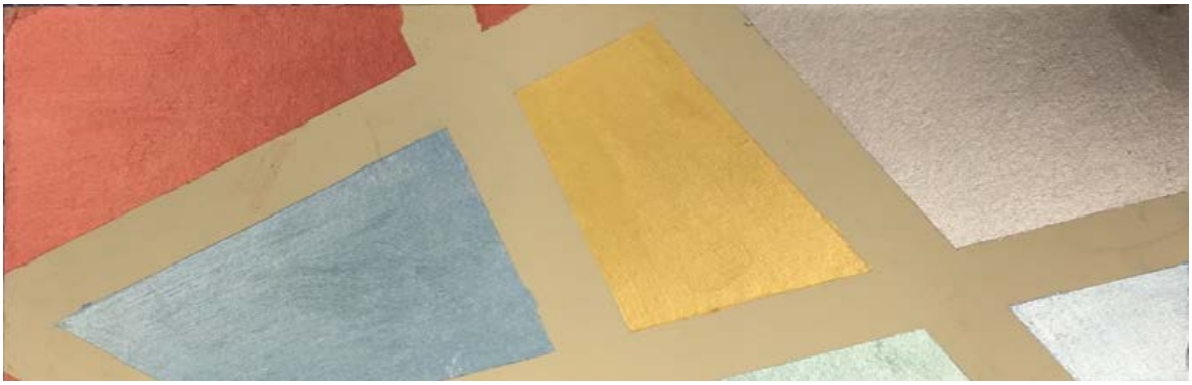
MENTAL CAPACITY REPORT: SCOTLAND

June 2023 | Issue 132



Welcome to the June 2023 Mental Capacity Report. Highlights this month include:

(1) In the Health, Welfare and Deprivation of Liberty Report: the JCHR has questions for the Government about the delay to the LPS; anorexia and capacity, and Caesarean sections and P-centricity;

(2) In the Property and Affairs Report: Hegel and testamentary capacity, and cross-border management of personal injury settlements;

(3) In the Practice and Procedure Report: a freeze on freezing injunctions, and ss.48 and 49 MCA under the spotlight;

(4) In the Wider Context Report: Mental Health Act reform potential and pitfalls, an update to the Mental Health and Justice Capacity Guide, and food refusal in prison;

(5) In the Scotland Report: Issues with powers of attorney – an unprecedented tangle, the Powers of Attorney Bill and Implementation of the Scott Report.

You can find our past issues, our case summaries, and more on our dedicated sub-site here, where you can also sign up to the Mental Capacity Report.

Editors
Alex Ruck Keene KC (Hon)
Victoria Butler-Cole KC
Neil Allen
Nicola Kohn
Katie Scott
Arianna Kelly
Stephanie David
Nyasha Weinberg
Simon Edwards (P&A)

Scottish Contributors
Adrian Ward
Jill Stavert

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

Contents

Issues with powers of attorney – an unprecedented tangle

On 24th May 2023 a decision by Sheriff Robert D M Fife at Edinburgh Sheriff Court was published on the scotcourts website at [2023] SC EDIN 16. The decision was dated 11th January 2023. The case was an application by Fiona Brown, Public Guardian, for directions under section 3(3)(a) of the Adults with Incapacity (Scotland) Act 2000 in relation to two powers of attorney by A ("the Adult"), registered in 2014 and 2021 respectively.

At one level, Sheriff Fife was able to acknowledge the helpfulness of the parties in agreeing many of the facts in a Joint Minute, and that the court had been assisted by all of the witnesses, the credibility and reliability of whom "was not a live issue as far as the court was concerned". His disposal of the action by holding that the 2021 power of attorney ("the 2021 POA") was not competent, with the result that he directed the Public Guardian to delete it from the public register, was relatively straightforward. However, while the primary submission for the Public Guardian was that the 2021 POA was not competent and should be deleted from the public register, it was also submitted that *esto* the 2021 power of attorney was competent and registered, it was a matter for the court to determine on the evidence whether the adult had had capacity to revoke the 2014 POA and to grant the 2021 POA, and "to make such other decisions as were appropriate in all of the circumstances". The court had heard submissions in relation to the *esto* case. Sheriff Fife accordingly proceeded to determine the question of capacity to revoke the 2014 POA, and to grant the 2021 POA, notwithstanding that he had made the order described above on the question of competency.

