Mental Health Act Monitoring Committee

Thu 09 December 2021, 13:00 - 15:00

Microsoft Teams

Agenda

13:00 - 13:15
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 8th September 2021

Attachment *Chair*

1.4 Draft MHAMC Minutes 8.9.21 (NW & KD reviewed).pdf (6 pages)

1.5. Action Log Update

Attachment *Chair*

1.5 MHAMC Action Log September-December2021.pdf (2 pages)

13:15 - 14:45
90 min

2. Agenda Items

2.1. 1:15-1:45 Mental Health Act Update

Attachment *Sarah Cadman*

2.1 MHA Update Report Q2 2021-22.pdf (22 pages)

2.2. 1:45-2:15 Mental Health Act Bench-marking Discussion

Attachment *Sarah Cadman*

2.2 All Wales Benchmarking Report -Q2 2021.pdf (20 pages)

2.3. 2:15-2:45 Section 117 Update

Verbal *Sarah Cadman*

14:45 - 15:00
15 min

3. Final Matters

Verbal *Chair*

3.1. Confirmation of risks/issues to be reported to other Committees

Verbal *Chair*

15:00 - 15:00
0 min

4. Date of Next meeting

Tuesday 1st March 2022, at 10 am via Microsoft Teams.

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Mental Health Act Monitoring Committee held on Wednesday 8th September 2021 at 9:00am in Executive Meeting Room, Headquarters St Cadoc's Hospital, Caerleon

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Present:

Emrys Elias	-	Chair
Katija Dew	-	Independent Member

In Attendance:

Bryony Codd	-	Head of Corporate Governance (deputising for the Board Secretary)
Ian Thomas	-	General Manager, Mental Health and Learning Disabilities
Nick Wood	-	Executive Director of Primary, Community and Mental Health Services
Sarah Cadman	-	Head of Quality and Improvement for Mental Health and Learning Disabilities
Dr Kavitha Pasunuru	-	Clinical Director, Child and Adolescent Mental Health
Dr Chris O'Connor	-	Divisional Director for Mental Health and Learning Disabilities
Emma Guscott	-	Committee Secretariat

Apologies:

Michelle Forkings	-	Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing
Paul Deenen	-	Independent Member
Richard Howells	-	Board Secretary

MHAMC 0809/01 Welcome and Introductions

The Chair welcomed members and guests to the meeting.

MHAMC 0809/02 Apologies for Absence

Apologies for absence were noted.

MHAMC 0809/03 Declarations of Interest

There were no Declarations of Interest in relation to items on the Agenda.

MHAMC 0809/04 Minutes of the Meeting held on 10th June 2021

The Minutes were agreed as a true and accurate record of the meeting held on 10th June 2021.

MHAMC 0809/05 Mental Health Act Update

Chris O'Connor and Sarah Cadman provided the Committee with an update on the Mental Health Act and associated hospital manager's activity within the Mental Health and Learning Disabilities Division.

Chris O'Connor addressed current Mental Health activity data, and indicated that there had been similar numbers of detentions in comparison to pre-COVID-19. The committee were advised of the current pressures in inpatient settings. Some of the challenges were noted as increased acuity, workforce and patient flow issues. These issues were being monitored by the Health Board. The committee queried if flow issues had a significant impact on patients being discharged home. It was discussed that patient's packages of care changed, based on assessed patient need. The following was noted;

- The older cohort of patients may require discharge into residential/care homes and not directly to their home address. The impact that COVID-19 had had on this patient flow area was not noted as a current issue, but being closely monitored.
- The challenge in securing placements when discharging adults of a working age, who require a locked rehab or a low secure placement, was discussed as an increasing national challenge. Officers were working with local authority colleagues to address challenges when when discharging patients to residential care. The Health Board had employed a housing officer to help tackle some of these challenges and benefits were being seen as a result.

The committee queried if the increase in presentations related to patients known to the service or new patients. The committee was advised that there was not yet any formal data, however, informal observations had shown an increase in patients presenting, who had previously managed their care in the community; these patients had presented and

required long admission stays. It was noted that numbers were the largest seen for many years. Early informal observations indicated that changes to community support networks, due to COVID, may have impacted the number of admissions. To tackle the number of admissions and offer a range of support to patients, ABUHB was continuing to develop the 'Shared Lives' initiative, offering patients an alternative to admission. The predicted timeframe to open other support networks, such as the Sanctuary provision and the ABUHB Shared House was early Autumn 2021. The impact of these provisions on both admissions and detentions would be closely monitored by the team. **Action: Sarah Cadman**

Ian Thomas and Kavitha Pasunuru discussed the large increase of patients presenting in both the Learning Disabilities units and CAMHS. The committee noted that early informal observations indicated the increase may be due to reduced and/or closed provisions in the local authority area, due to COVID. It was stated that the gap between demand and capacity had widened significantly due to system pressures; previously available CAMHS beds for 16-17 year old patients in SSU at GUH now being used for COVID patients. The Chair queried if the information contained in the report informed service planning going forward. It was noted that the report is shared with the MHA Implementation Group. Impact assessments on community closures would need to be considered for future service planning. Based on increased demand, it was agreed that mental health service planning needed to be considered at Board level. **Action: Nick Wood**

The committee were assured that the report was shared with the Mental Health Act Implementation Group, and partners such as local authority groups, Police and WAST and Divisional Quality and Patient Safety forums to inform service planning discussions.

Unlawful detentions were discussed. It was noted that the previous quarter saw an increase. This was mainly due to paperwork not being completed in a timely manner. The Division had addressed this over the quarter, with staff training and support; observations indicated this had had a successful impact, with zero unlawful detentions reported for the present quarter. Further meetings were to take place to further strengthen the understanding of the Mental Health Act

in the acute sector. **Action: Sarah Cadman**

The committee noted that the use of section 135 had increased during this quarter, this would be monitored over time. Section 136 data was discussed from the previous quarter, it was relatively low and would be discussed further at the Mental Health Act Implementation Group. The Chair stated the importance of a further look at Section 136 as it was used as a measure for the Crisis Care service model. The committee noted that the report indicated that Section 136 activity in under 18's had increased this quarter. It was noted that some numbers were influenced by repeat assessments. The committee noted that this was a national issue. This remained on the Risk register and would be closely monitored.

In relation to the MHA tribunals, the committee were assured that the significant numbers being cancelled before being heard were due to patients becoming well and no longer needing to be detained.

The committee noted that the Annual Benchmarking Report had not yet been received due to staff redeployment in Cardiff and Vale University Health Board.

The committee thanked Sarah Cadman and the team for the comprehensive report and noted the predicted increase in system pressures and demands.

MHAMC 0809/06 **Mental Health Act Benchmarking Discussion**

Nick Wood gave an update to the committee. In relation to the National Benchmarking Event data, adult acute figures state that ABUHB has the 2nd highest admission rate in the UK. It was noted that the Health Board's position was higher than the national average. The length of stay noted for ABUHB patients was an average of 16 days with the national average being 35 days. ABUHB beds for older adults were noted as 25% more than the UK average, but slightly below the average for Wales. Admissions for older

adults were noted as 295 per 100,000 in comparison to 165 per 100,000 national average. This data indicates that ABUHB is using its current bed base efficiently, based on length of stay. The committee noted that this data related to 2019/2020 and things had significantly changed since due to COVID. The number of admissions would be monitored and the use of services considered.

Community Services were discussed. It was noted that ABUHB caseload was higher than the national average, with 2200 per 100,000 of the population in comparison to a national average of 1747 per 100,000 population. Going forward, waiting times were to be assessed and correlation between the length of wait for community services and number of admissions to be calculated.
Action: Nick Wood

Access to services in a timely manner was noted as vital. The committee queried if community based foundation tier services in local authorities could offer more preventative support, in turn, avoiding the need for presentation. The committee noted the differentiation between Foundation Tier services and Community Mental Health services. ABUHB had invested largely through the 3rd sector into Foundation Tier Services and this was being monitored and the Health Board was hoping to see the future impact of supporting patients earlier on in their journey. Kavitha Pasunuru discussed the significant investments and developments made by ABUHB in community Foundation Tier Services (preventative early intervention work) for children and young people, in line with the *Together with Children & Young People Programme* national programme, alongside the *NEST programme* aiming to empower those in close proximity to the child.

The Chair highlighted the positive service model in Gwent. It was noted how this benchmarking data helped to inform service delivery models, understand demands and unmet needs and further support the understanding of the Mental Health Act. The committee thanked Nick Wood for the update.

MHAMC 0809/07 **Final Matters/For information**
Section 117 Update

Sarah Cadman stated that there was no update at present. Previous discussions with the Mental Health Act Implementation Group had indicated that, until there was a 'Once for Wales' approach, Section 117 would continue to be monitored borough by borough, escalating where necessary. The committee queried the pilot that was discussed pre-COVID, taking place in Monmouthshire. Further information on this to be reported back to the committee. **Action: Sarah Cadman**

MHAMC 0809/08 **Items for Board Consideration**

None noted.

MHAMC 0809/09 **Date and Time of Next meeting**

The next meeting of the Mental Health Act Monitoring Committee will be held on Thursday 9th December 2021 at 2.00pm via Microsoft Teams.

Mental Health Act Monitoring Committee
Action Log

(The Action Sheet also includes actions agreed at previous meetings of the Mental Health Act Committee which are awaiting completion or are timetabled for future consideration by the Committee)

Agreed Actions

Key: Complete ☐

Action Reference	Action Description	Lead	Progress
MHAMC 0809/05	**Mental Health Act Update:** The predicted timeframe to open other support networks, such as the Sanctuary provision and the ABUHB Shared House was early Autumn 2021. The impact of these provisions on both admissions and detentions would be closely monitored by the team. **Action: Sarah Cadman**	**Sarah Cadman**	Neither the sanctuary nor crisis house has opened as yet. Both are due to open in the first week of December. We will continue to monitor any effect on MHA activity from this time. - update from Sarah Cadman on 24/11/2021
	Based on increased demand, it was agreed that mental health service planning needed to be considered at Board level. **Action: Nick Wood**	**Nick Wood**	This will be part of the Divisions IMTP which will be produced by Feb 2022, Board to consider IMTP in March 2022 meeting
	Further meetings were to take place to further strengthen the understanding of the Mental Health Act	**Sarah Cadman**	The newly appointed MHA Administration Team Lead has met with site

Action Reference	Action Description	Lead	Progress
	in the acute sector. **Action: Sarah Cadman**		managers in GUH and has arranged training for colleagues in the acute sector. There is training planned for the first week of December
MHAMC 0809/06	**Mental Health Act Benchmarking Discussion** Going forward, waiting times were to be assessed and correlation between the length of wait for community services and number of admissions to be calculated. **Action: Nick Wood**	**Nick Wood**	The correlation work will be considered in the first instance by the Mental Health Monthly Assurance meeting, a further update will then be provided at the next meeting.
MHAMC 0809/07	**Section 117 Update.** The committee queried the pilot that was discussed pre-COVID, taking place in Monmouthshire. Further information on this to be reported back to the committee. **Action: Sarah Cadman**	**Sarah Cadman**	Discussions were held with the Chief Officer for Social Care, Safeguarding and Health within Monmouthshire CC and an initial proposal was developed. Unfortunately, due to significant operational pressures within MCC and the onset of the pandemic the work was not progressed and to date has not been revisited.

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Mental Health Act Monitoring Committee 9th December 2021 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: Nick Wood	
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: 19/10/2021			
Supplementary Papers Attached: Glossary Of Terms			

MAIN REPORT: As a guide, reports should be no longer than 8-10 pages

Purpose of the Report

The report provides activity information on the use of the Mental Health Act over Quarter 2, July – September 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.

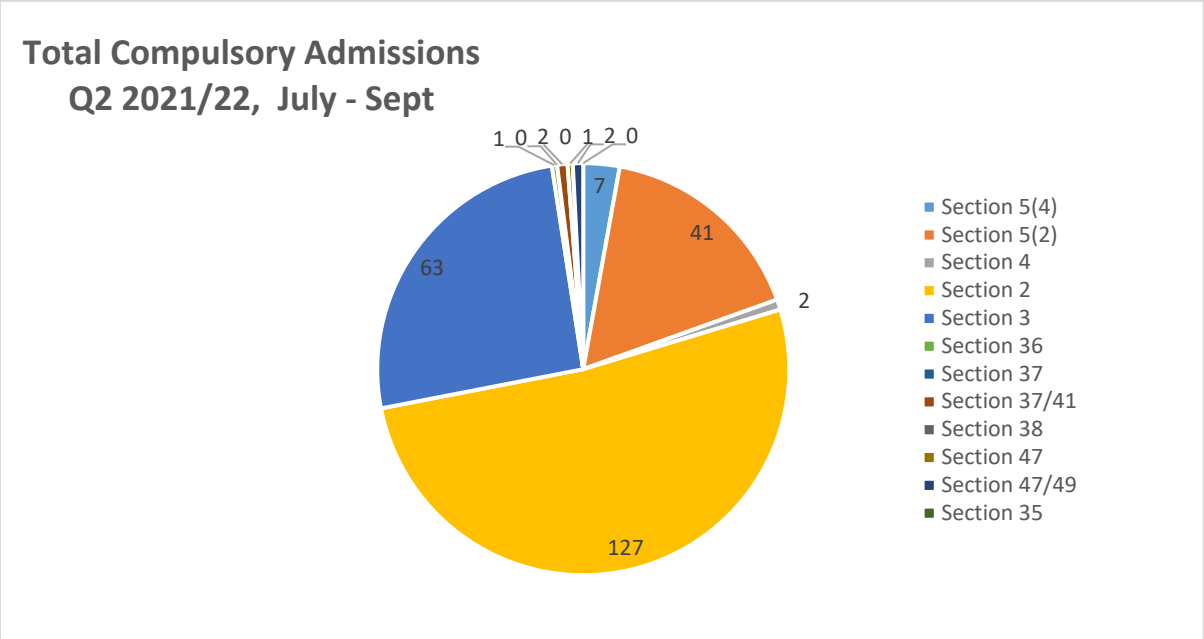
The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

Background and Context

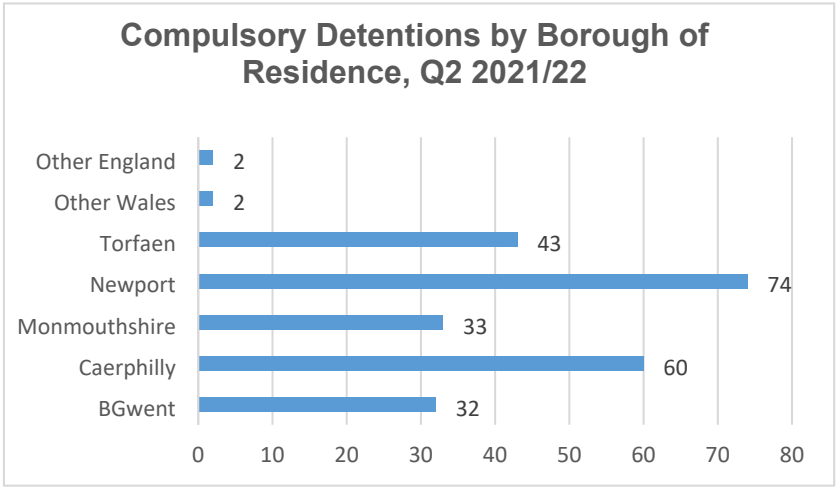
The report presents data for the second quarter of 2021/22 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

1. In-Patient MHA Activity, Q2 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. Blaenau Gwent, Newport and Torfaen had the highest number of detentions per population.



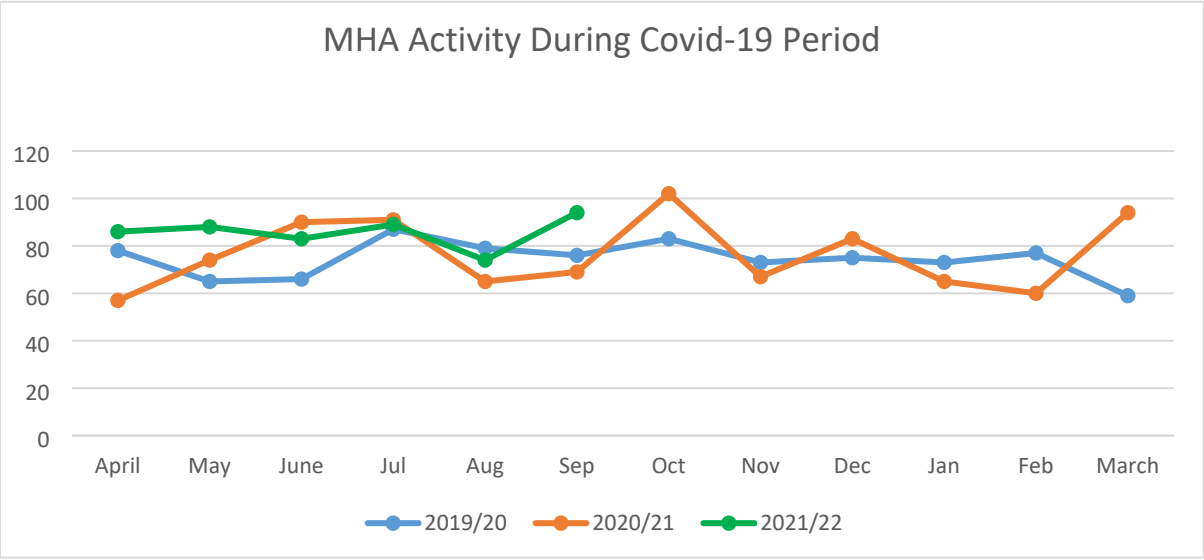
Borough	Detentions Q2 2021/22	Population (000's)	Detentions per 1,000 population Q2 2021/22 (Previous Qtr.)
Caerphilly	60	181	**0.3** (0.4)
Newport	74	156	**0.5** (0.5)
Blaenau Gwent	32	70	**0.5** (0.3)
Torfaen	43	94	**0.5** (0.4)
Monmouthshire	33	95	**0.3** (0.2)

In comparison to the previous quarter, there has been a 2.9% increase in the overall number of patients detained under the Act.

Section	Previous Quarter	Q2 2021/22	Trend
Section 5(4)	11	7	↓
Section 5(2)	33	41	↑
Section 4	0	2	↑
Section 2	143	127	↓
Section 3	48	63	↑
Total	**240**	**247**	**Overall 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.



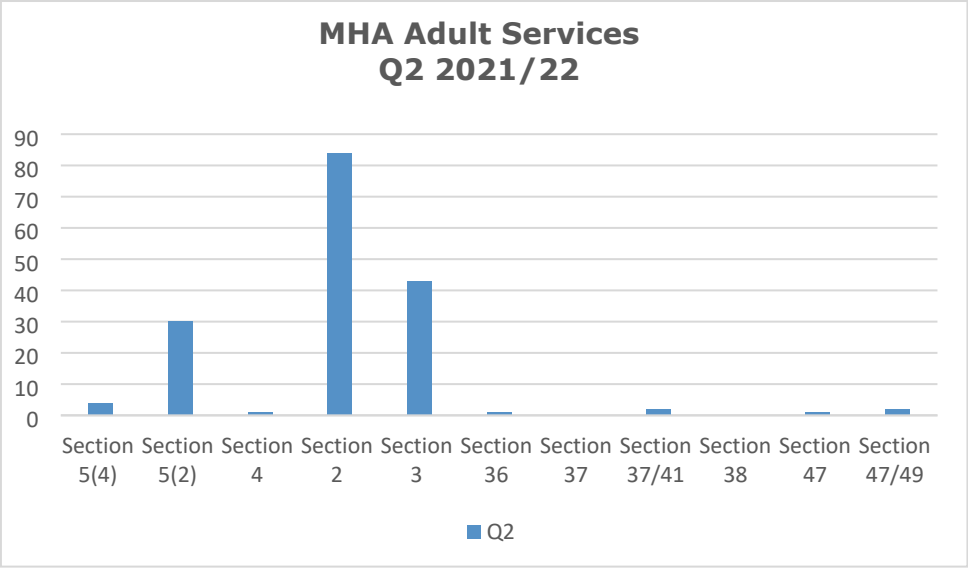
Includes all MHA detentions – S5(4), S5(2), S4, S2, S3, CTO, CTO Revoke, S3 Renewal, CTO Renewal

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 15% 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%
Total	**446**	**515**	**Overall 15% increase**

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

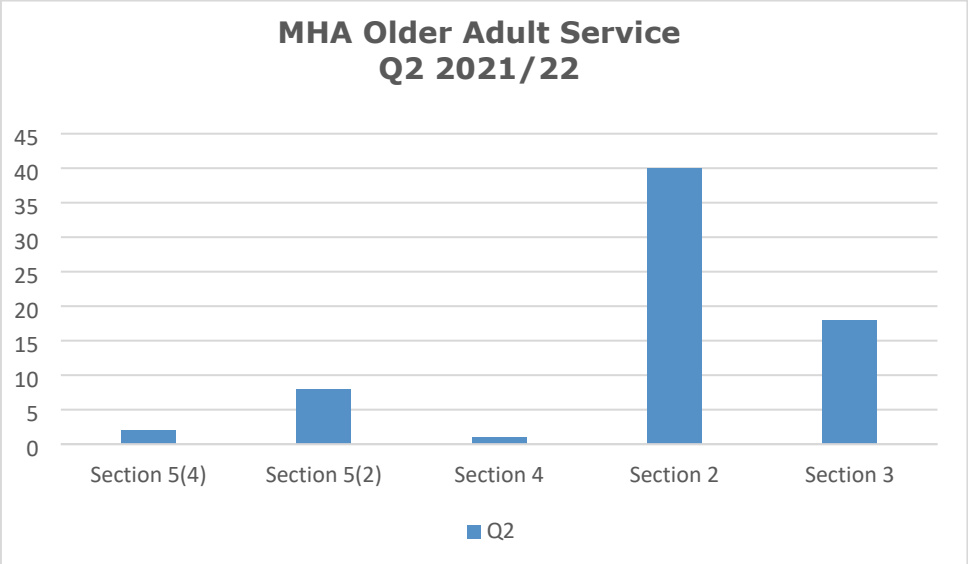
A breakdown of all compulsory admissions to mental health wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that half (50%) of all admissions are under Section 2 (Assessment) of the MHA, with a just over a quarter (26%) of detentions under section 3 (Treatment). 20% of all adult detentions were under Section 5 of the Act. There was an overall 7% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q2 2021/22	Trend
Section 5(4)	7	4	-43%
Section 5(2)	26	30	+15%
Section 4	0	1	+100%
Section 2	108	84	-22%
Section 3	35	43	+23%
Section 36	0	1	+100%
Section 37	1	0	-100%
Section 37/41	1	2	+100%
Section 38	0	0	-
Section 47	0	1	+100%
Section 47/49	3	2	-33%
Other	0	0	-
TOTAL	181	168	Overall 7% decrease

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

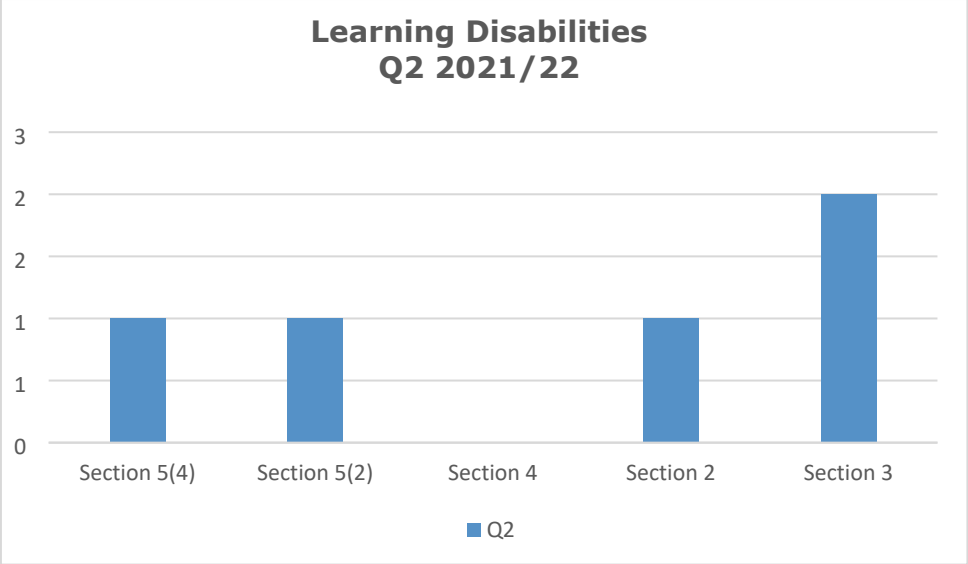
Within the older adult population patients admitted and detained, 83% were admitted under Sections 2 or 3 of the MHA with 14% detained under Section 5 provision. There was an overall 35% increase in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q2 2021/22	Trend
Section 5(4)	**4**	**2**	**-50%**
Section 5(2)	**5**	**8**	**+60%**
Section 4	**0**	**1**	**+100%**
Section 2	**30**	**40**	**+33%**
Section 3	**13**	**18**	**+38%**
TOTAL	**52**	**70**	**Overall 35% increase**

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

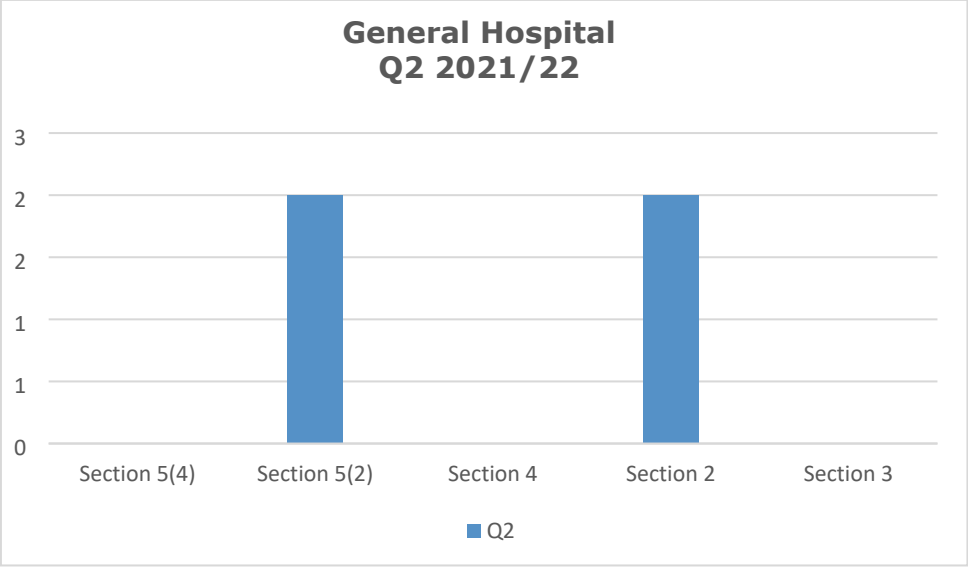
For individuals with a learning disability requiring admission under the MHA, 60% were admitted under Sections 2 or 3 of the MHA with 20% admitted under Section 5 provision. There was an overall 500% increase in detentions compared to the previous quarter.



Section	Previous Quarter	Q2 2021/22	Trend
Section 5(4)	**0**	**1**	**+100%**
Section 5(2)	**0**	**1**	**+100%**
Section 4	**0**	**0**	**-**
Section 2	**0**	**1**	**+100%**
Section 3	**0**	**2**	**+200%**
TOTAL	**0**	**5**	**Overall 500% increase**

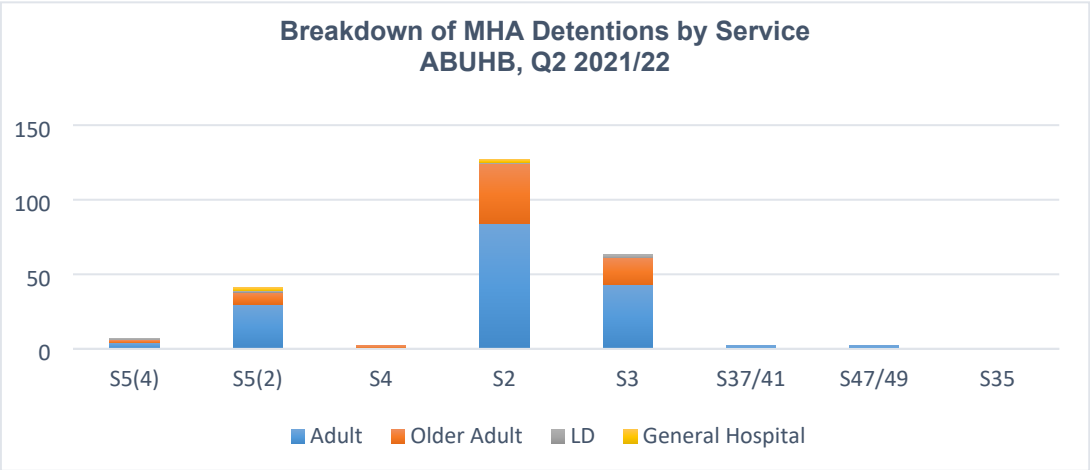
- **General Hospital Compulsory Admissions Under the MHA (1983)**

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	Q2 2021/22	Trend
Section 5(4)	**0**	**0**	**-**
Section 5(2)	**2**	**2**	**-**
Section 4	**0**	**0**	**-**
Section 2	**5**	**2**	**-60%**
Section 3	**0**	**0**	**-**
TOTAL	**7**	**4**	**Overall 43% decrease**

The below chart shows the total MHA detentions broken down by service for quarter 2, 2021/22.

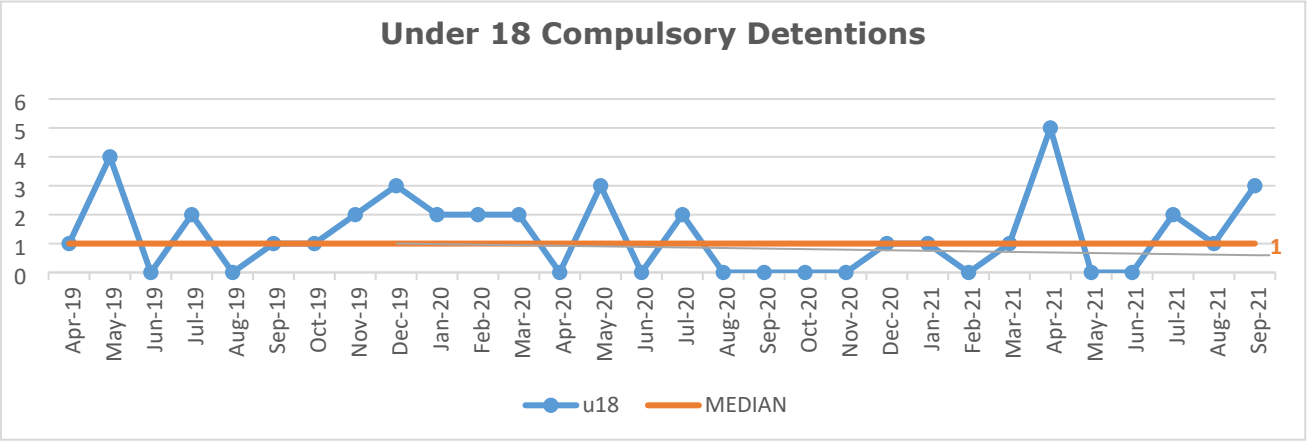


- **Total number of Under 18s Compulsory Detentions Under the MHA (1983)**

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 was an overall 150% increase in the number of detentions compared to the previous quarter.

Under 18 years Detentions	Previous Quarter	Q2 2021/22	Trend
Section 5(4)	**0**	**1**	**+100%**
Section 5(2)	**1**	**1**	**-**
Section 2	**4**	**4**	**+100%**
Section 3	**0**	**0**	-
CTO	**0**	**0**	-
TOTAL	**5**	**6**	**Overall 20% increase**



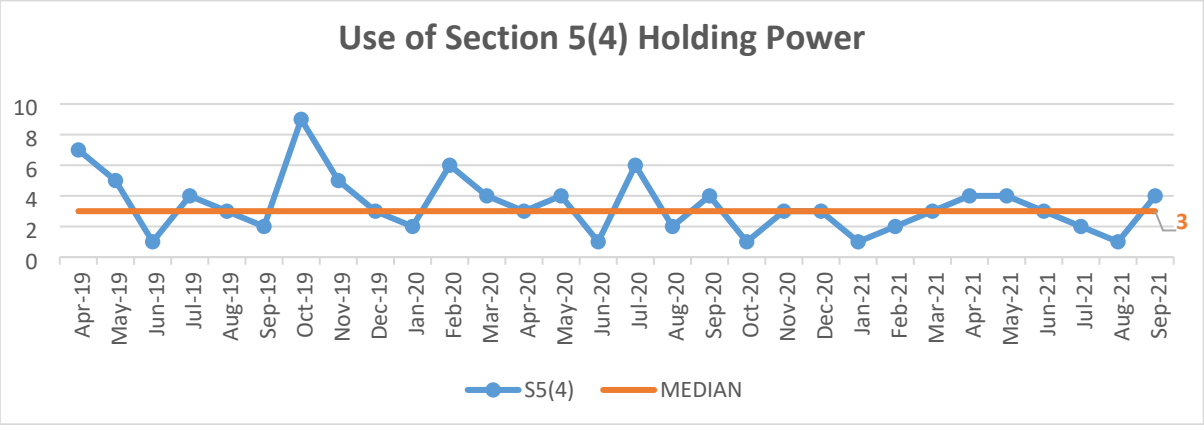
The higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult Lead Nurses. Access to CAMHS specialist inpatient provision 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 June 2021

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

- **Use of Section 5 Holding Powers**

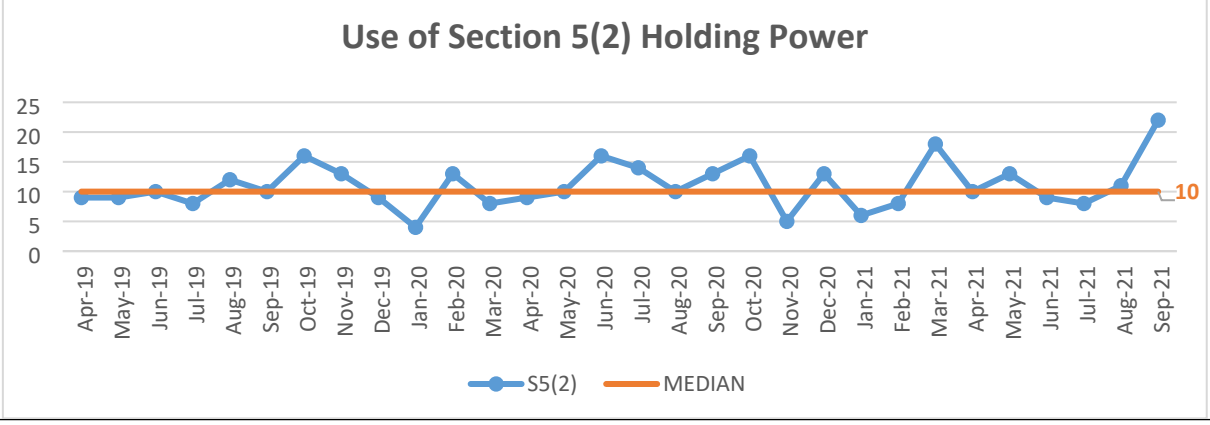
The use of Section 5(4) is intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 7 uses of this holding power over the quarter with 4 (57%) of these resulting in a doctor/approved clinician detaining the patient under Section 5(2). 1 (14%) was regraded to section 2 and a further 2 (29%) lapsed.



Outcome of Section 5(4) – Q2 2021/22

Outcome	Total	%
Lapsed	2	29%
Ended	0	-
Section 5(2)	4	57%
Section 2	1	14%
Total	**7**	**100%**

The use of Section 5(2) resulted in 49% being detained under section 2, with 32% ending or lapsing without further detention under the MHA.



