Essex CHAMBERS

MENTAL CAPACITY REPORT:
HEALTH, WELFARE AND DEPRIVATION OF LIBERTY

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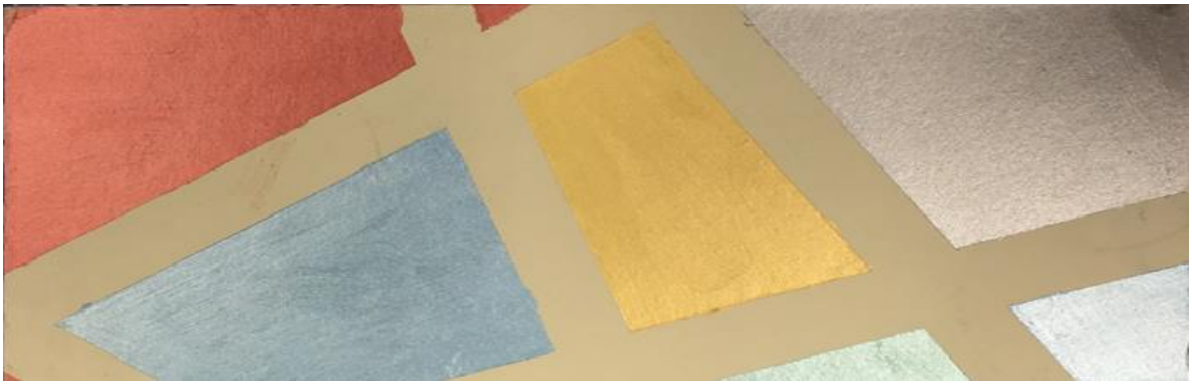

Welcome to the October 2018 Mental Capacity Report. Highlights this month include:

(1) In the Health, Welfare and Deprivation of Liberty Report: an update on the Mental Capacity (Amendment) Bill, a further appreciation of Alastair Pitblado and a report on a seminar on the new law at the end of life;

(2) In the Property and Affairs Report: deputies, costs and security bonds, and dealing with impermissible directives in powers of attorney;

(3) In the Practice and Procedure Report: two important decisions on costs and a seminar on improving participation in the Court of Protection;

(4) In the Wider Context Report: the new NICE guideline on decision-making and capacity, capacity and the Mental Health Tribunal, coverage of developments relating to learning disability and an CRPD update;

There is no Scotland report this month as our Scottish contributors are entirely tied up with projects both domestic and foreign, about which we hope to bring you news in the next Report.

You can find all our past issues, our case summaries, and more on our dedicated sub-site here.

Editors
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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

Mental Capacity (Amendment) Bill update

The Bill had its second day of Committee stage in the Lords on 15 October. Although no amendments were made, the Government has indicated an intention to make a number of changes. The Government announced that it will be bringing forward amendments to:

1. extend the scheme to 16 and 17 year olds (which will no doubt be of interest to the Supreme Court as it considers its judgment in the *Re D* case heard at the start of October);
2. replace the term "unsound mind;"
3. confirm that consultation must take place with the person, and wishes and feelings must be considered;
4. introduce a statutory definition of deprivation of liberty.

The Government confirmed that the LPS would cover situations where deprivation of liberty is justified on the basis of risk of harm to others, exclude care home managers from undertaking pre-authorisation reviews, and use the code to ensure that cases involving acquired brain injury, mental health treatment in private hospitals and harm to others are referred to an AMCP.

Further details can be found here.

Alastair Pitblado – an appreciation

[*We are very grateful to Jim Beck of the Office of the Official Solicitor, and his colleagues, for preparing this much fuller appreciation of Alastair Pitblado than the very short one from Alex that appeared in the immediate aftermath of his death*]

Alastair Pitblado was the Official Solicitor to the Senior Courts from the date of his appointment in 2006 until his death on 24 June 2018. Alastair's tenure therefore covered all the period from the commencement of the MCA 2005 until a few weeks before the judgment was given by the Supreme Court in the landmark case of *An NHS Trust and Ors v Y and Anor* [2018] UKSC 46.

Alastair also held the office of Public Trustee (appointed under the Public Trustee Act 1906) from October 2016 until his death.

