Mental Health Act Monitoring Committee

Mon 13 June 2022, 10:00 - 12:00

Microsoft Teams

Agenda

10:00 - 10:15
15 min

1. Preliminary Matters

1.1. Welcome and Introductions

Verbal *Chair*

1.2. Apologies for Absence

Verbal *Chair*

1.3. Declarations of Interest

Verbal *Chair*

1.4. Minutes of the Meeting held on Tuesday 1st March 2022

Attachment *Chair*

1.4 Draft MHAMC Minutes 1st March 2022 (Chair Approved).pdf (6 pages)

1.5. MHAMC Action Log

Attachment *Chair*

1.5 MHAMC Action Log June 2022.pdf (5 pages)

10:15 - 11:45
90 min

2. Agenda Items

2.1. Mental Health Act Compliance Report

Attachment *Head of Quality & Improvement-MHLD*

2.1 MHA Update Report Q4 2021-22.pdf (23 pages)

2.2. Power of Discharge Committee

Attachment *Head of Quality & Improvement -MHLD*

2.2 POD Meeting 02.03.22.pdf (5 pages)

2.3. Update on Pilot Projects with Potential Impact on the MHA

Attachment *Interim Executive Director of Primary Care, Community and MH*

2.3 Paper-Work to support people in MH crisis.pdf (4 pages)

2.4. Section 117- Update and progress on the Monmouthshire County Council Pilot

Verbal *Head of Quality & Improvement-MHLD*

11:45 - 12:00
15 min

3. Final Matters

3.1. Confirmation of risks, issues to be reported to other Committees and any predicted changes in relation to the MHA

Verbal *Chair*

12:00 - 12:00
0 min

4. Date of Next Meeting is Tuesday 16th September 2022 at 2pm via Microsoft Teams

Verbal *Chair*

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Mental Health Act Monitoring Committee (MHAMC) held on Tuesday 1st March at 9.30 am via Teams

Present:

Pippa Britton	- Chair
Paul Deneen	- Independent Member
Katija Dew	- Independent Member

In attendance:

Chris O'Connor	- Executive Director of Primary Care, Community and Mental Health
Bryony Codd	- Head of Corporate Governance (deputising for the Board Secretary)
Sarah Cadman	- Head of Quality and Improvement for Mental Health and Learning Disabilities
Ian Thomas	- General Manager, Mental Health and Learning Disabilities
Michelle Forkings	- Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing
Kavitha Pasunuru	- Clinical Director, Child and Adolescent Mental Health

Observers:

Laura Howells	- NWSSP
Emma Rees	- NWSSP

Apologies:

Sarah Aitken	- Director of Primary, Community and Mental Health Services
Rani Mallison	- Board Secretary

1	**Preliminary Matters**
MHAMC 0103/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting. The Committee had not received any written questions prior to the meeting.
MHAMC 0103/02	**Apologies for Absence** Apologies for absence were noted.
MHAMC 0103/03	**Declarations of Interest** There were no Declarations of Interest to record.
MHAMC 0103/04	**Draft Minutes of the Meeting held on 9th December 2021** The minutes of the meeting held on the 9th of December 2021 were agreed as a true and accurate record.
MHAMC 0103/05	**Action Log** **MHAMC 0809/05** • Mental Health Act Update- Sanctuary Provision & Crisis House- Sarah Cadman, Head of Quality and Improvement for Mental Health and Learning Disabilities, informed the Committee that the Crisis House and The Sanctuary had both opened in December 2021 and the Health Board were curious to see the impact on the use of the Section 136 suite. At present, there was insufficient data to determine the impact of the opening of Crisis House on Health Board services. The

	Committee welcomed further verbal updates and evaluation of feedback and data to be included in the Mental Health Act (MHA) quarterly report. The action was closed. The Chair recalled the previous action (below) and requested an update. • *Strengthen the understanding of the Mental Health Act- MHA Administration Team Lead had met with site managers in Grange University Hospital (GUH), arranging training for colleagues in the acute sector. The training started in December 2021 and is ongoing.* Sarah Cadman informed members that training was ongoing, and the MHA Quarterly report, included in the agenda, indicated a positive impact, as no errors were reported in papers coming from acute settings. **Action:** Kavitha Pasunuru, Clinical Director, Child and Adolescent Mental Health, requested that training be rolled out to the Child and Adolescent Mental Health Services (CAMHS) team. **Sarah Cadman** Paul Deneen, Independent Member, requested an update on the GUH Emergency Department (ED) Sanctuary pilot project. Chris O'Connor, Executive Director of Primary Care, Community and Mental Health, informed members that the pilot continues and will be evaluated externally. The external evaluation would be reported late Spring 2022. The Committee welcomed further updates on this, with any operational actions to be reported to the Patient Quality Safety and Outcomes Committee, where necessary. **Action:** An overview of the findings and next steps to come back to the Committee. **Chris O'Connor** **MHAMC 0912/07** Sarah Cadman informed members that the All-Wales Benchmarking report highlighted that MHA managers activity was still lower in Aneurin Bevan University Health Board (ABUHB) than other Health Board areas. Further discussion around this would take place during the Mental Health Compliance Report on today's agenda.
2	**Agenda Items**
MHAMC 0103/06	**Mental Health Act Compliance Report** Sarah Cadman gave an update to the Committee. The context of the report was data collection against the detentions of the Mental Health Act (MHA). It was noted that this update covered the quarter of October-December 2021. The following main points were noted: • The two highest used detentions were section 2 and Section 3.

	• Newport and Caerphilly had seen the highest number of detentions, based on population size, there was nothing of significance to note. • There had been a slight increase in the use of Section 4, an emergency detainment measure. This increase was not of significant concern. The use of the MHA throughout COVID had been monitored. Discussions around continuing monitoring this data post-COVID were had. Members noted that the chart produced good comparative data and welcomed the continuation of this data presented in this format. Katija Dew, Independent Member, queried the increased use of the Mental Health Act during July 2021 and what the Health Board interpreted from this data. Sarah Cadman informed members that this data covered all Mental Health Act activity and that a further breakdown of the data was required to determine the impact on bed base. **Action:** A further look at data, comparing data to pre-COVID and aligning with lockdown periods. **Sarah Cadman** The Committee welcomed this overview of data, highlighting any learning during COVID that could improve future services. Sarah Cadman informed members that over the past year the Health Board had seen the highest compulsory detentions of young people. Quarter 3 data indicated a decrease in this activity, with six compulsory detentions of under 18's during Quarter 2, and zero detentions during Quarter 3. Paul Deneen discussed the higher levels of admissions of under 18's as a safety issue due to limitations of space and the use of adult units. Kavitha Pasunuru informed members of the offer from the Crisis teams and the work around preventive support for under 18's. A number of serious incidents had occurred, alongside a number of children who had presented with risk taking behaviours, influenced by social media, that were of concern to the teams. Ongoing Crisis preventative work and mitigation of risks had taken place, providing open access for patients and families to receive support. Safe accommodation and appropriate areas of assessment were an ongoing concern. The Child and Families Strategic Board, alongside the Regional Partnership Board (RPB) were looking at alternative options to acute hospital admissions for young people in the Health Board area, presenting psycho-social crisis. Potential options for safe accommodation and support were in early stages of discussion, outlined as follows: • Windmill Farm, potential accommodation. • A potential opportunity for a discharge lounge, working alongside Local Authority partners. The Chair questioned if the Nurturing Empowered Safe and Trusted (NEST) framework would have an impact on inpatient prevention for under 18's. Members were assured that safe accommodation, robust

	services closer to home and the NEST framework were Health Board priorities. **Action:** NEST link to be shared with Committee members. **Kavitha Pasunuru/Secretariat** Trends of detentions were discussed. Sarah Cadman informed members that there were no unlawful detentions, referring to the incorrect completion of forms, during the last quarter. This would suggest that the training around documentation was having a positive impact. **Action:** Updated section 136 data to be shared outside of the committee. Verbal update given. **Sarah Cadman** Members were encouraged by the multi-agency collaborative working supporting children from a young age, and the outlined qualitative improvements. Members were informed that work was being done to capture the young person's voice, and the Health Board was looking at alternative ways to engage feedback post-crisis. Broader engagement activities were taking place, such as Parent's Voices Wales, Regional Youth Forum workshops and a youth section question and answer session alongside Gwent Police. Sarah Cadman gave an overview of the decrease in Hospital Managers activity. The structure of the MHA administration teams had changed and governance had increased, highlighting missed hearings. The health Board currently has four hospital managers. There was a recommendation that the Health Board goes out to recruit a further ten managers to fulfil its statutory duties. Members suggested utilising the Health Boards Communications Team and liaising with Local Authority Higher Education partners to facilitate recruitment. Sarah Cadman and Chris O'Connor discussed the potential short-term risks whilst waiting to recruit. Contacting Hospital Managers of neighbouring Health Boards for short-term support was discussed. Sarah Cadman to determine if there is an operational risk associated with gaps in recruitment. **Action:** Update on recruitment of Hospital Managers to come back to next meeting. **Sarah Cadman** The Committee thanked the team for update. The Committee thanked the team for all the hard work.
3	**Final Matters**
MHAMC 0103/07	**Confirmation of risks/issues to be reported to other Committees** The Committee queried if the impact of gaps in recruitment should be included on the Divisional Risk Register. Sarah Cadman to investigate further. No issues discussed were required to be reported to other Committees.

	The Chair thanked the teams for the informative reports and the great work being undertaken.
4	**Date of Next Meeting**
	The date of the next meeting was Tuesday 13th March 2022 via Microsoft Teams.

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Mental Health Act Monitoring Committee
June 2022
Action Sheet

(The Action Sheet also includes actions agreed at previous meetings of the Mental Health Act Monitoring Committee and are awaiting completion or are timetabled for future consideration for the Committee. These are shaded in the first section. When signed off by the Mental Health Act Monitoring Committee these actions will be taken off the rolling action sheet.)

Agreed Actions Key:

Overdue	Not yet due	Due	Transferred	Complete

Action Ref	Action Description	Due date	Lead	Progress	Status
MHAMC 0203/07.1	**Power of Discharge Sub-Committee Update:** Data gathered based on feedback from service users on the use of Virtual/Microsoft Teams in the Health Board.		**Sarah Cadman**	Removed from the June agenda on advice of Sarah Cadman and Katija Dew as PODSC had not met- email received 27/05/21. To be discussed after the next PODSC.- Sarah Cadman Added to June 2022 agenda.	**Complete**
MHAMC 0203/07.2	**Power of Discharge Sub-Committee Update:** Based on increased demand, it was agreed that mental health	**March 2022**	**Chris O'Connor**	This will be part of the Divisions IMTP which will be produced by Feb 2022,	**Transferred**

	service planning needed to be considered at Board level.			Board to consider IMTP in March 2022 meeting- update from Nick Wood. There is a risk that features on the corporate risk register related to increased demand for Mental health services as a consequence of the Covid 19 pandemic. This risk will comprise part of the strategic risk report to the newly established *Partnership, Population Health and Planning Committee*, and will be monitored and reviewed in that arena. - update received from Dani O'Leary.	
MHAMC **0912/05**	**Section 117 Update Monmouthshire County Council Pilot** *Original Action: Due to significant operational pressures within MCC, work was had not progressed. Several CHC Complex Care multidisciplinary workshops had been arranged for January 2022, looking at factors linking to the original pilot. The Chair was content for the Action to be removed.* **Action:** To be added to the Forward Work Plan (FWP) for	**June 2022**	**Sarah Cadman**	Added to FWP for discussion in 6 months time. On agenda for June 2022.	**Complete**

	discussion in 6 months. **Michelle Forkings/secretariat**				
MHAMC 0912/06	**Templates and supporting guidance** The Committee queried the lack of an Equality and Diversity impact assessment within the report. Rani Mallison confirmed that there was work required to review report templates and supporting guidance.		**Rani Mallison**	Update 01/02/22 Work to review corporate reporting templates will be taken forward as part of governance improvement related objectives for 2022/23.	
MHAMC 0103/05 .1	**Linked to previous Action MHAMC 0809/05** *Strengthen the understanding of the Mental Health Act- MHA Administration Team Lead had met with site managers in Grange University Hospital (GUH), arranging training for colleagues in the acute sector. The training started in December 2021 and is ongoing.* **Action:** Kavitha Pasunuru, Clinical Director, Child and Adolescent Mental Health, requested that training be rolled out to the Child		**Sarah Cadman**	The training referred to is offered by administrators with regard to correct completion of documentation & associated process. The Division of MH & LD, in partnership with the 5 Local Authorities, employees a full time MHA trainer. The Trainer offers dates throughout the year on the implementation of the MHA, and its interface with the MCA. These dates have been forwarded to Kavitha along with an email requesting specific training for CAMHS. It is noted however that the MHA trainer is	**Complete**

	and Adolescent Mental Health Services (CAMHS) team.			unable to train on the interface of the MHA with the Children Act which would be applicable for under 16s	
MHAMC 0103/05 .2	**Update on Sanctuary Pilot project:** the pilot continues and will be evaluated externally. The external evaluation would be reported late Spring 2022. The Committee welcomed further updates on this, with any operational actions to be reported to the Patient Quality Safety and Outcomes Committee, where necessary. **Action:** An overview of the findings and next steps to come back to the Committee.	**June 2022**	**Chris O'Connor**	Added to FWP for June 2022. (Update on Pilot projects with Potential Impact on the MHA)	**Complete**
MHAMC 0103/06 .1	**Mental Health Act Compliance Report** Sarah Cadman informed members that this data covered all Mental Health Act activity and that a further breakdown of the data was required to determine the impact on bed	**Sept 2022**	**Sarah Cadman**	Due to vacancies and long-term sickness in the department, this action is yet to be completed. Please forward to next meeting.	**Not yet due**

	base. **Action:** A further look at data, comparing data to pre-COVID and aligning with lockdown periods.				
MHAMC 0103/06 .2	**Mental Health Act Compliance Report** Sarah Cadman to determine if there is an operational risk associated with gaps in recruitment. **Action:** Update on recruitment of Hospital Managers to come back to next meeting.	**June 2022**	**Sarah Cadman**	The backlog of hearings is now clear. The recruitment of new AHMs is ongoing – Sarah was due to meet with recruitment to clarify processes but this was postponed – meeting now in June. POD meeting discussed approaches to recruitment and ensuring advertising is inclusive of all groups in our society.	**Due**

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Mental Health Act Monitoring Committee 13th June 2022 Agenda Item: 2.1

Aneurin Bevan University Health Board

Mental Health Act Update

Executive Summary

This report provides the Mental Health Act Monitoring Committee with an update on the use of the Mental Health Act within Aneurin Bevan University 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: Dr Chris O'Connor, 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: 26/04/2022

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 4, January – March 2021/22 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.

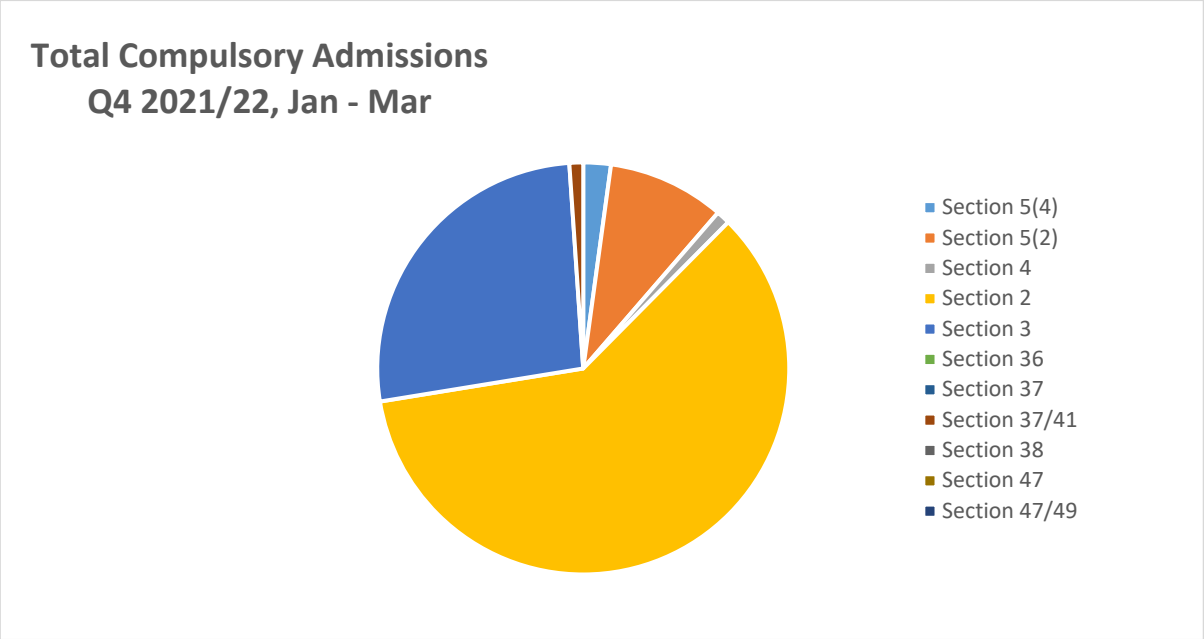
The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

Background and Context

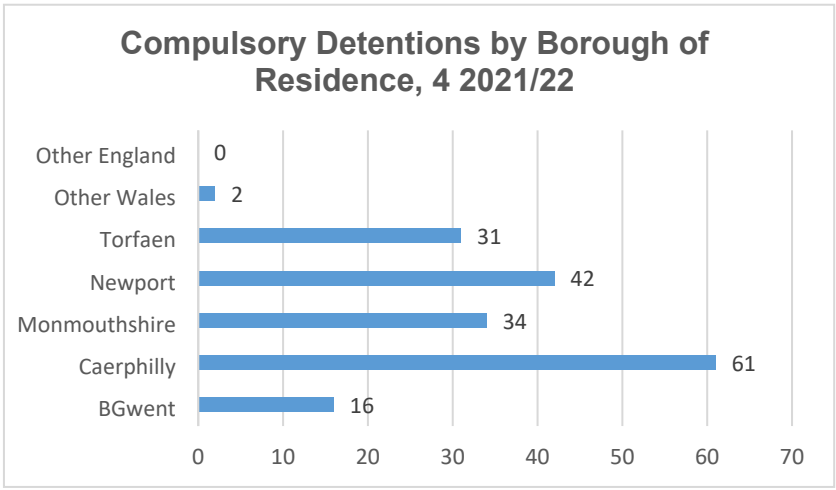
The report presents data for the final quarter of 2021/22 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

1. In-Patient MHA Activity, Q4 2021/22

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 Monmouthshire had the highest number of detentions per population.



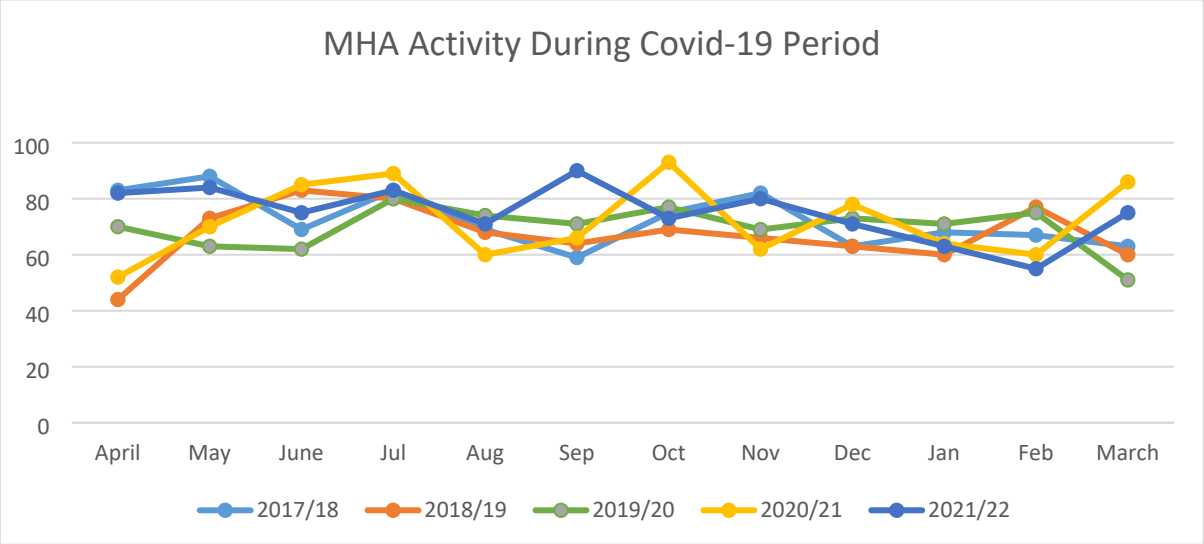
Borough	Detentions Q4 2021/22	Population (000's)	Detentions per 1,000 population Q4 2021/22 (Previous Qtr.)
Caerphilly	61	181	**0.3 (0.4)**
Newport	42	156	**0.3 (0.3)**
Blaenau Gwent	16	70	**0.2 (0.3)**
Torfaen	31	94	**0.3 (0.5)**
Monmouthshire	34	95	**0.4 (0.4)**

In comparison to the previous quarter, there has been a 14.6% decrease in the overall number of patients detained under the Act.

