

**COFNODION Y CYFARFOD**  
**PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL**  
**HEB EU GYMERADWYO / UNAPPROVED**  
**MINUTES OF THE**  
**MENTAL HEALTH LEGISLATION COMMITTEE (MHLC)**

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| Date and Time of Meeting: | 11:00-12:30pm, Tuesday 3 September 2024 |
| Venue:                    | Ystwyth Board Room and Via MS Teams     |

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| Present:       | Ms Eleanor Marks, Vice Chair Hywel Dda University Health Board<br>Mr Iwan Thomas, Independent Member<br>Ms Ann Murphy, Independent Member  |
| In Attendance: | Ms Liz Carroll, Director of Mental Health & Learning Disabilities<br>Mrs Becky Temple-Purcell, Assistant Director of Nursing MH&LD<br>Dr Warren Lloyd, Associate Medical Director/Consultant Psychiatrist CAMHS<br>Ms Kay Isaacs, Assistant Director of MH&LD<br>Ms Ruth Bourke, Mental Health Act Administration Lead<br>Ms Jane Hitchings, Pembrokeshire Local Authority<br>Mr Simon Thomas, Ceredigion Local Authority<br>Ms Corinne Everett-Guy, Carmarthenshire Local Authority<br>Ms Andrea Edwards, West Wales Action for Mental Health<br>Ms Grace Elms, Advanced Nurse Practitioner<br>Mr Neil Mason, Head of Service for Older Adult Mental Health Service<br>Ms Angela Lodwick, Assistant Director of MH&LD<br><br>Secretariat: Ms Manon Horscroft, PA to Assistant Director of Nursing MH&LD |

| MHLC (24) 32 | Introductions and Apologies for Absence   | Action |
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|              | <p>Ms Eleanor Marks introduced himself to committee and welcomed all attendees to the meeting.</p> <p>The following apologies for absence were received:</p> <ul style="list-style-type: none"> <li>• Mr Andrew Carruthers, Chief Operating Officer</li> <li>• Ms Angie Darlington, West Wales Action for Mental Health</li> <li>• Mr Winston Weir, Independent Member</li> <li>• Mr Richard Jones, Consultant Nurse/Responsible Clinician MH&amp;LD</li> <li>• Mr Christian Newman, NHS Executive</li> <li>• Supt Chris Neve, Dyfed-Powys Police</li> <li>• Ms Amanda Davies, Head of Adult Mental Health Service</li> <li>• Mrs Sarah Roberts, Mental Health Legislation Manager</li> </ul> |        |
| MHLC (24) 33 | Declarations of Interests   |        |
|              | No declarations of interest were made.  |        |

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| <b>MHLC (24) 34</b> | <b>Minutes of the meeting held on 7<sup>th</sup> June 2024</b>  |  |
|                     | The minutes of the meeting held on <b>7 June 2024</b> were <b>APPROVED</b> as an accurate reflection of the previous meeting. |  |
|                     | The Committee <b>NOTED</b> and <b>APPROVED</b> the minutes from the previous MHLC meeting held on the <b>7 June 2024</b> .    |  |

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| <b>MHLC (24) 35</b> | <b>Table of Actions from the meeting held on 7 June 2024</b>   |  |
|                     | The Table of Actions was reviewed, all actions were marked as completed and will be removed from the Table of Actions. |  |
|                     | The Committee <b>NOTED</b> and <b>AGREED</b> the MHLC Table of Actions.  |  |

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| <b>MHLC (24) 36</b> | <b>Discussion on capturing Good Practice/ Patient Story</b>  |  |
|                     | Mrs Becky Temple-Purcell noted following the previous Committee meeting a collective discussion occurred on how the Committee can hear service user voices and generate information about patient experience within this context. During the discussions it was stated that this area will be difficult to generate patient stories in the Health Board methods used in different context. Often when it comes to the application of the Mental Health Act and being detained that this a point of crisis in the persons life. |  |
|                     | The Committee do have advocacy services that work within the inpatient areas and who do a great job of being visibly available. Formal feedback comes back through this route which is delivered directly to the Ward Mangers. Reports are also submitted to the Mental Health and Learning Disability Quality Safety structures. Mrs Temple-Purcell stated that it will be difficult to distinguish between general feedback and feedback from people who were detained under the act.  |  |
|                     | Within the recent months discussions have occurred with Ms Angie Darlington specifically around the usage of Section 136. Mrs Darlington and the team have been looking at different ways to gather general experiences. Mrs Temple-Purcell believes that this will be extremely challenging to collate feedback to Committee. Within the context of the act there is also the appeals process that's a statutory requirement.   |  |
|                     | Ms Kay Isaacs confirmed that Ms Darlington attended the previous Mental Health Legislation Scrutiny Group (MHL SG). During the MHL SG meeting it was noted that Ms Darlington and the team have found it challenging to collate feedback on experiences. The team are making some progress where it has been tabled at MHL SG for a further updated to be presented at their November meeting.   |  |

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|  | <p>Ms Liz Carroll felt that discussions had a narrow view on legislation because it isn't the Mental Health Act, but it is also the Measure. Ms Carroll noted that Committee may be able to collate feedback from Part one of the Measure as a Patient or service user story.</p> <p>Ms Ann Murphy raised that within other committees' discussions occurred on complaints received and how these are dealt by services. Dr Lloyd stated that the scope of this committee and other committees where they would want to encourage and listen to complaints, specifically in relation to legislation. If a story is identified and includes legislation, then this can be brought to Committee.</p> <p>Mr Thomas recalls how this item came about during the previous Committee meeting. During discussions it was articulated that the Committee looks at the Measure and the Act. Whilst the Committee would like to receive qualitative feedback information from those who are going through the service, Mr Thomas noted that this is an anomaly within the health service because you are dealing with individuals who have been removed from society in many aspects of their physical and mental wellbeing. Any qualitative information in terms of good practice and patient story will likely be far further down than those who would be going to A&amp;E.</p> <p>Ms Marks agreed with the comments that were made during the discussion, but it is important that the Committee continue to consider how the Committee will get the best qualitative information and to consider both the legislation side and the measure whilst acknowledging that this is a crisis point in someone's life.</p> |  |
|  | <p>The Committee <b>NOTED</b> and <b>DISCUSSED</b> capturing Good Practice/ Patient Story.</p>  |  |

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| <b>MHLC (24) 38</b> | <b>Power of Discharge Sub-committee</b>   |  |
|                     | <p>The Power of Discharge Sub-committee was held 6<sup>th</sup> August, which focused on the Hospital Managers work that has been carried out during quarter one. Ms Ruth Bourke highlighted that the focus of the meeting was on specific issues to panel hearing and investigate training in relation to the Mental Health Act.</p> <p>The Chair of the Power of Discharge Sub-committee Mr Thomas stated the benefit of having those face to face and hybrid meetings do help discussions.</p> |  |
|                     | <p>The Committee <b>RECEIVED</b> and <b>NOTED</b> the Power of Discharge Sub-committee.</p>   |  |
| <b>MHLC (24) 39</b> | <b>Mental Health Act Report</b>   |  |

The Mental Health Act Report highlighted the usage of the act during quarter one. The extensive report had been previously discussed at the Mental Health Legislation Scrutiny Group. Ms Bourke noted that the report looks at detention figures, appeals applications to the tribunal and to the Hospital Managers.

Ms Bourke stated to Committee that the service attempted to split the report into service specific but due to the low numbers under five can't be reported on as this will be a breach of confidentiality. During this quarter Section 135 and Section 136 was slightly higher and some of the consent treatment was also higher. Ms Bourke noted that each quarter will highlight higher activity than others.

In respect to activity Mrs Temple-Purcell noted from discussions with Police colleagues around Section 136 activity that given the nature of Hywel Dda's geography that the service do see seasonal variation. Ms Bourke confirmed that this quarter is lowest usage of Section 136.

Ms Marks queried the usage of the act within general hospitals as it is noted within the report that there is an increase trend on using the act within general hospitals. Ms Isaacs noted that this has been an area that has been under scrutiny. Within the last quarter there were seven detentions under section 2, seven detentions under section 5 2 which is a holding power.

During the previous Mental Health Legislation Committee meeting Mrs Temple-Purcell requested for a deep dive session to occur at the Mental Health Legislation Scrutiny Group. Ms Isaacs agreed for this to take place at the next Mental Health Legislation Scrutiny Group. Mrs Temple-Purcell stated that this deep dive would tie in with the work that is underway with Section 136.

From a Local Authority perspective Ms Jane Hitchings raised that the report is a bigger picture than focusing on the Mental Health Act. Ms Hitchings suggested that Committee should look into the use of the Mental Capacity Act as Pembrokeshire Local Authority have found that people are under the framework of deprivation of liberty whilst in hospital.

As Chair of the Committee Ms Marks welcomed deep dive sessions to the Mental Health Legislation Scrutiny Group as if there is a trend that obvious it is helpful to understand what is going on behind it. The other part of this discussion but may be a breach of confidentiality is around identifying groups of people who are being detained more than others.

During previous Committee meetings some ethnicity breakdown information have been reported but due to the small numbers these will not be reported on due to specifications. Mrs Temple-Purcell

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|                            | <p>has also done her own calculations where it has been seen to have an increased representation around people that come from a non-white background in terms of detentions.</p> <p>Ms Bourke stated that the ethnicity data recording hasn't always been accurate in the past but this is an area that the data analysis team are working hard on to improve.</p> <p>Ms Marks queried around the high numbers on the place of safety within A&amp;E and MIU. In respect to Section 136 the directorate were concerned that one place of safety for section 136 was being used to facilitate for admission. A memo was circulated to staff from the Director of Mental Health and Learning Disabilities Ms Liz Carroll to inform wards that this place of safety needs to be available. Ms Isaacs noted since then this has reduced the incidents of not having the section 136 suite available. When this is not available the default has been that A&amp;E have been used to facilitate Section 136 instead.</p> <p>Ms Isaacs noted that since the closure of the Section 136 Place of Safety and there isn't a process to record the number of occasions when the place of safety is closed, the Directorate have now asked that Ward areas reports this through DATIX.</p> |  |
|                            | <p>The Committee <b>RECEIVED</b> and <b>NOTED</b> the Mental Health Act Report.</p>   |  |
| <p><b>MHLC (24) 40</b></p> | <p><b>Scrutiny Group Update and Mental Health (Wales) Measure 2010 Report</b></p>   |  |
|                            | <p>The previous Mental Health Legislation Scrutiny meeting occurred on 9<sup>th</sup> August which was well attended by members. There are two Legislation risks that are still open. One risk is in relation to the temporary closure of the place of safety in Aberystwyth and the other risk was identified at the Mental Health Legislation Scrutiny meeting in respect of a delay in a bed being available when someone has been detained in the community under the Mental Health Act.</p> <p>In respect to the Section 136 multi-agency review meeting Ms Isaacs noted that there is a place of safety on Bryngofal ward, Llanelli. An options appraisal is being undertaken currently with Local Authority and Police colleagues.</p> <p>The Mental Health Legislation Scrutiny group members were made aware that there was a problem with communications with GP's once somebody has been assessed under Section 136. Ms Isaacs noted there wasn't a process or arrangement whereby GP's were always informed that one of their patients were assessed under Section 136.</p>   |  |

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|                            | <p>Ms Isaacs confirmed that the group now is fortunate to have a GP as part of the membership where it has been agreed for all three Local Authorities, that all detentions and assessments in respect to Section 136 will be communicated to the persons GP. The group are also looking at a frequently asked questions to be created around Section 136.</p> <p>The Mental Health Measure 2010 report contained some breaches within this quarter. Mr Neil Mason stated that under part three of the Measure the numbers are very small which makes the statistics look slightly large but it was in relation to one individual who re self-referend. The service had breached due to the target of supplying the self-assessment report to the individual within 10 working days. The individual was seen the same day for assurance purpose. The service do have a mechanism in place.</p> <p>Two other breaches occurred two weeks apart which were on referrals for assessment where the delay was due to no one being there to import the information.</p> <p>Ms Carroll noted that there have been a couple of breaches for CTP under the Learning Disabilities services. There are significant lower number of people who have a CTP under the Measure. Ms Carroll assured Committee that these numbers are very small and the service have picked up on this.</p> <p>The Committee <b>RECEIVED</b> and <b>NOTED</b> the Scrutiny Group Update and Mental Health (Wales) Measure 2010 Report.</p> |  |
| <p><b>MHLC (24) 41</b></p> | <p><b>Operational Risk Register</b></p>  |  |
|                            | <p>In respect to the Section 136 risk Ms Carroll raised that this relates to ongoing work on the Section 136 review. The second risks is around the children’s place of safety on Morlais ward.</p> <p>Ms Carroll notified Committee that there is a new risk in relation to delays in medical recommendations. Dr Lloyd raised that there is a number of strands to the medical recommendations. In terms of Section 136 a memo has been circulated to engage with all doctors but especially with the first on call doctors to establish whether there were any training and knowledge gaps in terms of Section 136 assessments.</p> <p>Following the memo it was agreed upon pathway that’s been implemented and shared with Local Authority colleagues in terms of the Section 136 presentations. The pathway has been finalised, circulated and implemented. Other aspects of medical recommendations are more specific in terms of Section 12 availability which remains a challenge.</p>  |  |

