



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

Date and Time of Meeting:	10:30-12:00pm, Tuesday 2 September 2025
Venue:	Ystwyth Board Room and Via MS Teams

Present:	Ms Chantal Patel, Chair of MHLC Mr Andrew Carruthers, Chief Operating Officer Ms Ann Murphy, Independent Member
In Attendance:	Mrs Becky Temple-Purcell, Assistant Director of Nursing, Patient Safety, Quality and Experience MH&LD Ms Kay Isaacs, Assistant Service Director of MH&LD Ms Ruth Bourke, Mental Health Act Administration Lead Ms Jane Hitchings, Pembrokeshire Local Authority Ms Amanda Davies, Head of Service for Adult Mental Health Service Ms Kate Davies, Carmarthenshire Local Authority Supt Chris Neve, Dyfed-Powys Police Secretariat: Ms Manon Horscroft, PA to Assistant Director of Nursing, Patient Safety, Quality and Experience MH&LD

MHLC (25) 18	Introductions and Apologies for Absence	Action
	<p>Ms Chantal Patel introduced herself to the Committee as the new Chair and welcomed all attendees to the meeting. Members were informed that the meeting was not quorate however, certain actions are required to be completed following the meeting to enable document approval.</p> <p>All documents scheduled for approval during the Committee meeting will be progressed as Chair's actions and will be circulated to Ms Eleanor Marks for official approval following the meeting.</p> <p>The following apologies for absence were received:</p> <ul style="list-style-type: none"> • Eleanor Marks, Vice Chair of HDUHB • Iwan Thomas, Independent Member • Liz Carroll, Service Director MH&LD Clinical Care Group • Dr Warren Lloyd, Associate Medical Director/Consultant Psychiatrist CAMHS • Angie Darlington, West Wales Action for Mental Health • Corinne Everett-Guy, Carmarthenshire Local Authority • Sarah Roberts, Mental Health Legislation Manager • Simon Thomas, Ceredigion Local Authority • Neil Mason, Head of Service Older Adult Mental Health 	MH

MHLC (25) 19	Declarations of Interests No declarations of interest were made.	
MHLC (25) 20	Minutes of the meeting held on 5 June 2025 The minutes of the meeting held on 5 June 2025 were APPROVED as a Chair's action due to the meeting not being quorate. They will be circulated to members following the meeting to ensure an accurate reflection of the previous discussion.	
	The Chair NOTED and APPROVED the minutes from the previous MHLC meeting held on the 5 June 2025 as a chairs action and will be formally approved through email due to quoracy.	
MHLC (25) 21	Table of Actions from the meeting held on 5 June 2025 There were no outstanding actions to review from the previous meeting.	
	The Committee RECEIVED and NOTED the MHLC Table of Actions.	
MHLC (25) 22	Power of Discharge Sub-committee The Power of Discharge Sub-Committee met on 7 August 2025. The group focused particularly on matters relating to Section 23 of the Mental Health Act, specifically the discharge of patients whether by hospital managers, responsible clinicians, or the Mental Health Review Tribunal. The group also discussed the appointment of new hospital managers, with three successful candidates recently recruited. These individuals are scheduled to undergo induction next week, facilitated by the relevant team. In addition, a process has been established for the appraisal of all current hospital managers, which is conducted on a three-yearly basis. Feedback from these appraisals, particularly around training needs, has been reported back to the Power of Discharge Group and will be incorporated into future agendas. Encouragingly, there has been a noted increase in applications to become hospital managers, reversing the declining trend observed since the COVID-19 pandemic. Ms Patel queried regarding the accuracy and completeness of the minutes from the previous meeting, specifically in relation to a point raised by John Williams concerning capacity assessments. Ms Bourke noted that while the issue had been discussed, it did not appear to be a clearly recorded action arising from it. The discussion clarified that the intended action may have been for Hospital Managers to consider, during review meetings, whether any previous capacity assessments had been undertaken for the individuals being reviewed.	

	<p>It was further explained that medical capacity assessments are distinct from Mental Health Act detentions and must be considered on a case by case basis.</p>	
	<p>The Committee RECEIVED and NOTED the Power of Discharge Sub-committee.</p>	
<p>MHLC (25) 23</p>	<p>Mental Health Legislation Scrutiny Group</p>	
	<p>Ms Kay Isaacs noted a correction on the report regarding the authorship of the paper. It was clarified that the paper had been authored by Mrs Sarah Roberts, Vice Chair of the group and not Ms Kay Isaacs.</p> <p>A minor inconsistency was highlighted on page 39 of the report, where a sentence referenced both an increase and a 30% reduction in assessments during the same quarter. It was agreed that this appeared to be a typographical error, and clarification would be sought to rectify the contradiction.</p> <p>Ms Isaacs raised that during the meeting key item discussed was the options appraisal work relating to places of safety under Section 136 of the Mental Health Act. An update on this work had recently been presented to the Quality Committee, with the expectation that it would progress to Board in December.</p> <p>The group also maintains a standing item on Right Care, Right Person, and an update was provided by Supt Chris Neve. Supt Neve confirmed that phases 3 and 4 of the programme had gone live on 17th August, albeit as a soft launch due to ongoing challenges around transport and available facilities across the Health Board. The current approach involves requesting ambulance transport for all Section 135 and 136 cases, with data being reviewed monthly to monitor the number of requests, ambulance attendance, and patient conveyance. This data will be shared with WAST (Welsh Ambulance Services Trust) and discussed in future meetings. Supt Neve confirmed that this process applies equally to children and young people, with the overarching aim of avoiding the use of police vehicles for mental health patient transport wherever possible. A Power BI dashboard is being used to monitor and report on this data, which will also be shared with the Scrutiny Group and the Partnership Board.</p> <p>Further to this, an update was provided on the risk register, which remains unchanged since the previous meeting. The key risk continues to be the temporary closure of the Place of Safety in Aberystwyth. Ongoing bed pressures were highlighted as a significant operational challenge, particularly in relation to delayed admissions under Section 136. In some cases, individuals assessed in the community with two medical recommendations cannot be formally detained due to the unavailability of inpatient beds. These cases are prioritised through twice-daily bed</p>	

	<p>conference meetings, which monitor current occupancy, discharges, and pending admissions. During delays, individuals remain in the community under the oversight of the Community Crisis Team, who work closely with the person and their family to provide interim support. While not always possible, efforts are made to maintain individuals within their local area.</p> <p>As part of the contingency planning, it was noted that the use of private beds may be considered in exceptional circumstances. However, this is a last resort due to concerns around Quality, Safety, and financial implications, as it often involves placing individuals outside their local area and incurs significant cost pressures. Additional contingencies include the temporary use of the Section 136 suite as an admission space and the use of a ring-fenced under 18s bed when necessary. These decisions are made on a risk assessed, case-by-case basis, balancing clinical need and system capacity. It was acknowledged that, in some instances, patients may be admitted to one unit and later transferred to another, which can be disruptive to their care experience. Every effort is made to minimise such moves and maintain continuity of care.</p> <p>In response to a query about the resilience of the Community Crisis Team, assurance was provided that the service has built-in flexibility within its staffing model. Budgets include headroom to accommodate annual leave and study leave, ensuring that core service delivery is maintained without disruption, even when individual staff members are absent.</p> <p>Ms Isaacs also noted that, as part of the standing agenda, a report is routinely provided by Ms Amanda Davies in respect of the Mental Health Measure, alongside a report on the Mental Health Act, both of which are summarised within the current agenda. In addition, the group receives a Local Authority report, with consistently strong attendance and engagement from local authority colleagues, particularly from Carmarthenshire. These reports are scrutinised collectively, and the data is reviewed in collaboration with partners.</p>	
	<p>The Committee RECEIVED and NOTED the Mental Health Legislation Scrutiny Group.</p>	
<p>MHLC (25) 24</p>	<p>Mental Health Act Report</p>	
	<p>Ms Bourke provided an update on Mental Health Act Report covering the period April to June 2025. It was noted that the report provides a comprehensive overview of the use of the Mental Health Act across the Health Board.</p> <p>Due to the public nature of the committee, specific figures below five cannot be disclosed in the report to maintain confidentiality, which may explain the absence of some detailed breakdowns. Key</p>	

highlights from the reporting period included a notable increase in the use of Section 4, which has since returned to typical levels, and a record low use of Section 5(2) holding powers. The report also highlighted ongoing tensions within general hospital settings, where Section 5(2) powers are often applied, and continued challenges with Section 136 detentions, particularly where individuals are taken to A&E departments rather than designated Places of Safety.

Concerns were raised regarding delays in receiving data related to Section 136 detentions, as well as instances where assessments were not completed within the legal timeframe, and patients were not always informed of their rights. These issues remain a significant area of concern and are being actively monitored. The committee was also reminded of the increase in applications to Hospital Managers, which had been discussed earlier in the meeting. The report was presented for scrutiny and assurance, with the committee acknowledging the complexity of the data and the operational pressures influencing the use of the Mental Health Act across the Health Board.

During the discussion of the Mental Health Act Report, a question was raised regarding the number of Section 2 detentions where individuals are placed in out-of-area beds, commissioned and financed by the Health Board. It was noted that this specific data is not currently included in the report, although it was acknowledged that such placements do occur, particularly when there are no available beds within the Health Board area. In these cases, the Health Board is responsible for funding the placement, which is often sourced from private providers and financed through the mental health commissioning budget. This practice, while necessary in high-risk situations, is not considered acceptable from either a quality and safety perspective—due to the impact on continuity of care and distance from family and familiar services—or from a financial standpoint, given the significant cost implications.

It was confirmed that local authorities are involved in the application process for detentions and may hold relevant data, particularly where medical recommendations are in place but detentions are delayed due to lack of bed availability. As a result, one of the actions from the Scrutiny Committee is to work with local authorities to begin collecting and incorporating this data into future reports. The committee discussed the importance of understanding how many individuals are being placed out of area, the duration of such placements, and the associated costs, as well as the impact on patient experience. It was agreed that while this may not be routinely monitored through the scrutiny group, the information could be shared for assurance purposes.

	<p>The group also discussed the clinical judgement involved in determining whether a patient assessed as detainable under Section 2 or Section 3 can be safely supported in the community while awaiting a bed, or whether the risk level necessitates immediate admission, potentially to a private facility. In cases requiring specialist treatment not available locally—such as for eating disorders or medium secure care—placements are commissioned through the Joint Commissioning Group. The committee acknowledged the complexity of these decisions and the need for ongoing oversight to ensure both patient safety and responsible resource use.</p> <p>Further discussion focused on the increase in Section 4 detentions, particularly in Ceredigion, which prompted a query from Ms Kate Burton. As a former Approved Mental Health Professional (AMHP), Ms Burton expressed concern about the rise and asked whether this was a short-term issue or indicative of a longer-term problem with Section 12 doctor availability. It was confirmed that the increase in Section 4 usage was likely linked to medical staffing challenges, particularly in Ceredigion, where it has been difficult to secure Section 12 doctors, especially out of hours. While this is a national issue, it is exacerbated in rural areas due to geographical constraints. It was noted that Carmarthenshire and Pembrokeshire often draw from the same limited pool of Section 12 doctors. The committee acknowledged that this has led to a greater reliance on Section 4 detentions, which are intended for emergency use when a second doctor is not immediately available.</p> <p>The group was informed that the national mental health workforce plan includes actions to address Section 12 availability, including the use of digital tools to better map and allocate doctors. However, the impact of these measures has not yet been fully realised. The issue is being escalated through various channels, including Mental Health Act administration, workforce planning submissions, and quality governance structures.</p> <p>The committee noted the report for assurance and recognised the need for continued monitoring and system-wide collaboration to address the challenges highlighted.</p>	
	<p>The Committee RECEIVED and NOTED the Mental Health Act Report.</p>	
<p>MHLC (25) 25</p>	<p>Mental Health (Wales) Measure 2010 Report</p>	
	<p>The committee received the quarterly report on the Mental Health (Wales) Measure, which provided data across all four parts of the Measure, along with additional contextual information not required by legislation but included to support broader understanding. It was noted that Part 1, which relates to primary mental health support services, showed a particularly positive outcome this quarter, with</p>	

all areas achieving full compliance against targets—marking one of the first quarters where all indicators were reported as green.

For Part 2, which covers Care and Treatment Planning, performance remained strong across the board. A minor dip was noted in Learning Disabilities (LD) services, with a 0.3% drop in compliance, but this was discussed and understood within the context of local operational challenges. It was highlighted that Ceredigion had previously been underperforming in this area, but recent data showed a significant improvement from 40% to 70% compliance, reflecting a positive trajectory. This improvement was attributed to the efforts of the local team, despite ongoing challenges such as vacancies, sickness absence, and medical cover pressures.

The report also included data on referrals and discharges, showing fluctuations in the number of patients entering and leaving services. While some months showed more discharges than admissions, this was considered a normal variation that typically balances out over the quarter. The number of patients being referred from 111 Option 2 to secondary mental health services had increased slightly, which was viewed positively as it indicated effective use of the single point of access and timely handover to Community Mental Health Teams (CMHTs).

Under Part 3, which relates to the timeliness of correspondence following assessments, it was reported that one case in adult services missed the 10-working-day target due to staff leave. However, all other services met the target. The report also included non-mandated data on waiting times for assessments, and it was confirmed that advocacy services maintained 100% compliance throughout the quarter.

Looking ahead, it was noted that CAMHS data will be included in future reports, as this has not previously been captured. Additionally, the committee was updated on the follow-up process after inpatient discharge, which, while not part of the Measure, is being monitored due to its importance in patient safety. All patients discharged from inpatient services are offered a follow-up assessment by either the Crisis Team or CMHT, recognising the post-discharge period as a high-risk time. Although one patient was missed in April during the early stages of data collection, the service is now achieving 100% compliance. This work aligns with the National Patient Safety Programme on safe discharge standards, and the committee was assured that the Health Board is already implementing the forthcoming standards ahead of formal publication.

The committee welcomed the report and acknowledged the progress made, particularly in areas previously underperforming.

	<p>The proactive inclusion of additional data and alignment with national safety initiatives was commended as a sign of strong governance and commitment to continuous improvement.</p> <p>During the discussion Ms Patel queried Part 2 Care and Treatment Planning, specifically around how compliance is measured. It was noted that while the reported data reflects whether a Care and Treatment Plan (CTP) is in place, there was concern that this may not fully capture the quality or effectiveness of the plans. It was highlighted that, although CTPs are often well-structured when reviewed by Hospital Managers, there is limited visibility of how these plans are being reviewed and updated over time, which may result in gaps in care.</p> <p>In response, it was confirmed that while the compliance data reflects the presence of a CTP, there is also a separate audit process in place to assess the quality of the plans. Team Managers routinely review CTPs as part of case supervision, and a formal audit is conducted by the Quality Assurance and Professional Development Team. This audit process has recently been reviewed and expanded to include not only the CTPs but also associated documentation such as comprehensive assessments, risk assessments, and general clinical record-keeping. The revised audit framework is currently being piloted, and it is anticipated that a full audit report will be presented at the November Mental Health Legislation Scrutiny meeting. This will then be included within the Scrutiny report for December to provide further assurance on the quality and consistency of care planning across services.</p>	KI
	<p>The Committee RECEIVED and NOTED the Mental Health (Wales) Measure 2010 Report.</p>	
MHLC (25) 26	Risk Register	
	<p>The committee reviewed the Risk Register, noting that the content had already been covered in the earlier Scrutiny Group report. It was confirmed that there had been no significant changes since the last meeting, and no new risks had been added. The ongoing risk associated with the temporary closure of the community-based Place of Safety in North Ceredigion was highlighted, particularly in relation to Section 136 provision, which continues to be monitored as part of the broader strategic review.</p> <p>The committee acknowledged that this risk remains active while the proposal progresses through the appropriate governance channels.</p> <p>A specific query was raised regarding the current risk score for the risk associated with patient care in the North Ceredigion area due to workforce capacity, which had last been reviewed on 23rd July. It was noted that while the situation remains fragile, a recent</p>	

	<p>resignation had been managed effectively, and temporary arrangements are in place to maintain service continuity. However, it was acknowledged that these arrangements may need to continue longer than originally anticipated. A process is underway to evaluate the impact and develop recommendations for a future service model.</p> <p>Despite the workforce challenges, the committee was assured that performance in Care and Treatment Planning is showing signs of improvement, and no serious incidents have been reported that would indicate a deterioration in quality. While there has been an increase in admissions, this is understood to be part of the broader system pressures. The ability to sustain the workforce during this period was viewed positively, and the recent appointment of new leadership in the area is beginning to have a stabilising effect.</p> <p>Encouragingly, the area is now generating interest from external candidates, including applications from other health boards and a forthcoming interview with an experienced doctor. The committee also noted the positive impact of internal development, with staff progressing through local training pathways. The team in North Ceredigion was commended for their resilience and cohesion, supported by two newly appointed managers who are contributing positively to team dynamics.</p> <p>The committee discussed whether the planned actions are likely to be implemented within the stated timeframes and whether they will effectively reduce the risk or mitigate its impact. Based on the information presented, the committee agreed that appropriate controls and mitigating actions are in place and that progress is being made. Assurance was provided that the situation is being actively managed and monitored.</p>	
	<p>The Committee RECEIVED and ASSURED the Risk Register update.</p>	
<p>MHLC (25) 27</p>	<p>Mental Health Bill update</p>	
	<p>The committee received an update by Ms Bourke on the reform of the Mental Health Act, delivered by by Thelma Massa, an independent organisation currently involved in the implementation of digital platforms for Section papers in England. While these platforms are not yet in place in Wales, Thelma Massa is actively engaging with stakeholders to introduce similar systems in the future. The event focused on the proposed Mental Health Bill, which remains under consideration in Parliament and has not yet entered the second stage of scrutiny. As such, the final content of the legislation is still subject to change.</p> <p>Key anticipated changes include the introduction of stricter detention criteria, particularly for Section 2 and Section 3, which may result in fewer admissions under the Act. Additionally, the</p>	

	<p>duration of detention periods is expected to be reduced for example, Section 3 detentions may shift from the current six month period to a revised structure of three months, three months, and six months, with increased requirements for Hospital Manager assurance at each renewal stage. These changes are likely to have significant operational implications, including increased administrative responsibilities and oversight requirements.</p> <p>It was noted that the current system already faces challenges in meeting existing legislative requirements, and there is concern that services across Wales may not be fully prepared for the scale of reform proposed. In recognition of these pressures, Parliament is expected to implement the new legislation in phased stages over a 10 year period, although the specific timeline and components of each phase remain unclear.</p> <p>A question was raised regarding the cost and resource implications of the reform, particularly whether funding would be allocated across the UK or specifically within Wales. While details remain uncertain, it was acknowledged that the financial impact is likely to be substantial. The update was provided for information and assurance, and the committee agreed to continue monitoring developments closely as further details emerge.</p>	
<p>The Committee RECEIVED and NOTED Mental Health Bill Update.</p>		

MHLC (25) 28	Policies for Approval	
	<p>11. Extension request for Section 136 Policy Section 136 Joint Procedure policy is due for its 3 yearly review by 24 March 2025 and following discussion within Mental Health Services a request was made to Committee that the policy is given a 6 month extension which the Written Control Document Group agreed to on the 28th January. The Mental Health Legislation Committee agreed on the extension of the Section 136 Joint Procedure under Chairs action.</p> <p>12. Section 117 Policy The committee also received an update on the Section 117 Policy, which has undergone a comprehensive review over the past six to eight months. A dedicated working group was established to revise the policy, resulting in a version that is significantly more user-friendly and accessible. The revised policy has been scrutinised locally and reviewed by the Written Control Document Group, with positive feedback received. The committee was informed that the policy is now ready for formal approval. The Mental Health Legislation Committee approved the Section 117 Policy under Chair's action.</p>	

	<p>Ms Jane Hitchings raised a concern from a local authority perspective, noting that the revised policy is not currently a joint policy signed off by the three local authorities. Ms Hitchings highlighted historical challenges in achieving consensus, particularly around funding arrangements, and emphasised that Section 117 should be viewed as more than a financial framework. Ms Hitchings stressed the importance of aligning the policy more closely with Care and Treatment Planning, suggesting that the two should be integrated to ensure a more joined-up approach to patient care.</p> <p>In response, it was acknowledged that while the current version of the policy outlines the principles of Section 117, further work is needed to ensure consistent operationalisation across local authority areas. The committee agreed that the implementation framework, including flowcharts and practical guidance, should be developed collaboratively to address variations in practice and secure broader buy-in. It was confirmed that local authority representatives are part of the working subgroup, and that future iterations of the policy should aim to reflect a more integrated system-wide approach.</p>	
	<p>The Committee RECEIVED and NOTED that there were no policies for renewal.</p>	

MHLC (25) 29	Schedule of Meetings 2025-2026	
	For information only.	
MHLC (25) 30	Annual Work Plan 2025-2026	
	For information only.	
MHLC (25) 31	Schedule of Meetings 2026-2027	
	For information only.	

MHLC (25) 32	Any Other Business	
	No updates for the meeting.	

MHLC (25) 33	Matters for Escalation to Board	
	<p>Alert: The Mental Health Legislation Committee had no matters of which to alert the Board.</p> <p>Advise: The Mental Health Legislation Committee had no matters of which to advise the Board.</p>	

Assure:

- The Committee received the quarterly update from **the Power of Discharge Sub-Committee**, summarising key discussions from the meeting held on 7 August 2025. Key discussions included concerns around capacity assessments, increased applications to hospital managers, and the absence of discharges over the past year. The Committee also reviewed the annual report, discussed lay member appraisals, discharge planning, and identified training needs.
- The Committee received an update from the **Mental Health Legislation Scrutiny Group**, which met on 14 August 2025. The meeting was held in a hybrid format, with good representation from local partners, including voluntary sector representatives and regular attendance from police colleagues.
- The Committee received the **Mental Health Act Report**, which provides assurance that the Mental Health and Learning Disabilities Clinical Care Group is correctly carrying out its delegated responsibilities under the Mental Health Act 1983, and that the Act is being properly applied across the Local Health Board area.
- The Committee received the **Mental Health Measure 2010 Report**. The report provided assurance on compliance with the four parts of the Measure and highlighted areas of performance and concern.
- The Committee received an update on the **Mental Health Bill**, currently progressing through Parliament. Key changes include revised detention criteria, new safeguards for individuals with learning disabilities or autism, and the introduction of a Nominated Person role. Advance Choice Documents and statutory Care and Treatment Plans will be prioritised, with greater demands on community services. Implementation is expected from 2027 over a 10-year phased rollout, with significant financial and workforce implications.
- The Committee received two policy updates during the meeting. A six-month extension request for the **Section 136 Policy** was presented for approval. As the meeting was not quorate, the extension was approved as a Chair's action and will be formally ratified by the Committee via email circulation. The **Section 117 Aftercare Procedure Policy**, due for its three-year renewal, had progressed through the Health Board's approval stages and required final endorsement by the Mental Health Legislation Committee. Due to the lack of quoracy, this policy was also approved as a Chair's action and will be formally ratified by the Committee via email circulation.

	<p>Review of Risks: The Mental Health Legislation Committee reviewed the five corporate risks which are aligned to it. As part of its review, the Committee considered the status of each risk and the current score of each risk. The following risks were discussed during the meeting. No changes have been made to the status of these risks at this time:</p> <ul style="list-style-type: none"> • 2090 – Risk to continuity of patient care in the Ceredigion area due to workforce Capacity • 1857 – Risk of significant delay in admission for individuals with medical recommendations for admission under the Mental Health Act. • 1781 – Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion County, meaning that patients may have to be cared for in the Acute setting. 	
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MHLC (25) 34	Date, Time and Venue of Next Meeting	
	<p>The next meeting of the Mental Health Legislation Committee will be held on Monday 1st December 2025. This may be in person and via MS Teams from 10:30am- 12:00pm. The venue for the in-person meeting will be notified nearer to the date of the meeting.</p>	