Section	Previous Quarter	Q4 2021/22	Trend
Section 5(4)	9	4	↓
Section 5(2)	24	17	↓
Section 4	4	2	↓
Section 2	126	111	↓
Section 3	53	49	↓
Total	**218**	**186**	**Overall 14.6% decrease**

- **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.

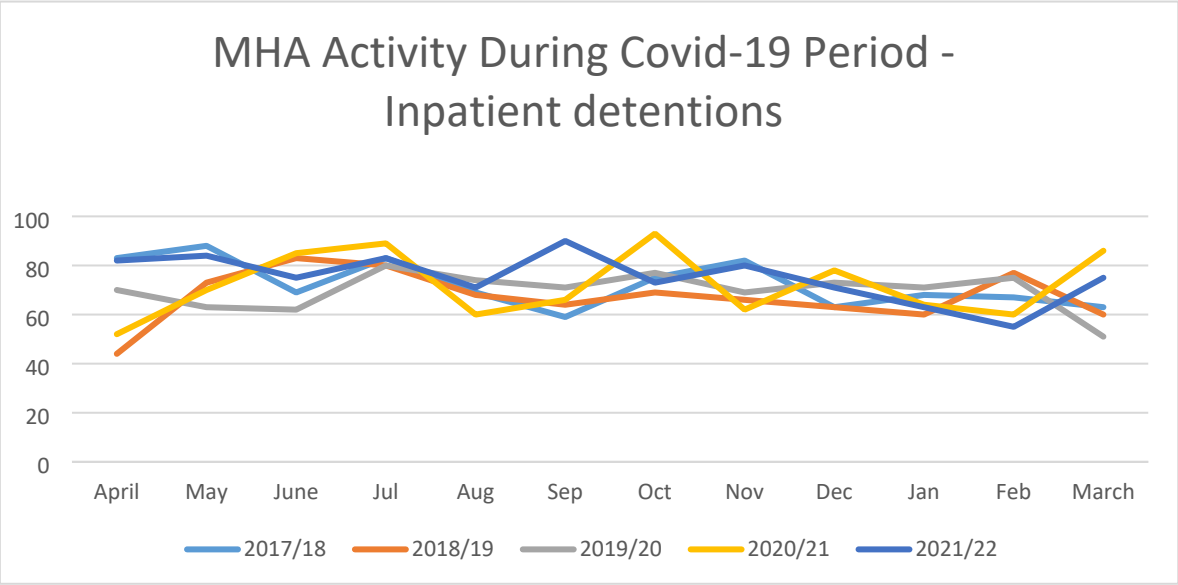


Includes all MHA detentions – S5(4), S5(2), S4, S2, S3, CTO, CTO Revoke, S3 Renewal, CTO Renewal

The last financial year (20/21) saw a 3% increase in the number of overall detentions in comparison to the previous year (19/20). This trend has continued into 2021/22 with a 4% increase in comparison to the same period in 2020/21.

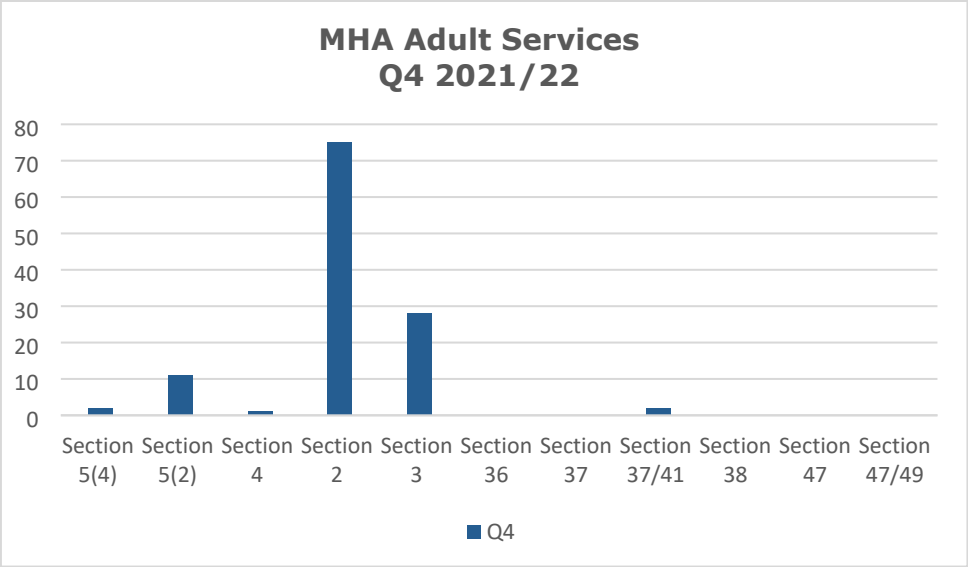
Month	Total MHA Detentions 2020/21	Total MHA Detentions 2021/22	Trend
April	57	86	↑ 51%
May	74	88	↑ 19%
June	90	84	↓ 7%
July	91	89	↓ 2%
August	65	74	↑ 14%
September	69	94	↑ 36%
October	102	79	↓ 23%
November	67	84	↑ 25%
December	83	75	↓ 10%
January	65	67	↑ 3%
February	60	56	↓ 7%
March	94	78	↓ 17%
Total	**917**	**953**	**Overall 4% increase**

The below chart shows inpatient detentions only during the same period.



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

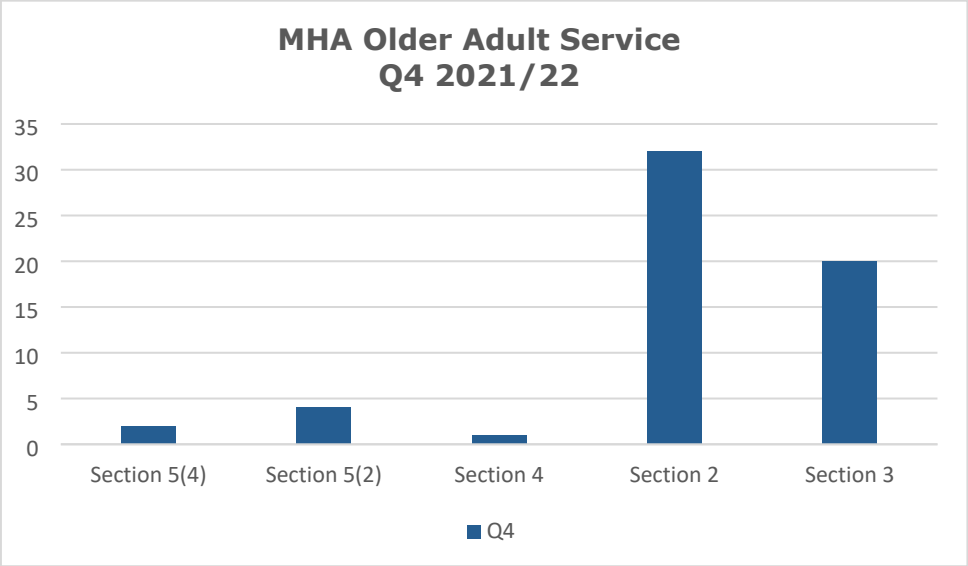
A breakdown of all compulsory admissions to mental health wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that over half (63%) of all admissions are under Section 2 (Assessment) of the MHA, with a just under a quarter (24%) of detentions under section 3 (Treatment). 11% of all adult detentions were under Section 5 of the Act. There was an overall 20% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q4 2021/22	Trend
Section 5(4)	**8**	**2**	**-75%**
Section 5(2)	**22**	**11**	**-50%**
Section 4	**2**	**1**	**-50%**
Section 2	**80**	**75**	**-6%**
Section 3	**35**	**28**	**-20%**
Section 36	**0**	**0**	**-**
Section 37	**0**	**0**	**-**
Section 37/41	**1**	**2**	**+100%**
Section 38	**0**	**0**	**-**
Section 47	**1**	**0**	**-100%**
Section 47/49	**0**	**0**	**-**
Other	**0**	**0**	**-**
TOTAL	**149**	**119**	**Overall 20% decrease**

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

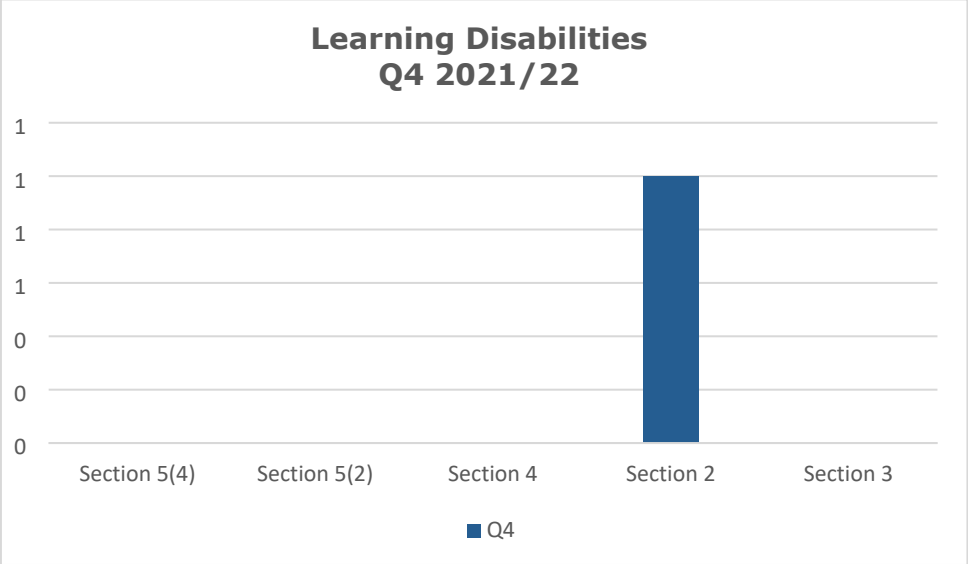
Within the older adult population patients admitted and detained, 88% were admitted under Sections 2 or 3 of the MHA with 10% admitted under Section 5 provision. There was an overall 3% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q4 2021/22	Trend
Section 5(4)	**1**	**2**	**+100%**
Section 5(2)	**1**	**4**	**+300%**
Section 4	**2**	**1**	**-50%**
Section 2	**42**	**32**	**-24%**
Section 3	**15**	**20**	**+33%**
TOTAL	**61**	**59**	**Overall 3% decrease**

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

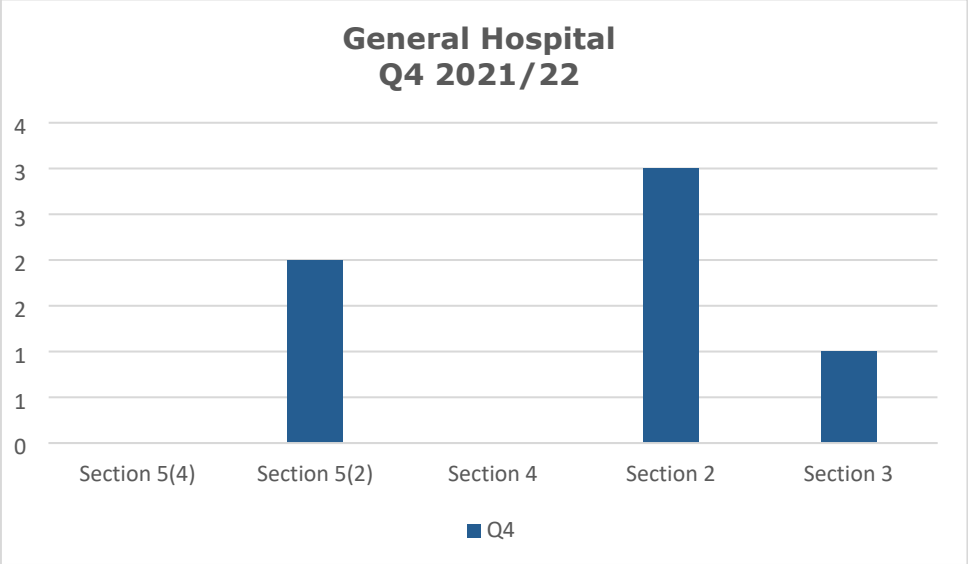
For individuals with a learning disability requiring admission under the MHA, 100% were admitted under Sections 2 of the MHA. There was an overall 86% decrease in detentions compared to the previous quarter.



Section	Previous Quarter	Q4 2021/22	Trend
Section 5(4)	**0**	**0**	**-**
Section 5(2)	**1**	**0**	**-100%**
Section 4	**0**	**0**	**-**
Section 2	**3**	**1**	**-67%**
Section 3	**3**	**0**	**-100%**
TOTAL	**7**	**1**	**Overall 86% decrease**

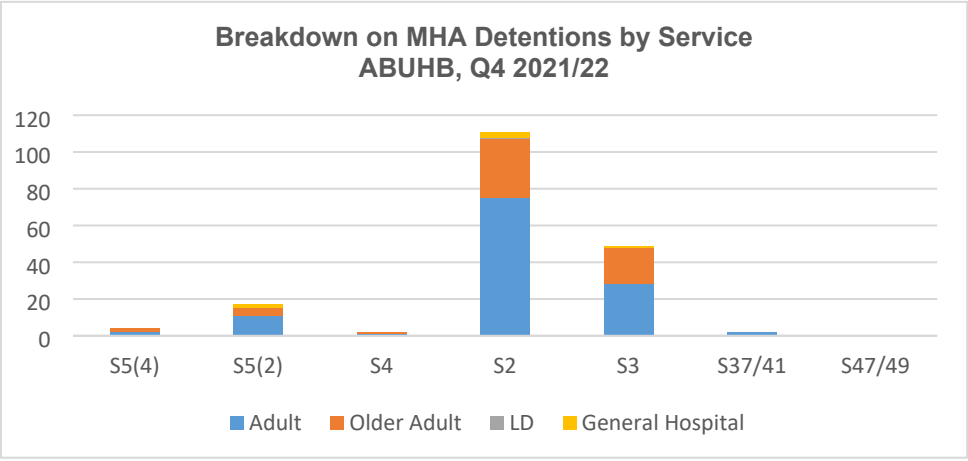
- **General Hospital Compulsory Admissions Under the MHA (1983)**

For patients detained under the MHA in a General Hospital setting, 67% were admitted under Sections 2 or 3 of the MHA with 33% admitted under Section 5 provision. There was an overall 500% increase in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q4 2021/22	Trend
Section 5(4)	**0**	**0**	**-**
Section 5(2)	**0**	**2**	**+200%**
Section 4	**0**	**0**	**-**
Section 2	**1**	**3**	**+200%**
Section 3	**0**	**1**	**+100%**
TOTAL	**1**	**6**	**Overall 500% increase**

The below chart shows the total MHA detentions broken down by service for quarter 4, 2021/22.

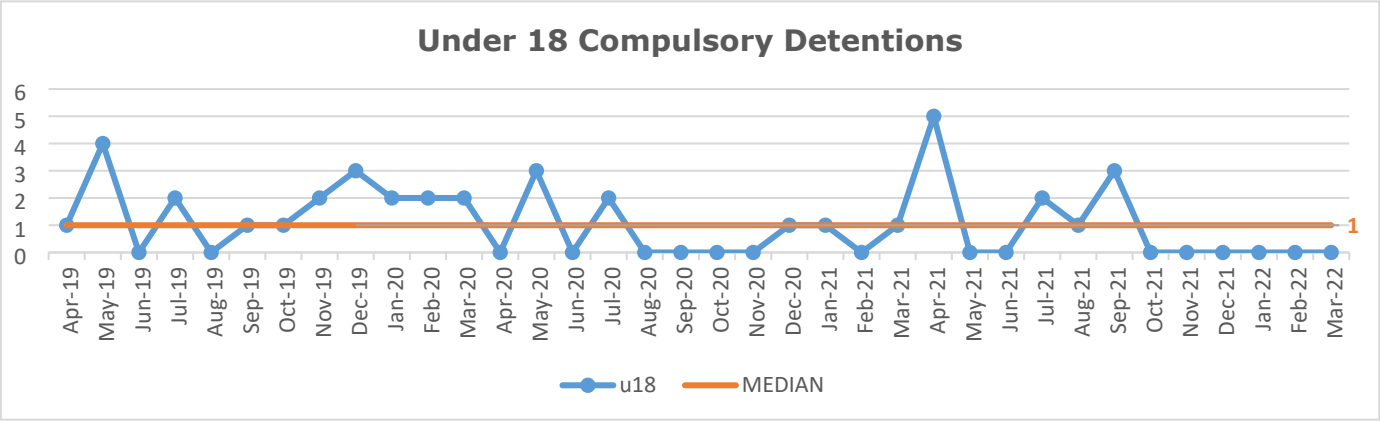


- **Total number of Under 18s Compulsory Detentions Under the MHA (1983)**

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 were 0 under 18 detentions in quarter 3 and this trend has continued into quarter 4.

Under 18 years Detentions	Previous Quarter	Q4 2021/22	Trend
Section 5(4)	**0**	**0**	**-**
Section 5(2)	**0**	**0**	**-**
Section 2	**0**	**0**	**-**
Section 3	**0**	**0**	-
CTO	**0**	**0**	-
TOTAL	**0**	**0**	**-**



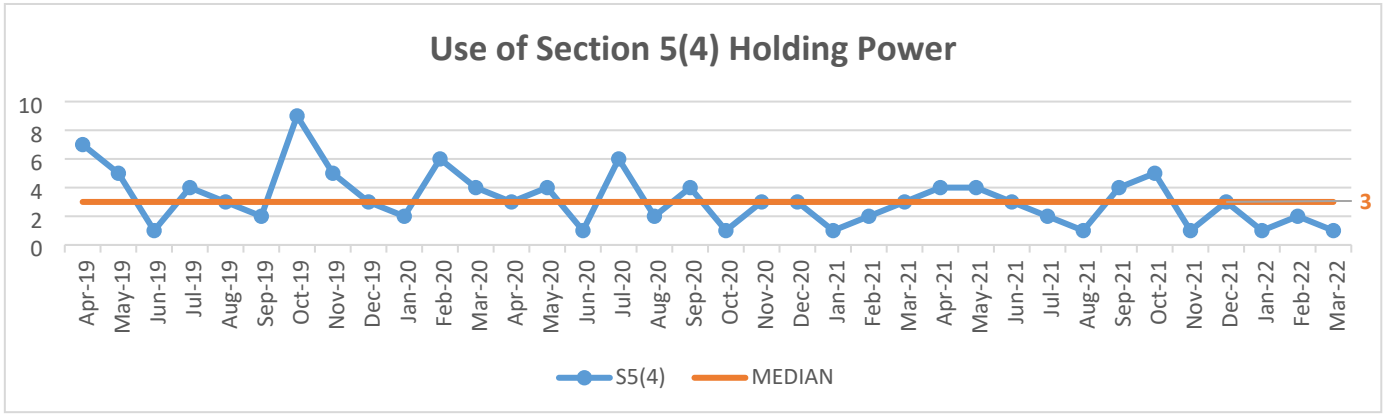
A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision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

2. Trend Analysis of the main compulsory admissions across all services from April 2019 to March 2022

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 4 uses of this holding power over the quarter with 3 (75%) of these resulting in a doctor/approved clinician detaining the patient under Section 5(2) and a further 1 (25%) lapsing.



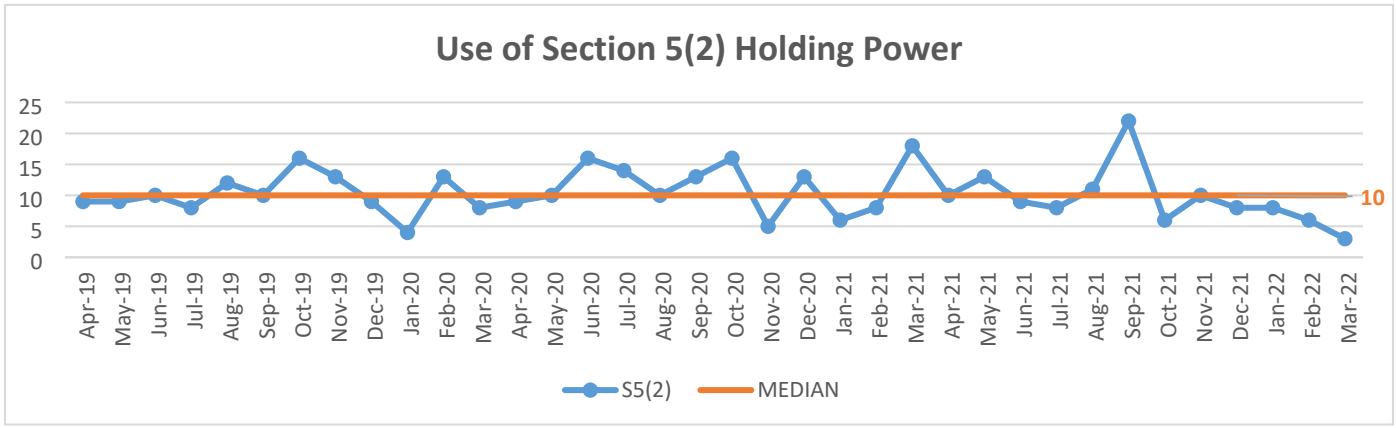
Outcome of Section 5(4) – Q4 2021/22

Outcome	Total	%
Lapsed	1	25%
Ended	0	-
Section 5(2)	3	75%
Section 2	0	-
Section 3	0	-
Total	**4**	

The use of Section 5(2) resulted in 59% being detained under section 2, 12% being detained under section 3 and 29% ending or lapsing without further detention under the MHA.

Outcome of Section 5(2) – Q4 2021/22

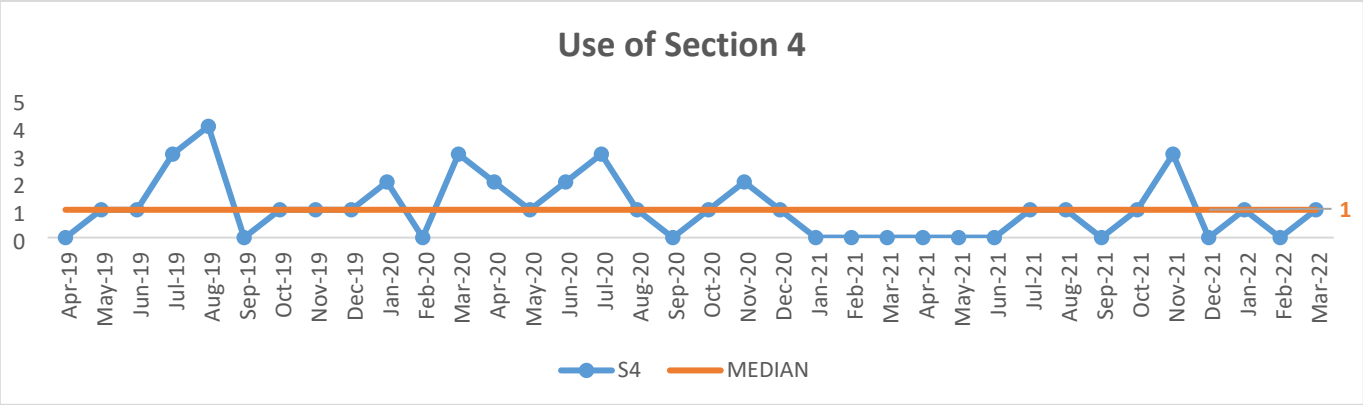
Outcome	Total	%
Lapsed	1	6%
Ended	4	23%
Section 2	10	59%
Section 3	2	12%
Total	**17**	



- **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 peak Covid-19 periods. Section 4 was used on 2 occasions this quarter (Q4) which is a 50% decrease on the previous quarter.



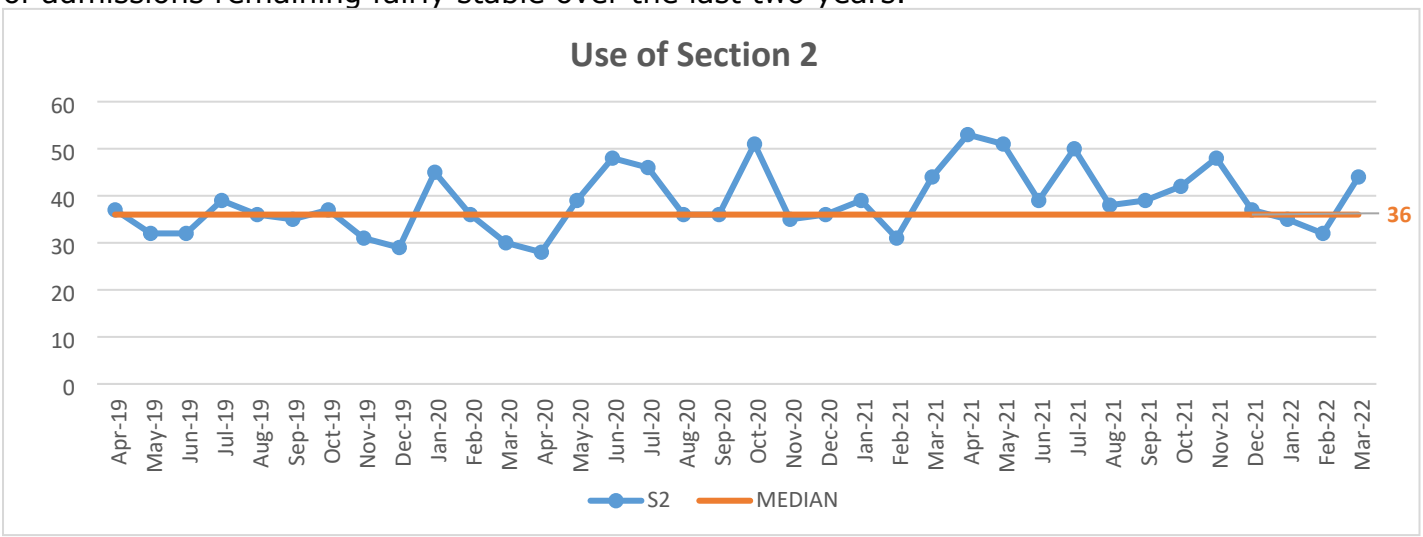
The main outcome of the use of Section 4 is that the individual will normally be placed on a Section 2 (admission for assessment), 100% of cases in this quarter.

Outcome of Section 4 – Q4 2021/22

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

- **Use of Section 2**

60% 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, Q4 2021/22

Outcome	Total	%
Expired	8	7%
Regraded S3	21	19%
Regraded S37/41	1	1%
Transferred	1	1%
Died	0	-
Ended: 0-3 days	9	8%
Ended: 4-14 days	26	23%
Ended: 15-28 days	37	33%
Ongoing as at 26/04/22	8	7%
Total	**111**	

A total of 111 detentions were made using Section 2, with 68% of these in adult mental health services, 29% in older adult, 3% in a general hospital setting and 1% in learning disabilities.

Of the total 111 patients detained under Section 2:

- 21 (19%) were regraded to Section 3
- 1 (1%) were transferred out of the Health Board during the Section 2

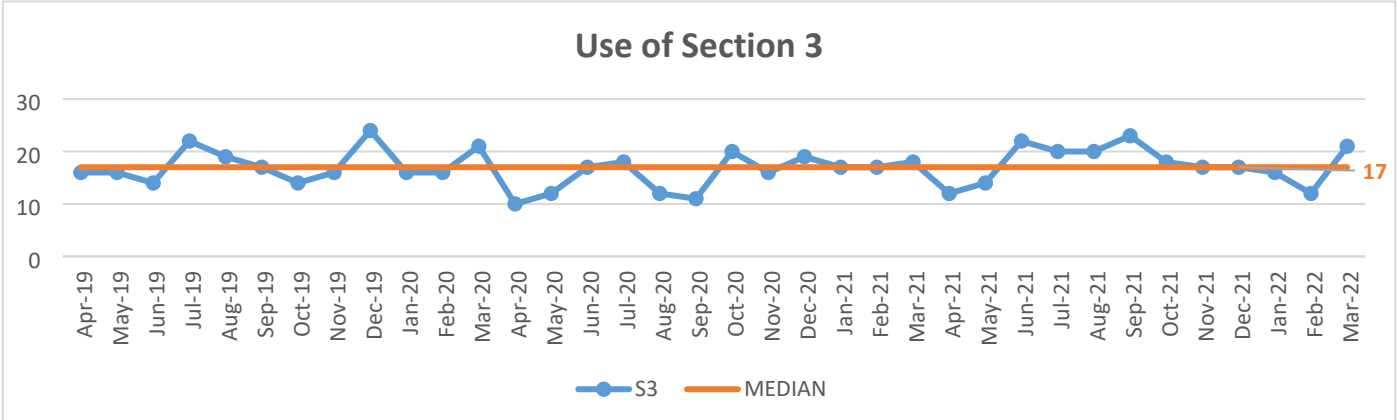
Of the remaining 89 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 9 (8%) were detained between 0-3 days
- 4-14 days 26 (23%) were detained between 4-14 days
- 15-28 days 37 (33%), were detained between 15-28 days

Of this cohort, 8 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 the relevant medical and ward staff.

- **Use of Section 3**

26% of all detained admissions were admitted under Section 3 during the quarter. A total of 49 detentions were made using Section 3, with 57% of these in adult mental health, 41% in older adult mental health and 2% in a general hospital setting.



Of the total 49 patients detained under Section 3:

- 53% (26) detentions remained as ongoing detentions as of 26.04.2022
- 41% (20) detentions were ended as of 26.04.2022

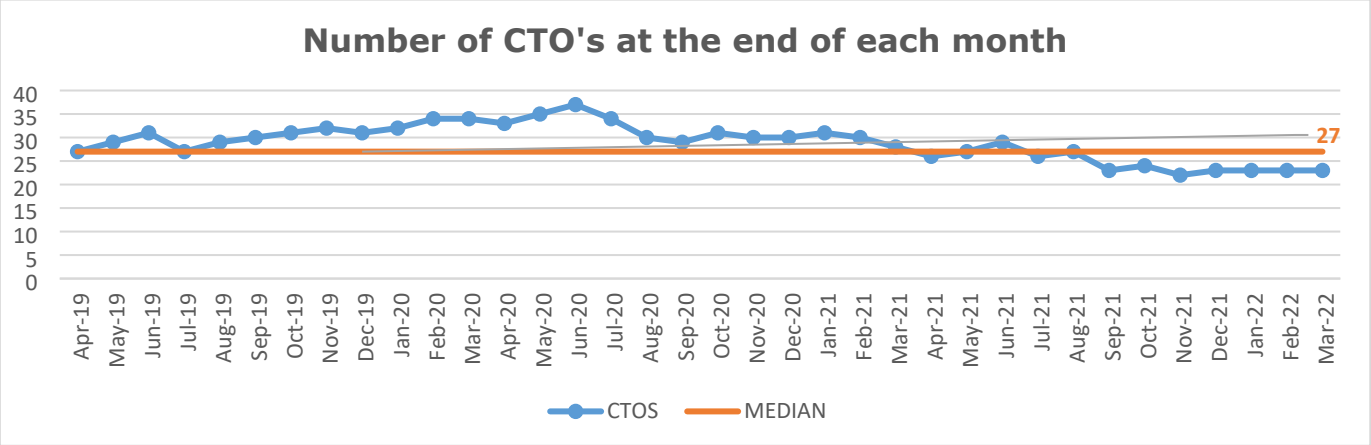
- **Renewal of In-patient Detentions under the MHA (1983)**

The table below shows that the number of renewals of inpatient detentions increased 11% during the quarter compared to the previous period.

Section	Previous Quarter	Q4 2021/22	Trend
Section 3 renewal	**8**	**10**	↑
Section 37 renewal	**1**	**0**	↓
Section 47 renewal	**0**	**0**	–
TOTAL	**9**	**10**	↑

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

The number of Community Treatment Orders has remained steady at 23 for the past 6 months.



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

Community Treatment Orders (CTOs)

Section	Power	Previous Quarter	Q4 2021/22	Trend
17A	CTOs made	**6**	**2**	↓
	CTOs extended	**5**	**5**	–
	Recalled to hospital and not admitted	**0**	**0**	–
	Recalled to hospital and revoked	**3**	**1**	↓
	Discharged from CTO	**3**	**1**	↓

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 was 1 unlawful detention identified during the quarter. Where 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	Q4 2021/22	Trend
Unlawful Detentions	0	**1**	↑

- **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	Q4 2021/22	Trend
Failed Medical Scrutiny	0	**0**	–

- **Rectifiable Errors on Documents**

Rectifiable errors are considered a 'slip of a pen'. The data shows that these errors have remained consistently low throughout the last two quarters, however this quarter showed an 80% increase in the number of rectifiable errors demonstrating that there is a need for ongoing training regarding the acceptance and scrutiny of documentation before it is received into the MHA Administration Department to ensure that documentation is as accurate as possible.

	Previous Quarter	Q4 2021/22	Trend
Rectifiable errors on document	5	**9**	↑

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.

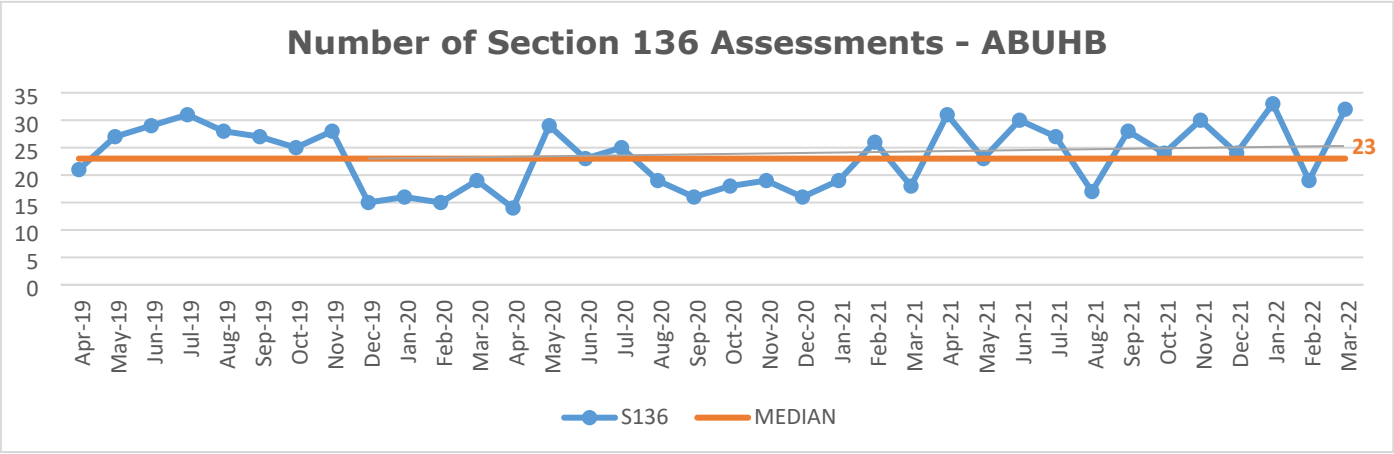
Use of Section 135, Q4 2021/22

Section 135 of the MHA	Previous Quarter	Q4 2021/22	Trend
Assessed and admitted informally	**0**	**0**	—
Assessed and discharged	**1**	**0**	↓
Assessed and detained under Section 2	**3**	**1**	↓
Assessed and detained under Section 3	**1**	**0**	↓
Assessed and CTO Revoked	**0**	**0**	—
Other	**0**	**0**	—
Total	**5**	**1**	↓

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.

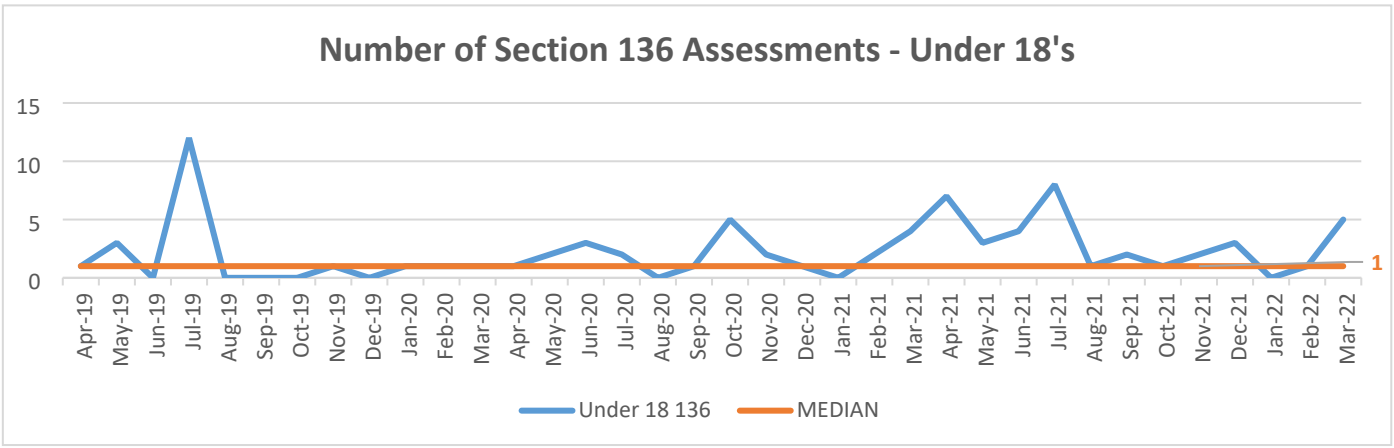


A breakdown of the outcome of 136 assessments is shown in the table below. A total of 82 assessments were undertaken. Two detentions lapsed due to physical health overtaking mental health and the assessments did not take place in these cases. Of those assessed 44% were admitted, with 58% of those admitted being formally detained. 21% of individuals assessed were discharged with no follow up required, while 34% were discharged with a follow up plan in place.

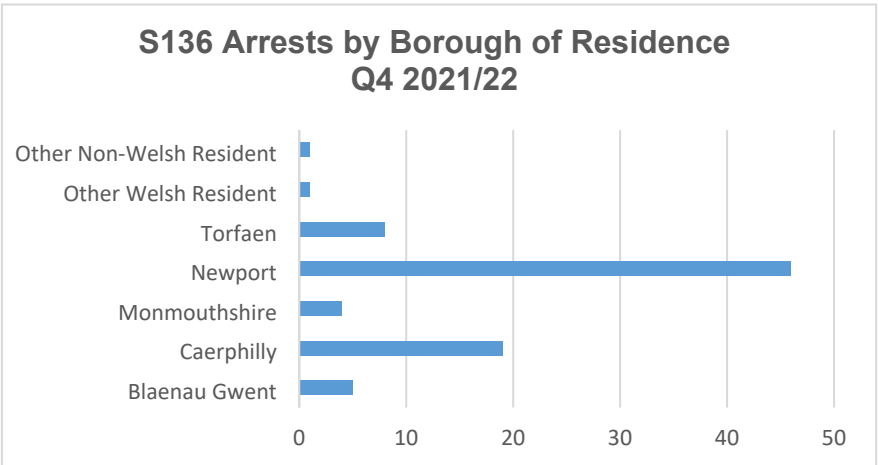
Use of Section 136, Q4 2021/22

Section 136 of the MHA	Previous Quarter	Q4 2021/22	Trend
Assessed and admitted informally	14	15	↑
Assessed and detained under Section 2	21	21	–
Assessed and detained under Section 3	0	0	–
Assessed and detained under Section 4	0	0	–
Discharged – no follow-up required	9	17	↑
Discharged – with follow-up plan	32	28	↓
Section 136 lapsed	2	2	↑
TOTAL	78	84	↑

A breakdown of the number of under 18's undergoing 136 assessment is shown in the graph below. The graph shows that the number of under 18's undergoing assessment has remained steady with 6 assessments taking place in quarter 3 and 6 taking place in quarter 4.



A breakdown of assessed patients by borough shows that Newport had higher demand than other boroughs, accounting for 55% of all assessments.

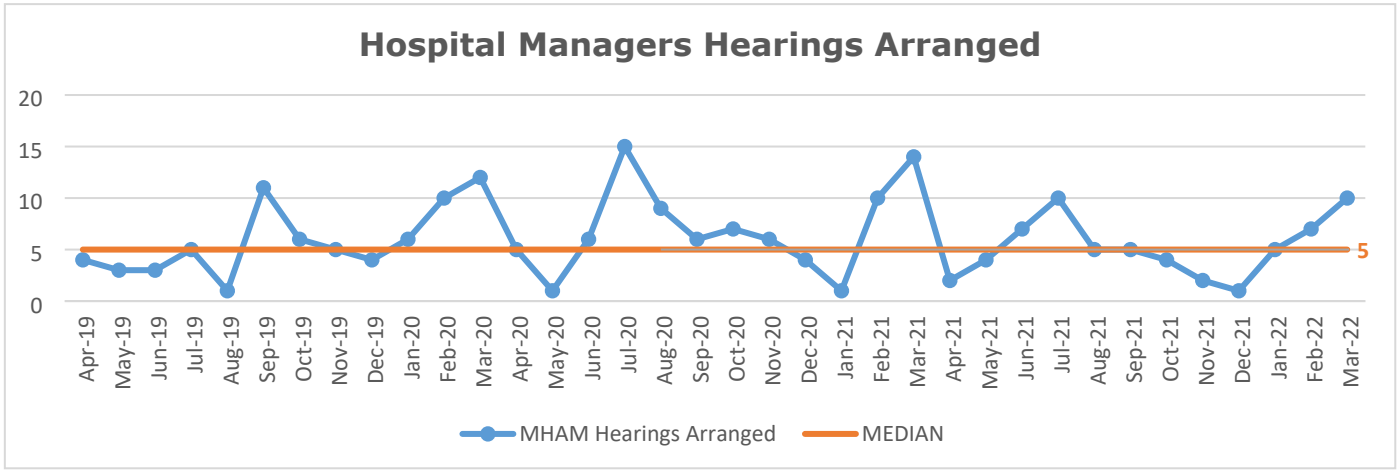


A breakdown of all 84 events shows that the majority of patients were female patients; alcohol and/or drugs being a related factor in 26% of all cases; 7% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Previous Quarter	Q4 2021/22
TOTAL	**N=78**	**N=84**
Gender:		
% Male	56%	36%
% Female	44%	64%
Place of Safety:		
% Hospital	95%	98%
% Police Station	5%	0%
% Under 18 Years	8%	7%
Use of Illicit Substances:		
% Alcohol	18%	13%
% Drugs	4%	10%
% Both Alcohol and Drugs	4%	3%
Where Assessment took place:		
% Hospital	100%	100%
% Police Station	0%	0%
12 Hour extension required/granted	0%	1%

5. Mental Health Act Managers Hearings

There has been an increase (214%) in the number of MHA Managers hearings arranged over the last quarter in comparison to the previous period. 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. There were 13 hearings held during the quarter.



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 0 patients were discharged by Hospital Managers.

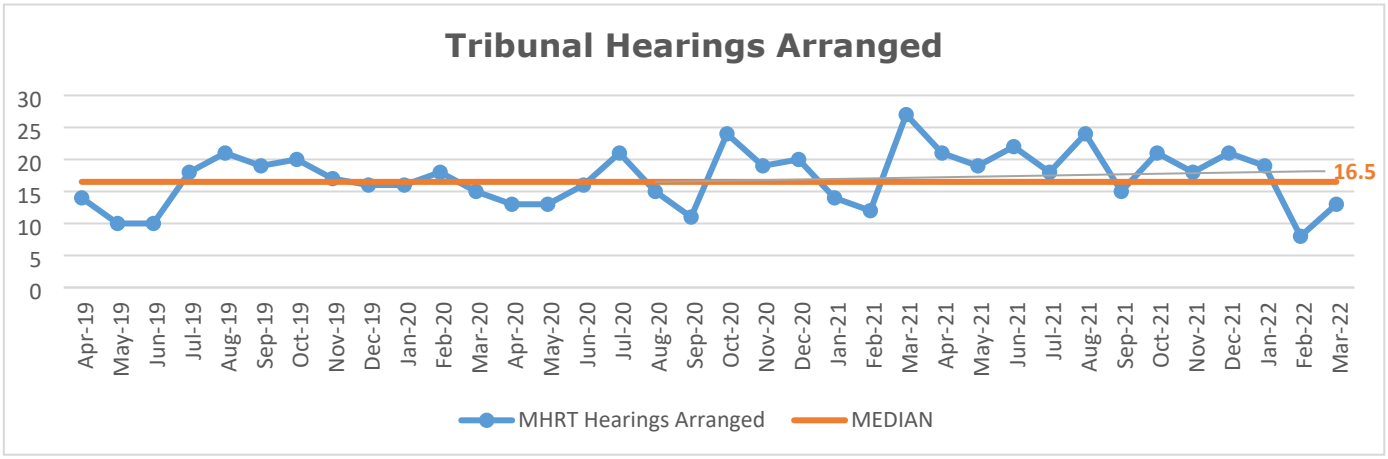
Mental Health Act Manager Review Hearings

Hospital Manager Hearings	Previous Quarter	Q4 2021/22	Trend
Applications by patient – Inpatient	1	1	—
Applications by patient – CTO	0	0	—
Renewal Hearing Applications – Inpatient	9	9	—
Renewal Hearing Applications – CTO	4	6	↑
Barring Hearings	0	0	—
Hearing cancelled before being heard	6	9	↑
Hearing held - Patient Discharged by Hospital Managers	0	0	—
Hearing held – Section continued	0	13	↑

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.

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.



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	Q4 2021/22	Trend
Applications by patient – Inpatient	**44**	**31**	↓
Applications by patient – CTO	**1**	**2**	↑
Renewal Hearing Applications – Inpatient	**10**	**5**	↓
Renewal Hearing Applications – CTO	**2**	**2**	—
Referral by MOJ	**0**	**0**	—
Referral by Welsh Ministers	**0**	**0**	—
Outcomes: Hearing Cancelled before being heard	**38**	**22**	↓
Outcomes: Patient Discharged by MHRT	**2**	**2**	—
Outcomes: Section Continued	**20**	**16**	↓

This shows that a significant number of Tribunals are cancelled before being heard. 2 patients were discharged by the Tribunal during the quarter.

Assessment and Conclusion

This report is 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 are 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	This section should demonstrate how each of the '5 Ways of
	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	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

Treatment Order	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: o ensuring the patient receives medical treatment o preventing the risk of harm to the patient's health or safety o 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.

Power of Discharge Sub-Committee Meeting

Wednesday 02nd March 2022 13.00 - 14.00

Virtually via Microsoft Teams

Present –

Katija Dew – Chair, Independent Board Member
Sarah Cadman – Head of Quality and Improvement
Helen Moon – Integrated Mental Health Act Trainer and Acting Clinical Lead Mental Health Act
Lyndon Moore – Associate Hospital Manager
Keith Dunn – Associate Hospital Manager
Peter Evans – Associate Hospital Manager
Carol Morgan – Associate Hospital Manager
Peter Walters – Associate Hospital Manager
Bev Hopkins – MHA Team Lead
Gemma Palmer– Mental Health Act Support Admin
Amy Keenan– Mental Health Act Support Admin

Apologies-

Julie Roberts– Associate Hospital Manager

Agenda Item	Key Discussion points /Updates	Action	Who
1. Apologies and Welcomes	Apologies and welcomes given Introductions given. Thanks discussed for Allan Williams having supported the Health Board for so many years. Suggestion of nomination for National Recognition award.	Send letter of thanks / nomination for award.	**K Dew**
2. Matters Arising and Minutes from previous Meeting	Minutes and action points from last meeting were discussed. KDew discussed expenses – BH advised that expenses and payments are sorted. Explained that MHA will now submit their expenses for them.		

	PW expressed that he is having an issue currently with being able to change his bank details – he has spoken with Jan Cosley at All Wales Wages but is struggling to get his bank details changed. PE discussed payments for attendance and how he cannot access payslips. Queried if it would be possible to get this reinstated. PW expressed that payslips and P60s are helpful to have access to due to completing HMRC Self Assessments. SC advised Associate Hospital Managers would need access to ESR in order to access payslips. KDunn expressed that a training session would be helpful. Thanks passed on to BH for helping with completing the forms needed. PW passed on thanks to ABUHB payroll for notifying HMRC of payments.	BH to sort. Will sort for everyone to be set up on ESR.	**B Hopkins** **B Hopkins**
3. Items for Decision	A questionnaire was circulated to patients to ascertain preferences surrounding face to face meetings vs meetings held via MS Teams. PW expressed that he believes live hearings are beneficial but he welcomed not having to travel so often and has got used to virtual meetings. PW preference would be to have live meetings with prior sharing of reports. PE expressed that he is concerned about paper reviews and that both contested and uncontested reviews should be treated the same and should have the full medical team present. Also discussed was the age of some reports which have been 6 months old – it was decided that 6 months is too old for reports. SC discussed the possibility of hybrid systems using the 3 different methods, these being; 1. Face to face 2. Virtual using MS Teams 3. Paper Based Each hearing is different and the patient's opinion on the purpose of the meeting and who has been requested to attend should have bearing on		

	the method used. No 'one size approach to fit all' should be taken and each hearing should be decided on its own merits. BH highlighted that the questionnaire is sent out when a renewal is due but it is appreciated that there is a large backlog of these however with new members of staff in place this is being worked through as quickly as possible. We will also be requesting new reports for the managers to avoid having 6 month old ones. BH explained the process of sending questionnaires to the patients. The priority is what the patient wants. Patients can request a managers at any time and this will be a full review. LM discussed that if a patients requests a contested review it should be face to face. An uncontested review could be virtual but the patient should be asked whether they still want an uncontested. PW expressed that paper reviews are for saving time but if the patient wants to be heard the meeting should be face to face. GP discussed that the first contested meeting had gone ahead and this was a face to face with managers and the rest of the care team including RC, patient and the nursing team on the ward attended via MS Teams. This is essentially a hybrid version of the meeting and it worked well. PE discussed how within the private sector there is no differentiation between contested and uncontested and paper reviews don't exist. GP responded that when the questionnaire is sent to the patients they are given the option for Contested, Uncontested or a paper review; and patients do choose the option for paper reviews. KDunn discussed that there needs to be uniformity within the NHS regarding the time frame surrounding receiving reports for hearings.	Check with other health boards the methods they use. Check with other health boards to see the time frames in which they accept reports being written.	**B Hopkins** **B Hopkins**

	Discussion surrounding Page 5 of the Code of Practice regarding terminology and difference between 'Should' and 'Must'. Must means there are legal obligations to follow and there are no exceptions to deviate from this; Should means this can be deviated from however the reason for this must be documented. Discussion surrounding returning back to full face to face meetings – SC stated that this is down to risk assessments being carried out prior to holding the meetings.		
Items for Discussion			
4. Feedback from AHM's	PW discussed that ABUHB has slipped behind with MHAM cases being dealt with; discussion surrounding that the MHA department have been working towards clearing the back log of managers hearings that hadn't been held. LM stated that he believes the team are doing a very good job and have been working hard. Suggestion that care teams are reminded who is responsible for completing reports. KDunn stated he is in support of the comments made by LM and would like to echo these to the team. KDunn believes that if there are any issues surrounding reports not being completed this should be highlighted to SC who can then chase this with those responsible in order to support the department for smooth running of MHAMs. Training – individuals are committed to three meetings and one training session per year. Reminder of the All Wales Managers Conference in May. KDunn and CM discuss that any training possible is welcomed. LM raised the point of feeling it would be beneficial to receive training on WARRN. BH stated that she has spoken with DW who is the WARRN trainer and there is the possibility of setting up a Teams meeting to share training	BH to email regarding responsibilities. BH to liaise with DW	**B Hopkins** **B Hopkins and D Webb**

	on WARRN. HM and SC agreed that this is also a rolling item for a wider structure of training.		
Items for Information			
5. Update on MHA team members and MHA Monitoring Committee dates	Discussion surrounding size of the team – SC advised that we need to recruit for more Associate Hospital Managers. BH has been finding out from other Health Boards the average number of Managers to have. ABUHB has the smallest number of Managers in Wales. Recommended to recruit another 10 managers; Swansea Bay have 21.	KDew and SC to create a plan for recruitment.	**K Dew and S Cadman**
6. Any other business	SC ran through the Quarterly Report Committee stats that has been produced by AJ. (Report attached in minutes) Discussions surrounding how we as a department / team can improve on certain statistics going forward. Other points raised discussions for the reasons behind certain statistics. Brief conversation surrounding CTO's and HM discussed that within the Code of Practice it is suggested that Long term S17 leave; should a CTO be considered as more appropriate?		
Date of next meeting – TBC			

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Mental Health Act Monitoring Committee 13th June 2022 Agenda Item: 2.3

Aneurin Bevan University Health Board

Work to support people in mental health crisis – potential impact on MHA use

Executive Summary

This report provides the Mental Health Act Monitoring Committee with an overview of the projects and work to support people in the Gwent area who are experiencing a crisis in the mental health.

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: Dr Chris O'Connor, Director of Primary, Community and Mental Health Services

Report Authors: Sarah Cadman, Head of Quality & Improvement, Mental Health & Learning Disabilities

Report Received consideration and supported by:

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

Date of the Report: 26/05/2022

Supplementary Papers Attached: None

Purpose of the Report

The report is aimed to update the committee on Pilot Projects across the Health Board area which may have the potential to impact on the use of the Mental Health Act (MHA).

Background and Context

The aim of the Whole Person, Whole System Mental Health Crisis Support Programme is to transform mental health crisis support into models of care for those in mental health crisis and their carers, which provides a timely, person-centred, effective and efficient 24/7 response across the whole care system in Gwent. The programme is a collaborative of stakeholders from statutory and non-statutory organisations across the Gwent area. A number of alternative ways to deliver care have been considered and are at differing points of realisation. In addition to the aim of hoping to improve experience, outcomes

and choice for those experience a mental health crisis these additional services will support the Board to mitigate any potential increase in demand for mental health crisis support.

A summary of each, along with potential impact on the use of the Mental Health Act (MHA) is given below.

Tŷ Cynnal

The Crisis Support House for Gwent opened its doors to service users in December 2021. Guests who are experiencing a mental health crisis but do not require an in-patient admission and for whom this option is identified as safe and appropriate, stay for up to 14 days as an alternative to an inpatient acute ward stay.

The house is staffed by support workers, employed by Platfform – a third sector mental health organisation. The team at Tŷ Cynnal links with the Crisis Resolution Home Treatment Team.

Additional practical support is provided during the stay, with our Divisional Housing Team and other Partners such as Citizens Advice. The house has hosted 13 people experiencing mental health crisis during December 21 – January 22.

Link to MHA

Whilst the numbers of people using Ty Cynnal to date are relatively low in comparison to admissions to acute mental health wards, it is anticipated that over time, the impact is most likely to be on numbers of people detained under s136 MHA as people can be directed to Ty Cynnal by Police rather than requiring assessment under the Act.

Shared Lives

Shared Lives is a collaborative service with Local Authority, where Service Users - for whom this option is assessed as safe and appropriate - stay with host families, in the family's home. In the last financial year (21-22) 56 patients stayed with a host family. Their stay is an alternative to an acute inpatient admission, or as a facilitated earlier discharge from the ward. Shared Lives 'Carers and Hosts Experiences' survey is attached below for information.

Shared Lives.pdf

The average length of stay with families over that period was 15 days. 81% of users are reporting a reliable improvement in their ongoing recovery from stays. The Division has recently bid for funding from Welsh Government to extend the scheme to include older adults.

Link to MHA

For some people, the shared lives option might present an opportunity to avoid their crisis escalating to the point where detention by Police under s136 is the only option. It is hoped that a person might be diverted sooner from a peak in crisis by using the shared lives project, or perhaps as result, be able to access the Crisis House sooner to

prevent further deterioration. For some, the shared lives scheme represents earlier discharge from hospital which may impact on duration of detention for some.

Single Point of Contact (SPOC) for all Mental Health Services including crisis Service

Currently, there is no single number in Gwent that a person can call for advice/ guidance/ information when in mental health crisis. A group involving a wide range of stakeholders was set up to progress the plans to establish just that. This service would be accessible by all, accepting calls across all ages and parts of the Gwent population, and would be accessible all day, every day (24/7). It is envisaged that the service will be accessible via 111 with the caller being put through directly to the mental health wellbeing practitioner. It is hoped that the first part of this plan will be tested in Autumn 2022.

Link to MHA

It is anticipated that people will be able to contact with the SPOC as soon as they start to feel that their mental health is deteriorating and can access support and potentially psychological intervention to help them to manage their crisis before they deteriorate further. Also, concerned family members can contact for advice. The hope is that this will impact on s136 use within the Health Board area

Sanctuary Community

This Community Sanctuary Service is available to the Gwent population and the service is based in Mind's premises in Pontypool. This service launched in December 2021, to provide a 'sanctuary space' to people. The team has created a calm room - the 'Zen Den' for use as a restful, peaceful and sensory area for visitors to use. The sanctuary service is available to all within Gwent without the need of a referral from the Crisis Teams or Police Mental Health triage teams.

Link to MHA

This service is least likely to impact directly on MHA use, however again, as people use these services earlier in their crisis, it is hoped that crisis will be averted and therefore fewer detentions will be required.

MHLD 'Sanctuary in ED' service

This service was launched in December 2021 and funding available until early summer 2022. Peer Support Workers (i.e. people with lived experience of mental ill health) attend the Emergency Department (ED) at GUH, Thursday to Sunday, between 4pm and midnight. They provide support and information to individuals presenting in emotional distress. The outcomes are anticipated to reduce the number of patients leaving before assessment due to long waiting times and to improve the quality of information and support being received by patient requesting/ requiring MH support. At the last report to the programme overseeing this workstream, 92 patients had been supported and feedback from patients, ED staff and peer mentors has been really positive.

Link to MHA

The aim of this service is not to reduce MHA detention, though earlier engagement and support does help to alleviate distress and help the person to engage in the help offered, thus reducing the potential for use of the Act.

Assessment and Conclusion
The various projects are each being evaluated using a number of qualitative and quantitative measures. These include ongoing monitoring of admission data, including numbers of admission, length of admission and readmission rates along with capturing feedback from service users and their families with regard to the difference services have made to people's lives. It is recommended that the any learning from the impact of the services/pilots on the use of the MHA will be included in the quarterly MHA compliance update report.

Recommendation
The Committee is asked to receive the information provided.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	None identified
Financial Assessment, including Value for Money	None identified.
Quality, Safety and Patient Experience Assessment	The projects discussed, and monitoring thereof are deigned to improve patient safety and experience
Equality and Diversity Impact Assessment (including child impact assessment)	No specific equality and diversity issues have been identified.
Health and Care Standards	
Link to Integrated Medium Term Plan/Corporate Objectives	
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	
Glossary of New Terms	None
Public Interest	There is public interest in this report being shared.