

- 4.1.1 MH Scrutiny Group Report and Terms of Reference
Presenter: Sarah Roberts/Liz Carroll
- 4.1.1 SCRUTINY GROUP UPDATE - MHLAC 17th September 2019 (2).docx
 - 4.1.1 Final MHLD Scrutiny Group Minutes 6th August 2019.docx
 - 4.1.1 TOR's Scrutiny Group updated 07 08 19.doc

PWYLLGOR MONITRO'R DDEDDF IECHYD MEDDWL MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 th September 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	The Mental Health Legislation Scrutiny Group Update
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:	Joe Teape, Deputy CEO and Executive Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Sara Rees, Interim Head of Nursing MH/LD Directorate

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Mental Health Legislation Scrutiny Group (the Group) was established as a Sub-Group of the Mental Health Legislation Assurance Committee (MHLAC) and was constituted from 14th July 2014. The group was re-established in November 2017 whereby Sara Rees, Head of Service Adult Mental Health took over Chairing duties. Sara Rees is now in the Interim Head of Nursing MH/LD post but will retain the Chair of MHLSG until a new substantive AMH Head of Service is appointed at which point Sara Rees will stand down as chair but will continue to attend as a member of the group. The MHLSG does not have an identified vice chair, the group decided it would be good if this were someone from a local authority could take up the role. The vice chair role was not allocated at this meeting and further discussion is required, however, Ceredigion LA have recently restructured and it was agreed that DP would check the scope of the job description for the new Corporate Manger as this could be a potential fit for the vice chair role.

The purpose of the paper is to present to the Mental Health Legislation Assurance Committee an update from the Mental Health Legislation Scrutiny Group meeting held on Tuesday 6th August 2019 and any subsequent work that has been undertaken since that meeting. This paper will focus on Part 2 of the Mental Health (Wales) Measure 2010. Draft minutes of the MHLSG will be attached for information. Any further questions arising from the MHLSG which was held on the 6th of August 2019 please email them to sara.rees@wales.nhs.uk as unfortunately I will not be in attendance at the MHLAC on the 17th September 2019.

Cefndir / Background

The Mental Health (Wales) Measure (MHM) 2010 was introduced to improve access to and the delivery of mental health care in primary and secondary care settings and to extend the availability of independent advocacy for those using mental health services.

The implementation of the measure was supported by the development of a Code of Practice to parts 2 & 3, although is also applicable to part 1 & 2.

Part 2 of the MHM requires that all people receiving secondary care mental health services receive a Care & Treatment Plan (CTP). Part 3 of the MHM allows for people who have previously used secondary services and have been discharged to request a further assessment if they feel that their mental health is deteriorating. This request is made by

the service user directly to the secondary care team.

The MHM is designed to support service providers to improve the quality and responsiveness of mental health service in Wales and to ensure that service users have a greater say in how their needs should be met.

The guiding principles which capture the spirit of the MHM are:

- Relevant patients and their carers should be involved in the planning and development and delivery of care and treatment to the fullest extent.
- Equality, dignity and diversity
- Clear communication in terms of language and culture is essential to ensure relevant patients and carers are truly involved, and receive the best possible care and treatment.
- Care and treatment should be comprehensive, holistic and person-focused.
- Care and treatment planning should be proportionate to need and risk.
- Care and treatment should be integrated and coordinated.
- Recovery is referred to as a process, outlook, vision, conceptual framework or a set of guiding principles and care coordinators should facilitate every individual to explore and to set their own aims in what recovery means.

The requirements for care and treatment planning under part 2 of the MHM apply when a person is a relevant patient. A relevant patient is an individual:-

- For whom a mental health service provider is responsible for providing a secondary mental health service; or,
- Under guardianship of local authority in Wales: or
- For whom a mental health service provider has decided that they would provide secondary mental health services, if that individual cooperated with the provision of such services.

Part 2 of the MHM does not prescribe a particular assessment process. However, for relevant patients it is expected that the assessment process is used for agreeing the outcomes to be achieved, will identify needs and risks (including vulnerability), alongside their personal strengths. Such an approach maximises the opportunity for recovery and independence. Recognising, reinforcing and promoting strengths at an individual, family and social level should be a key aspect of the assessment process. The aim is for the assessment process to establish information from which care and treatment planning and future work can take place. The assessment process should ensure that the relevant patient is encouraged and facilitated to make clear their views and their ambitions for the future through the joint production of a care and treatment plan. The Code of Practice also states that where practicable and appropriate the views of any carers or significant others should also be sought and recorded.

Assessment of risk is the first step to setting outcomes and formulating the care and treatment plan. As with the assessment process the MHM does not prescribe a particular risk assessment or tool. In practice terms assessment of risk is an aid rather than a substitute for decision making about what outcomes should be achieved, and all assessment information should be considered in its entirety to be translated into a formulation of any risks and subsequent management of those risks.

Once an individual is considered a relevant patient under the measure relevant mental health service provider, this could be health or Local Authority, has a duty to appoint a Care Coordinator (CC). The CC is central to the relevant patients journey through secondary mental health services. The role of the CC is a distinct one within the care and treatment planning process with its own distinct responsibilities. There maybe numerous professionals involved in providing care and treatment to an individual but there will only be one care coordinator acting for the relevant patient at any one time.

The Care coordinator is responsible for the following:-

- Working collaboratively with the relevant patient and the relevant patients mental

health service providers with a view to agreeing the outcomes which the provision of the mental health services are designed to achieve.

- Ensuring that the care and treatment plan is developed and written
- Ensuring that the care and treatment plans are reviewed and revised
- Providing advice to service providers of the effective coordination of the care which is delivered.
- Keeping in touch with the relevant patient. The care coordinator may also choose to keep in touch with family and carers where appropriate or necessary.

The MHM stipulates professional requirements for those professionals that can undertake the role of CC.

The MHM prescribe the content and form of the care and treatment plan which all CC's are required to use. Outcomes must be agreed in relation to at least one of the following areas:

- Accommodation
- Education and training
- Finance and money
- Medical and other forms of treatment, including psychological interventions
- Parenting or caring relationships
- Personal care and physical wellbeing
- Social, cultural or spiritual
- Work and occupation
- Outcomes to be achieved may also be agreed in relation to other areas

There should also be reference to individual relapse signatures which indicate that the relevant patient requires increased help from the care team with a stipulated crisis contingency plan. Any particular language or communication requirements the relevant patient has. The views of the relevant patient on the care and treatment plan and any views and wishes of the relevant patient on past, present or future arrangements in relation to their care.

Part 2 of the regulations do not specify a time limit for the production of a care and treatment plan it is recommended that in most cases it should be produced within six weeks of the appointment of a CC and distributed within two weeks of its completion. The CC is required to take account of the views of the relevant patient about whether or not copies of the CTP be provided to others involved in their care. The relevant patient should be given support and information to help them understand the value and purpose of sharing the information. The CC may provide copies of the CTP to others, as stipulated in the MHM, against the wishes of the relevant patients, in these circumstances it is advised that such decisions and evidence of due consideration having been given is clearly recorded.

The Health Board is required to report performance to WG on part 2 of the MHM monthly. The WG target is that 90% of relevant patients will have a valid CTP. The collection of the data is achieved through an internal process.

Asesiad / Assessment

Within the Mental Health and Learning Disability Directorate CTP is delivered through our secondary care services which include the following:-

- Adult Mental Health Community Mental Health Teams (CMHT's)
- Crisis Resolution Home Treatment Teams (team can see people under either part 1 or part 2 of the MHM)
- Older Adult Community Mental Health Teams (OACMHT's)
- Community teams Learning Disabilities (CTLD)
- Specialist Child and Adolescent mental Health Services (SCAMHS)

- All patients occupying our acute inpatient services

All other services provided by the Mental Health and Learning Disability Services are described in MHM Part 1 scheme and as such service users are not subject to CTP.

The MH/LD directorate use an electronic record keeping system called Care Partner. There are currently over one hundred forms available for use on the Care partner system. These include Assessment documentation, Risk Assessment documentation, Care and Treatment Plan and Review documentation, psychometric tests, unmet needs forms, rating scales, service specific forms, this is not an exhaustive list.

The MH/LD CTP Lead is currently undertaking a piece of work to review and refine the amount of documentation available to practitioners within the care partner system, a systematic approach is being taken to ensure that there are no unintended consequences when some documentation is removed. This piece of work was prompted by XXX inconsistencies in documentation across some of our teams and a trend toward utilising the triage assessment forms from our CRHT's when standard practice indicates the use of the core assessment form, the code of practice highlights the importance of a comprehensive assessment to inform the care and treatment plan. It is anticipated that the scoping element of this piece of work will be completed by October 31st 2019. All teams are currently reviewing their respective service specifications which will describe consistently the assessment documentation to be used to support care and treatment planning. All service specifications will be approved by the MH/LD Written Control Document Group (WCDG).

We currently have 2,157 relevant patients subject to part 2 of the MHM CTP, of these:-

- 1,549 are within Adult Mental Health Services
- 302 within Older Adult Mental Health Services
- 111 within Community Services Learning Disability
- 195 within Specialist CAMHS

Welsh Government targets – performance

90% relevant patients will have a valid Care and Treatment Plan.

Quarter One: April, May June, performance has been maintained at over 90%. This data is reported through the MH/LD Business Performance and Planning Group. The data is scrutinised and where there are indications that performance is slipping, exception reports are requested and actions put in place to ensure that performance is maintained.

As a directorate we are aware that this performance does not necessarily measure the quality of the Care and Treatment Plans and as such have developed a CTP audit internally which is reported through the MH/LD Quality Safety Experience Assurance Sub-Committee

Mental Health and Learning Disability Care and Treatment Planning Audits

The directorate employ a CTP Lead who works fifteen hours per week. As CTP lead she represents the HB on any All Wales work being undertaken through the MHM community of practice. The CTP audit was developed to provide the directorate with a more detailed performance report on CTP and this is reported through the MH/LD QSEASC. The audit tool was developed collaboratively with the Delivery Unit, it was then sent to staff for comment and adjustment, once the final version was agreed the CTP lead and audit department worked together to devise a system which would allow monthly reports to be run.

The audit is RAG rated and is divided into four parts:-

- Assessment
- CTP

- CTP Review
- Activity Record

There are quality statements captured in each of the four domains and they reflect the principles of the code of practice.

There are clear descriptors within the RAG rating to minimise inconsistencies in reporting. The audits are completed by the team leaders with the care coordinators by scrutinising the electronic care partner records. They have agreed to audit ten sets of notes per team per month. Team leaders have reported that it can take up to two hours to complete one audit. The CTP Lead trains all team leaders to effectively complete the audit and will provide any ongoing support for them. A summary of the audit results are presented to the MH/LD QSEASC within the Quality Assurance Practice Development Team Report. The results are also owned by the operational team leaders and there is facility within the audit data base to produce an action plan based on the audit results.

In quarter one there were 205 patient records audited across services. There is room for improvement in the analysis of the CTP audit that is presented to MHL SG. HoN will work with the Senior Nurse for QAPD and CTP lead to progress this work.

Training

CTP training is currently provided by the MH/LD CTP Lead it is available on a weekly basis and bespoke training is provided for teams as and when required. The training covers the following topics:

- Principles of the code of practice
- Care Coordination, who can, the role and duties and functions
- CTP process
- Concept of recovery
- Building an assessment
- Formulation of Care and Treatment plans
- Care and Treatment outcomes
- Relapse signatures, crisis and contingency planning
- WARRN risk assessments (the directorate has specific WARRN training as well)
- Unmet Needs
- Supported discharge

This list is not exhaustive.

The training is delivered through a number of methods and includes practical examples and the opportunity for practitioners to complete C&T plans from practice based scenarios.

All this training is currently aimed at HB staff and any SW staff that work as part of an integrated CMHT. It was agreed at the MHL SG that a review of the training that is currently provided be undertaken by a task and finish group. This work has started. AD and SR have met to consider who is best to participate in this work and the following points raised:-

- What training currently takes place
- What mentoring and coaching currently takes place around CTP (supervision)
- Who monitors standards/outcomes in relation to CTP
- Areas for development
- How we use the CTP audit findings to drive quality improvement within operational services
- Training for service users, carers and voluntary agencies
- Involvement of service user, family, networks and voluntary organisations in CTP

A next steps meeting has been organised. Progress will be reported through MHL SG.

What the Delivery Unit Said:

The Delivery Unit undertook an all Wales review of CTP in 2017 and subsequently provided individual reports to the Health Boards across Wales.

They identified a number of good practice examples including:-

- Examples of comprehensive CTP's which included, person centred care planning, individualised risk and relapse indicators and some plans were augmented with detailed behavioural plans.
- Examples of service user and carer involvement in the formulation of CTP's
- The use of easy read care plan within a CTLD to prepare service users to participate in their care plan review.
- The use of a caseload weighting tool

This list is not exhaustive.

Recommendations from the DU review:-

- The Health Board and its local authority partners should, as a matter of priority, improve integration across health and social care in learning disability services. This should include the alignment of policies and protocols to support joint working, the sharing of assessments and the production of multi-agency CTP's.
- A bespoke training programme to support the improvement of CTP's should be introduced to ensure that mental health and learning disability staff are, and remain, skilled in formulating CTP's and enhancing the involvement and experience of service users in the process.
- An agreed and systematically applied process is required for determining relevant patient status in learning disability services. This work is complete and is currently being implemented within the LD service.
- The health board and local authority should improve the auditing of CTP compliance this will lead to improvement in the quality of care and treatment planning and avoid expiry of CTP's. Please see above for progress on the CTP audit.
- Improvements are required in the recording of MDT involvement in care and treatment planning which includes, recovery and progression processes, discharge planning, risk management and crisis planning. IT systems used to record assessments and CTP's should be streamlined to improve their integration within a single multidisciplinary CTP.

Improvement plans have been developed and actions are monitored by individual operational services and reported to MHL SG. They are also monitored via the HB corporate assurance system. The MH/LD now has an established Written Control Document Group and process in place for the production, adoption and review of written control document procedures, guidance and processes. The development of CTP guidance has been identified as a must. This production of this guidance will be led by the Senior Nurse (recently come into post) for the QAPD team and the QAPD team will be the owning group. Representations from LA to join the owning group will be requested. CTLD have established a monthly workshop to standardise variation in working practices and deliver the DU action plan. AMH and OAMH will deliver the required actions through task and finish groups supported by the MH/LD WCDG.

The development of a standardised supervision pro-forma and guidance will also drive up the quality of care and treatment planning and was identified as a must by the MH/LD WCDG. This piece of work will be led by the MH/LD HON and owned by the professional nurse forum out of which a task and finish group will be developed. The next meeting of which is in October 2019.

To further support the work currently being undertaken to improve the quality and delivery of effective and efficient care and treatment planning the MH/LD has been successful in its bids to Welsh Government for the following posts from the transformation fund. These bids were coproduced with stakeholders:-

- Mental Health Legislation Lead Post

- **Data analyst**

There is also dedicated funding for the involvement of service users and /or carers in improving the delivery of care and treatment planning.

