LEGISLATIVE FRAMEWORK FOR MENTAL CAPACITY AND MENTAL HEALTH LEGISLATION IN NORTHERN IRELAND

A Policy Consultation Document

January 2009

FOREWORD

As part of the Government Response to the Bamford Review of Mental Health and Learning Disability my Department undertook to carry out a Public Consultation concerning legislative changes resulting primarily from Bamford's comprehensive Legislative Framework Report.

The Government Response to the overall Bamford Review (*Delivering the Bamford Vision*) acknowledged the need for legislative reform to include amendment to the existing Mental Health (Northern Ireland) Order 1986 and the introduction of new mental capacity legislation. It concluded that the best way forward was to produce an initial statement on human rights principles which would govern the drafting of the two pieces of legislation. The suggested timetable by government was a sequential one, with new mental health legislation to come into operation by 2011, to be followed by mental capacity legislation by 2014. The Response also undertook to conduct a separate consultation exercise in respect to legislative change.

It is however clear from the consultation responses on *Delivering the Bamford Vision* that these conclusions should be amended. There was general and strong support for a "principles based" approach to legislative reform, but respondents indicated that whilst they were in favour of development of both mental capacity and mental health legislation, the proposed time frame was too long.

This policy consultation document attempts to draw together key messages stemming from Bamford's legislative report and from the responses to *Delivering the Bamford Vision*. The document draws especially on recent developments in law and practice in the rest of the United Kingdom.

Consequently, a new “twin track” approach will be adopted of the separate but simultaneous development of mental capacity and mental health legislation. It is proposed that a set of principles will be embedded in each piece of legislation which will protect the dignity and human rights of those with a mental disorder or learning disability and those unable to make significant decisions for themselves. This will ensure that where a person has the mental capacity to make a decision, including a decision about treatment of their mental disorder, they will be allowed to do so.

This is a framework for the way forward setting out new principles, powers and protections at a high level. Your views are needed now to gain support for the general policy direction which will inform the detailed drafting of legislation and there will be full public consultation and NI Assembly scrutiny of the draft legislation in detail towards the end of 2009.

I believe we have a real opportunity through this work to bring long-lasting positive benefits to our society. Through harmonised legislative reform of mental capacity and mental health legislation, Northern Ireland will provide a framework which ensures that those with mental disorder and learning disability are treated on the same basis as any other person and that their dignity and human rights are better protected.

It is a key concern amongst service users, carers and professional staff that the new arrangements are enacted as quickly as possible. To this end I propose to have both Bills enacted within the current Assembly and I look forward to working with my Ministerial colleagues and with the large number of interested parties to ensure that this happens.

To ensure that we get these key pieces of legislation right, I would encourage you to respond to this consultation document and I look forward to seeing the responses.

Michael McGimpsey
Minister of Health, Social Services and Public Safety

1. OUR AIM

1.1 Building on the Government's response to the Bamford Review *(Delivering the Bamford Vision - June 2008),* the aim of the Department of Health, Social Services and Public Safety is to produce a legislative framework, encompassing both mental capacity and mental health legislation, which places the right of individuals to make decisions about their own treatment, care, welfare and/or financial affairs at the centre of legislative reform.

1.2 This legislative framework will be designed to support and protect some of the most vulnerable people in our society. The framework will promote the right of individuals to make their own decisions, regardless of the cause of their underlying physical or mental health condition. At the same time, it will put in place safeguards for individuals who lack capacity, support those who act on their behalf, including carers, and protect members of society against harm from people whose decision-making ability is impaired in such a way as to make the person a risk to others.

1.3 We now wish to consult with the public and interested parties on the broad content of this new approach, in relation to the:

- **Principles** - to be embedded in **both** mental capacity and mental health legislation which are designed to promote the dignity and human rights of individuals. They will shape the development of both pieces of legislation and guide implementation;

- **Powers** - to outline the policy intention underpinning both Bills including what it will mean for individuals, carers, society and healthcare staff; and

- **Protections** - the additional safeguards that will be put in place to ensure that individuals who lack capacity, and their carers, have greater protections in law.