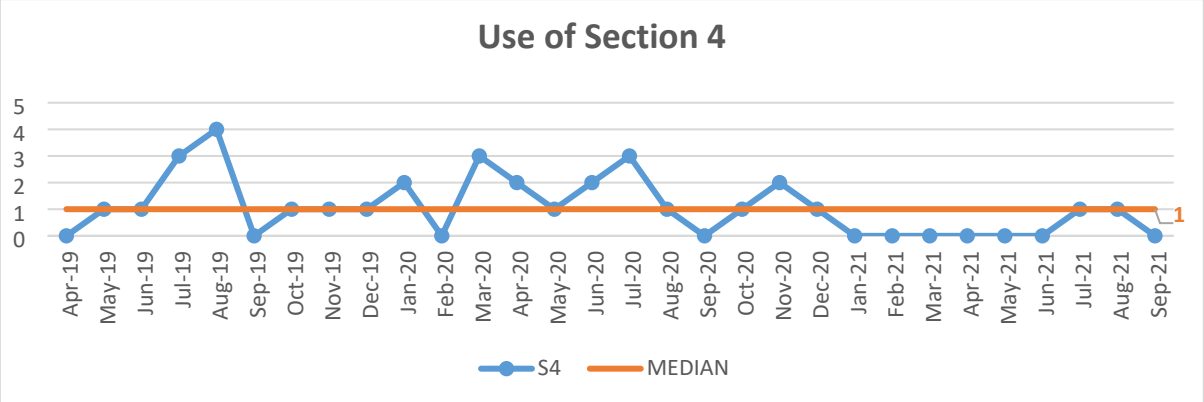
Outcome of Section 5(2) – Q2 2021/22

Outcome	Total	%
Lapsed	5	12%
Ended	8	19.5%
Section 2	20	49%
Section 3	8	19.5%
Total	**41**	**100%**

- **Use of Section 4**

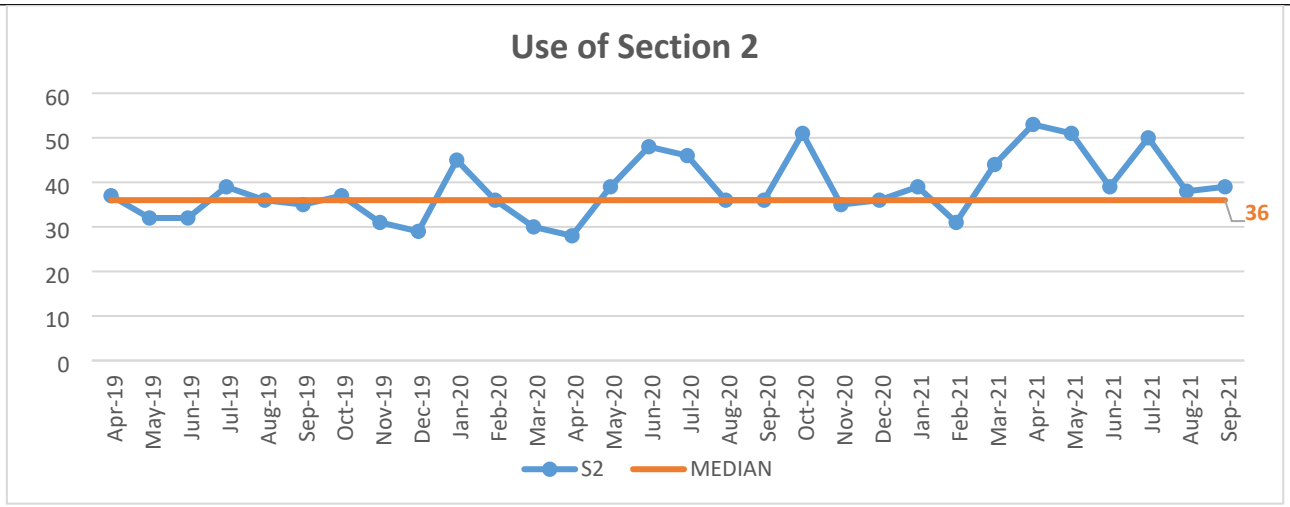
The use of Section 4 is a relatively rare event and data remains low. Section 4 will be used only in emergency situations where it is not possible to secure 2 doctors for a Section 2 assessment immediately and it is felt necessary for a person's protection to detain under a section of the MHA. While 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 despite an increase in the use of this provision over the Covid-19 period this has now decreased and previous to this quarter there had been 0 uses of Section 4 for 6 months, however Section 4 was used on 2 occasions this quarter (Q2).



- **Use of Section 2**

51% 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, Q2 2021/22

Outcome	Total	%
Expired	6	5%
Regraded S3	24	19%
Transferred	7	6%
Died	1	1%
Ended: 0-3 days	6	5%
Ended: 4-14 days	26	20%
Ended: 15-28 days	46	36%
Ongoing as at 23/04/21	11	9%
Total	**127**	

A total of 127 detentions were made using Section 2, with 66% of these in adult mental health services, 32% in older adult, 2% in a general hospital setting and 1% in learning disabilities.

Of the total 127 patients detained under Section 2:

- 24 (19%) were regraded to Section 3
- 7 (6%) were transferred out of the Health Board during the Section 2

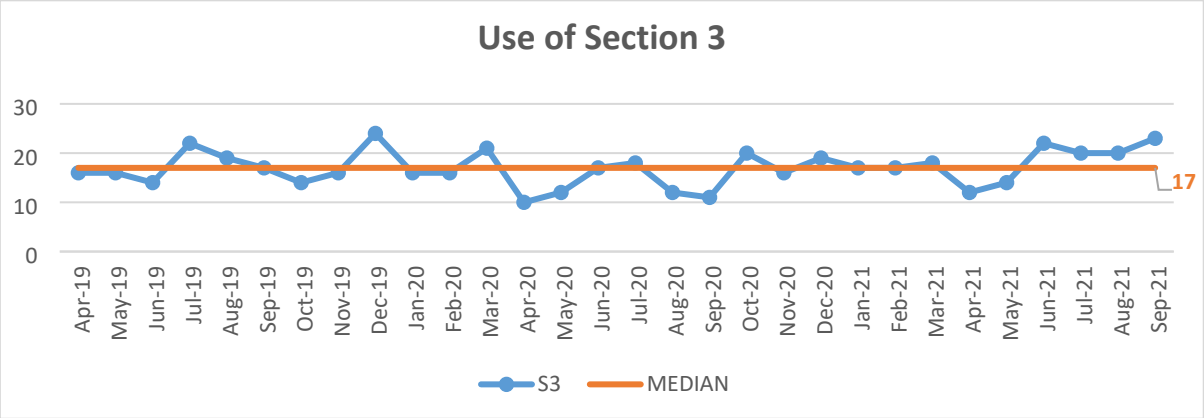
Of the remaining 96 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 6 (5%) were detained between 0-3 days
- 4-14 days 26 (20%) were detained between 4-14 days
- 15-28 days 46 (36%), were detained between 15-28 days

Of this cohort, 6 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 63 detentions were made using Section 3, with 73% of these in adult mental health, 29% in older adult mental health and 3% in learning disabilities.



Of the total 49 patients detained under Section 3:

- 52% (33) detentions remained as ongoing detentions as of 14.07.2021
- 40% (25) detentions were ended as of 14.07.2021

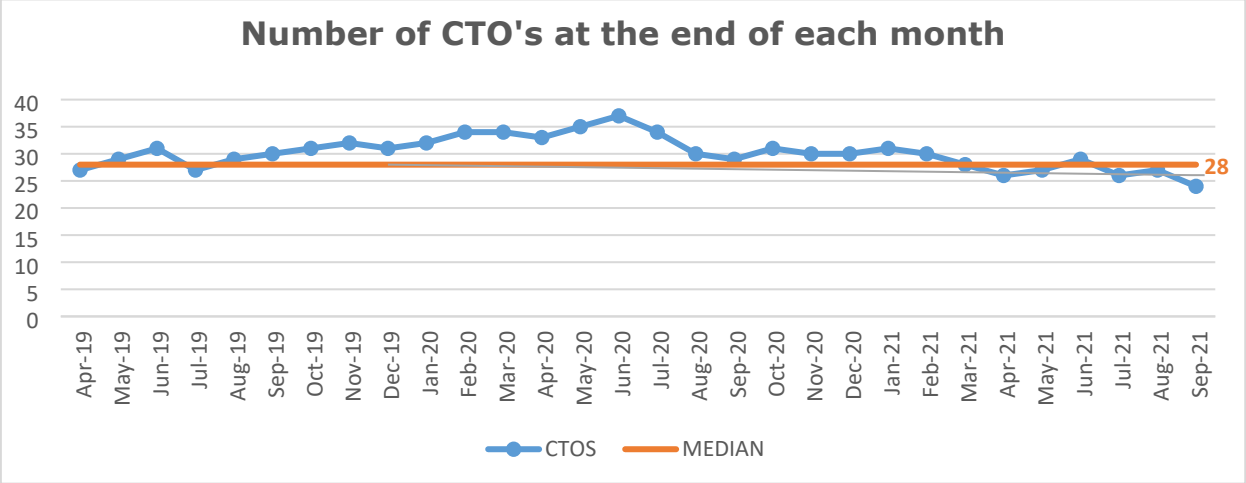
- **Renewal of In-patient Detentions under the MHA (1983)**

The table below shows that the number of renewals of inpatient detentions remained the same during this quarter compared to the previous period.

Section	Previous Quarter	Q2 2021/22	Trend
Section 3 renewal	**6**	**4**	↓
Section 37 renewal	**1**	**1**	–
Section 47 renewal	**0**	**0**	–
TOTAL	**7**	**5**	↓

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

The number of Community Treatment Orders at the end of each month has decreased by 14% since the last quarter; from 29 at the end of June 2021 decreasing to 25 at the end of September 2021.



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

Community Treatment Orders (CTOs)

Section	Power	Previous Quarter	Q2 2021/22	Trend
17A	CTOs made	**8**	**3**	↓
	CTOs extended	**8**	**5**	↓
	Recalled to hospital and not admitted	**1**	**2**	↑
	Recalled to hospital and revoked	**2**	**4**	↓
	Discharged from CTO	**5**	**4**	↓

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	Q2 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	Q2 2021/22	Trend
Failed Medical Scrutiny	0	**2**	—

- **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 a 50% increase in the number of rectifiable errors demonstrating that there is still 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	Q2 2021/22	Trend
Rectifiable errors on document	2	**4**	↑

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.

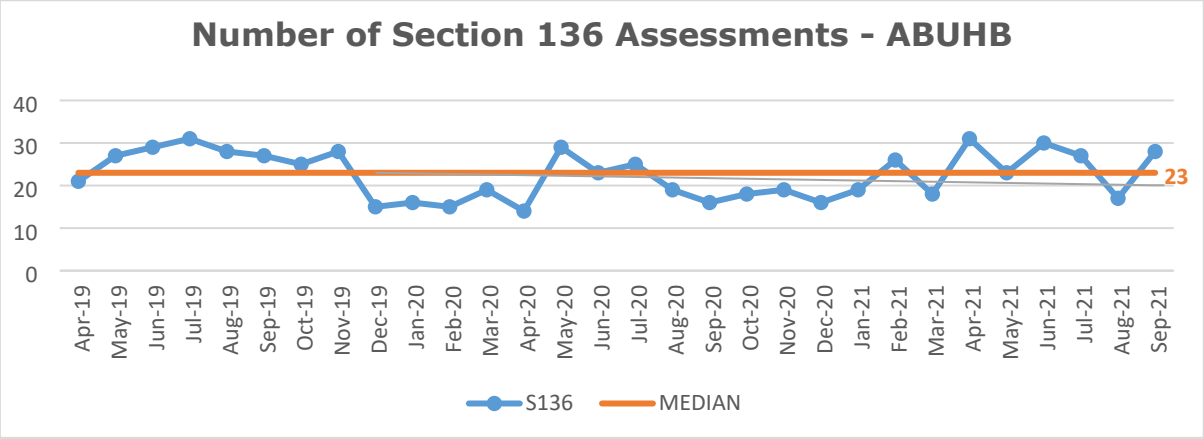
Use of Section 135, Q2 2021/22

Section 135 of the MHA	Previous Quarter	Q2 2021/22	Trend
Assessed and admitted informally	**0**	**0**	—
Assessed and discharged	**0**	**0**	—
Assessed and detained under Section 2	**8**	**5**	↓
Assessed and detained under Section 3	**1**	**0**	↓
Assessed and CTO Revoked	**0**	**0**	—
Other	**0**	**0**	—
Total	**9**	**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.

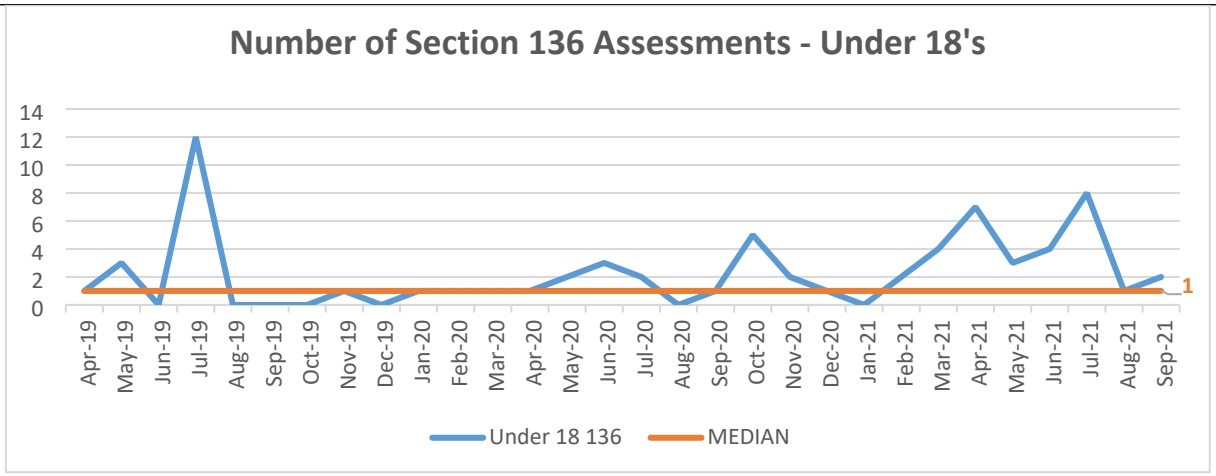


A breakdown of the outcome of 136 assessments is shown in the table below. A total of 72 assessments were undertaken. Of those assessed 40% were admitted, with 55% of those admitted being formally detained. 11% of individuals assessed were discharged with no follow up required, while 47% were discharged with a follow up plan in place.

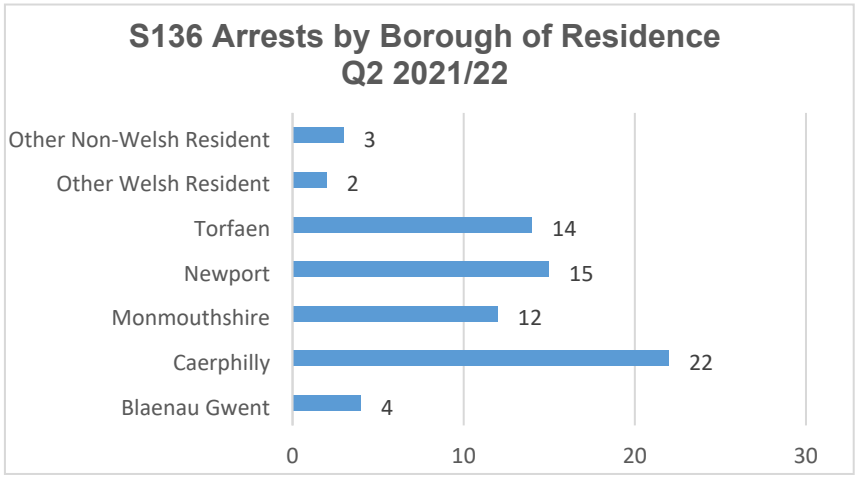
Use of Section 136, Q2 2021/22

Section 136 of the MHA	Previous Quarter	Q2 2021/22	Trend
Assessed and admitted informally	**26**	**13**	↓
Assessed and detained under Section 2	**22**	**15**	↓
Assessed and detained under Section 3	**0**	**1**	↑
Assessed and detained under Section 4	**0**	**0**	–
Discharged – no follow-up required	**7**	**8**	↑
Discharged – with follow-up plan	**29**	**34**	↑
Section 136 lapsed	**0**	**1**	↑
TOTAL	**84**	**72**	↓

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 decreased by 21% in comparison to the previous quarter with 14 assessments taking place in quarter 1 and 11 in quarter 2. It should be noted that a number of the assessments that took place in quarter 2 are from the same patients being detained on multiple occasions.



A breakdown of assessed patients by borough shows that Caerphilly had higher demand than other boroughs, accounting for 31% of all assessments.

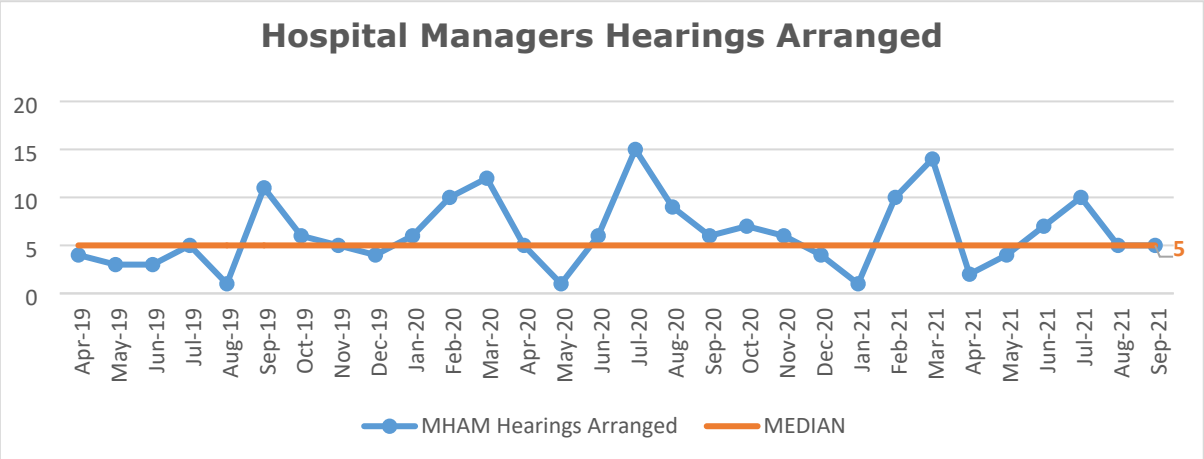


A breakdown of all 72 events shows that the majority of patients were male patients; alcohol and/or drugs being a related factor in 33% of all cases; 15% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Previous Quarter	Q2 2021/22
TOTAL	**N=84**	**N=72**
Gender:		
% Male	48%	53%
% Female	52%	47%
Place of Safety:		
% Hospital	96%	93%
% Police Station	4%	7%
% Under 18 Years	17%	15%
Use of Illicit Substances:		
% Alcohol	13%	17%
% Drugs	7%	13%
% Both Alcohol and Drugs	1%	3%
Where Assessment took place:		
% Hospital	100%	100%
% Police Station	0%	0%
12 Hour extension required/granted	1%	0%

5. Mental Health Act Managers Hearings

There has been an increase (54%) 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. All 6 hearings held during the quarter were held via video conferencing.



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.

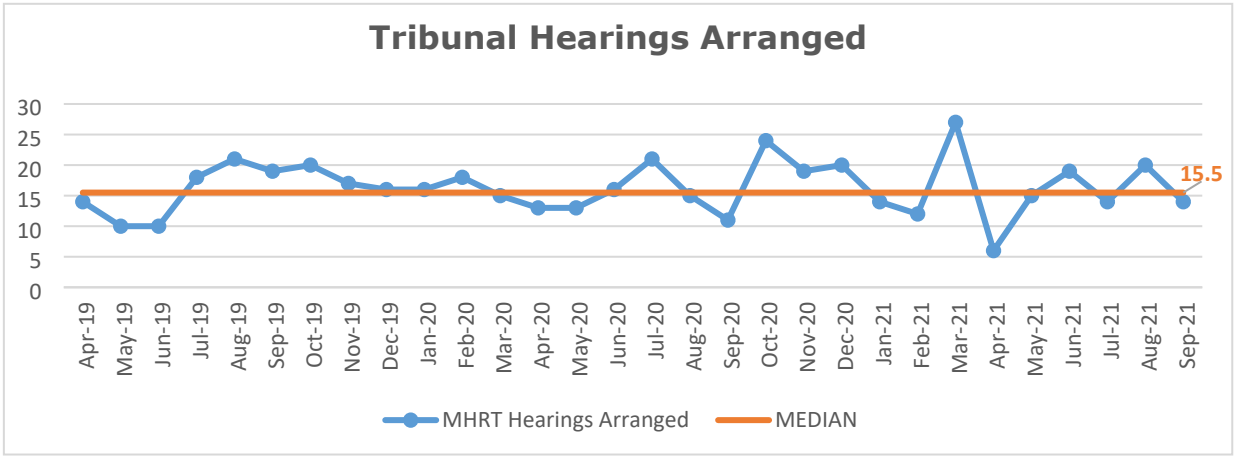
Mental Health Act Manager Review Hearings

Hospital Manager Hearings	Previous Quarter	Q2 2021/22	Trend
Applications by patient – Inpatient	**0**	**2**	↑
Applications by patient – CTO	**0**	**0**	–
Renewal Hearing Applications – Inpatient	**16**	**11**	↓
Renewal Hearing Applications – CTO	**6**	**10**	↑
Barring Hearings	**0**	**2**	↑
Hearing cancelled before being heard	**8**	**14**	↑
Hearing held - Patient Discharged by Hospital Managers	**0**	**0**	–
Hearing held – Section continued	**4**	**6**	↑

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, however, there was 20% 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	Q2 2021/22	Trend
Applications by patient – Inpatient	50	42	↓
Applications by patient – CTO	2	1	↓
Renewal Hearing Applications – Inpatient	7	4	↓
Renewal Hearing Applications – CTO	5	5	–
Referral by MOJ	1	0	↓
Referral by Welsh Ministers	0	0	–
Outcomes: Hearing Cancelled before being heard	25	22	↓
Outcomes: Patient Discharged by MHRT	0	0	↓
Outcomes: Section Continued	15	26	↑

This shows that a significant number of Tribunals are cancelled before being heard. 0 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 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 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 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: 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.

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Aneurin Bevan University Health Board Mental Health Act Monitoring Committee 9th December 2021 Agenda Item: 2.2

Mental Health Act Update – All Wales Benchmark Report Q2 (July- September 2021)

Executive Summary

This report provides the Mental Health Act Monitoring Committee with the Benchmarking report completed by Cardiff and Vale University Health Board on behalf of all Health Boards in Wales, on the use of the Mental Health Act across Wales.

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			
Report Authors: CAVUHB			
Report Received consideration and supported by :			
Executive Team		**Committee of the Board**	Mental Health Act Monitoring Committee
Date of the Report: October 2021			
Supplementary Papers Attached: Glossary Of Terms			

Purpose of the Report

The report provides activity information on the use of the Mental Health Act (MHA) over Quarter 2, July – September 2021/22 across Wales, allowing a comparison of MHA use across the Health Boards of Wales.

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

The report presents data for the second quarter of 2021/22 on the use of the Mental Health Act (MHA) across Wales. The data is collected and analysed by Mental Health Act Administration colleagues in Cardiff and Vale University Health Board on behalf of the Health Boards of Wales.

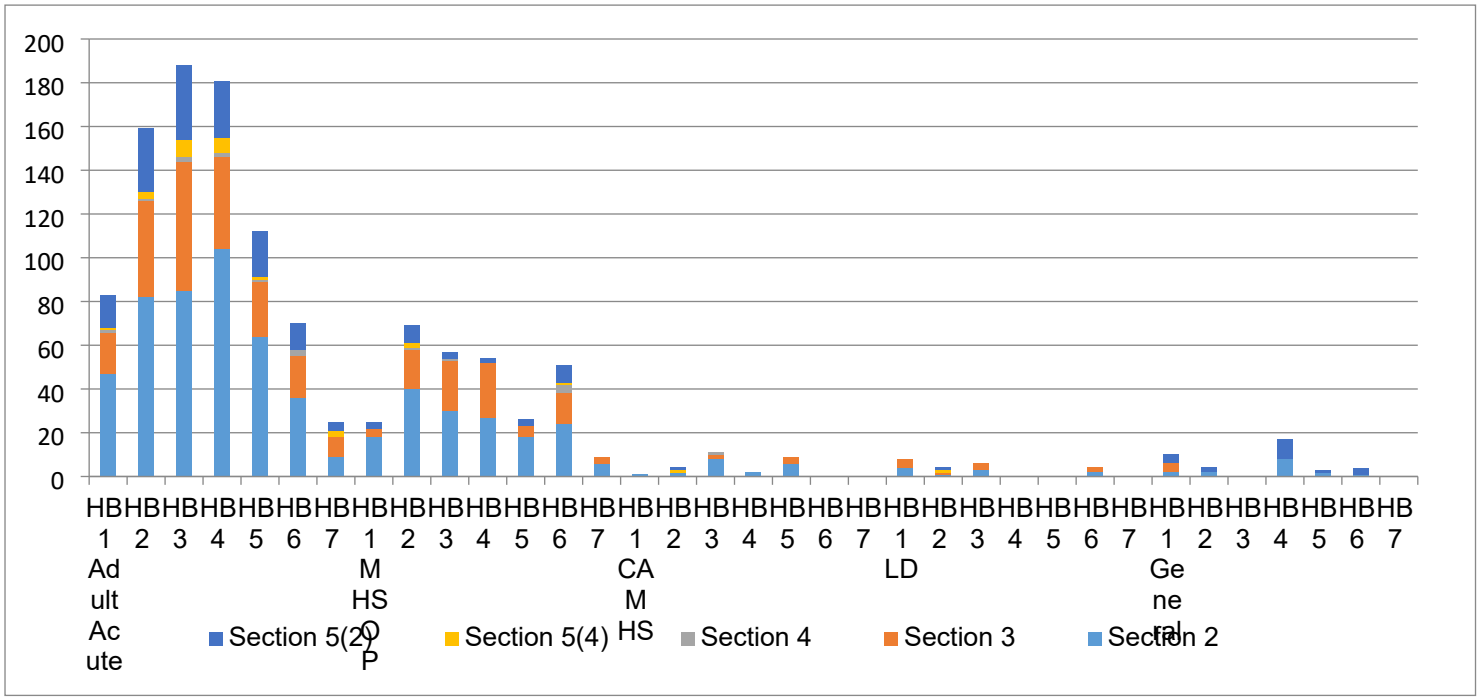
Benchmarking data July- September 2021:

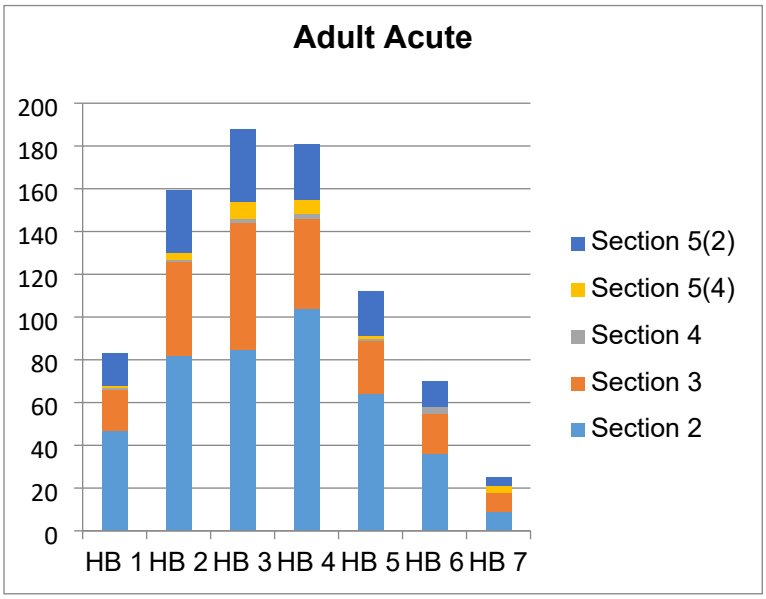
Health Board		Population
Swansea Bay University Health Board(HB1)		390,949
Aneurin Bevan University Health Board(HB2)		598,194
Betsi Cadwaladr University Health Board(HB3)		703,361
Cardiff & Vale University Health Board(HB4)		504.497
Cwm Taff Morgannwg University Health Board (HB5)		449.836
Hywel Dda University Health Board(HB6)		389,719
Powys Teaching Health Board(HB7)		133,030
	Total Population of Wales:-	3,169586

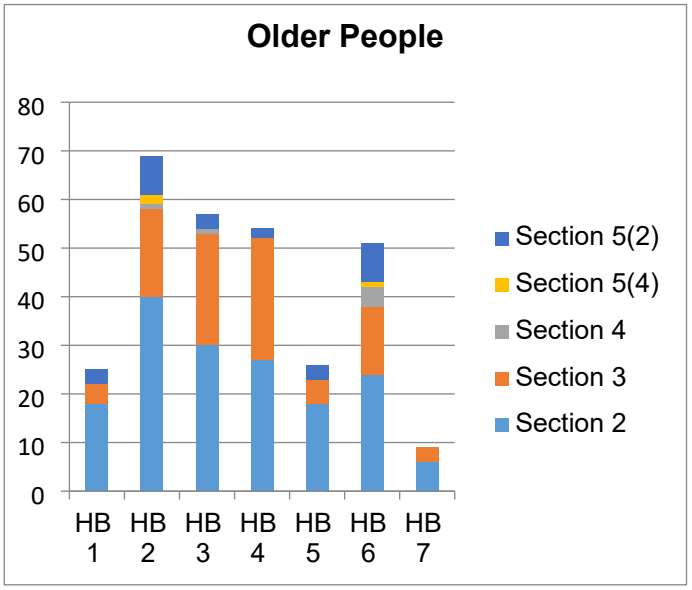
Please note that pie chart percentages within this report are percentages of that specific chart rather than percentages of each Health Boards total

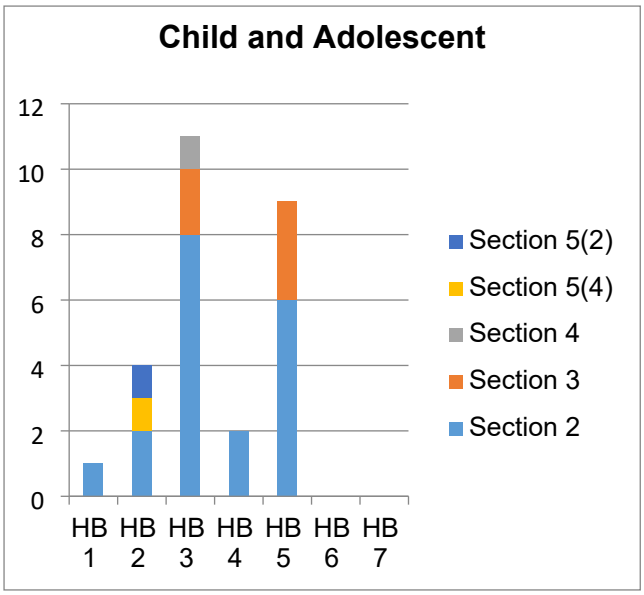
Part 2 MHA Activity

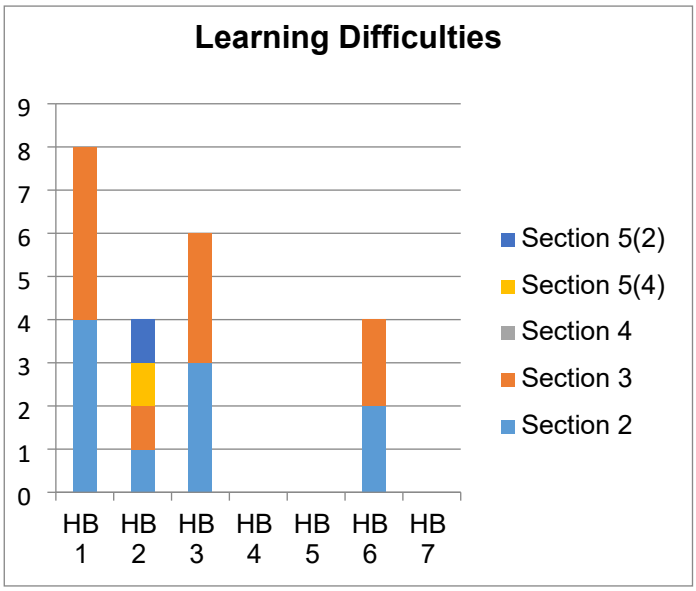
During the period a total of 1196 patients were made subject to the part 2 provisions of the MHA 1983 across Wales.

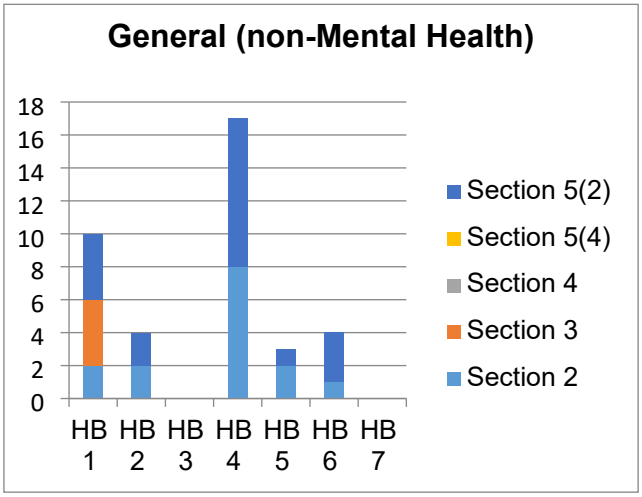






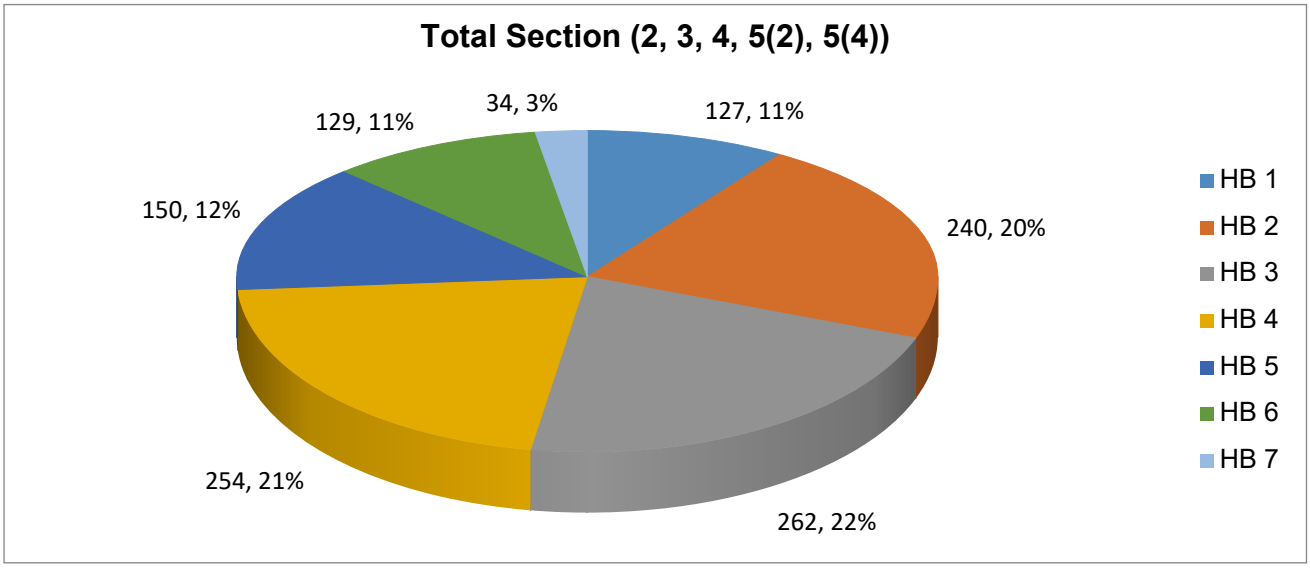




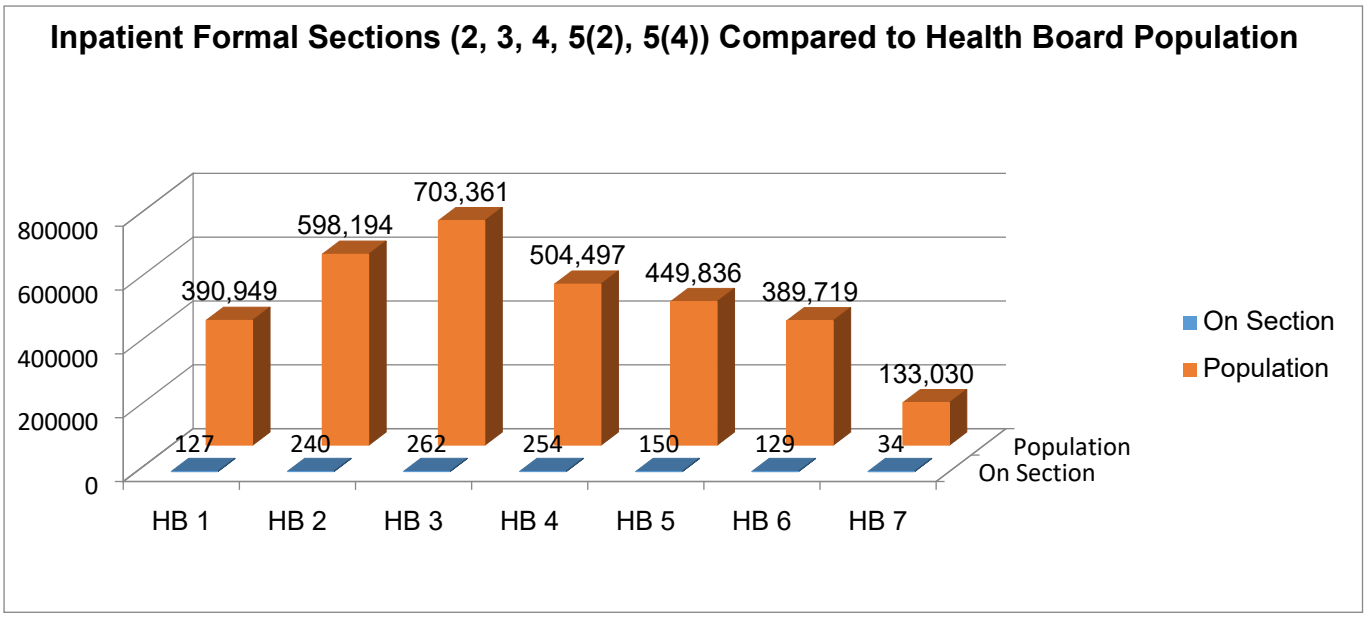


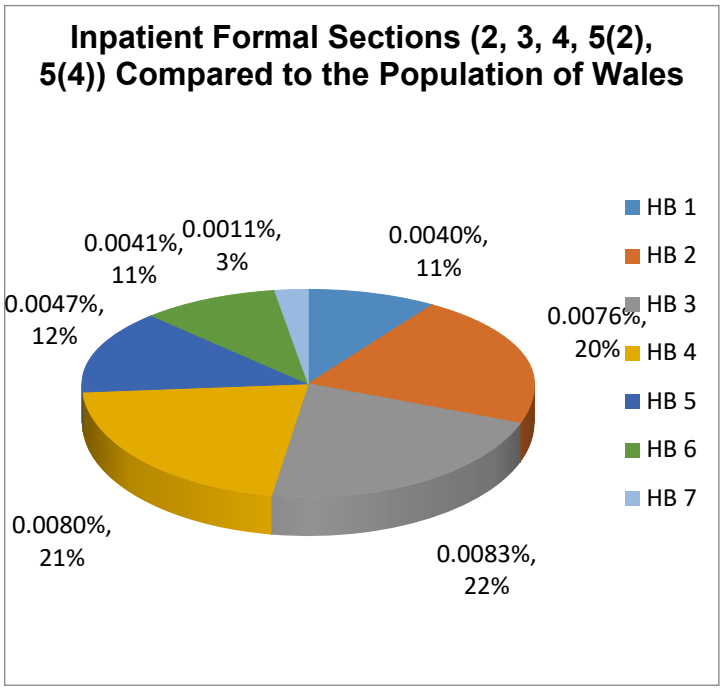
Part 2 MHA Activity Compared to Health Board Population