Beyond those two points addressed in the judgment, however, it is remarkable what a tangle of practice issues is revealed by the helpfully full narrative in the judgment as having coincided in a single case. It was neither necessary, nor indeed in many respects appropriate, for the sheriff to identify and opine on such matters. However, because the practice issues are of significance, such restraints do not necessarily apply to this report, which does seek to identify and comment on at least some of them.

There follows a calendar of relevant events, also done by Sheriff Fife in his judgment, but supplemented from the unchallenged evidence also narrated in the judgment, and with comments on some practice issues where they seem best located. The grounds for Sheriff Fife's decisions are then summarised, followed by comments on some more general practice issues.

A had and has three children, her son T and her daughters V and W. Both POAs were both continuing and welfare POAs. The same solicitor, S, acted for A in relation to both. S

described herself as a general practitioner, who "covered Wills, executries and residential conveyancing", and specialised in family law. She had acted in a number of matters over the years for A and A's late husband. She was "aware of the family dynamics and difficulties within the family that had existed". It appears from the narrated evidence as a whole that there was a rift of long standing between T and V on the one hand, and W on the other.

S acted as certifier signing the statutory certificates in relation to both POAs. S registered both of them electronically, using the Public Guardian's EPOAR system (electronic power of attorney registration). There is frequent reference in the judgment to certification of capacity, and the question of capacity. There is no reference to the requirement for certification that the certifier has "no reason to believe the granter was acting under undue influence or that any other factor vitiates the granting [of the relevant POA]", nor of any potential relevance of those issues. In relation to both POAs, S certified capacity only on the basis of her own knowledge of the granter, without reference to having consulted anyone else.

9 May 2014

A granted the 2014 POA in favour of T and V, they consented to act, and S certified and registered the POA as above.

21 June 2014

The 2014 POA was registered by OPG. It is not narrated when S sent it for registration.

3 July 2020

Dr Limet, a consultant psychiatrist at Midlothian Community Hospital with particular experience in old age psychiatry, assessed A "due to concerns about deterioration in her memory". A memory test indicated that A "was borderline for dementia". A was diagnosed with mild cognitive impairment.

17 November 2020

Dr Limet interviewed A again. There had been a significant deterioration in A's cognitive impairment. A was diagnosed with early stages of Alzheimer's Dementia. A had short-term memory of approximately 5 – 10 minutes. When Dr Limet spoke to A later the same day, A had no recollection of the lengthy conversation with Dr Limet earlier that day. When giving evidence, Dr Limet opined that A was unlikely to have had capacity to grant any power of attorney as at November 2020, on a balance of probabilities

22 July 2021

A met S and "gave instructions that she wished to have all three of her children as attorneys, to revoke the first power of attorney and to grant a second power of attorney [in favour of all three children]". S was aware of the family dynamics, and the long-term difficulties within the family. Tantalisingly, there is no narration about any of the necessary matters that would require to have been addressed at that meeting, and/or subsequently, about the disadvantages of appointing joint attorneys among whom there was known to be a long-standing rift; A's understanding of and instructions regarding the multiple possibilities of sole decisions, majority decisions and/or unanimous decisions, including if the number of attorneys acting were to reduce to two; and to one. There is no narration of the welfare and continuing powers granted, including the general point as to whether they were simple or complex, and of the adult's instructions in relation to each. One would have thought that it might have been significantly relevant, in the context of the issues and descriptions of factors raising doubts as to the adult's capacity at that time, to know whether, when giving instructions, she appeared able to

understand all of the factors such as the foregoing, and to discuss and make decisions about all of them, including the appropriateness of each of the powers conferred. If practice advice as to retaining notes of such discussions in such circumstances was followed, there is no narration of these or of relevant file notes. One remains curious as to how a necessarily quite lengthy and complex discussion can be reconciled with Dr Limet's opinion as to the extent to which A's short-term memory had already deteriorated eight months earlier. When A's instructions were summarised at the end of the meeting, did A still have a clear memory of the advice that she had received and the decisions that she had made at the beginning?

30 September 2021

Following upon a previous request from S, Dr G (a general practitioner) carried out a capacity assessment of A and concluded that A did have capacity to revoke the 2014 POA and grant a fresh POA. S had written to the GP practice on 7 September 2021, following upon which a colleague requested Dr G (who had some prior experience of carrying out capacity assessments) to assess A's capacity. Dr G had not met A before. Arrangements to see her were made with W, but Dr G saw A by herself. She told Dr G that she wanted all three of her children to be her attorneys. The information provided to Dr G, both relevant background information and as to the various specific matters in relation to which he was asked to assess capacity, are not narrated; nor are we told whether Dr Limet's conclusions were available to Dr G.

7 October 2021

A granted the 2021 POA in favour of all three of her children and executed the Revocation of the 2014 POA. It appears that S signed the certificate for that POA without referring to having taken the advice of Dr G, and did not certify the Revocation. On both of those points, it is not explained why. Again, there is no explanation of the apparent discrepancy between Dr Limet's assessment, and the extent to which one would have expected A to have remembered the advice given and decisions made a week earlier.

20 October 2021

At a multidisciplinary meeting of the Midlothian Dementia Clinic, concerns were expressed about A's capacity. It is not narrated whether any of A's children attended, or were informed of what took place.

10 November 2021

S wrote to A advising A that T and V did not require to sign the attorney declaration form to enable the 2021 POA to be registered. In evidence, S accepted that her advice to that effect was wrong. S did not have confirmation from T or V that they were willing to act as attorneys under the 2021 POA, before the 2021 POA was submitted for registration. That raises questions of practice; of the requirement of section 19(2) of the 2000 Act (see under "Decision" below); and also of compliance with section 1(4)(c)(i) of the 2000 Act (taking account of the views of any existing continuing or welfare attorneys with relevant powers).

16 November 2021

S submitted the 2021 POA for registration, by EPOAR. An attorney declaration form signed by W was submitted, but attorney declaration forms were not submitted for the other two attorneys, nor had they been signed. The Revocation of the 2014 POA was not submitted for registration.

17 November 2021

Various relevant events occurred. Their order may not be material. Here, they are narrated in

the order in which they appeared in the judgment. First so to appear was that S emailed the Office of the Public Guardian ("OPG") attaching an expedited registration request form. S stated that "it was now the adult's wish to revoke the first power of attorney, to have all three children appointed as her attorneys, and for the second power of attorney to be used as soon as possible". It is not explained how that was thought to be reconcilable with the only items sent the previous day; nor why that suddenly became A's instruction following the delay since the 2021 POA had been granted (on 7 October 2021); nor (again) the extent of A's recollection of discussions with S some six weeks earlier.

17 November 2021

Dr AB, a community consultant psychiatrist with Midlothian Dementia Service, "carried out a comprehensive assessment" of A. Dr AB concluded that A had advancing dementia and did not have capacity to make any decisions about her welfare.

18 November 2021

Dr AB contacted S and informed S about the assessment and outcome, and in particular that A lacked capacity to make any decisions about any power of attorney. While it might be inferred from this that A probably lacked such capacity when she signed the 2021 POA some six weeks earlier, Dr AB appeared not to express an opinion about that. Dr AB narrated in evidence that S was not interested in Dr AB's assessment, as A already had a capacity assessment from Dr G, and as the 2021 POA "was in the process of being registered".

19 November 2021

Dr AB wrote to S confirming the advice that she had given by telephone. That same day Dr AB contacted Dr G. It is narrated that Dr AB "had additional information about the family dynamics and how the adult was in the community", that information having been provided by the Community Health Team (it is not narrated when). Dr G stated in evidence that he would defer to the opinion of Dr AB, who had more experience and who had carried out a more detailed assessment. Dr G stated that if he had had the information about family dynamics and how the adult was in the community, he would have requested additional information from the Community Health Team before completing the capacity assessment carried out by Dr G. The clear implication is that Dr G had not been provided with, nor had access to, such information.

19 November 2021

Dr AB contacted OPG for advice, given the reaction of S to Dr AB's concerns about A's capacity.

6 April 2022

When giving evidence, W read out an "advocacy statement" from a member of an advocacy service, dated 6 April 2022, which stated that A wanted all three of her children to have "an equal say" and that she wanted all her children "to agree to what happens to me finally". It rather appears from this that A was at least at that time, with such capacity as she then retained, hoping that the arrangements that she had made would heal the family rift. If the reference to "an equal say" can be related at all to the 2021 POA, it can only be seen as an intention that all acts and decisions should require participation by all three attorneys, with matters decided by majority vote if necessary. It is doubtful, however, whether A had or retained even most basic information about what a POA is, exemplified by these points and by the mysterious "finally" in those quotations.

I repeat that not all of the foregoing featured in the sheriff's findings, much of it being supplemented from narrative in the uncontested evidence. Sheriff Fife did however conclude that in the proceedings W had "acted reasonably and in the best interests" of A. Nowhere does there appear to be comment that as long ago as the Scottish Law Commission Report on Incapable Adults of 1995, which led directly to the 2000 Act, had explicitly rejected a best interests test in favour of the principles that now appear in the 2000 Act (see paragraph 2.50 of the 1995 Report). A "best interests test" belongs to child law but has no place in adult incapacity law. It is not clear in what capacity, and with what authority, W acted (whether applying the right or wrong test).

Decision

Section 19(2) permits the Public Guardian to register a POA document if "satisfied that a person appointed to act is prepared to act". Only one of the three attorneys appointed under the 2021 POA had consented to act. Sheriff Fife held that the 2021 POA was not competent. He directed the Public Guardian to delete the 2021 POA from the public register.

Notwithstanding the above lengthy narrative, the matter was disposed of as easily as that. However, Sheriff Fife considered that it was proper that the court also determined whether A had capacity to revoke the 2014 POA and grant the 2021 POA. Sheriff Fife accepted the capacity assessment by Dr AB that as at 7 October 2021 the adult was not capable of making any welfare decisions. It was proper for Dr G to retract his previous opinion about capacity, following his conversation with Dr AB. Sheriff Fife concluded that on the balance of probabilities A did not have capacity to revoke the 2014 POA and did not have capacity to grant the 2021 POA.

Practice issues

On the question of capacity, Sheriff Fife was thus able to reach, quite straightforwardly, a conclusion that – on the basis of the full narration that he had heard and that I have attempted to reflect above – cannot be said to be in any way surprising or controversial. As ever, the function of the court in such a case is to answer the questions put to it by the parties. In this case, it was neither necessary nor appropriate for the court to carry out a general investigation into, and to comment upon, the practice issues that may have arisen but had no direct bearing on the court's disposal of the case. Typically in such situations, such general investigations have most usefully been carried out by the Mental Welfare Commission. This report does however comment on some of the practice issues which jump out from the narration in Sheriff Fife's judgment.

They begin with that comment about the decisions reached by Sheriff Fife being relatively simple and straightforward, despite the large amount of evidence. What is not clear is whether anyone, among all these players able to act decisively in a way which would have rendered the litigation unnecessary, had any such complete picture. Beyond the few communications narrated above, one cannot form a picture from the judgment as to who told whom what, when, what was the total information available to any one of the key players, and when; who should have been alerted to need for further enquiry; and who in any event should have enquired further before reaching conclusions.

The possibility of undue influence does not seem to have been addressed by anyone. I would suggest that the very combination of family dispute and an elderly family member caught in the middle of it, seeking to make such a major decision as granting a power of attorney, should almost automatically have triggered careful

consideration of whether that adult's acts were free from overt or covert undue influence. As Mental Welfare Commission pointed out in their "Mr and Mrs D report", there can be an overlap between issues of undue influence and of capacity, particularly an adult's capacity to recognise and resist undue influence.

Apart from the question of the competency of registration under section 19(2) of the 2000 Act, there is a possible question about the meaning of "appointed to act" in section 19(2). One might suggest that it only applies to those appointed to act with effect from the granting of the POA document, and not to substitutes who might never be called upon to take up office, and with whom a contract of mandate can only be created if they were to accept appointment upon appointment being triggered by the substitution mechanism. Thus, the Public Guardian does not require evidence of consent to act from substitutes when the power of attorney document is first registered, but only if and when the substitution is triggered. If a POA document permits any one of three nominated attorneys to act alone, does that mean that if only one accepts office at that point, that one can act alone? That of course depends upon the precise terms of the appointment: in the present case, as pointed out above, no information is available about that.

A further question is whether it is appropriate for a certifier who has in fact relied upon information other than the certifier's own judgement (as seems to have occurred in this case) to certify only on the basis of the certifier's own knowledge. Perhaps, in the course of future law reform, consideration needs to be given to requiring a certifier to set out at least the main points of information on which the certifier has relied, both as to capacity and as to absence of undue influence or other vitiating factors.