Argymhelliad / Recommendation

To acknowledge the Mental Health Legislation Scrutiny Group Update on Care and Treatment Planning

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	10.4.1 Report formally, regularly and on a timely basis to the Board on the Scrutiny Groups activity. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
Cyfeirnod Cofrestr Risg Risk Register Reference:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve population health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term - the importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs
	Prevention – the importance of preventing problems occurring or getting worse
	Integration - the need to identify how the Health Board's well-being objectives may impact upon each of the well-being goals, on its other objectives, or on the objectives of other public bodies

	Collaboration – acting in collaboration with anyone else (or different parts of the organisation itself) which could help the Health Board to meet its well-being objectives
	Involvement - the importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the Health Board serves

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Scrutiny Group.
Rhestr Termau: Glossary of Terms:	MHLSG – Mental Health Legislation Scrutiny Group MHLOG – Mental health Legislation Operational Group CWCDG – Clinical Written Control Document Group MH/LD – Mental Health / Learning Disabilities WCDG – Written Control Document Group WMF – Ward Managers Forum CRHT – Crisis Resolution Home Treatment QAPD – Quality Assurance Practice Development AMH – Adult Mental Health IMHA – Independent Mental Health Advocate SSWA – Social Services and Wellbeing Act MHA – Mental Health Act MHM – Mental Health Measure DOL – Deprivation of Liberty HIW – Health Inspectorate Wales CIW – Care Inspectorate Wales CHC – Community Health Council CTP – care and Treatment Plan
Parties / Committees consulted prior to the Mental Health Legislation Assurance Committee:	MHLSG Mental Health Act Legislation Administration Lead

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.

Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg/Cyfreithiol: Risk/ Legal:	Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i> ; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i> ; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i> . Safety of patients Assurance – use of statutory mechanisms
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

DRAFT MINUTES
Mental Health Legislation Scrutiny Group
Tuesday, 6th August 2019
9.30am-12.00pm, Ty Llewellyn Bungalow, Carmarthen

Item	Issue	Summary of key points	Action
INTRODUCTION			
1.	<p>Present:</p> <p>Apologies:</p>	<p>The Chair, Sara Rees, welcomed all to the meeting.</p> <p>Sara Rees, Head of Adult Mental Health, HDdUHB (Chair) - SR Sarah Roberts, MHA Administration Lead, HDdUHB – SRO Melanie Evans, Head of Learning Disabilities and Older Adult Mental Health, HDdUHB - MJE Dr Rhys Bevan, Consultant Psychiatrist, HDdUHB - RB Mark Evans, Carmarthenshire Local Authority - ME Kay Isaacs, Service Manager, MH&LD, HDdUHB - KI Clive Smith, Carer Representative - CS Angie Darlington, Director West Wales Action for Mental Health – AD Donna Pritchard, Ceredigion Local Authority – DP Nicky Thomas, Service Lead Occupational Therapy Mental Health, HDdUHB - NT Adam Clemson, PA MH&LD, HDdUHB (minutes) - AC</p> <p>Natasha Fox, Chief Officer & Independent Mental Health Advocate, Advocacy West Wales – NF Alison Evans, Senior Nurse For Quality Assurance and Professional Practice, HDdUHB – AE Angela Lodwick, Head of Services SCAMS & Psychological Therapies, HDdUHB – AL Jane Hitchings, Pembrokeshire Local Authority – JH Joe Teape, Deputy Chief Executive, HDdUHB – JT Carina Giannuzzi, Dyfed Powys Police - CG</p> <p>Please note – Sara Rees, Melanie Evans & Kay Isaacs had to leave the meeting early at 11.30am due to an urgent meeting being called requiring their attention.</p>	

2.	Declarations of Interest	No declarations of interest were made.	
3.	Previous minutes & actions:	<p>Minutes of the last meeting held on Tuesday 21st May 2019 were taken as read and approved for accuracy.</p> <p>Action log – SR to meet with SRO to address current outstanding actions.</p>	SR
4.	Review of Terms of Reference	<p>The group discussed the Scrutiny TOR, addressing the membership and function of the group. CS started discussions by giving an overview of his current thoughts.</p> <p>CS raised the following points:</p> <ul style="list-style-type: none"> • MHLAC is responsible, and thereby authorised by the board, on all aspects of assurance of compliance arising within MHL. Other committees, of peer status to MHLAC, customarily review information of Interest and functional concern to MHLAC. We need to ensure that those committees understand our duty, and comply with requests for information that MHLAC and SG may make in the course of discharge of their duty. Both ToR (MHLAC and SG) should show that communication link on their respective organisation diagrams, at the head of their ToR's. • Part of the remit of Scrutiny is to make sure we pass any legislation actions onto the correct group, perhaps a sub meeting group structure chart could be attached to the back of the TOR. • Could we have a chart to demonstrate which sub committees Scrutiny is aligned too? SR advised that this group is aligned with QSESC but will confirm with Liz Carroll. • SR confirmed that in reference to CS request to amend the language of 'ensure' to 'assure' within the document this change will be made. <p>The group discussed the following:</p> <ul style="list-style-type: none"> • SR will remain as chair until the substitute Head of Service for AMH is in post. • A vice chair is required, the group decided it would be good to have someone from local authority taking this role. The role was not allocated at this meeting and further discussion is required, however, DP will check the scope of the job description for the new Corporate Manger as this could be a potential fit for the vice chair role. • Nicky Thomas, Service Lead Occupational Therapy, was welcomed to the group. • SR & SRO agreed to review the Operational Group agenda to see if anything could be added from there to our Scrutiny agenda. • Poor attendance at the Operational Group meeting, SRO has reviewed structures with the 	

