

## PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL MENTAL HEALTH LEGISLATION COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	02 September 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Outcome & Analysis of MHLC Self-Assessment Exercise 2020/21
<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>	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) the outcomes from the annual self-assessment exercise 2020/21, to consider the suggested actions and any further improvements that could be made.

##### Cefndir / Background

For 2020/21, a new approach to self-assessment has been introduced to elicit a broader range of response, which can shape and influence the agenda of the Committee going forward.

Members and In Attendance Members of MHLC were asked to complete a questionnaire to consider the Committee's effectiveness during 2020/21. Whilst only five responses have been received in total, the Chair believes that the Committee should be aware of them and the identified actions. However, it remains a disappointing low number given that it provides limited information on the Committee's progress during the reporting period.

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 include a number of useful suggestions regarding ways in which the governance and operation of MHLC might be improved. There may also be themes common to other Board level Committees, which can be addressed via the establishment of the new committee structure and the Committee Chairs meeting.

In order to influence the agenda of MHLC going forward, the outcomes were reviewed by the MHLC Chair, MHLC Lead Executive Director and the Board Secretary to consider and respond to the suggested areas for improving the Committee's effectiveness. During the meeting, each suggestion was discussed, with the respective outcomes detailed below.

### **Question 1**

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

- Those functions of the Mental Health Act 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.

*Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.*

**Responses:**

- **Concerns relating to MHRTs have been escalated appropriately as well as policy approval as per MHA code of practice requirements.**
- **Overall comments observed**
- **The sub group to the MHLC is the PODSC but yet the Chair of this group does not attend MHLC so it doesn't flow with receiving updates.**
- **The Mental Health Act Monitoring report has continued to be refined – an example of this is that we now separate out the reporting under the Measure Part One between Adult and CAMHS.**
- **In the light of the COVID-19 epidemic the Committee has reviewed the way hearings have been carried out in the light of being unable to meet face to face and challenged the Tribunal system which was content to use audio only.**
- **In identifying areas of concern, the Committee has properly identified the non-presence of Social Services Departments across the Hywel Dda Health Board.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Health Board Response
<p>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.</p>	<p>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.</p> <p>Whilst previously Social Services attendance had been a concern, following correspondence issued by the Chair, this has now been resolved.</p>
<p>The committee began to ask questions of scrutiny – such as – how many individuals were detained on section 2 were active to services.</p>	<p>This approach is welcomed and should continue.</p>
<p>Potentially introduce training sessions covering different aspects of the Mental Health legislation allowing members to be more challenging.</p>	<p>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.</p>

## **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.

Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.

### **Responses:**

- **Tasks delegated to the MH Scrutiny Group has been very positive and provided clear direction.**
- **One example of this is the endeavour to keep care as close to home as possible – it may not have been tabled in this year but colleagues in commissioning did produce a report highlighting the numbers of individuals in commissioned placements which did demonstrate that predominantly these were in the Health Board foot print or at least nearby within other HB areas.**
- **Supporting and scrutinising changes to practice due to COVID-19 and its effect on the TMH programme.**

*Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.*

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>
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
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.

### **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.

*Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.*

#### **Responses:**

- **One of our carer representatives had suggested a change in the terminology of the Terms of Reference (ToR) to strengthen assurance – I believe that this was applied to other Health Board Committee ToR's also.**
- **Has worked well with the independent advocacy service.**
- **The mental health service transformation approach does focus on avoiding solo working.**

*Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.*

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>
Nothing springs to mind except possibly working with QSEC to ensure continuing quality improvement.	This will be an item for consideration at the Committee Chairs' meeting commencing in September 2021.  This is outside of the scope of the Committee's Terms of Reference, however these are considered by the MHLD Quality, Safety and Experience Group, with

	<p>responsibility through the Quality, Safety &amp; Experience Committee (QSEC).</p> <p>It may also be picked up as a theme at the new Committee Chairs meeting scheduled to commence in September 2021.</p>
<p>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.</p> <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>	<p>Not supported given that the Committee currently has two nominated service users to represent patients and carers.</p> <p>It is suggested that a review of the membership of the Committee be undertaken to ensure it is appropriate to the level of strategic discussion required</p>

#### **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.

*Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.*

#### **Responses:**

- **The Chair works very well at keeping to time and remaining on topic although this can be very challenging at times.**
- **At the last Committee a more detailed review of the Age Appropriate beds was tabled and discussed – so providing a deeper analysis into one area was helpful and informative.**
- **On several occasions the Scrutiny Group has been asked to validate information or investigate things further e.g. S136 admissions.**

- **Managers/officers/clinicians have worked diligently to function more intelligently by improving its use of qualitative and quantitative data to improve MHLC's effectiveness.**

*Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.*

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>
To provide a similar analysis of a measure/performance metric for another part of the service, for example – Part One of The Measure.	Propose regular updates forward planned on to the Committee workplan provided this is within the scope of the Committee's Terms of Reference.
Investigate use of Power BI on MH data allowing drill down.	Whilst primarily the reports presented to MHLC refer to compliance against the MHA, it is acknowledged that currently there is an inability to drill down to view data within the Integrated Performance Assurance Report. To ensure that Members have the tools to interrogate data fully to meet the needs of the Committee, support will be sourced from the Information Technology Team., provided this is within the scope of the Committee's Terms of Reference.
One area for improvement, would be better interpretation of quality indicators to more effectively identify trends and themes. Decisions based on good evidence is also critical. For example, it is frustrating when spikes in the use of detentions do not always appear to be the subject of investigation/analysis. Could the lack of community provision be a crucial factor? Is the crisis intervention system working sufficiently to reduce detention?	Links to the work undertaken at Board Seminar on the development of performance management arrangements and the transition to Statistical Process Charts (SPC) reporting which could be further considered by the Committee.

### **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.

*Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.*

**Responses:**

- Updates on transformation of MH services.
- A paper was tabled that highlighted the organic actions that the MHL D services had employed during COVID-19 in order to maintain services.
- Nothing springs to mind from last year – but in the last meeting staff/patient stories were reintroduced.

*Please share at least one idea for improving the Committee’s effectiveness in this domain over the coming year.*

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>
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.
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.
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 MHLC 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, with responsibility through the Quality Safety & Experience Committee (QSEC).

**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’.

*Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.*

**Responses:**

- **Reporting between Adult and CAMHS – when this was reported on collectively it gave a sense of compliance – splitting it meant that it was evident that one part of the service was struggling more so than the other.**

- **With the suspension of the Committee due to COVID-19 this one is difficult to answer but the Committee clearly supports the use of best practice and changes in line with TMH.**

*Please share at least one idea for improving the Committee’s effectiveness in this domain over the coming year.*

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>
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 MHLD Business Planning and Performance Assurance Group (BPPAG) meetings, with any quality issues escalated to QSEC.
In terms of improvement with regard to the continuous improvement domain there is 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.	In agreement, however this is an operational matter and does not sit within the governance arrangements of the Committee.

### **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.

*Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.*

#### **Responses:**

- Tasking the Scrutiny Group with pieces of work that further interrogate the high level reporting at MHLC.
- The Committee asked that ways of better engagement with carers be investigated.

*Please share at least one idea for improving the Committee’s effectiveness in this domain over the coming year.*



<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>
Continue with pieces of work that further interrogate the high level reporting at MHLC provided it is relevant to legislation.	In agreement, this will be taken forward by the MH Legislation Scrutiny Group.
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.	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 MH&LD and Workforce & OD Directorates.

### **Question 8**

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

### **Responses**

- **No comments raised.**

*Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.*

### **Responses:**

*Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.*

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>
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.
Yes a change of culture is needed to move the service to the third decade of the 21 <sup>st</sup> century.	This is an operational matter and does not sit within the governance arrangements of the Committee. This area should be progressed by the service in order to improve culture within the MH&LD Directorate with support provided by the Workforce & OD Directorate.
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. It should be recognised that service re-design sits within the MH&LD Directorate.

A more strategic approach to the role and inclusion of the 3<sup>rd</sup> 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)

Whilst 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, this is outside of the scope of the Committee's Terms of Reference. However, this will be taken forward by the Local Mental Health Partnership Board.

### **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 went well?*

**Responses:**

- Meetings via MS teams are both cost and time effective and don't see need to meet face to face in future even when COVID-19 fingers crossed ends soon
- The response of our operational services and the way in which they have maintained services throughout has been exemplar.
- Strengthened relationships with the Third Sector.
- Continuing to meet and engage and move some work forward.
- Think this has been a tough year to make progress on these areas and questions.

*Even better if...?*

**Responses:**

- Supporting members that do not have the IT skills or equipment and a lot of time in meetings are continually wasted as the same members can't work cameras/ microphones etc.
- There has been a considerable awareness of the issues, mental health service users/carers/family members have faced during the pandemic
- Even better if the Transformation agenda is driven forward with need to understand the importance of changing/improving the service and workforce culture
- A stronger whole system approach is needed, particularly in respect of Social Services involvement from the three Local Authorities.
- *What learning points should we take with us post-COVID?*

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>
To make better use of the technology that we have and support members via our IT service	This is outside of the scope of the Committee's terms of reference. However,

helpdesk to ensure time is wasted trying to use systems.	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.  Further to this, the secretariat could re-issue the virtual meeting Etiquette Guide to Members.
That freedom to act can sometimes allow us to accelerate service redesign and be more responsive to local needs.	In agreement, however, this is outside of the scope of the Committee's Terms of Reference.
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.

#### Argymhelliad / Recommendation

The Mental Health Legislation Committee is requested to receive assurance that the actions as described above will be taken forward as part of wider governance review.

#### **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
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	MHLC Self-Assessment Questionnaire 2020/21 MHLC Terms of Reference
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:	Director of Operations Director of Mental Health and Learning Disabilities Board Secretary

<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