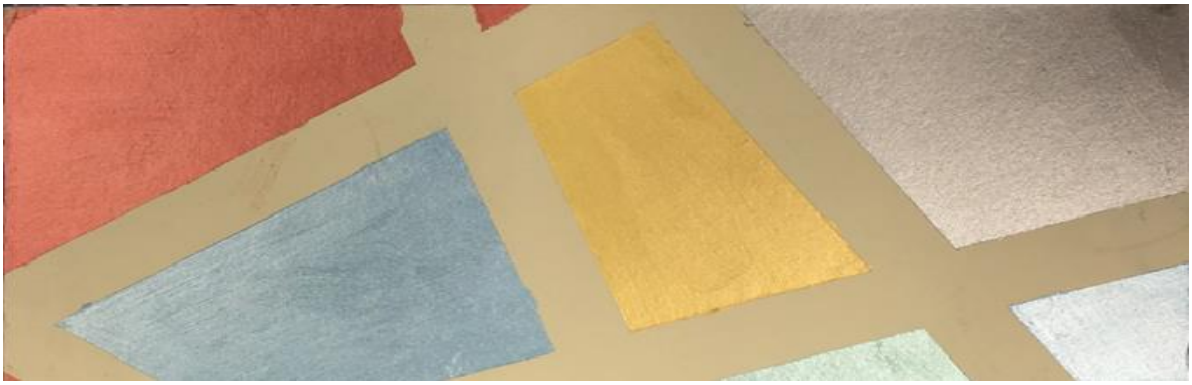
MENTAL CAPACITY REPORT: THE WIDER CONTEXT

May 2022 | Issue 122



Welcome to the May 2022 Mental Capacity Report. Highlights this month include:

(1) In the Health, Welfare and Deprivation of Liberty Report: Fact-finding in relation to coercive and controlling behaviour; habitual residence; and how recent should evidence be for the deprivation of liberty of a child?

(2) In the Property and Affairs Report: The Governments to the 'Moderninsing Lasting Powers of Attorney' consultation

(3) In the Practice and Procedure Report: Balancing privacy and open justice; costs of proceedings; and compliance with practice directions.

(4) In the Wider Context Report: Mental Health Act reform; COVID-19 in care homes; and MARSIPAN is replaced.

(5) In the Scotland Report: The World Congress; the Scott Review; and more on the PKM Litigation and Guardians' remuneration.

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.

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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 use his artwork.

Contents

Guidance Note: Capacity and Housing Issues

Alex, Sian Davies, Rachel and Stephanie have produced a guidance note on capacity and housing issues. It provides social workers and those working in front-line settings an overview of the interaction between mental capacity and housing law, including relation to homelessness, possession claims, tenancies and licences, and in the context of applications for judicial authorisation of deprivation of liberty.

Read the guidance note here.

Mental Health and Well-Being Plan: Discussion Paper

DHSC has published a discussion paper and opened a call for evidence on mental health and well-being. It states:

We need your support and ideas to develop a comprehensive plan that will help set and achieve our vision for mental health in 2035. We have chosen, in consultation with stakeholders and people with lived experience, to focus our questions on 6 key areas. These are:

How can we all promote positive mental wellbeing?
How can we all prevent the onset of mental health conditions?
How can we all intervene earlier when people need support with their mental health?
How can we improve the quality and effectiveness of treatment for mental health?
How can we all support people with mental health conditions to live well?
How can we all improve support for people in crisis?

The call for evidence is open until 7 July 2022, and responses to the questions in the call for evidence can be submitted here.

Call for Carers

Neil and fellow researchers at the University of Manchester are seeking to understand the experiences of people supporting a family member to live at home with dementia during the pandemic. The study is taking place across the UK, and you do not have to live with the family member to complete the survey. If you are in this position, they would love to hear from you, or if

you are in a position to help to find respondents, that would be enormously helpful.

The survey is available online or in paper format – the online link is here, and they would be very grateful if you could circulate to relevant individuals and networks or post to your social media. If you have a group where paper copies would be better, please contact Jayne Astbury on jayne.astbury@manchester.ac.uk or telephone 07385 463 137 for delivery of a stack of surveys.

The survey is expected to take about 30-45 minutes to complete and will remain open until 30 June 2022.

Easy Read Human Rights Postcards

The BIHR has produced a series of Easy Read Human Rights Postcards. The postcards, created jointly with Warrington Speak Up and Photosymbols, have been produced to *'help people with learning disabilities understand what rights they have and how their rights work. The postcards talk about real life stories of where rights have or have not been looked after.'* The postcards cover:

The right to life
The right to be safe from serious harm
The right to liberty
The right to respect for private and family life, home and contact
The right to be treated fairly

The cards can be downloaded from the BIHR website, or can be ordered.

Supreme Court refuses permission in *Bell v Tavistock and Portman NHS Foundation Trust*

The Supreme Court has refused Quincy Bell's application for permission to appeal in the matter of *Bell v Tavistock*. Bell's legal team sought to argue that the Court of Appeal in Tavistock v Bell had misinterpreted and/or misapplied *Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112. The Supreme Court refused the application on the basis it raised no arguable point of law.

'MARSIPAN' replaced by 'MEED'

The Royal College of Psychiatrists has released 'Medical Emergencies in Eating Disorders: Guidance on Recognition and Management' (MEED), which replaces the former guidance documents, 'Management of Really Sick Patients with Anorexia Nervosa' (MARSIPAN) and the 'Junior MARSIPAN' guidance. Key recommendations include:

1. Medical and psychiatric ward staff need to be aware that patients with eating disorders being admitted to a medical or paediatric ward may be at high risk despite appearing well and having normal blood parameters.

2. The role of the primary care team is to monitor patients with eating disorders, refer them early and provide monitoring after discharge, in collaboration with medical services and EDSs (including community EDSs). Eating disorders are covered, in England, by the term severe mental illness9 and physical checks in primary care should be performed,10 even if under specialist outpatient care. Patients with eating disorders not presenting in an emergency may nevertheless require urgent referral.

3. Physical risk assessment in primary and secondary settings should include nutritional status (including current intake), disordered eating behaviours, physical examination, blood tests and electrocardiography.

4. Assessment measures (such as body mass index [BMI] or blood pressure [BP]) for patients under 18 years must be age-adjusted.

5. Where specialist eating disorder unit (SEDU) beds are not available, general psychiatric units should be supported to provide specialist eating disorder care. This will require input from liaison psychiatry and EDSs, so that patients can be transferred safely without delay when discharge from a medical bed is appropriate.

6. Patients who require admission to medical or paediatric wards should be treated by a team with experience of treating eating disorders and involving their carers, using protocols developed in collaboration with eating disorder specialists, and having staff trained to implement them.

7. The inpatient team on the medical/paediatric unit should include (at least) a lead physician/paediatrician, a dietitian with specialist knowledge of eating disorders and a lead nurse. An eating disorders or liaison psychiatry service should provide sufficient support and training to medical/paediatric wards to allow them to manage eating disorder patients. Around this core team for each individual patient, key professionals should be added who are involved with or knowledgeable about a patient and their illnesses, needs and community care plans (e.g. nurses, therapists or psychiatrists from EDSs or community mental health teams, or diabetes team professionals), forming a multi-agency group to guide the admission and subsequent care.

8. Responsibilities of the inpatient teams are:

• Medical team:

o safely refeed the patient

o avoid refeeding syndrome caused by too rapid refeeding o avoid underfeeding syndrome caused by too cautious refeeding

o manage fluid and electrolyte problems, often caused by purging behaviours

o arrange discharge, in agreement with the mental health team and commissioners, to eating disorders community care or intensive treatment (e.g. day care or specialist inpatient care) as soon as possible once such treatment is safe and indicated

o for patients with complex problems (e.g. eating disorder and emotionally unstable personality disorder or autism spectrum disorder) consult with psychiatric experts to decide on further management.

• Mental health team:

o manage, in collaboration with the medical team, the behavioural problems common in patients with eating disorders

o occasionally assess and treat patients under compulsion using relevant mental health legislation

o address family concerns and involve both patients and their families in discussions about treatment

o advise on appropriate onward care following medical stabilisation.

9. Health commissioners (clinical commissioning groups and national commissioners) should:

• be aware of the local provision for severely ill patients with eating disorders

• ensure that robust plans are in place, including adequately trained and resourced medical, nursing and dietetic staff on the acute services, and specialist eating disorders staff in mental health services

• support the establishment of intensive community treatment, including outpatient and day patient services for both young people and adults.

10. Job plans for consultants in eating disorders and liaison psychiatry should allow a session for training professionals in paediatric and medical wards.

11. Units treating patients with eating disorders join peer review networks and participate in audit and quality improvement activity.

12. Knowledge and training about the content of this guidance should be required for all frontline staff.

Mental Health Act Reform: The Queen's Speech

In the Queen's Speech on 10 May 2022, it was announced that draft legislation would be brought forward to reform the Mental Health Act in England & Wales. The background notes to the Queen's Speech provide in relevant part as follows:

The purpose of the draft Bill is to:

- *Ensure patients suffering from mental health conditions have greater control over their treatment and receive the dignity and respect they deserve.*
- *Make it easier for people with learning disabilities and autism to be discharged from hospital.*

The main benefits of the draft Bill would be:

- *Modernising the Act so that it is fit for the 21st century and provides a framework for services in which people experiencing the most serious mental health conditions can receive more personalised care, with more choice and influence over their treatment and a greater focus on recovery.*
- *Helping to address the existing disparities in the use of the Act for people from ethnic minority backgrounds – especially for detentions and for the use of Community Treatment Orders.*
- *Ensuring that detentions only happen where strictly necessary.*
- *Improving how we support offenders with acute mental health needs, ensuring they have access to the right treatment, in the right setting, at the right time – with faster transfers from prison to hospital, and new powers to discharge patients into the community while ensuring the public is protected.*

The main elements of the draft Bill are:

- *Amending the definition of mental disorder so that people can no longer be detained solely because they have a learning disability or because they are autistic.*

- *Changing the criteria needed to detain people, so that the Act is only used where strictly necessary: where the person is a genuine risk to their own safety or that of others, and where there is a clear therapeutic benefit.*
- *Giving patients better support, including offering everyone the option of an independent mental health advocate, and allowing patients to choose their own 'nominated person', rather than have a 'nearest relative' assigned for them.*
- *Introducing a 28-day time-limit for transfers from prison to hospital for acutely ill prisoners and ending the temporary use of prison for those awaiting assessment or treatment.*
- *Introducing a new form of supervised community discharge. This will allow the discharge of restricted patients into the community, with the necessary care and supervision to adequately and appropriately manage their risk.*
- *Increasing the frequency with which patients can make appeals to Tribunals on their detention and provide Tribunals with a power to recommend that aftercare services are put in place.*
- *Introducing a statutory care and treatment plan for all patients in detention. This will be written with the patient and will set out a clear pathway to discharge.*

It has been some considerable time since Sir Simon Wessely's review reported, and much has happened in the interim with the potential to derail legislation. There remains the potential for derailment still, but the commitment in the Queen's Speech is very significant.

The White Paper published in response to the Review's recommendation adopted the vast majority of the Review's recommendations. Many will no doubt be parsing these background notes carefully to get a better sense of what may be in the draft legislation as it moves forward. One obvious omission is any reference to placing the ability to make advance choice documents on a statutory footing, which many will be looking for. However, until the draft legislation is published, it is not possible to say whether this is because this is not been taking forward – which would surprising given how central a part this played in the thinking of the Review – or whether the government are going to tackle the question in a different fashion.

