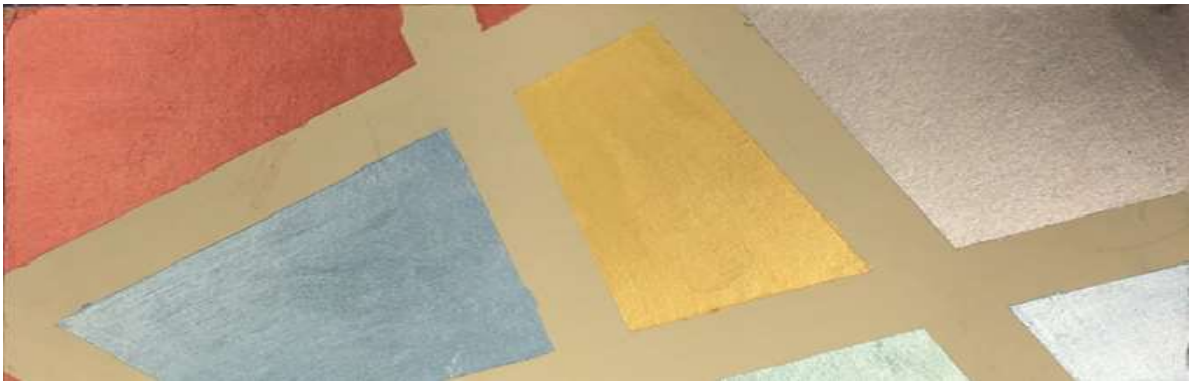
# MENTAL CAPACITY REPORT: SCOTLAND

May 2020 | Issue 104



Welcome to the May 2020 Mental Capacity Report. Highlights this month include:

(1) In the Health, Welfare and Deprivation of Liberty Report: the Court of Protection, COVID-19 and the rule of law; best interests and dying at home; and capacity and silos (again);

(2) In the Property and Affairs Report: further guidance from the OPG in relation to COVID-19 and an unusual case about intestacy, minority and the Court of Protection;

(3) In the Practice and Procedure Report: the Court of Protection adapting to COVID-19; remote hearings more generally; and injunctions and persons and unknown;

(4) In the Wider Context Report: National Mental Capacity Forum news, and when can mental incapacity count as a 'status?';

(5) In the Scotland Report: further updates relating to the evolution of law and practice in response to COVID-19. We also note that 9 May 2020 was the 20th anniversary of the Adults with Incapacity (Scotland) Act 2000 receiving Royal Assent.

You can find our past issues, our case summaries, and more on our dedicated sub-site here. Chambers has also created a dedicated COVID-19 page with resources, seminars, and more, here.

If you want more information on the Convention on the Rights of Persons with Disabilities, which we frequently refer to in this Report, we suggest you go to the Small Places website run by Lucy Series of Cardiff University.

**Editors**
Alex Ruck Keene
Victoria Butler-Cole QC
Neil Allen
Annabel Lee
Nicola Kohn
Katie Scott
Katherine Barnes
Simon Edwards (P&A)

**Scottish Contributors**
Adrian Ward
Jill Stavert

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



## Covid-19: AWI law and practice – update

This item continues the narrative in the April Report under the heading "AWI law and practice: the cooperative response of the legal community", which promised an update in this issue. That item concluded by describing tensions between the Office of the Public Guardian and agents acting for applicants for registration of powers of attorney over timescales from presentation of applications to completion of registration. Only after completion of registration can a power of attorney be brought into force. The public is being encouraged to implement anticipatory care planning, and often specifically to consider granting powers of attorney and advance directives. For example, at least some GP practices have been communicating those recommendations to all of their patients. The public generally expects that if they have gone to the trouble of granting a power of attorney, then if it becomes required at very short notice, it can be operated. It seemed to the Law Society that this expectation could only be met, during the crisis, by a provision that powers of attorney could become operable following presentation for registration. Safeguards would obviously be necessary, and the Law Society proposed that a temporary measure to this effect should also require a certificate from a solicitor taking responsibility to confirm that (in effect) the power of attorney had been properly prepared and submitted, so that there would be no risk of registration being refused.