During his tenure as Official Solicitor, Alastair made a very significant contribution to the development of mental capacity law; he was very involved in many of the key issues and

debates. His influence can be found in many of the leading judgments made in relation to personal welfare cases in the Court of Protection.

Alastair studied law at Oxford and was called to the bar in 1974. He was in private practice as a barrister for some 14 years, largely undertaking family work as well as mixed common law, crime and general chancery practice. He then joined the Government Legal Service ('GLS') in 1988 where he served in various departments including the Department of Trade and Industry, the Office of Director General of Telecommunications and at the Treasury Solicitor's Department where he worked on loan to the Registry of Friendly Societies. Those who worked with Alastair would undoubtedly recognise the experience and insight that he brought from those roles which was evident in the clarity of his analysis and construction of statute.

In 2006 Alastair was appointed as Official Solicitor to the Supreme Court (now Official Solicitor to the Senior Courts) by the Lord Chancellor under section 90 Senior Courts Act 1981, becoming the 11th Official Solicitor since the creation of the office in 1875.

Although he was a permanent civil servant of the state, as both Official Solicitor and Public Trustee he was an independent statutory officer holder. As such he was not accountable to ministers in the decisions he made on behalf of the individuals whose interests he was appointed to protect, although he remained accountable to ministers and the Ministry of Justice for the efficient and effective conduct of his office. Given Alastair's record in office, few could have been left with any doubt about his independence and throughout his tenure he was both an advocate for the rights of his vulnerable clients and a fierce guardian of the independence of his statutory offices.

In his appreciation of Alastair in the July 2018 edition of the newsletter, Alex alluded to the fact that Alastair was not frightened to adopt positions which were sometimes controversial and not always popular with practitioners. This was particularly true in respect of the legal test for capacity to make decisions about contact, and to consent to marriage and or sexual relations where Alastair opposed a person-specific approach. It was also true in respect of the position he took in relation to the role of the courts in making decisions regarding the continuance of treatment for individuals in Prolonged Disorders of Consciousness (PDOC).

Alastair will however, perhaps be best remembered within the legal community for his role in the development of mental capacity law in relation to the deprivation of liberty.

I would suggest that the common thread to Alastair's approach to his work is to be found in the statement he made *R (on the application of S) v Director of Legal Aid Casework [2015] EWHC 1965 (Admin)* in which he quoted the following words of Baroness Hale of Richmond in her 2004 Paul Sieghart Memorial Lecture '*What can the Human Rights Act do for my Mental Health?*'

> *human dignity is all the more important for people whose freedom of action and choice is curtailed, whether by law or by circumstances such as disability. The Convention is a living instrument … We need to be able to use it to promote respect for the inherent dignity of all human beings but especially those who*

are most vulnerable to having that dignity ignored.

The protection of the most vulnerable members of society, particularly those who were unable to communicate their wishes and feelings, was undoubtedly a major concern for Alastair, reflected in both his approach to deprivation of liberty and to the treatment of people in PDOC.

In relation to Deprivation of Liberty cases he was particularly concerned that the adoption of the 'comparator test' applied by the Court of Appeal in *Cheshire West and Chester Council v* P [2011] EWCA Civ 1257 and *P and Q* [2011] EWCA Civ 190 removed protection for the most profoundly incapacitated and vulnerable individuals and left them without the safeguards of Article 5 of the ECHR. Alastair was successful in his appeals to the Supreme Court, and reported *as P v Cheshire West & Chester Council; P & Q v Surrey County Council* [2014] UKSC 19, which established what is often referred to as the *Cheshire West* test.

This decision created significant logistical problems for local authorities, NHS bodies and the courts which has recently led to draft legislation being introduced in Parliament. None of these resulting consequences would have deterred Alastair from taking a course of action which he considered necessary to protect the rights of those who lacked capacity and to safeguard their welfare.

I heard Alastair on a number of occasions comment upon his experience of visiting the Royal Hospital for Neuro-disability in Putney. I believe the experience impressed upon him the importance of guarding against discrimination which can arise from viewing the lives of those with profound physical and mental disability from the perspective of a person without such disabilities. He was concerned that decisions around the withdrawal of treatment from this vulnerable group of patients could be influenced by considerations of resources rather than the individual's best interests. He felt that it was necessary to maintain the involvement of the court in such decisions to ensure both safety of diagnosis and the scrutiny of best interests' decision making leading to the withdrawal of life sustaining treatment. In this regard, Alastair was ultimately unsuccessful, with the Supreme Court handing down its judgment in Y less than 2 months after his death. Only time will tell if his concerns in this regard were unfounded.

Alastair placed great weight on the importance of upholding an individual's right to autonomy and to make decisions which the state and its public bodies might consider unwise decisions. He opposed a person-specific test in relation to capacity for consent to sexual relations as he saw it as a threat to both individual autonomy and to the correct assessment of capacity in this domain. His position was vindicated by the Court of appeal in *IM v LM & Ors* [2014] EWCA Civ 37. For similar reasons he opposed a person-specific approach to the assessment of capacity to make decisions as to contact with others. His disagreement with the views expressed by the Court of Appeal relating to capacity to make decisions over contact in the judgment handed down in *PC and Anor v City of York Council* [2013] EWCA Civ 478 are well known. Unusually he commented upon the judgment in an article which was published in August 2013 by this Newsletter *"The decision of the Court of Appeal in (1) PC and (2) NC v City of York [2013] EWCA Civ 478"*. In that article he argued that the approach advocated by the Court of Appeal risked

encouraging *'paternalistic attempts to deprive the disabled with capacity of their autonomy*'.

Notwithstanding the debilitating impact of his own illness and the discomfort he must have endured, Alastair continued to be involved in the work of the office right up to the date of his final admission to hospital. His attendance at the Supreme Court during the *Y* hearing, was a testimony to his commitment to his work. He leaves behind a valuable legacy of case law for which he can rightly be given credit.

Alastair went about his work in an understated and quiet way and gave little away about his private self, other than his very wry sense of humour. It was only after his death that many of us became aware of his many individual acts of kindness and support for current and former work colleagues at difficult or critical times in their careers. Zena Soormally, who worked at the OS but who is now a solicitor with Simpson Millar, commented:

> *When I was starting out he was supportive and kind to me, and he was one hell of a fighter for his team.' Alastair is remembered by colleagues across the OSPT (the joint office of the Official Solicitor and Public Trustee) as a leader who fought strongly for his staff and supported them to deliver the best possible service for his vulnerable clients. He led from the front, always. His legacy at OSPT is the commitment and passion that all his staff demonstrate daily.*

I will conclude with Alastair's views about the role of the litigation friend set out in his statement to the Court in *R (on the application of S) v Director of Legal Aid Casework* [2015] EWHC 1965 (Admin):

> *The task of a litigation friend is difficult, sensitive and burdensome. It appears to me that all too often those impatient with the vindication of the rights of those who lack capacity seek to minimise what is entailed in being litigation friend. The individual is likely to be difficult to engage with and may lack understanding as to why, and resent that, they have a litigation friend and what is the role of their litigation friend. A person's ability to engage at all often depends upon establishing a relationship of trust and it often takes time to establish that relationship.*
>
> *The duty of a litigation friend is 'fairly and competently' to conduct the proceedings in the best interests of the adult or child concerned…*
>
> *Once a person accepts appointment as litigation friend they are responsible for giving instructions to the protected party's solicitors …… and for making the decisions about the conduct of the proceedings. They rely on the solicitor retained for the protected party (and counsel where instructed) for legal advice in order to inform themselves fully of the nature of the case, but it is the litigation friend who must instruct the solicitors of the course to be taken on behalf of the protected party. The litigation friend "steps into the shoes" of the protected party and is charged with making often very important decisions for the protected party, in the protected party's best interests. ……*
>
> *A litigation friend is under a duty as a matter of law to make an assessment of the protected party's or child's best interests in the litigation, and to give instructions to the solicitor accordingly. Inevitably therefore in many cases the*

> *litigation friend is not able realistically and properly to advance the case which the protected party or child would wish the litigation friend to instruct the solicitors to advance.*
>
> *Although the litigation friend must take account of the protected party's or child's views they may not abrogate their duties as litigation friend, and therefore those views cannot be determinative of the instructions given the solicitor. The touchstone is the litigation friend's assessment, with the benefit of appropriate advice, of the protected party's best interests in that regard.*
>
> *The litigation friend should always ensure that those views are put before the court. The correct course for a litigation friend is to instruct the presentation of any realistic arguments and relevant evidence in relation to the issues before the court. The criterion is whether the point is reasonably arguable, not whether it is likely to succeed. It is not in the interests of the protected party or child, or in the interests of justice, for arguments that do not meet that criterion to be made. Considerable care must be taken in making judgements, with the benefit of sound legal advice, about how to conduct individual cases.*
>
> *…If the litigation friend does not have the moral courage to advance only realistic arguments rather than those arguments which the protected party wishes advanced, an important purpose of interposing a litigation friend between the protected party and both the court and the other party or parties is lost.*

