

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 th June 2019
EITEM AR YR AGENDA: TITLE OF REPORT:	Mental Health Legislation Assurance Committee Quarterly Performance Report. Quarter 4, January – March 2019
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:	Joseph Teape, Deputy CEO and Executive Director of Operations.
SWYDDOG ADRODD: REPORTING OFFICER:	Mrs Libby Ryan Davies, Director MH&LD, Lead Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

For information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of the paper is to present to the Mental Health Legislation Assurance Committee the quarterly Mental Health Performance Report in relation to statutory mental health legislation in Wales including:

- The Mental Health Act (1983), as amended;
- The Mental Health (Wales) Measure 2010;

The paper also includes assurance of other work carried out by the Mental Health and Learning Disabilities Directorate where related to mental health legislation.

Cefndir / Background

This Report provides assurance in respect of the work that has been undertaken by Mental Health and Learning Disabilities (MHL) Services during the quarter, that those functions of the Mental Health Act 1983 (the Act), as amended, and the Mental Health (Wales) Measure 2010 (the Measure) which they have delegated to officers and staff, are being carried out correctly; and that the wider operation of the 1983 Act and the Measure in relation to the Local Health Board's area is operating properly.

The hospital managers must ensure that patients are detained only as the Act allows, that their treatment and care fully comply with it, and that the patients are fully informed of, and are supported in exercising, their statutory rights. Hospital managers must also ensure that a patient's case is dealt with in line with other legislation which may have an impact, including the Human Rights Act 1998 and the Data Protection Act 1998.

The Terms of Reference of the Committee itself require the submission of a quarterly report to the Board to summarise the work of the Committee and identify how it has fulfilled the duties required of it. Regulations permit the Hywel Dda University Health Board to delegate functions to committees or sub-committees whose members need not be members of the Board. However, the Board retains the ultimate responsibility for the hospital managers' duties.

This report is prepared following the quarterly meeting of the Mental Health Legislation

Scrutiny Group. The purpose of this Group is to allow senior managers and clinicians from Hywel Dda University Health Board, its partner agencies and other stakeholders to scrutinise the University Health Board's (UHB) performance, to highlight areas of good practice, and any areas of concern that must be brought to the Committee's attention.

Assesiad / Assessment

This Quarterly report outlines how the Mental Legislation Assurance Committee has complied with the duties through the Terms of Reference set, and also identifies key actions to address developments.

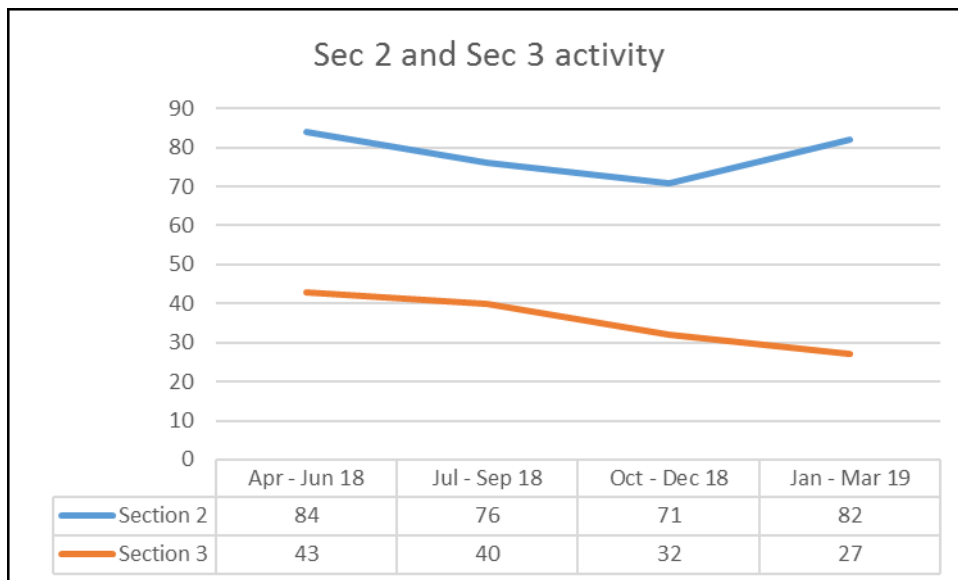
The Mental Health Act (1983)

Any exceptions highlighted in the Mental Health Act activity report are intended to raise the Committee's awareness of matters relating to the functions of hospital managers and give assurance that the care and treatment of patients detained in Hywel Dda University Health Board and those subject to a community treatment order is only as the Act allows. Rates of detention under different sections of the MHA typically fluctuate between each quarter therefore only significant points are highlighted here. A breakdown of MHA monthly performance can be seen in the performance dashboard to which there is a separate link.

Section 2¹ and Section 3² 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 increased to 82 occasions and Section 3 has decreased to 27 occasions within Quarter 4 of 2018/19.

Also below are the numbers of detentions to be reported by county. This is detailed below:

Figure 1 - Numbers of detentions under S.2 and 3

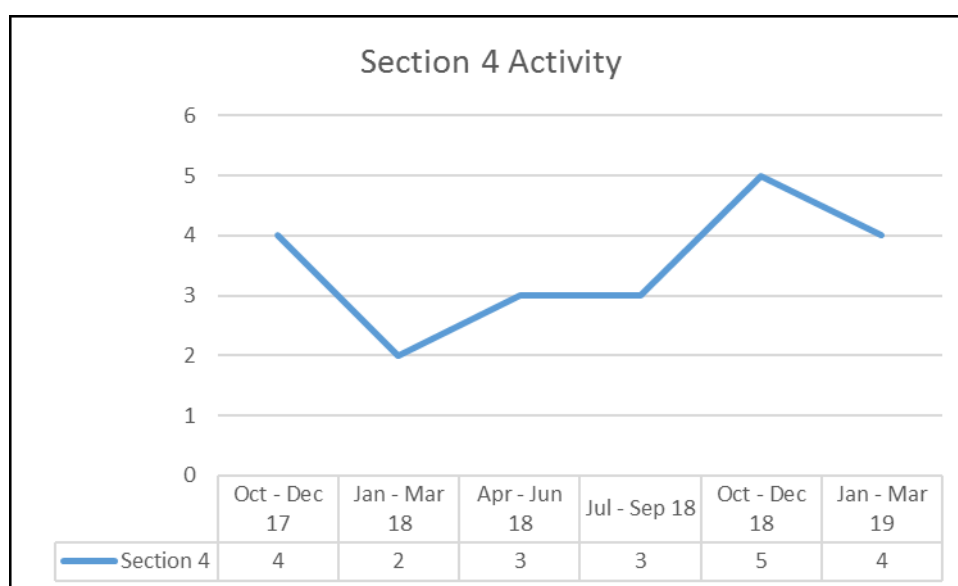


¹ Section 2 of the Act allows for a period of detention in hospital for up to 28 days for assessment and treatment.

² Section 3 of the Act allows for a period of detention in hospital for up to six months for treatment and may be renewed.

Section 4³ of the Act was used on four occasions; they were all converted to Section 2. The use of Section 4 should be limited as it is based on one medical recommendation whereas detention under Section 2 or Section 3 would require two medical recommendations. Having two doctors to make a medical recommendation is viewed as a safeguard within the Act. Approved Mental Health Practitioners⁴ 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.

Figure 2 – Number of detentions under Section 4



Community Treatment Orders

There has been no significant change in the number of Community Treatment Orders (CTOs)⁵. There has been a decline in the use of CTO's in Pembrokeshire and an increase in use in Ceredigion. Twelve patients were made subject to CTO's. Four patients were recalled resulting in them all having their CTO's revoked.

Detention without authority or Invalid Detentions

There were four exceptions for this period identified by the Mental Health Act administration team – Two were as a result of AMHP errors, one form was not signed by a Doctor and a Section 2 patient detained from England with forms not compliant with Welsh Regulations.

³ Section 4 of the MHA allows a period of detention for assessment that lasts up to 72 hours based on one medical recommendation. This should only be used where there is urgent necessity to admit the person and waiting for a second doctor would lead to an “undesirable delay”.

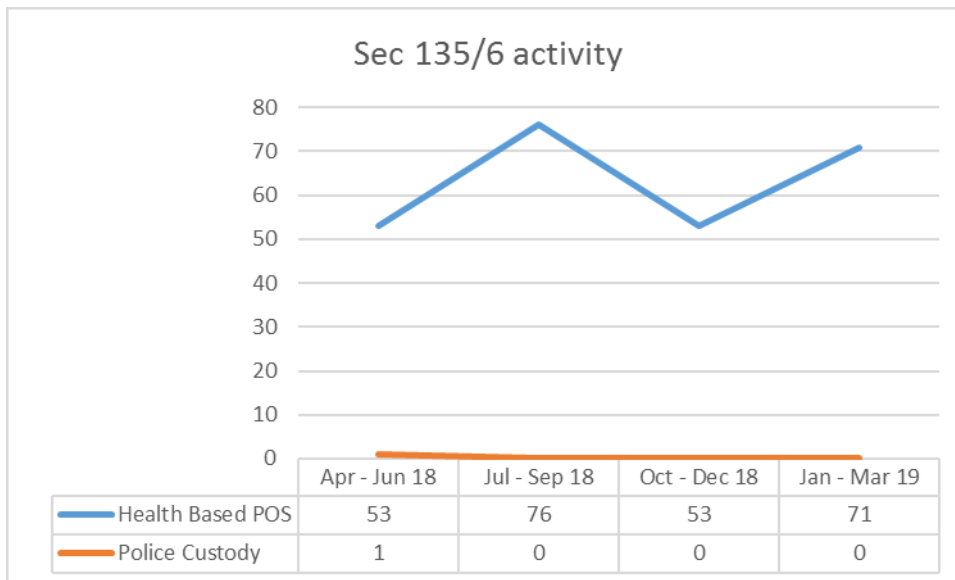
⁴ Approved Mental Health Practitioners (AMHPs) are an appropriately trained professional including social workers, mental health nurses, occupational therapists and psychologists, who are responsible for organising, coordinating and contributing to MHA assessments.

⁵ A Community Treatment Order means that a patient who has been detained in hospital under Section 3 or 37 of the Act will receive supervised treatment after they leave hospital.

The use of Section 136⁶

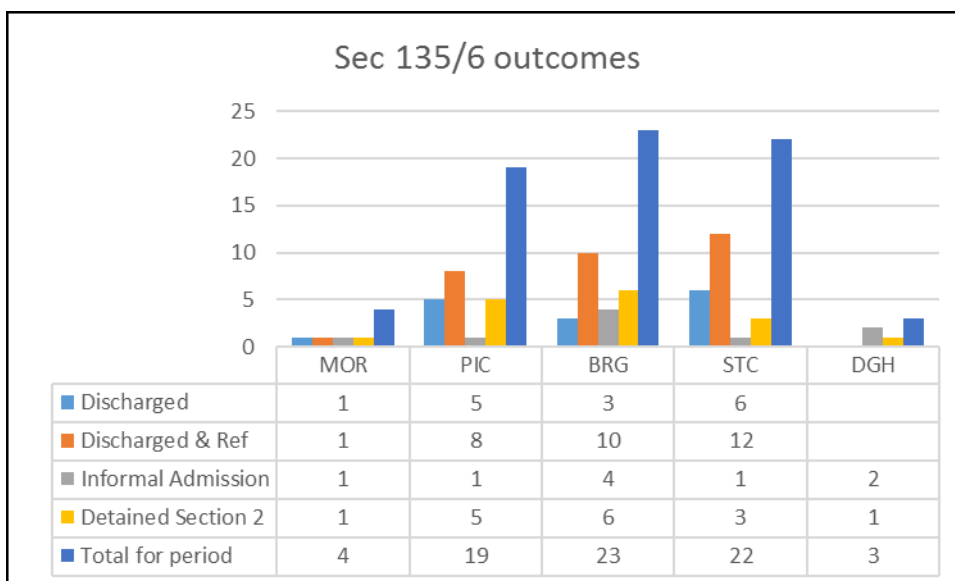
The number of occasions that Section 135/6 has been used with the UHB has increased compared to the previous quarter (70 occasions compared to 53). Following assessment fifteen patients were detained on further sections of the Mental Health Act. The Section 136 activity is discussed at the Section 136 review group. Section 135(1) was used once and there were no Section 136s to police custody.

Figure 2 - Number of S.135/6 assessments



Below is the number of assessments broken down by ward:

Figure 3 - Breakdown of S.135/6 assessments by ward



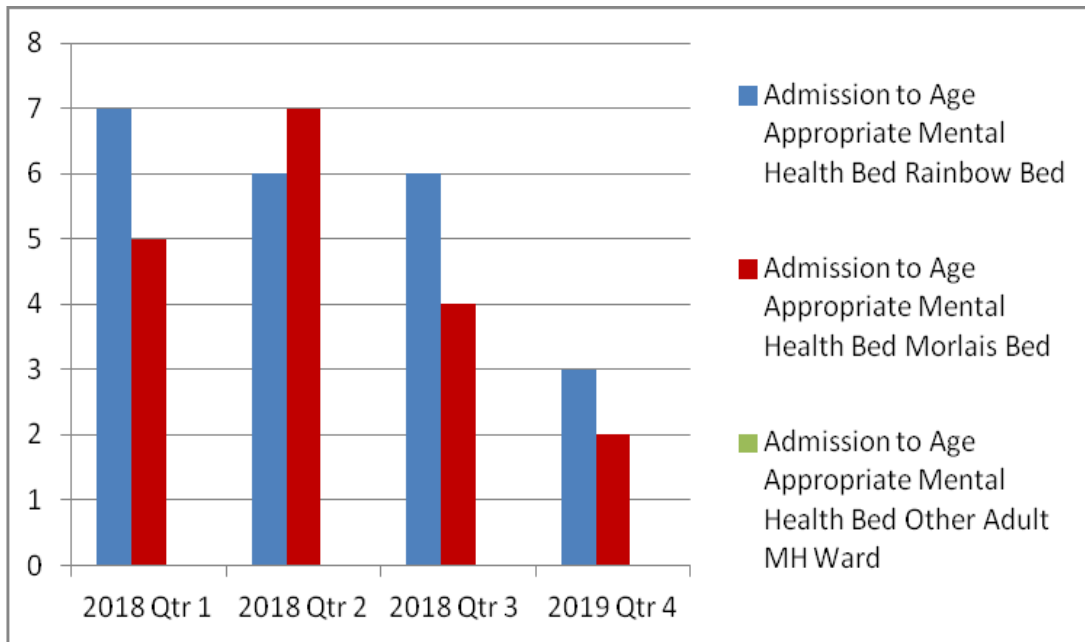
⁶ Section 136 allows a police officer to remove a person, found in a place to which the public have access, to a place of safety if the person appears to be suffering from a mental disorder and to be in immediate need of care or control

S-CAMHS admissions to age-appropriate beds

Specialist CAMHS records for Quarter 4 are outlined above with 5 Admissions in total with 3 admissions to the Paediatric bed and 2 Admissions to the Adult Mental Health Ward (Morlais). One young person was placed on S136.

All admissions to the mental health bed must be reported, initially internally as a DATIX, and followed by a Serious Untoward Incident report to Welsh Government in line with the Welsh Governments Admission Guidance Document. All admissions receive a follow up appointment within five working days to monitor risk and provide support.

Figure 5 – Comparison Data 2018 - Age Appropriate Bed



Exclusion of Visitors

There were no visitors excluded from visiting detained patients during Qtr 4.

Applications for Discharge to Hospital Managers and Mental Health Review Tribunal

There were 16 applications to the hospital managers resulting in 4 hearings taking place (1 hearing from an application made during Qtr 3)

The hospital managers heard 23 renewal hearings compared to 17 last quarter. The Code of Practice states renewal hearings should ideally be held before the section expiry date. 7 out of 17 renewal hearings were not listed before the section expiry date.

There have been 0 discharges by the Hospital Managers during this quarter.

There were 59 applications/referrals to the Mental Health Review Tribunal resulting in 24 hearings taking place

The MHRT discharged 2 patients (1 x section 2 deferred discharge and 1 x Community Treatment Order).

The Mental Health (Wales) Measure 2010

The Mental Health (Wales) Measure 2010 is reported to the Committee on a quarterly basis in order to provide assurance that activity is closely monitored and that practice is compliant with

the requirements of The Measure. This is primary legislation that was passed by the Welsh Government in 2010 and became operational during 2012. The intention of the legislation is to ensure that people are able to access appropriate mental health support services, receive care that is co-ordinated by a named person, enables direct access back to services following discharge and that the entitlement to independent mental health advocacy is increased.

To achieve this the Measure is divided into four Parts:

Part 1 - The expansion of mental health services within primary care settings

Part 2 - The introduction of the statutory Care and Treatment Planning for individuals receiving secondary mental health services

Part 3 - Enabling former users of secondary mental health services who have been discharged to refer themselves back for assessment without having to first go to their GP

Part 4 - Expanding the Independent Mental Health Advocacy (IMHA) to informal patients.

Part 1 – Local Primary Mental Health Support Services

Part 1 of the Measure is monitored in two parts, Target 1 and Target 2 as detailed in the table below. Performance is being monitored by the Head of Adult Mental Health Services with the LPMHSS Team Leaders.

PART 1	Detail	JAN 2019	FEB 2019	MAR 2019
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	92.5%	96.5%	91.9%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	87.2%	85.5%	81.5%

Part 2 – Care and Treatment Planning

PART 2	Detail	JAN 2019	FEB 2019	MAR 2019
Measure 1	90% of LHB residents who are in receipt of secondary mental health services (all ages) to have a valid CTP	91.3%	91.6%	91.1%

Part 3 – Self Referral to Secondary Care for Former Service Users

PART 3	Detail	JAN 2019	FEB 2019	MAR 2019
Measure 1	Individuals are re-assessed in a timely manner; and a copy of a report to that individual is provided no later than 10 working days. (Total number of requests for re-assessment received) Target 100%	100%	100%	100%

Part 4 – Independent Mental Health Advocacy

PART 4	Detail	JAN 2019	FEB 2019	MAR 2019
	100% of hospitals to have arrangements in place to ensure advocacy is available to all qualifying patients – Percentage of qualifying compulsory / voluntary patients have been offered advocacy services in the mental health services (Target 100%)	97.7%	98.5%	100%

The UHB was not compliant with part 4 of the Measure. There have been several vacancies within community teams and high absence rates. Health and local authority staff are taking joint responsibility for meeting targets. Learning Disability and CAMHS numbers are very low.

Argymhelliad / Recommendation

- To discuss the Mental Health Legislation Assurance Committee Quarterly Performance Paper.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	<ol style="list-style-type: none"> 1. Improve population health through prevention and early intervention 2. Support people to live active, happy and healthy lives 3. 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: Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work?
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners?
	Collaboration – The Mental Health Legislation Assurance Committee comprises external agencies, carer representatives and local authorities
Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population?	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Assurance Committee, Power of Discharge sub committee and scrutiny group
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Mental Health Legislation Scrutiny Group Mental Health Operational Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	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
Cyfreithiol: Legal:	Non-compliance with the Mental Health Act could result in legal proceedings being brought against the Health Board who is the detaining authority.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable