

**Minutes of the Mental Health Act Monitoring Committee
held on Wednesday 8th September 2021 at 9:00am
via Microsoft Teams**

Present:

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| 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 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.

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.