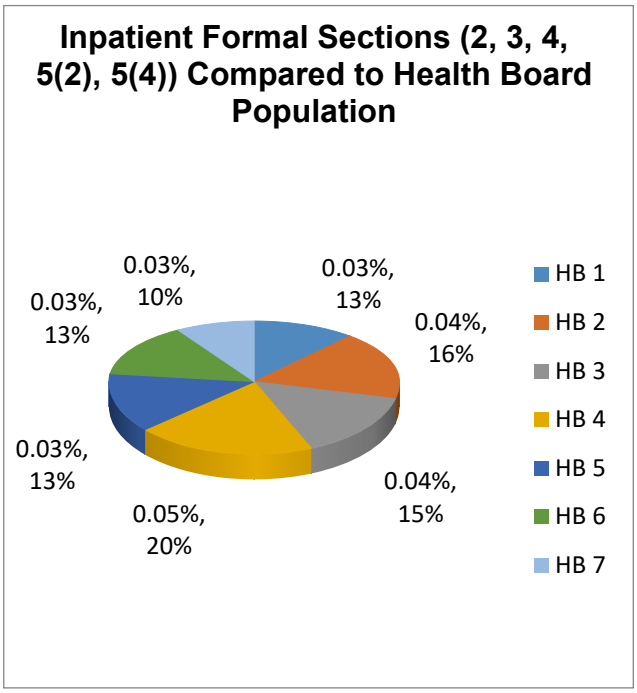
Population figures taken from https://statswales.gov.wales



The latest available population by Health Board figures available at the time of writing were mid-2020.

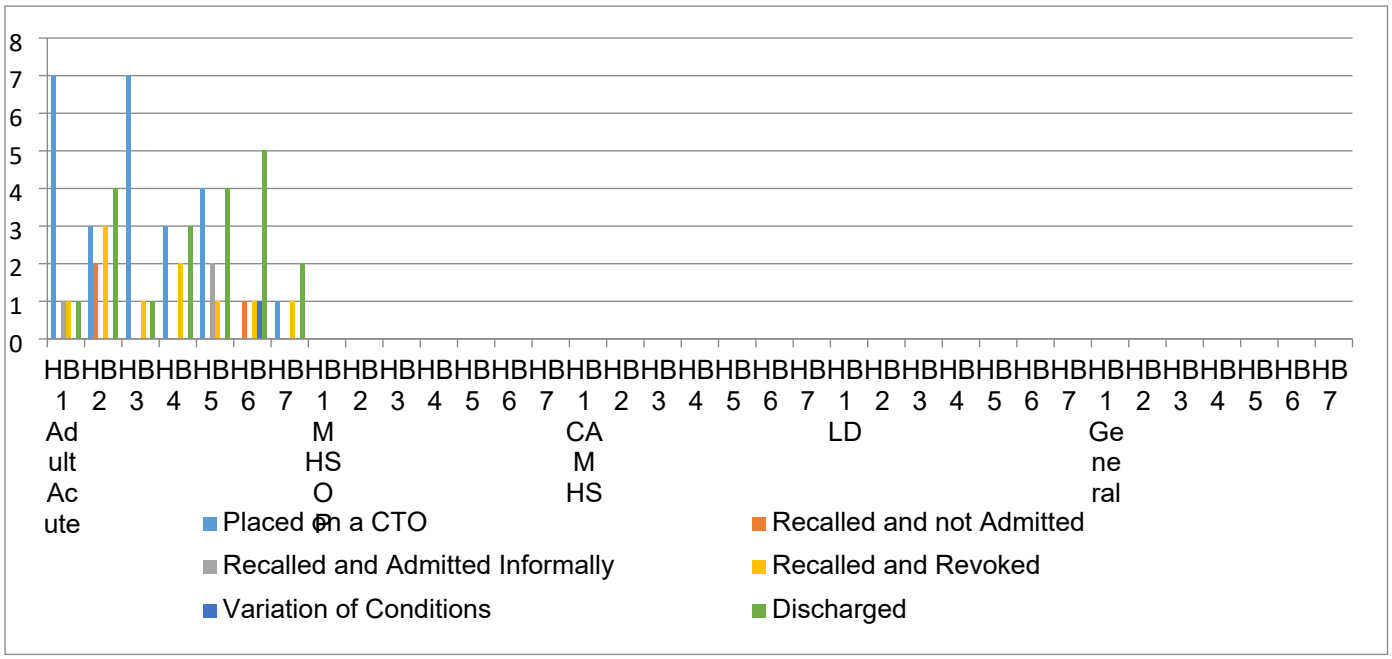


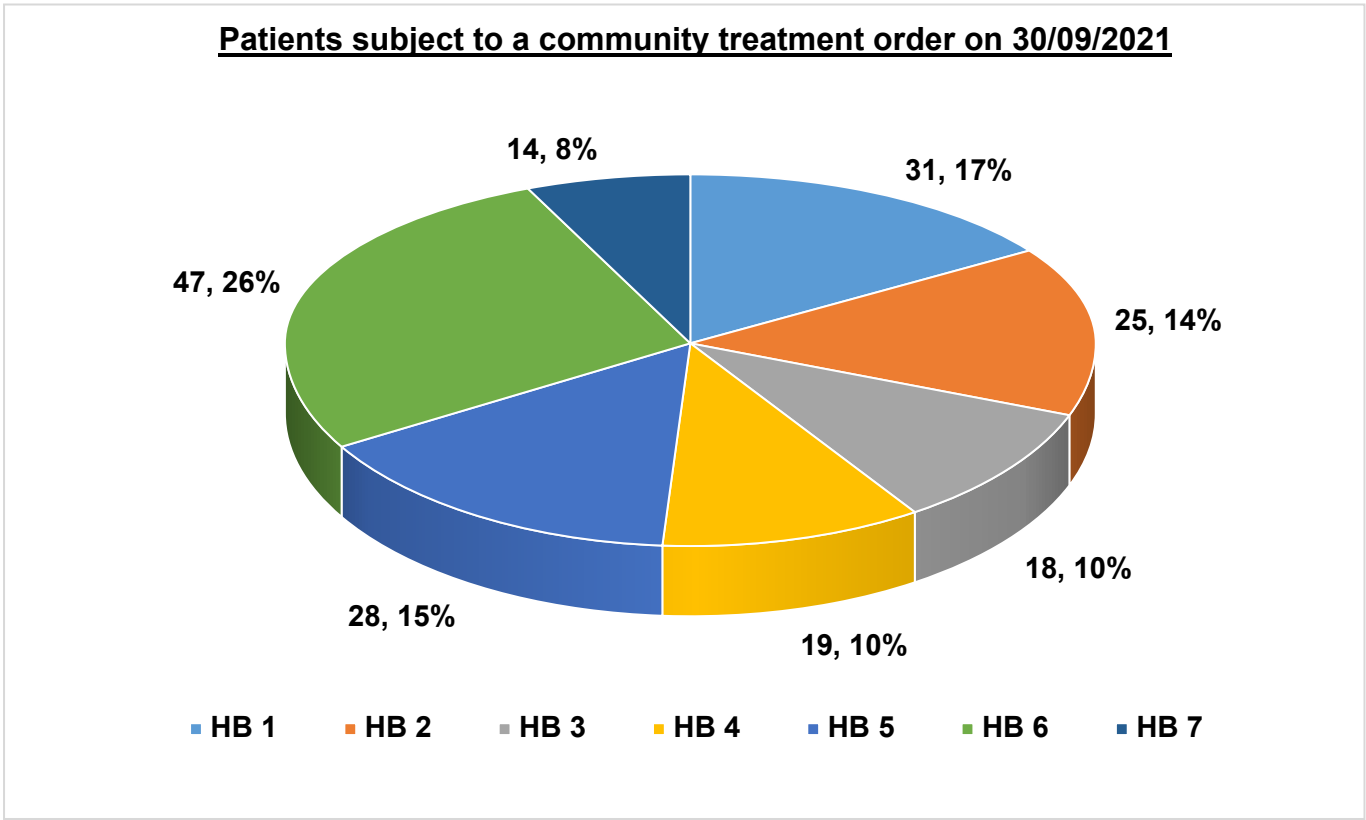


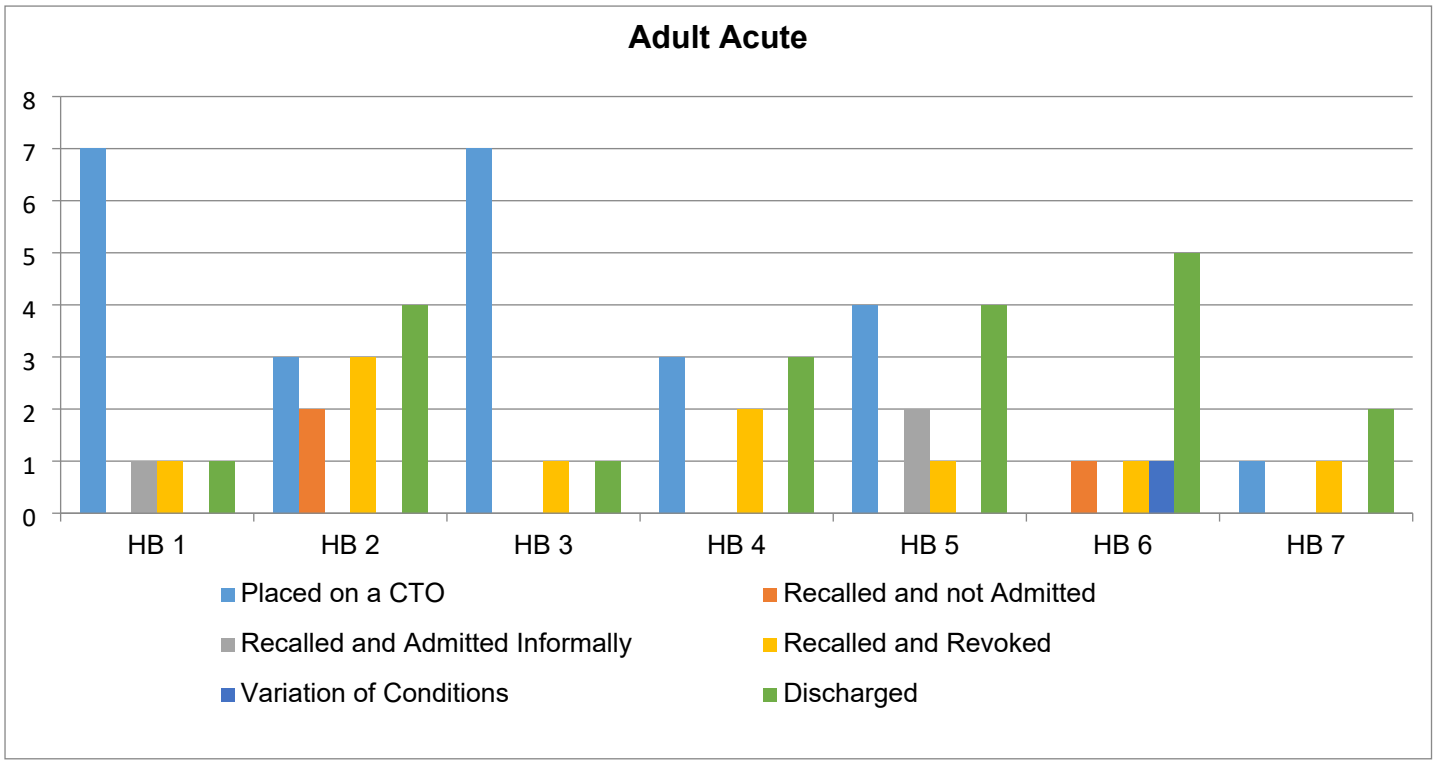


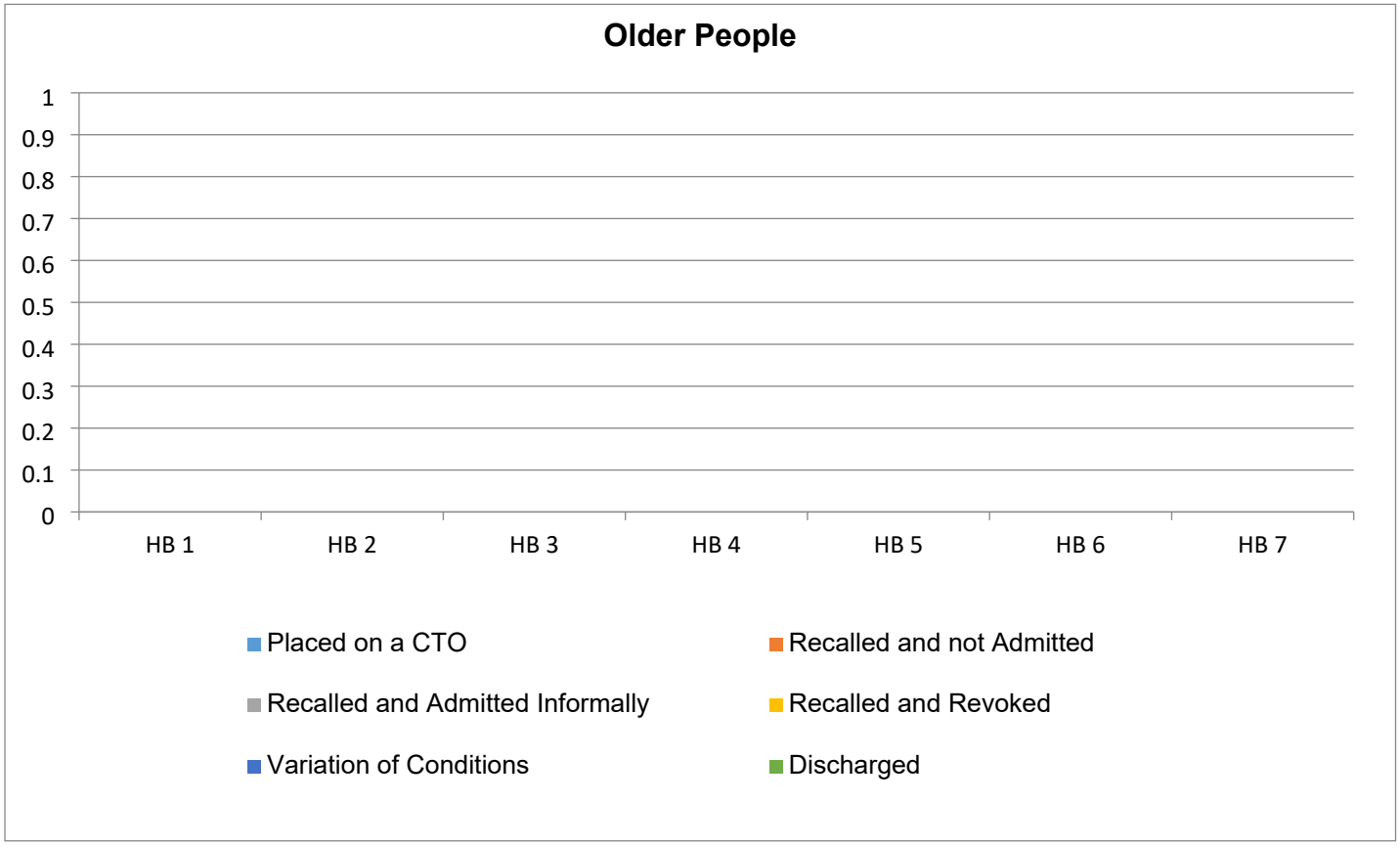
Community Treatment Order

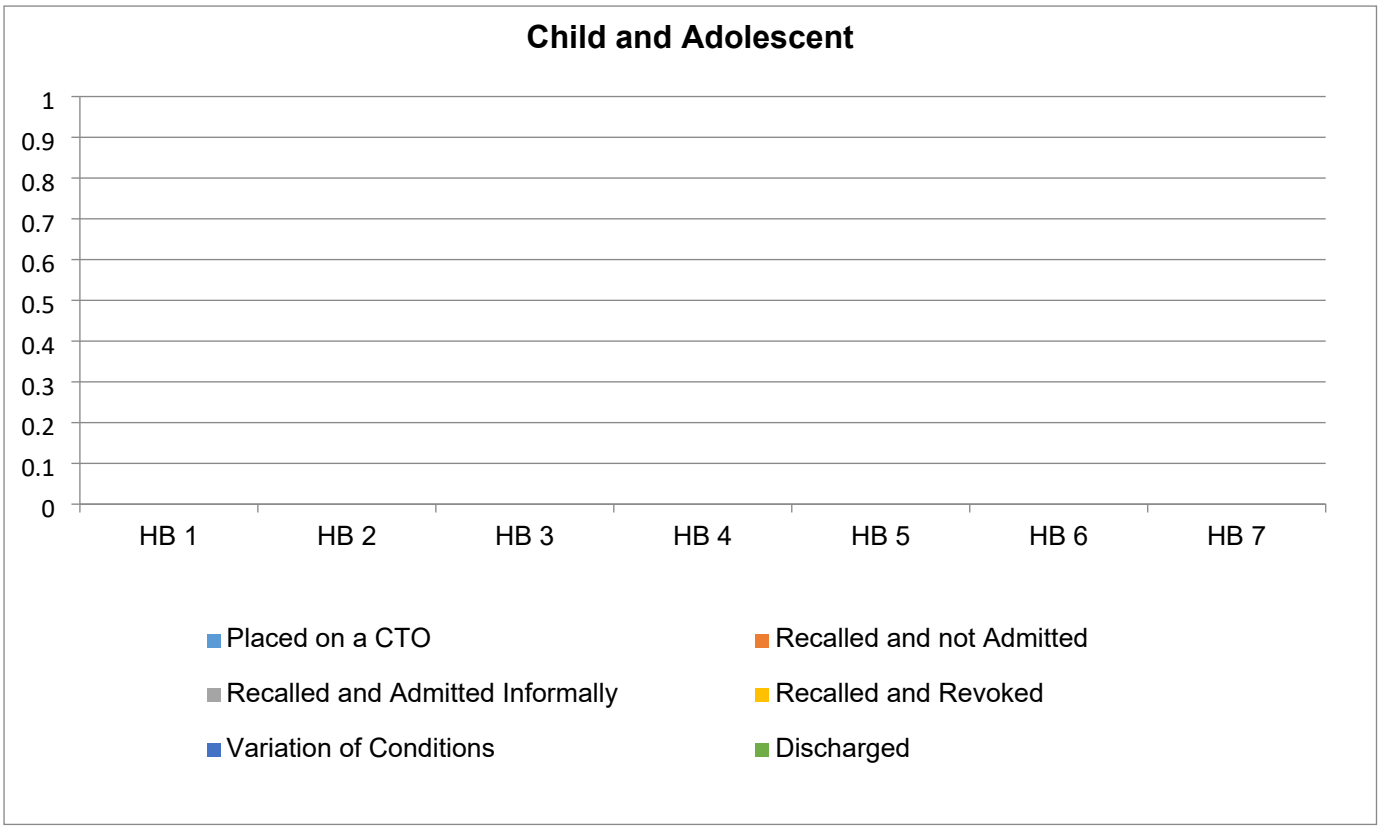
During the period a total of 25 patients were made subject to a Community Treatment Order across Wales.

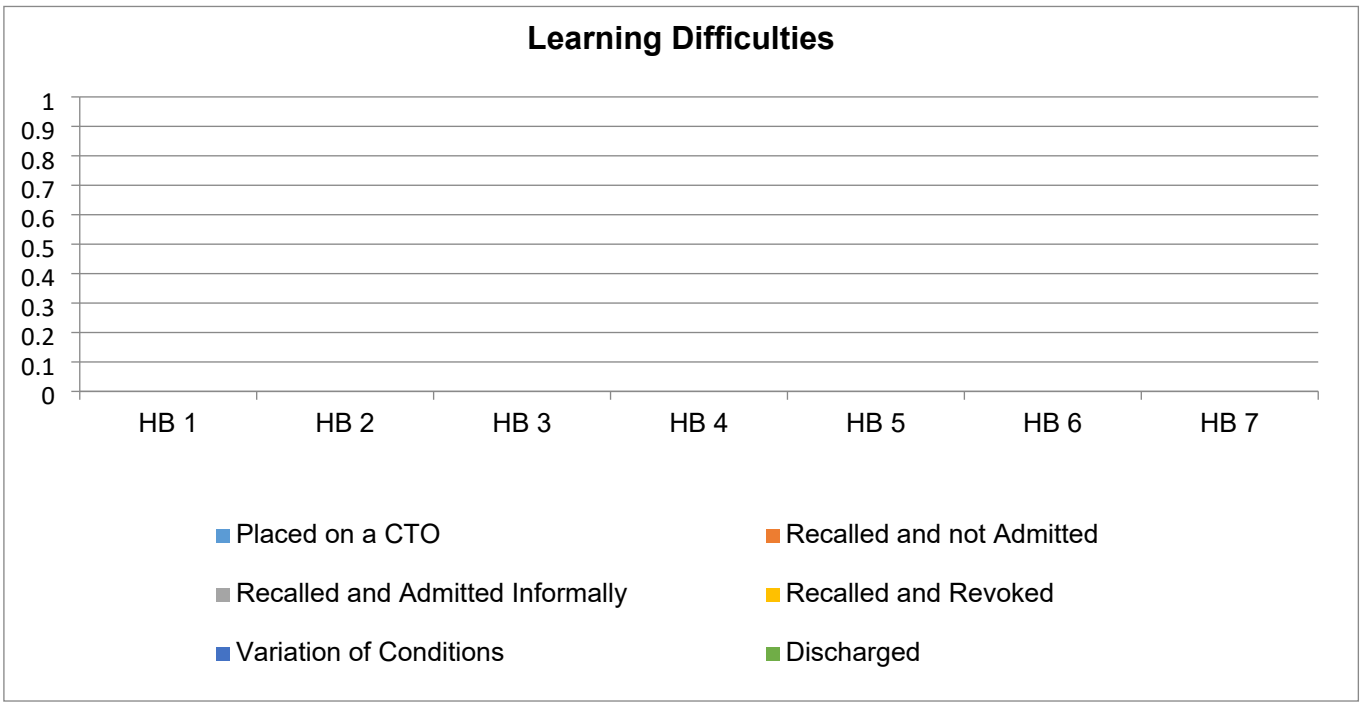





Adult Acute
8
7
6
5
4
3
2
1
0
HB 1
HB 2
HB 3
HB 4
HB 5
HB 6
HB 7
Placed on a CTO
Recalled and not Admitted
Recalled and Admitted Informally
Recalled and Revoked
Variation of Conditions
Discharged

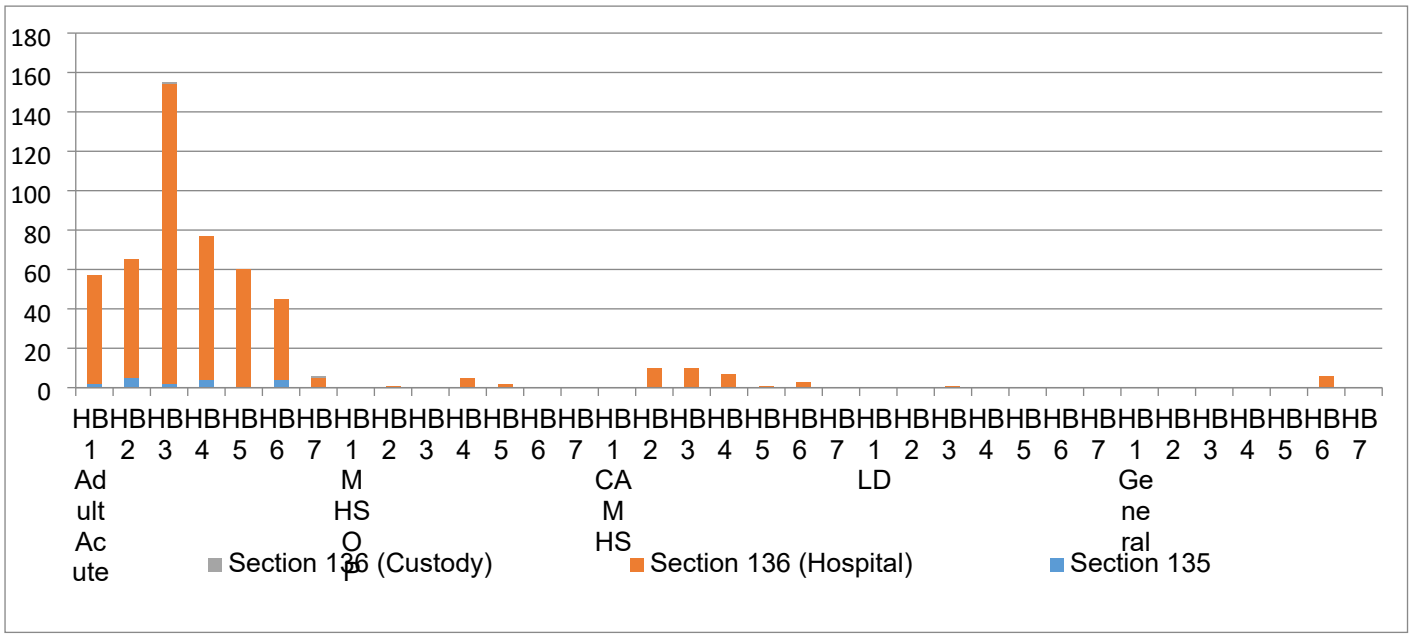

Older People
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
HB 1
HB 2
HB 3
HB 4
HB 5
HB 6
HB 7
Placed on a CTO
Recalled and not Admitted
Recalled and Admitted Informally
Recalled and Revoked
Variation of Conditions
Discharged

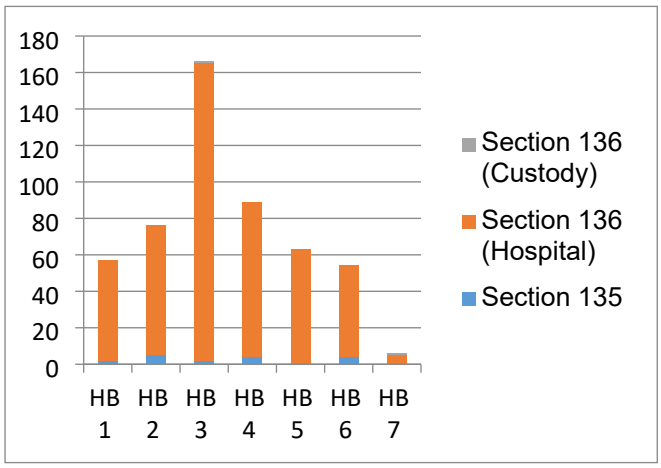

Child and Adolescent
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
HB 1
HB 2
HB 3
HB 4
HB 5
HB 6
HB 7
Placed on a CTO
Recalled and not Admitted
Recalled and Admitted Informally
Recalled and Revoked
Variation of Conditions
Discharged

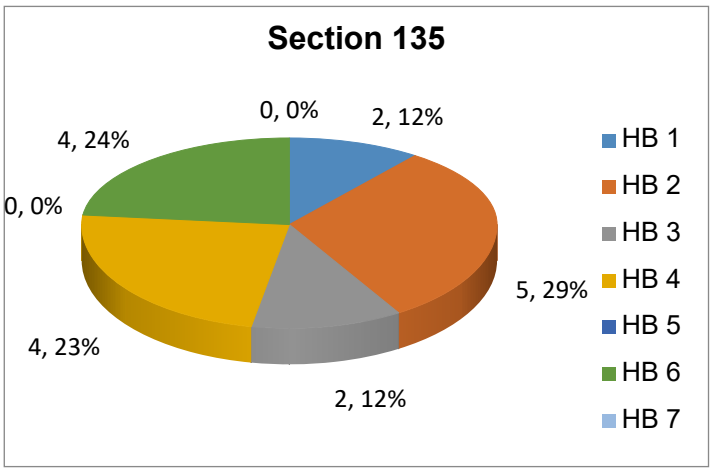

Learning Difficulties
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
HB 1
HB 2
HB 3
HB 4
HB 5
HB 6
HB 7
Placed on a CTO
Recalled and not Admitted
Recalled and Admitted Informally
Recalled and Revoked
Variation of Conditions
Discharged

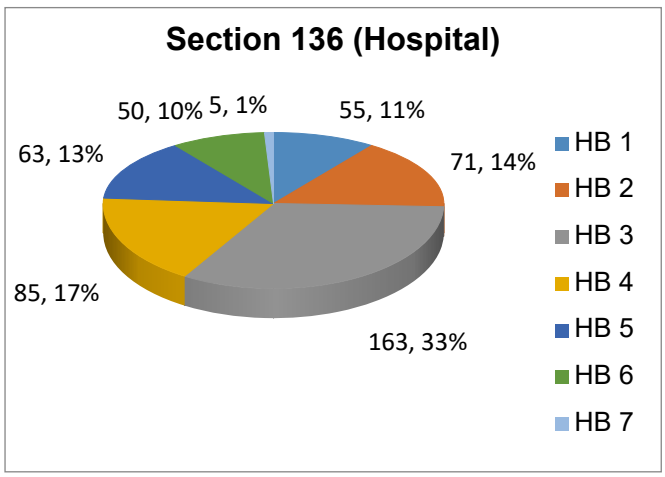
Section 135 & 136

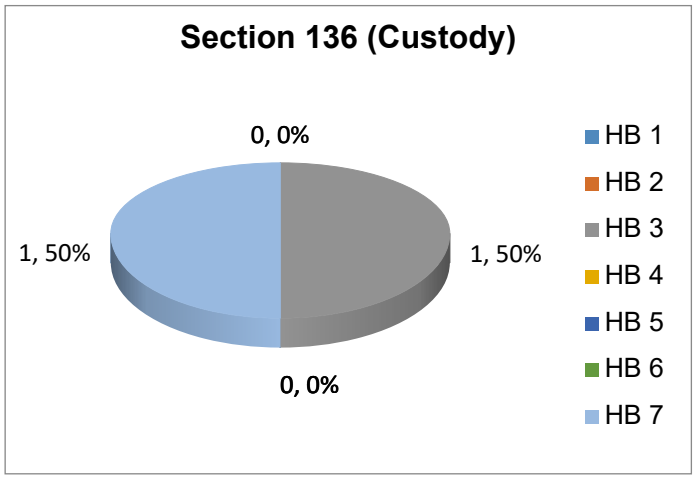
The charts below provide data on how section 135/136 is used across Wales broken down into specialities, HB's and total activity.



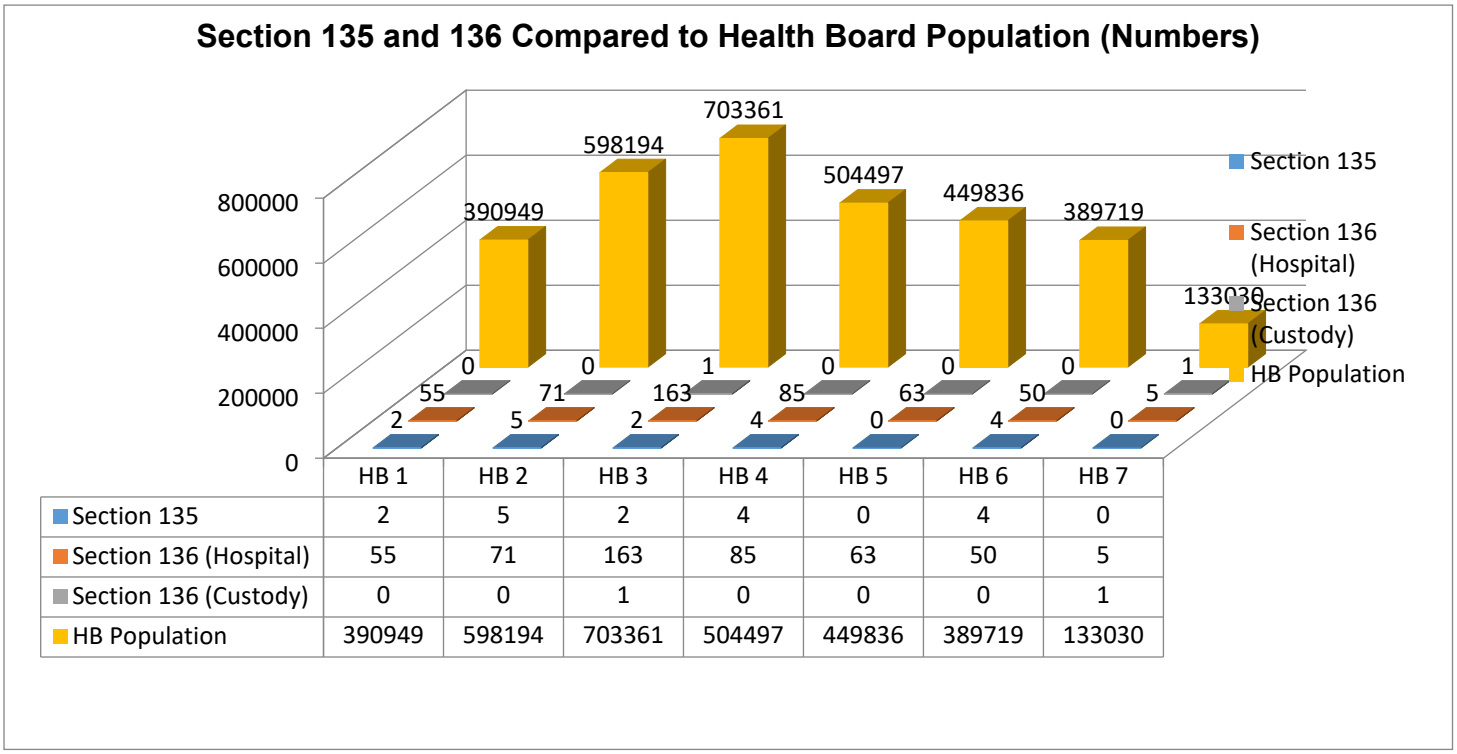




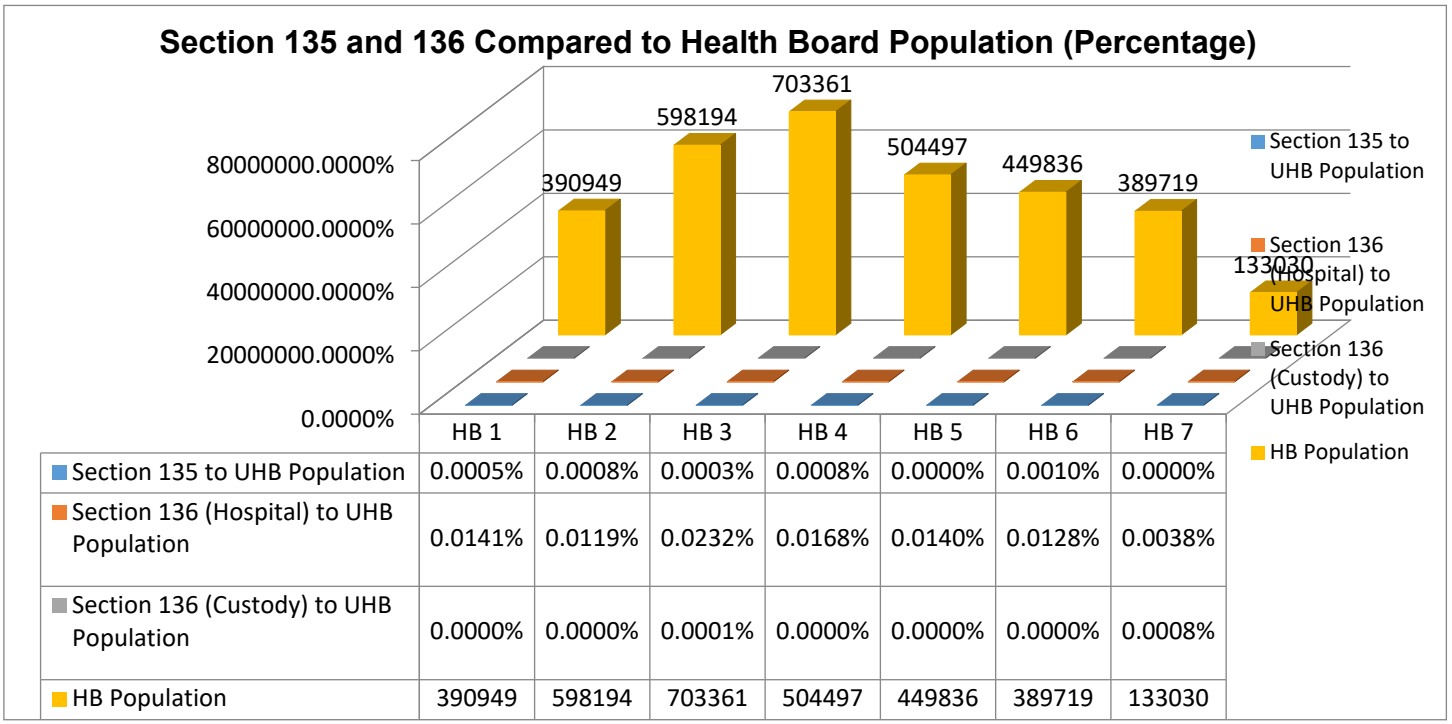




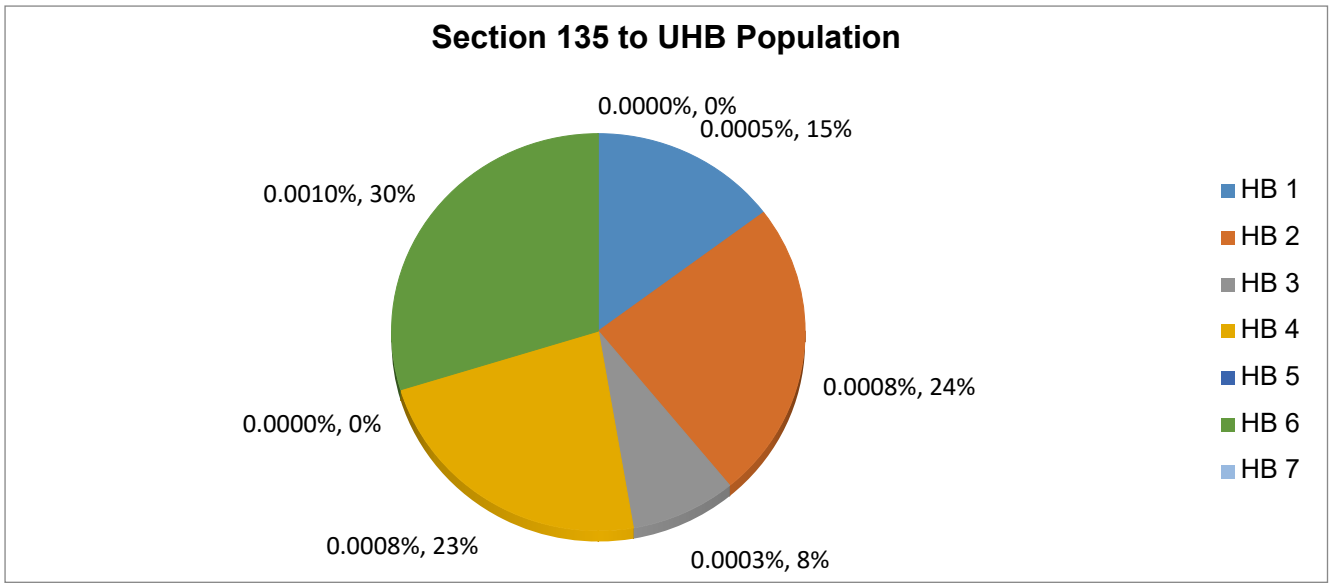
Section 135 and 136 Compared to Health Board Population

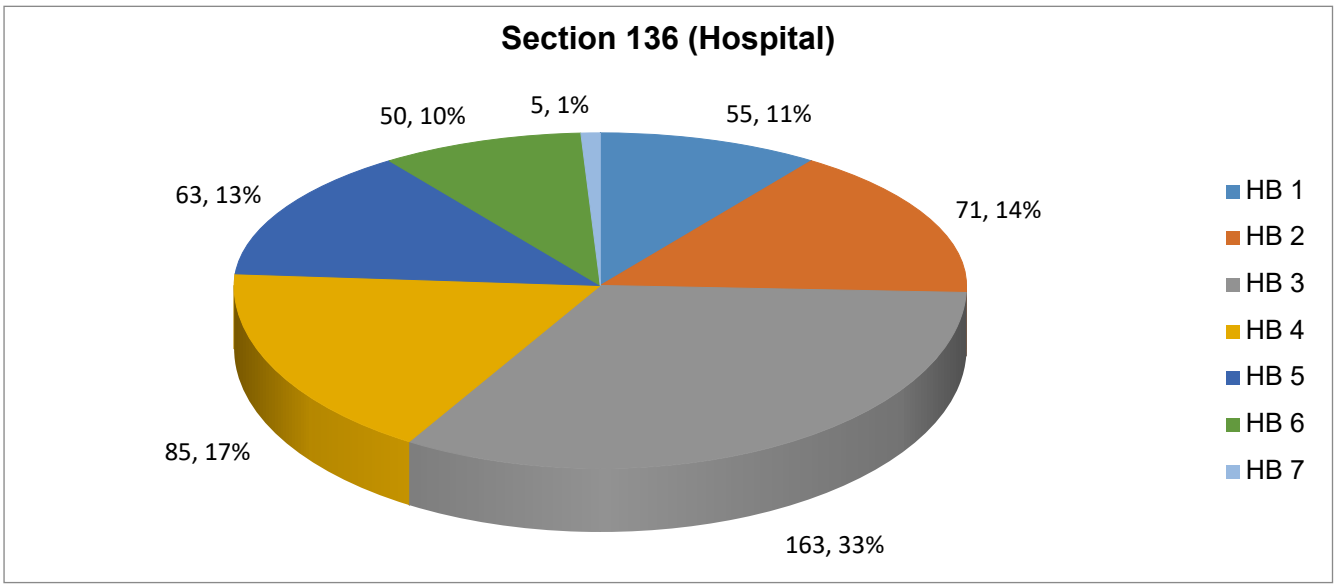


	HB 1	HB 2	HB 3	HB 4	HB 5	HB 6	HB 7
Section 135	2	5	2	4	0	4	0
Section 136 (Hospital)	55	71	163	85	63	50	5
Section 136 (Custody)	0	0	1	0	0	0	1
HB Population	390949	598194	703361	504497	449836	389719	133030

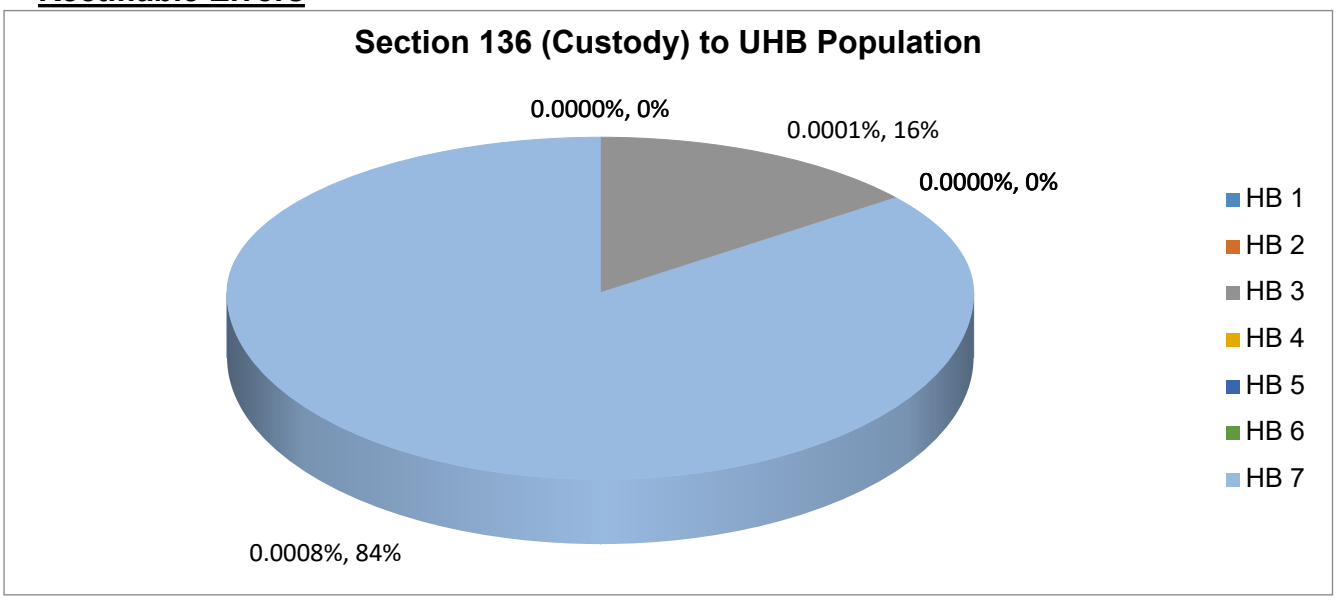


	HB 1	HB 2	HB 3	HB 4	HB 5	HB 6	HB 7
Section 135 to UHB Population	0.0005%	0.0008%	0.0003%	0.0008%	0.0000%	0.0010%	0.0000%
Section 136 (Hospital) to UHB Population	0.0141%	0.0119%	0.0232%	0.0168%	0.0140%	0.0128%	0.0038%
Section 136 (Custody) to UHB Population	0.0000%	0.0000%	0.0001%	0.0000%	0.0000%	0.0000%	0.0008%
HB Population	390949	598194	703361	504497	449836	389719	133030

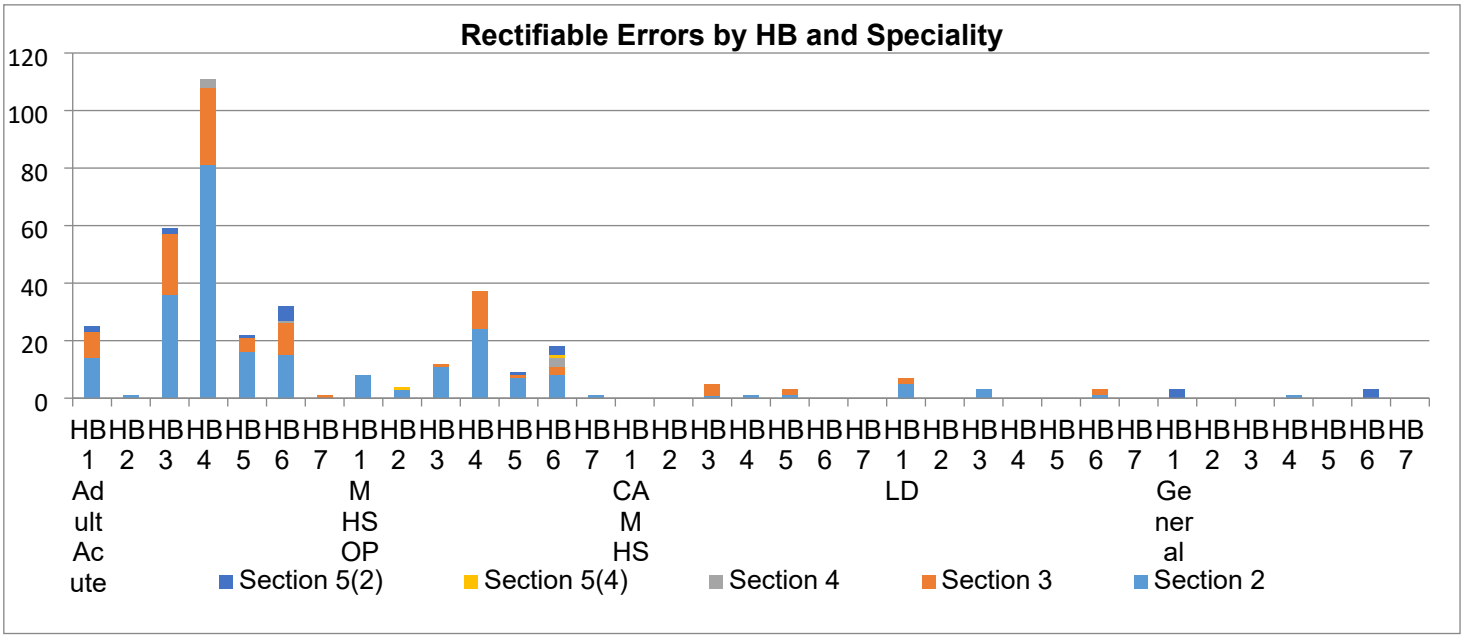


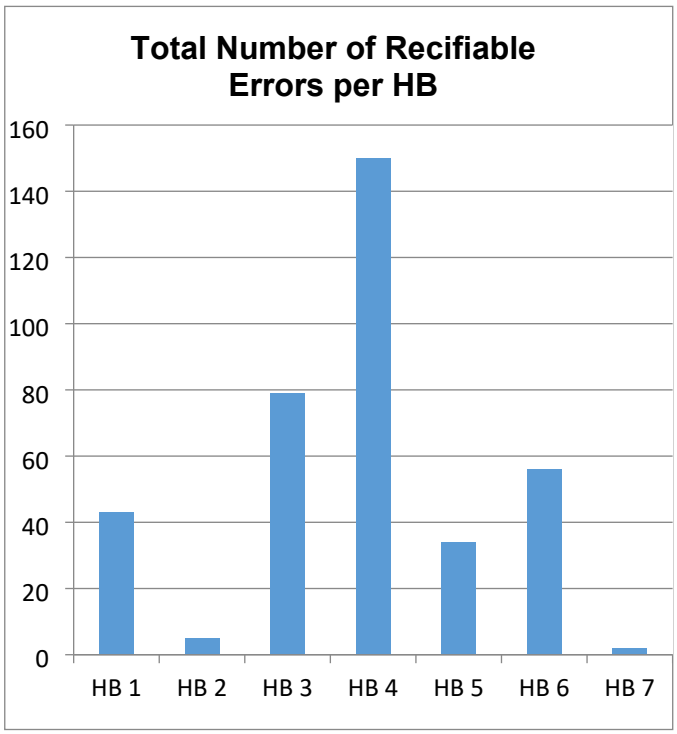


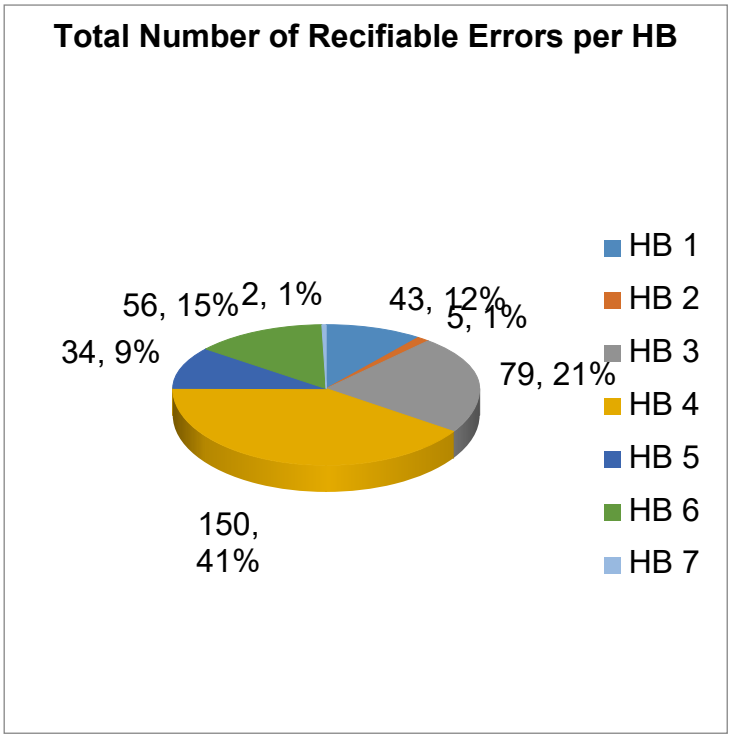
Rectifiable Errors



Rectifiable errors by HB and speciality.