Which for those that worked with him reflects both his experience as Official Solicitor and his approach to his work, and his commitment to this for which he will be much missed.

Jim Beck

Healthcare and Welfare Lawyer at the Office of the Official Solicitor

I am grateful to the assistance given by colleagues in the office who contributed to the preparation and drafting of this appreciation.

Short note: fluctuating capacity

The Court of Appeal has granted permission to the Official Solicitor to challenge aspects of the order of Cohen J in the *CDM* case reported here, and has listed the case with commendable speed, to be heard on 6 November 2018, specifically to consider the approach to be taken to cases of fluctuating capacity.

End of life: the new law

On the evening of 1st October 2018, 39 Essex Chambers convened a panel of experts, chaired by Lord Justice Peter Jackson, to discuss the implications of the recent ground-breaking Supreme Court decision in *An NHS Trust v Y* [2018] UKSC 46, in which the unanimous decision of the court, with Lady Black delivering the only judgment, was that a court order does not always need to be obtained before clinically assisted nutrition and hydration (CANH), which is keeping alive a person with a prolonged disorder of consciousness (PDOC), can be withdrawn in circumstances where medical professionals and families are in agreement that such withdrawal would be in the best interests of the patient.

The eminent speakers consisted of Professor Lynne Turner-Stokes, who leads the Northwick

Park Hospital Department of Palliative Care, Policy and Rehabilitation, Veronica English, the Head of Medical Ethics and Human Rights for the BMA, together with our very own Vikram Sachdeva QC and Victoria Butler-Cole.

Vikram Sachdeva, who had acted for the applicant NHS bodies in the case, kicked the evening off with a summary of the arguments deployed before the court relating to domestic law, ECHR arguments and professional guidance. He concluded by highlighting the significance of the decision in respect of the continuing need for treating clinicians to following the relevant Code of Practice and formal professional guidance (current joint GMC/MBA/RCP Interim Guidance issued in 2017) concerning best interest decision making in this area; doubt as to whether other categories of serious medical treatment listed in COP Practice Direction PD9E, such as organ/bone marrow donation, and non-therapeutic sterilisation, will continue to require court applications; and the level of disagreement between family and, say a single clinician, which should trigger a court application. He suggested that where any dispute existed, clinicians should not hesitate to approach the court, as where the decision may be finely balanced.

Professor Turner-Stokes then ably deployed her 25 years of frontline medical experience to provide a clinician's insight into the long, slow progression of judicial guidance over two decades dating back to the House of Lords decision concerning Hillsborough victim in PVS, Tony Bland [1993] A.C. 789 , culminating in the decision in *Re Y*, which was broadly supported by the clinical community caring for this category of patients.

Veronica English then provided an update on the progress being made towards finalising joint MBA/GMC/RCP guidance, following a very broad process of consultation and engagement with relevant stakeholders, including clinical experts and families and patient support groups. Interim guidance, issued in December 2017, is already available online. The aim is to issue the final guidance within the next month or so, which will be much broader in scope, relating to decisions to start and continue CANH as well as decisions to withdraw and will address a much wider group of patients, not just those with PDOC but also those suffering multiple co-morbidities. The purpose of the new guidance will be ambitious: to improve the overall quality of best interest decision-making processes at a systemic level.

Tor Butler-Cole followed with a thought-provoking discussion about the continuing applicability of PD9E and the current question-marks about what types of case still required, as a legal obligation, an application to be made to the Court of Protection. She pointed out that Lady Black endorsed the broad statement by King LJ in the earlier *Briggs* case [2017] EWCA Civ 1169, that "*if the medical treatment is not in dispute then, regardless of whether it involves the withdrawal of treatment of a person who is* [MCS] *or in* [PVS] *it is a decision as to what treatment is in P's best interests and can be taken by the treating doctors…*". She suggested that one area of continuing doubt is in relation to the forced sterilisation of those lacking capacity to consent to the same, where the ECHR may mandate a court application to be made and could possibly constitute an inevitable violation of ECHR article 3 and/or 8, in particular where the person was objecting to such a step being taken.

