



## PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL MENTAL HEALTH LEGISLATION COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	01 March 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Legislation Committee (MHLC) Self-Assessment 2020/21 – Action Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mrs Judith Hardisty, MHLC Chair Mr Andrew Carruthers, Director of Operations Ms Liz Carroll, Director of Mental Health and Learning Disabilities
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mrs Joanne Wilson, Board Secretary Ms Karen Richardson, Corporate & Partnership Governance Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

The purpose of this report is to present to the Mental Health Legislation Committee (MHLC) progress on the MHLC Self-Assessment 2020/21 Action Plan, and to consider whether this meets the expectations of MHLC.

##### Cefndir / Background

Members and In Attendance Members of MHLC completed a questionnaire to consider the Committee's effectiveness during 2020/21.

For 2020/21, a new approach to self-assessment had been introduced to elicit greater feedback in order to shape and influence the agenda of the Committee going forward.

In addition to specific domain questions, comments were invited on any improvements for consideration to assist the Committee in drawing up its own plan for improvement. The recognition of what has worked well is a helpful platform to move forward with, and the greater focus on organisational risks to inform the agenda and work of the Committee will enable a further move towards providing a strategic outlook.

##### Asesiad / Assessment

Each question started with a statement, which set out 'what good looks like'. In response, Members were requested to describe at least one example from 2020/21 in which the Committee has been effective in this domain and to share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

The responses included a number of useful suggestions regarding ways in which the governance and operation of MHLC might be improved. Following presentation of the

responses and suggested improvements to the MHLC meeting on 2<sup>nd</sup> September 2021, it was agreed that an update on the progress of actions be presented to a future MHLC meeting.

### **Question 1**

#### **The Committee seeks assurances in regard to:**

- Those functions of the Mental Health Act (MHA) 1983, as amended, which have been delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the UHB's area is operating properly;
- The provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully;
- The UHB's responsibilities as Hospital Managers are being discharged effectively and lawfully;
- The UHB is compliant with Mental Health Act, 1983 Code of Practice for Wales;
- The Committee will also advise the Board of any areas of concern in relation to compliance with mental health legislation and agree issues to be escalated to the Board with recommendations for action.

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>	<b>Response</b>
In order to ensure compliance with MHA as an example policies have been positively approved. However little time is allocated to discussions around the topic by multi agency members as there are certain members of the Committee that dominate the meetings. Meetings therefore often feel very negative and at times like a carers forum as opposed to a professional one to allow the organisation to assure compliance.	This represents a meeting management issue, which the Chair will control during meetings when the discussion becomes overly operational. Consideration should be given to the representative membership of the Committee to ensure it is appropriate to the level of strategic discussion required.	The MHLC ToRs have recently been reviewed recognising that there needs to be a balanced approach to the membership.
The committee began to ask questions of scrutiny – such as – how many individuals were detained on section 2 were active to services.	This approach is welcomed and should continue.	No response required
Potentially introduce training sessions covering different aspects of the Mental Health legislation allowing members to be more challenging.	This is outside of the scope of the Committee's Terms of Reference, however consideration could be given to inviting MHLC members to training sessions provided through the MH Legislation Scrutiny Group.	MHLC Independent Members have received training on Mental Health legislation.

## Question 2

The Committee works **strategically**. This means it aligns its work with the Health Board's overarching strategic priorities and delivery plans. It commissions work in support of those priorities in line with the Mental Health legislation, providing the Board with the assurance necessary to have confidence in its ability to deliver.

Suggestions Made for Improvement	Health Board Response	Response
To receive an update on Individuals in Commissioned Placements, which was previously presented to the Committee and will ensure that we continue to support individuals as close to home as possible.	Updates to be included within the MH Legislation Scrutiny Group update reports to the Committee	No response required
Continue to contribute to the TMH programme and ensuring LD is covered.	In agreement, provided this is within the scope of the Committee's Terms of Reference.	No response required

## Question 3

The Committee works **systemically**. This means it works effectively with the Board, other Board Committees, its sub-committees and other relevant parts of the organisation's governance and assurance system, in order to ensure that we spot connections and themes which have an impact on Mental Health services in accordance with the legislation. It guards against silo working. It gives balanced and meaningful 'air time' to the full range of the Health Board's service portfolio.