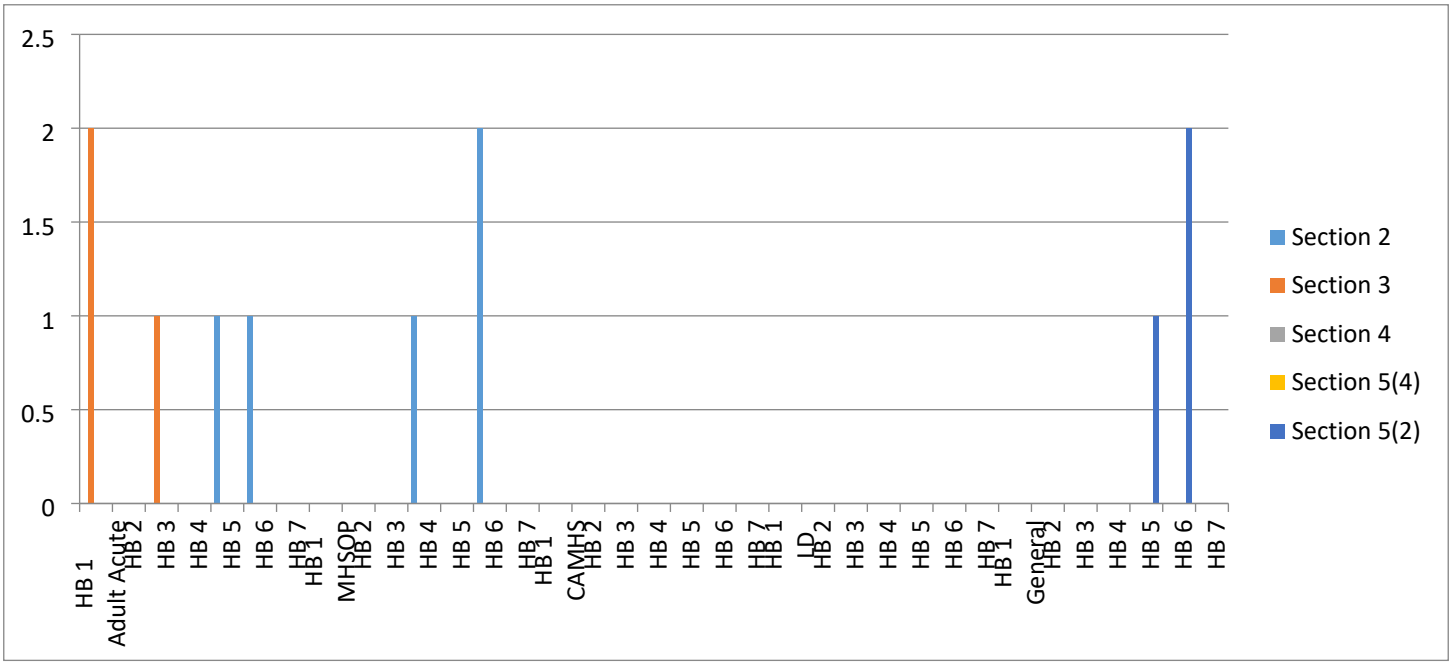


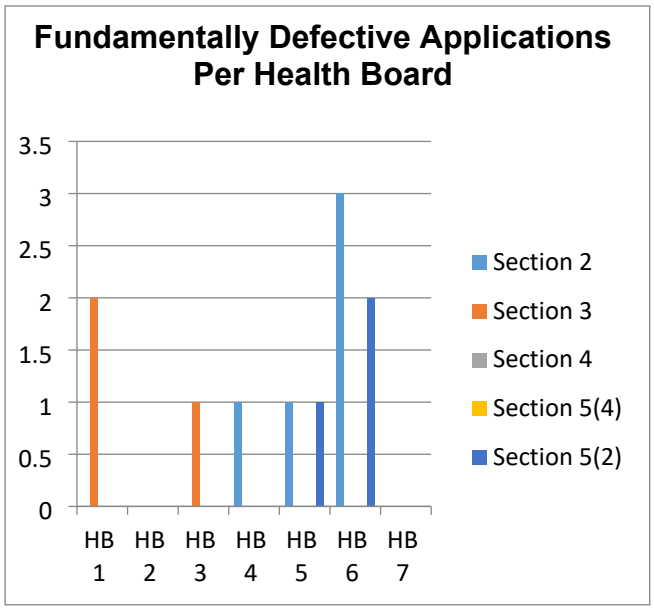


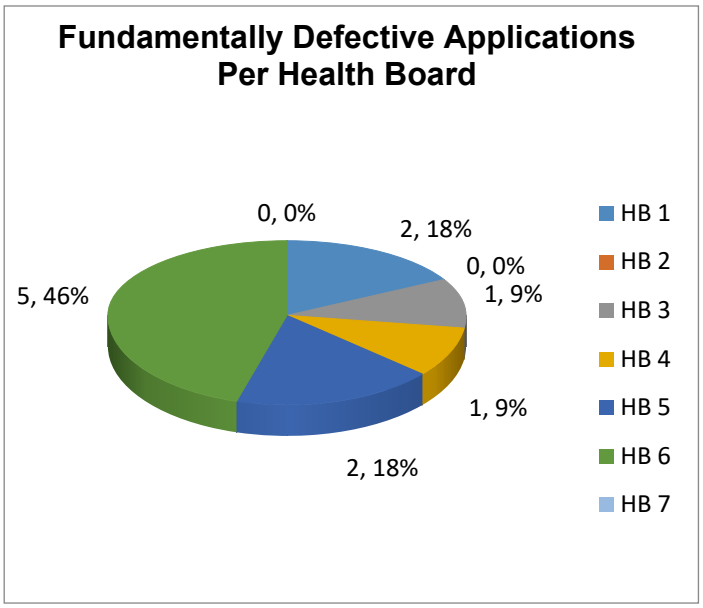


Fundamentally Defective

Number of fundamentally defective applications by speciality and HB.

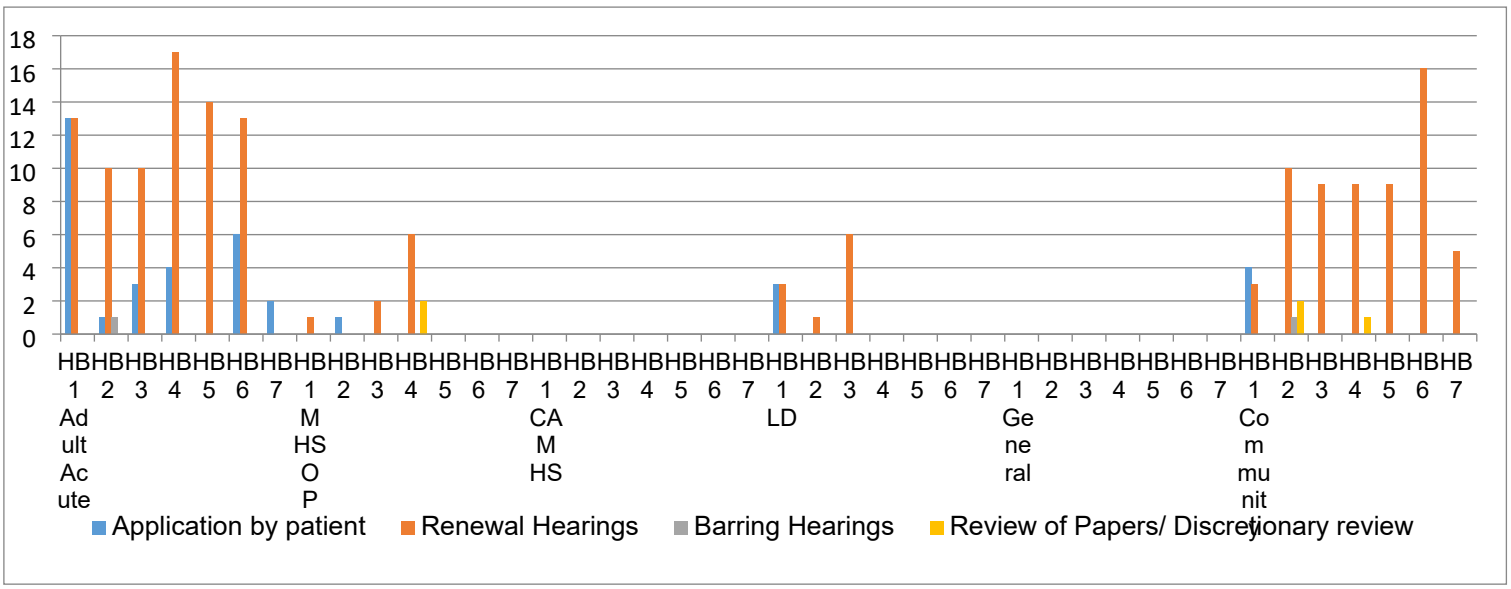


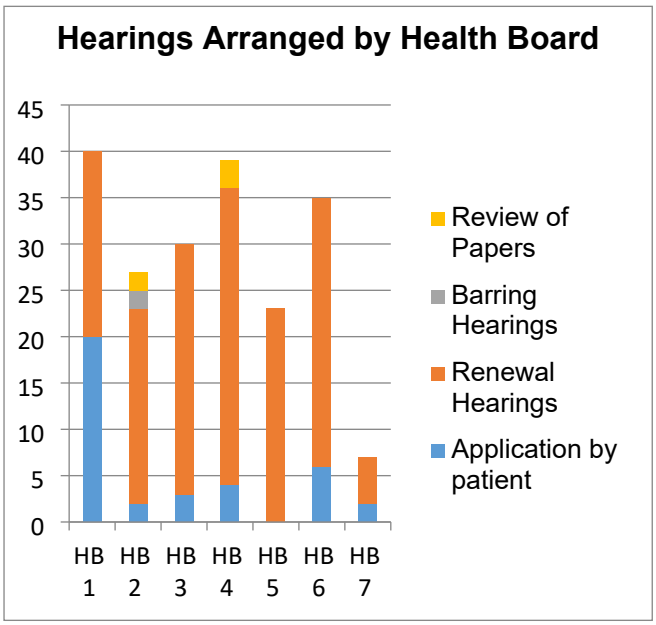


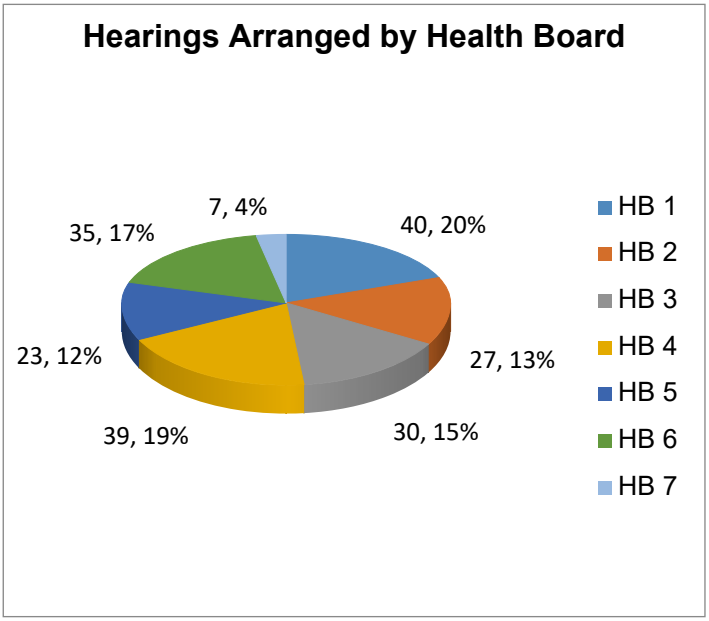


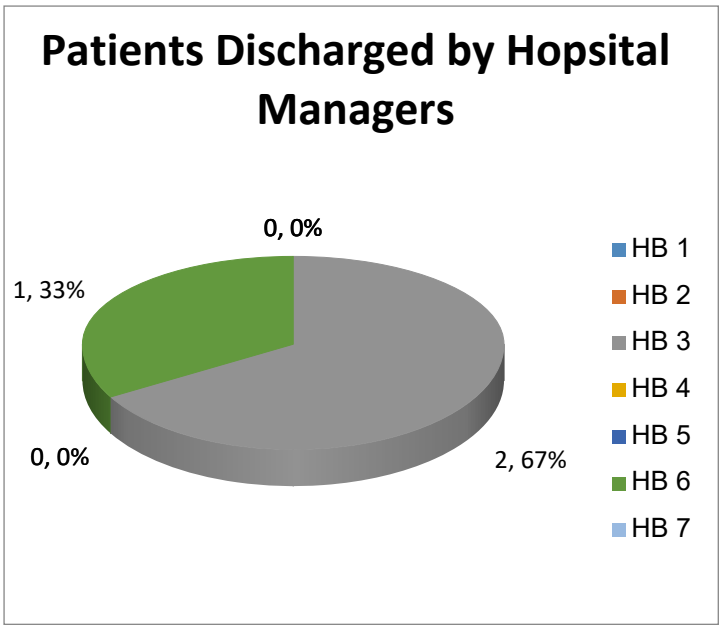
Hospital Managers Activity

Hospital Managers' Hearings heard during the period by speciality and HB.



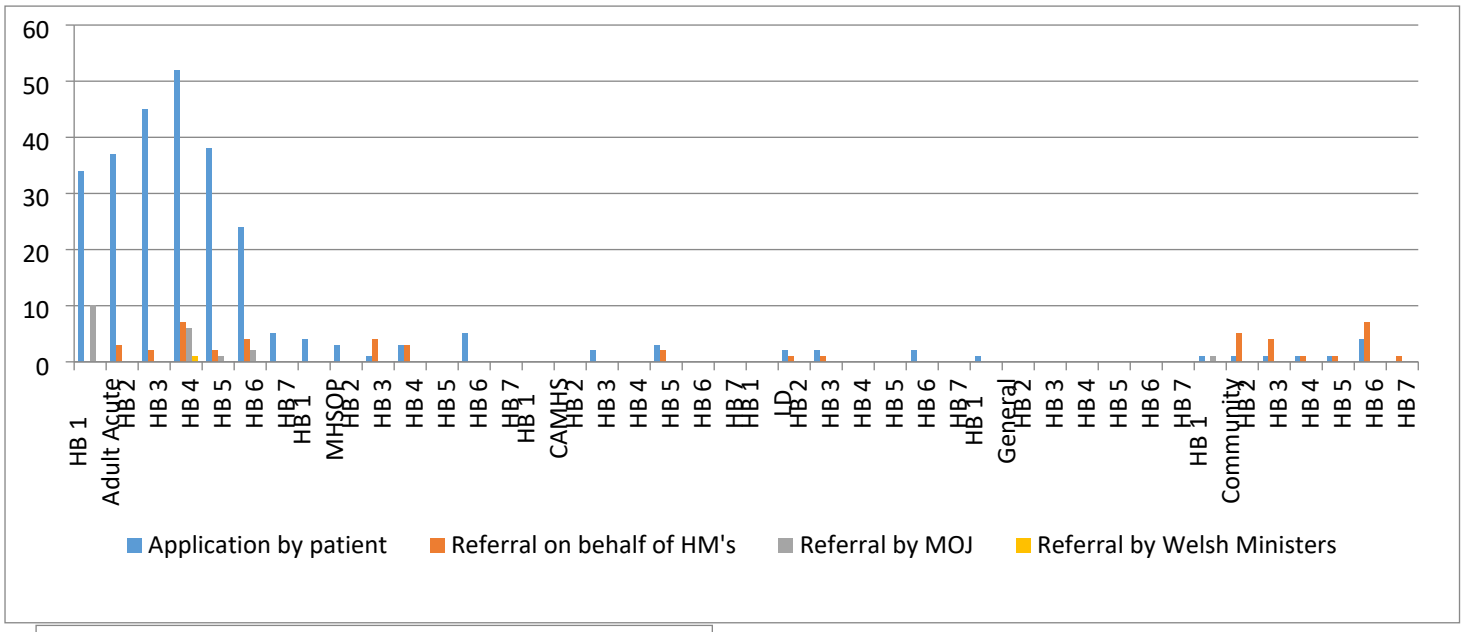


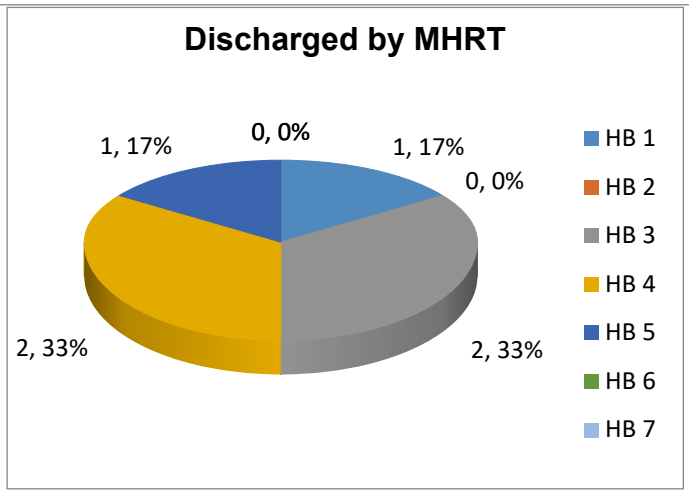


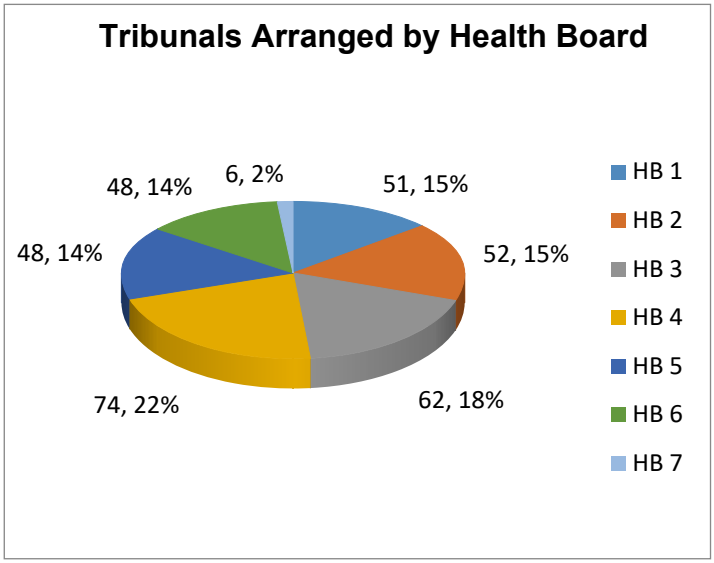

Patients Discharged by Hopsital Managers
0, 0%
1, 33%
0, 0%
2, 67%
HB 1
HB 2
HB 3
HB 4
HB 5
HB 6
HB 7

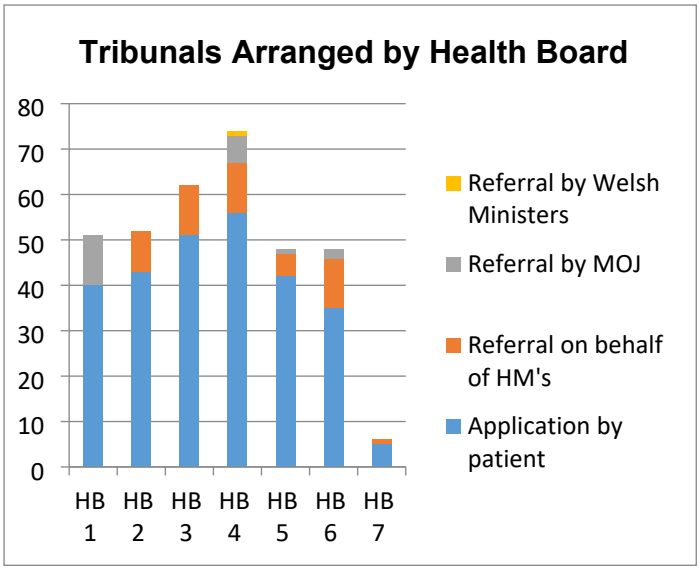
MHRT Activity

Mental Health Review Tribunals arranged during the period by speciality and HB.









Assessment and Conclusion
This report is designed to provide information on trends and analysis of the use of the Mental Health Act across Wales in order to monitor trends in ABUHB against national trends. The Mental Health and Learning Disabilities Division will continue to receive the report and monitor activity.

Recommendation
The Committee is asked to receive the information provided for information and assurance

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 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 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: 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.