

**PWYLLGOR MONITRO'R DEDDF IECHYD MEDDWL  
MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	September 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Legislation Scrutiny Group Update
<b>ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:</b>	Andrew Carruthers
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Kay Isaacs, Head of Adult Mental Health

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Mental Health Legislation Scrutiny Group was established as a Sub-Group of the Mental Health Legislation Assurance Committee (MHLAC) on the 14<sup>th</sup> July 2014.

The purpose of this paper is to present to the Mental Health Legislation Assurance Committee an update from the Mental Health Legislation Scrutiny Group meeting held on Tuesday 8<sup>th</sup> of August 2022 and any subsequent work that the group have agreed to undertake.

**Cefndir / Background**

The following papers are submitted as regular items on the MHLSG agenda in line with the principal duty of the scrutiny group as described within the Terms of Reference alongside any relevant reports or memorandum of understanding

- Mental Health Act Use which includes a SCAMHS update report on admissions to the designated bed on Morlais Ward
- Mental Health Measure performance report
- Three County Local Authority Data
- Quality Assurance and Practice Development Team Paper

Papers are sent out to members of the MHLSG at least seven days in advance of the meeting and members are expected to read all papers to allow for scrutiny and discussion in respect of information provided.

At a previous MHLSG meeting it was agreed Scrutiny Group (SG) needed to understand potential workforce challenges in the MH&LD Directorate that could impact on compliance with executing our duties under the MHA and Measure. At our August meeting we were joined by Assistant Director of Nursing for MH&LD Sara Rees, in order to receive an overview of the Workforce Management Group (WMG).

The Chair of the group is MH&LD Directorate Consultant Nurse Richard Jones and membership is multifaceted.

The terms of reference, to develop Mental Health and Learning Disabilities workforce in line with health board workforce planning that match planning expectations in respect of recruitment and retention of staff. The group will concern itself with workforce risk and management of consequences due to any deficit in workforce capacity. Although vacancy absences are reported to the Quality Assurance group where there are long term deficits this will instead be managed via the WMG. The key responsibilities of the group were outlined and there was an opportunity for questions. The relationship between SG and WMG need to be agreed and this will be on the agenda at the next WMG meeting, it was agreed the SG Chair would share the ToR for WMG in order to agree how we escalate any workforce deficits that impact on performance in relation to MHA or the Measure. The chair of the WMG will provide a briefing paper to MH/LD Quality Group and where there are identified workforce risks associated with the delivery of the Measure or MHA, MHLSG will recommend they are included on the operational risk register.

### **Work plan**

The mental health act administrator manager updated SG's work plan however, as a scrutiny group not a committee there is no requirement to have a work plan. When we review the ToR we can decide as a group whether a work plan with an annual review is required.

### **Mental Health Act Report**

No unusual patterns or trends in respect to the number of detentions.

The number of rectifiable errors data in respect of detentions is low at 2.7%. Within the Act, there is a timescale and process for errors to be corrected, also of note, the definition of 'error' is not clear and so the threshold for error differs across Health Boards in Wales with Hywel Dda University Health Board considered to have the lowest threshold for error.

### **Invalid detentions - Three**

- Application didn't comply with Welsh regulations as it was digitally signed, this required detention on S5(2) and another assessment under Section 2.
- An individual was detained under a S2, the section expired and another S2 was applied but in order to do this the assessing team are required to demonstrate the patient's circumstances have changed but this was not provided, the patient remained on the ward informally on this occasion.
- A CTO recall which was processed in error as professionals used Google Search to print of MHA documentation with the result of an incorrect document being used which required a repeat of process.

All professionals involved in these errors were informed and patients concerned notified in writing.

As Covid restrictions are lifted, patients are now offered face to face appointments for manager hearings but tribunal reviews continue to be undertaken via Teams.

The deteriorating position with regard to the number of S136 consultations was discussed and an extraordinary meeting has been called by the Interim Head of Service with Dyfed Powys Police to address this.

## **Measure**

Amanda Davies Interim Head of Service for Adult Mental Health provided a comprehensive Measure report which detailed our performance in respect of Part One and Two of the Measure. Detail was highlighted in respect to underperformance which included action plans and trajectories in order to provide assurance to the group. The report also outlined how SG will receive assurance in respect of Part Three as well as Part Four particularly the latter, as there is no Welsh Government reporting requirement in respect of P4. The Measure report will be presented by Amanda to Committee in order to share additional detail and respond to any questions.

## **Quality Assurance and Practice Development Report**

Data provided in the QAPD report demonstrates a need for improved implementation and completion of the revised Care and Treatment Plan (CTP) audit, Head of Service will meet with the Senior Nurse from QAPD to agree a process to improve completion of the audit alongside an action plan to address any quality issues.

Measure legislation provides a template for Care and Treatment planning but this does not include an assessment document. Operational services and the QAPD team have produced an assessment document which will enable the Care Coordinator to co-produce, with the Relevant Patient a care and treatment plan that relates to the strengths and needs of an individual, the assessment document will be included in the CTP audit going forward.

The QAPD continues to work in collaboration with the 'Investors for Carers' model and whilst acknowledging, that the model does not undertake Carer Assessments and/ or Care Plans it does provide quality assurance with themed standards, an audit and certification process which recognises best practice for services across the Directorate with 11 settings achieving a new Investors in Carers Award since 2011, 11 settings progressing towards bronze, 20 settings Silver and 6 towards Gold.

## **Local Authority data collection**

As expected the highest number of Mental Health Act Assessments (MHAA) were undertaken in Carmarthenshire and the report outlined the small establishment of AMHPs which is a national issue exacerbated post covid. Staff sickness is another contributory factor to AMHP capacity challenges and AMHP provision is achieved using agency and support from Pembrokeshire Local Authority. Pembrokeshire's report included use of St John's ambulance for conveyance which was a useful addition and one to add to the other local authority reports, otherwise the Pembrokeshire report was without exception.

MHAA for Ceredigion were low particularly with regard to S136 as only 2 last quarter, the same quarter last year there were 9 and the previous quarter there were 5. It's difficult to ascertain the exact reason why they are lower but it is suspected to relate to Gorwelion Community Mental Health Centre undertaking assessments, a request has been submitted for Gorwelion to provide the number of S136 assessments that have been avoided following consultation with a result of least restrictive practice, a mental health assessment outside of the Act.

**Documents provided to SG for Review or Information**

The S117 draft policy document was intended to be a shared document with Local Authority but this was not able to be progressed jointly. Therefore, it will apply to Hywel Dda staff only and will obtain ratification via the written controlled document group

The Mental Health Act draft bill continues to be progressed through parliament therefore, we await updates in order to prepare for the implications on practice anticipated to be length of detention and Mental Health Review Tribunals.

**Any other business included the following;**

For our next meeting we will attempt to arrange a combined meeting with members attending via Teams or in person.

Out of Area placements placed as an AOB at the request of the carers representative, Head of Commissioning has previously produced a report detailing out of area activity, an action was taken to share that report with members ahead of next SG meeting so members can agree the content of future reports in order to meet our mental health legislation scrutiny obligations.

**Argymhelliad / Recommendation**

To receive the Mental Health Legislation Scrutiny Group Update

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	10.4.1 Report formally, regularly and on a timely basis to the Board on the Scrutiny Groups activity. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
Cyfeirnod Cofrestr Risg Risk Register Reference:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDD UHB Well-being Statement</a>	Improve population health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners

<p>Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio:</p> <p>The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:</p>	<p>Long term - the importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs</p>
	<p>Prevention – the importance of preventing problems occurring or getting worse</p>
	<p>Integration - the need to identify how the Health Board's well-being objectives may impact upon each of the well-being goals, on its other objectives, or on the objectives of other public bodies</p>
	<p>Collaboration – acting in collaboration with anyone else (or different parts of the organisation itself) which could help the Health Board to meet its well-being objectives</p>
	<p>Involvement - the importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the Health Board serves</p>

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>Agendas, papers and minutes of the Mental Health Legislation Scrutiny Group.</p>
<p>Rhestr Termau: Glossary of Terms:</p>	<p>MHLSG – Mental Health Legislation Scrutiny Group MHLOG – Mental health Legislation Operational Group CWCDG – Clinical Written Control Document Group MH/LD – Mental Health / Learning Disabilities WCDG – Written Control Document Group WMF – Ward Managers Forum CRHT – Crisis Resolution Home Treatment QAPD – Quality Assurance Practice Development AMH – Adult Mental Health IMHA – Independent Mental Health Advocate SSWA – Social Services and Wellbeing Act MHA – Mental Health Act MHM – Mental Health Measure DOL – Deprivation of Liberty HIW – Healthcare Inspectorate Wales CIW – Care Inspectorate Wales CHC – Community Health Council CTP – care and Treatment Plan CMHT – Community Mental Team CTLD – Community team Learning Disability OAMH – Older Adult Mental Health</p>

Parties / Committees consulted prior to the Mental Health Legislation Assurance Committee:	MHLSG Mental Health Act Legislation Manager
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	SBAR template in use for all relevant papers and reports.
<b>Gweithlu:</b> <b>Workforce:</b>	SBAR template in use for all relevant papers and reports.
<b>Risg/Cyfreithiol:</b> <b>Risk/ Legal:</b>	Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i> ; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i> ; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i> .  Safety of patients  Assurance – use of statutory mechanisms
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not Applicable