		<p>other Health boards and it was agreed that the Operational Group will be collapsed. This will bring us in line with other health board committee's governance structures. Agreed at today's meeting that there are sufficient groups to which work can be allocated and members will be invited to Scrutiny as and when required. A meeting structure chart will be added as an appendix to the Scrutiny TOR's.</p> <ul style="list-style-type: none"> • SRO noted it would be helpful to have the regional AMHP forum notes and the S136 group notes fed into Scrutiny. DP took the action to speak to them to see if this is possible. • SR noted the impressive 'meeting rules' the Dream Team use, it would be good to incorporate some of those rules (such as having a five minute comfort break after every hour and not interrupting when someone is already speaking) into Scrutiny. MJE will forward a copy of the meeting rules to this group. • The group agreed to review the TOR in a years' time once changes have been incorporated. • MJE gently reminded the group that the MH legislation applies to Older Adults and LD and these groups are underrepresented on the Scrutiny Group. MJE to consider who to invite to attend. <p>Actions:</p> <ul style="list-style-type: none"> • SR to confirm with Liz Carroll that Scrutiny is aligned with QSESC • A vice chair is required. DP will check the scope of the job description for the new Corporate Manger as this could be a potential fit for the vice chair role. • SR & SRO agreed to review the Operational Group agenda to see if anything could be added from there to our Scrutiny agenda. • SRO noted it would be helpful to have the regional AMHP forum notes and the S136 group notes fed into Scrutiny. DP took the action to speak to them to see if this is possible. • MJE to forward a copy of the Dream Team meeting rules to this group • MJE to consider who to invite to attend Scrutiny Group to represent Older Adults and LD. 	<p>SR</p> <p>DP</p> <p>SR / SRO</p> <p>DP</p> <p>MJE</p> <p>MJE</p>
DISCUSSION (QTR1 – 1st April to 30th June 2019)			
5.	IMHA Report	Provided for information as Natasha was not present any queries can be sent to her directly.	
6.	Lack of Section 12 Doctors/Datix Reporting	SRO informed the group that the MHA Administration are not receiving many reports from the three local authorities about the issues they are having in obtaining section 12 doctors for assessments. So far in the last quarter only seven were recorded and none of those were from Carmarthenshire.	
ASSURANCE			
7.	DU Action Plan	SR advised that although we receive many plans giving broad recommendations we really need an	

	Update	<p>overarching improvement delivery plan for the whole Directorate. This would bring everything together as a whole plan. This could then be used to cross reference with other plans.</p> <p>CS noted that he doesn't feel everything we required is being covered in the plans and not all dates appear to be met. He suggested that those who create the plans should also be enforcing deadlines & ensuring plans are adhered to.</p> <p>In response MJE outlined the training for staff on plans, how to compile them and how to follow through. MJE confirmed within the health board there has been training for all managers, such as the manager's passport, passport plus and a quality improvement training which incorporates change management principles. Training is continuously ongoing, this was all noted by the group.</p> <p>SR confirmed the training from the health board and the training for CTP advising that training is in place. AD has access to the original CPT training. AD & SR are meeting to discuss the development of CTP training, alongside this we will need to review training that is currently being provided & previous training that was implemented. SR to arrange meeting to review current & previous training packs.</p> <p>The AMH plan that was late in submission was handed out in the meeting but will also be sent out along with minutes by AC.</p> <p>Actions:</p> <ul style="list-style-type: none"> AD & SR are meeting to discuss the development of CTP training, alongside this we will need to review training that is currently being provided & previous training that was implemented. SR to arrange meeting to review current & previous training packs. 	SR
8.	Timely Delivery	<p>CS gave a verbal update about the importance of adhering to the dates that are set. CS feels these dates are not always acknowledged or met.</p> <p>The group advised that for Learning Disabilities, Older Adults and Mental Health all papers/reports were dated, RAG reported and had been distributed prior to the meeting.</p>	
INFORMATION (QTR 1 – 1st April to 30th June 2019)			
9.	Mental Health Act Data	<p>SRO gave an update on the Mental Health Act data. Key points highlighted were:</p> <ul style="list-style-type: none"> There has been an increase in Q1 on the use of section 3 and a decrease in the use of Section 136 for this quarter. SOADS waiting times are long. 	

		<ul style="list-style-type: none"> The majority of sections are being left to the last minute to renew, particularly for renewals. Medical Staff Committee have been made aware of this and it has been noted. RB & SRO will take this report to the Medical Staff Committee DP advised that it will be worth raising some of the issues at AMHP Group. SRO also noted that at AMHP Group could we raise the point about nearest relatives; where there has been an attempt to identify a relative we need to keep evidence to show this. ME advised that transfers of MH patients do get reported on but if AMHPs transfer a patient to another hospital outside of Hywel Dda then we receive no notification. We need to receive notifications if this happens. AD spoke about patients asking for re-assessments after they have been discharged but this doesn't appear to be logged as a re-assessment. SRO took the action to look into if any information or numbers are reported on this. <p>Actions:</p> <ul style="list-style-type: none"> SRO to see if any information or numbers are reported when discharged patients ask for a re-assessment. 	SRO
10.	CAMHS Data	No comments were made on this paper.	
11.	MH Measure Data	No comments were made on this paper.	
12.	MH Triage Data	<p>Deferred to November meeting due to KI having to leave meeting early.</p> <p>It is worth noting the group did have a quick discussion around the Triage data with the following feedback:</p> <ul style="list-style-type: none"> AD asked if we could find out how many people using Triage are known to the service? SRO will take a look at 136s and if any Triage data could help with this. ME commented that there is limited contact between the AMHP service and MH Triage and that it would be beneficial if the various out of services had greater opportunities to join up practice. <p>Action:</p> <ul style="list-style-type: none"> AD asked if we could find out how many people using Triage are known to the service? SRO 	SRO

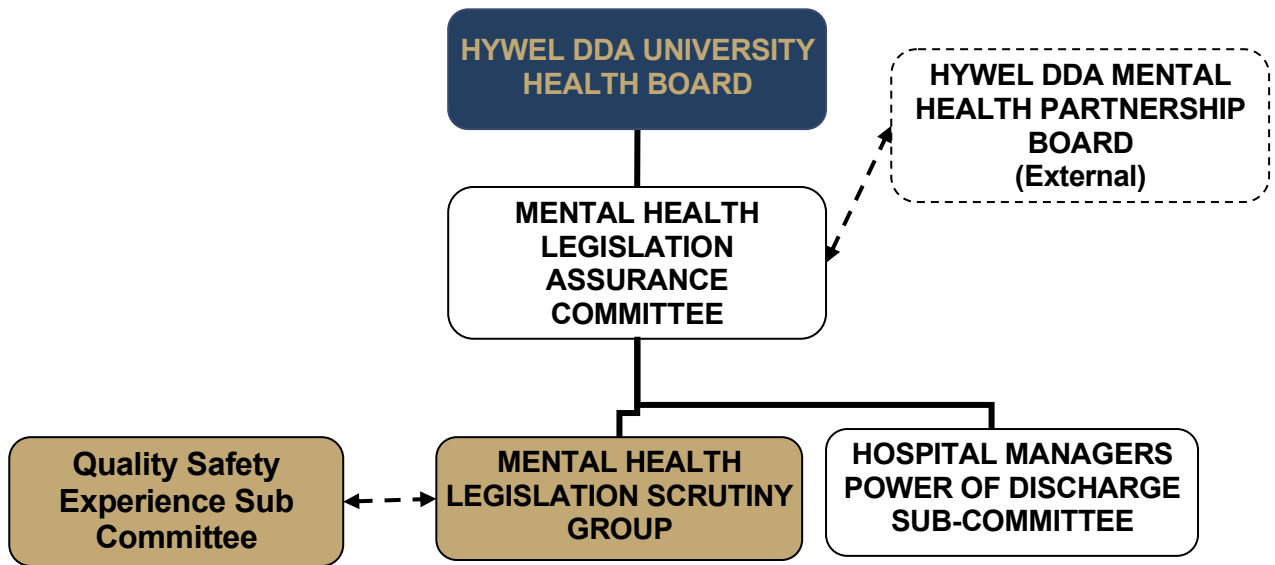
		will take a look at 136s and if any Triage data could help with this.	
13.	Local Authority Data Collection	<p>The group discussed the issue of the increasing patient demand & AMHP provision due to diminishing human resource in local authority which is putting huge demands on staff. There is an AMHP shortage currently that we need to be able to understand the impact of. KI and Bleddyn Lewis need to be kept informed of the issues. DP will compile a paper for KI & Bleddyn outlining the demands and issues and follow up with a meeting to discuss. The following key points were raised from this discussion:</p> <ul style="list-style-type: none"> • DP advised that AMHPs are going to be pulled from CMHT in Ceredigion and that this is also happening in Pembrokeshire too. This could have an effect on us reaching our statutory obligations, DP did advise this was all only announced this week so it's very early days and we are currently unable to assess full impact. DP also noted that it has become increasingly difficult recruiting AMHPs at the moment. We do however need to be able to meet the demand on our services further to any staff shortages and so advance notification is key for being able to prepare for any changes. • ME commented that Ceredigion, Carmarthenshire and Pembrokeshire need to discuss where patients are being sent for treatment so as to try to avoid swamping one area. He informed the group that Carmarthenshire has set up AMHP hubs in a bid to help share out the increasing demand. ME noted that Carmarthen are running on around twelve AMHPs when it should really be about sixteen required. SR added that we need a regional approach at meetings rather than lots of different local authorities meetings taking place. The aim is to gain a greater understanding of the impact with staffing levels and what the implications are/will be. • CS put forward his idea to carry out a review of the organisational basis of staffing, geographical issues, system constraints and general demands. Would it be an idea to identify someone from the health board to work on this with the local authorities? SR will have a discussion with JT. • DP advised that there is also a re-structure taking place with the local authority teams in Ceredigion and Pembrokeshire which may also have an impact on resource (human resource). <p>In addition to the above discussions SR also thanked the local authorities for supplying their data and special thanks to ME for supplying an accompanying analysis. The analysis is very helpful to the group as it explains the raw data. SR asked if we could have a similar analysis report from DP & JB. AD noted that she found the raw data very useful.</p>	

		<p>Actions:</p> <ul style="list-style-type: none"> • DP to compile a paper for KI & Bleddyn Lewis outlining the demands and issues of the increasing patient demand & AMHP provision due to diminishing human resource in local authority. Will then follow up with a meeting to discuss. • DP & JB to supply accompanying analysis paper going forward when they supply their data for Scrutiny Group. • SR to speak with JT about someone from health board to work with someone from local authorities to review the organisational basis of staffing, geographical issues, system constraints and general demands. 	<p>DP</p> <p>DP / JB</p> <p>SR</p>
14.	DoLS Report	Paper provided for information, no comments received.	
15.	Welsh Health Boards Benchmarking Report	<p>SRO discussed the report with the group highlighting the following:</p> <ul style="list-style-type: none"> • Cardiff & Vale haven't given much clarity on the document or data. We asked for more information/explanation but were told it's down to the health board to analyse its own data. • The general opinion is that the data is not really telling us anything helpful. The group feel it would be of a greater benefit to concentrate on our own data and getting that in order before taking this on. With that being the case the group are not sure we still want this coming to Scrutiny Group. • CS mentioned that he has not seen the risk register in about two years. SRO will find out what committee this should be included in and if it could be included at the next Scrutiny meeting. AD commented that it would be good to know what the health board would class as a risk that would go on the risk register, SRO took the action to try to find out. <p>Actions:</p> <ul style="list-style-type: none"> • SRO to investigate which committee the risk register is included in. • SRO to investigate what the health board class as a risk that would go onto the risk register. 	<p>SRO</p> <p>SRO</p>
16.	HIW Annual Report	Provided for information.	
POLICIES			
17.		None	

ANY OTHER BUSINESS

18.		AD noted in respect of the IMHA report presented at Scrutiny Group could we only bring to the meeting what is relevant to Scrutiny. SRO and SR to pick this up with NF.	SRO / SR
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DATE & TIME OF NEXT MEETING**Tuesday 19th November 2019, 9.30am – 12pm, Ty Llewellyn Bungalow, Carmarthen.**



TERMS OF REFERENCE

MENTAL HEALTH LEGISLATION SCRUTINY GROUP

Version	Issued to:	Date	Comments
V1	Mental Health Legislation Scrutiny Sub-Committee	14.07.2014	
	Mental Health Act Monitoring Committee	11.08.2014	
V2	Mental Health Legislation Monitoring Committee	04.12.2014	
V3	Mental Health Legislation Assurance Committee	12.09.2017	
V4	Mental Health Legislation Assurance Committee	07.12.2017	
V5	Mental Health Legislation Assurance Committee	17.09.2019	

MENTAL HEALTH LEGISLATION SCRUTINY GROUP

1. Constitution

- 1.1 The Mental Health Legislation Scrutiny Group (the Group) was established as a Sub-Group of the Mental Health Legislation Assurance Committee and was constituted from 14th July 2014.

2. Membership

- 2.1 The membership of the Group shall comprise:

Title
Head of Adult Mental Health Services (Chair)
Head of Service Older Adult & Learning Disabilities
Head of Service S-CAMHS
Medical Representative
Mental Health Act Administration Lead
Service Managers– Carmarthenshire County Council/ Pembrokeshire County Council / and Corporate Manager Ceredigion County Council
Police & Ambulance Services – to be included for circulation of papers and co-opted into the group as and when required
2 x Nominated Service Users: patient representative and carer representative
Professional Lead Occupational Therapy
Nominated representative from Advocacy Network

3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than a third of the Membership (five) and must include as a minimum the Chair or Vice Chair of the Group. (Vice Chair from Local Authority to be nominated)
- 3.2 The membership of the Group must take into account the balance of skills and expertise necessary to deliver the Group's remit and subject to any specific requirements or directions made by the University Health Board or Welsh Government.
- 3.3 Any officer of the University Health Board or from a partner organisation may, where appropriate, be invited to attend.
- 3.4 The Group may also co-opt additional independent 'external' experts from outside the organisation to provide specialist skills.
- 3.5 The Chairman of the University Health Board reserves the right to attend any of the Group's meetings as an ex officio member.

- 3.6 Should any Member be unavailable to attend, they may nominate a deputy, to attend in their place subject to the agreement of the Chair.
- 3.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Mental Health Legislation Scrutiny Group.
- 3.8 The Chair of the Mental Health Legislation Scrutiny Group shall have reasonable access to Executive Directors and other relevant senior staff.

4. Principal Duties

- 4.1 The purpose of the Mental Health Legislation Scrutiny Group is to report to the Mental Health Legislation Assurance Committee that those functions of the Mental Health Act 1983 and the Mental Health (Wales) Measure 2010 which are delegated to officers and staff are being carried out correctly and are operating properly allowing for inadequacies to also be reported. This principle will also be followed by representative scrutiny group members to related committees in the partner Local Authorities.
- 4.2 In particular:
 - 4.2.1 Assure that the Health Board's statutory duties as defined by the Mental Health Act 1983, as amended, are exercised reasonably, fairly and lawfully;
 - 4.2.2 Assure that the provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully;
 - 4.2.3 Assure compliance with the Mental Health Act 1983 *Code of Practice for Wales*, & Mental health (Wales) Measure 2010 Code of Practice
 - 4.2.4 Full implementation of any recommendations / actions outlined in Health Inspectorate Wales, Delivery Unit and other external scrutiny bodies reports of visits to Mental Health and Learning Disability Services in the Health Board;
 - 4.2.5 Local Authority representatives will provide reports on any completed inspection reports and subsequent action plans of the respective service areas of the organisation and contracted providers;
 - 4.2.6 Advise the Mental Health Legislation Assurance Committee of any areas of concern with suggested remedial action for any concerns raised.

5. Operational Responsibilities

- 5.1 The Mental Health Legislation Scrutiny Group will provide assurance to the Mental Health Legislation Assurance Committee on the:-
 - 5.1.1 Operation of the Mental Health Act 1983 (the 1983 Act), as amended;
 - 5.1.2 Operation of the Mental Health (Wales) Measure 2010 (the Measure);

- 5.1.3 Wider operation of Mental Health Legislation and especially the broader partnership inputs;
- 5.2 Provide the Committee with an update on the exercise of the functions of the Mental Health Legislation and submitting exception reports when necessary;
- 5.3 Monitor and report on the implementation of agreed action plans arising from Healthcare Inspectorate Wales visits in relation to issues pertaining to the Mental Health Act or Measure, the Delivery Unit and other external scrutiny bodies;
- 5.4 Monitor and report on the Mental Health & Learning Disability Directorate Risk Register in relation to issues pertaining to the MHA or Measure. Respective Local Authority Risk Registers will be reported upon in a similar timeline through respective Local Authority structures;
- 5.5 Monitor and report upon matters of risk relating to compliance with Mental Health Legislation and request assurance that those risks are being properly managed from Quality Safety Experience Sub Committee;
- 5.6 Recommend that specific Mental Health policies be approved in line with the organisation's Written Control Document Policy and Scheme of Delegation;
- 5.7 Approve procedures developed for use within Mental Health in line with the organisation's Written Control Document Policy and Scheme of Delegation;
- 5.8 Monitor and report that arrangements for the delegated authority of approval for Approved Clinician's and S12 Doctors in Wales are compliant with the Directions and Guidance from the Welsh Government;
- 5.9 Monitor and report on the training requirements of those health and social care staff who exercise the functions of the Mental Health Act and Mental Health Measure;
- 5.10 Ensure that relevant legislation, in particular, the Mental Capacity Act 2005, the Human Rights Act 1998, the Equality Act 2010, and the Data Protection Act 1998, are linked into the Scrutiny Group.

6. Standing items

- 6.1 Standing Items:
 - 6.1.1 Declarations of Interest
 - 6.1.2 Group's Table of Actions
 - 6.1.3 Mental Health & Learning Disabilities Directorate Risk Registers in relation to issues pertaining to the MHA or Measure
 - 6.1.4 Quarterly report detailing the operation of all Mental Health Legislation
 - 6.1.5 Update report from the Mental Health Legislation Operational Group on all aspects and risks in the day to day implementation of the Mental Health Act 1983 and Mental Health (Wales) Measure 2010

7. Agenda and Papers

- 7.1 The Group Secretary is to hold an agenda setting meeting with the Chair and the Group Lead at least 2 weeks before the meeting date.
- 7.2 The agenda will be based around the Group work plan, identified risks matters arising, table of actions and requests from Group Members. Following approval, the agenda and timetable for papers will be circulated to all Group Members.
- 7.3 All papers should have relevant sign off before being submitted to the Group Secretary.
- 7.4 The agenda and papers for meetings will be distributed seven calendar days in advance of the meeting.
- 7.5 The minutes and action log will be circulated to Members within fourteen calendar days to check the accuracy. The minutes must be an accurate record of the meeting which capture the discussions that take place.
- 7.6 Members must forward amendments to the Group Secretary within the next seven calendar days. The Group Secretary will then forward the final version to the Group Chair for approval.

8. Frequency of Meetings

- 8.1 The Group will meet quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Group in discussion with the Group Lead.
- 8.2 The Chair of the Group, in discussion with the Group Secretary shall determine the time and the place of meetings of the Group and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority through its Committees' Structures for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility for ensuring the quality and safety of healthcare for its citizens. The Group is directly accountable to the Mental Health Legislation Assurance Committee and respective committees in each Local Authority within the Hywel Dda area for its performance in exercising the functions set out in these terms of reference.
- 9.2 The Group is authorised by the Mental Health Legislation Assurance Committee to consider or have investigated any activity within its terms of reference. In doing so, the Group shall have the right to inspect any documentation of the University Health Board relevant to the Group's remit and ensuring patient/client

and staff confidentiality, as appropriate. It may seek relevant information from any:

- 9.2.1 Employee (and all employees are directed to co-operate with any reasonable request made by the Group);
- 9.2.2 Other Committee, Sub-Committee or group established by the Board to assist in the delivery of its functions by supplying information for scrutiny functions – safety, therapeutic delivery, effective care and efficient delivery
- 9.3 The Group shall embed the University Health Board’s vision, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the University Health Board’s Standing Orders are equally applicable to the operation of the Group.

10. Reporting

- 10.1 The Group, through its Chair and Members, shall work closely with the Mental Health Legislation Assurance Committee’s other Sub-Committees.
- 10.2 The Group, may, subject to the approval of the Mental Health Legislation Assurance Committee, establish groups or task and finish groups to carry out on its behalf specific aspects of Groups business. The Group will receive written update reports following each meeting which details the business undertaken on its behalf.
- 10.3 The Groups Chair shall:
 - 10.3.1 Report formally, regularly and on a timely basis to the Mental Health Legislation Assurance Committee on the Sub-Groups activities. This includes written updates on activity, the submission of Groups minutes.
 - 10.3.2 Bring to the Mental Health Legislation Assurance Committee’s specific attention any significant matter under consideration by the Group.
 - 10.3.3 Ensure appropriate escalation arrangements are in place to alert the University Health Board Chair, Chief Executive or Chairs of other relevant Committees/Sub Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

11. Secretarial Support

- 11.1 The Group Secretary shall be determined by the Group Lead. The administrative arrangements and support for the sub group shall be sourced from within the Mental Health and Learning Disability Directorate.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Group for approval by the Mental Health Legislation Assurance Committee.