Coronarivus and care home deaths: High Court declared two polices unlawful

R(Gardner and Others) v Secretary of State for Health and Social Care [2022] EWHC 967 (Admin) (27 April 2022) (Bean LJ, Graham J)

Other proceedings – Judicial Review

Summary

In *R (Gardner and Others) v Secretary of State for Health and Social Care & Other* [2022] EWHC 967, Bean LJ and Graham J considered the Claimants' challenge to certain policies relating to the discharge of hospital patients into care homes during the coronavirus pandemic. The Claimants both lost their fathers due to contracting COVID-19 in their respective care homes in April and May 2020 (two of the approximately 20,000 care home residents who died during the first wave of the pandemic). The focus of the claim was an alleged breach of Article 2 of the European Convention on Human Rights ("ECHR"), the right to life, and other grounds were raised on the basis of public law illegality.

The four policies under challenge were:

1. *"Guidance: Coronavirus (COVID-19) - Guidance on Residential Care Provision"*, dated 13 March 2020 (the "March PHE Policy").
2. *"Next Steps on NHS Response to COVID-*

19", dated 17 March 2020 *and "COVID-19 Hospital Discharge Service Requirements"*, dated 19 March 2020 (the *"March Discharge Policy"*) and maintained until 15 April 2020.

3. *"Admission and Care of Patients During COVID-19 Incident in a Care Home"*, dated 2 April 2020 (the "April Admissions Guidance").

4. *"COVID-19: Our Action Plan for Adult Social Care"*, dated 15 April 2020 (the "April Action Plan").

The Claimants' main arguments were:

1. The effect of the March PHE Policy was to *"seed"* infection into care homes at a time when the government had considered community transmission had been occurring for two weeks (para 7). The policy did not address: (i) the risk from visitors to care homes, particularly from those who were asymptomatic, or (ii) the risk of transmission from other residents, especially those who had been newly admitted or re-admitted. The policy increased the risk of transmission from staff, because it stated that if neither the worker nor the individual had symptoms, then no Personal Protective Equipment ("PPE") was required. The Defendants submitted (*inter alia)* that (i) at that point in time, their understanding was that transmission occurred from symptomatic individuals; and, (ii) there were concerns about *"potential physical and emotional impacts on residents and their families"* if visits were completely restricted (para 10).

2. The March Discharge Policy directed, according to the Claimants, the *"mass discharge of hospital patients into care homes without testing, isolation, appropriate guidance in relation to PPE or assessment of whether the care home could provide safe care"* (para 13). The policy prioritised freeing up hospital beds but failed to consider the risk to care home residents. The failure to provide or recommend isolation could not be justified – by this time, the Government's household isolation policy required a person to self-isolate for 14 days if they had had contact with a positive case of COVID-19. The Defendants argued that the decision to discharge patients were made on the basis of the individual assessments of clinicians (working with local authorities). The policy aim of freeing up NHS capacity for the most severe cases was unimpeachable and vital (para 15). Furthermore, only four weeks later, a policy of testing and isolation for discharges was introduced.

3. In relation to the April Admission guidance, the Claimants argued that it failed to protect care home residents; and continued to prioritise freeing up hospital beds. Negative tests were still not required; staff were only required to wear PPE were caring for residents with symptoms. The Defendants repeated the same arguments as above regarding testing, isolation, hospital beds and asymptomatic individuals. There was increased access to tests for staff during April. It was not possible to stop staff moving between care homes, otherwise it could have led to significant staff shortages.

4. The Claimants submitted that, through the April Action Plan, the Government started to reverse its earlier policies. In particular, it established a new policy

requiring that all patients discharged from hospital to care homes were tested. Whilst waiting for a test result, the patient should be isolated. For individuals from the community, the policy advised isolation for 14 days. The Claimants argued that the measures were not sufficient to protect care home residents, including that testing was not implemented immediately and it did not mandate the isolation period.

In relation to Article 2, the Claimants argued that the Defendant had breached both their "systems duty" and "operational duty" during the first wave of the pandemic (para 152). The systems duty required the Defendant to put in place a legislative and administrative framework to protect risks to life, whilst the operational duty required the State to take practical steps to safeguard people's right to life from specific dangers in circumstances where there is a link to the State's responsibility. The Claimants sought a declaration of breach of Article 2.

In terms of public law illegality, it was alleged *inter alia* that the Defendants had failed to take into account relevant considerations. The Claimants argued in particular (paras 169-176):

1. There had been a failure to assess the risk to lives of care home residents caused by the Discharge Policy and Aprils Admission Guidance and to weigh that risk against that the perceived benefits of the policies;

2. No consideration was given to amending the testing priority policy to include discharges from hospitals and to provide tests on discharges (where capacity allowed);

3. There was a failure to consider the likelihood of the risk of transmission from the asymptomatic until some point in mid-April 2020; and the precautionary principle was obviously relevant.

The claimants further argued that "*to introduce household isolation, school closures and the national lockdown but at the same time proceed on a symptoms-based approach for care homes*" was irrational (para 176).

The court dismissed the allegations of breach of Article 2. There was no arguable breach of the systems duty – there was nothing wrong with the framework for the issuing of guidance or policy documents by the Defendants (nor with the allocation of responsibilities between them) (para 227). The complaint was in relation to the content of the policy documents. In relation to the operational duty, the court held that there was no Strasbourg authority that had gone as far as holding a member state under an obligation to take all reasonable steps to avoid the real and immediate risk to life posed by an epidemic or pandemic to as broad and undefined a sector of the populations as residents for care homes for the elderly (para 252).

In terms of public law illegality, the criticisms of the Government's policy prior to patients entering a care home were dismissed as hopeless, but the court was interested in the separate question of how those discharged *"should have been treated and cared for"* (para 285). The court upheld part of the claim and determined that the policy, set out in the March Discharge Policy and April Admissions Guidance documents, was irrational in failing to advise that where an asymptomatic patient (other than one who had tested negative) was admitted to a care home, he or she should, so far as practicable, be kept apart from other residents for 14 days (para 298). The Secretary of State had failed to take into account the highly relevant consideration of the risk to elderly and vulnerable residents from asymptomatic transmission, even though there

was growing awareness of the risk of asymptomatic transmission (para 287). This was not a matter of political judgement on a finely balanced issue.

Comment

This was a judicial review claim – the court was therefore concerned with the lawfulness of the Government's policy set out in the documents detailed above. It was not an inquest into the deaths of the Claimants' fathers nor was it a public inquiry. As readers may be aware, the Rt Hon Baroness Hallett DBE has been appointed to chair a public inquiry under the Inquiries Act 2005 to consider the UK's preparedness for and response to the COVID-19 pandemic and to learn lessons for the future. The inquiry will provide an opportunity for more extensive consideration to the documents, as well as oral and written testimony on the issues raised in this case: the draft terms of reference include an inquiry into: "*the management of the pandemic in care homes and other care settings, including infection prevention and control, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, and changes to inspections*".

Brain-stem death: the Northern Irish courts weigh in

A Health and Social Care Trust v RL & Anor [2022] NIFam 17 (03 May 2022)

Summary

A further case concerning brain-stem death and removal of ventilation has come before the High Court in Northern Ireland. RL was 21 years old, and a foreign national who had been living in Northern Ireland. The judgment does not identify his country of origin (FC), but notes that his parents continue to live there.

RL suffered a severe anaphylactic shock to an unknown allergen, and suffered cardiac arrest. Having failed to show any neurological improvement, an MRI was undertaken a week later which showed changes secondary to global hypoxic injury. The opinion of his treating team was that brain stem death had occurred, and this was confirmed in testing in accordance with the 2008 Code of Practice issued by the Academy of Medical Royal Colleges. This ruled out repatriation to a hospital in FC, but a hospice there was prepared to accept him as was a facility run by an expert instructed by his parents. The parents' expert, Professor EF, did 'not accept the concept of brain-stem death' and gave evidence that he had 'awakened about 1000 patients from cerebral coma, including patients considered to be dead' (para 12).

