

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

Date and Time of Meeting:	9.30 – 12.30, Monday 24 th June 2019
Venue:	Board Room, Ystwyth, St David's Park, Carmarthen SA31 3BB

Present:	<ul style="list-style-type: none"> • Mike Lewis, Independent Member • Paul Newman, Independent Member (Chair)
In Attendance:	<ul style="list-style-type: none"> • Angela Lodwick, Head of S-CAMHS & Psychological Therapies • Angie Darlington, WWAMH • Clive Smith, Carer Representative • Joe Teape, Deputy Chief Executive and Executive Director of Operations • Kay Isaacs, Interim Head of Adult Mental Health Services • Ken Jones, CHC • Lynn Rees, PA to Director of Mental Health & Learning Disabilities (Secretariat) • Rob Jeffrey, Ambulance Operations Manager, WAST • Sara Rees, Interim Head of Nursing, MH&LD • Sarah Roberts, Mental Health Act Admin Manager • Warren Lloyd, Associate Medical Director & Clinical Director MH&LD

Agenda Item	Introductions and Apologies for Absence	Action
MHLAC(19)26	<p>Paul Neman welcomed everyone to the meeting and introduced himself as Interim Vice Chair of the Board. The following apologies for absence were received:</p> <ul style="list-style-type: none"> • Carina Giannuzzi, Dyfed Powys Police • Delyth Raynsford, Independent Member • Donna Pritchard, Ceredigion County Council • Jane Hitchings, Pembrokeshire Local Authority • John Forbes-Jones, Ceredigion County Council • Judith Hardisty, Interim Chair HDdUHB • Liz Carroll, Interim Director of MH&LD • Mark Evans, Carmarthenshire County Council • Melanie Evans, Head of OAMH & LD • Natasha Fox, Chief Officer, Advocacy West Wales • Richard Jones, Head of Clinical Innovation and Strategy, MH&LD • Simon Hancock, Independent Member 	

MHLAC(19)27	Declarations of Interests	
	No declarations of interest were made.	

MHLAC(19)28	Minutes of the Meeting held on 21st March 2019	
	<p>The minutes of the meeting held on 21st March 2019 were APPROVED as an accurate reflection of the previous meeting, save for the following amendments:</p> <ul style="list-style-type: none"> • Page 1 – Introductions & Apologies – Paul Newman's title to be amended to Interim Vice Chair of Hywel Dda University Health Board (not committee). • Page 3 – Committee Effectiveness Review Results – paragraph to be amended to read 'Clive Smith queried whether it was too late to 	

	<p>submit his response to the committee. PN informed the Committee that the Effectiveness Review questionnaire is utilised for all Committees of the Health Board and is designed to allow each Committee member to consider the effectiveness of the Committee, and each person's individual understanding, role and contribution'.</p>	
	<p>The Committee NOTED and APPROVED the minutes from the previous MHLAC meeting in January 2019 save for the amendments noted above.</p>	

<p>MHLAC(19)29</p>	<p>Matters Arising, including Table of Actions from the Minutes of the Meeting held on 21st March 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 gone via MH&LD Written Control Document Group (WCD). There were a couple of changes to be made and it is now with Natalie Vanderlinden.</p> <p>Angie Darlington and Sara Rees to discuss the possibility of utilising volunteers from WWAMH to contribute towards the review and development of directorate written control documentation – Any comments to be sent to Ms Darlington</p> <p>MHLAC (18) 43 & (19)07 & (19)17 Scrutiny Group Update: Mr Paul Newman and Mr Joe Teape have met to discuss the performance report and Mr Teape has since met with Ms Liz Carroll and Mrs Sara Rees to note concerns. The Scrutiny Performance Report needs a level of drill down beneath it and Mrs Rees assured she will try and supply that in future however resource remains an issue.</p> <p>Mr Clive Smith and Ms Angie Darlington have also met with Mr Paul Newman who has held discussions with Jo Wilson on how this committee links in to provide assurance. Mrs Rees stated she felt there was much doubling up of work in relation to other committees which needs to be resolved. Mr Teape informed that as this committee's specific function is assurance there may well be duplication.</p> <p>Ms Darlington stated connectivity is important and needs to form part of the assurance framework. This committee and the sub committees need to be used to provide improved assurance and scrutiny also.</p> <p>MHLAC (18)44 Connectivity of Committees and Sub-Committees: Mr Smith informed he is concerned what information will be exchanged. Under the legislation there is an obligation in respect of safety of patients and therapeutic care and this information needs to be delivered carefully.</p> <p>Mr Teape informed work is being undertaken towards assurance being provided on each level and fed up to this committee.</p> <p>Mrs Rees informed an annual workplan is required for scrutiny group.</p> <p>Mr Newman indicated that the sub-committee structure and performance metrics need refining and clarity is required as to what is recorded at what level and to what detail. Mr Newman is liaising with Jo Wilson on this.</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 contacting Sarah Roberts to submit a Datix incident report. So far only 7 incidents have been reported this way. Mrs Sara Rees has resent the process out to the 3 local authorities in the hope there will be an increase in reporting.</p> <p>MHLAC (19)23 Service User Representation: Ms Angie Darlington, Mr Joe Teape and Mr Paul Newman have met to discuss. The meeting was very positive.</p>	
	<p>The Committee NOTED the MHLAC Table of Actions.</p> <p>Action:</p> <ul style="list-style-type: none"> • Any comments re WWAMH volunteers contributing to review and development of Written Control Document Group to be sent to Angie Darlington • Mrs Sara Rees to develop a workplan for MH Scrutiny Group. • Mr Newman indicated that the sub-committee structure and performance metrics need refining and clarity is required as to what is recorded at what level and to what detail. Mr Newman is liaising with Jo Wilson on this. 	<p>All</p> <p>SR</p> <p>PN</p>
<p>MHLAC(19)30</p>	<p>MHLAC Terms of Reference Review</p> <p>MHLAC Terms of Reference (ToR) were reviewed.</p> <p>Ms Angie Darlington requested West Wales Action for Mental Health (WWAMH) be included on the Attendance List.</p> <p>Mrs Sara Rees requested inclusion of compliance with the Social Services and Wellbeing Act.</p> <p>Mr Ken Jones agreed, adding that that Local Authority representation is key to this meeting as social services should be central and focus is required on integration. Mr Smith informed that is the purpose of care and treatment plans and this is commented on in the HIW Report. All issues need to be taken up as joint consultation for the Local Authority and Health Board.</p> <p>Mrs Rees also made reference to the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act and wondered whether these are reported elsewhere. Ms Darlington informed MH Scrutiny Group looks at DoLS. Mr Smith reported the content of MH Scrutiny Group is currently overloaded and Mrs Rees agreed with this.</p> <p>Mr Mike Lewis referred to Item 4 of the ToR, which defines the areas upon which the committee is obliged to provide assurance to the Board. Mr Lewis suggested whether this is sufficient.</p> <p>Regarding the flowchart on version 6 of the Terms of Reference, Ms Darlington requested connection between MHLAC and Partnership Board, as MHLAC receives updates from that group. Ms Darlington</p>	

	<p>thought it would be beneficial to indicate in which way MHLAC is connected to groups/sub committees and requested a dotted line be included on the flowchart to connect them.</p> <p>Discussion ensued around the Social Services and Wellbeing Act. Mrs Rees informed this is Health based and Ms Darlington added the name sometimes causes people confusion. Mr Jones stated all Acts are incorporated in the Social Services and Wellbeing Act and that delineation is required as to what constitutes social care and what constitutes healthcare. Mr Teape to speak to Jo Wilson.</p> <p>Mr Teape queried whether meetings could be more user friendly for service users and carers. Ms Darlington informed one of the biggest challenges is formality and that if meetings were less formal and more workshop based; that may help. Mr Teape suggested considering this for Scrutiny Group. Mrs Rees agreed this could be explored.</p> <p>Action:</p> <ul style="list-style-type: none"> • To consider extensions to the MHLAC ToR and establish any new legislations the committee is obliged to adhere to. • Mr Teape to liaise with Ms Wilson to verify the extent ToR are standard across all Wales. • Mrs Rees to explore the options around Scrutiny Group being more workshop based. • Dotted line to be added to flowchart connecting MHLAC and Partnership Board 	<p>LR/SRo</p> <p>All</p> <p>JT</p> <p>SR</p> <p>LR/Ro</p>
	<p>The Committee NOTED the content of the MHLAC Terms of Reference</p>	

<p>MHLAC(19)31</p>	<p>PRESENTATION & DISCUSSION</p> <p>Ms Angie Darlington presented 'Amy's Story'. This was a Service User Story from the Recovery Wall section of WWAMH website.</p> <p>Ms Darlington invited questions and comments following the film in which Amy recites a poem she has written about her experiences with healthcare staff in uniform. Ms Darlington asked committee members to think about what uniform they had on today and how they felt after hearing Amy's story.</p> <p>Mrs Rees stated a smile can make a difference to all people and Ms Darlington informed Amy was keen for this video to be included in nurse training. Ms Darlington thanked Mrs Kay Isaacs and the staff of Morlais ward for their help in putting the film together.</p> <p>Mr Newman indicated everyone subconsciously puts on a 'uniform' at work and adapts their behaviour accordingly by trying to leave their lived experience outside the door. Ms Darlington agreed and stated Amy would like nurses to continue to be themselves when they are in uniform. Mr Newman added that what uniform being worn can also change during the day. Nursing staff used to be encouraged to put on their uniform and become someone else, however, this is changing now and the importance of nursing staff who are empathetic and caring has been recognised. Mr Newman thanked Ms Darlington for presenting Amy's story.</p>	
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Mrs Kay Isaacs and Mrs Rees provided a presentation on Bespoke Repatriation. Mrs Rees informed this was first explored following questions raised by Independent Members on what HDdUHB provisions were being made for mental health patients placed out of area. Mrs Rees informed there was a gap in skilled and flexible service provision and that acute wards can make some people worse, however the level of risk in the communities leads to prolonged stays.

A pilot was therefore created for individuals with a diagnosis of Emotionally Unstable Personality Disorder that were placed out of area to receive intensive treatment in private low secure hospitals. It can often be a challenge to repatriate these individuals, to include people whose lives and histories have failed to adequately equip them with the skills to manage emotions, relationships with others, and distress; people with complex histories and diagnosis of Emotionally Unstable Personality Disorder; and people who traditional services struggle to engage with successfully and constructively, in response to their emotional needs and behaviours

Experiences of service users and staff across HDUHB have indicated a gap in skilled and flexible community provision that provides an intensive, socially and vocationally orientated service which can respond to rapidly fluctuating needs, in a flexible and consistent way. The clear goal of a bespoke repatriation service would be to reduce the cycle of service use and enable individuals to live meaningful, fulfilled lives within their communities.

Work undertaken in Cardiff and Vale University Health Board in conjunction with Gofal, identified bespoke care packages had been successful with a small number of individual clients. Gofal in conjunction with local statutory services had supported individuals from private hospital placements to their own tenancies with high intensity community support that reduced as the individual settled and integrated into their community.

This project is a pilot funded by an invest-to-save loan from Welsh Government. As this is a small pilot, evaluation is required to establish whether treatment costs are reduced in comparison to out-of-area placements and whether this approach helps improve client outcomes over time.

The project is required to report progress to Welsh Government on a quarterly basis, to include updates on finance, success, challenges and evaluation.

The operational model is as follows:

- To identify individuals who are eligible for transfer from low secure hospital to their own tenancy
- Care Coordinators, Gofal and the lead medic will identify individuals suitable to return from placement
- Once identified, the individual will be assessed by the multidisciplinary team for suitability under the pilot scheme criteria
- If suitable, the team will work with the individual and family/carer to negotiate and agree return
- Gofal will broker a tenancy with the Local Authority
- Care and Treatment plan will be devised in collaboration with all concerned alongside a robust risk assessment and a clear crisis contingency plan
- Supervision will be provided to all pilot staff by psychology

The following variations have been made from the Original Model:

- Project and service has flexed to provide a service which prevents admission to private low secure hospitals as well as working to repatriate from high cost out of area placements
- The pilot originated in Carmarthenshire but has been extended to repatriate other individuals to Ceredigion or Pembrokeshire
- The pilot has been used with individuals within HDdUHB hospitals to enable a reduced hospital stay due to discharge with intensive home support
- The pilot has supported individuals who were not able to undertake their own tenancy to leave hospital and return nearer to home whilst supported in an alternative placement.

The pilot is being formally evaluated by psychology services and this is included in HB reporting to Welsh Government

Mr Smith queried how many patients are involved in the pilot. Mrs Isaacs informed there were originally 12 people on the list however this has been added to.

Mr Smith queried any pattern when these individuals return to tenancy and what the ratio of professional staff and family support provided to them. Mrs Rees informed all cases are individual and there is a multidisciplinary wrap around in the Care and Treatment Plan (CTP). The aim is recovery and it is a very person centred approach which requires a huge amount of planning, to include family, the individual themselves, Gofal and care services.

	<p>Mr Smith informed the problem with any care in the community is in sustaining it and he was concerned there may be a risk this care will decrease as the HB takes a step back. Mrs Rees acknowledged Mr Smith's concern and informed him this is the reason services require transformation. Mr Smith informed it is important to control provision under the measure by providing what is required. Ms Darlington informed from the perspective of WWAMH, it is a very positive step forward and she has heard much positive feedback.</p> <p>Mr Lewis queried what would happen if the pilot is successful and this is rolled out. Dr Warren Lloyd WL stated if the pilot is as successful as predicted, then this provision will need to be embedded into the service model.</p> <p>Mrs Rees acknowledged there will always be a requirement for some patients to be transferred out of area to specialist services that cannot be provided in Wales. Ms Darlington agreed and added out of area is not always a bad thing as treatment is individual for each person and their needs.</p> <p>Mr Smith reminded Mrs Rees and Mrs Isaacs of the importance of keeping carers informed as the scheme is reliant on carers to supplement this programme.</p> <p>Ms Darlington queried whether there are links with domestic abuse services. Mrs Rees informed Gofal will link in dependent upon what support each individual requires. Ms Darlington suggested Sue Owen from Gofal contact Carmarthenshire Domestic Abuse services to ensure joint working with the project.</p> <p>Mr Jones stated repatriation is not easy and it is a complex area. Within the HB's £18million, there is potential to improve local services and Matthew Richards, Head of Commissioning MH&LD, has been working on this. He queried how these placements would be monitored. Ms Darlington informed there is no easy answer however it is positive this area is being developed.</p> <p>Mrs Isaacs informed the pilot will continue to run for another year and a review of commissioning arrangements will need to take place within that time as funds will need to be released via another avenue. Mr Jones agreed this is a big challenge however it is very positive and will hopefully improve services and save money for the HB in future.</p>	AD
	<p>Action</p> <ul style="list-style-type: none"> Ms Darlington to speak to Sue Owen from Gofal to request she contact Carmarthenshire Domestic Abuse services to ensure joint working with the project. 	AD
MHLAC(19)33	<p>PERFORMANCE MHLD Performance Paper Q4 2018-19 Performance Dashboard All Wales Benchmarking Report</p> <p>Sara Roberts presented the performance paper and performance dashboard for Quarter 4 (Jan 19 – March 19).</p>	

Highlights include:

- Use of Section 136 has increased, it was used on 70 occasions compared to 53
- Section 135 was used on 1 occasion
- The use of Section 2 has increased, it was used on 82 occasions compared to 71 for the previous quarter. 48 of the detentions were direct from the community and 3 patients were transferred in.
- Section 3 was used on 27 occasions compared to 32 for the previous quarter. 1
- Section 3 was to an older adult wards and 1 patient was transferred in.
- Section 5(2) was used on 26 occasions compared to 22 for the previous quarter. It was implemented within general hospital setting on 1 occasion.

In relation to scrutiny of documents, the following was noted:

- 164 statutory documents were medically scrutinised
- 46 rectifiable errors were made on documents and corrections carried out within the statutory time limits (14 days)
- 4 invalid detentions were picked up by the MHA

Mrs Roberts informed she had met with nursing staff last week to capture and decrease errors and work is ongoing to reduce these.

Mrs Roberts highlighted, under the Code of Practice, that 7 out of 17 hospital managers' hearings had overrun the expiry date of the section. These hearings should always be heard before expiry. Mrs Roberts added however it is unusual to have that many over.

Dr Lloyd informed whilst he would like to do so, he could not assure the committee that all hearings would be covered off in time, due to the high number of vacancies being carried by the Directorate and stated unfortunately that this is the reality of the current situation.

Mrs Roberts indicated there is no particular pattern to the high level of activity, it is merely the situation and it continues to be monitored.

Mr Jones surmised that relying on locums causes problems also. Dr Lloyd agreed and informed it continues to be an issue in terms of developing the new vision of the service.

Mr Lewis queried whether there was any action or information the committee needed to be made aware of in relation to the increase of 3 out of 4 sections.

Mrs Roberts informed that in relation to section 136, police officers come across people in response to calls, therefore during quarter 4 there was a high level of police picking people up. Mrs Roberts was of the opinion this was exceptionally high however the current period is much lower and it simple cannot be predicted. Mrs Isaacs informed section 136 can now be enforced in different situations whereas previously it could not, therefore an increase would be expected due to the extra powers police have been provided.

Mrs Rees informed she had spoken to Claire Parmenter, Dyfed Powys Police, last week to try ascertain how many people are already known to services and whether there is something they are not receiving in core services.

	<p>Mr Newman queried whether the Locked Door Policy will have any impact on the figures for locked door on page 7 of Mrs Roberts' report. Mrs Rees informed some interesting discussions have been held in relation to moving forward with this in the whole transformation programme. Some service users have expressed locked doors increase security on the ward. Mrs Rees added the figures for people absent without leave (AWOL) are increasing despite the locked door policy. The key thing now is reporting against the standards.</p> <p>All Wales Bench marking Report Mrs Roberts presented the All Wales Benchmarking Annual Report from Cardiff and Vale University Health Board for information.</p> <p>PN suggested this report be submitted to Mental Health Scrutiny Group in future as it does not constructively contribute to Mental Health Legislation Assurance Committee.</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>Action</p> <ul style="list-style-type: none"> All Wales Bench marking Report to be submitted to Mental Health Scrutiny Group in future 	SR

MHLAC(19)34	ASSURANCE MH Partnership Annual Report	
	<p>Ms Angela Lodwick presented the Mental Health Partnership Annual Report on behalf of Liz Carroll.</p> <p>Ms Lodwick informed the Local Mental Health Partnership Board (LMHPB) in Hywel Dda has been busy over the last year with a focus on the Transforming Mental Health programme, mental health innovation bids and a number of activities within local mental health services.</p> <p>There have been a number of overarching challenges for the group with some critical areas of Together for Mental Health to address such as delivery of preventative services and improved crisis care. There have also been practical challenges with the running of the of the group such as the full resourcing of involvement costs, ensuring a range of people are involved and included and reaching out to service users and carers so they feel involved in the work and aware of the role of the Partnership Board.</p> <p>There is also work to undertake with the Department for Work and Pensions (DWP) as some people remain worried about volunteering and getting involved due to how it may affect their benefits. This stops people from being involved in representative roles and attending workshops and events. WWAMH have worked with DWP in relation to this and DWP do support volunteering, however more work is required in order to support this to overcome the fears and worries of service users and carers. Some service users and carers are facing financial difficulties due to the</p>	

changes to PIP assessments and ESA and are concerned about Universal Credit. Work with DWP is therefore a priority for the coming year.

There is concern from service users and carers regarding the mental health understanding of the police and lack of trust of the police by some service users. Work is underway on this and focus groups will be organised by WWAMH for mental health and police representatives along with service users and carers. A training film has also been developed by the police with service users, carers and WWAMH to help improve understanding. The mental health triage team with the police is also developing further and looking at ways to gather service user feedback on the service.

LMHPB have voted on the most appropriate chair and co-chair of the meetings and this has worked well. Nationally however there is a recommendation for this approach to change and LMHPB will be putting forward a rationale for the current arrangements to remain.

Ms Lodwick invited questions. Mr Newman queried the date of the report as it indicates 2017/18. Dr Lloyd informed this is correct as the document reports on the previous year. Dr Lloyd also indicated there is a delay in submitting the 2018/19 report due to pressures.

Mr Newman made reference to page 2 of the report and whether there was any update in relation to payment. Dr Lloyd informed Service User and Carer involvement is important and the need for a paid position for a Service User and Carer involvement lead within the Hywel Dda UHB Service Improvement has been identified. It has been agreed by the Partnership Board as an essential development that will support involvement and the challenge for this post currently is agreeing the financial resources for it. Dr Lloyd informed this was raised at the National Partnership Board in order for Welsh Government to take a steer and lead on this. Guidance is currently awaited in terms of the national position in supporting the contribution of service users and carers on all Partnership Boards.

Discussions have been undertaken as to what payment would be most appropriate as to some it could be access to hot desk facilities, and others may prefer a monetary reward. Therefore via transformation, LMHPB are looking at how best to support service users and carers.

Ms Darlington informed the LMHPB is highlighted as a good example of involvement for Wales by service user and carer support. Some resource was identified in the past however not necessarily for mental health. All other Partnership Boards in Wales are in the same position. Cardiff and Vale have managed to source resources for this and Dr Lloyd informed they would speak to them to see how they have managed that. Ms Darlington advocated it should be a paid position. Mr Newman agreed, stating if people's contributions are valuable, the HB should be prepared to pay for them in whichever form appropriate. Dr Lloyd stated he appreciated that however it is not only applicable to mental health service users and carers; the situation is much broader.

The Committee **NOTED** the content of the Local Mental Health Partnership Board Annual Report and was **ASSURED** that the group is progressing and due processes are being monitored.

MHLAC(19)35	ASSURANCE MH Partnership Delivery Plan	
	<p>Angela Lodwick presented the Mental Health Partnership Delivery Plan.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • Priority for all children to have the best start in life. A perinatal mental health service has been developed and is now operational across 3 counties. • Neurodevelopmental conditions to access timely treatment and supports. Historical waiting list has been cleared however referrals for ASD assessment continue to escalate. The team is small and they do not have capacity to address an increase in numbers. Ms Lodwick informed she is looking at additional resources at the moment. Mr Newman queried whether Phil Chick from the Delivery Unit was involved in this. Ms Lodwick informed the Delivery Unit visited to undertake some demand and capacity planning with them and have agreed to assist however they have no capacity until September. Ms Lodwick added this problem is not exclusive to Hywel Dda, as it is an all Wales issue and this will become more difficult with an increase in referrals. • Violence against Women and Domestic Abuse (VAWDA). Mrs Sara Rees is the lead for this. Group 2 training for MH&LD was identified as a priority and the group is now up and running. Training is being delivered by the safeguarding team and the intension is to train 85% of mental health staff within the first 12 months. <p>Mr Newman made reference to the disappointing figures in relation to training compliance and informed this needs to be improved upon. Mrs Rees noted compliance is monitored via MH&LD Business Planning and Performance Assurance Group (BPPAG) and safeguarding children and adults training is discussed at MH&LD Safeguarding Group and reported to the Quality Safety Experience Sub-Committee (QSESC) which feeds up to the Quality Safety & Experience Assurance Committee (QSEAC).</p> <p>Mrs Rees added that mental health medics are now reporting via ESR and are the first medics to do so in the organisation. Dr Lloyd informed the Directorate volunteered to pilot that system and he commended his colleagues for adhering to this.</p> <p>Mrs Rees informed there is an identified need to improve CTP's and for CTP's to be included in an audit cycle. Mrs Rees noted this has been fed back to HIW and included in her report.</p>	
	<p>The Committee NOTED the update and was ASSURED that the Mental Health Partnership Board is progressing in accordance with the Delivery Plan and due processes are being monitored.</p>	
MHLAC(19)36	ASSURANCE MHLAC Annual Report	
	<p>Mrs Sarah Roberts presented the Mental Health Legislation Assurance Committee's Annual Report outlining the committee's compliance of the key responsibilities set through its terms of reference and identifying key</p>	

	<p>areas of work intended to provide further assurance that the committee's terms of reference are being adequately discharged.</p> <p>The committee endorsed the Annual Report 2018/19 as a fair and accurate record of work undertaken over the last year.</p>	
	<p>The Committee NOTED the content of the 2018/19 Mental Health Legislation Assurance Committee Annual Report and was ASSURED that the committee's terms of reference are being adequately discharged.</p>	

<p>MHLAC(19)37</p>	<p>ASSURANCE HIW Thematic Review</p>	
	<p>Mrs Sara Rees presented the HIW Thematic Review.</p> <p>Key findings were the need for accessible services, strengthening links between Community Mental Health Teams (CMHT's) and General Practitioners (GP's), and simplifying processes.</p> <p>Out of hours care is a particular concern and a move is being made towards providing an emergency mental health service. Conversations are currently being held with the Wales Ambulance Service NHS Trust (WAST).</p> <p>The development of care and treatment planning is a priority to include better involvement of service users and carers in developing CTP's. Whilst the Directorate meets most of the WG targets, these tend to be based on process rather than quality. Work is being undertaken on this generated by MH Scrutiny group.</p> <p>HIW picked up that all HB's in Wales are looking at transforming and whilst this is good news, it is important to sustain current services.</p> <p>Medicine management in the community – Work has been undertaken on this which resulted in 23 recommendations that have been adhered to however there is no news yet as to whether this has been accepted.</p> <p>Mr Smith informed it was interesting HIW had picked up on the relationship between carers and developing CTP's for the person they are caring for as well as picking up on the point in relation to what happens when the carer is no longer able to do this. Mr Smith commended WG in terms of looking at MH&LD.</p> <p>Mr Smith informed he was delighted that Mrs Rees was taking preventative actions and offering enlightened support. Mr Smith thanked Mrs Rees from a carer's point of view but informed he remains concerned as to the level of support for service users and carers in the community. At the moment there are corrective action programmes being utilised however he does not have confidence in the process particularly for those that need CTP's as Part 2 of the Measure. Mrs Rees assured Mr Smith that this report will help, along with the submitted bids submitted, to focus on that journey.</p> <p>Mr Smith suggested a selection process should be adhered to in relation to providing in depth CTP's as those who do not have insight are prone to drift off in defective loops and do not put the effort required into them.</p>	

Mrs Rees informed the rationale for CTP's is important. Mr Smith reiterated resources should be utilised for patients that will respond to it as those are the people who will get recovery.

Dr Lloyd appreciated Mr Smith's frank views and informed him there would be other carers and service users who would prefer everyone receive the same standard of care planning. Dr Lloyd added he respected Mr Smith's position in terms of limited resource and focusing on limited need, however the DU, HIW and others would hold a different perspective on that with an expectation that components of care plans need to be realistic. Ms Darlington informed it all links to assessment and that if the assessment is right in first place this would help immensely. Mrs Rees informed they are working on this in Scrutiny Group.

In terms of assurance, as there are no figures in the document and assuming the plan will be signed off, Mr Lewis queried how this would be monitored to provide assurance to the board. Mrs Rees informed there are elements of assurance via each sub-committee. There is an overarching action plan pulled together via Scrutiny Group which assists in prioritising work and is chaired by Mrs Rees herself and feeds into QSESC which then feeds in to QSEAC. Mr Lewis queried how the board receive assurance. Mrs Rees informed actions would be placed on Mr Joe Teape's tracker in terms of performance and provided a timeframe therefore there is a system in place for monitoring performance against the improvement plan. Mrs Rees meets monthly with Claire Bird, who puts those together. The legislative actions will be on the overarching action plan and Mrs Rees undertook to bring that to MHLAC for assurance purposes. Mr Newman thanked Mrs Rees.

SR

Mr Newman queried whether the action plans adhered to SMART objectives and if they are out of time meeting a certain target whether it will be reported to this committee via an exception report? Mr Teape undertook to check this with Ms Jo Wilson to ensure correct escalation protocol is adhered to. Mr Newman requested an aligned oversight of where each action plan is being reported.

JT

Dr Lloyd referred to training and involvement of carers. WG have provided funding and a meeting was held last week with partners to include contributions from WWAMH. Additional resource is required.

Mr Smith stated one requirement within the terms of reference is to adhere to the Code of Practice and there needs to be a monitoring provision for training.

Mrs Rees informed training is undertaken however it is difficult operationally to find time to get the task and finish group up and running whilst sustaining the service. There is not an absence of training however improvement is required therefore as a starting point for that work resource is required. Mrs Rees informed she hoped the bids submitted for transformation will be successful.

Actions:

- Mrs Rees to bring legislative actions from the overarching action plan to MHLAC for assurance purposes.
- Mr Teape to query with Ms Jo Wilson whether any outstanding actions be reported to this committee via an exception report. Mr Teape to

SR

JT

	check correct escalation protocol with Ms Wilson	
	The Committee NOTED the HIW Thematic Review and was ASSURED due processes are being monitored.	
MHLAC(19)38	ASSURANCE Sub Committee Reports	
	MH Power of Discharge Sub Committee - Annual Report Mrs Sarah Roberts presented the Annual Report of the MH Power of Discharge Sub Committee. The Committee noted its content and endorsed the same.	
	The Committee NOTED and ENDORSED the content of the MH Power of Discharge Sub Committee Annual Report.	
MHLAC(19)39	ASSURANCE Sub Committee Reports	
	MH Scrutiny Group Mrs Sara Rees presented The Mental Health Legislation Scrutiny Group Update and informed she had amended the format of her report from previous meeting. Mrs Rees requested any comments on the new format be provided to her outside of the meeting. Mrs Rees informed the terms of reference for Scrutiny Group had been reviewed and Mr Clive Smith had raised an issue with the wording within the document in that he felt the term 'Ensure and Advise' should actually be amended to read 'Assure and Advise'. Mr Newman agreed with Mr Smith and Mrs Rees agreed to amend the terms of reference to reflect the same. Mrs Rees informed the Committee/Governance structure which she had provided the group had been well received. With regard to performance, there had been four invalid detentions which were errors by Approved Mental Health Professionals (AMHP). There is a system in place to ensure that these errors are rectified and this system is implemented by the MHA team within the HB. Following the scrutiny meeting further information was provided to the local authorities' service managers on the invalid detentions so that learning could be facilitated. It was also suggested that discussion took place across the three local authorities in the AMPH forum regarding the completion of statutory documentation, monitoring performance and review of any incidents of concern reported by health or police during clinical interactions. Mrs Rees informed all 3 local authorities collect data, however they are unable to provide analysis of that and it seems this is not undertaken. Mrs Rees noted she continues to request this information to no avail. Mr Newman suggested highlighting this as an issue with board to be taken to the Regional Partnership Board. Mrs Rees informed that would be helpful as services need to be sustained under incredible pressure and the local authority involvement is required also. All areas are currently meeting the required Welsh Government targets for the Mental Health Measure. This information is scrutinised in the HB	

	<p>executive performance review and the scrutiny group can assure the committee that performance against WG targets is being maintained. Information is limited in terms of quality of performance and will be addressed by the CTP Task and Finish group in the future. The lack of progress with the CTP Task and Finish group relates to the lack of operational capacity to provide necessary leadership and co-ordination for the group. The MH&LD Directorate have submitted a bid to Welsh Government for a Mental Health Legislation Lead who could provide the required leadership and co-ordination for this work.</p> <p>Much of that work will correspond with Written Control Documents Group which is now well formed and is a priority group of MHLAC.</p> <p>The importance of Social Service and Wellbeing Act training was raised at the scrutiny group and it was acknowledged that HB staff have not had sufficient training since the Act was introduced. This would be a key priority for the Mental Health Legislation Lead in conjunction with the CTP Task and Finish Group, if the bid is successful. There is an e-learning pack available however feedback from operational staff is that they are unable to access this via the HB IT system.</p> <p>Deprivation of Liberty Safeguards will be coming to an end next year and replaced by the Liberty Protection Safeguards. As yet there is no further information regarding this available. Subsequently an HIW review on St Non's ward identified the interface between the MHA and DoLS continues to be challenging.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Scrutiny Group Terms of Reference – 'Ensure and Advise' to be amended to read 'Assure and Advise'. • Mr Newman/Mrs Rees to highlight to Board lack of data analysis from the 3 local authorities and request this be taken to the Regional Partnership Board. 	<p>SR</p> <p>PN/SR</p>
	<p>The Committee NOTED the content of the MH Scrutiny Group Report</p>	
<p>MHLAC(19)40</p>	<p>MH Power of Discharge Sub Committee Minutes - 9th April 2019</p> <p>Mrs Sarah Roberts presented 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 August.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • Hospital Managers expenses – travelling expenses have been increased to 45p per mile to align with other Health Boards in Wales. Members will also receive an increase of £5 per hearing that will not be capped as to number of hearings undertaken • Managers to be provided with hand held devices for all hearings as there have been some concerns with sending information on patients to private email addresses. Anthony Tracy has informed IT will provide them with hand held devices prior to the next meeting in August and a training session will be provided by IT to use the devices appropriately. 	

	<p>Dr Lloyd expressed concern relating to IT devices being used at hearings as it will be less personal with attendees looking at screens. Mrs Roberts informed she had discussed this with the hospital managers and some of them are of the same view, however it had been agreed to pilot this for 4 months. One of the benefits being provision of extra time for completion of reports for those having to compile them and extra time for reading them also, particularly now the Health Board has implemented restrictions upon using first class mail. Another benefit of use of these devices for hearings is that IT would provide secure email addresses and would be responsible for erasing the information from devices also. Mr Lewis thought that was a good idea as it cannot be right for sensitive information to be sent to private email addresses.</p> <p>Ms Darlington suggested obtaining feedback from patients and hospital managers on the use of said handheld devices during hearings and offered to undertake a workshop on this. Mrs Rees thought that was a good idea and undertook to liaise with Ms Darlington in relation to this.</p> <p>Action:</p> <ul style="list-style-type: none"> • Mrs Sara Rees and Ms Angie Darlington to liaise in relation to setting up a workshop for hospital managers and patients to provide feedback on the use of handheld devices at hearings 	SR/AD
	The Committee NOTED the content of Draft Minutes of the MH Power of Discharge Sub Committee, dated 9 th April 2019 .	

MHLAC(19)41	POLICIES	
	<p>Section 135 Procedure</p> <p>Mrs Sarah Roberts presented Section 135 Procedure document for information and informed it has already been submitted to Written Control Documents Group and Clinical Policy Review Group. This policy has been agreed and is available on the intranet.</p>	
	The Committee NOTED the content of the Section 135 Procedure.	

MHLAC(19)42	Annual Work Plan	
	The Annual Work Plan was presented for information. No comments were received.	
	The Committee NOTED the Annual Work Plan.	

MHLAC(19)43	For Information	
	<p>Annual Summary Review 2018/2019 on the status of written control documentation</p> <p>Mrs Sara Rees presented the 2018/2019 annual overview of written control documentation owned by the MH&LD WDG. Mental Health Legislation Assurance Committee is the 'owning' committee identified for 9 written control documents relating to mental health and learning disabilities and the annual overview provides an outline of the current status of the relevant written control documentation, including review dates and details of the documents approved during 2018/2019 in line with HDdUHB's Written Control Document Policy.</p>	

	The Committee NOTED the content of the Annual Summary Review	
MHLAC(19)44	<p>Any Other Business</p> <p>It was noted that September's Mental Health Legislation Assurance Committee clashes with an All Wales Hospital Managers training day run by Welsh Government in Cardiff and Vale in Builth Wells on the same date. Discussion ensued as to whether the Committee should reconvene a date however it was agreed to continue with the original date due to the logistical difficulties of accommodating this another time. Mrs Roberts and her team will be attending and agreed to obtain handouts from the training day for the benefit of those Independent Members who would not be able to attend.</p>	
MHLAC(19)45	<p>Date, Time and Venue of Next Meeting</p> <p>The next meeting of the Mental Health Legislation Assurance Committee will be held on Tuesday 17th September 2019 at 9.30am – 12.30pm in the Board Room, Ystwyth, St David's Park, Carmarthen SA31 3BB.</p>	