The evening finished with a lively Q & A session, at the conclusion of which Peter Jackson LJ left the packed room with the suggestion that the next seminar may wish to address the humanity of allowing patients in PDOC to die from withdrawal of CANH over a 2-3 week period and pondering whether society is ready to discuss this thorny moral issue.

CTOs and the Court of Protection

In two unreported cases heard in July of this year, in which consent orders were made but no accompanying judgments, Keehan J has endorsed the provision of psychiatric treatment via the Mental Capacity Act to patients discharged into the community under s.17A Mental Health Act (i.e. subject to Community Treatment Orders ("CTOs")). We are very grateful to Ed Pollard and Rebecca Fitzpatrick of Browne Jacobson LLP for bringing these cases, and the summaries of the judgments, to our attention. We reproduce the summaries below; the comment that then follows is our own.

Background

AB and RC were based at separate units but both had been long term stays under S.3 Mental Health Act 1983 and had been detained in hospital for many years. The clinical team had determined that both were ready for discharge into the community and a suitable residential placement had been identified, but their conditions could only be appropriately managed in the community if they continued to be given their depot medication as prescribed, which on occasion required restraint.

The Issues

The plan was for both individuals to be discharged onto a Community Treatment Order ('CTO') which following the judgment of the Court of Appeal in *Welsh Ministers v PJ* [2017] EWCA Civ 194 would also serve to authorise the deprivation of their respective liberties. However, both individuals required regular medication given by depot injection; both were intermittently resistant / objecting to the injections meaning that appropriate physical restraint needed to be used. Both lacked capacity to make decisions about their care and treatment. The medication could not be given in the community under the MHA due to the resistance of both patients; accordingly it was decided that an application to the Court of Protection was necessary to obtain authorisation for the depot injections to be administered under the MCA in their best interests.

The application to the Court of Protection was made on the basis that whilst the request for the Court to authorise the administration of medication by force in the community alongside a CTO was unusual, this was the least restrictive option available in these cases and in the best interests of AB and RC; the alternative was that they would effectively spend the rest of their lives detained in institutions which the applicant Trust argued would not be in their best interests where a potentially less restrictive option was available with the approval of the Court.

Initially, the Official Solicitor, who was appointed to act on behalf of AB and RC, challenged the suggested approach; the OS expressed concern that the application was attempting to fill a lacuna between the MHA and the MCA which would, in effect, place those without capacity in

a better position than those with capacity (who refused treatment).

The Final Orders

The matter was escalated to the High Court and heard before Mr Justice Keehan; he strongly came out in favour of the approach set out in the application. Following discussions in court about this, the OS revised their position and did not oppose the application.

Following the production of further evidence regarding the Care Plan and logistics of the ongoing care of AB and RC, Mr Justice Keehan ordered that the depot injections could be given under the MCA authorised by way of an order of the Court of Protection, with all remaining facets of AC and RC's care being provided under the MHA. Mr Justice Keehan also authorised a 'residual DoL' under the MCA, limited to the occasions on which the depot injection was administered and the necessary use of holds was required.

Particular reference was made to S.64B (3)(b)(ii) Mental Health Act 1983 throughout the hearing which specifically provides for a situation whereby a patient can receive treatment whilst subject to a Community Treatment Order following consent being provided on their behalf by the Court of Protection.

No formal judgment was given in this case, as by the conclusion of the final hearing the parties were in agreement regarding the terms of the order sought.

Comment

These cases highlight yet more issues with CTOs, who are the (mostly) unloved cousin of detention under the MHA 1983, and which are under serious scrutiny by the independent review of the MHA 1983.

On one view, the Trust in this case are to be praised for bringing the case to the Court of Protection to seek specific authority for the individual acts required to secure compliance with medication, rather than relying upon the deeply questionable observations of the Court of Appeal in *PJ* to the effect that CTOs can provide authority to deprive a person of their liberty in the community. The decision reached in this case could therefore be seen as a pragmatic and sensible response to a situation in which AB and RC would otherwise be destined to remain in hospital under MHA detention for years at a time.

