

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 th June 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, Head of Service, Adult Mental Health

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.

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 21st May 2019.

Cefndir / Background

The Mental Health Legislation Scrutiny Group (Scrutiny group) representation consists of senior service managers from health and local authority stakeholders. It also includes representatives of service users, carers and advocacy groups. It is chaired by Sara Rees, Interim Head of Nursing. It meets quarterly, four weeks before the MHLAC. Its purpose is to scrutinise the UHBs compliance with mental health legislation and to investigate any areas of concern, independently or as directed by the MHLAC. It reports directly to the MHLAC through a quarterly performance paper and may also provide additional papers to the MHLAC on areas of concern being investigated.

Beneath the Scrutiny group, the Mental Health Legislation Operational Group (Operational group) consists of team leaders and other relevant clinicians from health and local authority stakeholders. It is chaired by the Mental Health Act administration lead for Hywel Dda UHB. Within this group, team leaders and clinicians are able to review data and highlight any operational issues or difficulties they encounter, as well as areas of good practice. This information is reported to the Scrutiny group on a quarterly basis. The Scrutiny Group may task the Operational group with gathering evidence of any problems reported in order to be able to critically analyse any difficulties and agree solutions.

As stated in the Terms of Reference, 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. This principle will also be followed by representative scrutiny group members to related committees

in the partner Local Authorities.

Asesiad / Assessment

This update outlines the issues discussed at the Mental Health Legislation Scrutiny Group held on 21st May 2019

Terms of Reference

The terms of reference for the MHLSG were reviewed and agreed, however a member of the scrutiny group raised a question regarding the language used in the TOR as follows:

Principle duties of the MHLSG:

The language of Ensure and Advise, it was requested that this be raised at committee for clarification, should this read Assure and Advise, or does MHLSG have executive authority to manage?

Connectivity of Committee Structure

Sara Rees did a short presentation of the HB Committee/ Governance structure which was well received. It is noted that the Task of Assurance is shared among a number of committees, however, MHLAC needs to agree what information and when is exchanged between the committees.

Performance

Sarah Roberts presented the Mental Health Act data, quarter four.

Discussion around MHA activity and the question regarding what happened to those service users who had not been admitted following a S136 assessment. Sarah Roberts stated that there were forty six and that the follow up had been recorded on care partner and as such the information was accessible, all of the forty six were offered a service from Mental Health. The potential for a six-monthly audit was discussed. S136 data is audited quarterly across Wales however information from police is not always included in this data. AD informed there had been a recent workshop regarding 136 experiences, the outcome of which was that S136 is within the law for a reason and has been effective. Whilst the one- off review by MHA administrator provided assurance that the use of S136 was being used appropriately, what it also highlighted was that the triangulation and analysis of information and data across the three statutory bodies is currently inadequate and not joined up. Efforts have been made via the scrutiny group to access data from the three local authorities, the data collected is in different formats and it appears that no analysis is undertake, therefore the data has limited value. It was agreed that the raw data be distributed to the members of the scrutiny group, although it should be noted that caution should be applied to drawing any assumptions from the raw data source.

There had been four invalid detentions which were errors by Approved Mental Health Practitioners (AMHP). There is a system in place to ensure that these errors are rectified and this system is implemented by the MHA team within the HB. Following the scrutiny meeting further information was provided to the local authorities service managers on the invalid detentions so that learning could be facilitated. It was also suggested that discussion took place across the three local authorities in the AMPH forum regarding the completion of statutory documentation.

The monitoring of 136 detentions to ensure we do not breach 24 hours assessment time, look at near misses, i.e. assessment around 20 hours and the monitoring after care/referrals post 136 when individuals are not admitted is undertaken in the multiagency 136 group. This group will also review any incidents of concern reported by health or police during clinical interactions.

Mental Health Measure

Data Quarter four was shared with the group, all areas are currently meeting the required WG targets. This information is scrutinised in the HB executive performance review and the scrutiny group can assure the committee that performance against the WG targets is being maintained,

however, It was recognised that this information was limited in terms of quality of performance and will be addressed by the CTP Task and Finish group in the future. The lack of progress with the CTP Task and Finish group relates to the lack of operational capacity to provide the necessary leadership and co-ordination for the group. The MH/LD directorate have submitted a bid to Welsh Government for a Mental Health Legislation Lead who could provide the required leadership and co-ordination for this work

Written Control Documents

A member of the scrutiny group commented upon the number of days that doors are locked on the acute admission wards, which was also highlighted within the IMHA report. The Locked Door Policy was discussed and this has gone to the Clinical Written Control Document Group (CWCDG). Subsequently the policy has been approved by the Clinical Written Control Document Group and will now be implemented via the MH/LD Written Control Document Group and Ward Managers Forum. Performance will continue to be reported through the MHA Report.

The new process for assessment of persons under arrest is now captured within CRHT Service Specification which was approved at the June MH/LD WCDG.

Training

Social Service and Wellbeing Act Training. The importance of this training was raised at the scrutiny group and it was acknowledged that the HB staff have not had sufficient training since the act was introduced. There is a key interface between the SSWA and the MHM which can complement each other and help with providing more joined up care, As described above this would be a key priority for the Mental Health Legislation Lead in conjunction with the CTP Task and Finish Group, if the bid is successful. There is an e-learning pack available however feedback from operational staff is that they are unable to access this via the HB IT system.

There is also no training currently being provided by Mental health to the police, there was no representation from the police at the last scrutiny group.

Care and Treatment Planning Training for staff is currently provided through the Quality Assurance Practice Development Team on a rolling programme, however this training needs to be reviewed as part of the CTP task and finish group and aim to be co-produced and have service users/ carer/ 3rd sector involvement in the delivery of the training.

Deprivation of Liberty Safeguards

The meeting was informed that the deprivation of liberty safeguards would be coming to an end next year and would be replaced by the Liberty Protection Safeguards. As yet there is no further information regarding this available. Subsequently an HIW review on St Non's OPMH Ward identified that the interface between the MHA and DOL's continues to be challenging, they identified that applying for an urgent DOL's authorisation when a section of the MHA was due to lapse was not recommended practice and Dr G O'Conner would be raising this in the Mental Capacity Act Committee. There is also likely to be a recommendation from this review which can be picked up through MHLSG.

IMHA Report

Noted. This report will also be tabled at the MH/LD Ward Managers Forum

Lack of Section 12 Doctors

An escalation process has been put in place and the process for doing this has been shared with Local Authority, unfortunately, whilst this is still being reported anecdotally, there have been very few incidents reported via our incident reporting system. A reminder will be sent out to local authorities regarding how to report this as an incident. We are unable to triangulate or report the actual data.

Scoping Exercise – population of AMH inpatient wards

This exercise is now underway and once all the information is returned can be scrutinised in conjunction with the All Wales Acuity data.

Improvement Plans

As described in the last report there are a number of sources of improvement plans that the Health Board may be subject to. These include:

HIW

CHC

CIW

Serious Incident Improvement Plans

Work is underway to develop an overarching MH/LD improvement plan to ensure that learning is shared across all areas of the MH/LD directorate and reduce duplication. All plans will be referenced and this work is being led by the Interim Head of Nursing and the Quality Assurance Practice Development Team and is commencing in July 2019

Argymhelliad / Recommendation

To acknowledge the Mental Health Legislation Scrutiny Group Update

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: Impact:	
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