Suggestions Made for Improvement	Health Board Response	Response
Nothing springs to mind except possibly working with the Quality Safety & Experience Committee (QSEC) to ensure continuing quality improvement.	This will be an item for consideration at the Committee Chairs' meeting commencing in September 2021.	Complete - Committee Chairs' meeting's commenced September 2021.
One area for improvement would be a greater involvement of service users. It is interesting to note that the Learning Disabilities Service is endeavouring to improve strategic working and operate systematically and inclusively through the Dream Team of service users which has brought about so much good publicity for Hywel Dda UHB.	Not supported given that the Committee currently has two nominated service users to represent patients and carers. Consideration should also be given to the representative membership of the Committee to ensure it is appropriate to the level of strategic discussion required.	The MHLC ToRs have recently been reviewed recognising that there needs to be a balanced approach to the membership.

<p>The fact that the Dream Team has been hugely supported by UHB clinical staff to enhance the ability of service users to express their views, should be adopted into services with mental health issues.</p> <p>MHLC needs much more user involvement, as well as Carer/family input to achieve its assurance function.</p>		
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#### **Question 4**

The Committee works **intelligently**. This means it draws on a diverse range of reliable data (both quantitative and qualitative) provided through both the Mental Health Legislation Scrutiny Group and the quarterly Mental Health Performance Report, to triangulate information and reveal themes or patterns in regard to. It uses a dashboard of key quality indicators to inform improvement. This relies on accurate interpretation of the data, which requires skill from both the providers and readers of the data.

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>	<b>Response</b>
<p>To provide a similar analysis of a measure/performance metric for another part of the service, for example – Part One of The Measure.</p>	<p>Propose regular updates forward planned on to the Committee workplan provided this is within the scope of the Committee’s Terms of Reference.</p>	<p>Whilst in agreement this would be determined by, and reviewed by the MH Legislation Scrutiny Group and included within the Group Update report to MHLC.</p>
<p>Investigate use of Power BI on MH data allowing drill down.</p>	<p>This is already taking place; the Integrated Performance Assurance Report presented to the Strategic Development &amp; Operational Delivery Committee and the Board incorporates Power BI for services including Mental Health and Learning Disability.</p>	<p>No response required</p>

#### **Question 5**

- The Committee facilitates **learning**. This means it works openly and honestly, encouraging contributions from attendees which are a fair and reasonable reflection of the realities faced across all Mental Health services. The Chair sets the leadership tone and is supported by other Independent Members and the Executives to hold this learning space. The style is one of high support/high challenge.

Suggestions Made for Improvement	Health Board Response	Response
Further reports on organic actions that the MHL D services had employed during COVID-19 in order to maintain services, given that learning and service redesign are organic, and this could be reported periodically for information purposes.	Propose regular updates forward planned on to the Committee workplan provided this is within the scope of the Committee's Terms of Reference.	In agreement routine updates will be forward planned as required once or twice per year.
Some briefing /training on the provisions on the MHA etc would be good.	This is outside of the scope of the Committee's Terms of Reference, however would be progressed through the MH Legislation Scrutiny Group.	No response required
Again, the presence of more users, carers, family members would be a help, particularly if they are given the support and training to make their voice heard. Learning from the lived experience of these groups could be of critical importance. A question for the Committee – "How far does the MHL C service actively look at best practice elsewhere in WALES, UK, internationally or even within the service? I have come across two situations when the simple and low level interventions of support staff have produced outstanding outcomes!	Not supported given that the Committee currently has two nominated service users to represent patients and carers. Whilst the Committee supports best practice, these are considered by the MHL D Quality, Safety and Experience Group.	No response required

### **Question 6**

The Committee champions **continuous improvement**. This means it uses an improvement mindset, as well as methodologies, which enable it to lead and oversee a clear journey of improvement in respect of the 'Mental Health Transformation Programme'.

Suggestions Made for Improvement	Health Board Response	Response
S-CAMHS needs improvement of access and the Committee should be challenging suppliers of this service to improve access times.	For assurance, these are discussed at the MHL D Business Planning and Performance Assurance Group (BPPAG) meetings, with any quality issues escalated to the QSEC.	No response required
In terms of improvement with regard to the continuous improvement domain there is	In agreement, however this is an operational matter and does not sit	No response required

<p>one particularly important focus as far as the post COVID-19 landscape is covered – that is the acceptance that much of the demand for mental health services could be contained to some degree, with well being and resilience approach (low level and low cost) which will be a factor in avoiding long term expenditure on costly services if things just return to the old way of doing things. Improving triage and greater use of early assessment will also be important.</p>	<p>within the governance arrangements of the Committee.</p>	
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**Question 7**

The Committee works **proactively**. This means it is organised in its workplan, sensitive to the dynamic environment in which the Health Board operates, and searching in its enquiries. It is curious, and willing to pursue demanding issues in the interests of excellent patient care. It uses the organisation’s risk management processes effectively to scrutinise risks relating to compliance with Mental Health legislation and ensure that longstanding risks and issues do not become normalised or tolerated beyond the Board’s risk appetite.

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>	<b>Response</b>
<p>Continue with pieces of work that further interrogate the high level reporting at MHLC provided it is relevant to legislation.</p>	<p>In agreement, this will be taken forward by the MH Legislation Scrutiny Group.</p>	<p>As appropriate, the MH Legislation Scrutiny Group will review and include within the Group Update report to MHLC.</p>
<p>It is vital that it is recognised in the risk register that one of the greatest challenges of the next decade is medical and nursing availability. Success will be dependent upon this. Also new, innovative support worker roles, successfully implemented in Wales and elsewhere need to be considered.</p>	<p>This is an operational matter and does not sit within the governance arrangements of the Committee. This area is already incorporated within the work programme for the Workforce &amp; OD Directorate.</p>	<p>No response required</p>

**Question 8**

Are there any domains of effective assurance which you think are not covered above? What are they?

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>	<b>Response</b>
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The MHLC is tasked with the monitoring of compliance with the MHA and the Measure and that should be its focus and not deviate into non related issues that are addressed elsewhere in the Directorate or the organisation.	This represents a meeting management issue, which the Chair will control during meetings when the discussion becomes overly operational.	No response required
Yes a change of culture is needed to move the service to the third decade of the 21st century.	This is an operational matter and does not sit within the governance arrangements of the Committee. This area is already incorporated within the work programme for the Workforce & OD Directorate.	No response required
A better appreciation of the link between service change and workforce redesign (and culture)	This is an operational matter and does not sit within the governance arrangements of the Committee. This area is already incorporated within the work programme for the Workforce & OD Directorate.	No response required
A more strategic approach to the role and inclusion of the 3rd sector. A good example, is giving clear attention to the work being undertaken by WWAMH in developing a Mental Health Carers Network Action Plan (updated FEB 2021)	In agreement, one of the key aspirations within the Transforming Mental Health Programme has been to ensure that services are co-produced in order to drive continuous improvement in the quality of mental health care within HDdUHB.	No response required

### **Question 9**

The Committee has sought to play a proactive role in the COVID-19 response, specifically in terms of assurance around the continued compliance with Mental Health legislation and implications arising from it. It has made a range of adjustments to reflect the rapidly changing circumstances that the Health Board has faced. In your view:

- *What learning points should we take with us post-COVID?*

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>	<b>Response</b>
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To make better use of the technology that we have and support members via our IT service helpdesk to ensure time is wasted trying to use systems.	This is outside of the scope of the Committee's terms of reference. However, the Health Board's Office 365 Digital Champions Forum is in the process of recruiting Community Digital Champions. In future, a community digital champion could be assigned to Members should support be required.	In agreement, Members will be provided with IT support when available.
That freedom to act can sometimes allow us to accelerate service redesign and be more responsive to local needs.	In agreement, provided the decisions regarding service re-design are underpinned by appropriate governance arrangements.	This will be monitored by the Transforming Mental Health Programme.
More of a "can do" approach is needed if challenges of the new Mental Health Act are to be addressed.	The Health Board has made significant progress during COVID-19, however any such approaches will need to ensure compliance with the Act.	MHLC receive the Quarterly Performance Report, outlining any approaches and ensures that they are compliant with the Act.

### Argymhelliad / Recommendation

The Mental Health Legislation Committee is requested to receive assurance that that any actions from the MHLC Self-Assessment 2020/21 are being progressed within the agreed timescales.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability



Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	MHLC Self-Assessment Questionnaire 2020/21 MHLC Terms of Reference Published guidance from the Good Governance Institute
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Board Secretary MHLC Members MHLC meeting on 2 <sup>nd</sup> September 2021

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable