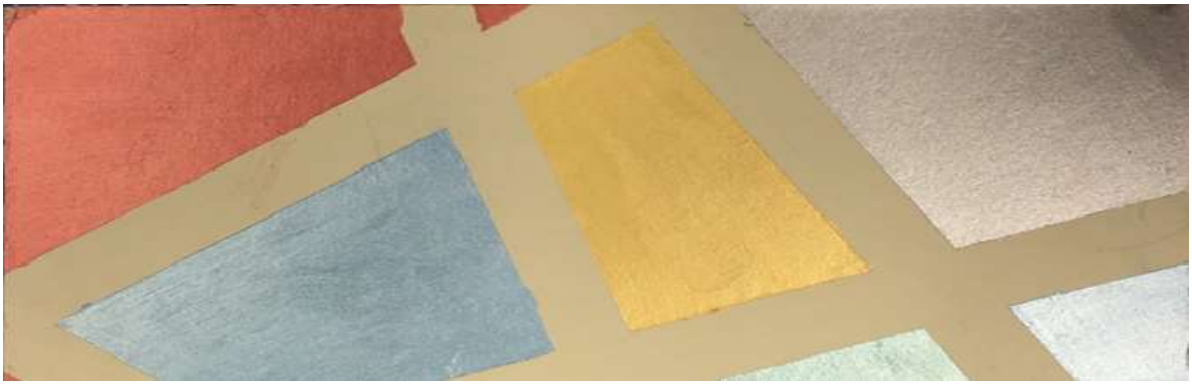
# MENTAL CAPACITY REPORT: THE WIDER CONTEXT

June 2021 | Issue 114



Welcome to the June 2021 Mental Capacity Report. Highlights this month include:

(1) In the Health, Welfare and Deprivation of Liberty Report: substance over form in DoLS authorisations, complex questions of coercion in medical treatment, and the limits of fluctuating capacity in the context of sex;

(2) In the Property and Affairs Report: a brisk dismissal of an attempt to appeal a judgment of Senior Judge Hilder about charging by a deputy, and easy read guides to making LPAs;

(3) In the Practice and Procedure Report: an important rapid consultation on hearings and the judicial view of remote hearings;

(4) In the Wider Context Report: the CPR responds to vulnerability, strengthening the right to independent living, capacity in the rear view mirror and the ECHR and the CRPD at loggerheads;

(5) In the Scotland Report: the Mental Welfare Commission on hospital discharges, change at Scottish Government (but how much) and welfare guardianships and deprivation of liberty.

You can find our past issues, our case summaries, and more on our dedicated sub-site here, where you can also find updated versions of both our capacity and best interests guides. We have taken a deliberate decision not to cover all the host of COVID-19 related matters that might have a tangential impact upon mental capacity in the Report. Chambers has created a dedicated COVID-19 page with resources, seminars, and more, here; Alex maintains a resources page for MCA and COVID-19 here, and Neil a page here. If you want more information on the Convention on the Rights of Persons with Disabilities, which we frequently refer to in this Report, we suggest you go to the Small Places website run by Lucy Series of Cardiff University.

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The picture at the top, "*Colourful*," is by Geoffrey Files, a young man with autism. We are very grateful to him and his family for permission to

# Contents



## CPR – Participation of Vulnerable Parties and Witnesses

The Civil Procedure Rules have been amended to include a new Rule (1.6) and Practice Direction 1A on the Participation of Vulnerable Parties or Witnesses. Factors which may cause vulnerability in a party or witness include (but are not limited to): lack of understanding, communication difficulties, health condition, medical health condition or significant impairment of any aspect of their intelligence or social functioning (including learning difficulties). If the court decides that a party's or witness's availability to participate fully and/or give best evidence is likely to be diminished by reason of vulnerability, the court may order appropriate provisions to further the overriding objective, i.e. to ensure, so far as practicable, that the parties are on an equal footing and can participate fully in proceedings, and that parties and witnesses can give their best evidence. The court should also consider ordering "ground rules" before a vulnerable witness gives evidence, to determine what directions are necessary in relation to the nature and extent of that evidence, the conduct of the advocates and/or the parties, and/or any necessary support to be put in place for that person.