Finally, reading the evidence as a whole raises at least some concerns as to whether the outmoded and discredited world of absolute capacity or absolute incapacity is not still casting some shadows. It seems improbable that any adult would never be able to make any welfare decisions at all, not even (for example): "Ouch! That hurts! Stop doing it"; or "That coffee tastes awful. There's no sugar in it. Please always put sugar in my coffee". It is in any event well established and accepted that capacity should be assessed for a particular purpose, so that capacity to grant a power of attorney is not dependent upon ability actually to do everything authorised, though the granter does need to know what the granter is authorising and the effect of doing so: see, for example, *Re K, re F* [1988] 1 All E.R. 358, generally accepted as accurately stating the law also in Scotland; and the relatively recent case of *The Public Guardian v RI* [2022] EWCOP 22. That 2022 case contains at paragraph 16 a useful checklist of minimum requisites for granting valid powers of attorney. Poole J evidently endorses a facilitative approach towards ability to grant a power of attorney, including by people with significant mental disorders – "*every person with learning disability (and every person with schizophrenia) is an individual with their own characteristics*", paragraph 30. However, in the 2022 case Poole J nevertheless concluded that a purported power of attorney granted in 2009 had not been granted with adequate capacity, on grounds which in essence it would be difficult to distinguish from Sheriff Fife's similar conclusion. (I am grateful to Alex for drawing my attention to the 2022 case.) Capacity to grant a power of attorney should always be assessed negatively in the sense that the granter of a power of attorney may be able competently to grant some of the powers conferred but not others; and positively in the sense that an adult for whom guardianship is sought should not have any powers granted to the guardian in any particular matter in which the

adult can competently act and/or decide.

It is perhaps unnecessary to re-state to the readership of this Report that acting in the granting of a power of attorney is an onerous matter requiring specialist professional knowledge and skills; and that under the code of conduct no solicitor should accept instructions except in a matter where the solicitor is competent to act. Giving an adequate service requires such knowledge and skills actually to be applied. The Law Society of Scotland's guidance on continuing and welfare powers of attorney, vulnerable clients' guidance, and guidance on capacity generally, could be taken as stating the minimum requirements; providing a helpful checklist; and in potentially difficult or controversial cases pointing out matters that might usefully be recorded in file notes. The powers of attorney guidance includes reference to the requirement under CRPD for support for the exercise of legal capacity, and the point that solicitors should not refuse to act, or refuse to certify, "in circumstances where such refusal could amount to discrimination on grounds of disability".

Adrian D Ward

Powers of Attorney Bill

I commented in the March Report on aspects of the Powers of Attorney Bill, a UK Bill, and I reported progress in the May Report. The Westminster Parliament has the dual role of legislature for both England & Wales and for the whole UK. Asymmetrical devolution of legislative powers within the UK has meant that a larger proportion of the Westminster Parliament's time, and it seems of its attention, has become focused upon its role for England & Wales only. There are still hopes that it can be effectively reminded of its responsibilities for the whole UK in the context of the Powers of Attorney Bill, so as to provide reciprocal explicit provisions for recognition and enforceability (and thus their practical operability) throughout the UK for powers of attorney granted in any of the UK jurisdictions. So far, the present Bill provides only for "one-way traffic" with such explicit provisions applicable when lasting powers of attorney granted in England & Wales require to be operated elsewhere within the UK. At present, recognition and enforceability in England & Wales of powers of attorney granted elsewhere in the UK, in face of resistance, can be achieved only by rather convoluted, and certainly time-consuming and costly, proceedings, rather than automatically. Moreover, there is ample evidence of difficulties in operating Scottish powers of attorney in England & Wales, or even in branches located in Scotland of organisations headquartered in England & Wales, an issue which the Bill so far fails to address; and no evidence of equivalent difficulties in the other direction, which apparently non-existing difficulties the Bill does seek to address. Because of the importance of this matter, rectification of which has been (for example) a policy objective of the Law Society of Scotland since well before the current Bill was introduced, we shall continue to follow progress of the Bill.

The Bill has now reached the House of Lords, where the second reading is scheduled for 16th June. It would normally proceed to Committee stage there about two weeks after the second reading. The relatively short and simple amendments necessary to correct the imbalance in the Bill have been drafted, and it is hoped that they can be addressed at committee stage.

The evidence of difficulties is derived from complaints from members of the public, the experience of practising solicitors, and individual MSPs contacting the Law Society of Scotland because of difficulties reported by their constituents.

Adrian D Ward

Implementation of the Scott Report

I last reported under the above heading in the March Report. As there indicated, I expect this to be a long-running theme. There is still nothing definitive to report, and nothing has yet been formally issued by Scottish Government, but I can nevertheless report that the positive trends described in March appear to be continuing and developing. Relevant Scottish Government officials continue proactively to address the massive challenge of moving towards implementation of the Scott Report, supported by continuing extensive engagement with stakeholders, a process that appears to be assisted by a continuing coming-together of the main stakeholders in support of the work of Scottish Government, not necessarily with complete consensus, but making their distinct contributions in a broadly collaborative and supportive way.

In private communication, (still relatively new) Minister for Social Care, Mental Wellbeing and Sport, Maree Todd MSP looks to that collaborative work to ensure that legislation and practice in incapacity law in Scotland continues to evolve, and to be at the forefront of developments. Latest indications from her officials are that we may expect to see a consultation document, derived from the current processes of engagement, in the relatively near future, quite possibly – I would estimate – in time for the next Mental Capacity Report, or the one next following it.

Adrian D Ward

Editors and Contributors

Alex Ruck Keene KC (Hon): alex.ruckkeene@39essex.com
Alex has been in cases involving the MCA 2005 at all levels up to and including the Supreme Court. He also writes extensively, has numerous academic affiliations, including as Visiting Professor at King's College London, and created the website www.mentalcapacitylawandpolicy.org.uk. To view full CV click here.

Victoria Butler-Cole KC: vb@39essex.com
Victoria regularly appears in the Court of Protection, instructed by the Official Solicitor, family members, and statutory bodies, in welfare, financial and medical cases. She is Vice-Chair of the Court of Protection Bar Association and a member of the Nuffield Council on Bioethics. To view full CV click here.

Neil Allen: neil.allen@39essex.com
Neil has particular interests in ECHR/CRPD human rights, mental health and incapacity law and mainly practises in the Court of Protection and Upper Tribunal. Also a Senior Lecturer at Manchester University and Clinical Lead of its Legal Advice Centre, he teaches students in these fields, and trains health, social care and legal professionals. When time permits, Neil publishes in academic books and journals and created the website www.lpslaw.co.uk. To view full CV click here.

Arianna Kelly: Arianna.kelly@39essex.com
Arianna practices in mental capacity, community care, mental health law and inquests. Arianna acts in a range of Court of Protection matters including welfare, property and affairs, serious medical treatment and in inherent jurisdiction matters. Arianna works extensively in the field of community care. She is a contributor to Court of Protection Practice (LexisNexis). To view a full CV, click here.

Nicola Kohn: nicola.kohn@39essex.com
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 2022). To view full CV click here.

Katie Scott: katie.scott@39essex.com
Katie advises and represents clients in all things health related, from personal injury and clinical negligence, to community care, mental health and healthcare regulation. The main focus of her practice however is in the Court of Protection where she has a particular interest in the health and welfare of incapacitated adults. She is also a qualified mediator, mediating legal and community disputes. To view full CV click here.

Stephanie David: stephanie.david@39essex.com

Steph regularly appears in the Court of Protection in health and welfare matters. She has acted for individual family members, the Official Solicitor, ICBs 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.

Nyasha Weinberg: Nyasha.Weinberg@39essex.com

Nyasha has a practice across public and private law, has appeared in the Court of Protection and has a particular interest in health and human rights issues. To view a full CV, click here

Simon Edwards: simon.edwards@39essex.com

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.

Adrian Ward: adrian@adward.co.uk

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.

Jill Stavert: j.stavert@napier.ac.uk

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

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

Parishil Patel KC is speaking on Safeguarding Protected Parties from financial and relationship abuse at Irwin Mitchell's national Court of Protection conference on 29 June 2023 in Birmingham. For more details, and to book your free ticket, see here.

Alex is leading a masterclass on approaching complex capacity assessment with Dr Gareth Owen in London on 1 November 2023 as part of the Maudsley Learning programme of events. For more details, and to book (with an early bird price available until 31 July 2023), see here.

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.

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.

Sheraton Doyle
Senior Practice Manager
sheraton.doyle@39essex.com

Peter Campbell
Senior Practice Manager
peter.campbell@39essex.com

Chambers UK Bar
Court of Protection: Health & Welfare
Leading Set

The Legal 500 UK
Court of Protection and Community Care
Top Tier Set

clerks@39essex.com • DX: London/Chancery Lane 298 • 39essex.com

LONDON
81 Chancery Lane,
London WC2A 1DD
Tel: +44 (0)20 7832 1111
Fax: +44 (0)20 7353 3978

MANCHESTER
82 King Street,
Manchester M2 4WQ
Tel: +44 (0)16 1870 0333
Fax: +44 (0)20 7353 3978

SINGAPORE
Maxwell Chambers,
#02-16 32, Maxwell Road
Singapore 069115
Tel: +(65) 6634 1336

KUALA LUMPUR
#02-9, Bangunan Sulaiman,
Jalan Sultan Hishamuddin
50000 Kuala Lumpur,
Malaysia: +(60)32 271 1085