

**COFNODION Y CYFARFOD
PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL
WEDI EU CYMERADWYO / APPROVED
MINUTES OF THE
MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE MEETING**

Date and Time of Meeting:	9.30 – 12.30, Tuesday 17 th September 2019
Venue:	Board Room, Ystwyth, St David's Park, Carmarthen SA31 3BB

Present:	<ul style="list-style-type: none"> • Mrs Judith Hardisty, Vice Chair of Hywel Dda University Health Board (Chair) • Mrs Delyth Raynsford, Independent Member • Mr Mike Lewis, Independent Member • Mr Paul Newman, Independent Member • Mr Simon Hancock, Independent Member
In Attendance:	<ul style="list-style-type: none"> • Ms Angie Darlington, WWAMH • Mr Clive Smith, Carer Representative • Ms Jane Hitchings, Pembrokeshire Local Authority • Mr Joe Teape, Deputy Chief Executive and Executive Director of Operations • Mr John Forbes-Jones, Ceredigion Local Authority • Ms Kay Isaacs, Interim Head of Service, Adult Mental Health • Mr Ken Jones, CHC • Ms Liz Carroll, Interim Director of Mental Health & Learning Disabilities • Mrs Lynn Rees, PA to Director of Mental Health & Learning Disabilities (Secretariat) • Mr Mark Evans, Carmarthenshire Local Authority • Miss Melanie Evans, Head of Service, Older Adult Mental Health & Learning Disabilities • Mr Rob Jeffrey, Ambulance Operations Manager, WAST • Mrs Sarah Roberts, Mental Health Act Admin Manager • Mr Richard Jones, Head of Clinical Innovation and Strategy, MH&LD (part)

Agenda Item	Introductions and Apologies for Absence	Action
MHLAC(19)40	<p>Mrs Judith Hardisty welcomed all to the meeting and introduced herself as Vice Chair of the Board. Mrs Hardisty noted her thanks to Mr Paul Newman for stepping in as Vice Chair and chairing MHLAC during her period of covering the role of Interim Chair. The following apologies for absence were received:</p> <ul style="list-style-type: none"> • Ms Angela Lodwick, Head of S-CAMHS & Psychological Therapies • Ms Avril Bracey, Carmarthenshire Local Authority • Ms Carina Giannuzzi, Dyfed Powys Police • Ms Natasha Fox, Chief Officer, Advocacy West Wales • Mrs Sara Rees, Interim Head of Nursing, MH&LD • Dr Warren Lloyd, Associate Medical Director & Clinical Director Mental Health & Learning Disabilities <p>Mrs Hardisty also formally noted her congratulations to Mrs Donna Pritchard on her new role as Corporate Lead Officer for Porth Ceredigion.</p>	
MHLAC(19)41	<p>Declarations of Interests</p> <p>No declarations of interest were made.</p>	

MHLAC(19)42	<p>The minutes of the meeting held on 24th June 2019 were APPROVED as an accurate reflection of the previous meeting save for the following amendment:</p> <ul style="list-style-type: none"> • Typing error on page 3 within fifth paragraph of item MHLAC(19)30: 'Depravation' to be replaced with 'Deprivation'. 	
	<p>The Committee NOTED and APPROVED the minutes from the previous MHLAC meeting in June 2019.</p>	

MHLAC(19)43	<p>Matters Arising, including Table of Actions from the Minutes of the Meeting held on 24TH June 2019</p> <p>The Table of Actions was reviewed and the following noted:</p> <p>MHLAC(16)27 & (18)04 & (18)38 & (19)04 Locked Door Policy: This has now gone via MH&LD Written Control Document Group (WCD). Action complete.</p> <p>MHLAC (18) 43 & (19)07 & (19)17 Scrutiny Group Update: An annual work plan is required for scrutiny group.</p> <p>Mr Paul Newman informed he had met with Mrs Judith Hardisty, Mr Joe Teape and Mrs Jo Wilson, Board Secretary to discuss shared concerns. Governance arrangements and sub-committee structures are being looked into, as well as assurance. There is a commitment to ensuring the right level of assurance and engagement is undertaken. Terms of Reference are being looked at from other committees across Wales and the intention is to be able to streamline the amount of meetings people are having to attend. Mrs Maria Battle, the new Chair of Hywel Dda University Health Board is examining the agendas for Board sub-committees. It is hoped more clarity will be available by the next MHLAC in December.</p> <p>Mr Teape suggested scrutiny group could be used to drill down some of the more qualitative data. Ms Carroll informed they had put in a bid for a legislation lead to Welsh Government and that this had been successful. This position should be going out to advert soon. Ms Darlington was pleased to hear this and Ms Carroll informed she was keen to work with Service Users moving forwards in this area.</p> <p>Mrs Hardisty informed all the health boards in Wales have very similar Terms of Reference for their mental health board meetings, with the exception of Aneurin Bevan and they will be picking that up with them. There is a meeting coming up with the Director of Nursing, Ms Carroll and Mrs Hardisty shortly, to discuss in terms of quality; information being submitted to the right place.</p> <p>Mr Smith added they need to ensure the service is working for the people that use it. Mr Teape informed at the next meeting they should have some clarity on what is being presented and will be able to use this committee to sign off the direction and what is agreed.</p> <p>Mr Smith informed resolution is required on establishing how this committee is planning to take information from other committees to obtain a full picture, to include respect and the involvement of patients, meeting legal requirements, safety and therapeutic care. Training needs should</p>	
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	<p>match the requirements of the organisation. The committee is required to be assured in respect of the Mental Health Act and Measure.</p> <p>MHLAC (18)41 Bespoke Repatriation: On Agenda.</p> <p>MHLAC (18)44 Connectivity of Committees and Sub-Committees: Mr Teape informed work is being undertaken towards assurance being provided on each level and fed up to this committee.</p> <p>Mr Paul Newman informed the sub-committee structure and performance metrics need refining. Clarity is required as to what is recorded at what level and to what detail, as discussed above.</p> <p>MHLAC (19)19 Datix exercise on availability of Section 12 Doctors: Anecdotal evidence has been received from the local authority re lack of section 12 doctors. This has not been quantified previously however there is now a system in place for them to contact Sarah Roberts to submit a datix incident report. So far only seven incidents have been reported this way. SR has re-sent the process out to the three local authorities in the hope there will be an increase in reporting.</p> <p>MHLAC(19)37 Thematic Review: On Agenda.</p> <p>MHLAC(19)40 Power of Discharge Sub-Committee: On Agenda.</p>	
	<p>The Committee NOTED the MHLAC Table of Actions.</p>	

MHLAC(19)44	PRESENTATION & DISCUSSION Staff Story	
	Deferred to December MHLAC.	

MHLAC(19)45	PERFORMANCE MHLD Performance Paper Q1 2019-20 Performance Dashboard	
	<p>Ms Liz Carroll presented the performance paper and performance dashboard for Quarter 1 (April 2019 – June 2019).</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • Use of Section 2 has increased (88 compared to 82 for the previous quarter). • Forty seven patients were admitted direct from the community. • Five patients were transferred in from other hospitals outside the health board. • Twenty nine patients went on to Section 3 for treatment, which is an increase on previous quarters. • Use of Section 3 has increased (35 compared to 27 for the previous quarter). • Twenty two patients subject to Section 2 had their sections converted to Section 3. • Six patients were detained to older adult wards. • Two patients were transferred out of Hywel Dda to specialist placements. • Use of Section 136 has decreased (48 occasions compared to 70). 	

- Following Section 136 assessments; twelve patients were detained on further sections of the Mental Health Act.
- Twenty nine patients did not require admission and were discharged back into the community.
- Forty six assessments were carried out within twenty four hours
- Increased activity for S-CAMHS admission

Mrs Hardisty invited questions from the group.

Mr Simon Hancock queried the rectifiable errors referred to on page five of the report and whether this was par for the course? Mrs Sarah Roberts informed him it was and completion of documentation, such as consent to treatment forms, is monitored for quality purposes.