## Short note: capacity in the rear view mirror

The immigration decision in [2021] UKAITUR HU135462019 is a very good example of how courts are getting themselves into a tangle thinking about capacity in retrospect. The immigration judge in the case had to consider whether the applicant in question had had capacity to marry. On appeal, Upper Tribunal Judge Allen noted that:

> *17. I consider first the judge's findings on the point of capacity. She set out at paragraph 64 the gist of section 1(2) of the Mental Capacity Act 2005, which provides that a person should be assumed to have capacity unless it is established that they do not. The judge*

> *went on to say that the difficulty in the case was that it was not established by any medical evidence before her upon which reliance could reasonably be placed that the sponsor did not have capacity in relation to a decision to marry. She went on to say that she shared the concerns raised by the respondent in relation to the quality of the capacity report but it did however provide a view of the social worker tasked with preparing such a report by her local authority employer that the sponsor did have capacity. The judge went on to say that she placed limited weight on that conclusion due to the concerns as to whether the assessment was properly and thoroughly focused on all relevant considerations, but the result remained a position where it was not established that the sponsor did not have capacity, and in such circumstances a person was to be assumed to have capacity. The judge regarded this as deeply unsatisfactory in all the circumstances of the case and given the evidence overall which she was shortly to go on to address as to the limitations on the sponsor's abilities, she had serious concerns as to the sponsor's capacity with respect to a decision to marry and thereafter engage in consequences including sexual relations.* (emphasis added).

Whilst, for reasons irrelevant for present purposes, nothing ultimately turned on this point, Upper Tribunal Judge Allen noted that:

> *As regards the findings on capacity I consider that the judge, though she wavered to an extent, clearly regarded herself as bound by section 1(2) of the 2005 Act and though she came close at times in her decision to going against the presumption, ultimately her decision was faithful to the presumption.*

With respect, neither judge should have considered themselves bound by the presumption. The presumption operates in real-time, not in retrospect – and this case is a very good example of precisely why it should not do so In circumstances where there was good reason to consider that the person did not have capacity to undertake the relevant act, it is self-evidently wrong that the presumption should operate to give the person the benefit of the doubt. The details for this are set out in more detail in this paper by Alex which was given at a webinar about the *Clitheroe* case concerning testamentary capacity, where Falk J appears to have laboured under the same misconception.

## LeDer report published

The last Learning Disabilities Mortality Review report to be published by the University of Bristol is now available. The programme is continuing with some substantial changes (including the inclusion of autism), as detailed here.

The 2021 report focuses on findings from completed reviews of the deaths of people with learning disabilities that occurred in the calendar years 2018, 2019 and 2020, identifying any trends that have occurred over time. Because of the incremental roll out of the LeDeR programme in England during 2016 and 2017, 2018 was the first year in which the programme has relatively complete data. The report also includes analysis of the impact of COVID-19.

The overall summary of the Review is that:

> *There are some early indicators of improvements in the care of people with learning disabilities between 2018 and*

> *2019, but there are also indications that such improvements are not felt across all aspects of service provision or groups of people with learning disabilities. Of particular concern are the significant inequalities in the experiences of people from minority ethnic groups. In addition, the COVID-19 pandemic has highlighted the impact of health inequalities and deficiencies in the provision of care of people with learning disabilities, with rates of their deaths being more than those of others'.*

The inequalities and deficiencies are stark:

> *Compared to the general population, people with learning disabilities were more than 3 times as likely to die from an avoidable medical cause of death (671 per 100,000 compared to 221 per 100,000 in the general population). The majority of the excess was due to treatable medical causes of death.*

## Strengthening the Right to Independent Living

EHRC's briefing paper, 'Strengthening the Right to Independent Living' published on 12 May 2021 discusses Article 19 of the UN Convention on the Rights of Persons with Disabilities (CRPD) and its impact in UK law:

> *This right to independent living is binding under international law and the UK Government is expected to reflect its requirements in laws, policy and guidance. However, the right has not been fully incorporated into domestic law, meaning that disabled people have no redress in the UK courts if it is breached. In our view, the absence of effective legal protection for the right to independent living significantly limits disabled people's full and equal participation in society.*
>
> *Across many areas of life, there is evidence that disabled people in Great Britain are not provided with the same choice, control and opportunities as others. Disabled people experience significant disparities in education and a persistent employment and pay gap. There is a chronic shortage of accessible housing and those with care needs often cannot access vital support. Thousands of disabled people are detained in institutions, out of sight and at risk of restrictive treatment or abuse.* (pages 3-4)

The paper discusses the barriers faced by people with disabilities face in a number of different areas, and:

> *the action needed to ensure disabled people can enjoy the same freedoms, autonomy and opportunity as the rest of society* (page 4).

The EHRC proposes that further measures should be taken:

> *to incorporate Article 19 rights and bring domestic law into line with international requirements. In collaboration with stakeholders, we have developed a legal model for incorporating the right to independent living into UK law. Our proposals have been endorsed by the UN Committee on the Rights of Persons with Disabilities as well as UK Parliament's Joint Committee on Human Rights (JCHR).*
>
> *Our full proposed legal model is set out in the appendix to this paper. The key elements are:*

- *a statutory Public Sector Inclusion Objective that puts a duty on public bodies to act with the objective of meeting the requirements of CRPD Article 19*
- *a presumption on public bodies to provide accommodation, care and support in the community, unless this is not in line with the person's wishes*
- *recognition of the primacy of disabled people's views in decisions about accommodation, care and support, including a right to decline care*
- *a prohibition on the establishment of further institutional accommodation*
- *a duty on public bodies to assess the level of unmet need for accommodation in the community, and care and support to enable community or home living, and report on what they will do to meet that need, and*
- *effective enforcement mechanisms and provision of guidance on implementation to help ensure the right to independent living is upheld in practice.* (page 8)

The report then goes on to set out in, depressing, detail, all the various ways in which Article 19 is not currently being upheld in England & Wales at present.

## Seni's Law consultation

The Department of Health and Social Care has launched a consultation on draft statutory guidance on the Mental Health Units (Use of Force) Act 2018.

The Act has been passed, but is not yet in force. It is also as Seni's Law following the death of Olaseni Lewis at the age of 23 after being restrained at the Bethlem Royal Hospital, London in 2010 following levels of restraint described in the subsequent inquest by the coroner as 'disproportionate and unreasonable'.

The Act applies to both NHS and private mental health units (if at least some of the treatment is provided for the purposes of the NHS) and will require them to appoint a 'responsible person' to comply with the requirements of the Act. Mental health units will be required to have a published policy on the use of force (s.3) as well as providing information for patients (s. 4) and training for staff about the use of force (s. 5). Records will need to be kept of any but negligible use of force and the Secretary of State will come under a duty to prepare statistics and an annual report. It also requires police attending a mental health unit to take a body camera 'if reasonably practicable' (s. 12).

The proposed statutory guidance fleshes out some of the duties under the Act. Key points to note:

1. As it is statutory guidance, there is a duty to have regard to it when exercising functions under the Act, and unless departures can be justified by a good reason they may give rise to legal challenges.

2. The Introduction notes that the use of force appears to be increasing, and that the available data suggests there is often disproportionate use against certain groups of patients, including black and ethnic minority groups, women and girls, and people with autism and learning disabilities.

3. Guidance is given on what constitutes a use of force and restrictive interventions, and

which settings the Act applies to.

4. The 'responsible person' does not need to be a new member of staff, but the appointment must be of a permanent member of staff, and someone of sufficient seniority i.e. at the level of Executive Director or equivalent.

5. The guidance sets out 16 points to be included as a minimum in policies on the use of force. These include details of what uses of force the organisation may use and in what circumstances, and how patients and their families will be involved in care planning. Before publication, the responsible person must consult with whoever they consider appropriate, which should include current and former patients and their families.

6. In terms of information to be provided to patients, again the guidance sets out a checklist of what should be covered as a minimum, including the patient's rights and information about how to raise concerns. Again consultation is required before publication.

7. The draft guidance contains a substantial section on training, setting out the expectation that training should support an overall human rights based approach. It sets out areas which should be covered by training, and within those specific topics which should be addressed;

8. In terms of recording, guidance is given on the exception for negligible use of force while also recording that it is already mandatory for NHS organisations or trusts and independent hospitals (where they are providing NHS-funded care), to submit data on the use of force to the NHS Digital Mental Health Services Data Set.

9. The guidance on s.9 (investigations of deaths / serious incidents in mental health units whether or not force has been used) contains links to the existing NHS guidance on investigations, and a reminder of the NHS duty of candour.

10. Finally, guidance is given on delegation of the relevant person's responsibilities.

The draft statutory guidance can be found here and the link to the consultation is here. The consultation will run till midday 17 August 2021.

Readers interested in Seni's legacy may also be interested in the premiere of a new documentary concerning his death and mental health, injustice and art. In the summer of 2020, graffiti reading 'RIP SENI' was sprayed on an artwork made up of placards posing questions about mental capacity and assessment (ranging from 'are you free to determine your own actions?' to 'where are the resources and support for people who need them?'). The new film has been commissioned by the Bethlem Gallery and the Lewis family.

## Research corner

We highlight here recent research articles of interest to practitioners. If you want your article highlighted in a future edition, do please let us know – the only criterion is that it must be open access, both because many readers will not have access to material hidden behind paywalls, and on principle. This month we highlight two recent publications from the Mental Health and Justice Project appearing in Lancet Psychiatry, the first being an article: Reasons for endorsing or rejecting self-

binding directives in bipolar disorder: a qualitative study of survey responses from UK service users, and the second, a linked article including artworks from the artist embedded with the project team: Self-binding directives through making - The Lancet Psychiatry

## Short note: voting, capacity and the ECHR on the CRPD

In *Caamaño Valle v Spain* [2021] ECHR 387, the European Court of Human Rights hardened yet further its stance that those with cognitive impairments can be disenfranchised if they do not have the mental capacity to vote, and did so in full knowledge that this contrary to the position adopted by the UN Committee on the Rights of Persons with Disabilities. It was notable for a very strong dissent from Judge Lemmens, who outlined how systems needed to be put in place to enable (through a surrogate if required) a voter with cognitive impairments to have their will and preferences reflected in a vote cast on their behalf. For a detailed discussion of the judgment, see the commentary on on Alex's website.

Fragmentation in international human rights law is a continuing, and serious, problem in the area of legal capacity. The ECtHR has shown itself quite willing to go toe-to-toe with the CRPD Committee in the context both of Article 5 (*Rooman*) and Article 8 ECHR (*AM-V v Finland*), in both instances finding that the CRPD Committee's interpretation of the CRPD did not mandate the radical change in the interpretation of the ECHR that some might have expected. It is clear from the strong dissent of Judge Lemmens that at least some within the ECtHR are concerned about what this means in terms of its role as guarantor of human rights. Conversely, and whilst the majority judgment in the instant case does seem almost willfully to be determined to stand in the face of the approach of the Committee, decisions such as *AM-V v Finland* can also be seen as legitimate demands from an experienced human rights court to the CRPD Committee to make out its case both that (1) its interpretation of the CRPD is, in fact, reflecting what the Convention requires; and (2) almost more importantly, that it is ethically right to make the leaps of faith that the Committee demand in a number of areas.

The position in the United Kingdom, it should be noted, is nuanced. There is no explicit prohibition on voting based upon mental incapacity (or a status such as mental disorder), s.73 Electoral Administration Act 2006 explicitly having abolished "[a]*ny rule of the common law which provides that a person is subject to a legal incapacity to vote by reason of his mental state*," but as Lucy Series explains in this blog, inadvertent barriers are placed in the way of individuals with cognitive impairments through requirements relating to registration. Moreover, in England & Wales s.29 MCA 2005 provides, expressly, that nothing in the MCA permits a decision on voting to be made on behalf of a person, although there are some interesting questions which arise as to precisely how it can be tested that a person operating a proxy vote is doing so as the proxy for a person with capacity to vote (as the Electoral Commission envisages) or doing so on a surreptitious best interests basis. It would also be interesting to see whether and how policy makers would seek to enable decision-making on a 'will and preferences' basis within the UK context given

the – obvious – concerns that must arise about the potential for the end result to reflect the views of the person constructing the will and preferences of the individual voter. However, given that the CRPD is not directly applicable in England & Wales, then unless the Grand Chamber in either the earlier *Strobye and Rosenlund* case or (if it goes there) this case finds that the ECHR should be interpreted in the fashion that Judge Lemmens sought, the difficulty of bringing any Human Rights Act 1998 challenge to s.29 MCA 2005 has only been increased. So it is not – yet – a question that policy makers within the English & Welsh context are likely to be required to answer by the courts (they may, interestingly, be required to in Scotland if the Scottish Government's stated intention to seek to incorporate the CRPD into Scottish law bears fruit).

