



**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Scrutiny Group Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Kay Isaacs, Chair, Mental Health Legislation Scrutiny Group

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 is a Sub-Group of the Mental Health Legislation Committee (MHLC).

The purpose of this paper is to present the Mental Health Legislation Committee an update from the Mental Health Legislation Scrutiny Group (MHLSG) meeting held on 1st May 2025.

Cefndir / Background

The following papers are submitted as standing items on the MHLSG agenda in line with the principal duty of the scrutiny group as described within the Terms of Reference alongside any other relevant reports.

- Mental Health Act Use which includes a Specialist Child & Adolescent Mental Health Service (SCAMHS) report on admissions to the designated bed on Morlais Ward
- Mental Health Measure performance report
- Three County Local Authority Mental Health Act Data reports
- Quality Assurance and Practice Development – Care and Treatment Plan Audit

Papers are sent out to members of the MHLSG seven days in advance of the meeting and members are expected to read all papers to allow for scrutiny and discussion in respect of information provided.

The May meeting had good representation from agencies, reports were shared ahead of the meeting to facilitate both discussion and scrutiny in respect of mental health legislation.

There were no outstanding actions from Scrutiny Group (SG) or legislation committee.

S136 Review - Multi- Agency Options Appraisal Review Update

Following a joint review by the then, MHL D Directorate and the Health, Safety and Security Team, there was a recommendation to consider a centralised place of safety for S136 detentions. A multi-agency stakeholder group was assembled to undertake this task which comprised of health representatives from the Clinical Care Group for Mental Health, Mental Health Act Administration Team, Dyfed Powys Police, local authorities, Carmarthenshire, Pembrokeshire, Ceredigion, West Wales Action for Mental Health (WWAMH) and Llais. The most recent meeting was in February and the Quality Impact Assessment document was completed. There is now a draft paper in progress in relation to the outcome that will be presented to board in July 2025.

Right Care Right Person

As agreed at committee, Right Care Right Person (RCRP) is now a standing MHLSG agenda item. To summarise, Right Care, Right Person is being implemented by police forces across England and Wales to enable them to undertake management of the highest risk of mental healthcare work enabling them to focus on maintaining community law and order. A national toolkit has been developed by the National Police Chiefs' Council (NPCC) and the College of Policing to support police forces in implementing Right Care Right Person, which will see vulnerable people receiving the specialist health support they need. Dyfed Powys Police updated that there have been three workshops for police to attend in relation to the RCRP approach. Dyfed Powys Police are now entering phase 3/4 to create a system within the control room where requests for ambulance transportation can be officially logged. There are two types of requests for transportation, mental health and physical health, previously, the only method to record the MH requests were on the S136 and S135 monitoring forms, or on the STORM system. However, there is no set criteria for this data to be logged in a certain way on our systems and it's not consistent which this new process will now correct.

Risk Register

There are three legislation service risks on the MH&LD Clinical Care Group Risk Register.

- Temporary closure of the Community Place of Safety at Gorwelion, Aberystwyth.

This remains unchanged whilst the S136 Multi Agency Option's Appraisal progresses to a conclusion.

- Delayed admission to hospital following a Mental Health Act Assessment (MHAA) when medical recommendations for detention have been provided.

This issue was recorded on the risk register due to non-availability of a bed post MHA which is required to identify the name of the hospital to apply the section. There were no incidences highlighted for quarter 4 but this will remain on the register for further monitoring.

- Medical and nursing staff deficits in Gorwelion Community Mental Health Centre remain on the risk register.

This situation remains unchanged in respect of the negative impact for compliance of part two of Mental Health (Wales) Measure despite some improvement in the medical and staffing position. The temporary service change that was introduced to help ease this situation remains in place and a stakeholder monitoring group has been convened to examine all relevant data and information so that the temporary service change whereby routine GP referrals are advised

to contact the Single Point of Contact Team 111#2 can be reviewed within the agreed 6-month period.

Measure Report

The Measure report which provides activity and performance data in respect of Wales Measure was shared prior to the MHLSG meeting. This report was scrutinised and debated and the Mental Health Measure report on the agenda will share this.

Mental Health Act Report

The Mental Health Act report containing activity and performance data was shared prior to the MHLSG meeting. This report was scrutinised and debated and the Mental Health Act report on the agenda will cover the salient points arising from this.

In respect to the MHA report the following issues were noted and discussed by the group with an agreed action that the data should also be presented at the Medical Staffing Committee for further discussion.

Section 136

An increase in S136 attendances at ED was noted, but as the number was under five it cannot be reported due to the potential to identify individuals. The reason for attendance at ED was due to the S136 place of safety being occupied on a few occasions. This data will continue to be monitored at SG as the Mental Health Clinical Care Group (MHCCG) explores options to assess individuals away from ED when there is no physical requirement for attendance there. In addition, SG agreed for data to be collected in relation to when the Place of Safety is occupied, and ED is used as an alternative.

Second Opinion Appointed Doctor (SOAD)

The mental health act data highlighted an issue whereby the SOAD has undertaken the required clinical discussion with a member of clinical staff who was not the Responsible Clinician. Clinical staff must name the RC on the documentation used to request a SOAD and then it is the SOAD's **responsibility** to consult with the correct person

S17 leave

There had been occasions when a patient has been allowed to leave the ward but the S17 leave documentation has not been completed. RCs can authorise leave remotely but this needs to be confirmed by email. Following discussion, a process has been introduced on all wards to ensure compliance with this and a follow up visit by community services for patients who have extended S17 beyond 72 hours is also being explored.

Local Authority Reports

Pembrokeshire:

Mental Health Act data provided, but apologies received in respect of attendance due to acute

social work staffing deficits and the requirement for senior staff to cover. Data unremarkable for this quarter, no actions required.

Carmarthenshire:

Reduced number of assessments under the Act compared to the previous quarter, no obvious reason for this, staffing situation is improved following a recruitment phase. Due to scarce resource of doctors to undertake MHA assessments the group was reminded that for S136 assessment only one medical assessor is required.

Ceredigion:

Prior to the meeting, a report was distributed in which members review full details of mental health act activity in Ceredigion. No significant changes noted from last quarter albeit, a slight increase. Need to monitor any use of ED use for a S136 to determine if this was inappropriate due to no physical health requirement.

Quality Assurance and Practice Development -Care and Treatment Plan Audit

The senior nurse for Ceredigion, previously senior nurse in the Quality Assurance Practice Development Team, provided an update on the progress of the Task and Finish group that has undertaken a review of the Care and Treatment Plan audit. Following review, the audit has been expanded to include the Comprehensive Assessment Document, Risk documentation and Record Keeping standards. Audit documents have been developed and following pilots in community teams first audit results are expected to be available for August's SG meeting.

Miscellaneous

Mental Health Act review, no further update from Welsh Government.

Review is underway in respect to payments for medical staff undertaking MHAs on behalf of the health board. This review is the first time since 2005, and a financial uplift is anticipated. The review and recommendations will be presented at a future legislation committee meeting and then to board by the medical director.

Argymhelliad / Recommendation

The Committee is asked 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 Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

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

	<p>CMHT – Community Mental Team CTLD – Community team Learning Disability OAMH – Older Adult Mental Health</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:</p>	<p>MHLSG Mental Health Act Legislation Manager</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<p>Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.</p>
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>SBAR template in use for all relevant papers and reports.</p>
Gweithlu: Workforce:	<p>SBAR template in use for all relevant papers and reports.</p>
Risg: Risk:	<p>Risk of non-compliance with the 1983 Act and with the Welsh Government's Mental Health Act 1983 Code of Practice for Wales; the Mental Health (Wales) Measure 2010 Code of Practice; and with the Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance.</p> <p>Safety of patients</p> <p>Assurance – use of statutory mechanisms</p>
Cyfreithiol: Legal:	<p>Not Applicable.</p>
Enw Da: Reputational:	<p>Not Applicable.</p>

Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	Not Applicable.