On the other, that the specific authority of the Court of Protection had to be sought to authorise acts amounting to a deprivation of liberty of two patients in the community might be thought rather to put the lie to the fact that CTOs were only envisaged (in England, at least) as being a measure agreed as between the patient and their RC, as per para 29.17 of the 2015 iteration of the Mental Health Act Code of Practice:

> *Patients do not have to give formal consent to a CTO. But in practice, patients should be involved in decisions about the treatment to be provided in the community and how and where it is to be given, and be prepared to co-operate with the proposed treatment.*

The Supreme Court will hear the appeal in *PJ* on 22 October 2018 from which more guidance on this crucial area of law can be expected.

Court of Protection Statistics

The MOJ has published the latest Family court statistics, which include those of the Court of Protection for the period April to June 2018. They demonstrate the continued growth of this area of the law, orders made by the Court of Protection made over the last year numbering just short of 40,000 compared to around 16,000 a decade ago.

Property and affairs continues to remain the mainstay of the COP work, and we note that the number of orders appointing property and affairs deputies – 3,069 – continuing to dwarf the 420 orders for appointment of a personal welfare deputy (we still await progress in the test case brought to determine whether personal welfare deputies should be appointed more frequently than at present). Interestingly no orders at all have been made for the appointment of a hybrid deputy in 2018 to date.

When it comes to the registration of LPAs, the statistics suggest that it will not be long before the OPG is receiving 200,000 LPAs for registration per quarter (the most recent quarter showing registration of 197,836).

The Court of Protection continues to make orders authorising deprivations of liberty in the community (so-called *Re X* orders). The dent in the number of unauthorised deprivations of liberty remains small, though, as only 728 applications for such orders were made in the second quarter of 2018 (down from 769 in the first quarter).

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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.

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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 2009), and a contributor to Heywood and Massey Court of Protection Practice (Sweet and Maxwell). To view full CV click here.

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Neil has particular interests in human rights, mental health and incapacity law and mainly practises in the Court of Protection. Also a lecturer at Manchester University, he teaches students in these fields, trains health, social care and legal professionals, and regularly publishes in academic books and journals. Neil is the Deputy Director of the University's Legal Advice Centre and a Trustee for a mental health charity. To view full CV click here.

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

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Nicola appears regularly in the Court of Protection in health and welfare matters. She is frequently instructed by the Official Solicitor as well as by local authorities, CCGs and care homes. She is a contributor to the 4th edition of the *Assessment of Mental Capacity: A Practical Guide for Doctors and Lawyers* (BMA/Law Society 2015). To view full CV click here.

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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, and is chair of the London Group of the Court of Protection Practitioners Association. 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. While still practising he acted in or instructed many leading cases in the field. 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; national awards for legal journalism, legal charitable work and legal scholarship; and the lifetime achievement award at the 2014 Scottish Legal Awards.

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Jill Stavert is Professor of Law, Director of the Centre for Mental Health and Capacity Law and Director of Research, The Business School, Edinburgh Napier University. Jill is also a member of the Law Society for Scotland's Mental Health and Disability Sub-Committee, Alzheimer Scotland's Human Rights and Public Policy Committee, the South East Scotland Research Ethics Committee 1, and the Scottish Human Rights Commission Research Advisory Group. 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

Conferences at which editors/contributors are speaking

Centre for Mental Health and Capacity Law CRPD events

Jill Stavert's Centre at Edinburgh Napier is holding three events around the CRPD in October and November: a workshop on CRPD, mental health and capacity: overcoming obstacles to implementation; a seminar by Dr Shih-Ning Then: *An Antipodean Perspective: Supported Decision-making in Law and Practice* and a lecture by Professor Penelope Weller on *Advance decision-making and the Convention on the Rights of Persons with Disabilities: a cross- jurisdictional discussion*. For details and to book, see here.

Taking Stock

Neil and Alex are speaking at the annual Approved Mental Health Professionals Association/University of Manchester taking stock conference on 16 November. For more details, and to book, see here.

Other events of interest

The London branch of the Court of Protection Practitioners Association is holding a seminar on care home fees on 8 November. For details, and to book, see here.

Advertising conferences and training events

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

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

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