

**TABLE OF ACTIONS FROM
MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE
HELD ON 13th March 2023**

12 th December 2022				
MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
MHLC (22) 03	Ms Sarah Roberts will liaise with Mr Neil Mason following the meeting on the Referral Pathways of Older Adults.	SRO	March 2023	There are clinical nuances between Older Adult Mental Health (OAMH) Service users and Adult Mental Health Service users, it is not predicated on age. The OAMH client group are mostly people with a concomitant frailty syndrome and thus the biological interface with their mental health condition is considerably pronounced and most of the service's caseload are people living with moderate to advanced dementia, so reliance on and support for carers is paramount. One major complicating factor for people living with dementia – generally - and those with access to the facility of Part 3 of the MH Measure, is that most changes in their health presentation are due to biological triggers resulting from their frailty syndrome, most commonly pain and delirium and more often than not require a medical rather than a psychiatric response, although at times both are required. Most of OA referrals therefore by clinical necessity - a key

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				<p>feature of the clinical pathway - go via primary care to rule out biologically based changes in the first instance. So this may also be a reason for low reporting of self-re-referrals as they will be registered from the GP and not as part 3. This frailty syndrome is also often the same for OAMH services users with what's called functional mental health needs.</p> <p>Nevertheless, OAMH CMHT care coordinators are aware of PoA for Health and Welfare and Part 3 of the MH Measure, do hold discussions and make recommendations on this topic with carers as routine practice. The individual's right of recourse to Part 3 is also embodied within the discharge letter that would go to the carer upon the client being incapacitated. As far as I understand OAMH has consistently had low Part 3 rates however OA will take a closer look at this against previous baselines.</p>

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MHLC (23) 04	Ms Liz Carroll will liaise with Ms Angela Lodwick for input on the Targets for the service as this is targeted intervention for Part 1A of the Part 1B of the Measure.	LC/AL	June 2023	
MHLC (23) 05	Mrs Becky Temple-Purcell believes that the Scrutiny Group should investigate and dissect the figures' evidence base in depth. Mrs Becky Temple-Purcell suggested that admissions and activity related to the Mental Health Act be included in future reports alongside overall bed utilisation and admissions.	RB	June 2023	Completed.
MHLC (23) 06	Ms Liz Carroll proposed including all policies on the Written Control Document Group Tracker to provide regular reminders for them to be reviewed within the timeframe.	LC/RB	June 2023	Completed.