



Mental Health Act Committee

**Draft Minutes of the Mental Health Act Committee held at 15:00pm
Friday 29th March 2019
Boardroom, Carlton Court**

Present

Marian Wyn Jones [Chair] Vice Chair, BCUHB
 Cheryl Carlisle Independent Member
 Lyn Meadows Independent Member

In Attendance

Alberto Salmoiraghi Medical Director, MH&LD
 Alison Cowell Assistant Area Director – Children’s Services
 Andy Roach Director MH&LD
 Chris Pearson Safeguarding Specialist Practitioner/DoLSs & MCA [VC]
 Christine Robinson Associate Hospital Manager
 Heulwen Hughes Approval Manager for Approved Clinicians [VC]
 Hilary Owen Head of Governance
 Jill Timmins Director of Operations & Service Delivery
 Joan Doyle Unllais
 Lesley Singleton Director of Partnerships
 Mark Jones Wrexham County Council
 Rachael Turner Ward Manager, Hydref Ward
 Sandra Ingham Business Support Manager [BCUHB]
 Satya Schofield Associate Hospital Manager
 Wendy Lappin Mental Health Act Manager

Agenda Item	Action
MHAC19.17 – Apologies	
Apologies were received from Gill Harris, Steve Forsyth	
MHAC19.18 – Declarations of Interest	
MHAC19.18.1 There were no declarations of interest made at the meeting.	
MHAC19.19 – Minutes of last meeting and summary action log	

<p>MHAC19.19.1 – Minutes of the meeting held on 3rd January were agreed as an accurate record</p> <p>MHAC19.19.2 – All actions were recorded therein.</p>	
<p>MHAC19.20 – Minutes of Power of Discharge Sub Committee</p> <p>MHAC19.20.1 – Minutes of the meeting held on 14th December were noted. The Chair advised of the plan going forward to streamline future agendas for both Committee and Sub Committee to avoid duplication with a proposal that the two Committees will be held side by side.</p> <p>Resolved: That the minutes of the Sub Committee held on 14th December 2018 were received.</p>	
<p>MHAC19.21 – Defining a Health Based Place of Safety for young people under age 18 years – MHA Section 136</p> <p>MHAC19.21.1 – The report provided details on the number of admissions in 2018, 22 of which were between 13 – 17yrs. It was noted that in previous years, the figures were collated on admissions alone whereas now they are collated for the individual patient taking into account duplicate admissions resulting in a reduction.</p> <p>MHAC19.21.2 – It was agreed that at future meetings, this information would be included in the performance report.</p>	<p>WL</p>
<p>MHAC19.22 – Child and Adolescent Mental Health Services [CAMHS] Update</p> <p>MHAC19.22.1 – It has been a huge challenge to achieve the Mental Health Measures targets due to the number of vacancies within the department. Patients now have a choice of therapists and some are choosing a longer wait time to ensure they see the therapist of their choice. Whilst there are a high number of Welsh speaking therapists in the West there is a need for more, however, the dilemma is whether you employ someone who doesn't have the right qualifications but are Welsh speaking or non-Welsh speaking but the right qualifications. There has been some progress but further work is required.</p> <p>MHAC19.22.2 – It was noted that there had been a slight improvement on therapy services but there were limited details on where this was measured.</p> <p>MHAC19.22.3 – There was genuine belief that the department was in a better position than previously. There has been a reduction in the number of S136 attendances and work is continuing with North Wales Police to look at alternative Care Pathways.</p>	

<p>MHAC19.22.4 – It was noted that the department had been successful with a Transformation bid to provide additional support for people in crisis, this will involve joint working with other departments and Local Authorities. This will help considerably in joining up Social Services and Children’s Services planning for what young people in crisis need. This will be non-recurrent funding to help with waiting lists, issues around capacity, model rolled out across Wales called CAPPa this ensure we are using the workforce to the best of ability.</p> <p>MHAC19.22.5 – The Delivery Unit undertook a Deep Dive in December. This was a very useful exercise, report being finalised, recent reviews will give a really good understanding of where the service is at the moment.</p> <p>MHAC19.22.6 – Feedback from Together for Children and Young People not yet been received.</p> <p>MHAC19.22.7 – The Chair asked for clarification on the high number of referrals and asked whether the additional funding will help improve performance against the measure. It was noted that CAMHS was commissioned as a planned service, unscheduled care takes up a huge amount of time and at this time the team are being pulled to manage the unscheduled care. It was hoped the additional funding would address some of the unscheduled care demand which will release capacity to manage planned care. It was reported that all single points of access are functioning consistently across all areas.</p> <p>Resolved: That the report be noted.</p>	
<p>MHAC19.23 – Update on the approval functions for Approved Clinicians and Section 12(2) Doctors in Wales</p> <p>MHAC19.23.1 - Currently progressing with new database, further discussions have been held but no feedback has been received to-date. The standard operating procedure is to be shared with Medical Directors across Wales. A meeting has been arranged with NWWIS to look at progress and an update will be provided at the next meeting. An item has also been placed on the MHA Administration Forum for next week.</p> <p>MHAC19.23.2 - Two Mental Health Legislation conferences have been held, both of which were well attended. Feedback has been excellent and it was noted this would continue on an annual basis.</p> <p>MHAC19.23.3 - Following a recent recruitment drive and vacancy adverts being sent out across North Wales GP practices, 5 attended training in February but only 1 has submitted an application to-date.</p> <p>MHAC19.23.4 - Section 12 Panel Meeting – medical indemnity is now being covered by Welsh Risk Pool which does not provide cover for</p>	

<p>independent section 12(2) GPs when carrying out mental health assessments. This was on the agenda to be discussed at the forthcoming All Wales section 12(2) Approval Panel meeting.</p> <p>MHAC19.23.5 - Proposal to offer sessions to work in Mental Health for GPs. This will give them an opportunity to develop a special interest and seek referees when applying for Section 12[2] approval.</p> <p>MHAC19.23.6 - HO asked whether doctors who acted in the capacity of FME has been offered an opportunity to become Section 12[2] doctors given the recent changes to their roles. HH advised that there were currently no application criteria in place for FMEs who were neither psychiatrists or GPs. The All Wales Approval Team would be working with Welsh Government in the future to develop Directions for section 12(2) approval, at which time, separate criteria may be included for applications from FMEs.</p> <p>Resolved: That the report be noted</p>	
<p>MHAC19.24 – Independent Mental Health Advocacy Performance Report</p> <p>MHAC19.24.1 – Themes emerging from service user feedback are now fed into local QSEEL meetings for action. Advocacy services are invited to attend the meeting.</p> <p>MHAC19.24.2 - Independent Hospitals have access to their own services and the request for advocacy was very low. It was suggested staff should be provided with awareness training to ensure the service is being offered. E-learning is available but we need to ensure it is fit for purpose and being accessed by staff.</p> <p>MHAC19.24.3 - Discussions were held around the service user feedback and any concerns. It was felt that concerns should be raised as and when they happen and staff should not wait to present at specific meetings. However, themes from concerns will be fed into local QSEEL for action.</p> <p>Resolved: That the report be noted</p>	
<p>MHAC19.25 – Deprivation of Liberty Safeguards [DoLS] – Update Report</p> <p>MHAC19.25.1 – It was noted that actions from the previous meeting were distributed with the papers. Laminated copies of DoLS procedures are available on all wards.</p> <p>MHAC19.25.2 - Attendance on the bespoke training is still low, staff are being encourage to attend and managers to record absence and why (data gathered by MH/LD Training & Development Lead) and</p>	

<p>managers informed. Recent meetings with one group of GPs' & Practice staff in West area around MCA and DoLS to ensure people understand the process.</p> <p>Action: Line managers to be provided with details of staff who do not attend training.</p> <p>MHAC19.25.3 – Part of risk the current risk register is around governance framework and the requirement for authorised signatories for DoLS. Training has been arranged through DoLS team and countenanced through the Quality and Safety Group. As of report date submission, there are currently 10 authorised signatories in place. A further 20 attended a recent training sessions but only 2 were there to sign up, other attendees were there to learn about the DoLS process</p> <p>MHAC19.25.4 – Risks have been reduced with the additional authorised signatories but need sign up from medical directorate and MH/LD. A conference has been arranged for May 2019 where all authorised signatories will be provided with in-depth information around the function of the role and legal responsibilities.</p> <p>MHAC19.25.5 – Still a number of cases being referred to DoLS Team for potential Court of Protection applications. Court of Protection can only be considered if person is deemed to lack capacity, if a person has capacity, an application for Deprivation of Liberty's cannot be made. At the early stage of considering a potential referral to the Court of Protection, the quality of applications from, Wards are consistently poor in terms of content with little evidence to support the referral (ie; limited capacity assessment undertaken, sometimes wrong decision being considered to be taken to Court (eg; discharge home).</p> <p>Resolved: That the report be noted.</p>	CP
<p>MHAC19.26 – HIW Monitoring Report</p> <p>MHAC19.26.1 – Report was noted for information. Update on the Nant y Glyn report to be provided at the next meeting.</p> <p>Resolved: That the report be noted.</p>	
<p>MHAC19.27 – Policy Position in relation to the Code of Practice and Mental Health Act</p> <p>MHAC19.27.1 – The code of practice provided details relating to the policies and recommended content that should be in place, this did not refer to specific actions.</p> <p>MHAC19.27.2 - It was noted there was a very structured process within policy group – trajectory of July for all out of date policies to be updated and confirmation will be provided on whether the Division is compliant with the Code of Practice.</p>	

<p>Resolved: The report was noted</p>	
<p>MHAC19.28 – Independent Review of Mental Health Act</p> <p>The report was distributed for information only</p>	
<p>MHAC19.29 – Mental Health Act / Mental Health Measure Monitoring Data</p> <p>MHAC19.29.1 - It was noted the distributed report was now in a new format providing more detailed data than previously</p> <p>Section 4 – There was an increase in the number of Section 4s however the number remains low in comparison to other sections. The Health Board hold regular audits to ensure patients are not being held unnecessarily. Agreed that arrows will be colour coded on future reports.</p> <p>MHAC19.29.2 - It was noted that all lapses are immediately escalated with further discussions held in clinical meetings.</p> <p>MHAC19.29.3 - AS confirmed assurance was regularly provided through the work carried out by WL, in many cases the issues arise from locum doctors and it was felt these would reduce is appropriate inductions were carried out.</p> <p>MHAC19.29.4 – it was noted that the issues were significantly similar to those raised in CAMHS. There has been a large increase in the number of referrals – no investment in community services since the implementation of the measure, the additional funding provided through the transformation will be used to alleviate some of the pressures. There are a large number of patients being treated under part 1a of the Mental Health Act who do not require any additional services going forward. LS provided an outline of the ICan centres currently being set up within Emergency Departments across the Health Board and the proposals for them to be rolled out in the Communities.</p> <p>MHAC19.29.5 – AR suggested discussions need to be held with Welsh Government to move from bed based model to community based pathways.</p> <p>MHAC19.29.6 – Report will be presented to Together for Mental Health Partnership Board in July and Finance & Performance Committee in July.</p>	
<p>MHAC19.30– Proposals for Changes to Mental Health Act Committee and Power of Discharge Sub Committee</p>	

MHAC19.30.1 - AR advised of a scoping exercise that had been carried out to look at the specific guidance from Welsh Government on the legal requirements for both the Power of Discharge Sub Committee and the Mental Health Act Committee.

MHAC19.30.2 - Paper distributed with agenda which was derived following discussions around the duplication on both agenda's. Legal clarification was sought along with the systems used in other Health Boards. There has not been a lot of updated information since the guidance was initially issued in 2010.

MHAC19.30.3 – The scoping exercise concluded that MHA Committee could be disbanded provided all the items could be discussed in QSE Committee. Given the large remit of this meeting this was not deemed to be appropriate. Various options have been provided:

Option 1, members have already raised concerns about duplication and time constraints.

Option 2 - Whilst the Health Board could move to a different model, Members of the Board may be concerned about doing this at a point when the Health Board remains in Special Measures, particular if then viewed as an outlier in Wales. Furthermore, the current workload of QSE is extensive and given it has only recently moved to bi-monthly meetings this arrangement needs to stabilise before QSE's workload is expanded.

Option 3 – Preferred option - Retain both the MHAC and the POD but rationalise the business currently being presented and hold both meetings on the same day (in a condensed timeframe of morning or afternoon). This would potentially mean changes to the agenda in the following areas:-

- Cease submitting separate IMHA, S136 and CAMHS reports as the data is already incorporated into the overarching performance activity report.
- Remove the MHM compliance section from the performance report as this is already presented to QSE.
- HIW updates – only present these to MHAC not the POD. These reports should only be where HIW have specifically made recommendations concerning the Mental Health Act. NB the wider HIW reports are presented to QSE.

With the preferred choice being Option 3:

MHAC19.30.4 – Under 18yrs Mental Health Act Section 136 data will not be provided as an individual item as this is included within the Mental Health Act Activity Report.

<p>MHAC19.30.5 – The preferred option was option 3 and it was agreed once the Division was out of special measures this can be reviewed again.</p> <p>MHAC19.30.6 – Meetings to remain on a quarterly basis, with no changes to the current attendance, the agenda will be rationalised to avoid future duplication.</p>	
<p>MHAC19.31 – Mental Health Act Committee Draft Annual Report</p> <p>The report was distributed for information.</p>	
<p>MHAC19.32 – Issues of Significance to inform Chair’s Report to Board</p> <p>The Chair agreed to raise any issues of significance with the Board</p>	
<p>MHAC19.33 – Date of Next Meeting</p> <p>Friday 28th June 2019 – Boardroom, Carlton Court</p>	