Consent and the MCA
An overview of the law

commissioned by
West Berkshire Safeguarding Adults Board

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Programme 10am to 12pm

- Consent – Supreme Court rulings
- Police and the MCA – Court of Appeal
- Consent > Capacity > Best Interests > Restraint > DoLS
- CQC and Local Government Ombudsman reports
- Assessment of capacity – overview
- Capacity to be resident for care – case law
- Use or weigh – case law summary
- Fluctuating capacity – case law examples
- Best interests – overview
- Available options and best interests – Supreme Court ruling
- Best interests – recent case law example
- The Court of Protection – research report

Trainer Profile

Steven Richards is a specialist advisor on the Mental Capacity Act and DoLS with the Care Quality Commission and a Mental Health Act Reviewer with the Commission. He is a Director of Edge Training and Consultancy and has worked in the mental health field for over 20 years, both for the NHS and voluntary sector. He has been an in-patient advocate for Mind and as an advocate represented directly before the Court of Protection. Steven is co-author of three books:

- *Working with the Mental Capacity Act 2005 - 2nd edition (ISBN: 978-0-9552349-3-4)*
- *Working with the Mental Health Act – 3rd edition (ISBN: 978-0-9552349-4-1)*
- *Deprivation of Liberty Safeguards (DoLS) Handbook – 1st edition (ISBN: 978-0-9931324-0-7)*

He also co-authors several wall charts on the Acts and an App on the Mental Capacity Act.

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Consent

Montgomery v Lanarkshire Health Board
[2015] UKSC 11

*"An adult person of **sound mind** is entitled to decide which, if any, of the available forms of treatment to undergo, and her **consent must be obtained** before treatment interfering with her bodily integrity is undertaken. The doctor is therefore **under a duty** to take reasonable care to ensure that the patient is **aware of any material risks involved** in any recommended treatment, and of any **reasonable alternative or variant treatments**."*

An expectant mother with diabetes is presented with options for delivery by her doctor. The doctor decides not to tell her about a small risk associated with natural delivery for diabetic mothers.

Aintree University Hospitals NHS Foundation Trust v James
[2013] UKSC 67

*"**Without consent any invasion of the body, however well-meaning or therapeutic, will be criminal assault.**"*

Royal College of Surgeons
ADVANCING SURGICAL CARE

Professional and Clinical Standards
November 2016

www.rcseng.ac.uk

'The Supreme Court case of Montgomery vs Lanarkshire Health Board in 2015 was a **landmark decision** for the doctor–patient relationship and the **process of informed consent**.'

'Patients have a fundamental legal and ethical right to decide what happens to their bodies. It is therefore **essential that patients have given valid consent** for all treatments and investigations.'

'Touching another person without permission is the definition of battery, so the patient's consent is a necessary step prior to starting any treatment.'

Court of Appeal – Master of the Rolls, Lord Dyson:

'As I have said, the Mental Capacity Act does not impose impossible demands on those who do acts in connection with the care or treatment of others. It requires no more than what is **reasonable, practicable and appropriate.'**

ZH v the Commissioner of Police for the Metropolis [2013] EWCA Civ 69

'It is not sufficient for the Defence to establish simply that an officer acted honestly and in good faith....For my part I am satisfied that where the provisions of the **Mental Capacity Act** apply, the common law defence of necessity has **no application.**'

ZH v Commissioner of Police for the Metropolis [2012] EWHC 604

A man with autism + public swimming pool + police. Trespass to the person, assault and battery and false imprisonment.. **£28,250** damages

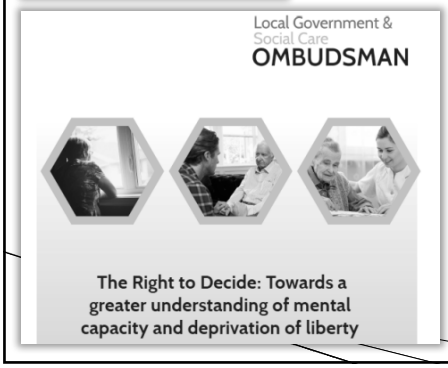
Adult health & social care……starts with CONSENT

