

**COFNODION Y CYFARFOD**  
**PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL**  
**HEB EU CYMERADWYO / UNAPPROVED**  
**MINUTES OF THE**  
**MENTAL HEALTH LEGISLATION COMMITTEE (MHLC)**

Date and Time of Meeting:	09.30-12.30am, Tuesday 2 <sup>nd</sup> September 2021
Venue:	Via MS Teams

Present:	<ul style="list-style-type: none"> <li>Mrs Judith Hardisty, Vice Chair of Hywel Dda University Health Board</li> <li>Mr Maynard Davies, Independent Member</li> <li>Ms Ann Murphy, Independent Member</li> </ul>
In Attendance:	<ul style="list-style-type: none"> <li>Mr Clive Smith, Carer Representative</li> <li>Mr Andrew Carruthers, Director of Operations</li> <li>Ms Liz Carroll, Director of Mental Health &amp; Learning Disabilities</li> <li>Ms Ruth Bourke, Mental Health Act Administration Lead</li> <li>Ms Donna Pritchard, Ceredigion County Council</li> <li>Mr Ken Jones, Community Health Council Representative</li> <li>Ms Jane Hitchings, Pembrokeshire Local Authority</li> <li>Ms Kay Isaacs, Head of Service, Adult Mental Health</li> <li>Ms Angie Darlington, Third Sector Representative</li> <li>Ms Sarah Burgess represented Ms Angela Lodwick, S-CAMHS Head of Service</li> <li>Ms Eleanor O'Connor represented Ms Melanie Evans, Head of Service (Learning Disabilities)</li> <li>Ms Catrin Convery, Welsh Ambulance Service Trust</li> <li>Mr Mark P Evans, Carmarthenshire County Council</li> </ul> <p>• Secretariat: Mrs Elizabeth Cook, (EC3) MH&amp;LD PA</p>

<b>GOVERNANCE</b>		
<b>Agenda Item</b>	<b>Introductions and Apologies for Absence</b>	<b>Action</b>
1.1	<p>Mrs Judith Hardisty welcomed all attendees to the meeting.</p> <p>The following apologies for absence were received:</p> <ul style="list-style-type: none"> <li>Ms Aileen Flynn, Transformation &amp; Strategic Partnerships Manager</li> <li>Superintendent Ross Evans, Dyfed-Powys Police</li> <li>Mr Richard Jones, Nurse Consultant, MH&amp;LD</li> <li>Mr Iwan Thomas, Independent Member</li> <li>Dr Warren Lloyd, Associate Medical Director/Consultant Psychiatrist</li> <li>Mrs Sara Rees, Assistant Director of Nursing, Mental Health &amp; Learning Disabilities</li> </ul>	
1.2	<p><b>Declarations of Interests</b></p> <p>No declarations of interest were made.</p>	
1.3	<p><b>MHLAC Terms of Reference</b></p> <p>The revised Terms of Reference (as presented to Public Board on 29<sup>th</sup> July 2021) were received.</p>	

	The Committee <b>RECEIVED</b> the revised MHLC Terms of Reference 2020/21.	
1.4	<p><b>Minutes of the meeting held on 15<sup>th</sup> June 2021</b></p> <p>The minutes of the meeting held on <b>15<sup>th</sup> June 2021</b> were <b>APPROVED</b> as an accurate reflection of the previous meeting.</p>	
	The Committee <b>NOTED</b> and <b>APPROVED</b> the minutes from the previous MHLAC meeting held in June 2021.	
1.5	<p><b>Matters Arising, including Table of Actions from the Minutes of the Meeting held on 15<sup>th</sup> June 2021</b></p> <p>The Table of Actions was reviewed and the following noted:</p> <p><b>MHLAC (21) 05:</b> Risks aligned to the Mental Health Legislation Assurance Committee to be received by this committee for scrutiny and assurance.</p> <p>The Director of Mental Health &amp; Learning Disabilities Directorate confirmed a request for Scrutiny Group to discuss the Risk Register in relation to Section 12, potential mitigations and to report back to MHLC via the Scrutiny Group paper. The Chair of the Scrutiny Group reported discussions regarding the lack of Section 21 doctors available in Pembrokeshire with Dr Rhys Bevan and was continuing to monitor the situation and would include an update in the next Scrutiny Group paper to MHLC.</p> <p>The Chair requested the Corporate Risk Register relating to MHLC were received to enable the committee to review the mitigations and whether they gave sufficient assurance .</p> <p>Mr Mark P Evans explained that although there were issues relating to Section 12 doctors, in terms of the workforce being able to implement the Act, there were a number of areas facing issues, including Approved Mental Health Practitioners (AMPH). MPE reported key statutory functions were experiencing difficulties in delivery across the health board area. MPE further explained that AMPH access is included within the local authority's risk register. Mr John Forbes Jones agreed that access to AMPHs was identified as a risk and there was an upcoming meeting with the health board to try and mitigate risks.</p> <p>The Director of Mental Health &amp; Learning Disabilities suggested a collective local authority paper be provided to Scrutiny Group addressing the AMPH position which could then be escalated through to MHLC if appropriate.</p> <p>Mr Clive Smith queried the mitigation in place for the declining workforce. The Chair of MHLC explained that the Terms of Reference for this committee was restricted to compliance of legislation and not across a broader risk, which would be considered by other committees. Ms Angie Darlington referred to the wider impact across the mental health community due to the availability of AMPHs and was looking at mitigation and impacts wider than the local authorities and health board as this was now starting to impact on third sector partners.</p> <p>The Chair of MHLC confirmed a planned meeting with chairs of all committees within the health board to review all the activities of health</p>	<p><b>KI</b></p> <p><b>LA</b></p>

	<p>board risks to agree a direction of considerations and noted the recent change to committee structures.</p> <p>No other items were raised.</p>	
	<p>The Committee <b>NOTED</b> the MHLC Table of Actions.</p>	

<p>1.6</p>	<p><b>Mental Health Legislation Committee Self-Assessment Exercise 2020-2021 Outcome Report</b></p> <p>Members of the Committee were provided with the responses and feedback received for the Self-Assessment Exercise and reflected on the work undertaken and completed by the Committee.</p> <p>The Chair of MHLC explained that although only 5 responses had been received overall, considered that it was important that the members saw the responses that had been returned. The Chair had discussed the responses received with the Corporate Team and confirmed this was the standard approach of assessment with all committees.</p> <p>The Director of Operations felt the feedback had been useful and self-explanatory and was open to receive questions from members.</p> <p>Ms Angie Darlington reported that it had been difficult to judge the performance of the committee over the past year other than to confirm that it had continued to meet.</p> <p>Mr Clive Smith considered the committee did not have an established understanding of what is assurance. The Committee should look at systems and procedures and identify the purpose of the activity and ensure the problems associated with the patient for whom the carer is supporting are addressed. Mr Clive Smith explained that evidence provided was not sufficiently challenging to ensure a procedure is achieving the effect sought for the patient, as required by legislation.</p> <p>The Director of Mental Health &amp; Learning Disabilities Directorate explained that as a Directorate all members had been working hard and had created resources in order to improve Care and Treatment Plan (CTP) processes and the journey in terms of the Quality Assurance Practice Development (QAPD) team (dedicated team for quality and assurance), CTP audit (redefined), strengthening of supervision within teams and looking at CTP in a more detailed way with those practitioners and the process was continually refining. Service development had progressed and conversations were regularly taking place with a holistic approach towards individuals.</p> <p>Mr Ken Jones contributed on behalf of CHC and felt that it had been difficult to contribute when the only involvement was via attendance at the MHLC meetings over the year. When representing a citizen’s voice, it was difficult to respond to strategy. Mr Jones considered it a worthwhile exercise, but with difficulty over the last year.</p> <p>Ms Angie Darlington expressed that the health board response to comments as “Not Supported” was harsh and dismissive. These comments would be forwarded to the Corporate team for future responses.</p>	<p>EC3</p>
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	<p>The Chair of MHLC noted that there was a substantial amount of information from all the self assessments conducted across all committees which had now been returned. A further meeting was being held in September, with the Corporate team who were collating all responses, to allow a full discussion and allocation of committee content.</p> <p>Mr Clive Smith noted that carers experience a wide range of issues that are covered by more than a single committee's terms of reference and questioned how the carers can be sufficiently informed.</p> <p>The Chair of MHLC agreed to forward Mr Clive Smith's comments to the Carers' Committee to ensure effective implementation of carers' thoughts.</p>	<b>Chair</b>
	<p>The Committee <b>RECEIVED</b> the health board response to the self-assessment questionnaire.</p>	

	<b>PERFORMANCE</b>	
2.1	<b>Quarterly Performance Report – Quarter 1</b>	
	<p>The Committee received the Mental Health Act Quarterly Report, which noted a gradual increase in the use of Section 3 and Section 4 of the Act and noted a marked increase in the application of Section 5 Holding Powers taking place in hospital ward settings.</p> <p>The report also highlighted the highest level of Section 136 application by the Police Service and noted that it was unclear if this was as a result of the pandemic; the scrutiny and extraction of the data would be reviewed by the Scrutiny Group.</p>	
	<p>The Committee <b>NOTED</b> that Scrutiny Group would review the data and provide an update within the Scrutiny Group paper to MHLC at the next meeting.</p>	<b>KI</b>

	<b>ASSURANCE</b>	
3.1	<b>Mental Health Legislation Scrutiny Group Report</b>	
	<p>An update was received from the Chair of the Scrutiny Group, which outlined a number of the reports that have received scrutiny from the Group. The Chair reported the inclusion of the Mental Health Officer from Dyfed Powys Police in the scrutiny of the use of Section 136 detentions and use of least restrictive practice. Reportable data in relation to the Mental Health Measure was scrutinised and a rationale and explanation of the position for children and young people and clients with learning disabilities were received, together with explanations of actions for an improving future position. The Chair of the Scrutiny Group also expanded on the work being undertaken by the QAPD team in relation to CTP training and capture of patient experience feedback. The Chair added that local authority colleagues provided reports and data to the Group, including Section 136 detentions and the use of the alternative place of safety. Further discussions regarding the position across the Health Board and three Local Authorities in relation to challenges in providing Approved</p>	

	Mental Health Professional (AMHP) and Section 12 Doctor coverage were being held, and findings would be reported to the Scrutiny Group in due course.	
	The Committee <b>RECEIVED</b> and <b>NOTED</b> the Scrutiny Group Report.	
3.2	<b>Hospital Manager's Power of Discharge Sub Committee Update Minutes from previous meeting held on 3<sup>rd</sup> August 2021.</b>	
	The Power of Discharge Sub-Committee Minutes from the meeting held on the 3 <sup>rd</sup> August 2021 were received by the Committee, which noted discussions included hearings for detained patients, case law and received a comprehensive update from the Independent Mental Health Advocate (IMHA) service. The Committee noted and approved the updated Terms of Reference for the Power of Discharge Sub-Committee.	
	The Committee <b>RECEIVED</b> the Hospital Manager's Power of Discharge Sub Committee Minutes and <b>APPROVED</b> the revised Terms of Reference.	
3.3	<b>Section 117</b>	
	The Committee received a paper providing an update on Section 117 which explained that a separate workstream has been working on the creation of a register for use by the UHB and Local Authorities. It was acknowledged this was a large and complex piece of work and a paper had recently been submitted to Scrutiny Group, proposing joint funding of a Band 3 administrative position.	
	The Committee <b>NOTED</b> the Section 117 paper.	
	<b>POLICIES</b>	
4.1	<b>Policy 741 : Information to Patients Procedure</b> <b>Policy 731 : Leave of Absence Policy</b>	
	The Mental Health Legislation Administration Lead presented two policies to the Committee that had undergone a three yearly review and was now seeking approval by MHLC.  Minimal amendments had been made to both policies:-  Policy 741 - Information to Patients Procedure Mental Health Act, 1983  The policy had been circulated to members of several forums and groups with no comments having been received. The only amendments made included reference to specific names of people that have changed roles and some gender specific references were removed. It was acknowledged that this policy provided information on an important legal safeguard for detained patients and therefore it was considered important not to delay its approval.  Policy 731 - Leave of Absence Policy	

	<p>In addition to some gender specific references and personnel changes as noted above, this policy was further amended to include some recent case law reference and reference to the process to be undertaken when patients fail to return. Reference was also added with regards to Part III patients (involved in criminal proceedings). These changes were as a result of feedback following circulation to various forums and groups.</p> <p>Some discussion was held around granting leave when the patient became the responsibility of the carer and whether enough detail in the policy was included about this. It was suggested that policies be additionally sent to the Advocacy Reading Panel via Ms Angie Darlington who can scrutinise in some detail policies and provide useful feedback.</p> <p>Both policies were supported with Equality Impact Assessments which had been updated with the support of Alan Winter, Senior Diversity and Inclusion Officer.</p> <p>The Committee agreed to approve both policies</p>	
	The Mental Health Legislation Assurance Committee <b>APPROVED</b> the revised policies as presented.	

	<b>FOR INFORMATION</b>	
5.1	<b>MHLC Workplan 2021-2022</b>	
	The timings and schedule of dates for future meetings would be confirmed outside of the meeting.	<b>EC3</b>
	The Chair, Ms Angie Darlington and Liz Carroll would consider the format of future "Patient Story" as a standing agenda item.	<b>Chair/AD/LC</b>
5.2	Reforming the Mental Health Act – Government Response to Consultation (July 2021)	
5.3	The Government Response to the Mental Health Act Review was circulated to the Committee for information in advance of the meeting.	

6.	<b>Any Other Business</b>	
	None raised.	

7.	<b>Date, Time and Venue of Next Meeting</b>	
	The next meeting of the Mental Health Legislation Committee will be held on Friday 26 <sup>th</sup> November at 1.30pm via MSTeams.	