

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

Date and Time of Meeting:	09.30-11.30am, Tuesday 1 st September 2020
Venue:	Via MS Teams

Present:	<ul style="list-style-type: none"> • Mrs Judith Hardisty, Vice Chair of Hywel Dda University Health Board (Chair) • Mr Paul Newman, Independent Member • Mrs Delyth Raynsford, Independent Member • Mr Maynard Davies, Independent Member
In Attendance:	<ul style="list-style-type: none"> • Mr Clive Smith, Carer Representative • Mr Andrew Carruthers, Director of Operations • Ms Liz Carroll, Director of Mental Health & Learning Disabilities • Miss Melanie Evans, Head of Service, Older Adult Mental Health & Learning Disabilities • Ms Ruth Bourke, Mental Health Act Administration Lead • Mr Richard Jones, Head of Clinical Innovation and Strategy, MH&LD • Mrs Sara Rees, Head of Service Adult Mental Health • Ms Kay Isaacs, Head of Service, Adult Mental Health • Ms Donna Pritchard, Ceredigion County Council • Dr Warren Lloyd, Associate Medical Director/Consultant Psychiatrist • Mr Rob Jeffrey, Welsh Ambulance Service • Mrs Elizabeth Cook, MH&LD PA (Secretariat)

Agenda Item	Introductions and Apologies for Absence	Action
MHLAC(20)1.1	<p>Mrs Judith Hardisty welcomed all to the meeting and noted it was the first meeting for this Committee since the pandemic lockdown. All Committee meetings had been stood down during this period and to ensure compliance with governance and any changes in legislation, regular meetings had been held with Judith Hardisty, Andrew Carruthers and Liz Carroll (which had been confirmed as acceptable by Corporate Governance Department). If there had been a need to take any issues for Board attention, these would have been taken directly. A specific Bronze group had also been created for MH&LD.</p> <p>Mrs Hardisty also explained that due to personnel and job description changes, local authorities had been asked to confirm their nominations for attendees at this Committee and at Scrutiny Group which has allowed for clarity on who will be in attendance at which meeting.</p> <p>The following apologies for absence were received:</p> <ul style="list-style-type: none"> • Mr Mike Lewis, Independent Member • Ms Angie Darlington, WWAMH • Mrs Sarah Roberts, Mental Health Act Legislation Manager • Mr Simon Hancock, Independent Member • Mr Jason Bennett, Pembrokeshire County Council • Chief Inspector Ross Evans, Dyfed Powys Police • Mr Ken Jones, CHC • Ms Angela Lodwick, CAMHS & IPTS Head of Service 	

	<ul style="list-style-type: none"> Ms Avril Bracey, Carmarthenshire County Council 	
MHLAC(20)1.2	<p>Declarations of Interests</p> <p>No declarations of interest were made.</p>	
MHLAC(20)1.3	<p>MHLAC Terms of Reference</p> <p>The committee structure has been reviewed by Maria Battle (Chair) and a revised diagram should be included in the updated version of the Terms of Reference. It was also NOTED that reference to “Deputy Chief Executive/Director of Operations (Lead Director)” should be amended to “Director of Operations (Lead Director)”.</p> <p>No further amendments were required and it was AGREED the revised Terms of Reference would be circulated once updated.</p>	<p>Secretariat</p> <p>Secretariat</p>
	<p>The Committee NOTED and APPROVED the content of the revised MHLAC Terms of Reference 2020/21.</p>	
MHLAC(20)1.4	<p>The minutes of the meeting held on 17th December 2019 were APPROVED as an accurate reflection of the previous meeting.</p>	
	<p>The Committee NOTED and APPROVED the minutes from the previous MHLAC meeting in December 2019.</p>	
MHLAC(20)1.5	<p>Matters Arising, including Table of Actions from the Minutes of the Meeting held on 17th December 2019</p> <p>The Table of Actions was reviewed and the following noted:</p> <p>MHLAC(18)44 Ms Liz Carroll confirmed that Sarah Roberts had been appointed to the post of Mental Health Act Legislation Manager.</p> <p>Governance structures within the Directorate have also been reviewed and consequently the Quality Safety Executive Assurance Committee has been stood down and this has been fed back to Operational Quality Safety Executive Assurance Committee (OpQSEAC). Mrs Sara Rees is Chair for the Quality & Safety Assurance/Improvement Group (Q&SAIG).</p> <p>Mrs Sara Rees explained that Q&SAIG reports to OpQSEAC. The membership of the group has been reviewed, Terms of Reference agreed and the first meeting has been held. The Group has a dual focus of Assurance and Quality Improvement. Initially the Group will meet quarterly and this will be reviewed in six months’ time to assess how effectively the timeframe interlocks with upper Committee reporting schedules.</p> <p>MHLAC (19)58 Amendments to be made as per item 1.3 above.</p>	

	<p>MHLAC (19)59 Mrs Judith Hardisty confirmed that a Staff/patient story would be deferred to the December 2020 meeting. Mrs Sara Rees explained that Ms Alison Evans in the Quality Assurance Professional Development Department would be responsible for working with Ms Angela Lodwick to identify suitable staff/patient stories for both the Q&SAIG and MHLAC. If there is no available staff story (subject to consent), a suitable patient story will be identified and presented.</p> <p>MHLAC (19)60 Mrs Liz Carroll will review this action within the Directorate and transfer ownership of the action point as appropriate. The Action Point is to return to the next meeting.</p> <p>MHLAC (19)61 Mrs Sara Rees confirmed that Scrutiny Group was now chaired by Ms Kay Isaacs. Ms Kay Isaacs confirmed that the Terms of Reference had been reviewed at the recent meeting and further information would be presented to Committee later in this meeting.</p> <p>MHLAC (19)63 Mrs Liz Carroll confirmed that this would be discussed with Ms Angela Lodwick. The Action Point is to return to the next meeting.</p> <p>Mr Paul Newman requested a work plan to show how the table of actions and generally how this will link in for the future with planned work for the rest of the year. Mrs Judith Hardisty asked Mr Andrew Carruthers and Ms Liz Carroll to draw up a plan for rest of the year to be received by the Committee at the next meeting.</p> <p>No other issues were raised.</p>	<p>SR</p> <p>LC</p> <p>LC</p> <p>AC & LC</p>
	<p>The Committee NOTED the MHLAC Table of Actions.</p>	

<p>MHLAC(20)2.1</p>	<p>PERFORMANCE MHLD Performance Report Q1 April-June 2020 Performance Dashboard</p>	
	<p>Ms Ruth Bourke presented the performance paper and performance dashboard for Quarter 1, highlights of the report included but were not restricted to:</p> <ul style="list-style-type: none"> • Use of the Act in the first Quarter appeared to have been largely unaffected by the pandemic with data generally consistent with previous quarters (other than s136/s17 leave, as expected). • No impact on patient’s rights, access to advocacy, solicitors or appeal hearings. • The report has divided data between Adult and OA services. • Scrutiny Group met recently and suggested MHLAC consider requesting some project work to focus on what is happening to people prior to direct sections under the act (ie service input)and if any 	

detentions could have been avoided.

- More detail regarding S136 info is provided and concludes with information from CAMHS and inpatient services. Locked door and visit restrictions consistent with general hospital experiences during the pandemic.

Mrs Liz Carroll thanked Ms Ruth Bourke for presenting the report and concurred there had been less use of s17 during the pandemic which had been balanced between the needs of patients and government requirements at the time.

Mrs Liz Carroll confirmed that Ms Sara Rees and Mrs Sarah Roberts had met to discuss a workplan as the Committee were keen to see consequences of the report, which will require some resource and time to complete. Mrs Liz Carroll suggested that it would be helpful to approach the workplan by selecting sections of the report periodically and creating plan around that (ie. S2 and S3) Ask Scrutiny Group to “look at the detentions of those people who were already known to the services and the timeline leading up to admissions to see if the input was correct and ensure contact was appropriate.”

Then a second ask would be “What about those people who were not known or not on a CTP and not known to services and what was the escalation plan?”

Mrs Liz Carroll proposed the Committee review the graph and sections separately via one section per committee meeting.

Mr Paul Newman agreed that it would be very helpful to see qualitative data and a sectional approach was sensible to allow for in depth discussion rather than overloading both the team undertaking the project and the Committee reviewing.

Mr Paul Newman queried the indication on page 3 regarding the use of s2 in relation to Older Adults had increased from April-June and questioned if that trend has continued or if the graph has levelled off.

- Ms Ruth Bourke confirmed that although the figures were higher it was only slightly increased from previous years and had not continued to increase and remained consistent.
- Mrs Judith Hardisty highlighted that the graph indicates that there were 6 S2 cases in May which had a significant increase to 15 in June.
 - Mrs Mel Evans responded and explained this increase had been identified within the service and data reviewed. The increase was a Covid-linked impact as many people who had been isolating at home were experiencing increasing anxiety and becoming unwell, particularly patients with dementia. The complete study of admissions for that time period shows there was more activity in Llanelli, where it also showed the most activity in relation to Covid impact. Detailed information is available for the Committee on request.

Mr Paul Newman reiterated that if numbers were increasing and the restrictions relating to Covid were ongoing if demand will continue to increase how can the service support those users and any new service

RB

RB

users?

Mrs Judith Hardisty confirmed that the data would continue to be monitored through the Scrutiny Group and Committee.

Mr Paul Newman referred to S136 on page 7 – people known to service and Scrutiny Group to see if detention could have been avoided.

Ms Liz Carroll confirmed that a separate group were looking at s136 activity specifically and provides Scrutiny Group with the relevant and available information.

Mrs Kay Isaacs attends the S136 Group and confirmed that the meeting had been re-established and was meeting in September and would take the opportunity to look at this specific area and include the query within the meeting.

KI

Mrs Delyth Raynsford questioned the trend and use of IT for hospital managers panels.

- Ms Ruth Bourke responded that all lay-members have been set up with e-devices and have recently received training for use of MSTeams. There are currently no plans to return to face to face onsite panels. The current arrangements with MSTeams are a great improvement on telephone conferencing used previously.
- Ms Ruth Bourke confirmed that tribunals were continuing using telephone only and suggested that the responses from patients in the report had wrongly identified Hospital Managers Panels when they were referring to the restrictions of tribunals. It was confirmed that MH Advocates had returned to wards and were seeing patients face to face.

There followed a brief discussion regarding the restrictions within the Tribunal provision and whether this could be raised via Welsh Government. It was noted that Advocacy Services and solicitors have also raised concerns with the Tribunal Service however no considerations are expected. Mrs Sara Rees also confirmed that the issue has been raised at the All Wales group and any escalation would be appreciated.

Mrs Judith Hardisty agreed to raise with other Vice Chairs and if a collective view is agreed, will raise with the Minister and take forward to the Secretary of State.

JH

Mrs Delyth Raynsford noted the slightly higher numbers of S-CAMHS inpatient admissions and asked if they were already known to the service and also asked if the numbers had increased and if there was any relation to Covid for those admissions?

- Dr Warren Lloyd responded that there had been an increase in clinical acuity and the number of admissions for both Children/young people who were already known to service was not known at this moment. Admissions were in terms of complex eating disorders and/or significant risky behaviours as their normal routines and behaviours had been interrupted and impacted by Covid. Restrictions had an impact on their safety plans and therefore there had been an increase in those crisis admissions.

Mrs Liz Carroll highlighted that there was a major IT project transferring the data over to WPAS which involved a high volume of manual transfer of data which would, on completion, allow improved data functions and the Directorate and IT were working with Imosphere.

Mrs Liz Carroll also confirmed that there had been service user feedback from changes made due to Covid restrictions. A lot of the changes made were progressed in line with Transforming Mental Health and included moving to a 7 day service. Angie Darlington also provided regular updates from service users and attended the MHLA Bronze Group. The Bi-monthly meeting with CHC has recently been reinstated.

All patients with CTP were contacted at the beginning of lockdown and contact is continuing and communication is kept as open as possible.

Links with All Wales Leads has now been reduced fortnightly from weekly and the Directorate are using as many networks for feedback as possible.

Mrs Judith Hardisty thanked all for the work involved in producing an improved report.

The Committee AGREED to two recommendations.

- (i) Scrutiny Group will look in more detail as shown on Pg 5 re section 2 and
- (ii) s136 as described above, relating to experience of patients under our care.

The Committee formally ask Scrutiny Group to look in more detail and provide their reports for the next committee meeting.

KI

The Committee was **ASSURED** that MHLAC has complied with duties through the Terms of Reference set and identified key actions to address developments.

The Committee was **ASSURED** that activity is closely monitored and that practice is compliant with the requirements of The Measure.

MHLAC(20)3.1

ASSURANCE Scrutiny Group Update

Ms Kay Isaacs introduced the paper. The Terms of Reference were reviewed and concentrate on MHA, The Measure, Action Plans and the focus of the Scrutiny Group agreed.

Ms Kay Isaacs has liaised with Matt Richards, Head of Commissioning, who previously delivered a paper regarding Out of Area Patients and contact, and will provide an update paper to Scrutiny Group.

Mrs Judith Hardisty drew the Committee's attention to Pg 2 of the Scrutiny Group Report regarding the Annual Report and a request that an amendment is included. If the inclusion of the amendment is agreed here, the Board can agree that it may be added to the report they have previously received. All content with the amendment to the Annual Report.

No further questions.

	Recommendation – the Annual Report is RECEIVED and the Committee AGREED that the amendment to the Annual Report should be submitted to Board.	KI
	The Committee NOTED the content of the Scrutiny Group Update Report, Minutes and Terms of Reference and was ASSURED that the group is progressing well and processes are being duly monitored.	

MHLAC(20)3.3	Transforming Mental Health Covid Update	
	<p>Mr Andrew Carruthers highlighted it had been a very challenging time to continue service delivery across the organisation. Mental Health in particular, had received very positive responses from Welsh Government on the operational plan over first two quarters and is testament to the team to be able to develop plans and deliver services in these challenging circumstances. However we still want to progress and the team are looking at how to improve and looking how to re-establish more face to face contact and also recognise there are some therapies that don't work as well over VC/MSTeams. Mr Andrew Carruthers thanked the team for all they had done to maintain MH & LD service throughout the period and have done the very best possible for the population and strive to do more as we move to the expected next outbreak. Next six weeks will be critical for the NHS and UK generally as schools and workplaces return. Risks of a second wave grow and in a month or so we will be better placed to understand our winter expectation based on other countries' experiences. Our approach will need to be flexible going forward and we will use learning to inform our response going forward.</p> <p>Ms Liz Carroll provided report highlights which included, but were not restricted to the following:</p> <ul style="list-style-type: none"> • MH&LD were initially aligned to Community Bronze group, but it became quickly evident that MH&LD required its own Bronze group, where it was useful and helpful to be aligned to wider discussions. The MH&LD Bronze group has LA and third sector representation. • The paper demonstrates a lot of progression with TMH but there needs formal Occupational Change Process and suspect there may be some challenges in progressing these as there may be some reluctance to extended/change of hours of working. • In-patients areas identified red/green areas and were working on reduced bed numbers to be sustained. Well managed and lots of learning as previously the service always ran at over 100% occupancy. • Medical staffing challenges throughout all of service throughout the pandemic. • Accelerate conveyance scheme and opportunity to develop liaison pilot scheme and feedback from service very positive and looking to roll out across DGH in other locations as comprehensively as in Carmarthen. • MH commissioned services have adapted well. Increased telephone contact with users. • Clinical coordinator posts started end of March and provided senior nurse co-ordination from 5pm to 1am and feedback from other agencies very positive. Police in particular value service. S136 centralised in Bryngofal which also gave opportunity to develop soft 136 in Gorwelion. Exploring similar soft s136 options in Pembrokeshire. 	

- OA collapsed MAS and Adult CMHT and then able to provide responsive service across 7 day service for at risk or require additional support. Similar approach to LD.
- CAMHS have seen complex individual referrals from patients not previously known to services and also referrals have continued and have not decreased. Rate of referrals in other services declined from March and now referrals across all other services are beginning to increase but have not yet returned to post covid levels.
- Commissioning teams, provided rapid assessments initially and in addition led the care home testing for all MH&LD facilities across all three counties and staff from wider service also participated and within a short period of time.
- Lot of concern regarding future demand for MH services particular with austerity. Less concerned re patients who are currently on a CTP and was more concerned with new presenters who are not as well known. All Wales group have been asked if there is any research from other countries and if any particular groups who are being impacted upon. In addition also working to strengthen across Wales to increase access to 0 and t1 on a national basis and linking in with charity and third sector.
- Demand likely to increase, estate has been adapted in line with social distancing and the capacity to see people face to face is much reduced. Attend Anywhere pilot but not answer for all patients.

Mr Paul Newman asked what protocols/specific assistance is available for users if they contract Covid?

Ms Liz Carroll confirmed that all guidance was followed in relation to face to face assessments with PPE, negotiate regarding assessment area and review of patient in own environment.

Mr Paul Newman questioned if the patient was required to be admitted to hospital?

Dr Warren Lloyd explained that there had been a number of suspected cases, but following Health Board testing the cases were not Covid positive. Experience shared through other experienced Health Boards are that any positive case in a red zone moves quickly to the green zone. Despite any efforts, if there is a cluster the unit will move to positive. Clear ingress/egress from wards and all guidance is covered.

Ms Liz Carroll also confirmed that she had attended some service visits over the past couple of weeks including inpatient/community bases. Every location is calm and prepared and it was reassuring to see services being in control and prepared.

Mr Paul Newman questioned the plan for MH&LD if pressure on services is exacerbated, as the service has previously run at 100% bed occupancy. Ms Liz Carroll confirmed there had been discussion with Meinir Jones regarding the suitability of using the field hospital and it was agreed that for some patients this would not be a possibility. The Liaison process also includes use of field hospitals. Dr Warren Lloyd explained that there will not be field hospitals specifically for MH&LD patients but would be available if the patient had a physical illness the use of the field hospital may be an option.

Ms Liz Carroll also highlighted the current ICF bid in conjunction with the three counties and post discharge support on hospital discharge.

Mrs Sara Rees highlighted that for the first three months of the pandemic, private beds were commissioned centrally, not all of those beds were required across Wales, but the facility was available if necessary.

Mrs Judith Hardisty asked if there had been any feedback or conversation with the Dream Team in relation to LD services.

Ms Mel Evans confirmed that feedback was that services users had felt isolated but noted how well they had innovated to use Zoom and keep in contact, using virtual meetings/contact and digital platforms were working so much better than predicted with this user group.

Specific nurses were working with Acute patients.

Informatics Team had plotted data and what the impact may be against the population rate. Mapping software indicated that there would be 1 covid positive person in each hospital, which was accurate at the time. Suggestion of beginning to understand, prediction and demand.

LD and OA faced impact of not seeing day care facilities. Ms Mel Evans was also meeting with LA to prioritise support and return of facilities. County arrangements for field hospital (ie. Enfys fach) in dialogue with Councils for smaller/quieter environments to allow step down.

Mrs Judith Hardisty referred to the next stage of planning for flu and possibly Covid. Ms Mel Evans confirmed that training programmes for staff to support vaccination programmes were currently under review.

Mrs Judith Hardisty confirmed that she had been keeping in touch with the team and had been very impressed with all the work and wanted to formally record the Committee's thanks and asked for that to be returned to the teams. The work to adapt the services has been tremendous and has moved the model forward. It is accepted that the OCP will be needed to take forward further. It is noted the work with other partners has been very positive and highlighted the acknowledgment of Welsh Government in the Quarter 1 returns for having a comprehensive report and thanked to all who co-ordinated.

Mrs Judith Hardisty noted a in recent call with Andrew Goodall it was referred to the work of collaborating with the Department of Health & Pensions and Mind and also the project in Llanelli. Mrs Judith Hardisty also reported having a call with the then Chair of Suicide Prevention Group which Senedd holds (Angela Burns) spoke about the measures undertaken in west wales.

Mrs Judith Hardisty formally noted the Committee's acknowledgement and thanks for all the work done, work to be done in preparation for winter and its huge thanks to the team.

The Committee **NOTED** the content of the updated TMH Report.

MHLAC(20)3.4	Annual Repot 2019-2020	
	The Annual Report had previously gone to Board and the Committee AGREED to add the changes provided by Angie Darlington and Clive Smith.	

	No questions were raised.	
	The Committee NOTED the content of the Annual Report.	

MHLAC(20)4	POLICIES	
	<p>Section 5(4) Nurses Holding Power Policy</p> <p>Ms Ruth Bourke confirmed the Policy was recently received at the MH Written Control Document Group and Scrutiny Group and currently accepted. There are no legislation changes to note and the amendments are to acknowledge changes in job titles as professional roles have changed.</p> <p>Ms Ruth Bourke noted typographical errors in the opening sentence of paragraph 7 and in the third bullet point to be updated in the document without the requirement to return the document to Committee.</p> <p>Mrs Sara Rees reminded that once amended the policy is required to be submitted to the Clinical Written Control Document Group for approval for implementation.</p>	<p>RB</p> <p>RB</p>
	The Committee NOTED the Section 5(4) Nurses Holding Power Policy.	

MHLAC(20)6	Annual Work Plan	
	<p>As discussed earlier in the meeting.</p> <p>Mrs Judith Hardisty will meet with Mr Andrew Carruthers and Ms Liz Carroll to be issued for noting by the Committee prior to the December meeting and for inclusion in the December agenda.</p>	JH/AC/LC

MHLAC(20)7	For Information	
	None received.	

MHLAC(20)8	Any Other Business	
	<p>Out of Area Patients/Service Users</p> <p>Mr Clive Smith provided question prior to the meeting and Ms Kay Isaacs confirmed an updated report was to be provided to Scrutiny Group.</p> <p>Ms Liz Carroll highlighted that Scrutiny Group were also to monitor the movement of individuals and how they stepping down/up in terms of numbers (without identification of individuals) and how the service keeps in touch with carers whilst a patient is out of area in terms of how the patient is progressing and maintaining involvement.</p>	KI

	No further matters were raised. The Meeting closed at 10.50am.	
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MHLAC(20)9	Date, Time and Venue of Next Meeting	
	The next meeting of the Mental Health Legislation Assurance Committee will be held on Wednesday 2 nd December 2020 at 9.30am via MS Teams.	