



PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Scrutiny Group Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Exec Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Sarah Roberts, Mental Health Legislation Manager

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 Mental Health Legislation Scrutiny Group (MHLSG) is sub-group of the Mental Health Legislation Committee (MHLSC).

The purpose of this paper is to provide the MHLSC with an update from the MHLSG meeting which was held on Tuesday 3rd May 2022 and any subsequent work that the group has 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
- SCAMHS Update Report on admissions to the designated bed on Morlais Ward
- Mental Health (Wales) Measure performance report
- Care and Treatment Audit Report
- Local Authority activity data and narrative
- 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.

Asesiad / Assessment

There were no required actions for the MHLSC from the March Committee meeting.

Quarterly activity report on use of the Mental Health Act

The Mental Health Act quarterly report was presented to the group. The report highlighted the lower than average MH activity which was also seen by the Local Authorities and Dyfed Powys police. Some discussion took place as to the reasons for this; the sec 136 reduced activity was thought to be due to the improvements that have been made for a single point of contact for officers to consult with and increased training which has made the system more streamlined. Some wards had been closed to admissions during the period due to Covid and there were a high proportion of unwell patients on inpatient wards detained under sec 3, which means there were less discharges.

Section 15 – The number of errors were lower than normal and this would be consistent due to the fact there were lower submissions of section papers. However, it was pleasing to note that there were no unlawful detentions during the quarter, which is the first time in several years that this has happened.

SOADs have continued to complete medication certificates remotely but the MHA team have recently been informed by HIW that they are now planning to return to face to face visits in order to issue certificates which although we accept it is an important safeguard we do have concerns that waiting times for certificates will start to slow down again to longer waiting times which we experienced pre Covid.

Discussion took place about Locked Door reporting, following the last MHLIC meeting some scoping took place across Wales and six Health Boards confirmed that they do not collate any data or report any figures on locked doors to their groups or Committees. The Code of Practice states that “*Where doors are locked the nurse in charge should keep a record of the action using local incident reporting procedures*”. The Health Board is currently commencing a 3 yearly review of its Locked Door policy and the MHA Administration team will be part of the review group.

The wards have a high proportion of detained patients so as a practice issue it should be contained within future Scrutiny Group reports to include how many patients are subject to MHA and how many are subject to DOLs. This information will be provided as a snapshot figure for future meetings.

Mental Health Measure (Wales) Activity

A verbal report was provided to the group on current MH Measure data and figures. The group was provided with only two months data due to delay in being provided the third months figures. The Measure data isn't able to provided in enough time for the group to scrutinise it fully. The group won't always have full 3 preceding months we will have to have different months for each meeting i.e. The August meeting will look at 4 months data. We are currently rushing to get quality information and will give more time to drill down into the data being provided and write more robust reports which will be more meaningful .

Part 1 - Very low figures for under 18's, unfortunately there was no attendance by CAMHS to provide the group with some feedback as to why the figures were so low. An action taken for some feedback from Head of CAMHS service for reasons and if they have any projections as to whether they are going to increase. The Part 1 figures for Adult and Older Adults were very good and within targets.

Part 2 – The average figure has dropped and it is thought to be due to reporting issues and everyone have a valid CTP plan. There is a plan in place for Business Managers to take a more active role in ensuring accuracy. An audit remains in place in relation to quality assurance.

Part 3 data – The figures are consistently showing as 100%. A piece of work is being undertaken to look at the feedback from people if they have self-referred within 10 working days. Most people are being re-referred via their GP and not self-referring themselves and to look at the Part 3 letter being sent out providing information on re-referring. Within the data it is also not very clear on the number of people being taken on by teams so it does not reflect the activity within the teams. Data is not being collated on the number of people being referred into the teams and there is a huge demand on allocation of care co-ordination so there is a plan to undertake a piece of work to look at how many people have been taken on under CTP and how many have been discharged.

Part 4 – 100% of patients are currently being offered Advocacy.

The group was aware that there needed to be clarification of care co-ordination for CTP patients within Learning Disabilities and who is care co-ordinating those patients within the Local Authorities. Realigned services need to be escalated and a conversation will take place outside this meeting.

DU report

An update was provided the Head of Learning Disabilities on the Delivery Unit CTP review which was undertaken in 2018. There continues to be the lack of an integrated IT system between health and social care and there still needs to be an improvement in the integration across health and social care in learning disability services.

Local Authority Reports

Summary of salient points from written reports were provided by the respective county representatives.

Ceredigion

Use of place of safety positively within Aberystwyth noted and decreased use of the MHA As many out of hours assessments are carried out as within the day. A reduction in use of Section 135(1) warrants. The bed conferences and police liaison meetings are a positive factor and the picture is promising.

Carmarthenshire

The figures are reduced within quarter 4 and there's been a decreasing trend. Compulsory powers are being used to a lesser degree.

Pembrokeshire

Due to technical issues a verbal update could not be provided.

Documents provided to Scrutiny Group for Review or Information

No documents provided for the May meeting

Pertinent discussion and actions agreed in MHLSG

- Review Terms of Reference for Group

- Locked Door reporting - Agreement not to include within report to MHLC and for further discussion at Ward Managers Forum and with Senior Nurse who has good oversight of the wards about what is reported to the Scrutiny Group.
- Sec 136 information on people diverted from Sec 136 – provide a more accurate picture to the group on those diverted and get an assessment another way.

MH Measure

- Provide performance data to the group at the next meeting on re-referrals and the activity of the CMHTs.
- Change timeframe of activity for reporting to the scrutiny group to ensure more robust reporting.

Argymhelliad / Recommendation

To receive the Mental Health Legislation Scrutiny Group update and accept the proposal for new arrangements for reporting Mental Health (Wales) Measure data.

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 MHLC on the Scrutiny Groups activity. This includes the submission for 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 Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 6.2 Peoples Rights Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the MH Legislation Scrutiny Group
Rhestr Termiau: Glossary of Terms:	MHLSG – Mental Health Legislation Scrutiny Group CWCDG – Clinical Written Control Documents Group MH/LD – Mental Health & Learning Disabilities WMF – Ward Managers Forum CRHT – Crisis Resolution Home Treatment QAPD – Quality Assurance Practice Development IMHA – Independent Mental Health Advocate SSWA – Social Services & Wellbeing Act MHA – Mental Health Act, 1983 MHM – Mental Health (Wales) Measure DOLs – Deprivation of Liberty Safeguards LPS – Liberty Protection Safeguards HIW – Healthcare Inspectorate Wales CIW – Care Inspectorate Wales CHC – Community Health Council CTP – Care & Treatment Plan CMHT – Community Mental Health Team CTLD – Community Team Learning Disability OAMH – Older Adult Mental Health
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	MHLSG MH 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 Health Board
Ansawdd / Gofal Claf: Quality / Patient Care:	
Gweithlu: Workforce:	
Risg: Risk:	Risk of non-compliance with the MHA 1983 and with the Welsh Government's Code of Practice for Wales, Mental Health (Wales) Measure 2010 Code of Practice Safety of Patients Use of Statutory mechanisms

Cyfreithiol: Legal:	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Enw Da: Reputational:	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Gyfrinachedd: Privacy:	e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Cydraddoldeb: Equality:	e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906