Consent *= understand the* ***Nature*** *(what) +* ***Purpose*** *(why) +* ***Consequences*** *(risks) and it is* ***freely given*** *(not coerced).*

When a person cannot consent, the **Mental Capacity Act** can be applied (16+ and impairment/disturbance of mind/brain)

2. Assessment of Capacity	• Time and Decision specific • Understand + Retain + Use/Weigh + Communicate
3. Best Interests	• A statutory checklist of items (section 4) that must be considered to make decisions if a person lacks capacity.
	**********
4. Restraint	***Definition***: use or threat of force to make a person do something they resist **or** restriction of liberty of movement, whether or **not** the person resists. ***Criteria:*** Lack capacity + Best Interests + prevent harm to person + Proportionate act
5. Deprivation of Liberty	• Restrictions in a care plan for someone lacking capacity mean they are deprived of liberty. This must be made lawful (authorised). Several routes for this.

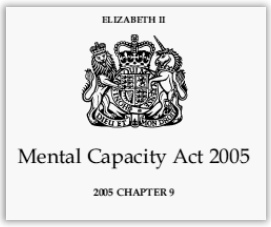
March 2017: *'Understanding about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and in turn seeking patients' consent to treatment, is another area where **many hospitals struggle to perform well. Often acute hospitals do not properly understand the legislation or how to apply the provisions of the Act.'***



July 2017 *www.lgo.org.uk*

Approximately **20% of all complaints** to the LGO involved mental capacity or DoLS. 69% of these cases were upheld (faults found) which is much higher than than the average rate.

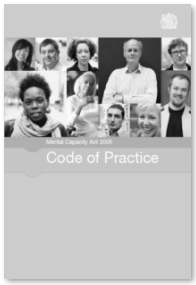
1st



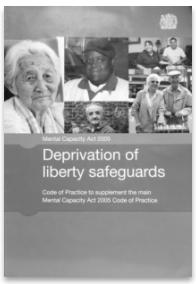
Legal status
Primary legislation

Case Law
- Supreme Court
- Court of Appeal
- Court of Protection

2nd



Statutory Codes of Practice
Duty on professionals and paid workers to 'have regard' to them.

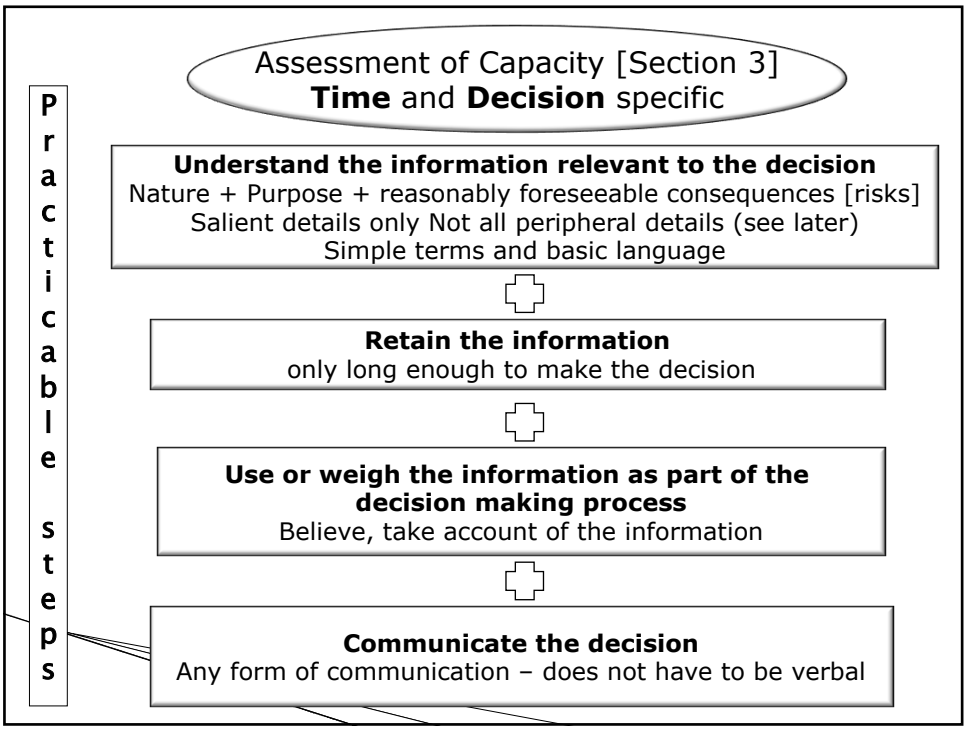


3rd

***NMC** or **GMC** or **HCPC** guidance*

LA policies, NHS policies etc

ADASS guidance, DoH guidance



Residence for care/ treatment
What is the information to understand?
Derbyshire CC v AC, EC & LC [2014] EWCOP 38

She will need to understand the following:

1. She will live with other people (and not with her parents)
2. She will be supported by staff – care component
3. The location of the placement (near or far from family..)
4. Considered the age and gender of other residents (broad terms)
5. Will need to abide by house rules (restrictions)
6. Whether it is long or short term placement (living/visiting)
7. She has care needs and the risks/consequences if these needs are not met.

See also: WBC v Z, X, Y [2016] EWCOP 4 and *LBX v K and L [2013] EWHC 3230 (Fam) – they repeat the points above.*
Note: whether placement is free or not has also been included.

Use or Weigh....

Understand information but not able to use/weigh:

Phobia/fear – the panic or fear induced by a phobia may mean that a person is not able to use or weigh the information required. Needle phobia – pregnancy – caesarian section. [Re: MB (1997)]

Misperception of reality – Ms T – is 37 years old with a Borderline personality disorder – requiring blood transfusion [life threatening]. "*I believe my blood is evil, carrying evil around my body. Although the blood given in transfusion is perfectly healthy/clean, once given to it mixes with my own and also becomes evil.*" [T v NHS Trust [2004] EWHC 1279]

Insight – The Court of Appeal ([2006] EWCA Civ 28) "*..., we think that it is plain that a patient will lack that capacity if he is not able to appreciate the likely effects of having or not having the treatment. ..this was the position so far as Mr B was concerned in that he did not accept even the possibility that he might be mentally ill and thus in need of treatment".*

Compulsive disorders (para 4.22) "**..** *a person with the eating disorder anorexia nervosa may understand information about the consequences of not eating. But their compulsion not to eat might be too strong for them to ignore."* **See case of: Re: W [2016] EWCOP 13**

Prader-Willi Syndrome or brain injury and…. hoarders..

'Enmeshed relationships'
NCC v WMA & MC [2013] EWHC 2580

'Mark' is 25 years old and has atypical autism and pervasive development disorder, IQ of 64. He leads an isolated and insular life with his mother. The local authority have multiple ongoing safeguarding concerns: **Judge**: *"I have now no doubt as to the strength of (Mark's) wishes and feelings but what became clear to me was how much he* ***dislikes change and fears the unusual****, that which he has not experienced. What came over to was the degree of* ***interdependence*** *with his mother..It is clear that he has simply not weighed up the advantages and disadvantages of moving.."*

Practicable steps: More time, use someone the person trusts
Practice point: ask the person WHY?

How to record the assessment?

- NO statutory form – create your own or write in notes
- Example: *www.bookswise.org.uk/category/mental-capacity-act*
- Remember you can assess people and find they have capacity!!

- Date and decision to be made
- What information did the person need to understand?

• Understand	X
• Retain	✓
• Use/Weigh	✓
• Communicate	✓

Explain (for example) why you think the patient could NOT understand..EVIDENCE **What did he/she say or do?**

- Practicable steps taken? NOTE: emergency care
- Confirm they could NOT do one of the above ***because of*** an impairment/disturbance in the functioning of mind/brain

Detail can be brief for simple daily care acts **BUT** record more detail for complex/important decisions [living at home or serious treatment] or where others may disagree.

Fluctuating capacity….

- **The Act?** Does not mention fluctuating capacity.
- **MCA Code of Practice**: 4.26 *'Some people have fluctuating capacity – they have a problem or condition that gets worse occasionally and affects their ability to make decisions. For example, someone who has manic depression may have a temporary manic phase which causes them to lack capacity to make financial decisions,..'*
- The Code primarily then refers to taking 'practicable steps' – best time of day, someone trusted, delaying the assessment..
- **Case law** – very little case law on fluctuating capacity
- **Derbyshire CC v AC, EC and LC [2014] EWCOP 38** – fluctuating capacity to sexual relations. Judge finds overall she has capacity but states: '*given the **fluctuating nature of her capacity** in this respect, I urge those who have continued responsibility for AC to keep this issue under careful review.'*

Fluctuating capacity….

A, B & C v X, Y & Z [2012] EWHC 2400 (COP)

Mr X is an older man with dementia. In 2008 his wife of over 50 years dies. Two years later Z is employed as his full time carer and within six months Mr X says he wants to marry Z! His children have concerns – the court considers if Mr X has capacity to:

- **Marriage** – judgment YES
- **Revoke an LPA** and make a new one – judgment YES
- **Make a will** – judgment YES
- **Manage his financial affairs** – NO

*"..there would be times when **a snapshot of his condition would reveal an ability to manage his affairs**, but the general concept of managing affairs is an **ongoing act** and, therefore, quite unlike the specific act of making a will or making an enduring power of attorney. The management of affairs relates to a continuous state of affairs whose demands may be unpredictable and may occasionally be urgent. In the context of the evidence that I have, I am not satisfied that he has capacity to manage his affairs."*

X v A Local Authority and an NHS Trust [2014] EWCOP 29

A DoLS appeal by Mr X a retired lawyer with Korsakoff's syndrome living in a care home. Judgment looked at whether Mr X had capacity to residence, treatment and care. His consultant psychiatrist and social worker who knew him over an extended time period said he lacked capacity. The DoLS assessors considered he had capacity (a single 90 minute joint interview).

- **Judge Cardinal**: *"So having reviewed the evidence in a complex case and applying the legal principles that I have set out during the course of this Judgment, I come to these conclusions. ..I have no doubt that he wholly lacked mental capacity as to decisions regarding residence, et cetera, in late 2013. My second conclusion is that this is a man who **now can take decisions as to where he should live**, what care he should have and as to his medical treatment. He is able to identify the factors relevant to making the decisions. ..He understands the salient details, which is the L.B.C. test."*

***Comment**: there is no easy answer to fluctuating capacity! It is a matter of applying the Act and then the judgment of the assessor. The Act provides the protection of 'reasonable belief' and if there is disagreement then an application to the Court of Protection.*

'Best Interests' decision checklist

1. All **relevant circumstances**
2. The person's *reasonably ascertainable* past and present **wishes/statements + their beliefs and values** + any other factors they would take into account
3. **Consult** others as *practicable and appropriate* to do so. Examples: carers, relatives, attorneys, deputies,
4. **Consider less restrictive options** - can the same result be achieved in a less restrictive way? [Principle]

- Will the person have **capacity sometime in the future** in relation to the matter? If so, when?
- Must **encourage** and permit the person to participate
- Don't base the 'best interests' decision solely on **age, appearance, behaviour or condition**
- If the decision is about **life-sustaining treatment**, do not be motivated by a desire to bring about the person's death.