Mrs Hardisty queried whether there is a correlation with locum usage and such errors, whilst acknowledging current medical staffing issues. Mrs Roberts informed the Mental Health Act Department hold a database for monitoring such errors which informs the detail on whether they are errors made by AMHP's or external Doctors, among others.

Mrs Delyth Raynsford expressed concern and queried whether these errors cause harm to patients. Mrs Roberts informed they tend mostly to be spelling errors.

Mr Clive Smith made reference to page 7 of the report in relation to Part 3, self-referral to secondary care for former service users. The report indicates 100% compliance for individuals re-assessed in a timely manner; with a copy of a report to that individual being provided no later than 10 working days, indicating the total number of requests for re-assessment received.

Mr Smith queried the detail behind this percentage. Ms Carroll stated this information could be obtained and undertook to update the committee accordingly. Ms Angie Darlington stated she would welcome further detail of this area as the stories she receives from service users differ somewhat inasmuch as they report to have requested re-assessment however were told to 'ring back' if they are struggling. It seems if they have specifically asked for reassessment under part 3 they are more likely to be reassessed. Ms Carroll agreed it would be a good time to look into this now and Mr Joe Teape informed such discussions in relation to use of the Act and Measure would meet concerns raised previously at this Committee in relation to the same. Mr Smith noted it was worth considering whether this information is being used to indicate the demand for service as there is a volume of people coming in voluntarily which inflates the situation and the need to be aware of that aspect. In terms of people coming back in to services it may be good to examine more closely the way part 3 is being undertaken.

Mrs Hardisty informed if more detail is being requested; clarification is required as to for what purpose. Assurance is required on the pressure of people coming in to services and whether relevant resources are available within the Health Board in dealing with that pressure, not simply to inform compliance but to scrutinise the quality of service.

Mrs Hardisty made reference to the charts in the report relating to Section 3 and the rise in Carmarthenshire in May. The pattern in the chart indicates there should soon be a spike in Pembrokeshire. As the

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chart indicates a similar pattern each year, Mrs Hardisty wondered what the reasons are for that and informed if officers could decipher the real pressures where the service is underperforming as well as understanding the reasons why, then that can then be highlighted to the Board.

Ms Carroll added what is reflected in the report in terms of Measure; does not inform the volume of people being assessed by the Community Mental Health teams as there is only a small cohort of people who go through care and treatment planning and there is an increase in demand.

Mr Smith added that he agreed with Ms Darlington's observation in that the information received from service users and carers does not match the detail discussed around meeting tables such as this, as only a small percentage speak up. In terms of quality, it should not require a high number of people to report issues. Issues should be considered by all and information received at this committee should have been received via the relevant subcommittees with recommendations so we can take it forwards. People are being misled by government targets and Mr Smith added we should not be substituting government targets for the content of requirements registered within the Act. It may seem on paper that we have succeeded however this is not a true reflection as the Delivery Unit report informs we do not have sufficient care and treatment plans.

Mrs Hardisty agreed there is risk involved when targets drive. Mrs Hardisty and Ms Darlington each attended a meeting the other day in relation to the next three years for Together for Mental Health, whereby it was made obvious to them how easy it was to 'tick a box' by slight manipulation. Mrs Hardisty and Ms Darlington related this information back to the relevant people involved in order to formally note their concerns.

Mr Smith referred to recent emphasis on enhanced notice whereby people can chose not to be treated if they become mentally unwell. Mr Smith was concerned about this legislation being passed at Westminster enabling patients to refuse treatment, adding that as a result there would be people wandering around the streets; a danger to themselves and to others around them. Mr Smith wanted this concern raised with government as it may suit Westminster to modify the Mental Health Act however this would be in direct contradiction to that which Wales would like to do. Ms Darlington informed they should know more about this by December, adding that there are already processes in place where advanced statements can be made but these also can be overridden if appropriate.

Mr Mark Evans noted that to enable sufficient monitoring of activity data and the Mental Health Act and to be able to properly analyse the full picture, information is required on people detained out of area also. Mr Evans suggested this information be reported via scrutiny. The difficult part is obtaining this information as it is often recorded differently in other areas.

Mrs Hardisty reported admission criteria at the S-CAMHs Unit in Bridgend had altered and queried whether this had had an impact on the Health Board's ability to admit patients to the S-CAMH's bed. Ms Carroll undertook to query this with Ms Angela Lodwick, Head of Service, who would be able to provide a report on S-CAMH's admissions and patient pathway to be brought to the next meeting.

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	<p>To summarise, Mr Teape stated the recommendation is to undertake a drill down into looking at mental health advocacy and reasons this may or may not be done and move on to Care and Treatment Plans (CTP's) . Jo Wilson will separately speak to Independent Members outside of this meeting to establish any other areas upon which they would like a drill down, then request Scrutiny Group to look into this.</p> <p>Mrs Hardisty noted a lack of information on learning disability services and requested Miss Melanie Evans provide a report at the next meeting to assure the Committee of the new service model.</p> <p>Ms Darlington queried whether information was gathered on how many people under Sections 2 and 3 had learning disabilities. Mrs Roberts assured her this is reported on.</p> <p>Action</p> <ul style="list-style-type: none"> • Ms Liz Carroll / Mrs Sarah Roberts to provide clarification of figures in relation to the 100% compliance for individuals re-assessed in a timely manner under Part 3, self-referral to secondary care for former service users. • Ms Liz Carroll to request Ms Angela Lodwick, Head of Service SCHAMS to provide a report on admissions and patient pathway to be brought to the Mental Health Legislation Assurance Committee in December. • Miss Melanie Evans to provide an update report on learning disability services for the Mental Health Legislation Assurance Committee in December. 	<p>ME</p> <p>LC</p> <p>LC/AL</p> <p>ME</p>
	<p>The Committee was ASSURED that MHLAC has complied with duties through the Terms of Reference set and identified key actions to address developments.</p> <p>The Committee was ASSURED that activity is closely monitored and that practice is compliant with the requirements of The Measure.</p>	

<p>MHLAC(19)46</p>	<p>ASSURANCE Scrutiny Group Update Report, Minutes and Terms of Reference</p> <p>Mr Joe Teape provided an overview of the Scrutiny Group Update Report which had been prepared by Mrs Sara Rees, Interim Head of Nursing.</p> <p>Mr Teape informed he had met with Mrs Rees following his meeting with Mr Clive Smith and Ms Angie Darlington.</p> <p>The report provided by Mrs Rees discusses Care and Treatment Plans (CTP's) in terms of assessment processes, training, written control documents and so on. Mr Teape noted that whilst the report does not provide any dates or deadlines; it does provide an overall picture.</p> <p>Mr Mike Lewis queried the measures in place in terms of CTP. Ms Carroll informed audits are undertaken with a quality lens on them and any issues will be picked up with individual practitioners. Ms Darlington added it would be useful to have sight of quality outcomes. Ms Jane Hitchings informed regular audit samples are taken for Social Services and wellbeing in Pembrokeshire.</p>	
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	<p>Mr Paul Newman queried whether there were any themes emerging from audits in terms of CTP quality. Mr Mark Evans noted one theme was the lack of joined up electronic systems as to where the CTP is held and how information is shared. Recommendation from the Delivery Unit audit is that they are integrated however hands are tied in terms of IT solution. It was agreed that some assurance is required around this.</p> <p>Mr Newman queried what the main issues reported are in relation to CTP. Ms Carroll undertook to speak with Gloria Trevis to establish the top three or four themes coming through.</p> <p>Ms Darlington noted the Delivery Unit picked up on lack of evidence and engagement with carers. Mr Smith stressed the importance of the assessment itself, its effect on outcomes and the significance of involving the carer in the assessment. Assessment should be facilitated to enable the situation be properly evaluated as the implications of certain aspects being overlooked could ruin lives. Mr Smith stated the relevance of being assured that assessment process is healthy, robust and suited to purpose.</p> <p>Ms Carroll informed the report addresses the importance of comprehensive triage and assessment. Ms Kay Isaacs added historically there were many different assessment tools being used within the crisis resolution and community mental health teams and timescales were varied however this has been amended so that all are using a more comprehensive assessment document. Ms Darlington requested Ms Isaacs share the document with her. Ms Isaacs undertook to do so.</p> <p>Discussion ensued around payment for service user and carer involvement. Ms Darlington was pleased that this has been established within learning disability services and queried how it had been resolved, as mental health services are still hoping to undertake the same. Mr Teape informed there is a meeting scheduled with Lisa Gostling. Mr Ken Jones queried the costs and Ms Darlington informed they were as recommended by the national government document however the stumbling block is that there has been no Health Board process set up in order to manage this in past. A paper has been submitted to Board in relation to the same.</p> <p>Action:</p> <ul style="list-style-type: none"> • Ms Carroll undertook to speak with Gloria Trevis to establish the top three or four themes coming through from CTP audits. • Ms Kay Isaacs to share the CTP assessment document with Ms Angie Darlington 	<p>KI</p> <p>LC</p> <p>KI</p>
	<p>The Committee NOTED the content of the Scrutiny Group Update Report, Minutes and Terms of Reference and was ASSURED that the group is progressing well and processes are being duly monitored.</p>	
<p>MHLAC(19)47</p>	<p>MH Power of Discharge Sub Committee Minutes - 9th April 2019</p> <p>Mrs Sarah Roberts presented the draft minutes of the MH Power of Discharge Sub Committee and noted they are in draft format for formal approval at the next meeting in December.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • IT solution for hospital managers looking for papers to be provided securely and electronically. Mrs Roberts requested Ms Darlington 	

	<p>provide a discussion on the use of devices at hearings at the next meeting in December. Ms Darlington agreed.</p> <ul style="list-style-type: none"> • Breakdown of hospital manager activity. • IMHA report from Natasha Fox in relation to the hearings attended by advocates. • Presentation on deprivation of liberty safeguards. • Training. <p>Action:</p> <ul style="list-style-type: none"> • Ms Darlington to attend the MH Power of Discharge Sub Committee on 4th December 2019, to discuss use of electronic devices at Hearings. 	AD
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	The Committee NOTED the content of Draft Minutes of the MH Power of Discharge Sub Committee, dated 6 th August 2019.	

MHLAC(19)48	<p>MH Power of Discharge Sub Committee Terms of Reference</p> <p>Mrs Sarah Roberts presented the MH Power of Discharge Sub Committee Terms of Reference which had been brought to the committee for approval. The only revision related to lay membership being reviewed every three years as opposed to two. The committee approved the Terms of Reference.</p>	
	The Committee NOTED the content of the revised MH Power of Discharge Sub Committee Terms of Reference and APPROVED the same.	

MHLAC(19)49	POLICIES	
	No policies were received.	
	The Committee NOTED there were no policies received for discussion.	

MHLAC(19)50	Annual Work Plan	
	The annual work plan was presented for information.	
	Mrs Hardisty noted it was reflected in the work plan that the Mental Health Legislation Assurance Committee Terms of Reference are due for further review at the December meeting.	
	No other comments were received.	
	The Committee NOTED the content of the Annual Work Plan.	

MHLAC(19)51	For Information HIW Annual Report	
	HIW Annual Report The HIW Annual Report was presented by Mrs Sarah Roberts for information.	
	The Committee NOTED the content of the HIW Annual Report.	

MHLAC(19)52	<p>Any Other Business</p> <p>Mrs Hardisty informed MH&LD have two entries shortlisted at the NHS Awards; the Dream Team from LD services and the vocational team working with MIND.</p>	
MHLAC(19)53	<p>Date, Time and Venue of Next Meeting</p> <p>The next meeting of the Mental Health Legislation Assurance Committee will be held on 17th December 2019 at 14:00 – 17:00 at the Board Room, Ystwyth, St David’s Park, Carmarthen SA31 3BB. <i>(Please note this date has been changed from 10th December)</i></p>	