

**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY  
HEALTH BOARD MEETING  
MINUTES OF THE MENTAL HEALTH MONITORING  
ACT COMMITTEE**

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| <b>DATE OF MEETING</b> | 5 <sup>th</sup> September 2023 |
| <b>VENUE</b>           | Microsoft Teams                |

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| <b>PRESENT</b>       | Pippa Britton, Independent Member/Committee Chair<br>Paul Deneen, Independent Member   |
| <b>IN ATTENDANCE</b> | Leanne Watkins, Chief Operating Officer<br>Kavitha Pasunuru, Assistant Divisional Director<br>Sarah Cadman, Head of Quality & Improvement<br>Helen Dodoo, General Manager for Mental Health and Learning Disabilities<br>Bryony Codd, Head of Corporate Governance<br>Catherine Currier, Meeting Secretariat |
| <b>APOLOGIES</b>     | Chris O'Connor, Divisional Director for Mental Health and Learning Disabilities<br>Michelle Forkings, Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing   |

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| <b>MHMAC/05/09/1</b>   | <b>PRELIMINARY MATTERS</b>  |
| <b>MHMAC/05/09/1.1</b> | <b>Welcome and Introductions</b><br><br>Pippa Britton (PB), Committee Chair opened the meeting and welcomed Helen Dodoo and Nadine Gould to their first Mental Health Monitoring Act Committee meeting. |
| <b>MHMAC/05/09/1.2</b> | <b>Apologies for Absence</b><br><br>Pippa Britton (PB), Committee Chair noted the above apologies.  |
| <b>MHMAC/05/09/1.3</b> | <b>Declarations of Interest</b><br><br>There were no Declarations of Interest.  |
| <b>MHMAC/05/09/1.4</b> | <b>Draft Minutes of the Last Meeting</b><br><br>The Draft minutes for the Mental Health Monitoring Act Committee of 19 <sup>th</sup> June 2023 was noted as an accurate record and accepted.            |

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| <b>MHMAC/05/09/1.5</b> | <p><b>Committee Action Log</b></p> <p>Pippa Britton (PB), Committee Chair noted that two verbal updates were expected at today's meeting.</p> <p><b>MHAMC 0903/07.3 Mental Health Act Compliance Report:</b> Kavita Pasunuru (KP), Assistant Divisional Director and Sarah Cadman (SC), Head of Quality &amp; Improvement confirmed that there were low numbers of asylum seekers accessing Mental Health Services and this was not an area of concern. Work was underway to capture data on the number of asylum seekers accessing Specialist Services. The Committee agreed that this Action could be closed.</p> <p><b>MHAMC 1906/2.1.2 Mental Health Act Compliance Report- including All Wales Benchmarking Data:</b> SC confirmed that the Section 136 figures had increased this quarter. The Committee agreed that this action could be closed.</p>  |
| <b>MHMAC/05/09/2.</b>  | <b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>  |
| <b>MHMAC/05/09/2.1</b> | It was noted there were no items for inclusion in this section.  |
| <b>MHMAC/05/09/3.</b>  | <b>ITEMS FOR DISCUSSION</b>  |
| <b>MHMAC/05/09/3.1</b> | <p><b>Mental Health Act Compliance Report</b></p> <p>Sarah Cadman (SC), Head of Quality &amp; Improvement took the Committee through the Mental Health Act Compliance Report for Quarter 1 (April – June 2023).</p> <p>SC took the Committee through the Inpatient Compulsory Admissions data. The information included the previous quarter's and 2022-23 Quarter 1 figures for comparison. The Committee felt that this approach was beneficial in highlighting any peaks and troughs.</p> <p>It was noted that in Learning Disabilities there had been a slight increase in use of the MHA this quarter, which reflected discharges, patients who had been admitted informally and then admitted formally later in the admission.</p> <p>The Committee asked if the discharge of learning disabilities patients into the Community with support, was a planned approach. SC confirmed this was a planned approach and that detentions for patients with Learning Disabilities were to Tŷ Lafant Assessment and Treatment Unit, as an acute ward; discharges of patients back into the community are planned provided there is</p> |

appropriate community support based on the individual's needs.

SC took the Committee through the General Hospital admission statistics. It was noted that the report should state that under 18's admissions had decreased by 100% not increased.

The Committee felt it would be helpful to understand how long young people, who are admitted as an emergency, spend on an adult ward i.e. are they there for 2 hours or 6 days. SC explained that Section 5.4 was up to 6 hours and Section 5.2 was up to 72 hours. The Committee considered that this information should be included in the narrative for this section. Kavitha Pasunuru (KP), Assistant Divisional Director provided background on an All Wales study on the use of Adolescent Holding Beds, which showed the Health Board's threshold for admitting young people or using the Mental Health Act was low in comparison to other Health Boards.

Members asked what facility the Health Board currently used for inpatient provision. KP stated that the Health Board does not have an inpatient CAMHS facility; however, there was a holding bed in YYF and explained the threshold and policy for the use of the holding bed. Pippa Britton (PC), Committee Chair noted the Bridgend Facility came under WHSCC and was included in their report to PQSOC.

SC took the Committee through the Trend Analysis by Service and explained how each Section was used. It was highlighted that over the last 3 years, the Health Board had seen an increase in use of Section 4 and this reflected the difficulty in getting hold of 2<sup>nd</sup> Doctor. It was noted that the current process was being reviewed. It was confirmed the increased use of Section 4 was within the normal range for Wales and when used, this was justified. PB requested an update was provided at the next Mental Health Monitoring Act Committee meeting.

**Action:**

- **Head of Quality & Improvement** to provide an update on the use of Section 4 and the review of the process in obtaining a 2<sup>nd</sup> Doctor's evaluation.

SC highlighted that the Division had identified a number of Section 2s that had expired, rather than re-grading. This was being raised with Clinical Directors for discussions with individual clinicians and discussed at the monthly Gwent Senior Psychiatrist meeting.

The Committee discussed Section 3 and if there were any issues with patients' compliance of Community Treatment Orders. SC explained how Community Treatment Orders were used and confirmed the Order puts an obligation on individuals to remain in touch with Hospital Teams, as a safeguarding option. Section 3 also allowed patients to demonstrate their ability to self-manage, but provided an option to reintroduce the Act, if required.

The Committee discussed the process for 'Executed Warrants' and what data was being captured by which organisation. It was confirmed that discussions were ongoing at the Mental Health Delivery Group, which was a multi-agency meeting working to develop a joint data collection process.

The Committee noted the trend analysis of Section 1.3.6 showed 'other welsh resident and non-welsh resident'. SC explained these were people, who do not live in the Health Board locality or Gwent Police Force area, but had been arrested by Gwent Police under this section and admitted to the Health Board for assessment.

The Committee asked how long it took for a Mental Health Tribunals to be arranged. SC to confirm the timescales and provide an update to the next Committee.

**Action:**

- **Head of Quality & Improvement** to ascertain timeframe for Mental Health Tribunals should be scheduled within.

The Committee asked if there was an All Wales report, which benchmarking data for Health Boards. SC confirmed Welsh Government produced an Annual Report, at the end of the financial year. It was agreed the Annual Report would be added to the Committee's Cycle of Business for June/July 2024 meeting.

**Action:**

- **Meeting Secretariat** to add the Welsh Government Annual Report to the Committee's Cycle of Business.

The Mental Health Act Monitoring Committee **RECEIVED** the information provided on the use of the Mental Health Act.

*Helen Dodoo left the meeting at 11 am*

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| <b>MHMAC/05/09/3.2</b> | <p><b>Update from the Mental Health Act Managers Group</b></p> <p>Paul Deneen (PD), Independent Member provided an update from the two meetings held. The meetings had reviewed the previous minutes and the updated policy document. It was noted the updated Policy would be submitted to the December's Committee meeting.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Head of Corporate Governance</b> to submit the update Mental Health Act Managers Policy to the next Committee meeting.</li> </ul> <p>The meeting also discussed recruitment of new members and felt there was a need to review the Induction Programme and develop an Annual Plan with scheduled meeting dates.</p> <p>It was noted a regional meeting was being planned to provider regional training. Consideration was being given to establishing a series of Annual Reviews of members and the development of an internal training plan.</p> <p>The Committee <b>NOTED</b> the update.</p> |
| <b>MHMAC/05/09/4.</b>  | <b>ITEMS FOR INFORMATION</b>   |
| <b>MHMAC/05/09/4.1</b> | <p><b>Committee Work Plan 2023/24</b> was received for information and the following items were to be added:</p> <ul style="list-style-type: none"> <li>• Welsh Government Mental Health Act Benchmarking Report - June/July 2024</li> <li>• Revision of Policy of Managers Mental Health Act Group – December 2023</li> </ul>   |
| <b>MHMAC/05/09/4.2</b> | <p><b>Mental Health Act Annual Report 2022/23</b> was received for information.</p>  |
| <b>MHMAC/05/09/5.</b>  | <b>OTHER MATTERS</b>   |
| <b>MHMAC/05/09/5.1</b> | <p><b>Items to be Brought to the Attention of the Board and Other Committees</b></p> <ul style="list-style-type: none"> <li>• Pippa Britton (PB), Committee Chair to raise the use of Body Camera's at the Crisis Care Concord meeting.</li> </ul>   |
| <b>MHMAC/05/09/5.2</b> | <p><b>5.2 Any Other Urgent Business</b></p> <p>Paul Deneen (PD), Independent Member raised a comment by the Police Service that when providing support to Hospitals, when patients are admitted should be a 'Security' responsibility and if this had caused any issue for the Health Board. Pippa Britton (PB), Committee</p>   |

Chair, as Chair of the Welsh Government's Crisis Care Concord confirmed there were ongoing discussions around 'right care, right person'; however the decision had been made there would be no changes to the current Police practice, until there has been a proper review by Welsh Government and an evaluation of pilot in England.

Paul Deneen (PD), Independent Member asked about the use of cameras across the Health Board. Sarah Cadman (SC), Head of Quality & Improvement confirmed this had been discussed within the Division about 6 months ago and colleagues were against the use of cameras, particularly for this patient group and their specific concerns. Leanne Watkins (LW), Chief Operating Officer noted work was ongoing to develop an CCTV policy and confirmed there were 'violence and aggression' cameras in Emergency Care, which are triggered if an event should occur. However, cameras were not the Health Board's preferred approach, which was to consider safeguarding risks and concerns via the risk assessment process.

PD asked if the use of body cameras in hospital settings could be raised at the Crisis Care Concord for advice/guidance. LW confirmed there had not been any requests from staff/unions for the use of body cameras.

**MHMAC/05/09/**

**5.3 Date of the Next Meeting** was noted as 6<sup>th</sup> December 2023