1.4 The detailed content of the Bills will be consulted upon in late 2009. This later consultation will provide an opportunity for the public and interested parties to consider the legislation, and endorse or recommend any changes before both Bills (Mental Capacity and Mental Health) are put to the Assembly in 2010. That consultation will be accompanied by detailed explanatory notes and a regulatory impact assessment which will include an analysis of the costs associated with implementation of both Bills. Subject to the approval of the Assembly, and additional resources being made available from 2011/12 onward, it is anticipated that both Bills will be enacted into law by April 2011, with commencement of the Acts thereafter.

1.5 Following consultation on these policy proposals the Department will seek the endorsement of the Executive on final policy proposals and the inclusion of the draft legislation within the 2010/11 legislative programme.

2. WHY A NEW APPROACH?

2.1 The Northern Ireland Executive has already consulted on its overall response to the Bamford Review, (*Delivering the Bamford Vision).* That response set out the long term vision over the next 10-15 years for:

- improving the mental health of the population;
- promoting the inclusion of people with a mental disorder or a learning disability in every-day life;

- improving services for people with a mental disorder or a learning disability; and

- legislative reform to protect individuals and underpinning all of the above.

2.2 *Delivering the Bamford Vision* acknowledged the need for legislative reform to include amendment to the existing Mental Health (Northern Ireland) Order 1986 (the 1986 Order) and the introduction of new mental capacity legislation. It concluded that the best way forward was to produce an initial statement on human rights principles which would govern the drafting of the two pieces of legislation. The suggested timetable by government was a <u>sequential one</u>, with new mental health legislation to come into operation by 2011, to be followed by mental capacity legislation by 2014.

2.3 It is clear from the consultation responses on *Delivering the Bamford Vision* that these conclusions (in paragraph 2.2 above) should be amended. There was general and strong support for a "principles-based" approach to legislative reform, but respondents indicated that whilst they were in favour of development of both mental capacity and mental health legislation, the proposed time frame (2014) was too long. In addition, they highlighted that sequential development of legislation was not in keeping with the Bamford recommendations.

2.4 The Department accepts these views and considers that a new harmonised "twin track" approach is required. This means that there will be:

a) a new **Mental Capacity Bill** brought forward within this Assembly time frame which, subject to approval, will be enacted in 2011;

b) for **mental health legislation**, either a modernised 1986 Order or a new Bill if, in drafting new Clauses it is deemed to be more appropriate, to be enacted in the same time frame as the Mental Capacity Bill; and

c) overarching **Principles** embedded in both Bills.

3. PRINCIPLES TO SUPPORT AND PROTECT THE RIGHTS OF INDIVIDUALS AND SOCIETY

3.1 Good legislation should be based on clear principles which shape its development and guide implementation. The Department accepts that the broad **Principles** developed by the Bamford Review (see Annex A) should be embedded in legislation to cover both mental capacity and mental health legislation. The primary principle relates to **autonomy**, that is, the right of the individual to decide and act on his or her own decisions. The other fundamental principles are:

- **justice** (applying the law fairly and equally);
- **benefit** (promoting the health, welfare and safety of the person, whilst having regard to the safety of others); and
- **least harm** (acting in a way that minimises the likelihood of harm to the person).

3.2 These principles will underpin a comprehensive framework which encompasses all mental capacity and mental health provisions. The framework will incorporate powers and protections which relate proportionately to the degree of interference with the person's autonomy. This includes any significant restrictions upon or deprivation of his or her liberty and the need to recognise and respect the person's dignity.

4. MENTAL CAPACITY

4.1 Through legislation, we want to promote the concept of ***autonomy***, with an assumption of capacity, respecting a person's right to decide and act on his or her own decision. New legislation should support people to make their own decisions. However, there are circumstances where individuals may not be able to make decisions for themselves; for example, where a severe mental disorder exists; a learning disability; an illness such as major stroke or dementia; or where there is major trauma which severely affects the intellectual functioning of the brain. In such situations, there may be impaired mental capacity to make decisions in respect of treatment, care, welfare and/or financial affairs/assets. Legal protections need to be put in place if someone else such as a family member, a nominated person or a health professional has to make decisions on behalf of the person who lacks capacity.

4.2 The new legislation will apply to those aged 16 and over and will make provision for an assessment of capacity in relation to a specific decision. Nobody should assume that because a person lacks capacity to make one decision that they also lack capacity to make other decisions. Assessments of capacity may have to be taken over a period of time. This is important for those who, due to the fluctuating nature of their condition, for example, arising from a mental disorder, are unable to make a particular decision for themselves. Such assessments will be carried out by the most appropriate person(s). Where this involves a significant decision about treatment, care or medical examination, the assessment will be carried out by a professional(s) who is skilled in assessing the person's capacity to consent to that treatment or care.