## Short note: the common law and the MCA – the view from Singapore

The English courts continue to grapple with the fact that the MCA 2005 does not set down a universal test of mental capacity or a universal decision-making framework for those with impaired capacity (see, most recently, *Re Clitheroe*; it is also an issue which will be likely to arise in *Re JB* in the Supreme Court). With thanks to Yue-En Chong for flagging this, the Singapore Court of Appeal has weighed in on this point as well. This is of particular interest given the similarities between the Singapore MCA and the MCA 2005. In a complex contractual claim, one argument advanced was that

> *s. 19(1)(c) of the MCA* [the equivalent of s.15(1)(c) MCA 2005, giving the power to the court to make a declaration of lawfulness] *empowers the court to annul the second defendant's personal guarantee. In my view, the issue I have to resolve is as follows: does the Family Court's declaration that the second defendant lacked mental capacity oblige, or permit, annulling the Guarantee under s 19(1)(c)?*

Dedar Singh Gill J held that:

> *100 Whether I am compelled to annul the Guarantee in light of the declaration of the second defendant's mental incapacity turns on whether the MCA is intended to override the common law requirement of proving the counter-party's knowledge of the mental incapacity. As our MCA is modelled after the UK's Mental Capacity Act 2005 (c 9) (UK) ("UK Mental Capacity Act") (Singapore Parliamentary Debates, Official Report (15 September 2008), vol 85 at col 109 (Dr Vivian Balakrishnan, then Minister for Community Development, Youth and Sports)), materials which elucidate the legislative intent and scope of the UK Mental Capacity Act are instructive for our purposes. It is clear to me that the UK Mental Capacity Act is not intended to displace the rule at common law that, in general, a contract entered into by a person who lacks capacity to contract is voidable only if the other contracting party has actual or constructive knowledge of the lack of capacity (Explanatory Notes to the UK Mental Capacity Act at [45]). Consequently, a declaration of mental capacity under our MCA does not by itself annul the incapacitated party's contract, especially one concluded prior to the declaration.*
>
> *101 Notwithstanding the above, does the court have a residual discretion to annul*

*a contract concluded by a mentally incapacitated person under s 19(1)(c) of the MCA where the contract was concluded prior to the declaration of mental incapacity? Even if I accept that the court has such a discretion, the second defendant has not furnished the grounds on which I should exercise it in his favour. The Court of Appeal decision cited by the second defendant, Re BKR, concerns the setting aside of a trust and a transfer of assets from two banks to a third which were created and/or effected prior to the declaration of the third respondent's mental incapacity. However, Re BKR does not stand for the proposition that the courts should similarly intervene in contractual relations.*

*102 In conclusion, I am not prepared to annul the Guarantee under s 19(1)(c) MCA on the basis of the second defendant's mental incapacity where the common law does not see fit to do so.*

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Annabel has experience in a wide range of issues before the Court of Protection, including medical treatment, deprivation of liberty, residence, care contact, welfare, property and financial affairs, and has particular expertise in complex cross-border jurisdiction matters. She is a contributing editor to 'Court of Protection Practice' and an editor of the Court of Protection Law Reports. To view full CV click here.

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Adrian is a recognised national and international expert in adult incapacity law. He has been continuously involved in law reform processes. His books include the current standard Scottish texts on the subject. His awards include an MBE for services to the mentally handicapped in Scotland; honorary membership of the Law Society of Scotland; national awards for legal journalism, legal charitable work and legal scholarship; and the lifetime achievement award at the 2014 Scottish Legal Awards.

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# Conferences

Members of the Court of Protection team are regularly presenting at webinars arranged both by Chambers and by others.

Alex is also doing a regular series of 'shedinars,' including capacity fundamentals and 'in conversation with' those who can bring light to bear upon capacity in practice. They can be found on his website.

Neil is doing a DoLS refresher (by Zoom) on 29 June 2021. For details and to book, see here.

Neil and Alex are doing a joint DoLS masterclass for mental health assessors (by Zoom) on 12 July 2021. For details, and to book, see here.

### Advertising conferences and training events

If you would like your conference or training event to be included in this section in a subsequent issue, please contact one of the editors. Save for those conferences or training events that are run by non-profit bodies, we would invite a donation of £200 to be made to the dementia charity My Life Films in return for postings for English and Welsh events. For Scottish events, we are inviting donations to Alzheimer Scotland Action on Dementia.

Our next edition will be out in July. Please email us with any judgments or other news items which you think should be included. If you do not wish to receive this Report in the future please contact: marketing@39essex.com.

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