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|                     | The Committee <b>RECEIVED</b> and <b>ASSURED</b> the Risk Register update.   |  |
| <b>MHLC (24) 42</b> | <b>Policies for Approval</b>   |  |
|                     | No policies were submitted for Committee.<br><br>Ms Bourke updated Committee that two policies are in process one which is the Patients Right Procedure, and the other is Section 135 interagency policy. Both policies will be brought back to the December meeting for ratification and approval.<br><br>Mrs Temple-Purcell thanked the Mental Health team for their continued work with policies.   |  |
|                     | The Committee <b>RECEIVED</b> and <b>APPROVED</b> the Section 17 Policy.   |  |
| <b>MHLC (24) 43</b> | <b>Schedule of Meetings 2024-2025</b>  |  |
|                     | For information only.  |  |
| <b>MHLC (24) 44</b> | <b>Annual Work Plan 2024-2025</b>  |  |
|                     | For information only.  |  |
| <b>MHLC (24) 45</b> | <b>Any Other Business</b>  |  |
|                     | Ms Murphy thanked Committee members for all reports and lack of questions in relation to each reports.<br><br>Mr Simon Thomas notified Committee on the capacity increase within the service at Ceredigion Local Authority.  |  |
| <b>MHLC (24) 46</b> | <b>Matters for Escalation to Board</b>   |  |
|                     | <b>Alert:</b> <ul style="list-style-type: none"> <li>No items to raise.</li> </ul> <b>Advise:</b> <ul style="list-style-type: none"> <li>During the Good Practice/ Patient Story discussion, it was raised that capturing experience from patients can be a distressing time due to this being a point of crisis in their lives. Committee explained that it would be difficult to generate feedback from people who were detained under the act. It was agreed that Committee will continue to challenge the ask on collecting qualitative good practice/ patient story.</li> <li>Regarding the Mental Health (Wales) Measure 2010 Report Committee were advised Older Adult Mental Health Service had some breaches under part three and part four of the measure. The numbers were small which made the statistics within the report look large.</li> </ul> |  |

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|  | <p><b>Assure:</b></p> <ul style="list-style-type: none"> <li>• The Power of Discharge Sub-committee met 6 August 2024, which focused on the Hospital Managers work that was carried out during quarter one. The meeting focused on specific issues relating to panel hearings and training relating to the Mental Health Act.</li> <li>• The Mental Health Act Report focused on quarter 1 data. Following the previous Mental Health Legislation Committee, an action from the Self-Assessment outcome was to split the Mental Health Act Report into Adult and S-CAMHS. Due to the figures for S-CAMHS, being under five the report will not be split due to breach of patient confidentiality.</li> <li>• The Mental Health Legislation Scrutiny Group met 9 August 2024 with the main discussions around the two Corporate Risks that was raised at Committee. The new corporate risk 1857, was identified at the Mental Health Legislation Scrutiny meeting due to a delay in bed availability when an individual has been detained in the community under the Mental Health Act. During the meeting members were made aware of the communication problem with GP's once someone has been assessed under Section 136.</li> </ul> <p><b>Review of Risks:</b></p> <ul style="list-style-type: none"> <li>• A new corporate risk 1857' was raised at the Mental Health Legislation Committee.</li> <li>• Risk 1752 has significantly reduced due to the relocation of the suite to an area where there are reduced points of ligature and an ensuite bathroom and Young Persons on a 136 are constantly supervised.</li> <li>• The Mental Health Legislation Committee noted that there were no changes to the status of the 1781.</li> </ul> <p><b>Sharing of learning:</b></p> <ul style="list-style-type: none"> <li>• No items to raise.</li> </ul> |  |
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| <b>MHLC (24) 67</b> | <b>Date, Time and Venue of Next Meeting</b>  |  |
|                     | The next meeting of the Mental Health Legislation Committee will be held on Monday 2 <sup>nd</sup> December 2024 at 10:30am. This may be in person and via MS Teams from 10:30am- 12:00pm. The venue for the in-person meeting will be notified nearer to the date of the meeting. |  |