4.3 The proposed Mental Capacity Bill will contain a definition of impaired decision-making, how this is to be assessed and by whom. It will also provide detail on what "substitute decision-makers" will need to take

account of when acting on behalf of an individual with impaired capacity.

4.4 The following paragraphs provide an overview of the policy intention regarding the additional powers and safeguards to protect individuals and carers.

5. POWERS AND SAFEGUARDS TO PROTECT THOSE WHO LACK MENTAL CAPACITY

5.1 The proposed Mental Capacity Bill will offer legal protection to a person who is providing care or treatment for someone who lacks capacity. It will make clear that, for example, restraint will only be permitted if the person using it reasonably believes it is necessary to prevent harm and if it is proportionate to the likelihood and seriousness of the harm.

The proposed Bill will also include provision for:

Advance decision–making – this allows people with capacity to make a valid advance decision concerning their future treatment, including refusal, with appropriate safeguards in place.

A lasting power of attorney – this empowers people to make a decision whilst they retain capacity on who will make decisions in respect of their financial affairs and welfare (including healthcare) on their behalf, if in the future they should lose capacity. This would replace and extend the existing enduring power of attorney which only deals with financial affairs.

A High Court appointed deputy – who can be given the authority to make financial decisions on behalf of someone who lacks capacity and act in the best interest of that person**.** This will apply where a person lacks capacity and does not have a lasting power of attorney or an

advance decision. Decisions concerning healthcare will be referred to the High Court.

A new Office of Public Guardian – to ensure that both court appointed deputies and those appointed as lasting powers of attorney act in the best interest of the incapacitated person.

Statutory recognition of the views of carers – to be taken into account when decisions are being made.

5.2 In addition to the above, arrangements will be put in place to provide *enhanced advocacy services* for those who lack capacity but who have no one to speak on their behalf.

5.3 *Research involving people who lack mental capacity* should be supported; however, it should be only conducted within an appropriate ethical framework. Family and carers must be consulted on any proposed research. Where unauthorised research has been undertaken, this will be a criminal offence.

5.4 The Department also intends to create a *new offence of ill-treatment or neglect* of those who lack capacity.

5.5 The Department will take account of the European Court of Human Rights judgement *(HL v United Kingdom 2004, the Bournewood case)* to ensure that additional safeguards are in place regarding the deprivation of liberty of an individual who lacks the capacity to consent to care in either a hospital or a care home but where it is in their own best interests to be deprived of their liberty. This will include the details of when and how deprivation of liberty may be authorised. These changes will be necessary to ensure that there is no breach of Article 5 of the European Convention of Human Rights.

5.6 As has already happened in other UK jurisdictions, it is proposed that the Convention on the International Protection of Adults will be implemented through mental capacity legislation. The Convention provides for the transfer between jurisdictions of vulnerable adults and will allow the High Court in Northern Ireland to exercise its jurisdiction when dealing with cases with an international dimension.

5.7 Many persons with mental disorder which affects their decision-making capacity will be afforded full protection under the mental capacity legislation. There are however, some circumstances where the interventions required are so serious or intrusive that special provisions are required under mental health legislation. The following paragraphs explain our proposed changes to the 1986 Order to make it fit for purpose in the 21st century and to provide additional safeguards for individuals and society.

6. MOVING FORWARD WITH MENTAL HEALTH LEGISLATION

6.1 The Department proposes to modernise the provisions presently in the 1986 Order to better meet the needs of individuals, carers and society. The objectives of this reform are to:

- embed the **principles**, as identified in paragraph 3.1 above, into mental health legislation;

- **ensure that the law is fit for purpose** so that people with mental disorder receive effective assessment, treatment and care in accordance with modern clinical and social care practice;

- **harmonise with mental capacity legislation** to form a coherent framework; and

- **put additional protections in place** for people who have a mental disorder requiring assessment and/or treatment.

7. CURRENT MENTAL HEALTH LEGISLATION

7.1 The 1986 Order was developed at a time when professional practice was not as advanced as it is now, and public attitudes were different. In addition, much has been learnt from the experience of people who were subject to mental health law. In 1986 the main purposes of the Order were designed to:

- provide the legal authority to deliver mental health services;
- make arrangements designed to protect from abuse and exploitation people who are vulnerable because they have a mental disorder or a learning disability; and
- regulate how and when people with a mental disorder can be detained and, if necessary, treated for their own protection and/or the protection of other people.

