



PWYLLGOR DDEDDF IECHYD MEDDWL MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	2 September 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Scrutiny Group Update
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:	Andrew Carruthers
SWYDDOG ADRODD: REPORTING OFFICER:	Kay Isaacs, Head of Adult Mental Health

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

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 Committee (MHLG) on the 14th July 2014.

The purpose of this paper is to present to the Mental Health Legislation Committee an update from the Mental Health Legislation Scrutiny Group meeting held on Tuesday 10th of August 2021 and any subsequent work that the group have agreed to undertake.

Cefndir / Background

The following papers will be submitted as regular items on the MHLG agenda in line with the principal duty of the scrutiny group as described within the Terms of Reference.

- Mental Health Act Use
- SCAMHS Update Report on admissions to the designated bed on Morlais Ward
- Mental Health Measure performance report
- Local Authority Data
- Care and Treatment Audit Report
- Any other relevant report or memorandum of understanding

Papers are sent out to members of the MHLG at least seven days in advance of the meeting and members are expected to read and submit agenda items should further scrutiny of the papers be required.

Mental Health Act Report

There was an increased number of S136 detentions for this period which is the highest number since 2002, on inspecting the data a significant number of these were due to the holiday season and individuals becoming eligible for detention but who originated from outside of the Hywel Dda footprint.

In accordance with the MHA Code of Practice and least restrictive practice the use of consultation prior to detention was examined. There were eleven detentions where no consultation was undertaken by the police officer. Where section papers recorded no consultation or the rationale was too brief escalation to the Force Mental Health Coordinator is undertaken and the officer concerned is informed. An action was taken in Scrutiny to agree a processes to identify any pattern of repetition amongst officers.

Use of the Alternative Place of Safety in Pembrokeshire and Ceredigion to facilitate a mental health assessment and avoid use of the Act is reported to Scrutiny. In Pembrokeshire five assessments were undertaken outside of the Act and in Ceredigion there were fourteen which again demonstrates the principles of least restrictive practice.

Section 15 of the MHA - Rectification of applications and recommendations

There were three invalid detentions and thirty-six errors in respect of mental health documentation,

The three invalid detentions –

Section 2 – English application and medical recommendations used (using digital forms and signatures – not in force in Wales)

Section 2 – unsigned / undated application

Section 3 – medical recommendations identified bed in one ward but application was made out to another.

With regard to the invalid detentions, the patient involved in the first incident agreed to remain as an informal patient, the second required another assessment under the Act and the third was able to rectified.

In respect of documentation errors incurred by medical staff these are reported to the doctor concerned and can be rectified in 14 days. However, going forward Scrutiny will closer monitor repeated errors and identify any training required.

For nursing errors, the incident is reported via the Datix reporting system. An action was taken in Scrutiny to ensure that the correct individual with responsibility for investigating these incidents across our three district hospital is identified and this is provided to the MHA Administration Team this will ensure the investigation is completed and any learning or training requirements are acted on. In respect of error by the Approved Mental Health Professional, it was agreed that the respective Service Manager from the Local Authority will be notified as they have a duty to monitor AMHP competencies in order to monitor their practice for the renewal of an AMHP's warrant.

Scrutiny Group agreed that future reporting by CAMHS would be presented as a standalone report and finding incorporated in this paper for future meetings.

Care and Treatment Planning – Measure Legislation

The senior nurse from the Quality Assurance & Professional Development (QAPD) team presented a paper that included CTP compliance in respect of Parts 1,2,3 and 4 of the Measure, this data is provided by the Divisional Performance Analyst for MH&LD. Scrutiny Group has interrogated the data and the following explanations were received in respect of underperformance.

Part One Performance CAMHS – Under performed on Part One and Two Target

Over this quarter, the percentage of referrals accepted via the Single Point of Contact to the Primary Mental Health Team has increased and this trend continues.

The increase in referrals, along with staff having to be released from this role to undertake more urgent and critical interventions has contributed to a decrease in compliance.

Demand has been outweighing capacity as an increase in CAMHS referrals has been unprecedented during the Pandemic. The situation was further exacerbated by recruitment challenges.