648,318 Lasting Powers of Attorney (LPA + EPAs) registered during the year ending 31 March 2017. 18% increase on the previous year.

2.4 million registered LPAs and EPAs on 31 March 2017.

POP QUIZ! A health & welfare LPA can…

1. Refuse access to or contact with the person?
2. Refuse access to the records of the person?
3. Authorise deprivation of liberty of the person?
4. Authorise restraint of the person?

BEST INTERESTS ASSESSMENT – *available options…*

22 March 2017
N v ACCG and others [2017] UKSC 22

Available options..

'This must mean that, just like P, the court can only choose between the "available options".'

DM v Y City Council [2017] EWCOP 13
A DoLS appeal (section 21A application). Man with Korsakoff's syndrome (dementia) placed in care home under DoLS. He appeals as wants to live in independently.
Mr Justice Bodey: '*This, however, is not an option since the local authority is not willing to commission the necessary support services that DM would require in order to live independently. This seems a reasonable funding-decision by the local authority, and realistically it is not challenged on DM's behalf by the Official Solicitor.'*

Available options (Lack of funding)

DW v KW & LCC [2015] EWCOP 53
A learning disability woman (KW) with complex needs under DoLS in a care home in Yorkshire. Her sister (+Representative) appeals – she wants KW to live closer to her in London where she and KWs father live. But no care home can be found by LA or sister able/willing to take KW. The judge accepts there is no available alternative option.

A local authority v X [2016] EWCOP 44
X has a brain injury and is tetraplegic. LA fund a 24 hour 1:1 care package at home but this breaks down. He is admitted to a specialist care home. He states he wants to return home (disputed best interests). The LA say his needs mean he will now need 2:1 at home 24 hours a day. This is more than double the current care costs and they cannot afford this. Judge accepts.

Comment: in a Best Interests assessment funding (or the lack of it) is a *'relevant circumstance'* which then impacts upon what *'less restrictive options'* are available. The assessor must show they considered all 'available options' AND evidence of why other options were deemed not available.

Best Interest (medical treatment)

B v D and the Ministry of Defence [2017] EWCOP 15

'David' is 27 years old and in 2013 suffered a traumatic brain injury whilst serving in the British Army. Despite treatment and rehabilitation he has extensive physical disabilities and global cognitive impairments. His mother (B) has researched further treatment options for her son and identified stem cell therapy as one. It is at an experimental stage and carries a number of risks but a clinic in Switzerland can provide it. David states he wants the therapy. The Ministry of Defence (responsible for his care and treatment) and the Official Solicitor oppose the treatment leading to Court action (a best interests dispute).

Judgment: *'I have not found this an easy decision but, having appraised the risks and considered the advantages and disadvantages of the options in this case, I have ultimately reached the clear conclusion that this court should give its provisional consent to D travelling to Belgrade to receive stem cell treatment.*

Best Interest (medical treatment)

B v D and the Ministry of Defence [2017] EWCOP 15

Best Interests:

- 'The **leading case** as to the **application of the best interests** criteria is now the decision of the Supreme Court in *Aintree University Hospitals NHS Foundation Trust v James and others* [2013] UKSC 67. .., Baroness Hale of Richmond observed:
- "*The most that can be said, therefore, is that in considering the best interests of this particular patient at this particular time, decision-makers must look at his **welfare in the widest sense, not just medical but social and psychological**; they must consider the nature of the medical treatment in question, what it involves and its prospects of success; they must consider what the outcome of that treatment for the patient is likely to be; they must try and **put themselves in the place of the individual patient** and ask what his attitude to the treatment is or would be likely to be; and they **must consult others** who are looking after him or interested in his welfare, **in particular for their view of what his attitude would be**.*"'

Best Interest (medical treatment)

B v D and the Ministry of Defence [2017] EWCOP 15

- "The purpose of the best interests test is to **consider matters from the patient's point of view. That is not to say that his wishes must prevail**, any more than those of a fully capable patient must prevail. We cannot always have what we want. …. But **insofar as it is possible to ascertain the patient's wishes and feelings, his beliefs and values or the things which were important to him, it is those which should be taken into account** because they are a component in making the choice which is right for him as an individual human being."
  - *Aintree University Hospitals NHS Foundation Trust v James and others* [2013] UKSC 67

Best Interest (medical treatment)

B v D and the Ministry of Defence [2017] EWCOP 15

Wishes and feelings:

'..once incapacity is established so that a best interests decision must be made, there is ***no theoretical limit to the weight or lack of weight that should be given to the person's wishes and feelings, beliefs and values****. In some cases, the conclusion will be that little weight or no weight can be given in others, very significant weight will be due.'*

Wye Valley NHS Trust v Mr B [2015] EWCOP 60

Referring to the case above, the judge notes: *'Wishes and feelings of an incapacitated adult are an important factor in any best interests analysis. ..In this case, I am very clear that D has a very strong wish to undergo stem cell treatment.'*

Best Interest (medical treatment)

B v D and the Ministry of Defence [2017] EWCOP 15

- *'But all life is an experiment. In my thinking about this case, **I have repeatedly come back to those words of Munby J in Re MM** , and to the rest of the passage, in particular:*
- *"Physical health and safety can sometimes be bought at **too high a price in happiness and emotional welfare**. The emphasis must be on sensible risk appraisal, **not striving to avoid all risk, whatever the price**, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – ... **What good is it making someone safer if it merely makes them miserable?"***
- *'In this case, I think it almost certain that D will be much more than miserable if he is denied the opportunity to have stem cell treatment. I do not accept that his reaction will be confined to mere "disappointment". It is highly likely that he will demonstrate an adverse reaction in his behaviour which may significantly impede and delay his rehabilitation.'*

Welfare cases in the Court of Protection: A statistical overview

Best Interests – disputes

*'the most common cases heard under the CoP's welfare jurisdiction today concern: **where a person should live; how they should be cared for; and questions about relationships such as whether contact with particular individuals should be restricted**, and whether a person has the mental capacity to consent to sex or marriage.'*

*'This means that social care professionals and local authorities are now **the main users of the CoP's jurisdiction**, not medical professionals and healthcare bodies.'*

September 2017 **http://sites.cardiff.ac.uk/wccop/**

Pop quiz – part 2

- True or false: When an assessment of capacity is undertaken the assessor must be 100% sure the person lacks capacity?
- The Mental Capacity Act has 2 age limits – what are they?
- You are in the process of placing a man who lacks capacity (to be placed) into a care home for people with dementia. You find an Advance Decision made when he had capacity stating he never wanted to go into a care home. It follows all the of rules of the Act (signed and witnessed etc). Is it valid?
- True or false: Best Interests Meetings are not mentioned anywhere in the Mental Capacity Act?
- True or false: a care plan which says a person can only go outside with another adult because they lack capacity to cross the road is restraint?

Forthcoming Events in 2017-18

Bookable training days in central London (and Sheffield where stated)

Booking forms are available at *www.edgetraining.org.uk* under 'Training Events'

Email: assistant@edgetraining.org.uk or book and pay direct: *www.eventbrite.co.uk*

DoLS: a new beginning? **Understanding the Law Commission proposals**	9 October – 9.30 or 1.30 (3 hours)
BIA report writing	30 October, 19 March
Tenancy agreements and the Mental Capacity Act	11 December, 9 March
Hoarding and the law	12 October 2018
Advanced assessing capacity and best interests	2 February
DoLS Mental Health Assessors – refresher	13 Oct, 4 Dec, 2 March
Children, young people and Deprivation of Liberty	17 November, 22 January
BIA legal update/annual refresher	13 Nov, 18 Dec, 15 Jan, 5 Feb
DoLS authorising signatories	8 December, 26 Feb *3 Nov – Sheffield*
Court of Protection – report writing	next date tbc
DoLS authorising signatories – Legal Update – half day	next date tbc
Deprivation of Liberty in the Community (Court of Protection procedure – Re: X process)	1st December
Transforming care: community legal powers for learning disability services	next date tbc
BIA assessments for people with a learning disability	13 October
Mental Health Act administration – skills and practice	30 April-1 May (2 days)
All courses can also be commissioned in-house by local authorities and other groups	

Conferences

AMHP annual conference – 15 December 2017

DoLS annual conference (BIA & MH assessors) – 16 March 2018

Download booking form at *www.edgetraining.org.uk* or email: *assistant @edgetraining.org.uk*

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Mental Capacity Act 2005
Deprivation of Liberty Safeguards (DoLS)
Mental Health Act 1983
Books, wallcharts, mobile app and training

Deprivation of Liberty Safeguards (DoLS) Handbook

The *Deprivation of Liberty Safeguards (DoLS) Handbook* is designed to provide a clear and detailed explanation of DoLS. It is written in an accessible and practical format to be of maximum use to health and social care staff so they can be confident using DoLS in daily practice. It is written by Steven Richards and Aasya F Mughal, authors of two best selling guides called: *Working with the Mental Capacity Act 2005* and *Working with the Mental Health Act 1983*.

Reviews on Amazon include: *'Excellent'* + *'Simple to understand and easy to read'* + *'A must read for BIAs'* + *'Useful easy reference a must have re BIA general practice'* + *'A very good guide'* + *'Spot on'* + *'Clear, comprehensive, practical guide'*

The book covers key aspects of DoLS including:

- Urgent and standard DoLS authorisations
- The Supreme Court ruling on deprivation of liberty and its application in care settings
- Best interests assessors and mental health assessors
- Leave of absence, conveyance, absconding and transfers under DoLS
- Conditions, duration and the Representative
- Reviews, applications to the Court of Protection and advocacy
- Local authorities, care homes and hospitals - duties
- Children and young people, intensive care units (ICU), hospices and DoLS
- The Mental Health Act 1983 and its relationship with DoLS

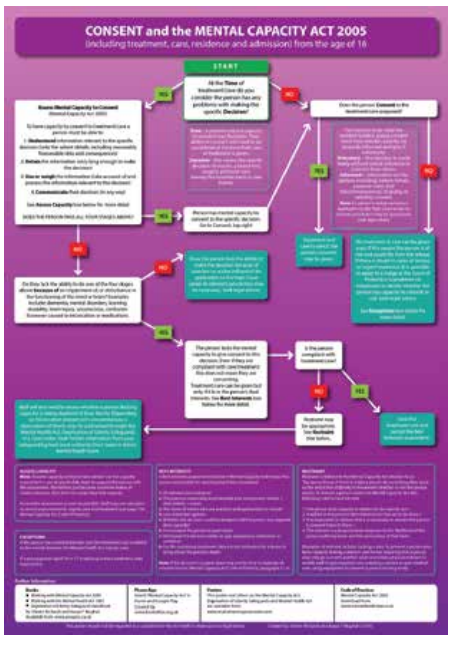
NOTE: A review of DoLS is currently under way however there will be no change in law with regard to DoLS until at least 2018 and more likely 2019.

£19.50

147 Pages - A4 - Paperback
ISBN: 978-0-9931324-0-7

How to order:

- Online at: www.bookswise.org.uk and www.amazon.co.uk
- For invoice based orders email: admin@bookswise.org.uk
- e-book version: available for Kindle, i-Pads and all other e-book readers



Wallcharts

- **Consent and the Mental Capacity Act**
- **Mental Capacity Act**
- **Mental Health Act 1983**
- **Deprivation of Liberty Safeguards (DoLS)**