8. A NEW MENTAL HEALTH BILL

8.1 Society and clinical practice has developed in their thinking on what constitutes a “mental disorder” and how it should be assessed and treated. Therefore, a new definition of mental disorder will be developed, which will no longer exclude those suffering solely from personality disorder. Reforming the definition of “mental disorder” will closely align Northern Ireland legislation with the rest of the UK and will facilitate the transfer of service users between jurisdictions, if required.

8.2 The principles-based approach will also be reflected in mental health legislation, and all the protections that are outlined in Part 5 above, also apply to those with impaired capacity arising from mental disorder. It is recognised, however, that as mental capacity diminishes there may

be greater potential for increased risk to the individual and occasionally to society. Where such impairment arises from a severe mental disorder, the intervention response must be proportionate to the risk posed. Every effort should be made to ensure that interventions in relation to assessment and treatment of a mental disorder are proportionate to the level of risk and, where possible, these interventions should be agreed with the individual and that engagement should take place on a consensual and partnership basis.

8.3 In many cases, those with a mental disorder voluntarily engage with mental health services but when the risk to the individual or to society is significant, then intervention may be required. This may be necessary so that the service user can receive assessment and/or treatment according to their particular circumstances and needs. In such cases, it is proposed that there will be two kinds of intervention:

- short-term stay **in hospital** for an authorised assessment for up to 28 days. This authority is being extended from the previous 14 days to enable a full assessment to be made and will put Northern Ireland in line with other UK jurisdictions. Those being assessed will have a right of access to the Mental Health Review Tribunal after 14 days to have the intervention for assessment reviewed; and

- treatment in a **hospital or in the community**. This authority could last up to 6 months initially and be extended for a further 6 months and, after that, for 12 months at a time. If treatment was based in the community rather than in hospital then other requirements may be necessary, such as, the need for the service user to attend a clinic for the administration of medication.

8.4 There will be set criteria authorising intervention and additional safeguards will be put in place to protect service users.

8.5 The proposed **criteria for an authorised assessment** are that there is likelihood that:

- *the person has a mental disorder;*
- *there is significant risk to health, safety or welfare of the person or to the safety of any other person;* ***and***
- *because of the mental disorder the person has significantly impaired decision-making ability in relation to treatment.*

8.6 The proposed **criteria for intervention for medical treatment** either in hospital or in the community are that:

- *the person has a mental disorder;*
- *medical treatment is available to the service user which could treat the condition or help prevent it deteriorating;*
- *if medical treatment was not provided, there would be a significant risk to the health, safety or welfare of the person or to the safety of any other person;*
- *because of the mental disorder, the person has significantly impaired decision-making ability in relation to treatment;* ***and***
- *intervention is necessary.*

8.7 The interpretation of medical treatment will be widened to reflect modern clinical and social care practice. This will, therefore, not only

include traditional medical treatment like medicines, but will also include psychological interventions, nursing, care and “habilitation” and “rehabilitation”, for example, interventions covering social and independent living skills, training and education. Further consideration will be given to the widening of professional roles, in respect of interventions for assessment and/or treatment of a mental disorder, in order to take account of changing professional practice.

9. ADDITIONAL SAFEGUARDS TO PROTECT THE RIGHTS OF INDIVIDUALS WITH A MENTAL DISORDER

9.1 In addition to the protections contained within the Mental Capacity Act and in present mental health legislation, **additional safeguards** will be put in place to protect the rights of mental health service users. These will include:

- an *extended role for the Mental Health Review Tribunal* to ensure that care is appropriate to the needs of individual service users being assessed and/or treated under the legislation. This will also include the same rights of access to the Tribunal for those being treated in the community;

- *a nominated person* to support the service user and chosen by the service user when he or she has capacity to do so and act on their behalf in relation to any proceeding under the new legislation. This will replace the existing role of an appointed nearest relative;

- *statutory recognition of advance decisions* in relation to treatment for a mental health condition;

- *additional safeguards for more serious treatments*, for example, to protect individuals when electro convulsive therapy is being

considered;

- provision will be included to ensure that under 18 year olds will be provided with *accommodation suitable to their needs*; and

- the enhancement of *mental health advocacy services* to ensure support for those with no one else to speak for them.

9.2 The *offence of ill-treatment or neglect*, already included in the current 1986 Order, will be reviewed and aligned with a similar offence which will be contained within the Mental Capacity Bill.

10. HARMONISATION OF LEGISLATION

10.1 In drafting two legislative Bills, every effort will be made to harmonise the content of both Bills and to ensure that consideration is given to the impact of both Bills on other Northern Ireland legislation and Acts in other UK jurisdictions and in the ROI. This will include, for example, the transfer of mental health patients between jurisdictions and the impact of the new Public Protection Arrangements for Northern Ireland, as outlined in the Criminal Justice (Northern Ireland) Order 2008.

10.2 The transfer of the present roles and functions of the Mental Health Commission to the Regulation and Quality Improvement Authority (RQIA) has already been included within the Health and Social Care (Reform) Bill which will be enacted in the Assembly next year. It is not envisaged that the development of either mental capacity or mental health legislation will have any additional impact on these roles and functions.

10.3 A further opportunity for the public to respond on the detail of the clauses contained in each Bill will be provided in the latter part of 2009.

11. EQUALITY AND HUMAN RIGHTS IMPLICATIONS

11.1 Section 75 of the Northern Ireland Act 1998 requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

In addition, and without prejudice to the above obligations, public authorities should also, in carrying out their functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

11.2 In accordance with guidance produced by the Equality Commission for Northern Ireland and in keeping with Section 75 of the Northern Ireland Act 1998, the principles proposed in this document have been equality screened. In addition, consideration has also been given to their affect on human rights. The Department has concluded that an Equality Impact Assessment is not appropriate because the central thrust in introducing these principles is to improve the protection of human rights and equality of opportunity.

11.3 A copy of the full screening report can be requested by using the contact details provided at the end of this document. The Department will further consider the need for an Equality Impact Assessment on the provisions of each Bill.

12. RESPONSES

12.1 Comments on the outline proposals on new mental capacity and mental health legislation and the principles to be embedded in each, should be sent using the enclosed questionnaire by 31 March 2009. Contact details are available at the end of the questionnaire.

Annex 1 – Bamford's Principles

Autonomy: respecting the person's capacity to decide and act on his own and his right not to be subject to restraint by others

- There should be an assumption of capacity and provision of care and treatment should be on a partnership and consensual basis, as far as possible. Respect for capacitous decisions should extend to those decisions made legally in advance and where the person grants specific decision-making powers to another on his behalf, for the time when he loses capacity himself.

- Participation – users of services should be fully involved to the extent permitted by the person's capacity, in all aspects of their care, support or treatment. Users of services should be provided with all the information and support necessary to enable them to participate. This may include the involvement of advocates and/or carers. Account should be taken of past and present wishes in so far as these may be ascertained.

Justice: applying the law fairly and equally

- Non-discrimination – persons with a mental disorder or a learning disability should retain the same rights and entitlements as other members of society.

- Equality and respect for diversity – persons should receive treatment, care and support in a way that accords respect for, and is sensitive to their individual abilities, qualities and cultural backgrounds. The legislation should not discriminate on grounds of age, gender, sexual orientation, ethnic group, disability, social class, culture or religion.

- Reciprocity – the loss of a person's rights by detention or by compulsion to treatment and care should be matched by an obligation to provide adequate treatment and care for that person.

- Partnership – services should develop effective partnerships to ensure continuity of care across age and service boundaries.

- Fairness and transparency – there should be fairness and transparency in decision-making, and the right to representation for challenge of due process. Proceedings should be timely.

- Specific rights of children, including the right to education, should be protected.

Benefit: promoting the health, welfare and safety of the person, while having regard to the safety of others

- Where interference is necessary and permissible, the best interests of the person should be protected and promoted, including protection from abuse and exploitation.

- Interventions should only be undertaken using the legislation to achieve benefits which cannot be achieved otherwise. Benefit to the person should include, but not be limited to, reduction of risk of harm to self or others.

Least Harm: acting in a way that minimises the likelihood of harm to the person

- The person should be provided with the necessary care, treatment and support in the least invasive manner and in the least restrictive environment compatible with the delivery of safe and effective care. The perception of the restriction by the person him or herself should be taken into account.