Part Two Performance Learning Disability – Under performed in relation to CTP Review

The Team and Service Manager are meeting with Social Care Leads to understand the issues and develop an improvement plan with them. Clients care coordinated by Health staff are being prioritised to achieve 100% compliance by end of June. A large number of these clients were due reviews in April and May, going forward the Team Manager will ensure CTP reviews are evenly distributed across the year also monitoring of CTP compliance will now sit under the LD Clinical Advisory Group as a standing item agenda.

Currently there is an absence of data available for Parts 3 and 4 of the Measure due to transfer of data to Welsh Patient Administration System. Informatics are addressing this issue and will present the data retrospectively in the next few months.

CTP Audit

The CTP Quality Audit is the process to provide assurance in respect of adhering to standards and monitoring their quality. This process has been reviewed and is due to be replaced by the following arrangement;

Peer to peer reviews by Band 6 clinicians and an introduction of the role of a Champion in each team. There will be a maximum of 8 questions capturing the quality of the CTP. This will then be objectively reviewed by the QAPD team and a report provided for the Team Leader. This will create capacity for Clinical Leads to provide managerial caseload supervision to ensure appropriate care and treatment is provided with an emphasis on Recovery and where appropriate discharge.

Also referenced in the report was the Delivery Unit Improvement Plan of July 2017 in respect to one outstanding action which was for Care and Treatment training to be available to staff recurrently. This training is now available and data can be provided in future papers in respect to numbers of staff trained and the course content. In addition to this, bespoke reflective practice with carers has been introduced and is managed by West Wales Action on Mental Health (WWAMH) and overseen by QAPD.

Finally, the paper provided information in respect of Triangle of Care which is a model that outlines how meaningful involvement and inclusion of carers can lead to better care for people. Key standards are as follows;

- Emphasis on the essential roles that carers perform are identified on first contact or as soon as possible thereafter.
- Staff are 'carer aware' and trained in carer engagement strategies.

This is being progressed via a pilot on the in-patient wards led by the new senior nurse in the QAPD team and further updates will be provided.

Local Authority Reports

Pembrokeshire:

There are currently six AMHP's in Pembs the Service Manager who also supplement the Ceredigion rota. Also, there is a shortage of S12 doctors to undertake assessments both in and out of hours. Ideas to resolve this were discussed at the meeting and will be explored further with the lead Consultant Psychiatrist for adult mental health by the Chair.

In Pembrokeshire there have been a lack of S136 consultations for nine individuals for this quarter, the Mental Health Coordinator for Dyfed Powys Police accepted an action to interrogate this data and provide a report for next Scrutiny Group meeting.

Question raised in respect of Learning Disability CTP data that is not on Care Partner and therefore at risk of being omitted from health reporting. Action taking from Head of Learning Disability to inform next meeting as to how this is being addressed.

Ceredigion:

No representative available from Ceredigion but data received, a low number of S136s was noted although as referenced earlier there are a number of mental health assessments undertaken in Ceredigion as an outcome of avoiding use of the S136 power.

Carmarthenshire

A qualitative verbal report was received alongside the data. Generally, individuals detained under the Act were significantly unwell with some requests for assessment submitted by the nearest relatives which is a departure from previous data. This raised questions and debate around impact of Covid.

Concern was raised in respect of individuals not eligible for assessment in their local place of safety due to risk and instead transferred to Carmarthenshire. An action was taken by the Chair to share recently reviewed Risk Management guidance so that Health, Local Authority and Police where appropriate can jointly manage risk and avoid unnecessary transfer.

Argymhelliad / Recommendation

To receive the Mental Health Legislation Scrutiny Group Update

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
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: Hyperlink to HDD UHB Well-being Statement	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
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:	Long term - the importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs
	Prevention – the importance of preventing problems occurring or getting worse
	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
	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
	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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Scrutiny Group.
Rhestr Termiau: Glossary of Terms:	MHLSG – Mental Health Legislation Scrutiny Group MHLOG – Mental health Legislation Operational Group

	<p>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:	<p>MHLSG Mental Health Act Legislation Manager</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg/Cyfreithiol: Risk/ Legal:	<p>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>.</p> <p>Safety of patients</p> <p>Assurance – use of statutory mechanisms</p>
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable

**Cydraddoldeb:
Equality:**

Not Applicable