The Law Society went further. It formulated provisions relaxing the otherwise mandatory requirements for reports to accompany guardianship applications, before they can be received in court and thus, for example if needed, interim orders promptly obtained. As for public expectations that advance directives would be effective, general publicity had failed to identify that the requirements for a valid advance directive, and the effect in law, remained unclear compared with the position in England & Wales. A provision making good that deficit had been provided as long ago as 1995 in the Scottish Law Commission's Report No 151 on Incapable Adults. That provision was not incorporated into legislation at the time, in anticipation that the

courts would continue to develop the law regarding advance directives. That has not happened. The "ready-made" solution from 1995 was accordingly incorporated among temporary modifications proposed by the Law Society. These and other proposals were submitted by the President of the Law Society to the Cabinet Secretary for Health and Sport by letter dated 15th April 2020 (available here), accompanied by draft proposed temporary modifications to the Adults with Incapacity (Scotland) Act 2000 and a full explanation (available here).

The Cabinet Secretary for Health and Sport replied to the President of the Law Society by letter dated 8th May 2020. The Cabinet Secretary wrote that she had been advised that "The removal of safeguards to the adult was not proportionate to the benefit brought to the adult by the amendments. In some instances, the same effect was able to be achieved by guidance and in others the proposals were not specifically to deal with the urgent situation created by the Covid-19 pandemic." It was not explained which proposals appeared not specifically to deal with the current emergency, when all had been presented with an explanation of why they were. However, the assertion that the desired outcome could be achieved by guidance was most welcome, as it indicated that needs could be met without amending existing requirements. That in turn implies that adequate resources have been made available to achieve that. At time of writing, that cannot yet be verified either from experience "on the ground" or from detail as to the resources made available. A quite separate positive, however, is that in the case of registration of powers of attorney documents, following vigorous communication by the Office of the Public Guardian as to what to expect and what can be done in the case of documents urgently required, the disquiet that we reported last month appears to have been calmed.

A welcome development is that the Equalities and Human Rights Committee of the Scottish Parliament has instituted an Inquiry in relation to Covid-19. Submissions were invited, but this will not be a "single submission" inquiry. It will seek to follow the developing situation, so that the evolving picture through snapshots provided by individual submissions can be tracked. A submission by the Law Society is in the course of being assembled at time of writing, and is expected to include information already provided by the Mental Health and Disability Sub-Committee of the Law Society ("MHDC"). Unlike other submissions which have already been made by other bodies, which generally follow a "top down" pattern of narrating temporary modifications to legislation, guidance and other items that have been issued, and analysing them, the Law Society's approach is "bottom up", narrating actual case histories provided by individual members of MHDC. These have been anonymised and the individuals contributing them have been anonymised, but they are nevertheless derived from personal information as to actual experience. This, disappointingly, appears to demonstrate significant deficits between the "official" top-down picture, and what is actually happening in practice. In particular, it appears to demonstrate practices that are discriminatory on grounds of disability and of age, in relation to selective provision of services. In the case of court processes, it demonstrates issues both in relation to access to justice, and in relation to discrimination, which seem to be attributable to pressures on court staff, coupled with available resources, creating a shortfall in

actual provision. The case histories are narrated in the following item.

As we go to press, the Coronavirus (Scotland) (No. 2) Bill is before the Scottish Parliament. It has been indicated in the course of the debates that no further emergency legislation by the Scottish Parliament is to be expected.

*Adrian D Ward*

## Covid-19: the case histories

There follow, without further comment, the case histories referred to in the preceding item.

*Case A*

A is detained in a hospital rehabilitation unit under a civil order in terms of the 2003 Act. He is recovering well, with a good prognosis to return to the community within the next 12 months. He has well-controlled Type 2 Diabetes and some non-progressing cognitive deficits, secondary to his mental illness. He is described as engaging in all aspects of his care and treatment, and enjoying an optimal quality of life with semi-independent activities of daily living. He has feasible plans for the future.

A developed mild Covid-19 symptoms and went into self-isolation. He developed more serious symptoms and was referred to a local general hospital. Following admission there, he tested positive for Covid-19. His symptoms improved and he was discharged back to the care of the rehabilitation unit. The consultant responsible for his care there ("the consultant") discovered that a DNA-CPR form had been completed by the general hospital medical team. That surprised him. A's condition then worsened again, and he was referred back to the general hospital. The consultant spoke to the medical senior registrar at the general hospital and expressed concern about the DNA-CPR form. The consultant was alarmed to discover that the form was not the result of any miscommunication or misunderstanding. He was informed that the practice of that hospital, which he has since discovered to be a general practice, is to identify all patients upon admission as either suitable for full escalation or not. All those not identified for full escalation automatically had a DNA-CPR form issued. Those in the "full escalation" category qualified for access to a ventilator. The others did not. The basis of allocation depended upon the number of ventilators available in the unit in question at the time. Thus if ten patients were admitted one day, when only four ventilators were available, four would qualify for "full escalation" and the other six would have a DNA-CPR form completed. If a patient for whom a DNA-CPR form has been issued subsequently returns (as A did) there is no re-assessment. The DNA-CPR remains in place.

*Cases B and C*

B and C are two care homes. A solicitor has clients in both. Upon enquiry, the solicitor has been advised that upon blanket decisions by the general practitioners serving those homes, the records of all residents have been marked "not for hospital transfer". Thus they will all be denied referral to hospital in circumstances where persons not resident in those care homes, or otherwise in a situation where such policies apply, would be referred.

*Case D*

Adult D resides in D's own home. The local authority applied for a welfare guardianship

order, with power to move D into care. D was and remains opposed to the move. D's opposition was accurately recorded in the statutory reports accompanying the application.

The application was lodged in court as a matter of urgency. In the light of D's opposition, the sheriff appointed a safeguarder (an experienced solicitor advocate), but at the same time granted an interim welfare guardianship order as sought. The safeguarder sought an assurance from the local authority that a short period would be allowed for investigation by the safeguarder, before steps were taken to move D. The local authority's legal department failed to respond. They refused to discuss the matter by telephone. They said that they would only communicate by emails, but did not do so.

The safeguarder nevertheless immediately commenced urgent enquiries with relevant professionals and D, and instructed an independent social work report. The safeguarder's concerns included the relatively high levels of incidence of Covid-19 infections and resulting deaths in care homes such as that to which it was proposed to move D. The safeguarder proceeded on the basis that robust enquiry was required.

Four days after the interim appointment, the MHO advised that D was due to be moved in three days' time. As the safeguarder still did not have any agreement from the Council to allow a short period for investigation, and in particular to obtain the independent social work opinion, the safeguarder tried to contact the relevant court to obtain an order for directions under section 3 of the 2000 Act. The safeguarder made countless attempts to contact the relevant sheriff court hub, other hubs, the direct email addresses for two clerks, and extension numbers of relevant clerks, with no success. An email to the Scottish Court Service enquiry lines remains unanswered.

Following urgent requests for help to the Law Society and other bodies to which the safeguarder had access, the safeguarder was provided with yet another email address for another clerk, on the basis that the address would not be shared. That then resulted in the matter being actioned and allocated to a clerk to phone the safeguarder. That clerk then advised that clerks were working only by email. In the meantime, the independent social worker had called at D's home and met D urgently there. D confirmed to the independent social worker D's opposition to several points in the local authority application. However, in view of two incidents which occurred during the preceding few days, the independent social worker concluded, and advised the safeguarder verbally, that on balance a move to a nursing home "would comply with the general principles" of the 2000 Act.

*Case E*

An MHO sought an urgent warrant under section 292 of the 2003 Act. There was serious risk to the adult and the warrant was urgently required. When the MHO arrived at court, an attempt was made to turn him away at the door. He was advised that there were no clerks in the building. He insisted, and eventually it transpired that after all there was a clerk there. The papers were passed over to the clerk. A warrant was granted. The sheriff saw fit to convey apologies to the MHO that, despite the serious circumstances of the adult, the MHO had encountered such difficulties over access.

*Case F*

Adult F had a welfare guardian. The local authority sought to move F to supported accommodation without the guardian's consent. The move did occur and the guardian was negotiating regarding arrangements for contact with F. The local authority submitted an application to court, by way of Minute, seeking directions under section 3 of the 2000 Act designed to suspend the operation of the guardian's powers to determine residence and care. The application named the guardian's solicitor, but the guardian's solicitor was not provided with a copy of the application. The guardian's solicitor was informed by a clerk of court that the sheriff wished to hold a telephone hearing the next morning to consider the application and to allow the participation of the guardian's solicitor. The sheriff then granted the order sought on an interim basis without a hearing. No safeguarder was appointed.

*Adrian D Ward*

## Covid-19: beyond the immediate urgency

A picture is beginning to emerge of lessons to be learned, and issues worthy of consideration, in managing the exit from lockdown, to prepare for future emergencies, and in any event to update areas of law.

Legal and notarial firms in China have already been managing their way towards full resumption of services. The lessons learned have been publicised in newsletters both by the Royal Faculty of Procurators in Glasgow, and the Paisley Faculty of Procurators. In China, even in places well away from Wuhan, experience indicates that gradual exit from the constraints of lockdown require to be carefully managed, and to introduce new constraints. The general pattern seems to have been that colleagues are permitted to meet each other first of all, then gradually moving towards allowing public to come to their offices, subject to careful precautions. Every client meeting requires participants to wear face masks and maintain social distancing. Offices require to be cleaned frequently: in at least one city, they require to be disinfected every two hours. On the other hand, some cities are now said to be experiencing no new infections, except for incomers. Inter-city business travel is happening.

The underlying message that Covid-19 is here to stay, at least until widespread effective immunisation is possible, nevertheless remains. Even then, it will not be eliminated. It is perhaps unfortunate that in the United Kingdom some elements of the press, when covering the celebrations to mark the 75th anniversary of VE Day, explicitly referred to the forthcoming "VC Day". There seems to be little prospect of the highly contagious Covid-19 being entirely eliminated from the planet. The disease is not going to sign a peace treaty and oblige itself to cease its attacks upon humankind. Wherever it has the opportunity, it will remain as virulently contagious as at present. Not even polio has been successfully eliminated from the world, despite decades of major and coordinated attempts to achieve that, which have often reduced incidence to minimal levels, only to see resurgence where constraints have not been maintained, usually through local conditions in particular areas.

We must wait to see whether regulatory requirement for precautions to apply during and following gradual easing of lockdown will appear

as mandatory.

We must also wait to see the extent to which legal firms and others will consider it necessary to continue to maintain premises of the same size as hitherto, with home working as an exception, rather than transferring permanently to methods that allow greater effectiveness and flexibility of remote working, coupled with reduced need for accommodation at the firm's own premises, and the efficiencies of less time spent commuting by staff. Such a trend would present particular challenges in relation to adult incapacity and mental health practice, where direct personal interaction with clients is more likely to be necessary. However, there may be ways of achieving that without requiring all employees to commute each working day to office premises, and to leave them during the day for face-to-face meetings with clients.

Particularly for people with incapacity and mental health issues, there could be potential for some positive outcomes. The general public is gaining a better understanding of restrictions that may affect the general public temporarily, but which are a permanent way of life for many people with disabilities, including limitations on movement, difficulties in accessing services, and so forth. One could say that the gap between people with disabilities and people without significant disabilities has been reduced. That raises the question whether at least some of that deficit for people with disabilities, essentially a discriminatory deficit, can be permanently reduced.

It will also be time to review whether the UK can better prepare for future such emergencies. A pandemic, most likely a respiratory viral infection, has been top of the threat list for many years. One such pandemic has now occurred. That will not reduce the threat of another. Issues of diagnosis, testing, treatment, and immunisation are likely to be specific to each pandemic. Work can only start when the virus responsible has emerged. However, there will have to be enquiry as to the extent of preparation for such an emergency generally. Was overall provision, ranging from availability of personal protective equipment to capacity for intensive care treatment, and having necessary legislative and regulatory controls ready to be put in place, adequate? The discriminatory and unsatisfactory experience exemplified by the case histories narrated in the preceding article raise a question whether, against known future threats, resources of health and care services, and of services necessary to the administration of justice in order to avoid inappropriate discriminatory differentiation of people with disabilities, have been adequate. In the case of healthcare services, that could be viewed as a question of whether Scottish Ministers have (albeit with the benefit of hindsight) complied with their statutory obligation in terms of section 1 of the National Health Service (Scotland) Act 1978 to "continue …. to promote in Scotland a comprehensive and integrated health service designed to secure [*inter alia*] the prevention, diagnosis and treatment of illness. That is an unqualified duty, and the word "continue" refers back to the establishment of the NHS in Scotland by the initiating provisions of the National Health Service (Scotland) Act 1947, section 1 of which expresses the duty as being "to promote the establishment in Scotland of a comprehensive health service …. and for that purpose to provide or secure the effective provision of services in accordance with [the provisions of that Act]". A question arises as to

whether those duties have been met when the emergence of a known and identified threat appears in practice to have resulted not in a "comprehensive" service, but one which has discriminatorily excluded some categories of people, not upon individual assessment, but because (for example) they happen to be resident in a care home, or (apparently) because they happen to have learning disability or other issues.

The final lesson concerns whether law and legal practice would require aspects of some of the temporary provisions now in force and proposed, in one form or another (not necessarily the current form), to be retained in order to bring law and legal practice fully into the 21st century. Typically, urgently convened discussions to assist preparation of temporary guidance have concluded with the beginnings of a conversation about possible long-term changes, cut short with recognition that these were not an immediate priority. But the issues have been there, and have been identified. One of these can best be introduced by reference to the scheduled list of amendments to the Coronavirus (Scotland) (No. 2) Bill, which became available immediately before we went to press. Amendment 8, tabled by Michael Russell MSP, proposes that a requirement arising from an enactment or rule of law for a solicitor, advocate or notary public to be physically in the same place as another person when that person signs or subscribes a document, takes an oath, or makes an affirmation or declaration should, as a temporary modification, not apply. For the longer term, there requires to be a review of what are the supposed advantages of being physically in the same place, and the extent to which they might be impaired or even enhanced by "electronic" presence. If one takes the example of a deaf-blind person entirely dependent for hearing upon a device, what is the difference if the transmission of sound to that person's hearing is over a distance rather than in "physical presence"? Drawing from the etymology of "presence", one could suggest that a purposive construction of "in the presence of" in the 2020s might be somewhere along the lines of meaning that the two parties involved are simultaneously in full communication and contact with each other, engaged in – and perceived by each other to be engaged in – the common business in hand, and so far as necessary influencing that common business. Is that not what happens every time technology is used to convene a meeting of persons not physically present in any one place? These are thoughts for the future of course, yet this opportunity should perhaps be taken to note the potential for future discussion, and not to lose sight of it.

*Adrian D Ward*

## Scottish Mental Health Law Review (Scott Review): Review on capacity and SIDMA assessing in practice

The SMHLR has commissioned Sandra McDonald, the former Public Guardian for Scotland, to undertake a review and to report on capacity and significantly impaired decision making practice by practitioners and clinicians in Scotland.

In respect of this, the remit of the SMHLR is to consider

- How far capacity might be a universal threshold for compulsory measures under both mental health and incapacity law

- How capacity and significantly impaired decision making are assessed by clinicians and practitioners
- How to maximise a person's ability to make decisions for themselves under mental health and incapacity law, including provision of support for decision making

The current work focuses on the second of these bullet points.

Sandra has been asked to consider how capacity and SIDMA occurs in practice, what training there is for this, as well as if, and if so how, things should be improved. The review also seeks opinions on the embedding of support for decision making, to meet the UNCRPD ambition of supporting disabled persons in their exercise of legal capacity. Sandra is seeking to involve as wide a cohort of practitioners and clinicians as is possible to inform her review.

Please find attached a link to a questionnaire if you wish to offer your views.

If you would prefer to speak to Sandra about this she is able to take responses verbally and in which case please email her on sandra@ex-pg.com. If possible, responses should be sent to Sandra at the above email address by close of play on Friday 29 May.

The Scott Review can now be followed via Twitter @MHLRScot and emailed via its Secretariat email address: secretariat@smhlr.scot.

*Jill Stavert*

## Reduction of assured tenancy

In *SW v Chesnutt Skeoch Limited*, [2020] UT 12 UTS/AP/19/0032 the Upper Tribunal on 28th November 2019 refused an appeal against a decision of the First-tier Tribunal for Scotland Housing and Property Chamber refusing to consider a submission by the appellant that a lease be reduced. The First-tier Tribunal had also refused to allow the appellant to contend that the lease was voidable due to facility and circumvention, the tenant's original defence having been on the basis that the lease was void due to the fact that the tenant did not have capacity to enter it. It is reported that on 28th January 2020 leave to appeal the Upper Tribunal's decision was refused. In a broad sense, this is a situation not unfamiliar to adults with incapacity practitioners in which there were assertions that a document be reduced on grounds either of lack of capacity, or alternatively of facility and circumvention. This particular case turned largely upon procedural rules relevant to proceedings before the Housing and Property Chamber, including in particular the First-tier Tribunal for Scotland Housing and Property Chamber (Procedure) Regulations 2017 (SSI 2017/328).

This report is limited to noting the following two points. Firstly, in procedure before the Sheriff Court or Court of Session a party may competently seek within that party's pleadings to have a document reduced *ope exceptionis* (though that term does not appear in the decision in the *SW* case). However, under relevant Tribunal rules, that is not competent. There must be a specific application for such a ruling. Secondly, an argument that a party to a document lacked adequate capacity, on the one

hand, and an argument that there was facility and circumvention, on the other, are two distinct arguments, and if only one of those arguments is pled, then it can be hazardous to try to "change horses" at an advanced stage of procedure, when a hearing has already been fixed and prepared for, and the other party to those proceedings has prepared for one case and not the other.

*Adrian D Ward*

## Termination of a power of attorney

We draw attention to an article by Roddy MacLeod, Advocate, entitled "Termination of powers of attorney and the Adults with Incapacity (Scotland) Act 2000" at 2020 SLT (News) 87, published on 15th May 2020 in Issue 15 of SLT 2020. In relation to termination of powers of attorney that fall within the definition of continuing or welfare powers of attorney under the Adults with Incapacity (Scotland) Act 2000, Mr MacLeod comments on issues of revocation, reduction on the grounds of incapacity at time of granting, the interplay of such terminations with guardianship, and ancillary considerations relevant to contentious cases. In particular, Mr MacLeod addresses situations where, notwithstanding the certification requirements for such powers of attorney, it might still be possible – albeit unusual – for a power of attorney to be reduced on grounds relating to capacity or certification. If such a power of attorney purportedly revoked a previous power of attorney, and it was established that the subsequent power of attorney was "totally void" because of lack of capacity, that could result in a lacuna in the management of the adult's affairs if there was no party with the necessary authority to instruct re-registration of the previous power of attorney. In any event, if at time of termination the granter lacked capacity in relevant matters, a question arises as to how such a lacuna can be avoided. The author explains the potential relevance in such situations of a guardianship application and of directions under section 3 of the 2000 Act. The author concludes by acknowledging that the issues which can (and do) arise under the 2000 Act "are varied and interesting", that in many cases of termination of a power of attorney there will be no difficulties, and that the comments in this article "are made in a hypothetical context". It is my experience over many years that sooner or later circumstances that one may have considered and addressed hypothetically will come back to bite in reality!

*Adrian D Ward*

# Editors and Contributors

**Alex Ruck Keene: alex.ruckkeene@39essex.com**

Alex is recommended as a 'star junior' in Chambers & Partners for his Court of Protection work. He 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 Wellcome Research Fellow at King's College London, and created the website www.mentalcapacitylawandpolicy.org.uk. To view full CV click here.

**Victoria Butler-Cole QC: 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. Together with Alex, she co-edits the Court of Protection Law Reports for Jordans. She is a contributing editor to Clayton and Tomlinson 'The Law of Human Rights', a contributor to 'Assessment of Mental Capacity' (Law Society/BMA), and a contributor to Heywood and Massey Court of Protection Practice (Sweet and Maxwell). 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. To view full CV click here.

**Annabel Lee: annabel.lee@39essex.com**

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

**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 2019). To view full CV click here.

# Editors and Contributors

**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.

**Katherine Barnes: Katherine.barnes@39essex.com**

Katherine has a broad public law and human rights practice, with a particular interest in the fields of community care and health law, including mental capacity law. She appears regularly in the Court of Protection and has acted for the Official Solicitor, individuals, local authorities and NHS bodies. Her CV is available here: To view 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: adw@tcyoung.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

At present, most externally conferences are being postponed, cancelled, or moved online. Members of the Court of Protection team are regularly presenting at webinars arranged both by Chambers and by others.

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

### 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 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.

Michael Kaplan
Senior Clerk
michael.kaplan@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