The treating Trust applied to court for declarations that death had occurred and that it was lawful to cease ventilation, which were granted.

Comment

The tragic circumstances of this case recall those of *Re A* [2015] EWHC 443 and *Re M* [2020] EWCA Civ 164. The court reiterated the approach in cases of this kind set out by the Court of Appeal in *Re M*: brain stem death is the established legal criteria in the United Kingdom, as represented by the 2008 Code and 2015 guidance published by the UK Royal College of Paediatrics and Child Health. The case thus stands as a helpful restatement of those principles, and includes an interesting discussion of the working of the civil standard of proof in cases where the court is faced with a binary decision about whether a person is dead.

The judgment is extremely critical of Professor EF, noting that it is not the first time he has given evidence in the courts of Northern Ireland, and recording the comments made by O'Hara J in the previous case of *Re M* [2014] NIFam 3 to the

effect that 'his contribution has given a distressed, grieving family false hope where there really is none' (para 46). In this case, the judge's view was that 'Professor EF has only added to their grief by potentially raising a totally unrealistic and false hope' (para 48). The case is a reminder of the importance, and the potential human consequences, of the role played by experts.

Bipolar and advance decision-making, 'Future Selves'

A new publication written by artist Beth Hopkins, and coordinated by the Bethlem Gallery as part of the Mental Health and Justice Project, is now available to buy or download. The book is a collection of accounts of discussions between people with experience of bipolar (accompanied by works drawing out the discussions in visual form). It addresses issues raised by advance decision-making, and forms part of research led by the artist which interrogates themes of agency, control and care, and ultimately, our human rights. She asks the questions 'Should the right to make our own decisions ever be taken away?' and 'What decisions would you make for your future self?' For more details, see the Bethlem Gallery's blogpost here.
Alex Ruck Keene

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Nicola appears regularly in the Court of Protection in health and welfare matters. She is frequently instructed by the Official Solicitor as well as by local authorities, CCGs and care homes. She is a contributor to the 5th edition of the *Assessment of Mental Capacity: A Practical Guide for Doctors and Lawyers* (BMA/Law Society 2019). To view full CV click here.

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Steph regularly appears in the Court of Protection in health and welfare matters. She has acted for individual family members, the Official Solicitor, Clinical Commissioning Groups and local authorities. She has a broad practice in public and private law, with a particular interest in health and human rights issues. She appeared in the Supreme Court in *PJ v Welsh Ministers* [2019] 2 WLR 82 as to whether the power to impose conditions on a CTO can include a deprivation of liberty. To view full CV click here.

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Simon has wide experience of private client work raising capacity issues, including *Day v Harris & Ors* [2013] 3 WLR 1560, centred on the question whether Sir Malcolm Arnold had given manuscripts of his compositions to his children when in a desperate state or later when he was a patient of the Court of Protection. He has also acted in many cases where deputies or attorneys have misused P's assets. 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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Jill Stavert is Professor of Law, Director of the Centre for Mental Health and Capacity Law and Director of Research, The Business School, Edinburgh Napier University. Jill is also a member of the Law Society for Scotland's Mental Health and Disability Sub-Committee. She has undertaken work for the Mental Welfare Commission for Scotland (including its 2015 updated guidance on Deprivation of Liberty). To view full CV click here.

Conferences and Seminars

Physical restraint and PBS plans in the Court of Protection, 26 May 2022, 5:00-7:00PM

Victoria Butler-Cole QC and Dr Theresa Joyce will be holding a seminar (chaired by Senior Judge Hilder) on their recent paper to assist legal professionals and judges in understanding and responding to PBS plans that include the use of physical restraint against people with learning disabilities. There will be an opportunity for questions and discussion. Questions can be sent in advance to marketing@39essex.com or during the seminar using Zoom's Q&A function. People can attend either remotely or in person, and can find full details (including how to register) here.

Forthcoming Training Courses

Neil Allen will be running the following series of training courses:

17 June 2022	DoLS refresher for mental health assessors (half-day)
14 July 2022	BIA/DoLS legal update (full-day)
15 July 2022	Necessity and Proportionality Training (9:30-12:30)
15 July 2022	Necessity and Proportionality Training (13:30-16:30)
16 September 2022	BIA/DoLS legal update (full-day)

To book for an organisation or individual, further details are available here or you can email Neil.

7th World Congress on Adult Capacity, Edinburgh International Conference Centre [EICC], 7-9 June 2022 The world is coming to Edinburgh – for this live, in-person, event. A must for everyone throughout the British Isles with an interest in mental capacity/incapacity and related topics, from a wide range of angles; with live contributions from leading experts from 29 countries across five continents, including many UK leaders in the field. For details as they develop, go to www.wcac2022.org. Of particular interest is likely to be the section on "Programme": including scrolling down from "Programme" to click on "Plenary Sessions" to see all of those who so far have committed to speak at those sessions. To avoid disappointment, register now at "Registration". An early bird price is available until 11th April 2022.

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.

Conferences (continued)

The Judging Values and Participation in Mental Capacity Law Conference

The *Judging Values in Participation and Mental Capacity Law* Project conference will be held at the British Academy (10-11 Carlton House Terrace, London SW1Y 5AH), on **Monday 20th June 2022 between 9.00am-5.30pm**. It will feature panel speakers including Former President of the Supreme Court Baroness Brenda Hale of Richmond, Former High Court Judge Sir Mark Hedley, Former Senior Judge of the Court of Protection Denzil Lush, Former District Judge of the Court of Protection Margaret Glentworth, Victoria Butler-Cole QC (39 Essex Chambers), and Alex Ruck Keene (39 Essex Chambers, King's College London). The conference fee is £25 (including lunch and a reception). If you would like to attend please register on our events page here by 1 June 2022. If you have any queries please contact the Project Lead, Dr Camillia Kong.

Essex Autonomy Project Summer School 2022

Early Registration for the 2022 Autonomy Summer School (*Social Care and Human Rights*), to be held between 27 and 29 July 2022, closes on 20 April. To register, visit the Summer School page on the Autonomy Project website and follow the registration link.

Programme Update:

The programme for the Summer School is now beginning to come together. As well as three distinguished keynote speakers (Michael BACH, Peter BERESFORD and Victoria JOFFE), Wayne Martin and his team will be joined by a number of friends of the Autonomy Project who are directly involved in developing and delivering policy to advance human rights in care settings. These include (affiliations for identification purposes only):

> Arun CHOPRA, Medical Director, Mental Welfare Commission for Scotland

> Karen CHUMBLEY, Clinical Lead for End-of-Life Care, Suffolk and North-East Essex NHS Integrated Care System

> Caoimhe GLEESON, Programme Manager, National Office for Human Rights and Equality Policy, Health Service Executive, Republic of Ireland

> Patricia RICKARD-CLARKE, Chair of Safeguarding Ireland, Deputy Chair of Sage Advocacy

Planned Summer School Sessions Include:

> Speech and Language Therapy as a Human Rights Mechanism

> Complex Communication: Barriers, Facilitators and Ethical Considerations in Autism, Stroke and TBI

> Respect for Human Rights in End-of-Life Care Planning

> Enabling the Dignity of Risk in Everyday Practice

> Care, Consent and the Limits of Co-Production in Involuntary Settings

The 2022 Summer School will be held once again in person only, on the grounds of the Wivenhoe House Hotel and Conference Centre. The programme is designed to allow ample time for discussion and debate, and for the kind of interdisciplinary collaboration that has been the hallmark of past Autonomy Summer Schools. Questions should be addressed to: autonomy@essex.ac.uk.

Our next edition will be out in June. 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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