Mental Health Act Monitoring Committee

Tue 02 March 2021, 10:15 - 12:15

Via Microsoft Teams

Agenda

10:15 - 10:30
15 min

1. Preliminary Matters

Verbal *Chair*

1.1. Welcome and Introductions

Verbal *Chair*

1.2. Apologies for Absence

Verbal *Chair*

1.3. Declarations of Interest

Vebal *Chair*

1.4. 10.20-10.30 Minutes of the Meeting held on 4 March 2020

Attachment *Chair*

MHAMC Minutes 04.03.20.pdf (5 pages)

10:30 - 12:00
90 min

2. Agenda Items

2.1. 10.30-10.50 Mental Health Act Update

Attachment *Sarah Cadman*

2.1 MHA Update Report Q3 2020-21 Feb.pdf (22 pages)

2.2. 10.50-11.10 Power of Discharge Sub-Committee Update

Attachment *Sarah Cadman*

2.2 a PODSC Update Report MHAMC March 21 - V1.pdf (3 pages)
2.2 b PODSC minutes 30.7.20.pdf (3 pages)

2.3. 11.10-11.30 Consultation regarding the proposed changes to the Mental Health Act

Attachment *Dr Chris O'Connor*

2.3 Proposed Changes to the Mental Health Act - Paper for MHAC Feb 21.pdf (5 pages)

2.4. 11.30-11.45 COVID-19: How the Mental Health Act has been monitored under adjusted Governance Arrangements

Attachment *Nick Wood*

2.4 COVID-19 - How the Mental Health Act has been Monitored Under Adjusted Governance Arrangements.pdf (4 pages)

2.5. 11.45-12.00 Committee Structure Diagram

Attachment *Dr Chris O'Connor*

- 2.5 a Committee Structure Report MHAMC March 2021 - V1.pdf (2 pages)
- 2.5 b Appendix 1 Committee Structure.pdf (1 pages)

12:00 - 12:15
15 min

3. Final Matters/For Information

3.1. Items for Board Consideration

Verbal *Chair*

12:15 - 12:15
0 min

4. Date and Time of Next Meeting

Thursday 29th April 2021 at 10:30am

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Mental Health Act Monitoring Committee held on Wednesday 4 March 2020 at 2:00pm in Executive Meeting Room, Headquarters St Cadoc's Hospital, Caerleon

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Present:

Emrys Elias	-	Vice Chair (Chair)
Shelley Bosson	-	Independent Member

In Attendance:

Dr Chris O'Connor	-	Divisional Director for Mental Health and Learning Disabilities
Ian Thomas	-	General Manager, Mental Health and Learning Disabilities
Nick Wood	-	Executive Director of Primary, Community and Mental Health Services
Dr Kavitha Pasunuru	-	Clinical Director, Child and Adolescent Mental Health
Rona Button	-	Corporate Services Manager (Secretariat)

Apologies:

Katija Dew	-	Independent Member
Richard Bevan	-	Board Secretary
Sarah Cadman	-	Head of Quality and Improvement for Mental Health and Learning Disabilities
Dr Dave Williams	-	Divisional Director – Family and Therapies

MHAMC 0403/01 **Welcome and Introductions**
The Chair welcomed members and guests to the meeting.

MHAMC 0403/02 **Apologies for Absence**
Apologies for absence were noted.

MHAMC 0403/03 **Declarations of Interest**
There were no Declarations of Interest in relation to items on the Agenda.

MHAMC 0403/04 **Minutes of the Meeting held on 17 October 2019**
Subject to a change on page 4, the Minutes were agreed as a true and accurate record of the meeting held on 17 October 2019. The change was noted as:

MHAMC 1710/07 – Mental Health Act Practice Issues resulting from a Board Development Session to include:

- **Section 140**
- **Hospital Conveyance**
- **Section 117 Aftercare**

The sixth paragraph would be amended to:

"A new way of working was to be piloted in the Monmouthshire area".

The Committee was provided with an update on two items contained within the Minutes:

MHAMC 1710/04 from MH&LDC 1104/08 Mental Health Act Managers Update – an updated position regarding the Mental Health Act Managers was requested. **ACTION: Chris O'Connor**

MHAMC 1710/07 – Mental Health Practice Issues resulting from a Board Development Session to include:

- **Section 117 Aftercare**

It was reported that a working group to review the Section 117 policy had been established. Updates on progress of the Section 117 policy review would be reported at the next committee meeting. **ACTION: Chris O'Connor**

- **Hospital Conveyance**

The outcome of the national conveyance report had been deferred until November 2020. Conversations had taken place with Local Authority colleagues regarding funding, and they had all agreed that they would only provide funding up to the end of next year. It was also noted that the Health Board's model of hospital conveyance was seen as a positive way forward. Its progress was being shared at the national Crisis Care Concordat meeting.

MHAMC 0403/05 **Action Log of the Meeting held on 17 October 2019**

The Committee agreed the actions from the previous meeting. The Mental Health Act Update report being presented in a benchmarking format (MHAMC 1710/08) was still a work in progress, and a first draft would be available at the next meeting in June 2020. **ACTION: Ian Thomas and Sarah Cadman**

MHAMC 0403/06 **Annual Report and Committee Effectiveness Review**

Rona Button advised the Committee that the Chair of the Board had spoken to Committee Chairs regarding the annual report process, and work was currently being undertaken to develop a standard set of assurance questions for all committees. These would be circulated to Committee Chairs and the responses used to inform Committee Annual Reports. The Chair advised that the assurance questions had not been received to date, and an update on the position was requested. **ACTION: Secretariat**

MHMAC 0403/07 **Mental Health Act Update**

Ian Thomas updated the Committee on the use of the Mental Health Act within the Division. Also included was benchmarking data across Wales for the period October to December 2019. The Committee was advised that ABUHB was Health Board 2 (orange) in the presented data.

It was important for the Health Board to have an oversight on the use of the Act, and it was recognised that Cardiff and Vale University Health Board provided the report for interest. It was acknowledged that the data was not collated to provide run charts to identify trends, and it merely provided a snapshot about a particular point in time. However, the report would be more beneficial if trend data was included, and this would be provided at the next meeting, using the data from previous reports. **ACTION: Sarah Cadman and Ian Thomas**

It was noted that the Health Board was not an outlier, compared to other Welsh Health Boards, for any Mental Health Act activity. Section 2 detentions had fallen from 33 in the last reporting period to 10 this time. The Committee asked what the General (non-Mental Health) table was on page 3 of the report, and Ian Thomas agreed to find out, and also ensure that individuals were only counted once within the report data. **ACTION: Ian Thomas and Sarah Cadman**

The Health Board was not seen as an outlier for Section 135 and Section 136 detentions, although the Section 135 figure was a little higher than the rest of Wales. It was agreed that Section 136 information for children would need to be added. The Committee also requested trend data for the last 3 years (last 2 years

plus 2020 to date) for Section 135s and 136s in order to consider if there had been any changes in the use of these sections as a consequence of the change in local practices for managing crisis care. **ACTION: Ian Thomas**

The Service was currently trialling uncontested Managers' Hearings for individuals who did not wish to attend a hearing but who did want to appeal a decision. Information would be available at the next meeting to confirm whether or not the number of hearings had changed.

MHAMC 0403/08 **Power of Discharge Sub-Committee Update**

Chris O'Connor provided the report and reminded the Committee that a significant number of issues had been raised by the Hospital Managers and reported at the last meeting in October 2019. All of these had been addressed and resolved, and thanks were to be conveyed to Sarah Cadman for the work she had put in to resolve these issues. In addition, a plan of work for the next three meetings had been put in place.

Chris asked the Committee to be mindful of the Division producing and presenting the report to the Committee, as this should be by an independent person. It was agreed that in future, a separate report would not be written, and the Minutes of the Sub-Committee would be brought to this committee meeting and presented by the Chair of the Sub-Committee. **ACTION: Katija Dew**

MHAMC 0403/09 **Committee Structure Diagram**

The purpose of the diagram was so that the Committee had a clear line of sight that business from the Division was appropriately taken forward. As a result of this work, it had been established that one of the meetings, the Mental Health Senior Management Team, did not have any Terms of Reference and these would now be written.

The Committee requested that diagrams similar to Diagram One: Mental Health and Learning Disabilities Partnership Governance Structure diagram be provided for all other areas of the Division at the next meeting. **ACTION: Chris O'Connor and Ian Thomas**

Dr Pasunuru advised that CAMHS information would be updated and provided at the next meeting. **ACTION:**

Kavitha Pasunuru

MHAMC 0403/10 Items for Board Consideration

There were no items for Board consideration.

MHAMC 0403/11 Date and Time of Next meeting

The next meeting of the Mental Health Act Monitoring Committee will be held on Thursday 4 June 2020 at 2.00pm in the Executive Meeting Room, Headquarters, St Cadoc's Hospital.

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Mental Health Act Monitoring Committee Tuesday 2 March 2021 Agenda Item: 2.1

Aneurin Bevan University Health Board

Mental Health Act Update

Executive Summary

This report provides the Mental Health and Learning Disabilities Committee with an update on the use of the Mental Health Act within Aneurin Bevan Health Board.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	X
Note the Report for Information Only	

Executive Sponsor: Nick Wood, Director of Primary, Community and Mental Health Services

Report Authors: Amelia James, Mental Health Act Administration.

Report Received consideration and supported by :

Executive Team		**Committee of the Board**	Mental Health Act Monitoring Committee

Date of the Report: 15/02/2020

Supplementary Papers Attached: Glossary Of Terms

Purpose of the Report

The report provides activity information on the use of the Mental Health Act over Quarter 3, October - December 2020/21 and provides a comparison of activity over the previous quarter. Where available, other information sources will be used in order to highlight any trends, patterns or variation over time.

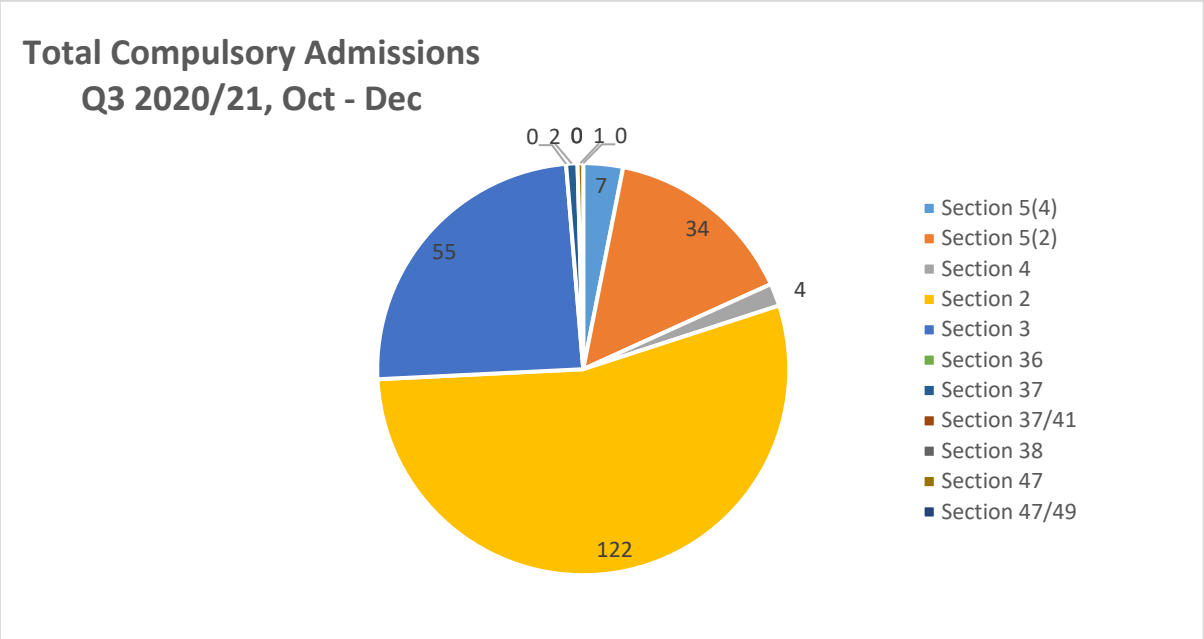
The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

Background and Context

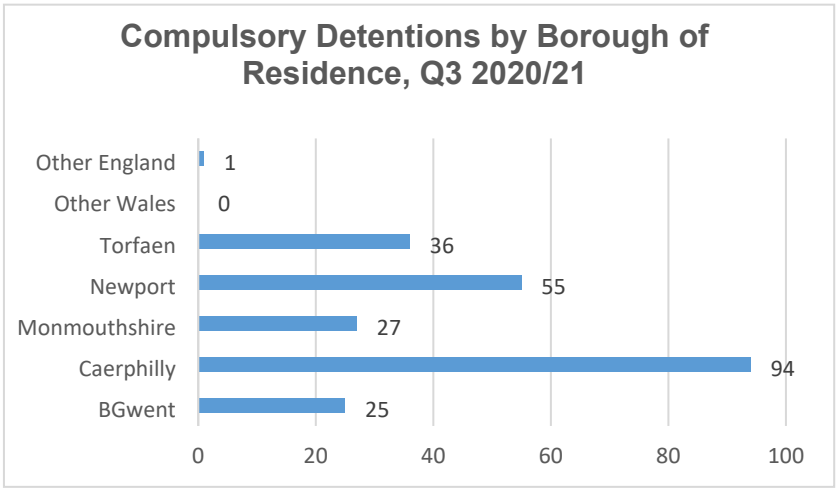
The report presents data for the third quarter of 2020/21 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

1. In-Patient MHA Activity, Q3 2020/21

Data on the use of compulsory admission under the MHA by quarter is shown below. The pie chart provides a high level summary on the use of the act by section across all ages/specialties in the Health Board.



A breakdown of all compulsory admissions by borough of residence of each patient is shown below. This shows that there is some variation in the number of detentions by borough in comparison to population size. Caerphilly, Newport and Torfaen had the highest number of detentions per population.



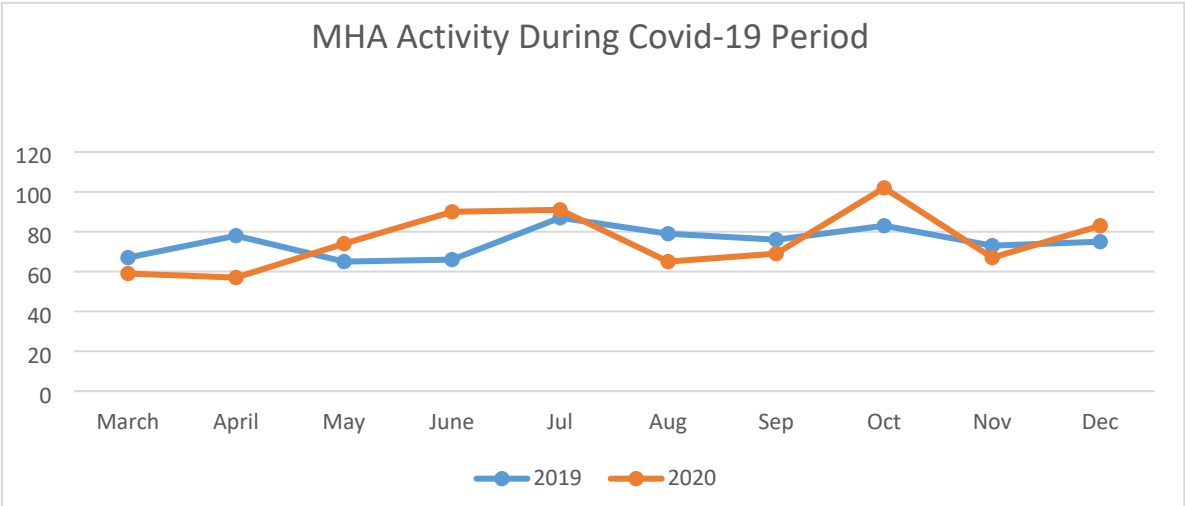
Borough	Detentions Q3 2020/21	Population (000's)	Detentions per 1,000 population Q3 2020/21 (Previous Qtr)
Caerphilly	94	181	**0.5 (0.4)**
Newport	55	153	**0.4 (0.4)**
Blaenau Gwent	25	69	**0.4 (0.4)**
Torfaen	36	93	**0.4 (0.3)**
Monmouthshire	27	94	**0.3 (0.3)**

In comparison to the previous quarter, there has been a 5.7% increase in the overall number of patients detained under the Act.

Section	Previous Quarter	Q3 2020/21	Trend
Section 5(4)	12	7	↓
Section 5(2)	36	34	↓
Section 4	4	4	–
Section 2	118	122	↑
Section 3	40	55	↑
Total	**210**	**222**	**Overall 5.7% increase**

- **Monitoring Mental Health Act Activity during Covid-19**

Since Covid-19 the number of MHA compulsory detentions have been reviewed against the same period of the previous year on a month-by-month basis.



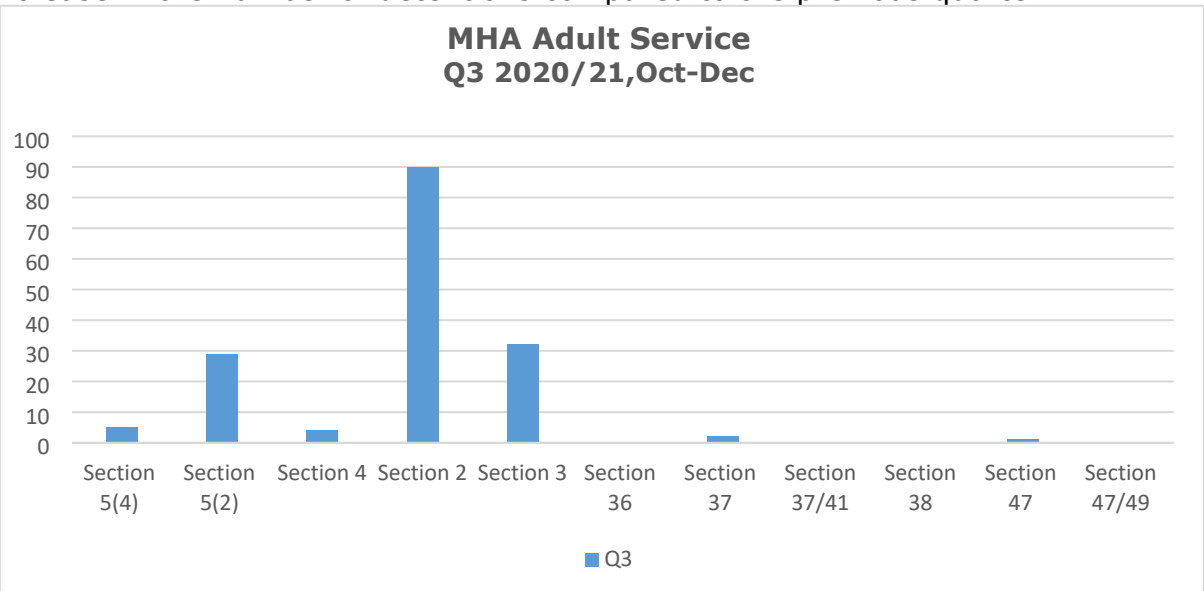
Includes all MHA detentions – S5(4), S5(2), S4, S2, S3, CTO, CTO Revoke, S3 Renewal, CTO Renewal

By the end of April 2020 there had been an overall 20% decrease in the number of detentions compared with the previous year. However, May and June saw a 25% increase against the same period in 2019. Quarter 2 again saw a 7% decrease against the same period in 2019 whereas, Quarter 3 has seen a 9% increase. Overall, there was a slight increase (0.7%) in detentions from March to December 2020 compared to the same period in 2019.

Month	Total MHA Detentions 2019	Total MHA Detentions 2020	Trend
March	67	59	↓ 12%
April	78	57	↓ 27%
May	65	74	↑ 14%
June	66	90	↑ 36%
July	87	91	↑ 4%
August	79	65	↓ 18%
September	76	69	↓ 9%
October	83	102	↑ 23%
November	73	67	↓ 8%
December	75	83	↑ 11%
Total	**749**	**754**	**Overall 0.7% increase**

- **MH Adult Compulsory Admissions Under the MHA (1983)**

A breakdown of all compulsory admissions to mental wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that over half (55%) of all admissions are under Section 2 (Assessment) of the MHA, with around a fifth (19.5%) of detentions under section 3 (Treatment). One fifth of all adult detentions were under Section 5 of the Act. There was an overall 21.5% increase in the number of detentions compared to the previous quarter.

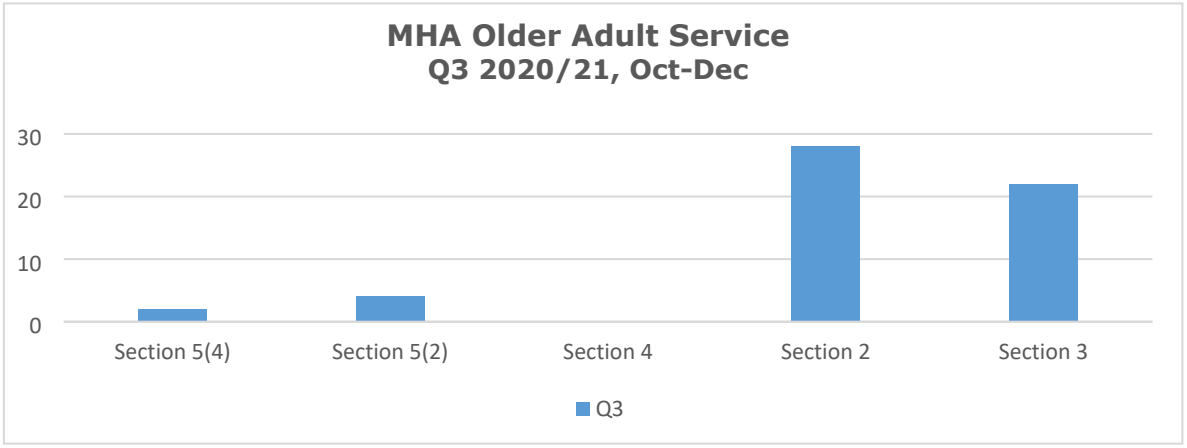


Section	Previous Quarter	Q3 2020/21	Trend
Section 5(4)	8	**5**	**- 37.5%**
Section 5(2)	26	**29**	**+ 11.5%**
Section 4	1	**5**	**+ 400%**
Section 2	72	**90**	**+ 25%**
Section 3*	25	**32**	**+ 28%**
Section 36	0	**0**	**-**
Section 37	0	**2**	**+ 200%**
Section 37/41	2	**0**	**- 200%**
Section 38	0	**0**	**-**
Section 47	0	**1**	**+ 100&**
Section 47/49	1	**0**	**- 100%**
TOTAL	**135**	**164**	**Overall 21.5% increase**

* This figure includes a notional 37 detention. A notional 37 detention begins if a patient is still in hospital when their prison sentence ends.

- **MH Older Adult Compulsory Admissions Under the MHA (1983)**

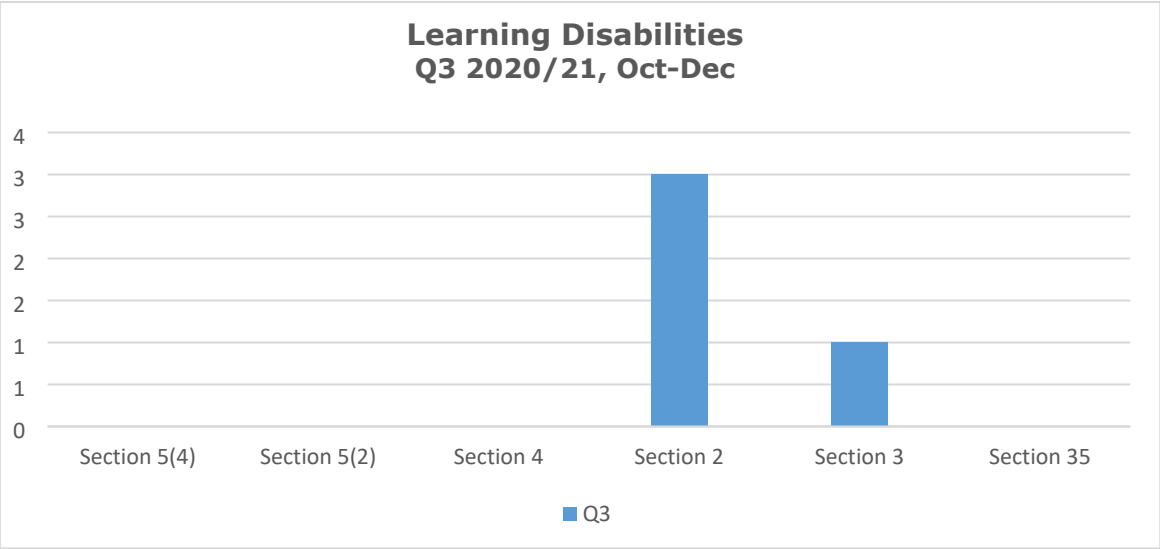
Within the older adult population patients admitted and detained, 89% were admitted under Sections 2 or 3 of the MHA with only 11% admitted under Section 5 provision. There was an overall 5% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q3 2020/21	Trend
Section 5(4)	2	**2**	**-**
Section 5(2)	3	**4**	**+ 33%**
Section 4	3	**0**	**- 300%**
Section 2	38	**28**	**- 26%**
Section 3	13	**22**	**+ 69%**
TOTAL	**59**	**56**	**Overall 5% decrease**

- **Learning Disability Compulsory Admissions Under the MHA (1983)**

For individuals with a learning disability requiring admission under the MHA, 75% were admitted under Section 2. There was an overall 69% decrease in detentions compared to the previous quarter.

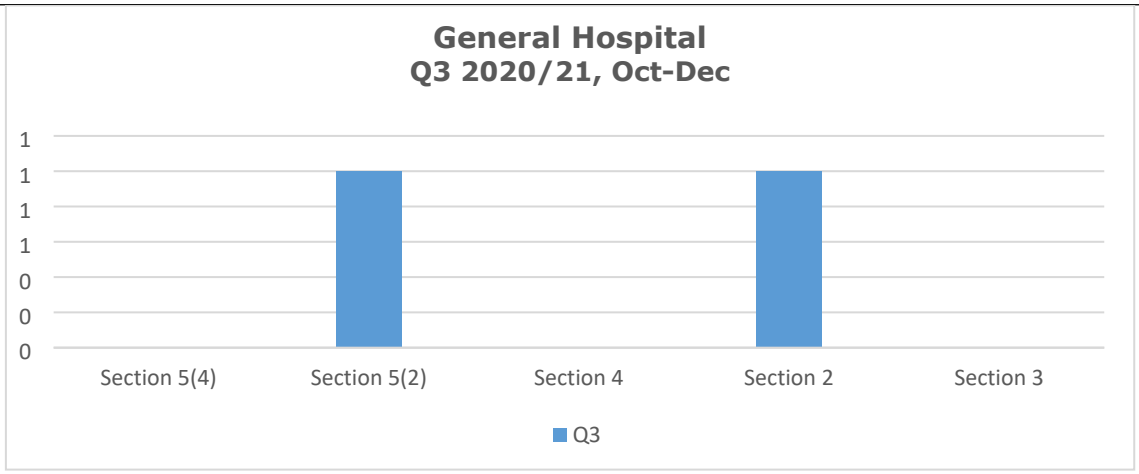


Section	Previous Quarter	Q3 2020/21	Trend
Section 5(4)	2	**0**	**- 200%**
Section 5(2)	4	**0**	**- 400%**
Section 4	0	**0**	**-**
Section 2	4	**3**	**- 25%**
Section 3	2	**1**	**- 50%**
Section 35*	1	**0**	**- 100%**
TOTAL	**13**	**4**	**Overall 69% decrease**

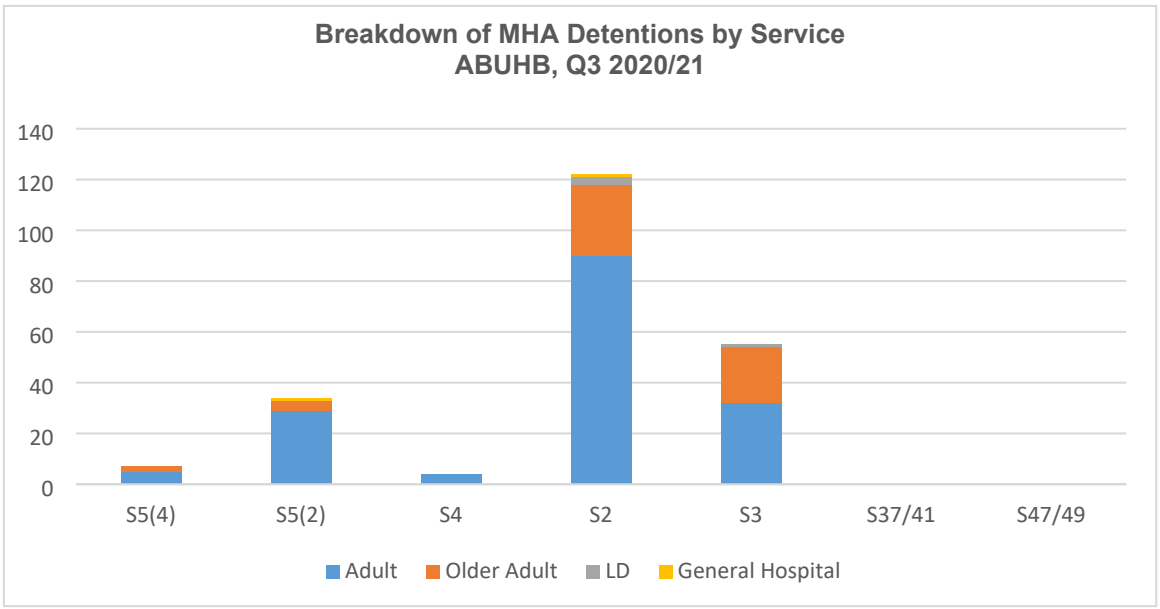
* A Section 35 is a remand from criminal court to hospital for a report on the accused's mental condition. It lasts for 28 days but can be extended up to 12 weeks.

- **General Hospital Compulsory Admissions Under the MHA (1983)**

For patients detained under the MHA in a General Hospital setting, 50% were detained under Section 2 and 50% of all patients were detained under section 5(2) of the MHA.



Section	Previous Quarter	Q3 2020/21	Trend
Section 5(4)	0	**0**	**-**
Section 5(2)	3	**1**	**- 67%**
Section 4	0	**0**	**-**
Section 2	4	**1**	**- 75%**
Section 3	0	**0**	**-**
TOTAL	**7**	**2**	**Overall 71% decrease**

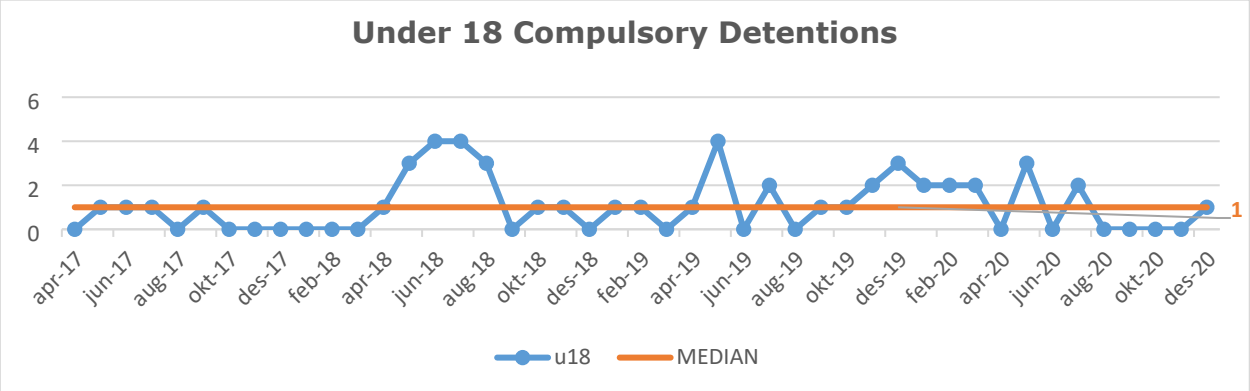


- **Total number of Under 18s Compulsory Detentions Under the MHA (1983)**

Within Aneurin Bevan there is no dedicated Children and Young Persons CAMHS inpatient provision. Access to emergency provision for a bed in Ty Cyfannol extra care area for up to 72 hours is provided locally for 16-17 year olds, with younger patients normally being admitted to a paediatric ward if necessary.

There was an overall 50% decrease in the number of detentions compared to the previous quarter.

Under 18 years Detentions	Previous Quarter	Q3 2020/21	Trend
Section 5(4)	0	**0**	-
Section 5(2)	1	**0**	- 100%
Section 2	1	**1**	-
Section 3	0	**0**	-
CTO	0	**0**	-
TOTAL	**2**	**1**	**Overall 50% decrease**



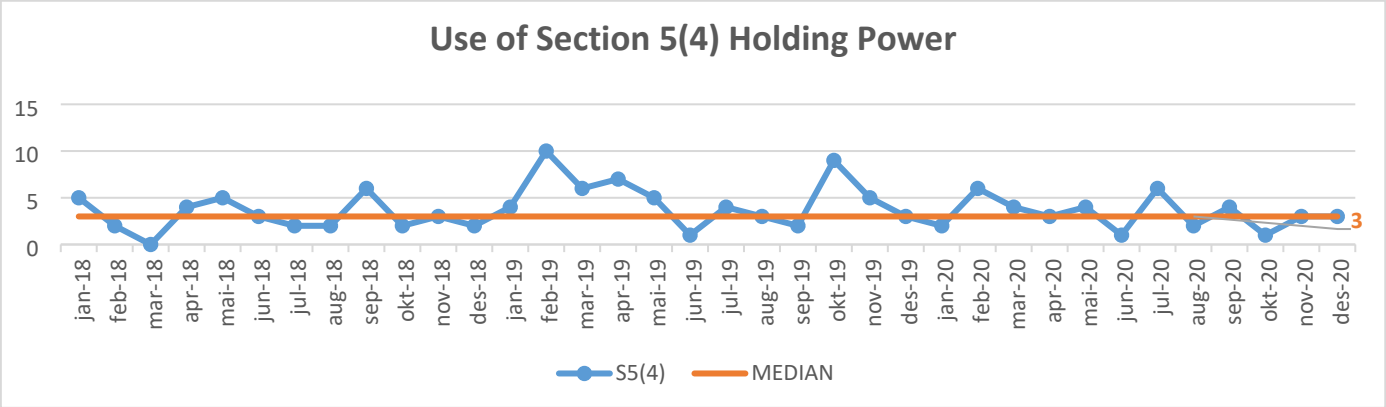
The higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision has also been escalated to Welsh Government previously. The MHA Administration Department monitor the trends on a regular basis.

2. Trend Analysis of the main compulsory admissions across all services from January 2018 to December 2020

This section briefly highlights any trends noted in the use of the Mental Health Act.

- **Use of Section 5 Holding Powers**

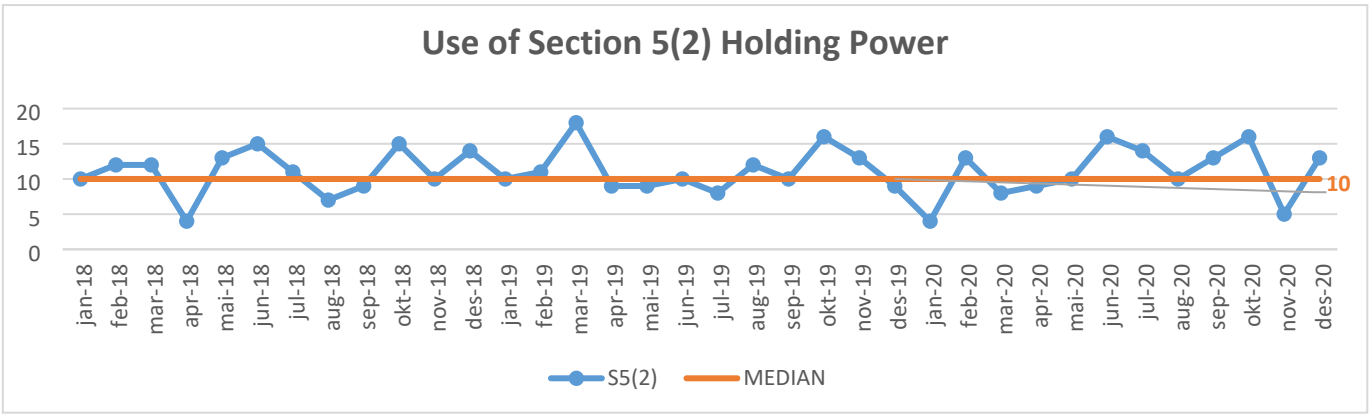
The use of Section 5(4) is intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 7 uses of this holding power over the quarter with 71% of these resulting in a doctor/approved clinician detaining the patient under Section 5(2). 29% of all Section 5(4) either ended or lapsed.



Outcome of Section 5(4) – Q3 2020/21

Outcome	Total	%
Lapsed	2	29%
Ended	0	0%
Section 5(2)	5	71%
Section 2	0	0%
Total	**7**	

The use of Section 5(2) resulted in 68% being detained under section 2 or 3, with 32.5% ending or lapsing without further detention under the MHA.



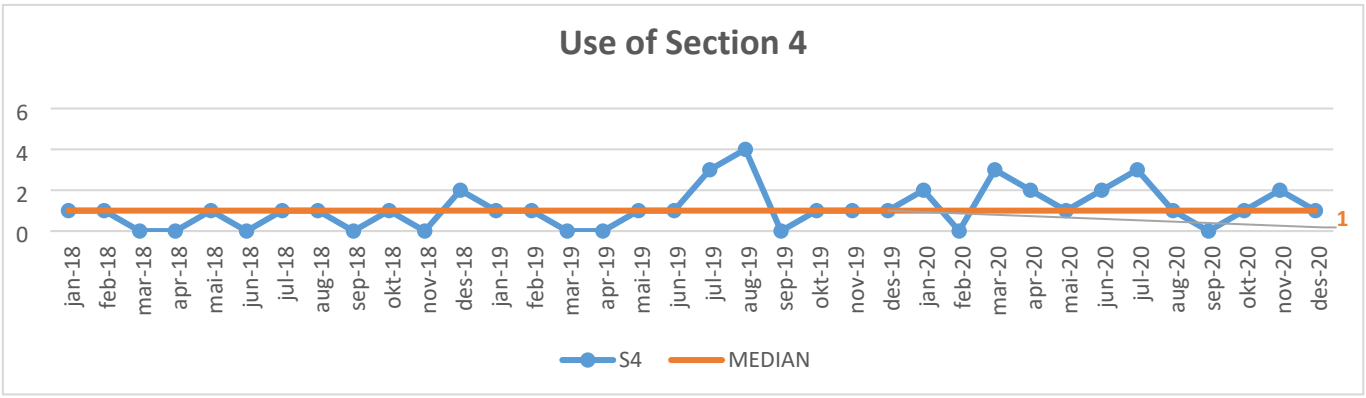
Outcome of Section 5(2) – Q3 2020/21

Outcome	Total	%
Lapsed	7	20.5%
Ended	4	12%
Section 2	18	53%
Section 3	5	15%
Total	**34**	

- **Use of Section 4**

The use of Section 4 is a relatively rare event and data remains low. Section 4 will be used only in emergency situations where it is not possible to secure 2 doctors for a Section 2 assessment immediately and it is felt necessary for a person's protection to detain under a section of the MHA. While the use of this provision is uncommon it can be an indicator of a problem in the availability of two doctors to undertake an assessment.

The chart below shows that there has been an increase in the use of this provision over the last twelve months and it is believed that this is mainly around peak holiday periods. There was an increase in the use of Section 4 during the covid-19 period.



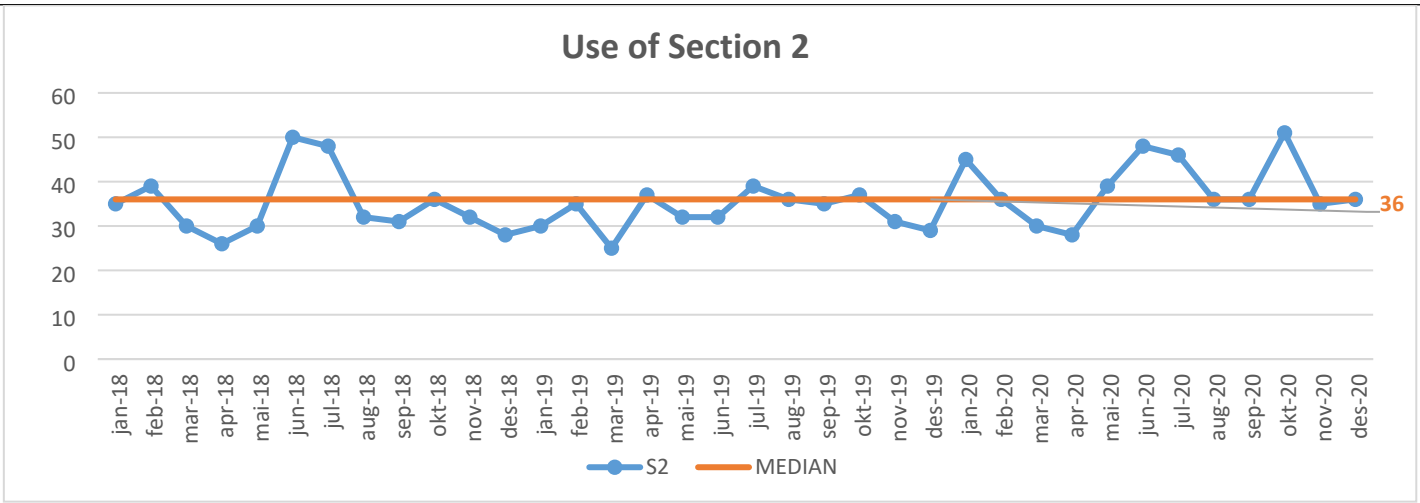
The main outcome of the use of Section 4 is that the individual will normally be placed on a Section 2 (admission for assessment), 100% of cases in this quarter.

Outcome of Section 4 – Q3 2020/21

Outcome	Total	%
Discharged	0	0%
Section 2	4	100%
Total	**4**	

- **Use of Section 2**

54% of all detained admissions were admitted under Section 2 during the quarter, with the number of admissions remaining fairly stable over the last two years.



Outcome of Section 2, Q3 2020/21

Outcome	Total	%
Expired	15	12%
Regraded S3	21	17%
Transferred	3	2%
Ended: 0-3 days	8	7%
Ended: 4-14 days	35	29%
Ended: 15-28 days	27	22%
Ongoing as at 31/12/20	13	11%
Total	**122**	

A total of 122 detentions were made using Section 2, with 74% of these in adult mental health services and 23% in older adult.

Of the total 122 patients detained under Section 2:

- 21 (17%) were regraded to Section 3
- 3 (2%) were transferred out of the Health Board during the Section 2

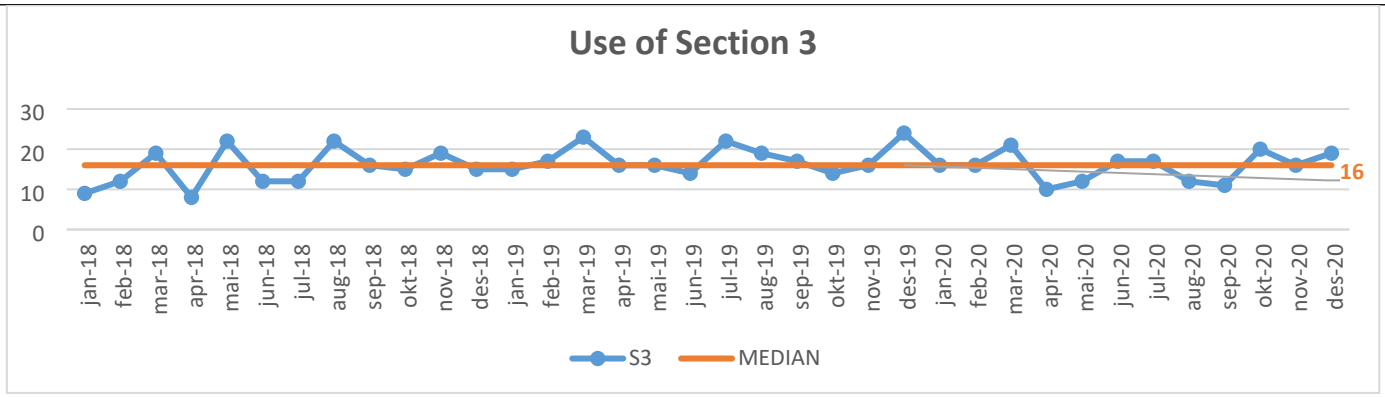
Of the remaining 94 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 8 (7%) were detained between 0-3 days
- 4-14 days 35 (29%) were detained 4-14 days
- 15-28 days 27 (22%), were detained 15-28 days.

Of this cohort, 15 detentions were allowed to lapse. It is considered allowing a Section 2 to lapse as poor practice, as it is raises the question whether the patient met the criteria to be discharged at an earlier stage of the detention. Where detentions are allowed to lapse the MHA Administration Department highlights this issue to relevant medical and ward staff.

- **Use of Section 3**

24% of all detained admissions were admitted under Section 3 during the quarter. A total of 55 detentions were made using Section 3, with 58% of these in adult mental health and 40% in older adult mental health. These figures include a notional 37 detention. A notional 37 detention begins if a patient is still in hospital when their prison sentence ends.



Of the total 55 patients detained under Section 3:

- 78% (43) detentions remained as ongoing detentions by the end of quarter
- 20% (11) detentions were ended within the quarter

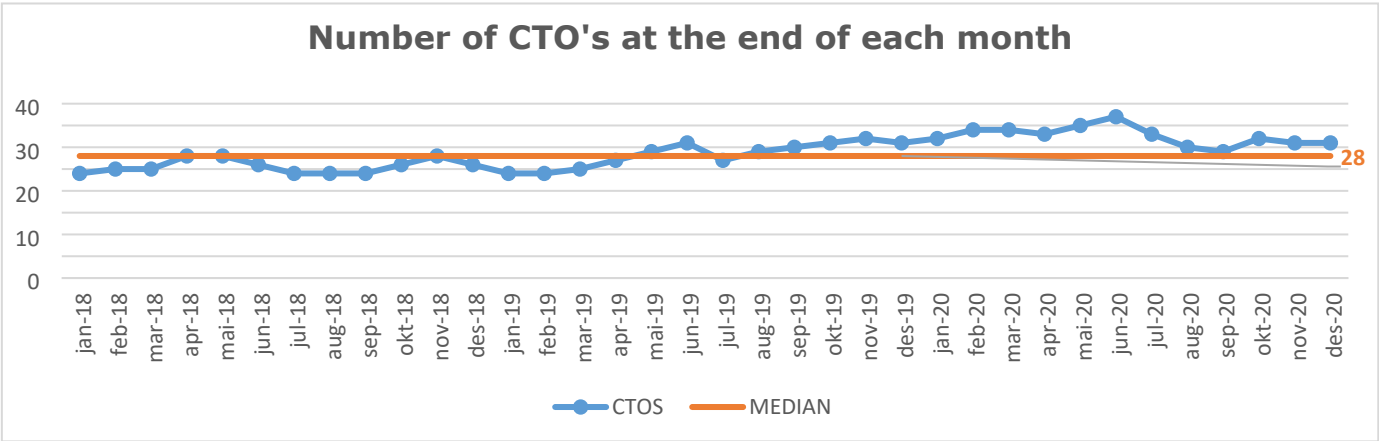
- **Renewal of In-patient Detentions under the MHA (1983)**

The table below shows that the number of renewals of inpatient detentions increased 120% during the quarter compared to the previous period.

Section	Previous Quarter	Q3 2020/21	Trend
Section 3 renewal	5	**11**	↑
Section 37 renewal	0	**0**	–
Section 47 renewal	0	**0**	–
TOTAL	**5**	**11**	↑

- **Use of Community Treatment Orders (CTOs)**

The number of Community Treatment Orders at the end of each month has increased by 7% since the last quarter; from 29 at the end of September 2020 increasing to 31 at the end of December 2020.



A summary of the use / changes to CTOs is shown below

Community Treatment Orders (CTOs)

Section	Power	Previous Quarter	Q3 2020/21	Trend
17A	CTOs made	2	**7**	↑
	CTOs extended	5	**9**	↑
	Recalled to hospital and not admitted	0	**0**	—
	Recalled to hospital and revoked	3	**3**	—
	Discharged from CTO	6	**2**	↓

3. Unlawful Detentions/Failed Medical Scrutiny / Rectifiable Errors

A summary of unlawful detentions, section papers that failed medical scrutiny or section papers with rectifiable errors during the quarter is provided below.

- **Unlawful Detentions**

There were 2 unlawful detentions identified during the quarter. The reason for the unlawful detentions is highlighted below. Where such errors are identified the Mental Health Act Administration will immediately contact the ward/clinical team who will inform the patient and the clinical team will determine the appropriate next steps such as undertaking a new assessment.

	Previous Quarter	Q3 2020/21	Trend
Unlawful Detentions	2	**2**	—

- Invalid Section 5(2) – Paperwork not fully completed with section details / signed by doctor
- Invalid Section 2 – AMHP application made to detain patient in Adferiad. Patient actually admitted to PICU

- **Failed Medical Scrutiny**

The Health Board has 14 days to undertake medical scrutiny of section papers. Where medical scrutiny identifies that further information is required the papers are returned to the doctor who completed the assessment highlighting what further information is required and returned within the 14 day period.

	Previous Quarter	Q3 2020/21	Trend
Failed Medical Scrutiny	1	**2**	↑

- **Rectifiable Errors on Documents**

Rectifiable errors are considered a 'slip of a pen' and despite decreasing slightly the data continues to show these errors remain quite high during the quarter. This highlights a need for ongoing training regarding the acceptance and scrutiny of documentation before it is received into the MHA Administration Department.

	Previous Quarter	Q3 2020/21	Trend
Rectifiable errors on document	17	**15**	↓

4. Use of Sections 135 and 136

- **Section 135**

There are data completeness issues with the compilation of Section 135 data. The table below therefore provides a summary of the available data. There was one occasion where the person was not found, this is included in the Other section below.

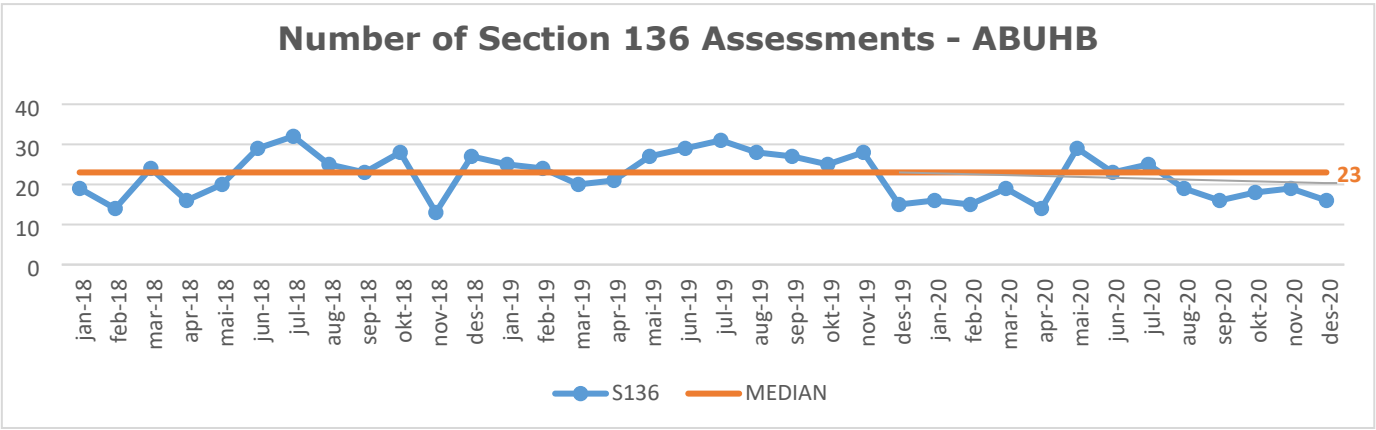
Use of Section 135, Q3 2020/21

Section 135 of the MHA	Previous Quarter	Q3 2020/21	Trend
Assessed and admitted informally	0	**0**	—
Assessed and discharged	0	**1**	↑
Assessed and detained under Section 2	3	**2**	↓
Assessed and detained under Section 3	1	**1**	—
Assessed and CTO Revoked	0	**0**	—
Other	0	**1**	↑
Total	**4**	**5**	↑

The MHA Administration department has confirmed that the above data is not complete and has been unable to capture the true activity information for the data periods due to not receiving all copies of executed Section 135 warrants. There are on-going inter-agency discussions between Health, Local Authorities and Gwent Police to ensure that all Section 135 activity is correct and is collected in a timely manner.

- **Section 136**

A breakdown on the number of 136 assessments undertaken at the 136 (Place of Safety) Suite at St Cadoc's Hospital is shown in the table below.

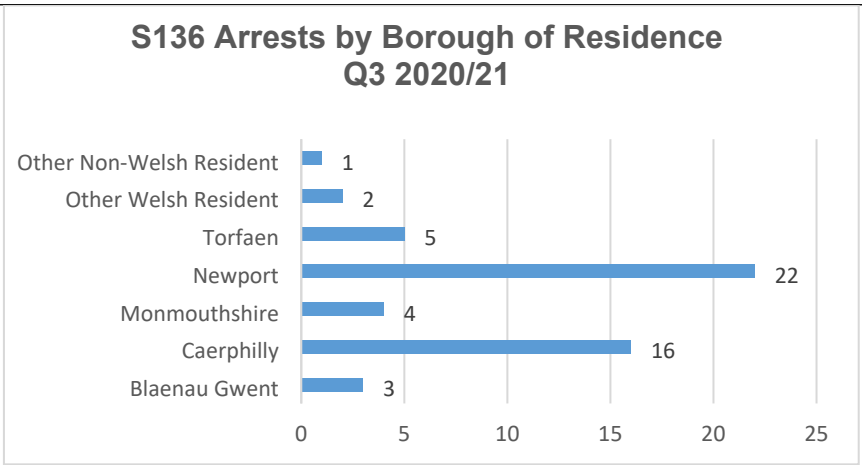


A breakdown of the outcome of 136 assessment is shown in the table below. A total of 53 assessments were undertaken. Of those assessed 45% were admitted, with 57% of those admitted being formally detained. 25% of individuals assessed were discharged with no follow up required, while 30% were discharged with a follow up plan in place.

Use of Section 136, Q3 2020/21

Section 136 of the MHA	Previous Quarter	Q3 2020/21	Trend
Assessed and admitted informally	22	**10**	↓
Assessed and detained under Section 2	13	**13**	–
Assessed and detained under Section 3	0	**1**	↑
Assessed and detained under Section 4	0	**0**	–
Discharged – no follow-up required	9	**13**	↑
Discharged – with follow-up plan	16	**16**	–
Section 136 lapsed	0	**0**	–
TOTAL	**60**	**53**	↓

A breakdown of assessed patients by borough shows that Newport had higher demand than other boroughs, accounting for over a third (42%) of all assessments.



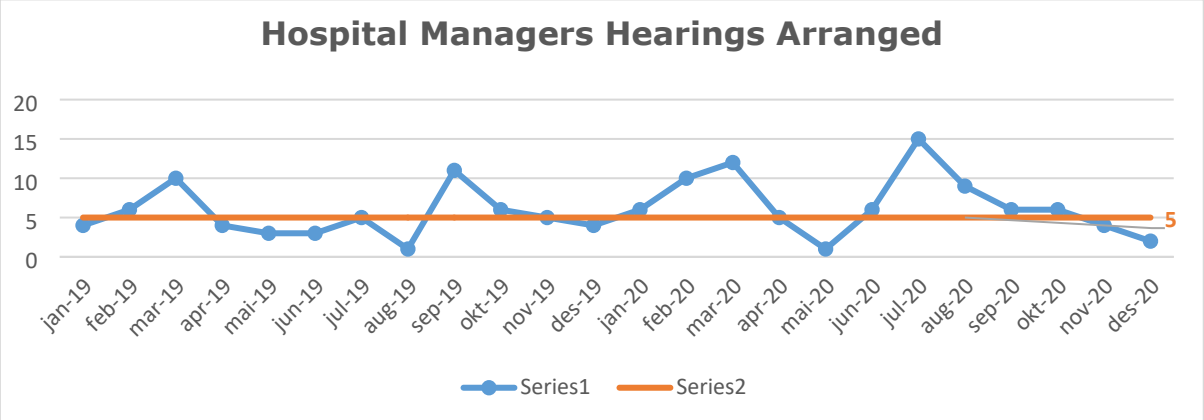
A breakdown of all 53 events shows that the majority of patients were male patients; alcohol and/or drugs being a related factor in 41% of all cases; 13% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Previous Quarter	Q3 2020/21
TOTAL	**n=60**	**n=53**
Gender:		
% Male	55%	77%
% Female	45%	23%
Place of Safety:		
% Hospital	100%	98%
% Police Station	0%	2%
% Under 18 Years	5%	13%
Use of Illicit Substances:		
% Alcohol	27%	25%
% Drugs	15%	8%
% Both Alcohol and Drugs	8%	8%
Where Assessment took place:		
% Hospital	100%	100%
% Police Station	0%	0%
12 Hour extension required/granted	0%	0%

5. Mental Health Act Managers Hearings

There has been a slight decrease in the number of MHA Managers hearings arranged over the last quarter. To overcome the constraints of covid-19 each independent manager has been provided with a laptop and training on holding Manager Hearings via video conferencing.

Of the 7 hearings held during the quarter 4 were via video conferencing and 3 via teleconferencing.



A summary of activity and outcome of hearings is provided in the table below. The majority of hearings requested relate to inpatients. During the quarter no patient was discharged by Hospital Managers

Mental Health Act Manager Review Hearings

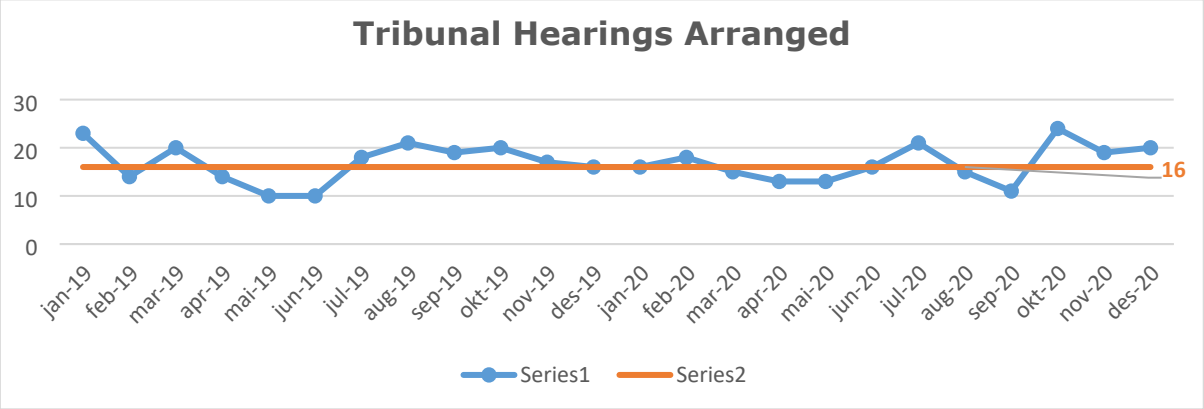
Hospital Manager Hearings	Previous Quarter	Q3 2020/21	Trend
Applications by patient – Inpatient	0	**2**	↑
Applications by patient – CTO	0	**0**	—
Renewal Hearing Applications – Inpatient	18	**14**	↓
Renewal Hearing Applications – CTO	16	**6**	↓
Barring Hearings	0	**0**	—
Hearing cancelled before being heard	21	**8**	↓
Hearing held - Patient Discharged by Hospital Managers	0	**0**	—
Hearing held – Section continued	9	**7**	↓

6. Mental Health Review Tribunals

There continues to be a trend for patients to apply for a Tribunal hearing as opposed to Managers hearings within the Health Board. The MHRT is a statutory independent body for hearing appeals against detention.

Of the total 21 tribunal hearings held during the quarter 100% were held using tele conferencing due to the need of social distancing for covid-19.

The chart below highlights the activity and outcomes of Tribunals arranged over the last two years. Overall the number of hearings appears to be relatively consistent over the period of the last 12 months, however, there was an increase during this quarter.



The activity and outcomes of arranged tribunals over the quarter is summarised in the table below.

Mental Health Review Tribunals Activity

MH Review Tribunal Hearings	Previous Quarter	Q3 2020/21	Trend
Applications by patient – Inpatient	38	**53**	↑
Applications by patient – CTO	0	**2**	↑
Renewal Hearing Applications – Inpatient	12	**3**	↓
Renewal Hearing Applications – CTO	5	**2**	↓
Referral by MOJ	0	**0**	-
Referral by Welsh Ministers	0	**0**	-
Outcomes: Hearing Cancelled before being heard	21	**41**	↑
Outcomes: Patient Discharged by MHRT	2	**1**	↓
Outcomes: Section Continued	24	**21**	↓

This shows that a significant number of Tribunals are cancelled before being heard. 1 patient was discharged by the Tribunal during the quarter.

Assessment and Conclusion

This report is the third report in a new format designed to provide information on trends and analysis of the use of the Mental Health Act and associated processes and to provide assurance to the Health Board that there adequate governance arrangements in place to ensure the fair and lawful application of the act. The Mental Health and Learning Disabilities Division will continue to develop and refine the report using feedback provided.

Recommendation

The Committee is asked to receive the information provided on the use of the Mental Health Act.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Potential legislative risks to the Health Board if patients are not lawfully detained under the Mental health Act or treated under the safeguards of the Mental Health Capacity Act/ Deprivation of Liberty Safeguards
Financial Assessment, including Value for Money	None identified.
Quality, Safety and Patient Experience Assessment	The lawful application of the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards is essential to the safeguarding of patients' rights and liberties.
Equality and Diversity Impact Assessment (including child impact assessment)	No specific equality and diversity issues have been identified.
Health and Care Standards	Relevant to Healthcare Standards 2,4 and 7
Link to Integrated Medium Term Plan/Corporate Objectives	No specific link to IMTP priorities
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Integration** – Statutory requirements are limited to hospital provision
	Collaboration – the application of the Mental Health act requires collaborative working with local authorities.
Glossary of New Terms	None
Public Interest	There is public interest in this report being shared.

Glossary of Terms

Definition	Meaning
Informal patient	Someone who is being treated for mental disorder in hospital and who is not detained under the Act.
Detained patient	A patient who is detained in hospital under the Act or who is liable to be detained in hospital but who is currently out of hospital (e.g. on section 17 leave).
Section 135(1)	Provides the power to forcibly enter a property to look for and remove a person to a place of safety (usually a hospital) for a period of up to 36 hours for assessment, if it appears to a magistrate that there is reasonable cause to suspect that a person believed to be suffering from mental disorder; has been ill-treated, neglected or kept otherwise than under proper control or is living alone and unable to care for themselves.
Section 135(2)	Authorises forcible entry of a property to look for and remove a detained patient who is absent without leave (AWOL) from hospital if on information given, it appears to a magistrate that there is reasonable cause to believe that a patient already subject to a section is to be found on premises within the jurisdiction of the magistrate and admission to the premises has already been refused or a refusal of entry is predicted.
Section 136	Under this section, if a police officer believes that a person in a public place is "suffering from mental disorder" and is in "immediate need of care and control", the police officer can take that person to a "place of safety" for a maximum of 24 hours (this can sometimes be extended for 12 hours) so that the person can be examined by a doctor and interviewed by an Approved Mental Health Professional (AMHP) and any necessary arrangements can be made for the person's treatment and care.
Section 5(4)	Allows a registered nurse to detain an informal patient of a patient lacking capacity for up to 6 hours. The person already has to be receiving treatment for mental disorder as an inpatient and is indicating that they wish to leave hospital and there has to be an immediate need to prevent this where a doctor or approved clinician is not available to complete a section 5(2) instead. This section is intended as an emergency measure.
Section 5(2)	This section provides the authority for a doctor or approved clinician to detain either an informal patient or a patient who lacks capacity for up to 72 hours. It is designed to provide the time required to complete an application for section 2 or section 3 if the person wishes to leave hospital before the necessary arrangements for these applications can be made.

Section 4	Provides the power to forcibly admit and detain a person in hospital for up to 72 hours where it is of urgent necessity for the person to be admitted and detained under section 2 but only one doctor is available at the time to make a medical recommendation.
Section 2	The detention period lasts for a period of up to 28 days to enable assessment or assessment followed by treatment for mental disorder to take place. Patients have the right of appeal to the Hospital Managers at any time and without limit to the number of appeals (at the discretion of the Hospital Managers) during the 28 days but they may only appeal to the Mental Health Review Tribunal within the first fourteen days of detention. Section 2 cannot be renewed but under certain circumstances, the 28 day period may be extended whilst an application is made to a county court to have another person appointed as nearest relative depending if certain grounds are met.
Section 3	This admission is initially for a period of up to six months; if it runs its full course, the section may be renewed for a further six months and twelve monthly periods thereafter. Patients may appeal to the Hospital Managers at any time during a period of detention but they can only appeal to the Mental Health Review Tribunal once in each period of detention. Where the patient has recently had a hearing (either MHRT or Managers), the chair of the Hospital Managers Power of Discharge Panel may refuse for the case to be considered unless there has been a significant change in the patient's circumstances or condition since that hearing. This prevents unnecessary hearings taking place which may distress the patient and impact on those involved in their care.
Section 37	Section 37 provides for a court to sentence a person to hospital for treatment (or guardianship) for up to six months. The criteria and resulting admission work in the same way as a section 3 except for the appeal process. A section 37 patient has: • the right of appeal to the Crown Court or Court of Appeal to have the conviction quashed or a different sentence imposed. • the right to appeal to the Tribunal, but only in the second six months and then once in each subsequent period of detention.

	• the right of appeal to the Hospital Managers at any time and without limit to the number of appeals at the discretion of the Hospital Managers.
Section 38	Empowers a Crown Court or Magistrates Court to send a convicted offender to hospital to enable an assessment to be made on the appropriateness of making a hospital order or direction.
Section 41	Empowers the Crown Court, having made a hospital order under section 37, to make a further order restricting the patients discharge, transfer or leave of absence from hospital without the consent of the Secretary of State for Justice.
Section 47	Enables the Secretary of State to direct that a person serving a sentence of imprisonment or other detention be removed to and detained in a hospital to receive medical treatment for mental disorder.
Section 49	Enables the Secretary of State for Justice to add an order restricting the patients discharge from hospital to a section 47.
Section 17A, Community Treatment Order	This allows for a patient to receive the care and treatment they need for their mental disorder in the community rather than in hospital. To be eligible for CTO the patient must have been detained on one of the treatment sections when the application for the CTO was made. Each time a period of section 17 leave is granted to a detained patient for more than 7 consecutive days, their RC must consider whether it would be appropriate for the patient to be subject to CTO rather than an inpatient on extended section 17 leave. The patient's responsible clinician may specify conditions to be applied by the CTO. The only limitation on conditions is that they are "necessary" or "appropriate" for: • ensuring the patient receives medical treatment • preventing the risk of harm to the patient's health or safety • protecting other persons. Once on a CTO, the patient may be recalled to hospital for up to 72 hours where the treatment rules under the Act apply during that period of recall.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Mental Health Act Monitoring Committee 3rd March 2021 Agenda Item:2.2

Aneurin Bevan University Health Board

Power of Discharge Sub-Committee Interim Report

Executive Summary

This report provides the Mental Health Act Monitoring Committee with an update on the work of the Power of Discharge Sub-committee and the (Mental Health Act) Associate Hospital Managers Activity within the Mental Health and Learning Disabilities Division.
The report asks Committee to receive the report for assurance and compliance with the legislative requirements.

The Board is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

Executive Sponsor: Nick Wood, Executive Director for Primary, Community and Mental Health Services

Report Author: Sarah Cadman, Head of Quality & Improvement, MH & LD

Report Received consideration and supported by :

Executive Team		**Committee of the Board [Committee Name]**	Mental Health Act Monitoring Committee

Date of the Report: 12.2.21

Supplementary Papers Attached:
Minutes of the last PODSC meeting

Purpose of the Report

This report provides the Mental Health Act Monitoring Committee with an update on the work of the Power of Discharge Sub-committee and the (Mental Health Act) Associate Hospital Managers' activity within the Mental Health and Learning Disabilities Division.

The report asks Committee to receive the report for assurance and compliance with the Legislative requirements.

Background and Context

Section 23 of the Mental Health Act (the Act) gives certain powers and responsibilities to 'Hospital Managers'. In Wales NHS hospitals are managed by local Health Boards. The local Health Board is therefore for the purposes of the Act defined as the 'Hospital Managers'.

Hospital Managers have the authority to detain patients under the Act. They have responsibility for ensuring the requirements of the Act are followed. In particular, they must ensure patients are detained and treated only as the Act allows and that patients are fully informed of, and are supported in, exercising their statutory rights. Hospital Managers have equivalent responsibilities towards Community Treatment Order (CTO) patients. (CoPW 37.4)

In practice, most of the decisions of the Hospital Managers are undertaken by individuals (or groups of individuals) on their behalf by means of the formal delegation of specified powers and duties. (CoPW 37.5)

In particular, decisions about discharge from detention and CTOs are taken by Hospital Managers' Discharge Panels, specifically selected for the role. They are directly accountable to the Board in the execution of their delegated functions. (CoPW 37.6).

This report provides assurance that the individuals who form the Hospital Managers' Discharge Panels (namely Mental Health Act Associate Hospital Managers (MHA AHM)) are in receipt of adequate training and conform to the Health Board standards.

Assessment and Conclusion

1. The Power of Discharge Sub-Committee

The Committee consists of seven Voluntary Associate Hospital Managers. In addition, the meetings are also attended by the Head of Quality and Improvement for MH & LD, Board Secretary, Chair of the Committee (Independent Board Member) and Mental Health Act Lead and Administrator.

The Power of Discharge Sub-Committee (PODSC) aims to meet quarterly and has met on one occasion (30 July 2020) in the period March 2020 - January 2021. Meetings were initially paused due to the Coronavirus pandemic. The Power of Discharge Sub-Committee aims to align its meetings to the Mental Health Act Monitoring Committee schedule. A further meeting had already been planned for 26 February 2021 thus verbal feedback will be offered to the meeting as papers will have already been submitted.

The main purpose of the PODSC meeting held via videoconferencing in July 2020 was to update members with regard to the situation imposed by the pandemic, offer an opportunity to discuss the arrangements for continuing Hearings virtually, offer support to the Associate Hospital Managers (AHMs) and update on actions from the last meeting.

The agenda covered items with regard to payment of expenses, plans for future recruitment of other AHMs and notably, the Health Board thanking two AHMs who had recently stepped down from their roles after many years' service.

Recommendation
The report asks Committee to receive the report for information and assurance.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There are potential legislative risks to the Health Board if patients are not lawfully detained under the Mental Health Act
Financial Assessment, including Value for Money	No specific financial issues have been identified.
Quality, Safety and Patient Experience Assessment	The lawful application of the Mental Health Act is essential to the safeguarding of patients' rights and liberties.
Equality and Diversity Impact Assessment (including child impact assessment)	No specific equality and diversity issues have been identified.
Health and Care Standards	Relevant to Health and Care Standards 2, 4 and 7
Link to Integrated Medium Term Plan/Corporate Objectives	No specific link to the IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	**Integration** – the statutory requirements are limited to hospital provision
	Collaboration – the application of the Mental Health Act requires collaboration with the Local Authority
Glossary of New Terms	None
Public Interest	There is a public interest in this report being shared.

Associate Hospital Managers Power of Discharge Sub-Committee

Thursday 30th July 2020, 2pm-4pm

Videoconferencing via Microsoft Teams

Present –

Katija Dew - Chair, Independent Board Member
Sarah Cadman – Head of Quality and Improvement
Julie Davies – Clinical Lead Mental Health Act
Richard Bevan – Secretary to the Executive Board
Peter Walters – Associate Hospital Manager
Alan Williams – Associate Hospital Manager
Lyndon Moore – Associate Hospital Manager
Keith Dunn – Associate Hospital Manager
Peter Evans – Associate Hospital Manager
Julie Roberts – Associate Hospital Manager
Katie Ryan – Mental Health Act Support Admin

Apologies –

Carol Morgan – Associate Hospital Manager

Agenda Item	Key Discussion points /Updates	Action	Who
1. Apologies and Welcomes	Apologies and Welcomes given		

Items for Decision			
2. Minutes from last meeting and Matters Arising	KD asked if the new system of the Associate Hospital Managers putting on their own expenses had been started. PE explained about his travel expenses. KR gave an update on the stage PE expenses were at. JD mentioned that a member of staff from Payroll services had arranged a training session with the Associate Hospital Managers regarding their expenses and unfortunately this had to be cancelled due to COVID-19. KD asked whether JD could ask the member of staff if they could rearrange. SC gave clarity on the ESR and expenses systems.	Rearrange a training session with payroll member of staff and the Associate Hospital Managers. Chase up PE travel expenses.	**J Davies** **K Ryan** **K Ryan**
Items for Discussion			
3. Acknowledgment of Resignation of colleagues and their services to the Health Board	KD acknowledged the contribution of previous Associate Hospital Managers' service who have left ABUHB in the past year. KD had conversation with Chair of the Board and decided to send formal letters with thanks to the previous AHMs.	Letters for previous Associate Hospital Managers to be made.	**R Bevan**
4. Progress to date on recruitment of AHMs	KD and SC brought up a potential Associate Hospital Manager and asked JD for an update. JD explained that she told the potential AHM that she would keep them updated. JD also mentioned about the contact with Cardiff & Vale Health Board AHMs and some of their members had interest in the role with ABUHB. K Dunn raised the concern of making sure there's enough reviews. PW would like to establish how many reviews there are yearly.	Make report on how many MHAM reviews we have per year.	**K Ryan**

5. Feedback from AHMs	KD gave thanks to the AHMs for being patient and working with us while we develop new ways of working due to COVID-19. PW brought up discussion about the written decision forms. JD mentioned that a training session regarding the decision forms could be made. PW offered to send the previous notes made from the training sessions and JD will have a look at them.		
6. Annual Report of MHA Activity	SC explained the report to those attending. PW queried about a statistic on Page 13. In Q4 the rise in cancellations had risen higher than previous quarters and queried whether it was due to COVID-19. KD and SC asked for the AHMs to be sent the Annual Report via their ABUHB emails.	Look into what the rise in cancellations were in Q4. Email out the Annual Report to the AHMs ABUHB email addresses.	**K Ryan** **K Ryan**
7. Considerations for future meetings	SC explained that the All Wales Training Day will be rearranged for next year. AW queried whether we will be carrying on videoconference meetings or revert back to face to face meetings. SC confirmed that we will be carrying on with the current systems and wait until the Government advice says otherwise. JD told the AHMs that if there is anything they want to cover in particular at the All Wales Training Day to email herself and she will pass it on.		
Items for Information			
8. MHAC Meeting Update	RB discussed that governance arrangements are in place and they are looking at if they have been effective. A reflection piece from auditors will be developed and they will keep us updated on how it is going.		
Date of next meeting – **Wednesday 21st September 2020** **9-11am** **Venue TBA**			

Aneurin Bevan University Health Board

Consultation Regarding Proposed Changes to the Mental Health Act

Executive Summary

The UK government announced an independent review of the Mental Health Act in October 2017 to consider how the act is used and how practice could be improved. The review made a large number of recommendations which have now been considered by the UK government. The UK government has now issued a White Paper outlining a range of proposed changes to the act and a formal consultation process has commenced.

The Mental Health Act Committee is asked to note the content of the report and consider if it wishes to provide a formal response to the consultation. If the Committee does wish to provide a response it will need to agree the process for this to be achieved in order to meet the closing date of the consultation, 21st April 2021.

The Committee is asked to: (please tick as appropriate)	
Approve the Report	
Discuss and Provide Views	√
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	

Executive Sponsor:

Report Author: Dr Chris O'Connor, Divisional Director for Mental Health and Learning Disabilities

Report Received consideration and supported by :

Executive Team		**Committee of the Board**	Mental Health Act Monitoring Committee

Date of the Report: 21st February 2021

Supplementary Papers Attached: No supplementary papers attached

Purpose of the Report

The purpose of this paper is to inform the Mental Health Act Monitoring Committee of the consultation currently being undertaken by the UK government regarding proposed changes to the Mental Health Act. The report also requests that the Committee considers if it wishes to submit a response to the consultation.

Background and Context

Background

The UK government announced an independent review of the Mental Health Act in October 2017 to consider how the act is used and how practice could be improved. The review made a large number of recommendations which have now been considered by the UK government. The UK government notes "The review's proposals were largely focused on how the law and mental health system operates in England, although it did make some consideration of policy and practice in Wales." (GOV.UK website).

The UK government has now issued a White Paper outlining a range of proposed changes to the act and a formal consultation process has commenced. A full copy of the White Paper can be found at https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act

The White Paper comprises of three main parts;

- Part One: proposed legislative changes to the Mental Health Act itself
- Part Two: reforming policy and practice to support a broader cultural change in mental health services to improve patient experience for those under the act
- Part Three: the UKs government response to the independent review of the Mental Health Act

The current paper will provide a brief overview of the key changes proposed under Part One and Part Two of the White Paper.

How the Proposals Relates to Wales

The current Mental Health Act applies in both England and Wales. It is important to note that the White Paper represents the position of the UK government and that whilst health policy is devolved to Wales, justice matters remain reserved to the UK government.

It is highlighted that the proposals set out in the White Paper will need to be carefully considered in the context of the Mental Health system in Wales, most noticeably, the Mental Health (Wales) Measure 2010. The White Paper summary highlights that both the UK and Welsh governments are committed "to ensuring a joined up, person-centred mental health system that works for all patients and staff".

Proposed Changes within the White Paper

Key changes proposed under Part One of the White Paper include;

- Embedding four new guiding principles "up front in the act" to ensure that the principles are applied in all aspects of the care and treatment of people under the act. The four principles being choice and autonomy; least restrictive; therapeutic benefit; and the person as an individual
- Strengthening and clarifying the criteria for detention under sections 2 and 3 of the act so that individuals are only detained when it is absolutely appropriate in line with the guiding principles that detention must provide therapeutic benefit and where not detaining poses a significant risk of significant harm caused to self or others

- Giving (i) individuals more rights to challenge detention via more frequent review of a patient's case for detention, (ii) the Mental Health Tribunal more power to grant leave or direct the transfer of the patient to other settings
- Strengthening the patient's right to choose and refuse treatment via the introduction of an advance choice document, bringing forward the point at which the second opinion appointed doctor (SOAD) reviews a patient's treatment and the introduction of a care and treatment plan by day 7 of detention that is signed by the medical/clinical director by day 14
- Improving support for people who are detained by replacing the nearest relative role with a new 'nominated person' role and expanding the role of Independent mental health advocates (IMHAs)
- Reforming Community Treatment Orders (CTOs) so they are only used when there is a strong rationale for doing so
- Revisit the interface between the Mental Health Act and Mental Capacity Act so there is clarity that decision makers would use the Deprivation of Liberty Safeguards (DoLS) and not the Mental Health Act if a patient (i) lacks the relevant mental capacity to consent to detention and treatment; and (ii) is not objecting to detention or treatment
- Reform some aspects of the Mental Health Act that related to people in contact with the criminal justice service with a mental illness severe enough to require treatment in hospital including (i) introducing a 28 day time limit to speed up transfer from prison or immigration removal centres to mental health in-patient settings (ii) establishing a new designated role for a person to manage the process of transferring people from prison or a immigration removal centre to hospital (iii) giving the tribunal the power to discharge restricted patients into the community with conditions that restrict their freedom
- Limiting the ability to detain people with a learning disability or autistic people under the act
- Developing a duty on health and social care commissioners to collaborate to ensure adequate provision of community based services for people with a learning disability and autistic people
- Strengthening the rights and support children and young people receive when subject to the act
- Making a number of reforms to address the inequalities faced by people from BAME communities under the act

Key areas considered under Part Two of the White Paper include;

- Implementation of a "transformation of mental health services" long term plan backed by additional investment with ambitions to increase staff on acute inpatient wards such as peer mentors, psychologists and occupational therapists to improve outcomes; reduce lengths of stay in adult acute inpatient settings; establish a culture of learning; ensuring everyone in crisis has access to crisis support via NHS 111 by 2023/2024 and expanding community services
- Ensuring that all service users in contact with community mental health teams or in-patient care have a high quality personalised care plan
- Development of national guidance on how budgets and responsibilities should be shared for aftercare following discharge from the Mental Health Act
- Improving ward culture for patients and staff via the development of a quality improvement programme, addressing key mental health in-patient setting safety issues (e.g. sexual safety of patients, reducing restrictive practice, reducing suicide

and deliberate self-harm) and improving the physical environment of in-patient settings
- Consideration of what role the Care Quality Commission can take to support further improvements in the quality of care
- Removing police cells as 'places of safety' by 2023/2024
- Improving the capacity and capability of ambulances services helping to avoid the use of police to convey patients
- Expanding and developing the mental health workforce including staff training, meaningful co-production, developing expert by experience leadership roles, improving staff experience and increasing the diversity of the workforce
- Improving data collection and bring new digital approaches to service delivery

The Consultation Process
The formal consultation commenced mid January and will be open until 21st April 2021. The UK government have stated that consultation responses will be directly received by the UK government but that any responses to the consultation from Wales will also be shared with the Welsh government to help inform policy decisions in Wales.

Recommendation
The Mental Health Act Monitoring Committee is asked to consider the content of the report and consider if it wishes to provide a formal response to the consultation. If the Committee does wish to provide a response it will need to agree the process for this to be achieved.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	Any risks identified related to the confirmed changes that will be made to the Mental Health Act following the consultation will be reviewed and if necessary included within the relevant risk registers within the Health Board.
Financial Assessment, including Value for Money	At this point in time it is not possible to confirm what the additional financial costs for the Health Board will be if the proposed changes to the legislation are supported. However the White Paper states that the reforms will require additional funding over and above commitments made in the NHS Long Term Plan (for England) and in order to support this view have published an accompanying financial impact assessment.
Quality, Safety and Patient Experience Assessment	The proposed changes to the Mental Health Act outlined within the White Paper are intended to improve the experience of individual's under the act.
Equality and Diversity Impact Assessment (including child impact assessment)	The White Paper acknowledges the current inequalities experienced by people from BAME communities under the act and proposes a number of reforms to address the inequalities.
Health and Care Standards	Many of the areas within the White Paper link to the Standards for Health Services Wales: □ Staying healthy

	□ Safe care □ Effective care □ Dignified care □ Timely care □ Individual care □ Staff and resources
Link to Integrated Medium Term Plan/Corporate Objectives	The Health Board will continue to have responsibility to provide assurance that the statutory duties under the Mental Health Act are exercised reasonably, fairly and lawfully.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	ABUHB will continue to work collaboratively with people who use services, carers/families, Welsh Government, Local Authorities, the police, third sector and wider partners in order to implement any changes associated with the Act or broader policy change.
Glossary of New Terms	N/A
Public Interest	

Mental Health Act Monitoring Committee
COVID-19: How the Mental Health Act has been Monitored Under Adjusted Governance Arrangements

The Committee is asked to: (please tick as appropriate)	
Approve the Report	✓
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	
Note the Report for Information Only	
Executive Sponsor: Nick Wood, Director of Primary, Community and Mental Health.	
Report Author: Nick Wood, Director Primary Care, Community Services and Mental Health.	
Report Received consideration and supported by :	

Executive Team		**Mental Health Act Monitoring Committee**	✓
Date of the Report: 23rd February 2021			
Supplementary Papers Attached: N/A			

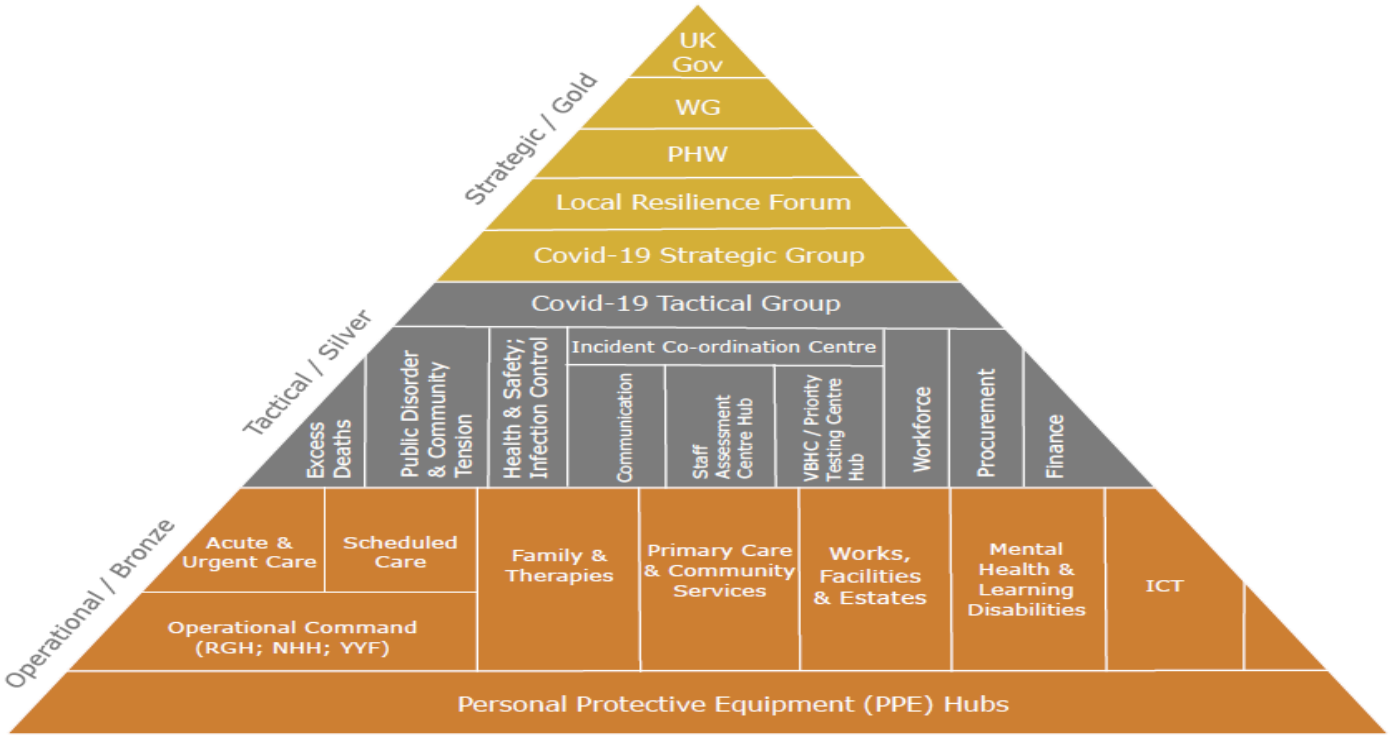
Executive Summary

This paper summarises the arrangements which were put in place for the period April 2020 to February 2021 to ensure that all areas of the Mental Health Act remained monitored and reported in light of the revised governance arrangements of the Aneurin Bevan University Health Board.

In light of the COVID-19 pandemic, the Health Board established through its Executive Group an incident response approach to the management of day to day operational activities, which was aligned to the Health Board Major Incident Plan and the need to have a flexible and fluid approach to operational matters in light of the public health emergency.

A daily Gold/Strategic cell was established which met to determine the required response from the Health Board and to ensure that service maintenance and delivery was prioritised to meet the needs of the population based upon the advice and guidance issues from NHS Wales and Welsh Assembly Government.

The following diagram shows the structures that were established in April 2020 at the beginning of the pandemic and the governance and risk structure this supported.



From the establishment of this structure a Bronze Mental Health Cell was established which was chaired by the Divisional Director of the Mental Health and Learning Disability Division, reporting into the Silver/Tactical structure.

The role of the Operational (Bronze) leads was to direct, control and coordinate staff and resources in their respective service areas through their Operational (Bronze) meetings.

The leads will take responsibility for reacting and implementing actions and/or decisions as directed by the Tactical Group.

The below structure defines the information & communication pathway that must be adhered to by the operational Leads across the Health Board:

OPERATIONAL *(BRONZE)* ➡ **TACTICAL** *(SILVER)* ➡ **STRATEGIC** (GOLD)

The outcomes and functions are:

- To submit a daily situation report to the Tactical (Silver) group by 11:00am using the attached template. Any issues that occur OOH, should be reported by exception via the senior manager on call.

- The reporting template sets out a RAG rated (see guidance) structure to identify and capture COVID-19 issues and/or incidents. The Operational lead has responsibility for:

    - Responding to, and resolving these issues/incidents that fall into the business as usual (green) category.
    - To escalate to the Tactical and Strategic Leads all issues or incidents that cannot be resolved locally (amber, red).

- Service areas are encouraged to work together identifying areas where they can share operational intelligence to maximise flexibility and sustainability of resources to maintain patient care, enabling and providing a continued responsive approach to incidents.

- Operational leads have autonomy to make decisions that cannot wait for Tactical/Strategic authority that are vital to protecting patients, staff and the community.

- A representative will be identified from the Operational (Bronze) meeting to dial into the daily Tactical Coordination Group meeting. Lead contact details are required by Tactical for the C3 plan (Command, Control and Coordinate).

- Maintain a log of actions and decisions via a dedicated logger, made within the Operational (Bronze) meetings.

This Structure enabled the Division to monitor the ongoing compliance with all safety and service standards applicable to the Mental Health Act and to have a clear escalation route to the Executive and Board if any major issues were required to be escalated.

Other ongoing monitoring and assurance mechanisms which were in place have continued to function during the pandemic period which have resulted in an open and continuing dialogue with the Board on matters relating to the Mental Health Act.

The Division has a regular monthly Assurance Meeting which has met virtually throughout the pandemic and has its main focus on patient safety and quality of care. These meetings which are chaired by Executive Director of Primary Care, Community and Mental Health are an opportunity to escalate issues to the Board Director and also for the Director to seek assurance regarding service delivery and quality of care.

The meetings have a formal agenda and papers and minutes are shared with colleagues who attend to ensure follow up of agreed actions and to inform the Executive of issues and risks.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There are potential legislative risks to the Health Board if there is limited governance and monitoring arrangements of the Mental Health Act
Financial Assessment, including Value for Money	No specific financial issues have been identified.
Quality, Safety and Patient Experience Assessment	The lawful application of the Mental Health Act is essential to the safeguarding of patients' rights and liberties.
Equality and Diversity Impact Assessment (including child impact assessment)	No specific equality and diversity issues have been identified.
Health and Care Standards	Relevant to Health and Care Standards 2, 4 and 7
Link to Integrated Medium Term	There is no specific link to the IMTP.

Plan/Corporate Objectives	
Glossary of New Terms	
Public Interest	There is a public interest in this report being shared.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Mental Health Act Monitoring Committee 3rd March 2021 Agenda Item:2.5

Aneurin Bevan University Health Board

Committee Structure Paper

Executive Summary			
This reports provides the Mental Health Act Monitoring Committee with a diagram of the internal Committee Structure that provides governance and oversight of the Mental Health Act (as requested at the last Committee in March 2020). The report asks Committee to receive the report for information.			
The Board is asked to: (please tick as appropriate)			
Approve the Report			
Discuss and Provide Views			
Receive the Report for Assurance/Compliance			
Note the Report for Information Only			✓
Executive Sponsor: Nick Wood, Executive Director for Primary, Community and Mental Health Services			
Report Author: Michelle Forkings, Divisional Nurse for Mental Health and Learning Disabilities			
Report Received consideration and supported by :			
Executive Team		**Committee of the Board [Committee Name]**	Mental Health Act Monitoring Committee
Date of the Report: 18 February 2021			
Supplementary Papers Attached: Committee Structure (Appendix 1)			

Purpose of the Report

This reports provides the Mental Health Act Monitoring Committee with a diagram of the internal Committee Structure that provides governance and oversight of the Mental Health Act (as requested at the last Committee in March 2020).

The report asks Committee to receive the report for information

Background and Context

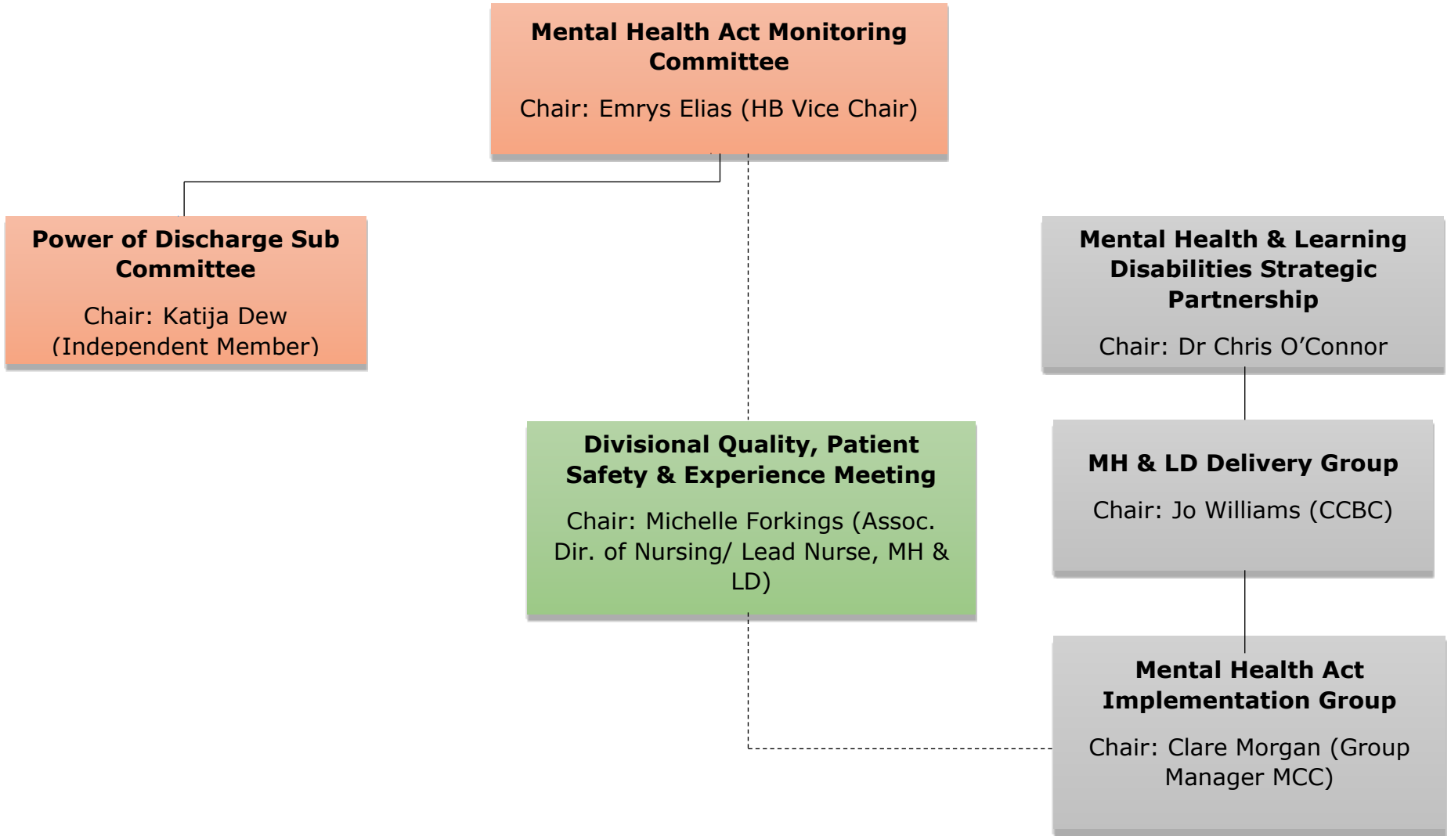
At the last Mental Health Act Monitoring Committee on the 4 March 2020 a paper was presented by the Divisional Director for Mental Health and Learning Disabilities (MH/LD) about the committee structure in the MH/LD Division and the interface with wider partners locally and nationally. Further to the paper a request was made to receive a paper outlining the Committee structure that provides governance and oversight of the Mental Health Act in the Division and wider Health Board.

Assessment and Conclusion
The structure at Appendix 1 outlines the relevant Committees that provide the governance framework and monitoring arrangements of the Mental Health Act in the Division and the wider Health Board.

Recommendation
The report asks Committee to receive the report for information and assurance.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There are potential legislative risks to the Health Board if there is limited governance and monitoring arrangements of the Mental Health Act
Financial Assessment, including Value for Money	No specific financial issues have been identified.
Quality, Safety and Patient Experience Assessment	The lawful application of the Mental Health Act is essential to the safeguarding of patients' rights and liberties.
Equality and Diversity Impact Assessment (including child impact assessment)	No specific equality and diversity issues have been identified.
Health and Care Standards	Relevant to Health and Care Standards 2, 4 and 7
Link to Integrated Medium Term Plan/Corporate Objectives	There is no specific link to the IMTP.
Glossary of New Terms	
Public Interest	There is a public interest in this report being shared.

Committee Structure to demonstrate governance of the MHA



MHAMC Committee Structure February 2021

_____ indicates line of accountability
- - - - - - - - - - indicates links