



**Mental Health Act Committee**

**Draft Minutes of the Mental Health Act Committee held on Thursday 3<sup>rd</sup> January 2019  
Boardroom, Carlton Court**

**Present**

Marian Wyn Jones [Chair] Vice Chair, BCUHB  
 Bethan Russell-Williams Independent Member  
 Cheryl Carlisle Independent Member

**In Attendance**

Andy Roach Director MH&LD  
 Chris Pearson Safeguarding Specialist Practitioner/DoLSs & MCA  
 Fiona Wright Operations Manager, Children & Young People  
 Heulwen Hughes Approval Manager for Approved Clinicians  
 Jill Timmins Director of Operations & Service Delivery  
 Sandra Ingham Business Support Manager [BCUHB]  
 Satya Schofield Associate Hospital Manager  
 Steve Forsyth Director of Nursing MH&LD  
 Teresa Owen Executive Director of Public Health

<b>Agenda Item</b>	<b>Action</b>
<p><b>MHAC19.01 – Apologies</b></p> <p>Alberto Salmoiraghi, Gill Harris, Lyn Meadows, Peter Gore Rees, Alison Cowell, Hilary Owen, Wendy Lappin, Chris Rogers</p>	
<p><b>MHAC19.02 – Declarations of Interest</b></p> <p>MHAC19.02.1 There were no declarations of interest made at the meeting.</p>	
<p><b>MHAC19.03 – Minutes of last meeting and summary action log</b></p> <p>Minutes of the meeting held on 21<sup>st</sup> September were agreed as an accurate record</p> <p>Section 12[2] – update provided by AS, suggestion for a rotor system in the future and agreed that all GPs be invited to apply for course.</p>	

<p><b>Action:</b> Update to be provided at meeting in March and to Gwynedd following recent concerns.</p> <p>MHM – it was reported that more updated information was provided at QSE, the Chair to raise at CBMG Committee as Part 1 invalidated and validated the following month – closed</p> <p>DOLs – booklet requested as part of mandatory training, for those unable to access online training. Handbook needs to be based on the computer programme and published bilingually – Update in March</p> <p>Actions were recorded therein</p>	
<p><b>MHAC19.04 – Minutes of Power of Discharge Sub Committee</b></p> <p><b>Resolved:</b> That the minutes of the Sub Committee held on 21<sup>st</sup> September 2018 be received</p>	
<p><b>MHAC19.05 – Mental Health Act / Mental Health Measure Monitoring Data / Presentation</b></p> <p>JT provided the group with an update on the key issues:</p> <p>Section 4 – A low use of section 4 was reported within the Health Board and agreed it would be beneficial to see benchmarking across the rest of Wales at the next meeting.</p> <p>Rectifiable errors – there has been a rise in rectifiable errors with the Health Board accounting for 31% across Wales. Benchmark for the whole of Wales to be provided at the next meeting and a suggestion that further training be provided for staff.</p> <p>Section 136 – There has been an increase in repeat referrals and it was agreed a deep dive be carried out to ascertain the reasons behind this. It was noted the contingency planning was not where it should be for these individuals.</p> <p>SF took this opportunity to provide the group with an update on his recent experience on the triage vehicle. This is a pilot scheme with a Police Officer Mental Health Professional who police can all upon for urgent mental health support.</p> <p>Further discussions followed around the increase in S136 referrals and it was confirmed that recent data shows a high number of people being discharged without being detained who were not previously known to the service.</p> <p><u>Under 18 Admissions</u></p>	

5 out of 6 admissions were initiated out of hours, it should be noted that this number is being reduced due to the joint working relationship with the Children and Young Adults Mental Health Team [CAMHS]. Discussions were held around the allocated bed in Heddfan for under 18 admissions and it was noted there was no similar facilities available in Abergele. There were issues highlighted over the Christmas period which resulted in this facility being unavailable in Heddfan but this has now been resolved. Further work is required with CAMHS to look at which environments are most child friendly. The Committee agreed it is not appropriate for under 16s to be placed with Adult MH patients and there needs to be a safe environment for children.

SS asked about Care and Treatment Plans [CTPs] and if there were any plans for moving to electronic patient records. AR advised that this had been delayed due to various issues around IT and that training and support is being provided to enhance the completion of CTPs. The Division is compliant with patients having CTPs, however further work was required on the quality of those being produced.

#### Mental Health Measure

The group were advised of an error on page 20 of the report – the target was 90% and not 92% as indicated. It was reported that the Health Board currently stood at 89.2%.

Part 1 – discussions were held around the low whole time equivalent in some of the teams and the increase in referrals. SF advised that the number of “Did not Attend” [DNAs] were increasing, demand continues to rise and the backlog continues to increase.

CTP – It was noted that the data needs to be separated out. HMP Berwyn is now being reported under Adults East. JT advised there were issues with Berwyn and JT will pick up with Simon

Delayed Transfer of Care [DToC] – it was reported that there are challenges in terms of complex patients with both physical and mental health needs, with 12 DToC in the East currently.

**RESOLVED:** That the report be noted and an action plan was requested to establish how compliance against the measure would be achieved.

#### **MHAC19.06 – Defining a Health Based Place of Safety for young people under the age of 18yrs – MHA Section 136**

JT confirmed that the number of detentions were decreasing and the amount of time being spent in a place of safety was also decreasing.

**Resolved:** That the report be noted.

<p><b>MHAC19.07 – Child and Adolescent Mental Health Services [CAMHS] Update</b></p> <p>Teresa Owen attended the meeting for this item</p> <p>It was noted the issues specific to the Central area were around recruitment and retention. TO advised that national CAMHS trends vary, but many areas are experiencing increasing demands and the trend is not specific to North Wales. Further work needs to be done academically with wider thinking required on how to support children and young people at an earlier stage, to potentially improve general resilience.</p> <p>In November, 72% of patients received an assessment within 28 days, with therapeutic interventions at 39%. Prior to confirmation of the waiting list funding, trajectories for March 2019 were 56% receiving an assessment and 80% being provided with therapeutic intervention.</p> <p>In order to improve performance, agency staff have been working across all areas, including Central. Substantive staff were currently taking on overtime to assist in reducing waiting lists and improving targets.</p> <p>CC expressed concern regarding increased pressures on Local Authorities and families who are finding it difficult to access services.</p> <p>TO updated on the recent 2-day visit organised by Welsh Government and whilst there were issues which needed to be addressed, examples of good practice were also reported.</p> <p>MJ asked about WG funding received for therapy services and how it would be used. AR advised that the monies had been given with the caveat that there would be an improvement in the figures for Part 1 of the measure. It was acknowledged that closer working with Primary Care was required as once a patient is transferred to Secondary Care they were automatically included in the figures for the measure and in many cases they did not need to be there.</p> <p><b>Resolved:</b> That the report be noted on the second quarter of the year.</p>	
<p><b>MHAC19.08 – Update on the approval functions for Approved Clinicians and Section 12(2) Doctors in Wales</b></p> <p>AS provided the group with an update under matters arising earlier in the meeting. HH confirmed confirmation had been received that funding would be available for training. CP confirmed that there were significant issues in the West with approved clinicians. A piece of work would be carried out this year to look at the reduction in Section 12(2) Doctors and what could be done to increase the numbers, it was</p>	

<p>reported that the fee for this work had never increased since being introduced. It was noted that there should be some discretion so the Health Board could consider reviewing the fee.</p> <p>It was noted that hospital psychiatrists had now become approved clinicians which had reduced the problems within the hospital.</p> <p>JT asked whether there was any work being carried out with GP trainees – the Health Board is taking on more management of GP practices which should give more flexibility on what we can expect.</p> <p>Discussions with WL to enquire whether information re Section 12 doctors is being shared with AMHPs.</p> <p>It was that the Director of Primary Care be consulted to take this to the next Cluster Leads meeting.</p> <p><b>Action:</b> JT to discuss with AS</p> <p><b>Resolved:</b> That the report be noted</p>	
<p><b>MHAC19.09 – Independent Mental Health Advocacy Performance Report</b></p> <p>AR to ensure update provided for next meeting</p>	
<p><b>MHAC19.10 – Deprivation of Liberty Safeguards – Update Report</b></p> <p>CP advised that there should be an increase in the number of assessments carried out from March 2019. There remains concern around supervisory signatures during out of hours with Silver on-call having to nominate and delegate to a clinician or someone on 8a or above. CP confirmed that training on the law and guidance could be arranged if required.</p> <p>CP expressed his concern at the number of assessments being requested when the patient has capacity. He requested that something be included in the assessment document specific to DOLs to assist in identifying whether the patient has capacity. It was noted that this was an area picked up in the HASCAS and Ockenden report. CP confirmed that training was being provided but there was an increase in the number of people not turning up.</p> <p>AR agreed to discuss this with Operational Leads, CP advised that he would be happy to provide more bespoke training locally. AR asked for information on the numbers who had not turned up and the reasons being given.</p> <p><b>Action:</b> CP to produce a document to assist staff in understanding the DOLs process.</p>	

<p><b>Action:</b> Update to be provided at the next meeting.</p>	
<p><b>MHAC19.11 – HIW Monitoring Report</b></p> <p>HIW Visit to Hergest – it was reported that documentation was good around MH Act, copies of assessments in notes, MH administration team were proactive, but there were issues in terms of medical nursing and social reports, linkage to number of local doctors. Recording patients had been informed of their rights was not always done.</p> <p>Action plan will be produced and presented to QSE at a later date.</p> <p><b>Resolved:</b> The Committee agreed for this report to be shared</p>	
<p><b>MHAC19.12 – Mental Health Measure Deep Dive Session</b></p> <p>The Director of Mental Health &amp; Learning Disabilities outlined the main challenges facing the Division with regard to compliance with the Measure.</p> <p>It was important to recognise the development of the strategy and the work with primary care, it was not necessarily investment that was required to improve the service but education and support for practices, to avoid people being referred inappropriately, with better signposting to a range of low level intervention services. It was reported that the GP often required an assessment for mental illness and the only option was a referral to primary care.</p> <ul style="list-style-type: none"><li>• Demand and Capacity – these are legacy issues dating back to when the Measure was first introduced in 2012. At the time there were already some practitioners in post and some further posts were added. There has been a variance in terms of investment across the Local Authorities. There is also an issues around data collection. It is important to look at the surge in referrals for both Adults and Children to see if they peak at certain times and if so what is the cause.</li></ul> <p>AR reporte that he had attended a recent meeting of the Together for Mental Health Partnership Board [T4MH], where discussions were held around the difficulties within the Division around referrals. It was noted that there is not the required level of step down to primary care and that this is a whole system problem. The lack of data around community pathway activity was a real concern.</p> <ul style="list-style-type: none"><li>• JT confirmed that in terms of core budgets BCU is the lowest in North Wales for Adult Community Services. Gwynedd and Flintshire are in need of further financial input as a priority with heavy investment in services. It was noted that as many as 25%</li></ul>	

<p>of referrals sit on secondary care caseloads when they should have been transferred to Primary Care. Discussions were held around 117s and the concern around the lack of discharging.</p> <p>A piece of work is required to transfer client groups out to the clusters as a priority. Discussions will be held with Executive Director of Primary Care to take this forward.</p> <p>Concerns were also raised on behalf of the Local Authorities and the pressures on Adult Mental Health Professionals and Safeguarding.</p> <p>The current overspend within the Division is primarily around CHC and Core Services. Additional funding has been made available for transformation and the Division must address the challenges in reducing the number of referrals from primary care. It is important we look at service models that are a safer alternative to admissions which will be a big challenge, all evidence will demonstrate that once this has been done we will see a reduction – it is anticipated this piece of work would be completed by end of March.</p> <p>Assurance was provided to the Committee that service improvements will continue to be made</p>	
<p><b>MHAC19.13 – CAMHS Deep Dive Session</b></p> <p>TO advised that there were two deep dives sessions arranged for January. It was also noted that there had been a recent two-day visit from Welsh Government to look at “Together for Children and Young People”. Informal feedback received at the end of the visit highlighted the need to improve internal and external communications. The primary care element was viewed positively, however, the team indicated further work is needed on the vision element of the service.</p> <p>Out of Hours provision access to emergency bed was a concern, and continued working with MH Division was agreed.</p> <p>Overall, TO noted that the team needs time to focus strategically on the future service delivery model and to do so as a North Wales team rather than on an area basis.</p> <p>TO to provide an update from WG review at the next meeting.</p>	
<p><b>MHAC19.14 – Issues of Significance to inform Chair’s report to Board</b></p> <p>The Chair agreed to raise any issues of significance with the Board</p>	
<p><b>MHAC19.15 – Any other Business</b></p>	

<p>AR confirmed that he would be working with Dawn Sharp to look at reviewing the Mental Health Act Committee and the Power of Discharge from a governance perspective to ensure we meet our strategic duties.</p>	
<p><b>MHAC19.16 - Date of Next Meeting</b> Friday 29<sup>th</sup> March 2019 – Carlton Court Boardroom [time to be agreed]</p>	