- There should be clear guidance on the use of restrictive practices such as restraint, seclusion and time out for both adults and children, and these should be monitored and subject to evaluative research.

- There should be clear guidance on how and when research may be carried out with persons who have impaired decision-making capacity and this should be monitored.

LEGISLATIVE FRAMEWORK FOR MENTAL CAPACITY AND MENTAL HEALTH LEGISLATION IN NORTHERN IRELAND

A Policy Consultation Document
January 2009

Consultation Response Questionnaire

Consultation Response Questionnaire

You can respond to the consultation document by email or letter.

Before you submit your response, please read Appendix 1, at the end of this questionnaire, about the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Email: patrick.mcconville@dhsspsni.gov.uk

Written: **Pat McConville**
Mental Health Legislation Unit
Room D3.18
Castle Buildings
Stormont
Belfast
BT4 3SQ

Tel: **02890520779**

TO BE CONSIDERED AS PART OF THE RESPONSE TO THE CONSULTATION PROCESS, RESPONSES MUST BE RECEIVED BY DHSSPS BY 31 MARCH 2009.

I am responding: as an individual ☐ on behalf of an organisation ☐

Name: ______________________________

Job Title: ______________________________

Organisation: ______________________________

Address: ______________________________

____

Tel: ______________________________

Fax: ______________________________

Email: ______________________________

Q1. Do you agree that the Principles, as outlined in this document, should be embedded in both mental capacity and mental health legislation?

Yes / No

If no, please give reasons

Q2. The document outlines the policy intentions underpinning the significant Powers proposed for both the Mental Capacity Bill and the Mental Health Bill. Is there any other major power which you would wish the Department to give consideration to?

Yes / No

If yes, please explain?

Q3. In the context of policy proposals for both the Mental Capacity Bill and the Mental Health Bill, are there any other Protections which the Department needs to consider to further protect service users, carers, staff or members of society?

Yes / No

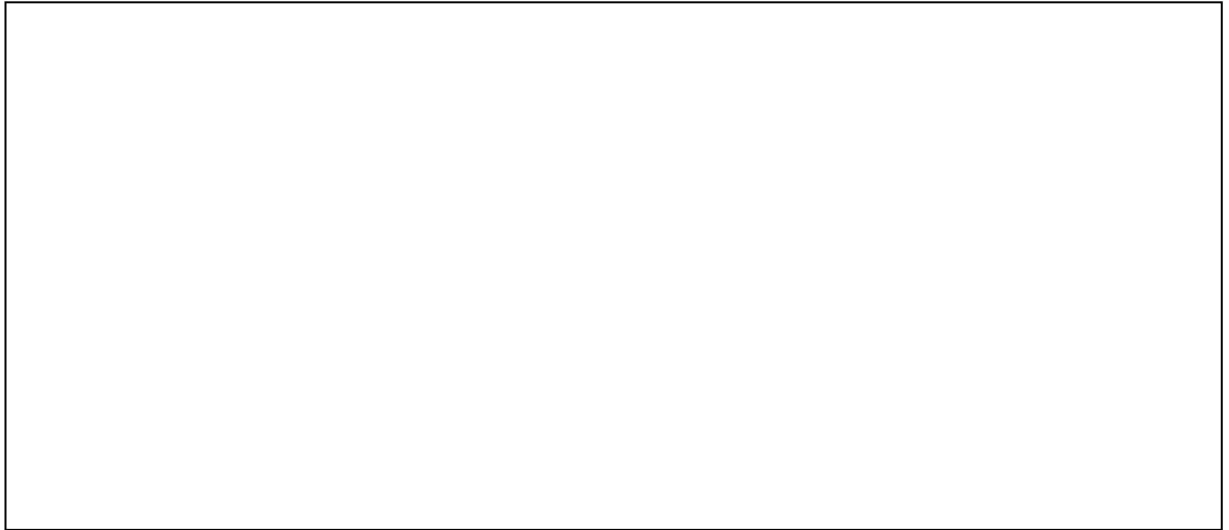
If yes, please explain?

Q4. Do you agree with the Department's view that the central thrust of embedding these principles within mental capacity and mental health legislation is to safeguard dignity and improve protection of human rights and equality of opportunity and consequently a full Equality Impact Assessment is not needed?

Yes / No

If no, please explain?

Q5. Do you have any further comments on the Department's proposals set out in this document?



Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: **http://www.informationcommissioner.gov.uk/**).