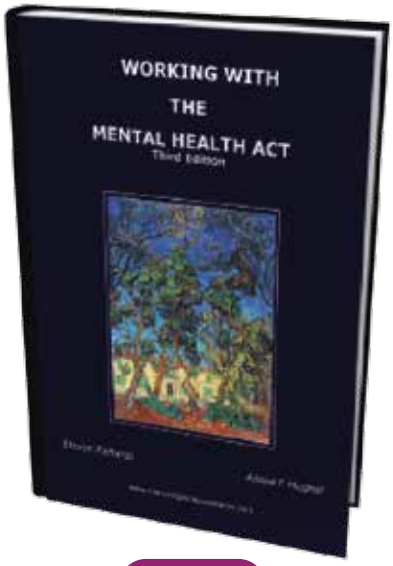
These wallcharts are used across England and Wales in numerous health and social care settings to provide essential information for staff, patients, users and carers. There are four different wallcharts available**.** The full colour gloss finish means they will stand out in any setting. They range in size from A2 (42 x 59cm) to A1 (59 x 84cm) and cost between £8.50 - £10.50.

Order wallcharts from: www.matrixtrainingassociates.com

Mental Health Act 1983 - Book

Working With The Mental Health Act (3rd edition) covers key aspects of the Act including:

- Powers to admit and treat people in hospital
- Community Treatment Orders and Guardianship
- Court and prison related powers
- Treatments - rules and procedures
- Mental Health Tribunals & Hospital Managers' hearings
- Rights of detained patients
- The Mental Capacity Act and its relationship with the Mental Health Act



Each detention section is explained in terms of the detention criteria, powers, time limits, duration, staff needed, leave of absence, patient rights, treatment rules, means of discharge, forms required and Code of Practice guidance.

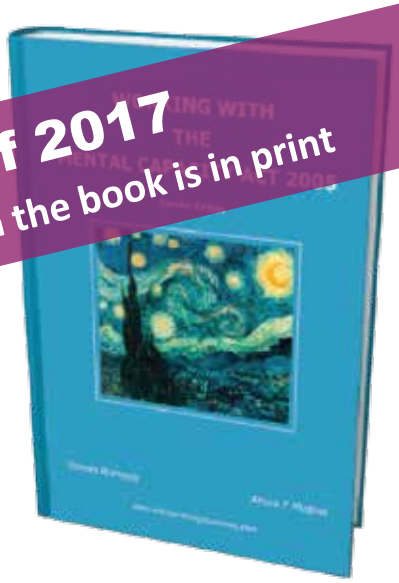
Authors: Steven Richards and Aasya F Mughal
160 pages - A4 - Paperback - ISBN: 978-0-9552349-4-1

How to order:
- Online at: www.amazon.co.uk and www.waterstones.com
- Find using code: 9780955234941

£17.50

Mental Capacity Act 2005 - Book

Working with the Mental Capacity Act 2005 (2nd edition) is one of the best selling guides to the Act and offers a clear and practical description of the legislation. Both authors have direct experience of working with people who lack capacity and they train extensively to health and social care staff on the Act across the country.



The book has chapters on all key parts of the Act, including: the principles, assessing capacity, assessing best interests, lasting powers of attorney, advance decisions, restraint, Deprivation of Liberty Safeguards (DoLS), advocacy, research, the Public Guardian and the Court of Protection. Frequently asked questions, pro-formas showing how to use the Act in practice, tables and flowcharts to explain particular parts of the Act in detail included.

Revised 3rd edition available end of 2017
Email: admin@bookwise.org.uk to be notified when the book is in print

Authors: Steven Richards and Aasya F Mughal
130 pages - A4 - Paperback - ISBN: 978-0-9552349-3-4

App for iPhones, iPads, Android and Tablets

The Mental Capacity Act goes mobile with this essential pocket guide to the legislation. The App provides a practical overview of all the key parts of the Act and is available whenever and wherever you need it.

Produced by BooksWise Publications Ltd

£2.99

How to order:
- Search for '**Mental Capacity Act**' at the App Store or Google play

Available on the App Store
Google play