

**COFNODION Y CYFARFOD
PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL
CYMERADWYO / APPROVED
MINUTES OF THE
MENTAL HEALTH LEGISLATION COMMITTEE (MHLC)**

Date and Time of Meeting:	09.30-11:00, Tuesday 1 st March 2022
Venue:	Via MS Teams

Present:	<ul style="list-style-type: none"> • Mrs Judith Hardisty, Vice Chair of Hywel Dda University Health Board • Mr Maynard Davies, Independent Member • Ms Ann Murphy, Independent Member • Mr Winston Weir, Independent Member • Mr Iwan Thomas, Independent Member
In Attendance:	<ul style="list-style-type: none"> • Mr Clive Smith, Carer Representative • Mr Andrew Carruthers, Director of Operations • Ms Liz Carroll, Director of Mental Health & Learning Disabilities • Ms Ruth Bourke, Mental Health Act Administration Lead • Ms Kay Isaacs, Head of Service, Adult Mental Health • Mr Mark P Evans, Carmarthenshire County Council • Ms Sara Rees, Assistant Director of Nursing (MH&LD) • Ms Eleanor O'Connor (representing Head of Service, Learning Disabilities) • Ms Jane Hitchings, Pembrokeshire Local Authority • Ms Angela Lodwick, Head of Service (SCAMHS) • Ms Angie Darlington, Third Sector Representative • Mr Ken Jones, Community Health Council Representative • Ms Sarah Roberts, Mental Health Legislation Manager <p>• Secretariat: Mrs Elizabeth Cook, (EC3) MH&LD PA</p>

GOVERNANCE		
Agenda Item	Introductions and Apologies for Absence	Action
1.1	<p>Mrs Judith Hardisty welcomed all attendees to the meeting.</p> <p>The following apologies for absence were received:</p> <ul style="list-style-type: none"> • Superintendent Ross Evans, Dyfed-Powys Police • Dr Warren Lloyd, Associate Medical Director/Consultant Psychiatrist • Mr John Forbes-Jones, Ceredigion County Council • Mr Richard Jones (Consultant Nurse) 	
1.2	<p>Declarations of Interests</p> <p>No declarations of interest were made.</p>	
1.3	<p>Minutes of the meeting held on 26th November 2021</p> <p>The minutes of the meeting held on 26th November 2021 were APPROVED as an accurate reflection of the previous meeting.</p> <p>The Committee NOTED and APPROVED the minutes from the previous MHLAC meeting held on the 26th November 2021.</p>	

1.5	Matters Arising, including Table of Actions from the Minutes of the Meeting held on 2nd September 2021	
	<p>The Table of Actions was reviewed and the following was noted:</p> <p>MHLC (21) 14</p> <p>The Assistant Director of Nursing (MH&LD) confirmed a meeting had been held with the Assistant Director (Legal and Patient Support) and a representative from the Patient Support team has been added to the membership of the MHLQ Quality Safety & Experience Group (QSEG) who also attended the February meeting. The Assistant Director of Nursing (MH&LD) also confirmed that comments received were being added to the health board-wide system and Heads of Service continue to report feedback through their paper to MHLQ QSEG.</p> <p>Ms Angie Darlington further explained that a review of draft mechanisms for service user and carer involvement and engagement was in joint production to provide a clear framework.</p> <p>The Assistant Director (Legal and Patient Support) had been requested to contact Ms Angie Darlington in relation to attendance at future Listening & Learning Sub Committee meetings.</p> <p>Mr Clive Smith and Ms Angie Darlington noted that “Lived experience” or “Service User” should also include gathering views of families and carers and is wider than patient-only views. The Chair requested that this be included in the report to Board to raise importance of the wider inclusion within the term “service user”.</p> <p>This Action will be noted as completed.</p> <p>MHLC (21) 15 Mrs Ruth Bourke confirmed the amendments had been made.</p> <p>This Action will be noted as completed.</p>	EC3
	The Committee NOTED the MHLC Table of Actions.	

	PERFORMANCE	
2.1	<p>Power of Discharge Sub-Committee</p> <p>The Director of Operations introduced this item, presenting the Power of Discharge Sub Committee minutes of their last meeting.</p> <p>Mrs Ruth Bourke reminded the Mental Health Legislation Committee that the Power of Discharge Sub-Committee meeting with Hospital Managers took place at the time of rising Covid-19 Omicron variant cases and discussions within the meeting surrounded returning to face to face provisions which concluded they should remain virtual. Expectations are for more open discussions to be held at their next meeting in April as pandemic restrictions across Wales and UK continue to ease to enable return to more face to face sessions.</p> <p>Mrs Ruth Bourke was working in preparation for a return to face to face sessions including confirming how many Hospital Managers are willing to return to wards. The number of Hospital Managers Hearings and</p>	

	<p>Tribunals that will continue post pandemic will be under discussion at next meeting</p> <p>Mrs Liz Carroll referred to previous conversations and gave encouragement for a blended approach for face to face and virtual attendance. Ms Sarah Roberts agreed that the plan is for a blended approach, taking into account available facilities, as it is noted that some Hospital Managers are not all willing to travel and are happier using virtual alternatives. The Mental Health Legislation Team were awaiting the expected update from Welsh Government regarding pandemic restriction reduction (ie. Use of face masks in healthcare setting) to enable a full discussion to be held at the next Power of Discharge Sub-Committee meeting.</p>	
	<p>The Committee RECEIVED and NOTED the Power of Discharge Sub-Committee minutes.</p>	
<p>2.2</p>	<p>Quarterly Performance Report – Quarter 3</p>	
	<p>The Director of Operations introduced the regular performance report and asked Mrs Ruth Bourke to provide specific highlights.</p> <p>Mrs Ruth Bourke confirmed the report relates to October – December 2021 and noted an increase in Nursing Holding Powers was showing double the usual activity. This had been discussed at Scrutiny Group and was referenced within the Scrutiny Group report (included within the agenda for this meeting). It had been questioned if this use was potentially due to doctors' availability, however following further investigation from Scrutiny Group it was concluded there was no correlation with doctors' availability and its increased use had occurred over various health boards.</p> <p>Due to highlighted errors in legal paperwork it was reported that further training for nursing and medical staff had been arranged.</p> <p>Tribunal Reviews have provided an update confirming they are leaving the end of their pilot stage of using Teams and have used this system twice in each health board and were now going out to consultation. It was noted there was very slow progression from solely using telephone calls. The first return to face to face tribunal in England has now held. It was noted that the Tribunal Reviews require a specific request for video conferencing and the health board is required to provide a justification for any request.</p> <p>Mrs Sarah Roberts noted the need to justify a need for a video conference is inappropriate and unnecessary. The Tribunal Service has not progressed with alternative arrangements within the 2 years of the pandemic. Mrs Sarah Roberts requested that it be raised in Vice Chair's meeting with Minister. The Chair noted a Vice Chair meeting coming up and would raise it there prior to any conversations with the Minister. Mrs Sarah Roberts confirmed that an email has been issued about lack of virtual alternative and also regarding observations. Mrs Sarah Roberts explained the Tribunal Service implemented a blanket decision in April 2020 that they would not permit observers or nearest relatives at any tribunal hearings (the consequence of this means that nurses, doctors and solicitors in training are unable to attend tribunals for observation).</p>	<p>JH</p>

This has been raised with health board counterparts and Matt Downton at Welsh Government to raise concerns. As the Tribunal is a separate judiciary the Mental Health Legislation Manager has been informed that this must be raised with the President of the Tribunal by the Health Board. It was acknowledged that it is important that relatives and carers are there to support and assist patients in the Tribunal and can provide valuable information on their presentation.

Mrs Liz Carroll commented that the layout of paper and the sections at the end of the graphs were very helpful in giving an overview of the position.

Page 5 – Section 4 activity and reference to 1 admission. Mrs Liz Carroll asked if that could be personally identifiable information within the report as under Freedom of Information responses small numbers are potentially identifiable.

SRO

Locking of Doors – within the pandemic there was good reason for continual locking of doors to manage egress and exit of wards and whether that may have been a contributing factor. Although there are times when doors are locked to protect patients on the ward as well as patients going out. Mrs Liz Carroll questioned if this could be an opportunity to discuss other health board's regarding their locked door policy and benchmark across other adult acute areas across Wales. Acknowledging the need to safeguard independence but also the need to balance safety within clinical areas. Chair confirmed that she was in agreement for Mrs Liz Carroll to contact other health boards and return to committee for discussion.

LC

Mr Maynard Davies referred to Page 4 and the graph showing the annual trend of use of Section 2 and 3 in Older Adult Mental Health services. Noticeable that Section 2 in this area appears to be continually rising year on year.

Mrs Liz Carroll responded that there had been an increase in individuals in Older Adult MH presenting with more functional presentation and an increase in detention (anecdotal). It was noted there had been an increase across Wales of functional presentation in Older Adults.

Chair requested the monitor and review of Older Adult data at Scrutiny Group before bringing to MHLC.

The Chair referred to Page 6 – “use of Mental Health Act in CAMHS and LD remains small”. The details regarding CAMHS was included but no information on LD services. Mrs Ruth Bourke indicated that in fact there was no activity in LD and this would be made clear in future reports.

The Chair referred to the CAMHS data provided. This was included partly in the Scrutiny Group Report and referred specifically to admission trends on page 6 of the attachment. It was noted the admission trends for Carmarthenshire was very high and questioned if that was in proportion to the population or for another reason?

Ms Angela Lodwick responded this was partly in response to the population size but there was also a higher number of Looked After Children in Carmarthenshire within childrens' homes. Repeated admissions for the same children (ie. one child on three occasions (confirmed in data). It is hoped as moving forward that the trend will

decrease in use of S136 and admissions. Reported into CUSUR safeguarding report to monitor trends.

Mr Maynard Davies noted that the performance of assessments due requires continuation of monitoring and acknowledged that a lot of work had being undertaken. The Chair asked if there was a trajectory for a timeframe of improvements that the concerns over the position would be reported to the Board.

Mrs Angela Lodwick confirmed that compliance with the Measure was taken very seriously. 60% absence in primary mental health service due to internal movement (promotion/different roles/vacancies). The service have recently employed 4.8 primary mental health workers and are now advertising for further x8 staff. The trajectory reflects that the service should be able to meet demand (at levels currently aware of) with a definite improvement by mid summer. It must be acknowledged that staff will need initial training. Employment checks take x3 months so there will be a lag between recruitment and employment. The service are fully aware of the numbers of referrals and monitor cases from the Single Point of Contact and ensure capacity with those staff meets demand.

The Chair queried if the workforce numbers were included within the workforce plan that has to be submitted to Welsh Government by the end of this month and asked how this would fit within the overall IMTP. The Director of Operations noted there was a different timeline between Welsh Government and IMTP deadlines and was continuing to work to a June submission for IMTP. The Chair noted this would impact on the scrutiny of the workforce numbers and would need to included in reports to the People, OD and Culture Committee .. The Director of Operations expected to have full detail in the submission that comes to Board for approval.

Mrs Angie Darlington noted the useful data regarding self harm and asked if that had been shared with the Regional Talk to Me Too Group? Mrs Angela Lodwick noted the report is expanded to CCUSUR and was happy for it to be shared with the Regional Talk to Me Too Group.

Mrs Angie Darlington asked why there appeared to be an increase in terms of young people coming forward from Carmarthenshire. Mrs Angela Lodwick reported that there had been an increase in private childrens homes in Carmarthenshire in particular. Some difficulty is noted where some homes are advertising as offering therapeutic interventions but are not always providing those therapies and this has been escalated with Children's Services.

Mrs Angie Darlington also reported that a group is looking at the experiences of the use of Section136 and the group are predominantly working with adults but would also like to widen longer term to gather the under 18 year old's experiences. Mrs Angela Lodwick suggested this be conducted via the Peoples Forum Future Minds and the support worker can assist.

The Committee RECEIVED and NOTED the Quarterly Performance Report for Quarter 3.

	ASSURANCE AND RISK	
3.1	Mental Health Legislation Scrutiny Group Report	
	<p>The Director of Operations noted that a number of key issues had already been discussed earlier in this meeting. Noting the need to be mindful of the increased levels of demand and increased pressure on service delivery and wider redeployment and manage peaks across services.</p> <p>Mrs Kay Isaacs reported a lack of consultation with application of Section 136 and was looking for further detail. A review of detentions where a consultation has not taken place is being undertaken and it was noted that a lack of consultation from police with a Mental Health Professional was continuing.</p> <p>Mrs Kay Isaacs requested a recommendation that going forward the MHA Wales Measure was be reported on as a separate item to achieve parity and to produce a report in its own right.</p> <p>Mr Clive Smith raised a query regarding care and treatment planning and requested further information on the audit as soon as possible. The Chair of the Scrutiny Group confirmed that the Care and Treatment Audit was referenced within the Scrutiny Group report and confirmed that the Senior Nurse, Quality Assurance and Practice Development Team attends the meeting and explained the Care and Treatment Audit had been reviewed and a new process was the reason for the absence of the report at the February meeting. However reports on Care and Treatment have been provided to all previous Scrutiny Group meetings. The Care and Treatment Audit report is expected for the next Scrutiny Group meeting in May as the group met quarterly.</p> <p>Mr Maynard Davies requested that the outcome of S136 group to be included in the next report to this Committee.</p> <p>The Committee accepted that MHA Wales Measure data would be received as a separate agenda item and report.</p>	KI EC3
	The Committee RECEIVED and NOTED the Scrutiny Group Report.	
3.2	MHLC Self-Assessment Action Plan 2021-2022	
	The Director of Operations introduced the update on the position of the action plan following self-assessment.	
	The Committee NOTED the MHLC Self-Assessment Action Plan 2021-22	
3.3	MHLC Annual Report to Audit and Risk Assurance Committee	
	<p>The Director of Operations introduced the report that had been taken to the Audit and Risk Assurance Committee and provided an update on the Terms of Reference from this Committee over past year. The paper specifically identified some of the challenges from August 2020 against the Measure due to issues with WPAS and noted it as an ongoing issue and its implementation was being monitored.</p> <p>Mr Clive Smith referred to the target within Part One of treatment within 28 days of assessment.</p>	

	<p>Mrs Liz Carroll referred to the Part One discussion within the previous paper referring to Mrs Angela Lodwick to identify the range of signposting to individuals who have to wait longer than usual, including the provision of Kooth as online service. Mrs Liz Carroll referred to Mrs Angela Lodwick to respond as cases are primarily within CAMHS for additional waiting times where other options are also available.</p> <p>Mrs Angela Lodwick explained Part One was split into two parts; Assessment and Time waiting. The Service have developed a number of therapeutic groups which are evidence based and offer young people attendance at those groups. The Service is finding (through audits) that young people don't always want to join groups, however there is difficulty within the capacity of the team to offer 1:1. Some do need 1:1 but the evidence is clear that for some behaviours, ie OCD, groups specifically targeting those disorders are very helpful and are being developed. "Kooth" is an online counselling and support service, which has been extended for a further 1 year. Any young person who is waiting for intervention is offered access to Kooth and SilverCloud (in addition to waiting for an intervention) and each young person is contacted regularly whilst waiting.</p>	
	<p>The Committee RECEIVED and NOTED the MHLC Annual report to Audit and Risk Assurance Committee.</p>	
<p>3.4</p>	<p>Healthcare Inspectorate Wales visits to Mental Health and Learning Disabilities' Facilities</p>	
	<p>The Assistant Director of Nursing (MHLN) introduced the paper describing Tier 1 quality checks that had been implemented throughout the pandemic. The checks largely concentrate on infection prevention and control and staffing governance and protections for staff and patients from Covid-19. HiW request information prior to a virtual interview at operational ward manager level.</p> <p>Four Tier1 quality checks have been held including residential unit and inpatient wards. One recommendation related to legislation to provide long term segregation which was generated from the Ty Bryn inspection. Ty Bryn is currently closed for significant estates work to be completed.</p> <p>The Seclusion policy is currently under review led by the Consultant Nurse in collaboration with the Health & Safety Committee and Mental Health Legislation Lead and includes seclusion and long term segregation and will be presented to this Committee once it has been completed. The existing policy remains in force whilst it is under review. Mrs Sara Rees confirmed the draft policy was currently out for comment and due to return to Written Control Document Group meeting at the end of March for wider comment via global email due to the importance of policy and would include Mrs Angie Darlington within the comment group.</p> <p>The Chair requested that the final document be returned to this Committee.</p> <p>The Chair reiterated that this Committee would only monitor any actions highlighted by HIW which related to legislation.</p>	<p>SR</p>

	The Committee RECEIVED and NOTED the paper relating to Healthcare Inspectorate Wales' visits to Mental Health and Learning Disabilities' facilities.	
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	POLICIES	
4.1	Section 117 Policy Update	
	<p>The Director of Operations introduced the paper explaining that an extension was requested for the review of the S117 policy. The paper sets out the reasoning and was asking for support to finalise review.</p> <p>Mrs Sarah Roberts explained there had been an extensive review of the document and the current position was that the three Local Authorities and Health Board had been unable to achieve a final agreement in relation to funding. It was not possible to progress further until the matter has been escalated through the health board for the decision to be confirmed by the Executive team and the extension requested was to allow those discussions to be held.</p> <p>The Chair agreed that the Mental Health Legislation Committee cannot make decisions on funding and the Committee agreed to approve the request for extension.</p> <p>Mr Mark Jones referred to the upcoming local authority elections and that a two month extension may not be long enough to extend over purdah.</p> <p>The Chair confirmed that the extension was approved by the Committee and if a further extension was required prior to the June meeting, this could be completed under Chair's Action.</p>	
	The Mental Health Legislation Assurance Committee APPROVED the extension as requested.	
4.2	Section 136: Inter-agency Policy	
	<p>The Mental Health Legislation Administration Lead presented the Section 136 policy to the Committee and was seeking approval by the Mental Health Legislation Committee.</p> <p>Mrs Sarah Roberts presented the policy with the slight amendment requested by the Committee and thanked all for co-operation and involvement, including feedback from third sector, Police and WAST. The policy has been out for Global consultation. Clinical Written Control Document Group are due to receive the policy on 24 March for ratification.</p> <p>The Committee approved the final policy as presented.</p>	
	The Mental Health Legislation Assurance Committee APPROVED the amendment to the Section 136 policy.	

	FOR INFORMATION	
5.1	MHLC Report to Board	
	The MHLC Report to Public Board was received by the Committee.	
	The Committee RECEIVED and NOTED the MHLC Report to Board.	

6.	Date, Time and Venue of Next Meeting	
	The next meeting of the Mental Health Legislation Committee will be held on Tuesday, 13 TH June 2022 . This may be in person and via MSTeams from 9.30am – 12.30pm. The venue for the in person meeting will be notified nearer to the date of the meeting	