



PWYLLGOR MONITRO'R DDEDDF IECHYD MEDDWL MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	November 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 Assurance Committee (MHLAC) 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 2nd of November 2021 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.

- 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 MHLSG 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.

Agreed Actions from August Committee Meeting

- Discussion at Scrutiny Group in relation to any risks associated with Mental Health Act (MHA) duties due to lack of availability of Section 12 Doctors.
- Local Authority position with regard to availability of Approved Mental Health Professionals (AMHP)

Pembrokeshire

The position in relation to S12 approved doctors is dependent on two independent psychiatrists, which is a fragile arrangement particularly in the event that one of the psychiatrists is not available. Health board doctors undertake in-patient assessments as well as S136 assessments when they have capacity but community MHAAs present more of a challenge due to the distance from the Unit.

Pembrokeshire report a good AMHP position, they have restructured and have a robust AMHP Duty Team and no difficulties undertaking timely MHAAs.

Ceredigion

Ceredigion manage the rota with a couple of Section 12 doctors who live locally and are flexible, they have one doctor who is prepared to travel from out of area as a contingency arrangement. Health board doctors undertake MHAAs where they have capacity at Bronglais or Gorwelion.

The AMPH position is a deteriorating one both in and out of hours, they have attempted to recruit agency workers but the disadvantage they have is the commute that is required. In hours AMHP's endeavour to cover all MHAAs and they are supported by Pembrokeshire Local Authority as a contingency. Even when the rota is covered the challenge is often timeliness of assessment due to the length of time of the commute.

Carmarthenshire

With regard to Section 12 doctors again, they rely on a small team of independent doctors and if they are not available there can be a time delay in undertaking MHAAs. Health board doctors undertake MHAAs where they have capacity on Bryngofal or Prince Philip Hospital.

AMHP position is precarious with challenges out of hours particularly and in the long-term due to an ageing AMHP workforce with a deficit of AMHP students to replace the retiring AMHPs. There have been some episodes of no AMHP availability on the rota which is managed by effective communication with health staff in order to consider other options i.e. Use of an alternative place of safety.

There has been a meeting with the Health Board to discuss AMHP issues with the three LA's. The following options to assist were discussed.

Due to some issues with the training provided at Swansea University there is now a second option to train in Bristol.

Three counties to consider how they might pool resources

To explore any health professionals interested in undertaking AMHP training

On a positive note, all agreed St John's Ambulance is having a positive impact on conveyance and without this previous problems associated with conveyance would exacerbate the aforementioned challenges.

Mental Health Act Report

Following the increased number of S136 detentions for quarter one there was a decrease in quarter two and scrutiny of data does not indicated any correlation with Covid 19. The issue of concern in relation to S136 is the number of detentions where no consultation occurred. This was captured as an action in the August meeting and the Mental Health Liaison Officer (MHLO) provided feedback on the action to examine the cases where there was no consultation occurred in order to agree and implement a plan to improve compliance

Nine cases of no consultation were reviewed and a process has been introduced whereby officers who fail to consult are contacted on an individual basis in order to correct this practice. A weekly summary is sent to the MHLO in order to review these cases in real time. It was reported that officers are appreciative of feedback and Scrutiny Group will continue to monitor this data with an expectation of increased consultations.

Increased use of S136 for young persons was noted by the group and an action was agreed for this data to be interrogated further by the head of CAMHS alongside MHA administration and the police. The outcome of this action will be reported to the February meeting with any immediate adjustments implemented. There was also a suggestion to explore the potential use of Sanctuary provision for young persons.

In Quarter Two there was increased use of Section 4 detentions but all were converted to S2 which provides a level of assurance in relation to appropriateness of use together with assurance that use of S4 related to imminent risk and not lack of availability of a second doctor.

Rectifiable errors on section papers remains an issue and all rectifiable errors are sent to the individuals concerned alongside monitoring of this data in order to identify any themes which will be acted on via Scrutiny.

Another action undertaken in order to address this was amendment of the training programme to incorporate learning from errors. A notable improvement followed the week after training.

A MHAA repeated twice for a patient on an in-patient ward was discussed at the meeting with an action taken by the medical representative of the group to investigate the matter with the ward manager and doctors concerned, the AMHP lead has been notified

Invalid Detentions

There were three invalid detentions –

Section 5(2) used in A&E

An application outside of the required 14 days

A medical recommendation for section 3 instead of a S2.

A&E were provided with feedback to ensure learning. In addition a short training video has been prepared by the MHA administration lead on Section 5(2) that has been sent to all post graduate centres for circulation to doctors in general ward settings. In addition Sarah Roberts is meeting with Sian Passey, Assistant Director of Nursing at the end of November to consider ways of delivering training to the nursing staff on receiving detention papers.

A medical recommendation for Section 3 instead of S2 was received. The individual concerned was directly detained to hospital under Section 4. This section allows for a second Section 2 medical recommendation to be received within 72 hours. In this case a second medical recommendation was made however it was a Section 3 recommendation which was incorrectly received as section 2. The MHA administration team highlighted the error by which time the 72 period had expired and the patient had to be informed they were not detained. No further detention was applied as it is recorded in the patient records they agreed to remain on the ward on a voluntary basis.

Community Treatment Order concerns

Following the completion of an audit by the MHA Administration Team it was identified that some Care and Treatment plans refer to restrictions which are not permissible for CTO use. The medical representative informed the group that this was discussed recently with the Tribunal office and whilst CTO conditions are a RC's responsibility this is a broader issue. An action was taken for a Memo to be drafted and sent out to all Responsible Clinicians and Care Coordinators in relation to permitted CTO restrictions.

As AMHPs have a role in CTOs too all Local Authority representatives agreed that this would be communicated to all AMHPs too.

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 exception reports were received in respect of underperformance.

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

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. Currently, CAMHS are undertaking a review to determine exactly where the issues are in order to problem solve with a view to increased compliance. Also exploring further recruitment and agency staff

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

As agreed the Team and Service Manager met with Social Care Leads to understand the issues and develop an improvement plan. Data now reflects the Relevant Patients care coordinated by health and local authority. Compliance has improved since quarter one and is only seven away from 90%. There is an action plan in place to continue to progress this.

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. It was agreed at Scrutiny that we will review our current monitoring of part 4 with a view to providing assurance of part four activity as opposed to monitoring the offer of an advocate only.

SG to discuss at next meeting how we improve scrutiny in respect of part three and four of the Measure.

Quality Assurance and Practice Develop Team Paper

The CTP audit is undergoing a change in focus, to enable the changes to take place the current audit process has ceased from September 1st 2021 for an approximate period of 12 weeks. It is envisaged that the Team managers will undertake a more be-spoke, reduced audit, which will be used and monitored for use within supervision between the Manager and the clinician. Data from the audit will be uploaded to the QAPD Digital SharePoint
QAPD will also continue to audit a sample of patients holding the status of 'Relevant patient' across the directorate utilising a comprehensive audit tool. The new style of CTP audit will be reviewed 6 months after the start date to give an opportunity to reflect and make additional changes to ensure it is fit for purpose

CTP Training Session 1

For the months of August/September 21 members of staff attended consisting of Nurses, Occupational Therapists, Psychologists and Social workers. Feedback from the training session evaluation forms reported that 95% felt that the training met their expectations.

CTP Training Session 2

This training is held on a quarterly basis and was last held in August 2021, 16 staff members attended. The training session is facilitated by the CTP nurse lead and co-produced alongside members from WWAMH. Positive feedback was received from the last session with staff stating that it is 'extremely valuable' to have first-hand experience from individuals with lived experience and carers roles.

QR code for Service User Experience Questionnaire

The team continue to focus on Service User Feedback/experience to be assured care provided in accordance with the Measure is of required standards. In December a QR Code will be launched initially in inpatient areas with community areas to follow. This will allow instant feedback and enable required actions to follow.

Occupational Therapy Presentation

Report presented by OT Professional Leave providing an overview of how Occupational Therapy Services can contribute to recovery through the services they deliver.

Local Authority Reports

Summary of salient points from written reports provided.

Pembrokeshire:

59 MHAAs, majority female and 29 required formal detention

Ceredigion:

38 MHAAs, majority female and 19 required formal detention

Carmarthenshire

71 MHAAs completed which is a decrease of 18 on this quarter from 2020

An interesting discussion was referenced in the report which occurred in the AMPH forum in relation to a S135 issue, to receive an update in Scrutiny in respect of legal position and any learning as well as incorporating into the S135 policy currently under review.

Documents provided to SG for Review or Information

Review of Part 1 of Measure - document available, reminded group there is a survey for completion.

S135 policy and HIW report.

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 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
Parties / Committees consulted prior to the Mental Health Legislation Assurance Committee:	MHLSG Mental Health Act Legislation Manager

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:	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
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable