

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, Thursday 21 st March 2019
Venue:	Board Room, Ystwyth, St David's Park, Carmarthen SA31 3BB

Present:	<ul style="list-style-type: none"> • Adam Morgan, Independent Member • Mike Lewis, Independent Member • Paul Newman, Independent Member (Chair) • Simon Hancock, Independent Member
In Attendance:	<ul style="list-style-type: none"> • Angie Darlington, WWAMH • Clive Smith, Carer Representative • Jane Hitchings, Pembrokeshire Local Authority • Joe Teape, Deputy Chief Executive and Executive Director of Operations • John Forbes-Jones, Ceredigion County Council • Mark Evans, Carmarthenshire County Council • Rob Jeffrey, Ambulance Operations Manager, WAST • Ruth Bourke, Mental Health Act Administrator • Sara Rees, Head of Service Adult Mental Health • Sarah Bevan, PA to Head of Nursing MH&LD (Secretariat)

Agenda Item	Introductions and Apologies for Absence	Action
MHLAC(19)14	<p>Paul Neman welcomed everyone to the meeting and introduced himself as Interim Vice Chair of the Committee. The following apologies for absence were received:</p> <ul style="list-style-type: none"> • Carina Giannuzzi, Dyfed Powys Police • Delyth Raynsford, Independent Member • Liz Carroll, Interim Director of MH&LD • Nadine Morgan, Interim Head of Nursing MH&LD • Natasha Fox, Chief Officer, Advocacy West Wales • Richard Jones, Head of Clinical Innovation and Strategy, MH&LD • Sarah Roberts, Mental Health Act Admin Manager • Warren Lloyd, Associate Medical Director & Clinical Director MH&LD 	

MHLAC(19)15	Declarations of Interests	
	No declarations of interest were made.	

MHLAC(19)16	Minutes of the Meeting held on 20th September 2018	
	<p>The minutes of the meeting held on 15th January 2019 were APPROVED as an accurate reflection of the previous meeting.</p> <p>Clive Smith made reference to his points raised within the Any Other Business section of the previous meeting's minutes. CS noted that there are differences between the initial draft of the minutes and the revised version that was circulated with the papers which referred to activity being delivered within a timely fashion. CS stated that the Delivery Unit National Report portrays that health boards have failed to satisfy requirements on the quality of CTPs provided. The Chair was asked where the Health Board</p>	

	<p>are at with Standard 23 and whether it forms part of the Committee's Terms of Reference. If not, CS queried where he can take his concern over the length of time taken for the completion of action points within the Health Board's major programmes. CS noted that he did not accept that this point will be resolved under the TMH activities. CS believed that the minutes of the previous meeting appear to state that the Committee acknowledges CS's concerns but that it is being dealt with elsewhere. CS noted that he would have liked to see an action come out as a result of his points being raised at the previous Committee.</p> <p>CS clarified that he did not want the minutes re-worded but the question that is still to be answered is 'what is Standard 23 and is it within the remit of the Committee?'</p> <p>Joe Teape requested that Clive's points are recorded accurately within these minutes and given a specific action. JT stated that, regardless of the documented aims of Committee, assurance is to be provided that the wishes of carers and service users are at the forefront of what the Health Board does. <i>CS and JT agreed to meet up to discuss further and to feedback at the next Committee meeting.</i></p> <p>Action:</p> <ul style="list-style-type: none"> • Clive Smith and Joe Teape to meet to discuss further the aspect of timeliness of activities within the Health Board' programmes, the stance of the Committee on Standard 23 of the Mental Health Act and the quality of Care & Treatment Plans. 	<p>CS/JT</p> <p>CS/JT</p>
	<p>The Committee NOTED and APPROVED the minutes from the previous MHLAC meeting in January 2019.</p>	
<p>MHLAC(19)17</p>	<p>Matters Arising, including Table of Actions from the Minutes of the Meeting held on 15th January 2019</p> <p>The Table of Actions was reviewed and the following noted:</p> <ul style="list-style-type: none"> • MHLAC (19)04 – The policy has gone out for global consultation on 19th March 2019. An update will be provided at the next meeting on Locked Door with the anticipation that the policy will be complete and released. • MHLAC (18)41: Bespoke Repatriation Update Paper to be brought to next meeting. • MHLAC (18)44: Liz Carroll to provide a brief summary on the outcomes of the meeting held to discuss the connectivity of committees and sub committees to be circulated to the Committee members. <p>JT noted that the Scrutiny Group should focus on specific actions. Sara Rees noted that this is the aim of the Group but feels there is a lack of direction from the Committee. SR welcomed an agenda being driven by the Committee. <i>JT and PN will pick up this discussion on the direction of the Scrutiny Group and will provide an update at the next meeting.</i></p>	<p>JT/PN</p>
	<p>The Committee NOTED the MHLAC Table of Actions.</p> <p>Action</p> <ul style="list-style-type: none"> • Joe Teape and Paul Newman to discuss the direction of the Scrutiny Group and direction from the Mental Health Legislation Assurance Committee and to feedback at the next meeting. 	<p>JT/PN</p>

MHLAC(19)18	Committee Effectiveness Review 2018-19 Results	
	<p>Clive Smith queried whether it was too late to submit his response. PN responded that the provided a background that the Committee Effectiveness Review questionnaire is utilised for all Committees of the Health Board and is designed to allow each Committee member to consider how effective is the Committee, and their individual understanding, role and contribution.</p> <p>Angie Darlington noted that it is good to see the improvement in the timeliness of papers going out in advance of the meetings. PN noted that the views of both constituencies, Independent Members and In attendance members are broadly aligned. Simon Hancock noted the commonality between the two results is the lack of attendance by the local authorities and that this has been raised by SH in Pembs. Mark Evans noted that they have been in attendance and disputed that point. Jane Hitchings noted that on a number of occasions there are clashes with other meetings which all are of equal importance.</p>	
	The Committee NOTED the content of the Committee Effectiveness Review 2018-19 Results	

MHLAC(19)19	PRESENTATION & DISCUSSION	
	<p>Angie Darlington was unable to present the Service User Story from the Recovery Wall section of the WWAMH website due to technical difficulties. The story is to be presented at the next meeting.</p>	

MHLAC(19)19	PERFORMANCE MHLD Performance Paper Q3 2018-19	
	<p>Ruth Bourke presented the performance paper for Quarter 3 (Oct 18 – Dec 18) and provided an overview.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> - Section 2 and Section 3 are the most commonly used sections of the Act in the detention for assessment and treatment of individuals suffering from a mental disorder. The use of section 2 has decreased to 71 and Section 3 has decreased to 32 occasions within Quarter 3 of 2018/19. RB noted that there was 1 unlawful detention due to English forms used. - Section 4 of the Act was used on five occasions; they were all converted to Section 2. Approved Mental Health Practitioners within the Hywel Dda University Health Board area have reported using Section 4 due to difficulty in locating a second doctor. This has been highlighted to the Committee on previous occasions. - The number of occasions that Section 135/6 has been used with the UHB has decreased compared to the previous quarter (51 occasions compared to 76). Following assessment twelve patients were detained on further sections of the Mental Health Act. The Section 136 activity is discussed at the Section 136 task and finish group. Section 135(1) was used once and there were no Section 136s to police custody. 	

- During Qtr 3 there were 15 applications for discharge to the hospital managers resulting in 11 hearings taking place, no patients were discharged. The hospital managers heard 15 renewal hearings. There were three applications for discharge by a nearest relative, one was subsequently withdrawn, one was not barred by the RC and the other not discharged. There were 44 applications/referrals to the Mental Health Review Tribunal resulting in 26 hearings taking place. The MHRT did not discharge any patients.

Comments and questions on the Performance Report were welcomed. Simon Hancock queried the consequences of unlawful detentions. RB noted that such instances are picked up by MHA team very quickly and notify doctors who then inform the detainee. This quick notification allows time to reanalyse whether further detention is needed. RB assured the Committee that unlawful detentions are reviewed through the Operational Group.

AM noted that it would be beneficial to have comparison with year on year variation to make the information provided within the report more meaningful. RB noted that this is viewable via the Performance Dashboard JH noted that she was unable to access the Performance Dashboard link because the Local Authority are an outside organisation. RB informed the Committee that this is being looked at by IT.

PN suggested that perhaps further discussions need to be held to ascertain what information this Committee is provided with to ensure assurance.

CS stated that he would like to see data in relation to the people who are presented for assessment which are then taken through the process and the appropriate use of the Mental Health Act.

AD noted that the Performance Reports often show low numbers of discharges and exclusions and would like more detail on this if trends continue.

ME highlighted that on some occasions assessments take place later on in the day, sometimes into the evening, and so the availability of doctors and beds can present a problem. There is an increasing pattern of patients being referred in for assessment and, if not able to be seen the same day, this can sometimes cross over into the following day. ME also highlighted that in the main the doctors utilised are independent doctors. ME stated that he could provide names of doctors if required but some may not be employed by the Health Board.

SR noted that work has been done, in conjunction with Datix, to try to quantify this anecdotal evidence regarding the availability of Section 12 doctors and this is discussed within the Scrutiny Group update later on the agenda. *SR noted she will discuss how this is feedback to the Committee with Sarah Roberts, Mental Health Act Administration Manager*, and that it will probably be via the Scrutiny Group Update Report.

SR

SR informed the Committee that every consultant will have a job plan with expectations but there is also the element of short notice which needs to be considered. SR assured the Committee that such challenges are discussed within Scrutiny Group, Operational Group, Quality, Safety & Experience Sub-Committee and Business, Planning & Performance

	<p>Assurance Group (BPPAG) and is therefore being addressed on both an operational and directorate level.</p> <p>Action:</p> <ul style="list-style-type: none"> • <i>Sara Rees and Sarah Roberts to discuss how best to feedback results of the Datix exercise on the availability of Section 12 doctors to the Committee.</i> 	SR
	<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>	

MHLAC(19)20	ASSURANCE MH Scrutiny Group Update	
	<p>Sara Rees presented the Scrutiny Group Update report outlining the issues discussed at the Mental Health Legislation Scrutiny Group held on 27th February 2019.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> - SR informed the Committee that a 136 Group has been set up under the Crisis Care Concordat which is a multidisciplinary group that can act as a forum to potentially look at outcomes of 136 as a whole to understand frequent attendees, referrals to CMHTs, whether individuals are known to Primary Care Mental Health teams, and to generally scrutinise the use of 136 - SR informed the Committee that a joint document has been sent to Local Authority leads requesting that, should there be any ongoing concerns regarding the availability of Section 12 doctors for AMHPs, this needs to be reported to the Health Board. SR stated that a DATIX report will be raised and followed up by Dr Warren Lloyd. The data will then be quantified and any trends identified. Data will be collated from 1st March to analyse one month's worth of data to anticipate problems appropriately. - SR highlighted that doors for acute admission wards are locked more than they are not. The challenge is to reverse this position. However, SR went to inform and assure the Committee that the locking of doors is a safety issue and not a staffing issue. SR informed that, once the Health Board's Locked Door policy is approved, an implementation plan will be put in place and will contribute to a better understanding of why this is happening. - SR updated the Committee that a formal evaluation of the Mental Health Triage service will commence, with support from Swansea University, from the end of April. - IMHA Report: SR confirmed that adult mental health services have not managed to effectively fully connect advocacy services with the operational services, therefore work is ongoing to improve this. SR highlighted that there was a misuse of the wording for 'bed 	

shortages' within the IMHA Report and that this would better be worded as 'bed availability'. SR noted that this is not unique to Hywel Dda but is an All-Wales issue.

- CTP Quality & Compliance: SR confirmed that the audit has now been collated and that further work is ongoing with the analysis of data.
- Effective CTP: SR informed the Committee that, upon implementation of the Transforming Mental Health programme, the issue of effective CTP will form a key part of this work. This will include the topic of the Care Coordinator's role and the provision of staff training to ensure that effective CTPs are carried out. SR updated the Committee that she has met with AD and CS and will continue to meet to discuss CTP training to equip staff with the appropriate skills. SR noted that training was initially provided when the Measure was brought in but that this has since dissipated and therefore needs to be reinstated in order for staff to understand what an effective CTP consists of.

SR recognised that the Scrutiny Group may need to consider developing an Annual Workplan to coordinate the different work streams and reporting elements of the Group going forward.

CS agreed that there has been a transformation for the better for the Scrutiny Group. CS noted respect for psychiatrists and CPNs who are well educated and well trained. However, he could not understand how, in light of this, poor quality CTPs is still an issue. CS went on to state that within Chapter One of the Measure (1.16) not everyone may need or benefit from a CTP. CS believes that if person still remains without insight into their condition then what is the need for a CTP. SR disagreed and highlighted that the CTP is owned by both the service user and care coordinator. SR agreed that although the quality of CTPs may be it is sometimes difficult to find the assessment that underpins the CTP. SR acknowledged that in some instances CTPs are being developed too early and there is a vital need for a robust assessment to be carried out in order to inform a quality CTP. SR assured the Committee that, in reviewing the service specification for the Community Mental Health Teams (CMHT), they have considered the assessment documentation and increased the timeframe for completion of the assessment to 10 days to allow a more robust and effective assessment.

Jane Hitchings noted the interface between the Measure and Health & Social Wellbeing Act and the fact that separate systems are in use resulting in a lack of integration, The way that both the health and local authorities are measured and judged by external organisations is not considerate of the different systems in place.

John Forbes-Jones also acknowledged the gap between the Measure and the Health & social Wellbeing Act but that work is being done in Welsh Gov to look at this. JFJ informed the Committee of an example of a holistic approach involving health and social care with the work ongoing in Ceredigion. A pilot is looking at social issues in the first instance to try and avoid deterioration of mental health conditions with a big focus on carer involvement. JFJ did note that there has been some duplication in relation to the GP pathway but believes it dovetails with TMH.

	SR wanted to impress upon the Committee the pressures upon operational services who have at least 7 different sources of action plans which require a considerable amount of coordination. Operational staff are working hard to address actions from each of the action plans.	
	The Committee NOTED the update and was ASSURED that the Scrutiny Group is progressing and due processes are being monitored.	
MHLAC(19)21	POLICIES	
	<p>Locked Door Policy</p> <p>Sara Rees informed the Committee that the Locked Door policy has been approved by the MH&LD Written Control Documentation Group and has gone out for Global consultation on Tuesday 19th March 2019.</p> <p>SR noted that within the Directorate's Written Control Documentation Group they are monitoring Implementation Plans for policies to ensure effectiveness.</p> <p>AD noted that within West Wales Action for Mental Health (WWAMH) they have volunteers who could contribute to the development of policies. SR responded that volunteers would be welcome to look at policies which can help to inform the Summary Approval Report. <i>AD to pick up with SR.</i></p> <p>Action:</p> <ul style="list-style-type: none"> • The finalised and approved policy is to be presented to the June Committee meeting. • 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. 	<p>AD/SR</p> <p>LC</p> <p>AD/SR</p>
	The Committee NOTED the update on the Locked Door Policy.	
MHLAC(19)22	Annual Workplan	
	The work plan was circulated for comment.	
	The Committee NOTED the Annual Workplan.	
MHLAC(19)23	For Information	
	<p><u>Recent HIW Visit</u></p> <p>Sara Rees provided a verbal update to the Committee on the recent third HIW visit to Cwm Seren which was the third visit within 3 years. The directorate are awaiting the draft report and action plan for accuracy checking. SR assured the Committee that no immediate actions were identified and positive feedback was provided during the visit. There were very few actions for operational services the majority of actions relating to estates issues. SR acknowledged the great job of staff involved.</p> <p>SR also updated the Committee on the recent All Wales Thematic Review in which a CMHT in each health board in Wales was visited. AD queried whether the Review would come via this group. JT responded that the normal route would be through the Quality, Safety & Assurance Committee (QSEAC) and the MH&LD Quality, Safety & Experience Sub-</p>	

