

Mental Health Act Monitoring Committee

Tue 06 September 2022, 10:00 - 12:00

Microsoft Teams



Agenda

10:00 - 10:30
30 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. Draft Minutes of the last Meeting held on 13th June 2022

Attachment Chair

📎 1.4 Draft MHAMC Minutes 13th June 2022 (Chair Approved).pdf (6 pages)

1.5. Committee Action Log

Attachment Chair

📎 1.5 MHAMC Action Log September 2022.pdf (3 pages)

10:30 - 11:30
60 min

2. Items for Discussion

2.1. Mental Health Act Compliance Report

Attachment Head of Quality & Improvement MHLD

📎 2.1 MHA Update Report Q1 2022-23.pdf (22 pages)

📎 2.1a All Wales Benchmarking Report -April to June 22 (1).pdf (16 pages)

2.2. Committee Work Plan 2022/23

Verbal Director of Corporate Governance

11:30 - 12:00
30 min

3. Other Matters

3.1. Items to be brought to the attention of the Board and other committees and predicted changes to the MHA

Verbal Chair

3.2. Any other Urgent Business

3.3. Date of the Next Meeting- Thursday 8th December 2022, 11:00am-13:00am via Microsoft Teams

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Mental Health Act Monitoring Committee (MHAMC) held on Monday 13th June at 10:00 am via Teams

Present:

Pippa Britton
Paul Deneen
Katija Dew

- Chair
- Independent Member
- Independent Member

In attendance:

Chris O'Connor
Bryony Codd
Ian Thomas
Kathryn Walters
Kavitha Pasunuru

- Interim Executive Director of Primary Care, Community and Mental Health
- Head of Corporate Governance (deputising for the Board Secretary)
- General Manager, Mental Health and Learning Disabilities
- Interim Divisional Director, Mental Health and Learning Disabilities
- Assistant Divisional Director, Families and Therapies

Apologies:

Sarah Cadman
Michelle Forkings
Rani Mallison

- Head of Quality and Improvement for Mental Health and Learning Disabilities
- Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing
- Director of Corporate Governance

MHAMC 1306/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
MHAMC 1306/02	Apologies for Absence Apologies for absence were noted.
MHAMC 1306/03	Declarations of Interest There were no Declarations of Interest raised in relation to items on the agenda
MHAMC 1306/04	Draft Minutes of the Meeting held on 1st March 2021 The minutes of the meeting held on the 1 st of March 2022 were agreed as a true and accurate record, subject to confirmation of job titles. Secretariat to amend job titles for accuracy. Action: Secretariat
MHAMC 1306/05	Action Log MHAMC 0912/06 <ul style="list-style-type: none"> • Templates and supporting guidance- Bryony Codd, Head of Corporate Governance, informed the Committee that work was being undertaken to review report templates and supporting guidance. MHAMC 0103/06.2 <ul style="list-style-type: none"> • Mental Health Act Compliance Report, update on recruitment of hospital managers. Katija Dew, Independent Member, explained that the Health Board encouraged applications from individuals with a range of backgrounds and varied experience. The Chair queried if the Health Board had a budget to offer interview expenses. The Committee were informed that further information on this would come back to the next meeting. Paul Deneen, Independent Member, questioned if the term 'Hospital Managers' was for purpose. It was noted that the term 'hospital managers' was a requirement of the Mental Health Act, however, adverts focussed on the requirements/attributes of the role rather than the title.
2	Agenda Items
MHAMC 1306/06	Mental Health Act Compliance Report

Ian Thomas, General Manager, Mental Health and Learning Disabilities, provided an update on the use of the Mental Health Act during Quarter 4 2022, to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

The following main points were noted:

- The highest number of detentions were under section 2 and Section 3.
- Newport and Caerphilly had seen the highest number of detentions, based on population size, there was nothing of significance to note.
- In comparison to the previous quarter, there had been a 40% overall decrease in detentions and use of the act. Taking into consideration seasonal variation, this data mirrored the data of Quarter 4 2020/2021.
- There had been a 4% increase in the use of detentions over the past two years, with an increase of acuity within the Health Board. Early informal review indicated this may reflect the pandemic, with further increases predicted.
- Over the last two quarters, there had been no patients under 18 detained under the Mental Health Act, for the first time in three years.

The use of the MHA throughout COVID had been monitored. Members discussed the need to continue to monitor this data post-COVID. The chair queried if the 4% rise in the use of detentions reflected predicted numbers post-pandemic. Chris O'Connor, Interim Director of Primary Care, Community and Mental Health Services, informed the Committee that a broad piece of work had been undertaken locally and nationally, looking at the demand for mental health care post-pandemic. The work showed a decrease in the well-being across the population of Wales and the predicted numbers were significant. It was noted that this data and research had not been linked with the use of the Mental Health Act at present.

Paul Deneen, Independent Member, queried if there had been an increase in the number of people accessing mental health services. Chris O'Connor explained that during the pandemic the Health Board had introduced the new role of Psychological Wellbeing Practitioner into General Practices. It was noted the Psychological Wellbeing Practitioners provided approximately 1,500 appointments per month, significantly decreasing the impact on other primary care mental health services and improving access for patients with mental health care needs. The Committee was informed that current funding for Psychological Wellbeing Practitioners was through the service innovation Neighbourhood Care Networks (NCN) budget, and long-term funding had not yet been secured by the Health Board.

	<p>Katija Dew, Independent Member, discussed the links between the Psychological Wellbeing Practitioner and the third sector. Chris O'Connor confirmed that there were strong links with the third sector and that an element of the role was to support individuals to access third sector support.</p> <p>Katija Dew formally expressed concern over the potential long-term funding for the Psychological Wellbeing Practitioner role. Chris O'Connor welcomed support from the Board around securing funding and prioritising the initiative. It was discussed that further evaluation around this was required, noting the positive impact on patient care and Primary Care outcomes.</p> <p>The Chair requested an overview of early intervention and the Psychological Wellbeing Practitioner role, and the impact on the use of the Mental Health Act, to evaluate if there were improved experiences for patient care. Action: Interim Executive Director of Primary Care, Community and Mental Health</p> <p>Kavitha Pasunuru, Assistant Divisional Director Family and Therapies, explained that there had been a 26% increase in front door presentations for children and young people in mental health services. The Chair queried if the NEST Framework was having an impact on services for children and young people. The Committee were informed that there was a focus on early intervention, and working alongside local authority partners and the community, around understanding the needs of children and young people, however, although there were observed benefits, there was not any data to indicate the impact at present. Further work was being undertaken by the Children and Families Board on embedding Nurturing Empowered Safe and Trusted (NEST) in action. Committee members supported the approach of early intervention to support children and their families.</p> <p>Ian Thomas discussed the nine rectifiable errors during the quarter and highlighted that there had been a focus on training for clinicians. The Chair requested a verbal update at the next Committee meeting on the progress of the training. Action: General Manager, Mental Health and Learning Disabilities/Head of Quality Improvement MHL D</p> <p>The Committee noted the update and thanked the team for all the hard work.</p>
MHAMC 1306/07	<p>Power of Discharge Committee</p> <p>Kathryn Waters, Interim Divisional Director, Mental Health and Learning Disabilities, provided an overview of the Power of Discharge</p>

	<p>Sub-Committee meeting held on 2nd March 2022. The minutes were noted.</p> <p>Members were noted that the location and methodology for hearings would be patient/user led. The Committee expressed concern that contested reviews would have face-to-face meetings, as standard.</p> <p>The Committee discussed the recommendation that an additional 10 Associate Hospital Managers were recruited, aligning with numbers across Wales. The Committee supported additional recruitment and training, noting the work undertaken by the Health Board towards completing the backlog of managers hearings.</p>
<p>MHAMC 1306/08</p>	<p>Update on Pilot Projects with Potential Impact on the MHA</p> <p>Chris O'Connor, Interim Executive Director of Primary Care, Community and Mental Health, provided the Committee with an overview of the pilot projects and work to support people in the Gwent area who are experiencing a mental health crisis. Members were reminded of the Health Board's work alongside local authority colleagues to provide better support for people in crisis, with a 'whole person, whole system' approach. Earlier engagement and support for patients aims to help alleviate distress and help the person to engage in the help offered, thus reducing the potential for use of the Act. Members were informed that all pilots would be evaluated through the Health Board's IMTP, with regular updates to the Committee through the MHA Compliance Report.</p> <p>The Committee were informed of a national 'Single Point of Contact' for mental health services and the Health Board's plans to have a Gwent Single Point of Contact, accessible through the 111 service. Further work was required prior to the launch; Hwyl Dda University Health Board would be trialling the service and sharing any learning with other Health Boards. The Committee requested information on the directory that the 111 operators would be accessing to get information on mental health services for the population. Information on the directory used to be shared with members outside of the meeting.</p> <p>Action: Interim Executive Director of Primary Care, Community and Mental Health</p> <p>The Chair and Committee members requested further discussion at a Board development session evaluating the 111 service and how the new Gwent Single Point of Contact service would fit in, with a focus on communication to members of the public. Action: Interim Executive Director of Primary Care, Community and Mental Health</p>

	The Committee received the report for assurance.
MHAMC 1306/09	<p>Section 117- Update and progress on the Monmouthshire County Council Pilot</p> <p>Ian Thomas, General Manager, Mental Health and Learning Disabilities, informed the Committee that pre-Covid there were discussions with local authority (LA) colleagues around a pilot with Monmouthshire County Council. However, due to non-recurring funding and the pandemic this did not take place. It was discussed that an important piece of work was required around developing Section 117 aftercare and packages and funding. The Committee was content that the Monmouthshire County Council Pilot action would be closed.</p> <p>The Chair requested any further updates on Section 117 and its links to the MHA to come back to the Committee. Ian Thomas to clarify with Sarah Cadman outside of the meeting. Action: General Manager, Mental Health and Learning Disabilities/Head of Quality Improvement MHL D</p>
3	Final Matters
MHAMC 1306/10	<p>Confirmation of risks/issues to be reported to other Committees and any predicted changes in relation to the MHA</p> <p>Relating to the Single Point of Contact (SPOC) for all Mental Health Services including crisis Service, Committee members requested further discussion at a Board development session evaluating the 111 service and how the new Gwent Single Point of Contact service would fit in, with a focus on communication to members of the public.</p> <p>No issues discussed were required to be reported to other Committees. There was nothing discussed to refer to the risk register.</p> <p>The Chair thanked the teams for the informative reports and the great work being undertaken.</p>
4	Date of Next Meeting
	The date of the next meeting was Tuesday 6 th September 2022 via Microsoft Teams.

**Mental Health Act Monitoring Committee
September 2022
Action Sheet**

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

Agreed Actions Key:

Overdue	Not yet due	Due	Transferred	Complete	In progress
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Action Ref	Action Description	Due date	Lead	Progress	Status
MHAMC 0912/06 Templates and supporting guidance	The Committee queried the lack of an Equality and Diversity impact assessment within the report. Rani Mallison confirmed that there was work required to review report templates and supporting guidance.		Director of Corporate Governance	Work to review corporate reporting templates will be taken forward as part of governance improvement related objectives for 2022/23.	In progress
MHAMC 0103/06.1 Mental Health Act Compliance Report	Sarah Cadman informed members that this data covered all Mental Health Act activity and that a further breakdown of the data was required to determine	Sept 2022	Head of Quality & Improvement MHL D	Due to vacancies and long-term sickness in the department, this action is yet to be completed. Scheduled for next meeting – December 2022	Due

	the impact on bed base. Action: A further look at data, comparing data to pre-COVID and aligning with lockdown periods.				
MHAMC 0103/06.2 Mental Health Act Compliance Report	Sarah Cadman to determine if there is an operational risk associated with gaps in recruitment. Action: Update on recruitment of Hospital Managers to come back to next meeting.	June 2022	Head of Quality & Improvement MHL D	The backlog of hearings is now clear. The recruitment of new AHMs is ongoing. Verbal update to be provided to the committee meeting in September 2022.	Overdue
MHAMC 1306/06 Mental Health Act Compliance Report	The Chair requested an overview of early intervention and the Psychological Wellbeing Practitioner role, and the impact on the use of the Mental Health Act, to evaluate if there were improved experiences for patient care.		General Manager MHL D/ Head of Quality & Improvement MHL D	Measurement of the compliance of the act will be continuously monitored around the Mental Health Act and how this is used in the future. After discussion with the Chair it was agreed the evaluation of the Psychological Wellbeing Practitioner Role would be presented to the PQSOC for consideration. Added to Forward work plan for PQSOC	Complete
MHAMC 1306/08.1 Update on Pilot Projects with Potential	In relation to plans for the Health Board's 'Single Point of Contact' for MH services and potential to utilise the 111 service, the Committee requested information on the directory that		Director of Primary Care, Community & Mental Health	Information to be circulated by the Director of Primary Care and Mental Health prior to the Committee prior to the committee.	Complete

Impact on the MHA	the 111 operators would be accessing to get information on mental health services for the population. Information on the directory used to be shared with members outside of the meeting.				
MHAMC 1306/08.2 Update on Pilot Projects with Potential Impact on the MHA	The Chair and Committee members requested further discussion at a Board development session evaluating the 111 service and how the new Gwent Single Point of Contact service would fit in, with a focus on communication to members of the public.		Director of Primary Care, Community & Mental Health	The full service should be up and running by end of January 2023. An evaluation will follow to be presented to a Board Development Session estimated March 2023 (to link with Winter Plan Evaluation and Care Closer to Home).	Transferred
MHAMC 1306/09 Section 117- Update and progress on the Monmouthshire County Council Pilot	The Chair requested any further updates on Section 117 and its links to the MHA to come back to the Committee. Ian Thomas to clarify with Sarah Cadman outside of the meeting.		General Manager MHLDD/ Head of Quality & Improvement MHLDD	Discussions taking place to determine the incorporation of Section 117 in the Mental Health Act report.	In progress



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Mental Health Act Monitoring Committee
Tuesday 6th September 2022
Agenda Item: 3.1

Aneurin Bevan University Health Board

Mental Health Act Compliance Report

Executive Summary

This report provides the Mental Health Act Monitoring Committee with an update on the use of the Mental Health Act within Aneurin Bevan University Health Board.

The Board is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	X
Note the Report for Information Only	

Executive Sponsor: Dr Chris O'Connor

Report Authors: Amelia James, Mental Health Act Administration.

Report Received consideration and supported by :

Executive Team		Committee of the Board	Mental Health Act Committee
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Date of the Report: 25/07/2022

Supplementary Papers Attached: Appendix 1 Glossary of Terms
Appendix 2 All Wales MHA Benchmarking Apr-Jun 22

Purpose of the Report

The report provides activity information on the use of the Mental Health Act over Quarter 1, April – June 2022/23 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.

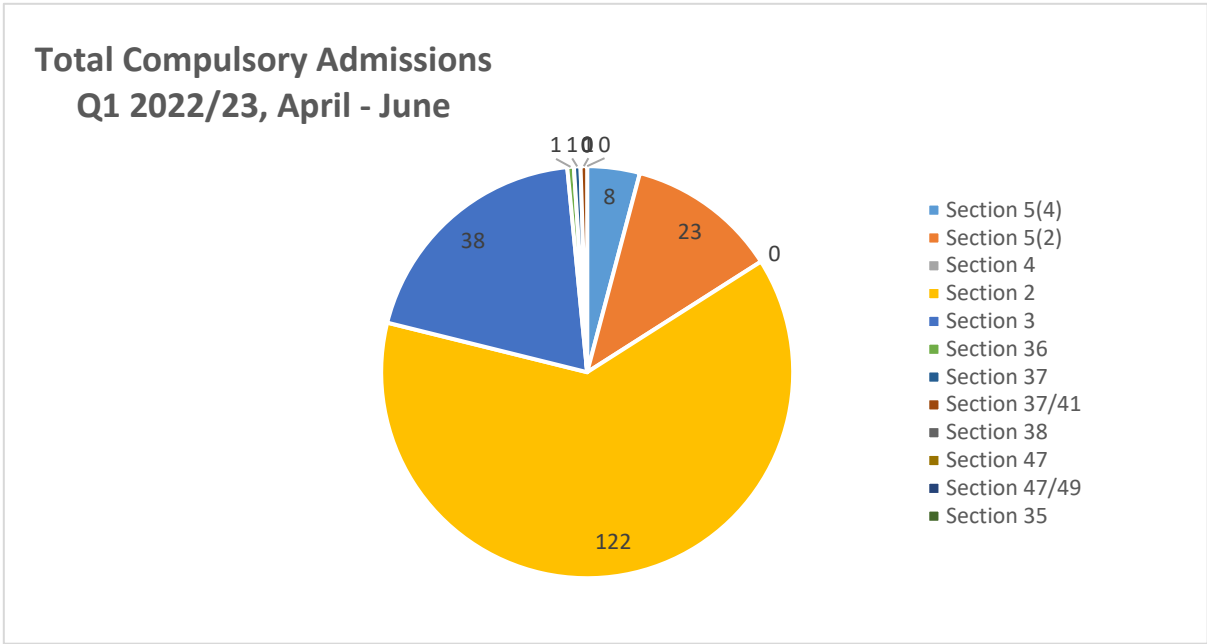
The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

Background and Context

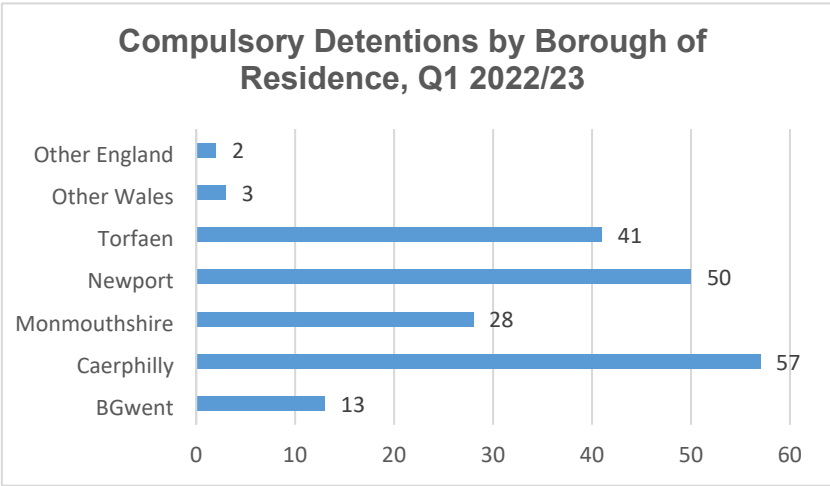
The report presents data for the first quarter of 2022/23 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

1. In-Patient MHA Activity, Q1 2022/23

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



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



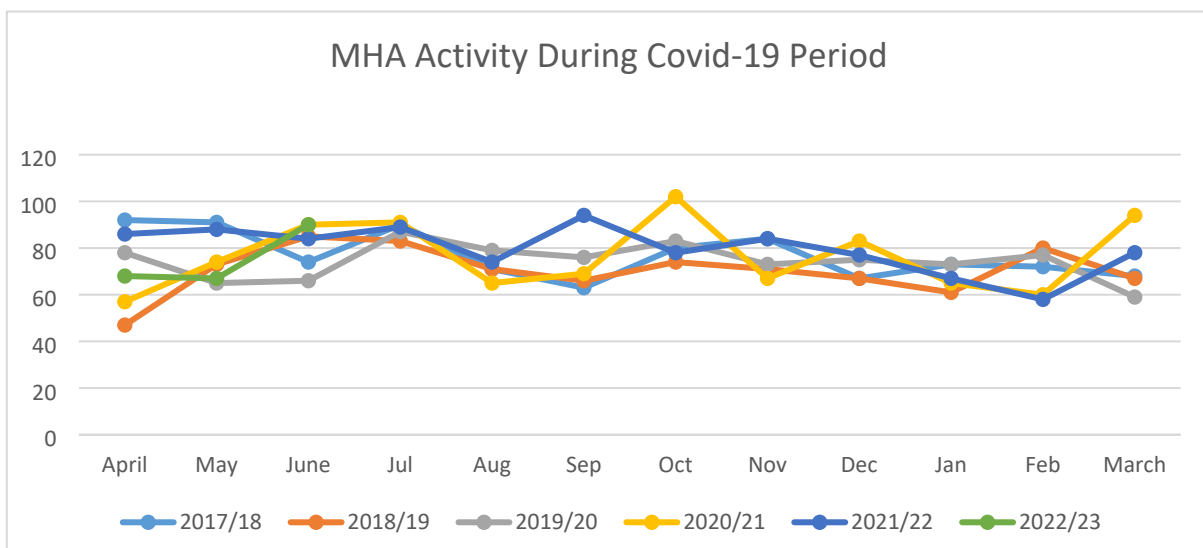
Borough	Detentions Q1 2022/23	Population (000's)	Detentions per 1,000 population Q1 2022/23 (Previous Qtr.)
Caerphilly	57	181	0.3 (0.3)
Newport	50	156	0.3 (0.3)
Blaenau Gwent	13	70	0.2 (0.2)
Torfaen	41	94	0.4 (0.3)
Monmouthshire	28	95	0.3 (0.4)

In comparison to the previous quarter, there has been a 3.2% increase in the overall number of patients detained under the Act.

Section	Previous Quarter	Q1 2022/23	Trend
Section 5(4)	4	8	↑
Section 5(2)	18	23	↑
Section 4	2	0	↓
Section 2	112	122	↑
Section 3	49	38	↓
Total	188	194	Overall 3.2% 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.

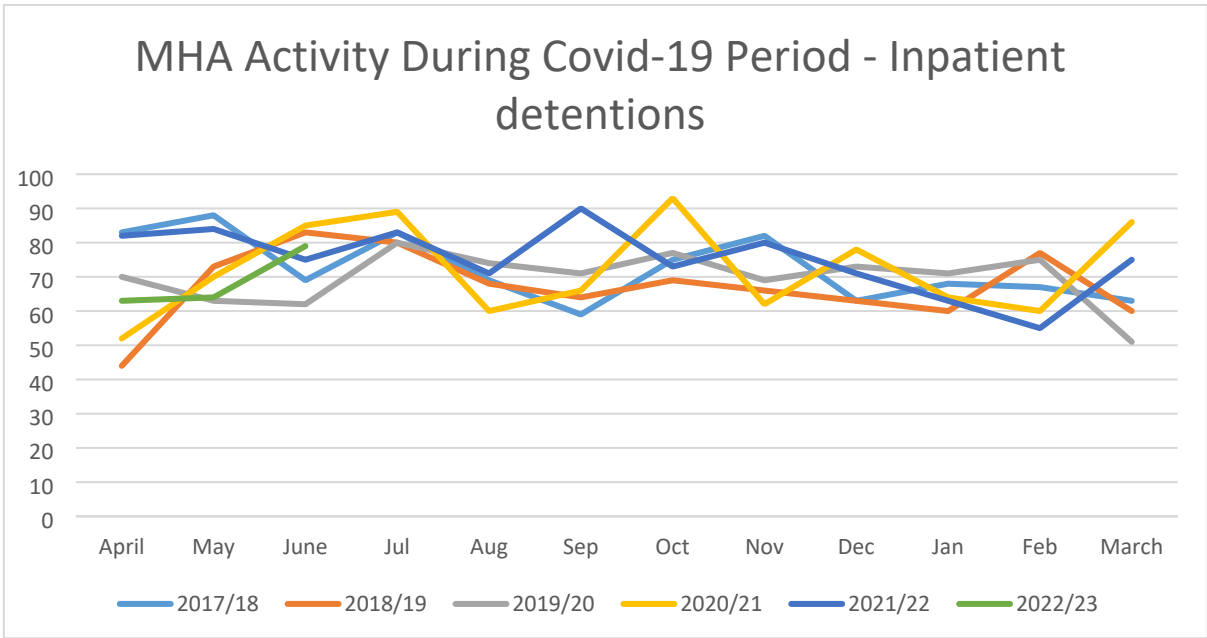


Includes all MHA detentions – S5(4), S5(2), S4, S2, S3, CTO, CTO Revoke, S3 Renewal, CTO Renewal

The last financial year (21/22) saw a 4% increase in the number of overall detentions in comparison to the previous year (20/21). However, there has been a 13% decrease thus far in 2022/23 in comparison to the same period in 2021/22.

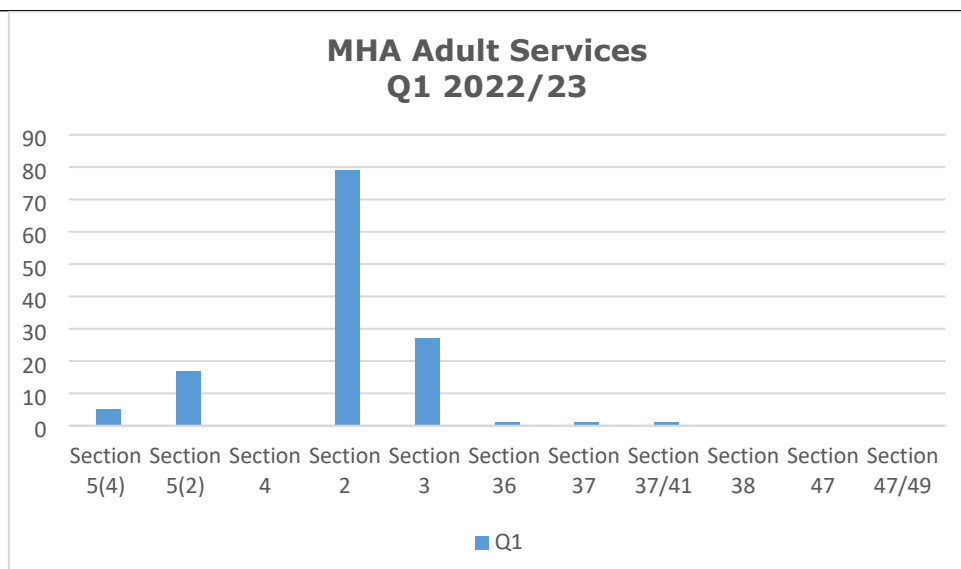
Month	Total MHA Detentions Q1 2021/22	Total MHA Detentions Q1 2022/23	Trend
April	86	68	↓ 21%
May	88	67	↓ 24%
June	84	90	↑ 7%
Total	258	225	Overall 13% decrease

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



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

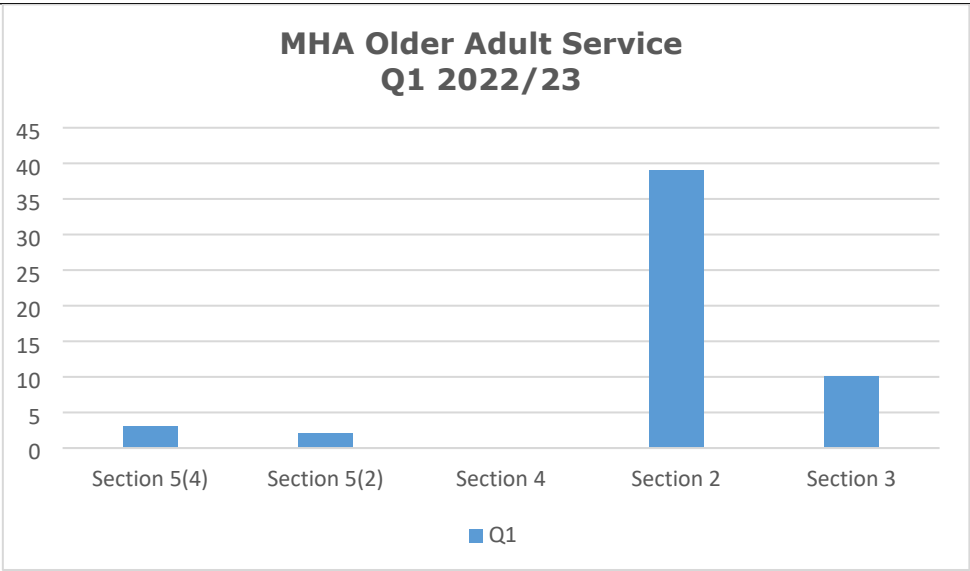
A breakdown of all compulsory admissions to mental wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that over half (60%) of all admissions are under Section 2 (Assessment) of the MHA, with a just over a fifth (21%) of detentions under section 3 (Treatment). 17% of all adult detentions were under Section 5 of the Act. There was an overall 9% increase in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q1 2022/23	Trend
Section 5(4)	2	5	+150%
Section 5(2)	12	17	+42%
Section 4	1	0	-100%
Section 2	75	79	+5%
Section 3	28	27	-4%
Section 36	0	1	+100%
Section 37	0	1	+100%
Section 37/41	2	1	+100%
Section 38	0	0	-
Section 47	0	0	-
Section 47/49	0	0	-
Other	0	0	-
TOTAL	120	131	Overall 9% increase

• MH Older Adult Compulsory Admissions Under the MHA (1983)

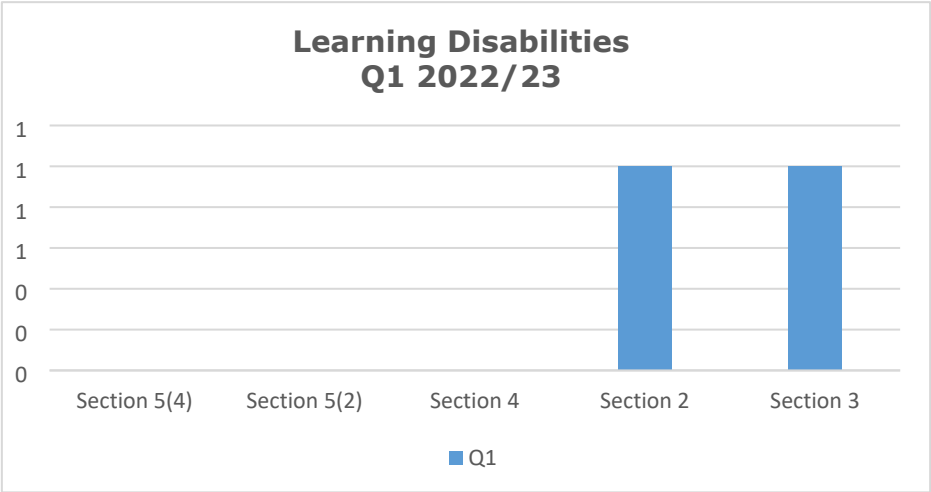
Within the older adult population patients admitted and detained, 90% were admitted under Sections 2 or 3 of the MHA with 10% admitted under Section 5 provision. There was an overall 7% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q1 2022/23	Trend
Section 5(4)	2	3	+50%
Section 5(2)	3	2	-33%
Section 4	1	0	-100%
Section 2	32	39	-22%
Section 3	20	10	-50%
TOTAL	58	54	Overall 7% decrease

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

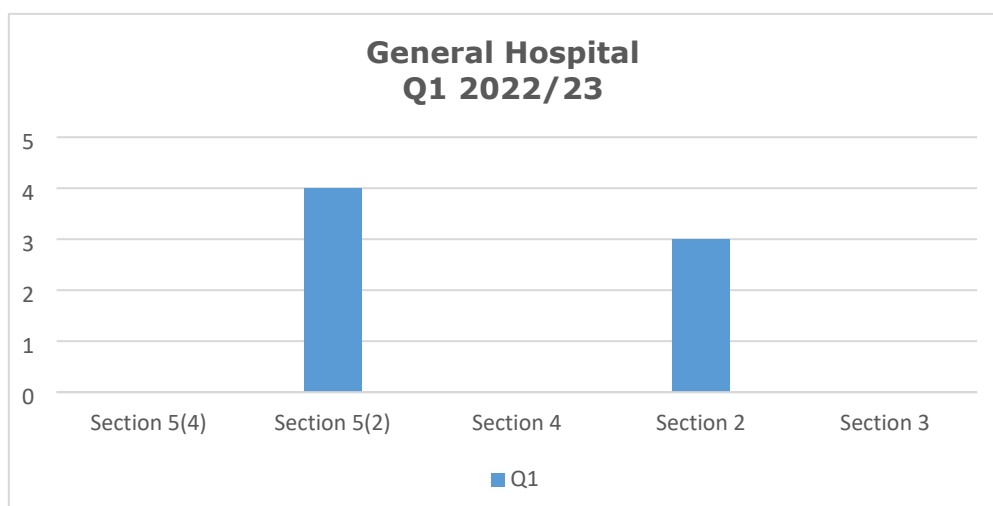
For individuals with a learning disability requiring admission under the MHA, 100% were admitted under Sections 2 or 3 of the MHA. There was an overall 100% increase in detentions compared to the previous quarter.



Section	Previous Quarter	Q1 2022/23	Trend
Section 5(4)	0	0	-
Section 5(2)	0	0	-
Section 4	0	0	-
Section 2	1	1	-
Section 3	0	1	+100%
TOTAL	1	2	Overall 100% increase

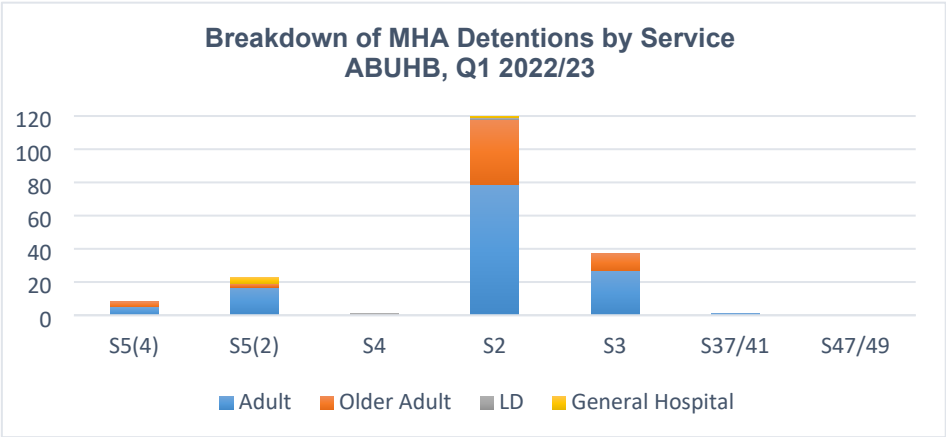
• General Hospital Compulsory Admissions Under the MHA (1983)

For patients detained under the MHA in a General Hospital setting, 43% were admitted under Sections 2 or 3 of the MHA with 57% admitted under Section 5 provision. There was an overall 13% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q1 2022/23	Trend
Section 5(4)	0	0	-
Section 5(2)	3	4	+33%
Section 4	0	0	-
Section 2	4	3	-25%
Section 3	1	0	-100%
TOTAL	8	7	Overall 13% decrease

The below chart shows the total MHA detentions broken down by service for quarter 1, 2022/23.

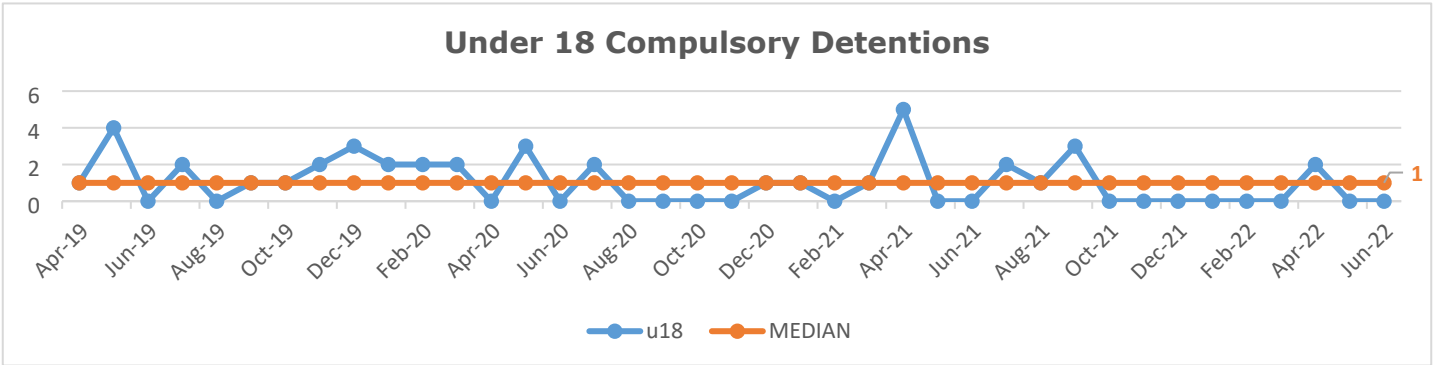


• **Total number of Under 18s Compulsory Detentions Under the MHA (1983)**

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

There were 0 under 18 detentions in the last 6 months of 2021/22, however this trend has not continued into 2022/23 with 2 under 18 detentions in quarter 1, an increase of 100% compared to the previous quarter.

Under 18 years Detentions	Previous Quarter	Q1 2022/23	Trend
Section 5(4)	0	0	-
Section 5(2)	0	0	-
Section 2	0	2	+100%
Section 3	0	0	-
CTO	0	0	-
TOTAL	0	2	+100%



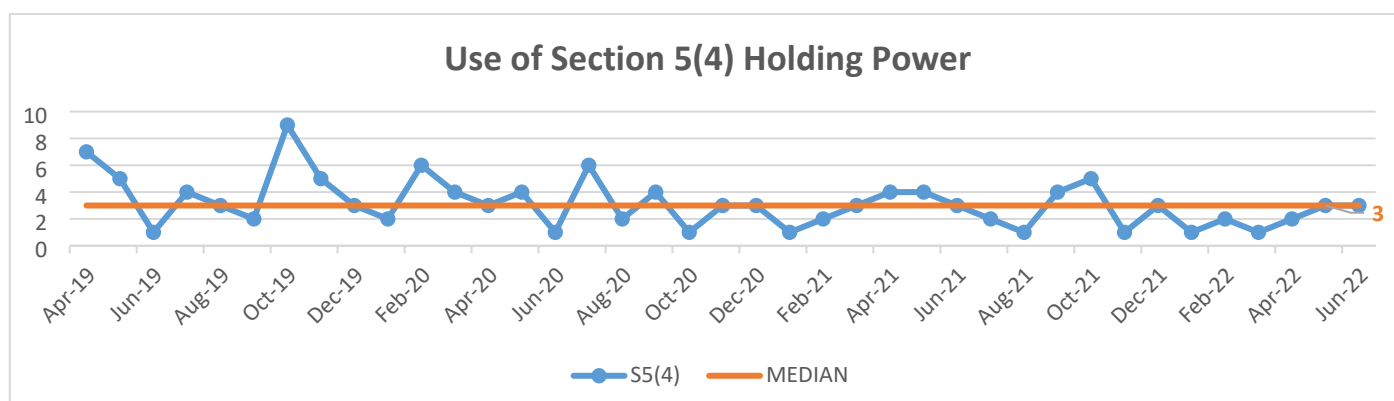
A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision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

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

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

• Use of Section 5 Holding Powers

The use of Section 5(4) is intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 8 uses of this holding power over the quarter with 6 (75%) of these resulting in a doctor/approved clinician detaining the patient under Section 5(2). 1 (13%) was regraded to section 2 and 1 (13%) lapsed.



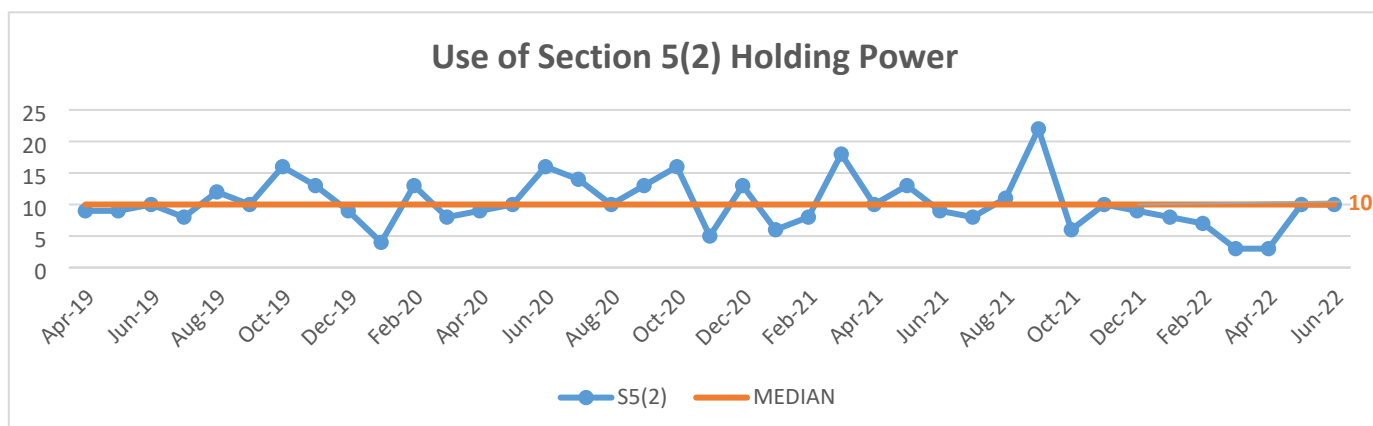
Outcome of Section 5(4) – Q1 2022/23

Outcome	Total	%
Lapsed	1	13%
Ended	0	-
Section 5(2)	6	75%
Section 2	1	13%
Section 3	0	-
Total	8	

The use of Section 5(2) resulted in 35% being detained under section 2, 22% being detained under section 3 and 43% ending or lapsing without further detention under the MHA.

Outcome of Section 5(2) – Q1 2022/23

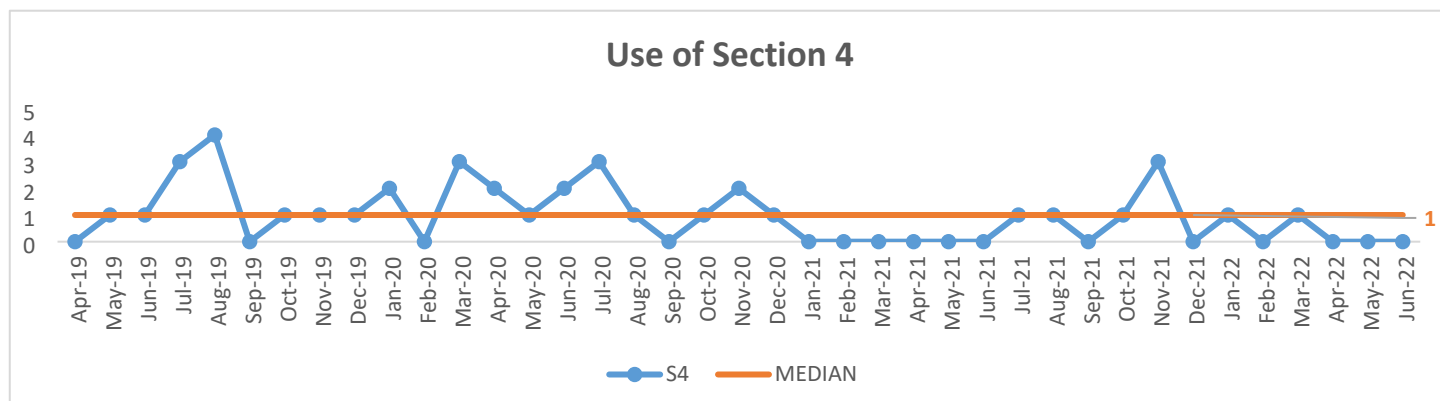
Outcome	Total	%
Lapsed	4	17%
Ended	6	26%
Section 2	8	35%
Section 3	5	22%
Total	23	



• Use of Section 4

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

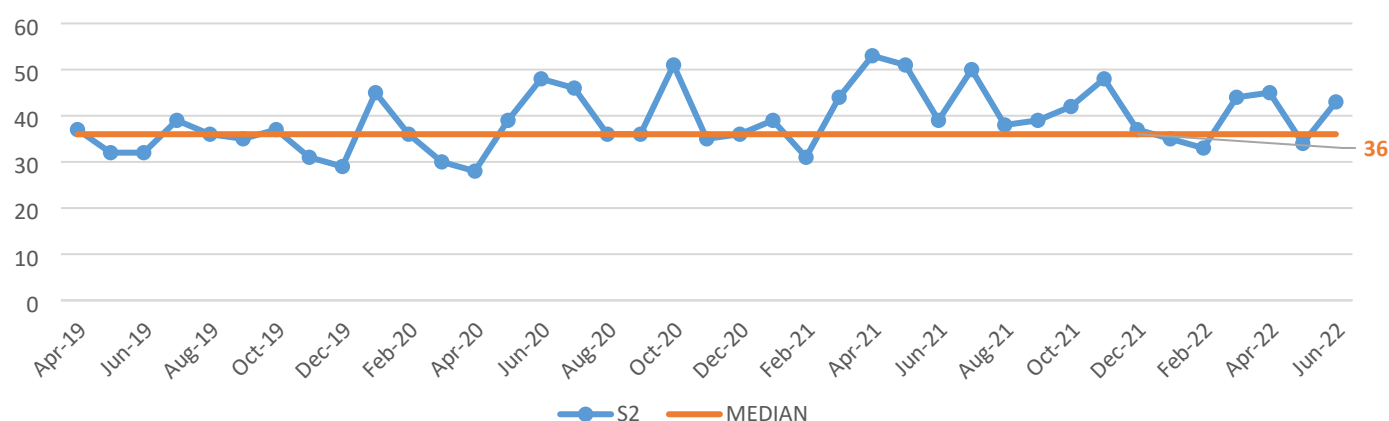
The chart below shows that there has been an increase in the use of this provision over peak Covid-19 periods. Section 4 was used on 0 occasions this quarter (Q1) which is a 100% decrease on the previous quarter.



• Use of Section 2

63% 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.

Use of Section 2



Outcome of Section 2, Q1 2022/23

Outcome	Total	%
Expired	13	11%
Regraded S3	20	16%
Transferred	2	2%
Died	1	1%
Ended: 0-3 days	5	4%
Ended: 4-14 days	31	25%
Ended: 15-28 days	42	34%
Ongoing as at 22/07/22	8	7%
Total	122	

A total of 122 detentions were made using Section 2, with 65% 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 122 patients detained under Section 2:

- 20 (16%) were regraded to Section 3
- 2 (2%) were transferred out of the Health Board during the Section 2

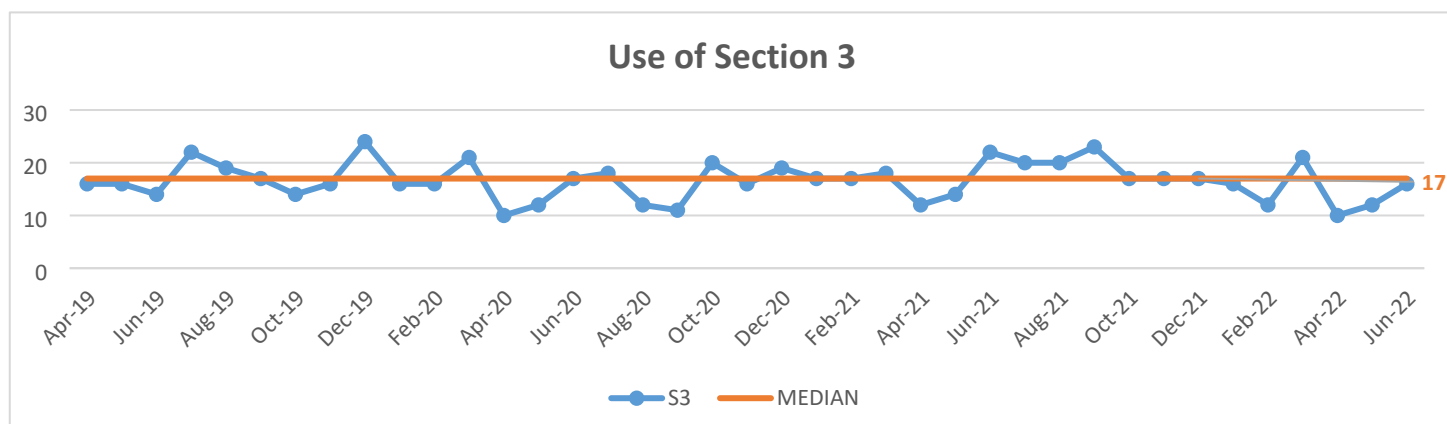
Of the remaining 100 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 5 (4%) were detained between 0-3 days
- 4-14 days 31 (25%) were detained between 4-14 days
- 15-28 days 42 (34%), were detained between 15-28 days

Of this cohort, 13 detentions were allowed to lapse. It is considered allowing a Section 2 to lapse as poor practice, as it 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

20% of all detained admissions were admitted under Section 3 during the quarter. A total of 38 detentions were made using Section 3, with 71% of these in adult mental health, 26% in older adult mental health and 3% in learning disabilities.



Of the total 38 patients detained under Section 3:

- 66% (25) detentions remained as ongoing detentions as of 22.07.2022
- 5% (2) detentions were Regraded to CTO
- 3% (1) detention was transferred
- 26% (10) detentions were ended as of 22.07.2022

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

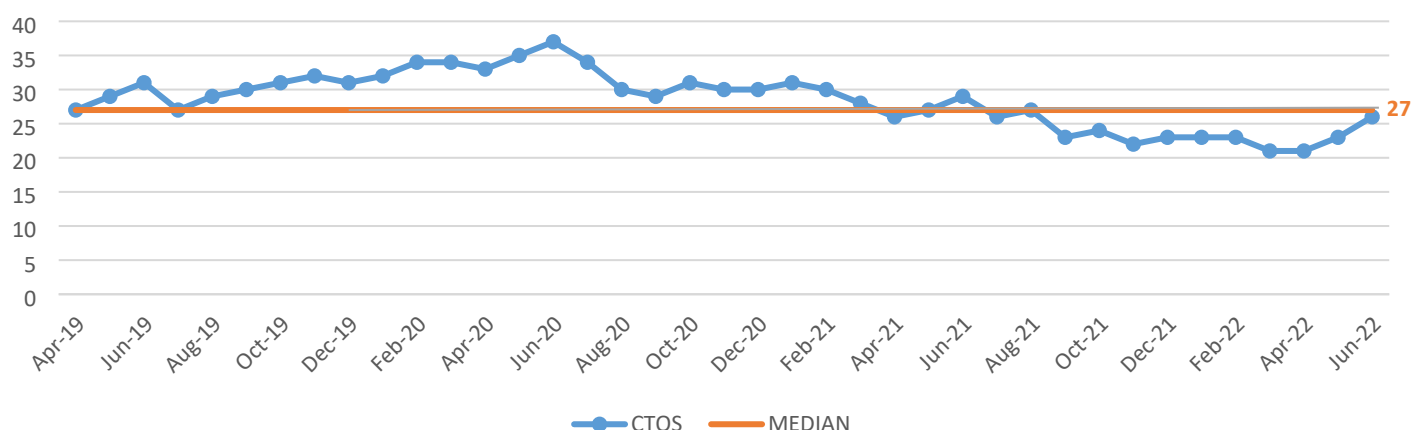
The table below shows that the number of renewals of inpatient detentions increased 60% during the quarter compared to the previous period.

Section	Previous Quarter	Q1 2022/23	Trend
Section 3 renewal	10	15	↑
Section 37 renewal	0	1	↑
Section 47 renewal	0	0	—
TOTAL	10	16	↑

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

The number of Community Treatment Orders at the end of each month has increased by 24% since the last quarter; from 21 at the end of March 2022 increasing to 26 at the end of June 2022.

Number of CTO's at the end of each month



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

Community Treatment Orders (CTOs)

Section	Power	Previous Quarter	Q1 2022/23	Trend
17A	CTOs made	2	9	↑
	CTOs extended	5	8	—
	Recalled to hospital and not admitted	0	0	—
	Recalled to hospital and revoked	1	3	↑
	Discharged from CTO	1	1	—

3. Unlawful Detentions/Failed Medical Scrutiny / Rectifiable Errors

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

• Unlawful Detentions

There was 1 unlawful detention identified during the quarter. Where errors are identified the Mental Health Act Administration will immediately contact the ward/clinical team who will inform the patient and the clinical team will determine the appropriate next steps such as undertaking a new assessment.

	Previous Quarter	Q1 2022/23	Trend
Unlawful Detentions	1	0	↓

• 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	Q1 2022/23	Trend
Failed Medical Scrutiny	0	0	—

• Rectifiable Errors on Documents

Rectifiable errors are considered a 'slip of a pen'. The data shows that these errors have remained consistently low throughout the last two quarters, however this quarter showed an 50% increase in the number of rectifiable errors demonstrating that there is a need for ongoing training regarding the acceptance and scrutiny of documentation before it is received into the MHA Administration Department to ensure that documentation is as accurate as possible.

	Previous Quarter	Q1 2022/23	Trend
Rectifiable errors on document	9	18	↑

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.

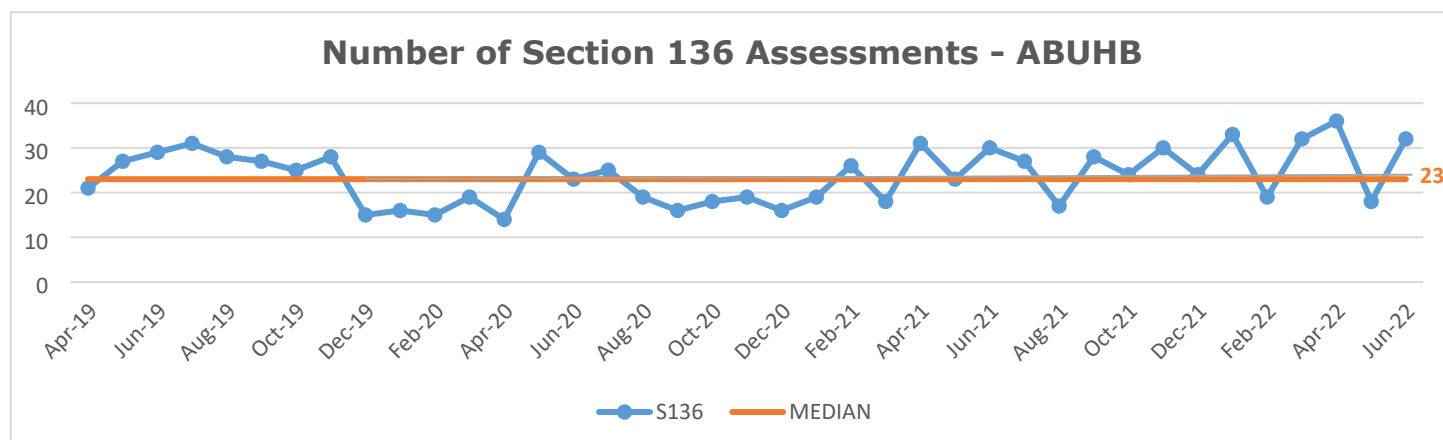
Use of Section 135, Q1 2022/23

Section 135 of the MHA	Previous Quarter	Q1 2022/23	Trend
Assessed and admitted informally	0	0	—
Assessed and discharged	0	0	—
Assessed and detained under Section 2	1	3	↑
Assessed and detained under Section 3	0	0	—
Assessed and CTO Revoked	0	0	—
Other	0	0	—
Total	1	3	↑

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.



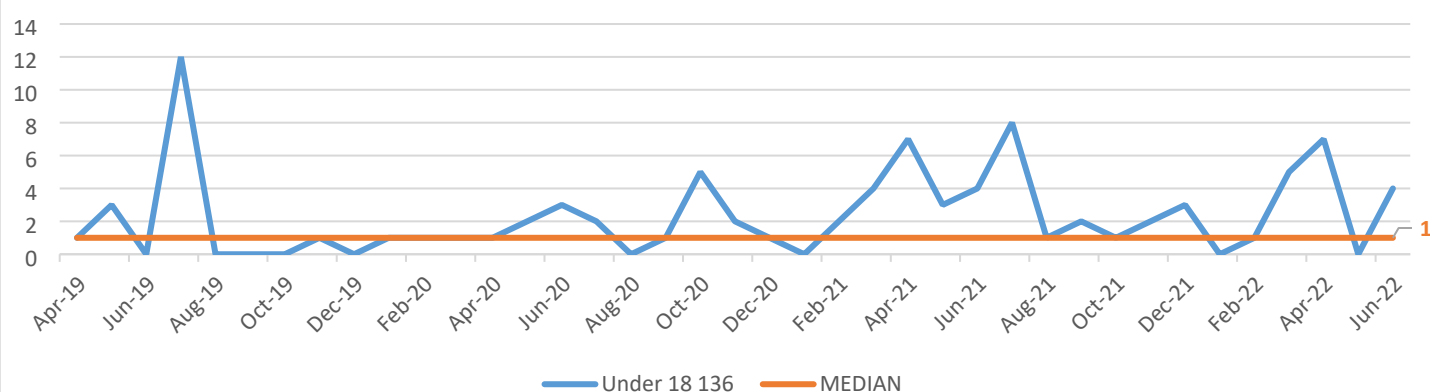
A breakdown of the outcome of 136 assessments is shown in the table below. A total of 86 assessments were undertaken. 1 detention lapsed due to physical health overtaking mental health and the assessments did not take place in these cases. Of those assessed 48% were admitted, with 63% of those admitted being formally detained. 14% of individuals assessed were discharged with no follow up required, while 38% were discharged with a follow up plan in place.

Use of Section 136, Q1 2022/23

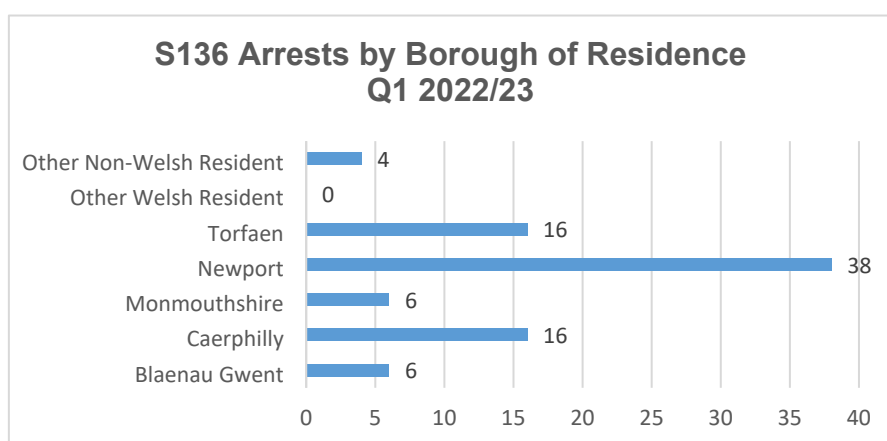
Section 136 of the MHA	Previous Quarter	Q1 2022/23	Trend
Assessed and admitted informally	15	15	—
Assessed and detained under Section 2	21	26	↑
Assessed and detained under Section 3	1	0	↓
Assessed and detained under Section 4	0	0	—
Discharged – no follow-up required	17	12	↓
Discharged – with follow-up plan	28	32	↑
Section 136 lapsed	2	1	↓
TOTAL	84	86	↑

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 increased by 83% in comparison to the previous quarter.

Number of Section 136 Assessments - Under 18's



A breakdown of assessed patients by borough shows that Newport had higher demand than other boroughs, accounting for 44% of all assessments.

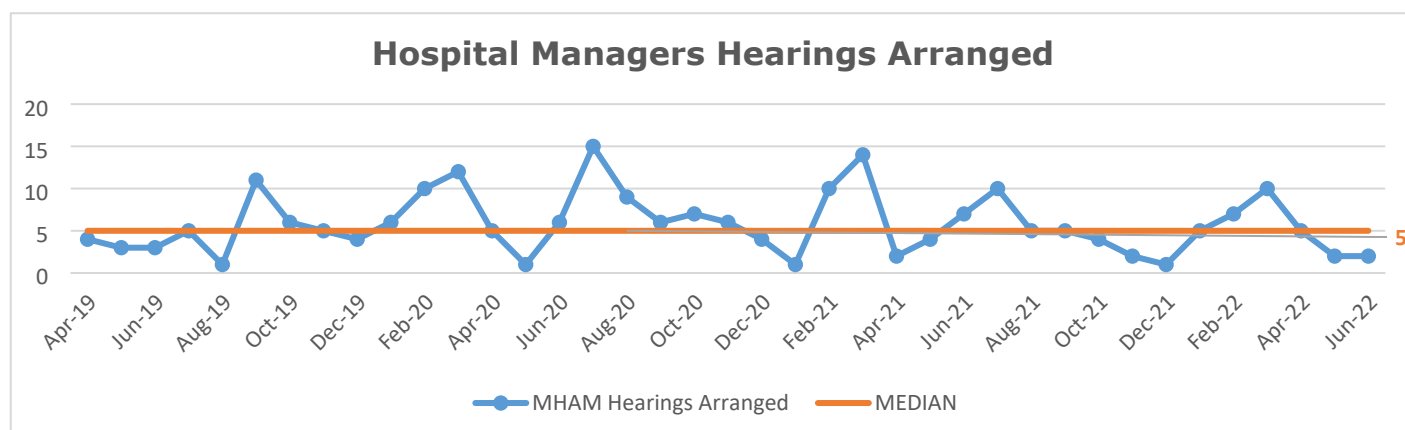


A breakdown of all 86 events shows that the majority of patients were female patients; alcohol and/or drugs being a related factor in 29% of all cases; 13% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Previous Quarter	Q1 2022/23
TOTAL	N=84	N=86
Gender:		
% Male	36%	45%
% Female	64%	55%
Place of Safety:		
% Hospital	100%	97%
% Police Station	0%	3%
% Under 18 Years	7%	13%
Use of Illicit Substances:		
% Alcohol	13%	23%
% Drugs	10%	14%
% Both Alcohol and Drugs	3%	1%
Where Assessment took place:		
% Hospital	98%	99%
% Police Station	0%	0%
12 Hour extension required/granted	1%	1%

5. Mental Health Act Managers Hearings

There has been a 59% decrease in the number of MHA Managers hearings arranged over the last quarter in comparison to the previous period. To overcome the constraints of Covid-19 each independent manager has been provided with a laptop and training on holding Manager Hearings via video conferencing. There were 6 hearings held during the quarter.



A summary of activity and outcome of hearings is provided in the table below. The majority of hearings requested relate to inpatients. During the quarter 0 patients were discharged by Hospital Managers.

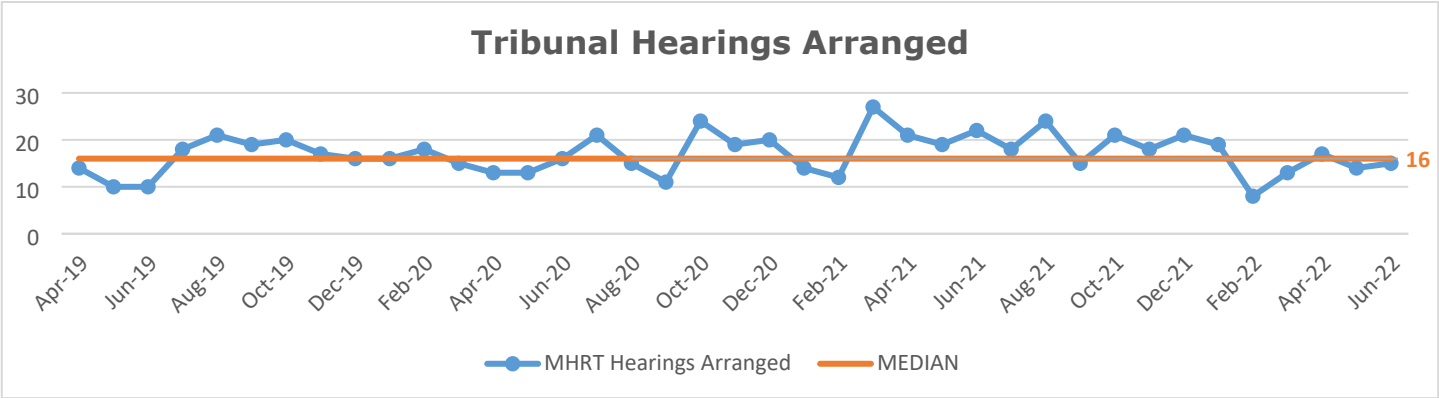
Mental Health Act Manager Review Hearings

Hospital Manager Hearings	Previous Quarter	Q1 2022/23	Trend
Applications by patient – Inpatient	1	1	—
Applications by patient – CTO	0	0	—
Renewal Hearing Applications – Inpatient	9	5	↓
Renewal Hearing Applications – CTO	6	0	↓
Barring Hearings	0	2	↑
Hearing cancelled before being heard	9	5	↓
Hearing held - Patient Discharged by Hospital Managers	0	0	—
Hearing held – Section continued	13	4	↓

6. Mental Health Review Tribunals

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

The chart below highlights the activity and outcomes of Tribunals arranged over the last two years. Overall the number of hearings appears to be relatively consistent over the period of the last 12 months.



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

Mental Health Review Tribunals Activity

MH Review Tribunal Hearings	Previous Quarter	Q1 2022/23	Trend
Applications by patient – Inpatient	31	44	↑
Applications by patient – CTO	2	2	—
Renewal Hearing Applications – Inpatient	5	8	↑
Renewal Hearing Applications – CTO	2	0	↓
Referral by MOJ	0	0	—
Referral by Welsh Ministers	0	1	↓
Outcomes: Hearing Cancelled before being heard	22	22	—
Outcomes: Patient Discharged by MHRT	2	3	↑
Outcomes: Section Continued	16	21	↑

This shows that a significant number of Tribunals are cancelled before being heard. 3 patients were discharged by the Tribunal during the quarter.

Assessment and Conclusion

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

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

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

Glossary of Terms

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

Section 4	Provides the power to forcibly admit and detain a person in hospital for up to 72 hours where it is of urgent necessity for the person to be admitted and detained under section 2 but only one doctor is available at the time to make a medical recommendation.
Section 2	<p>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.</p> <p>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.</p> <p>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.</p>
Section 3	<p>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.</p> <p>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.</p> <p>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.</p>
Section 37	<p>Section 37 provides for a court to sentence a person to hospital for treatment (or guardianship) for up to six months.</p> <p>The criteria and resulting admission work in the same way as a section 3 except for the appeal process. A section 37 patient has:</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> 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	<p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> o ensuring the patient receives medical treatment o preventing the risk of harm to the patient's health or safety o protecting other persons. <p>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.</p>

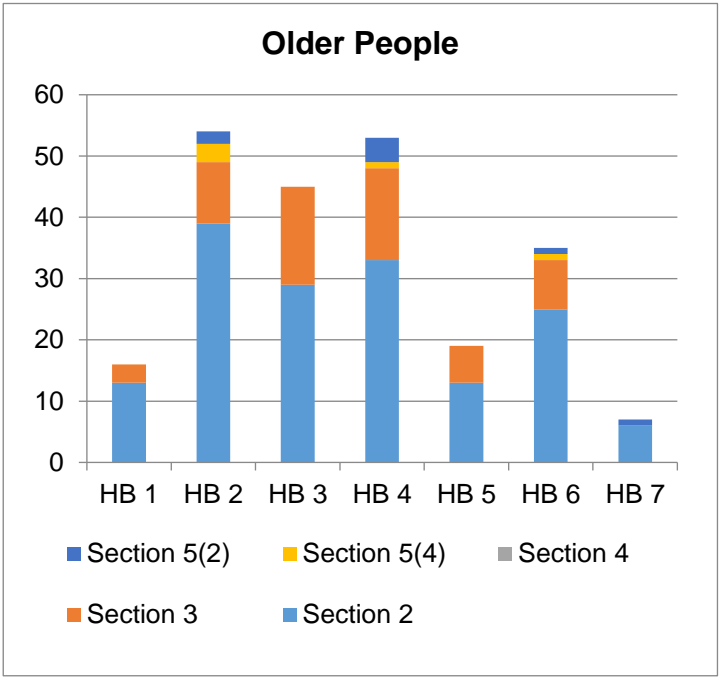
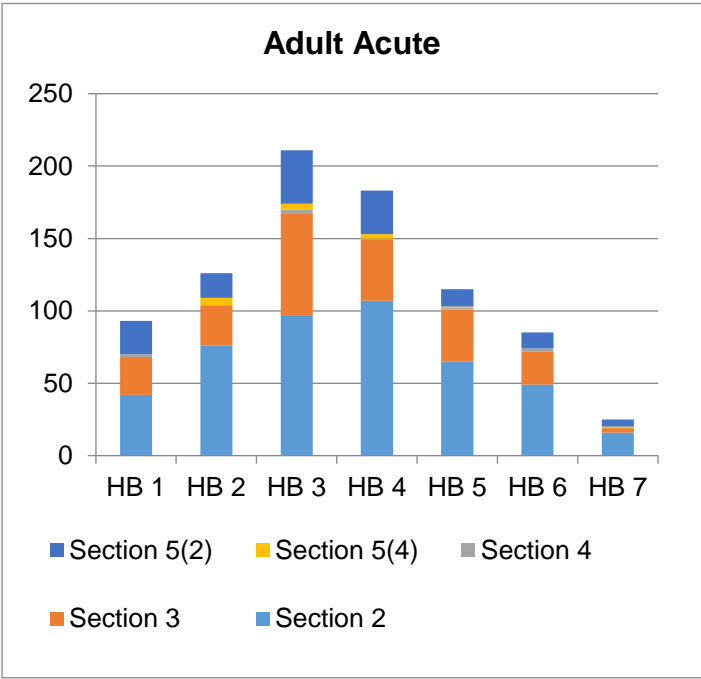
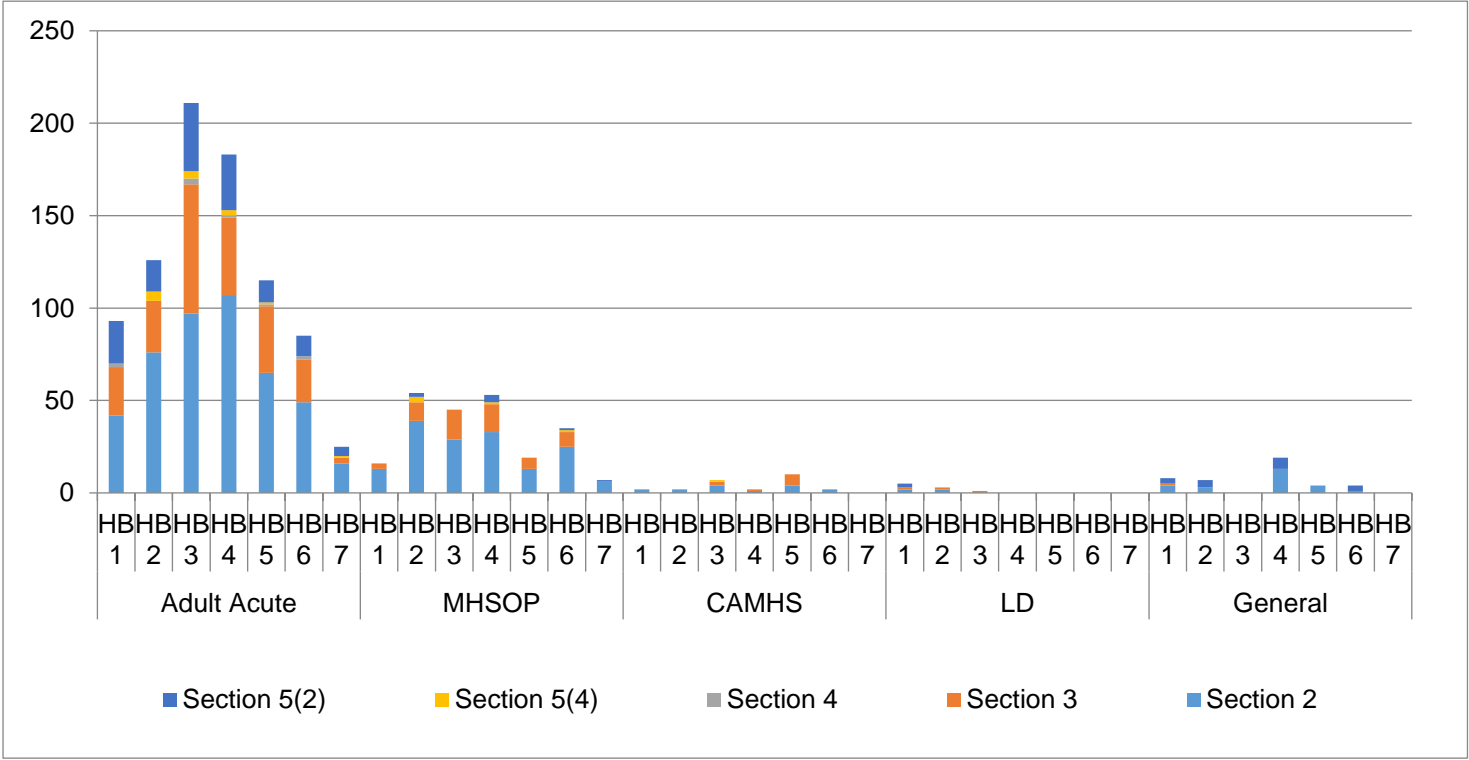
Benchmarking data April- June 2022:

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:-	3,169,586

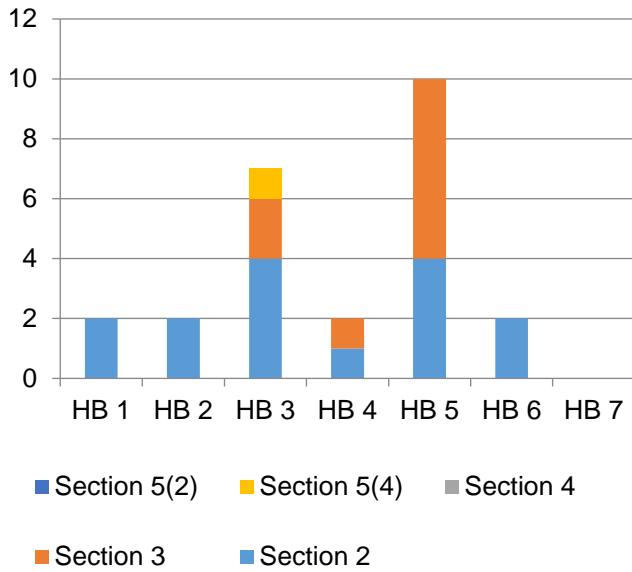
Please note that pie chart percentages within this report are percentages of that specific chart rather than percentages of each Health Boards total

Part 2 MHA Activity

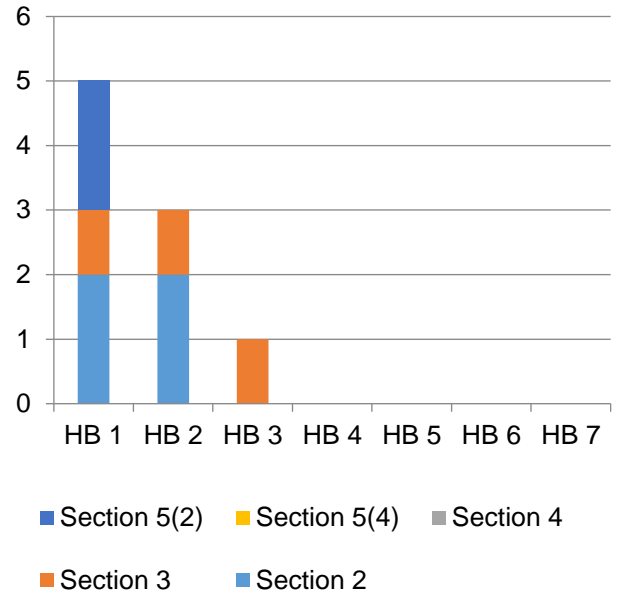
During the period a total of 1143 patients were made subject to the part 2 provisions of the MHA 1983 across Wales.



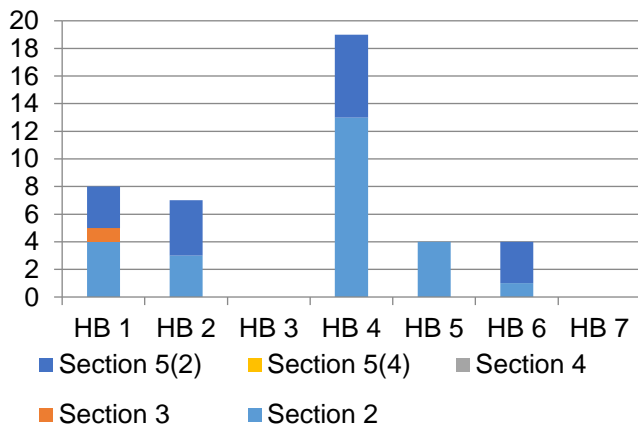
Child and Adolescent



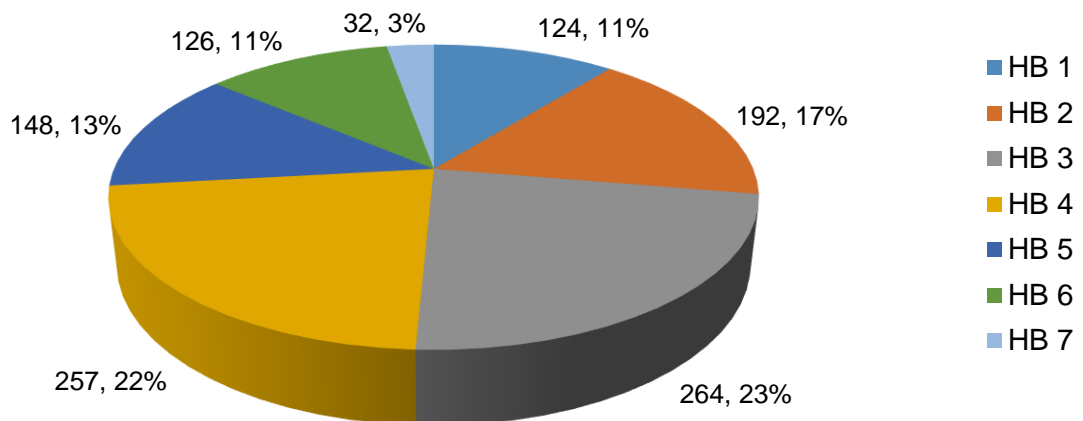
Learning Disabilities



General (non-Mental Health)



Total Section (2, 3, 4, 5(2), 5(4))

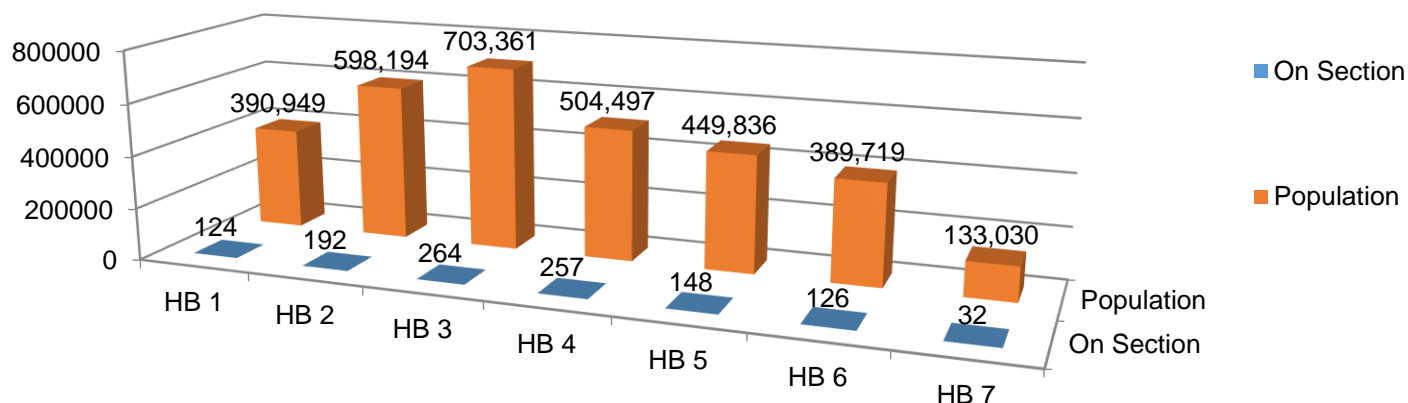


Part 2 MHA Activity Compared to Health Board Population

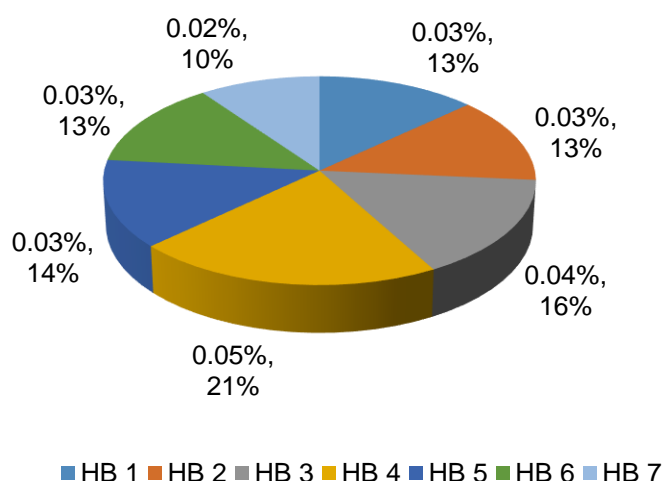
Population figures taken from <https://statswales.gov.wales>

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

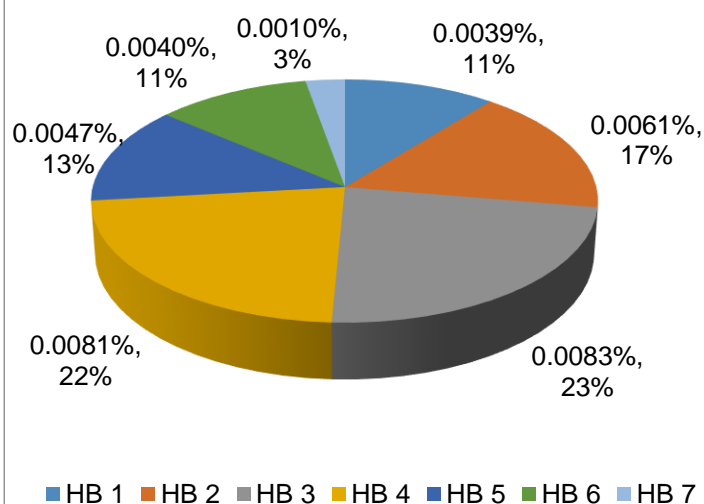
Inpatient Formal Sections (2, 3, 4, 5(2), 5(4)) Compared to Health Board Population



Inpatient Formal Sections (2, 3, 4, 5(2), 5(4)) Compared to Health Board Population

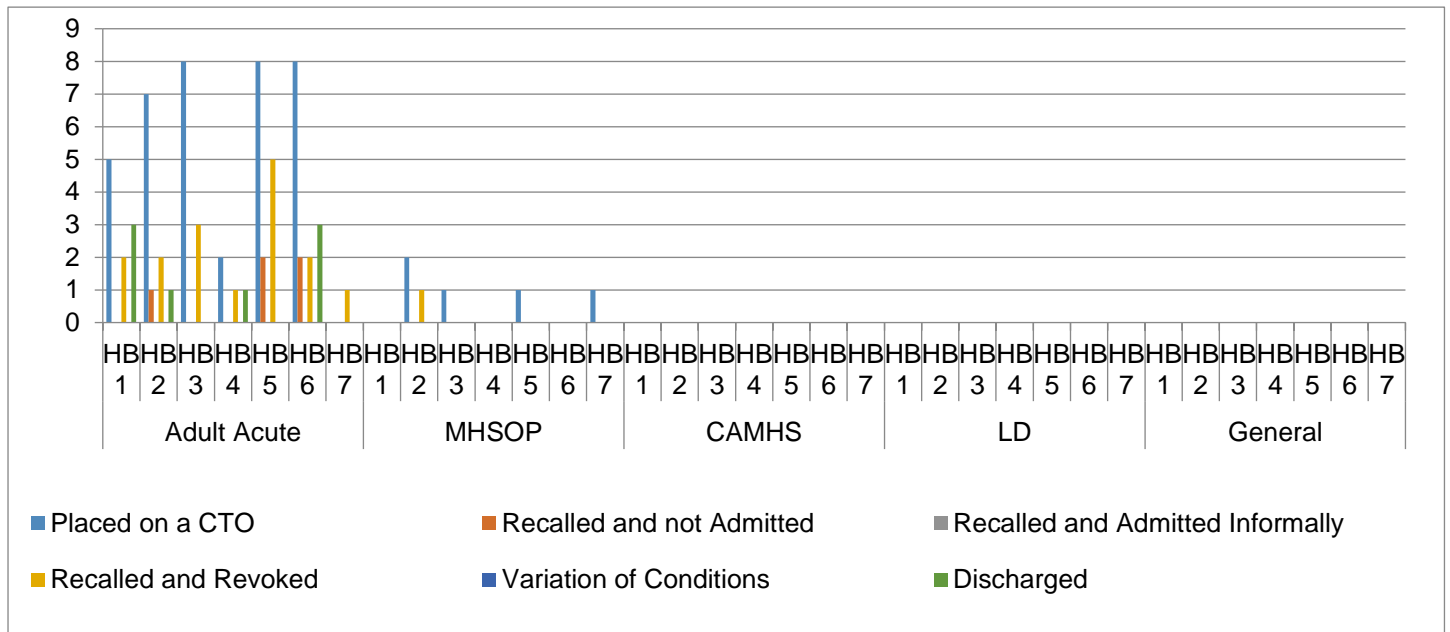


Inpatient Formal Sections (2, 3, 4, 5(2), 5(4)) Compared to the Population of Wales

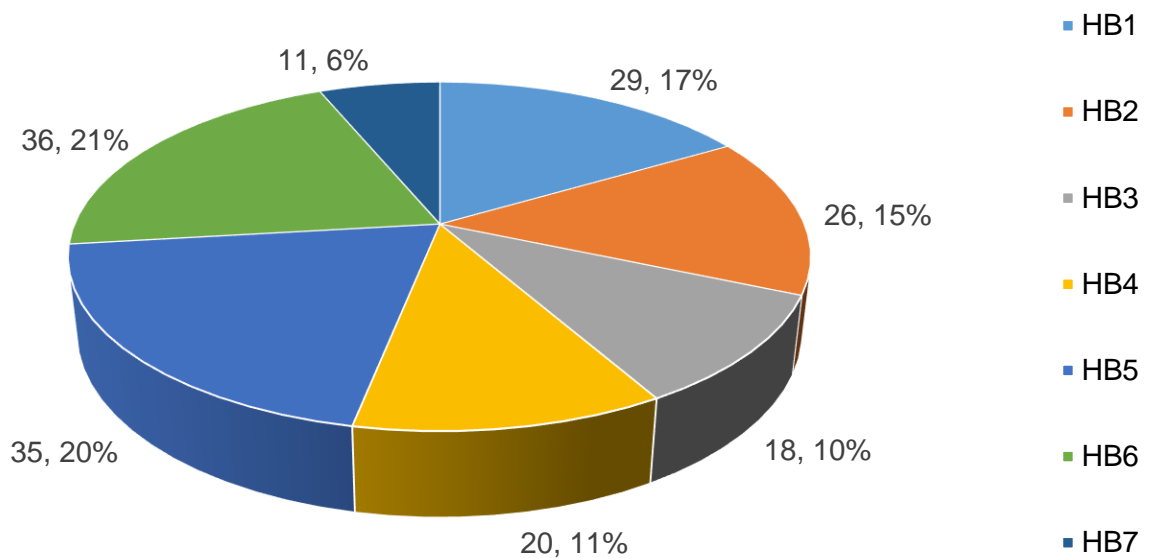


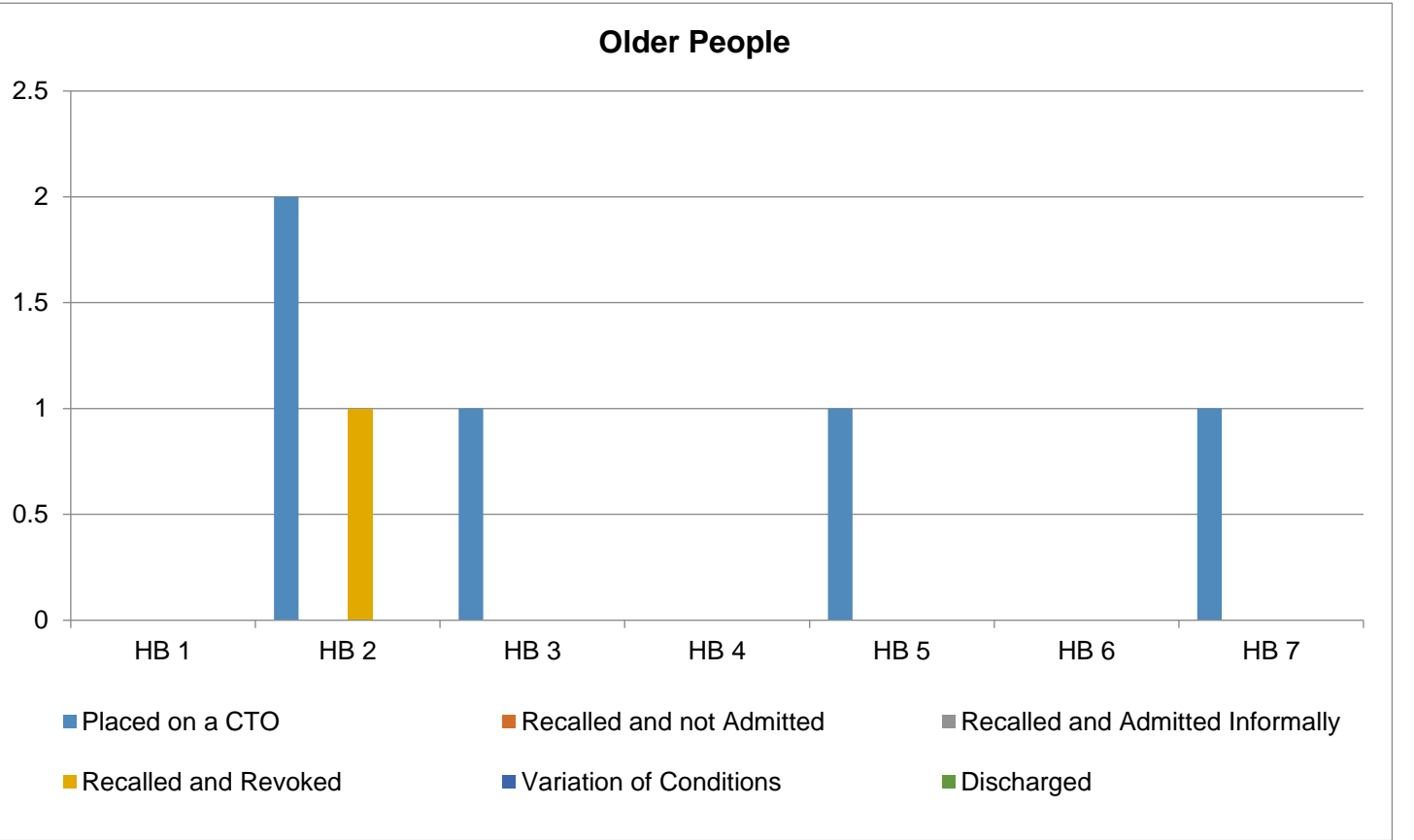
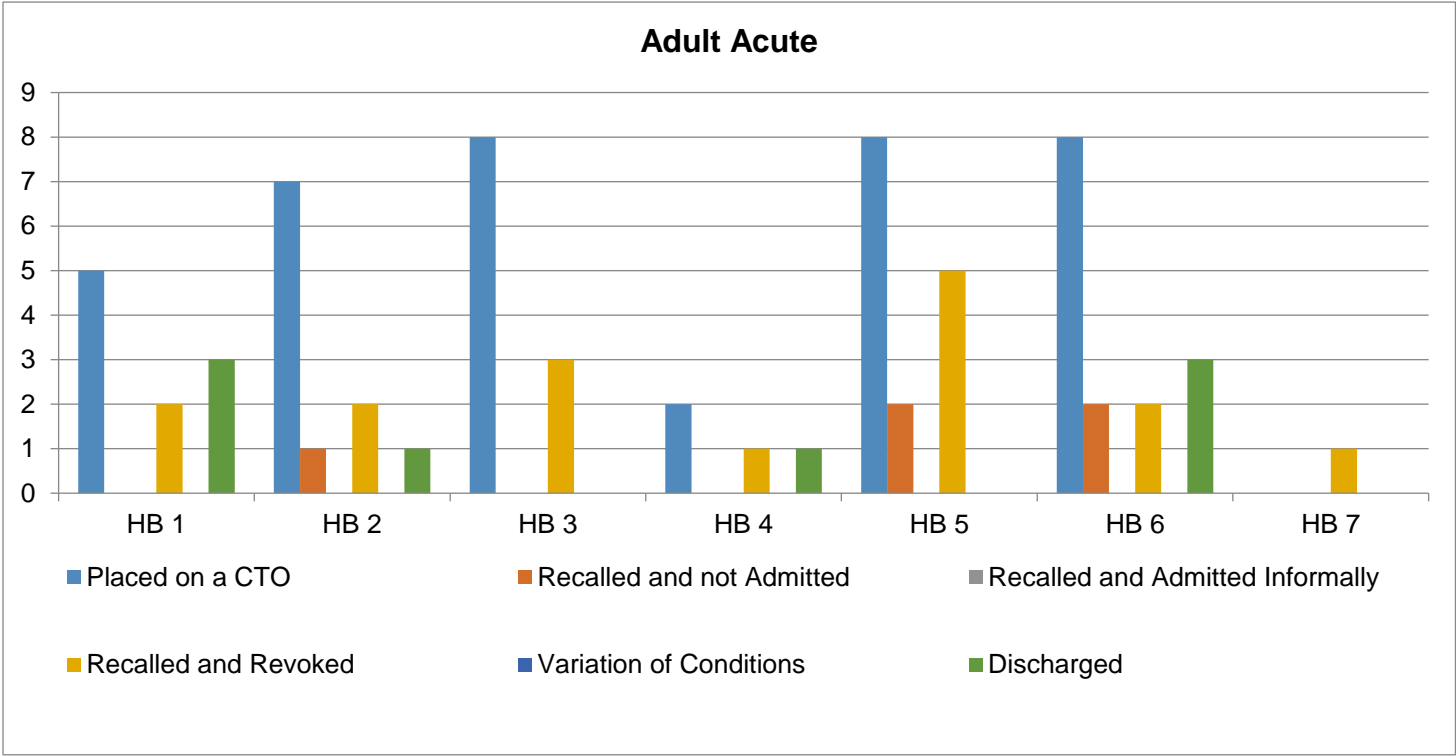
Community Treatment Order

During the period a total of 38 patients were made subject to a Community Treatment Order across Wales.

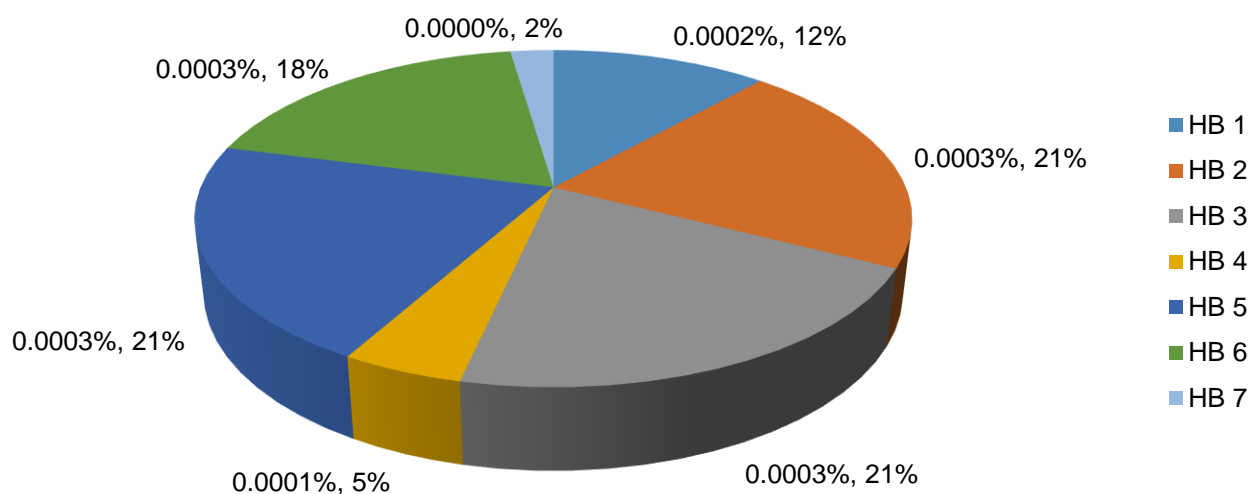


Patients subject to a Community Treatment Order as of 30/06/2022

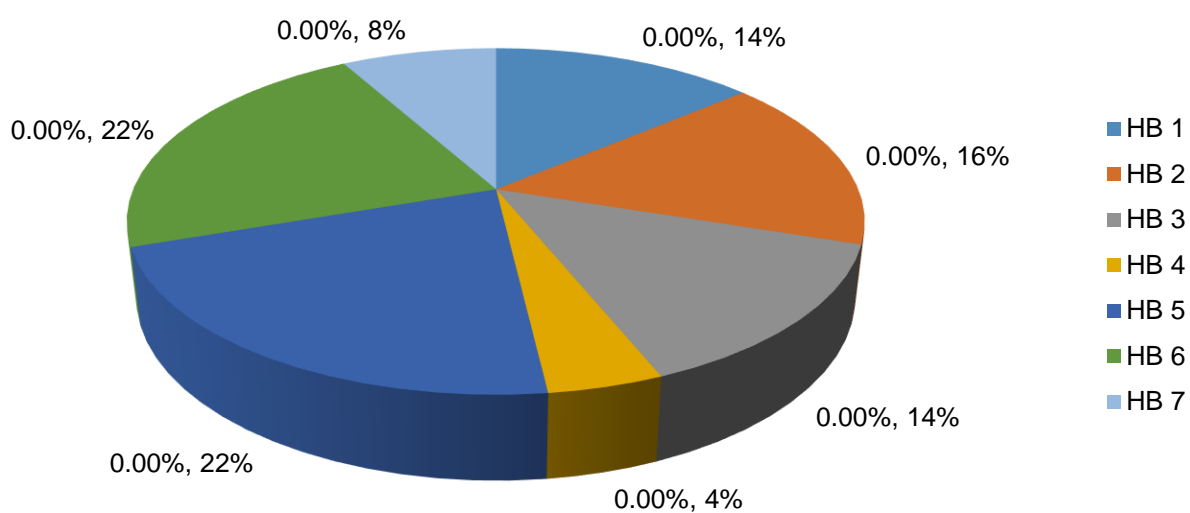




Patients Subject to a Community Treatment Order Compared to the Population of Wales

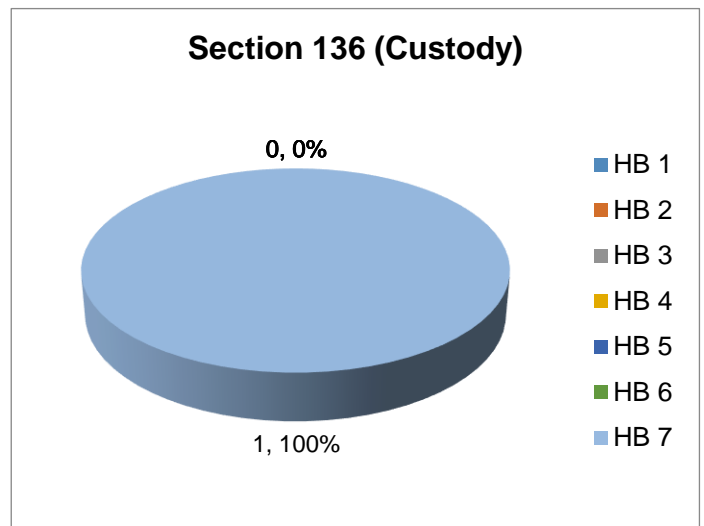
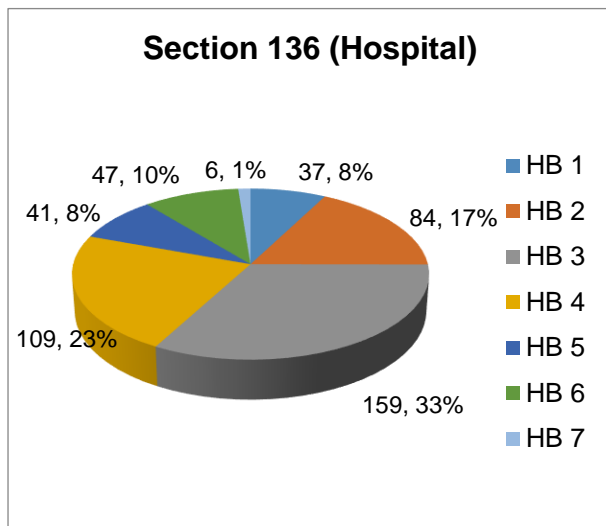
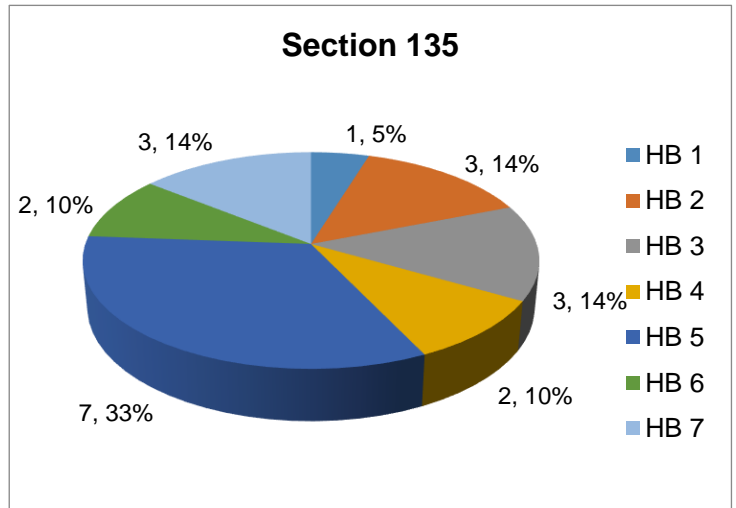
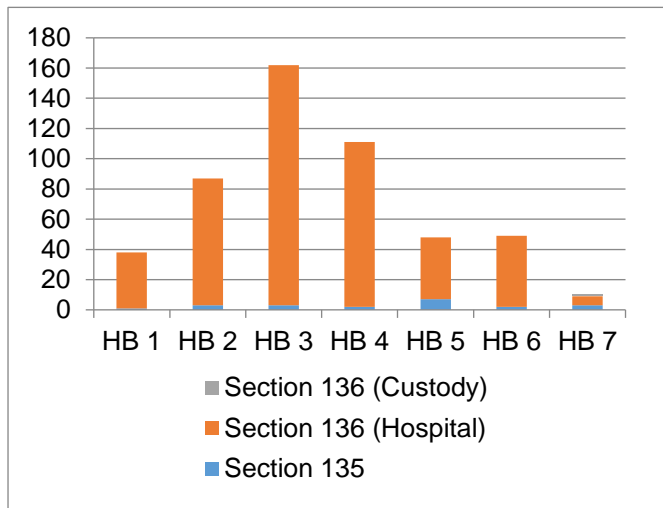
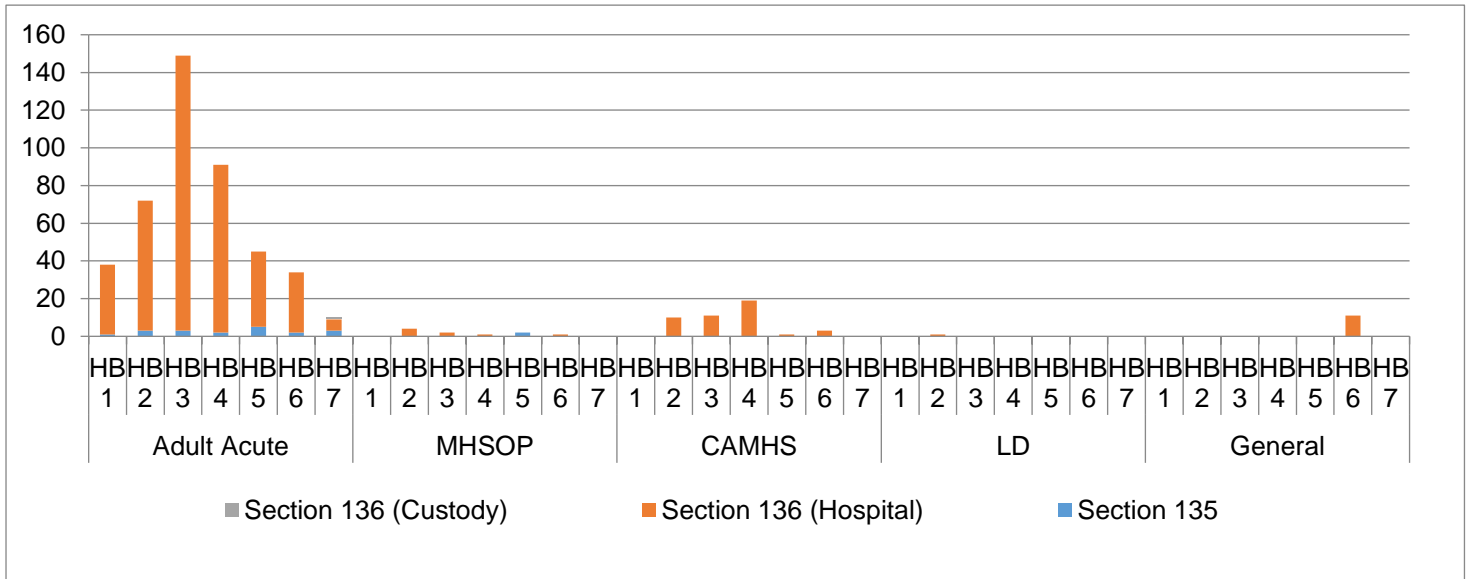


Patients Subject to a Community Treatment Order Compared to Health Board Population



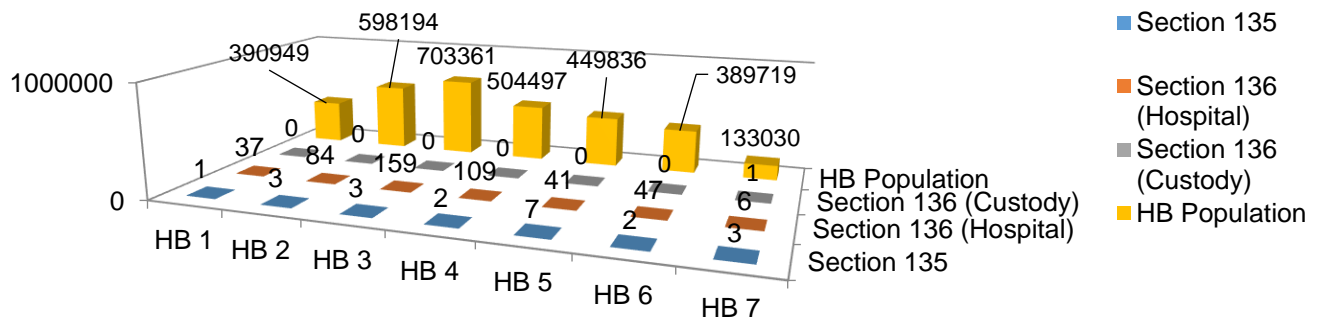
Section 135 & 136

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



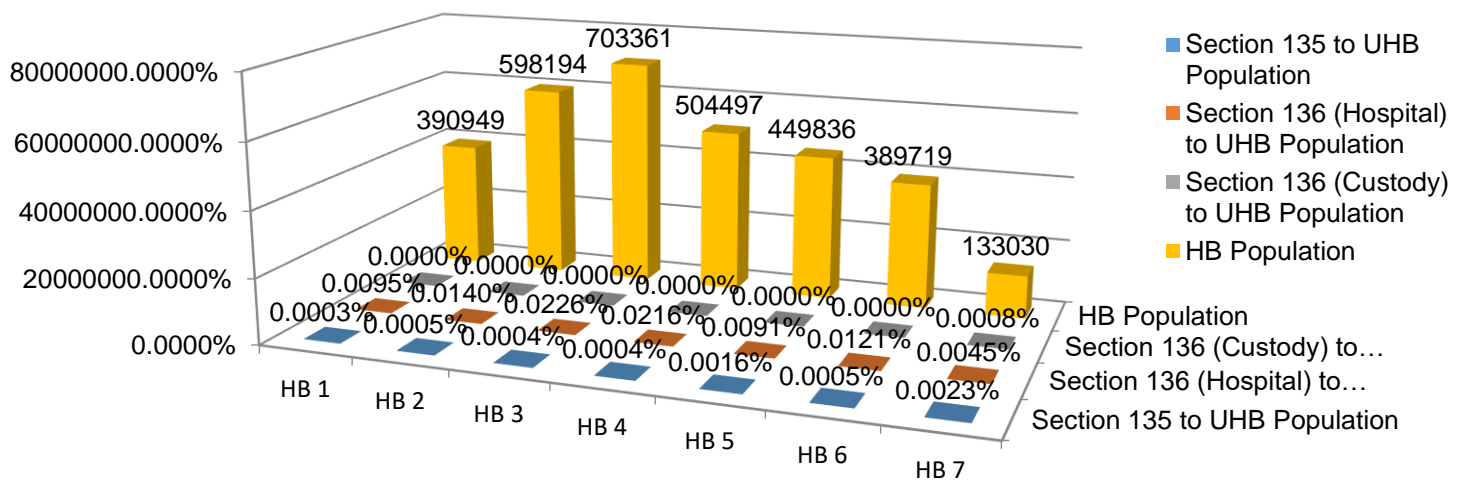
Section 135 and 136 Compared to Health Board Population

Section 135 and 136 Compared to Health Board Population (Numbers)



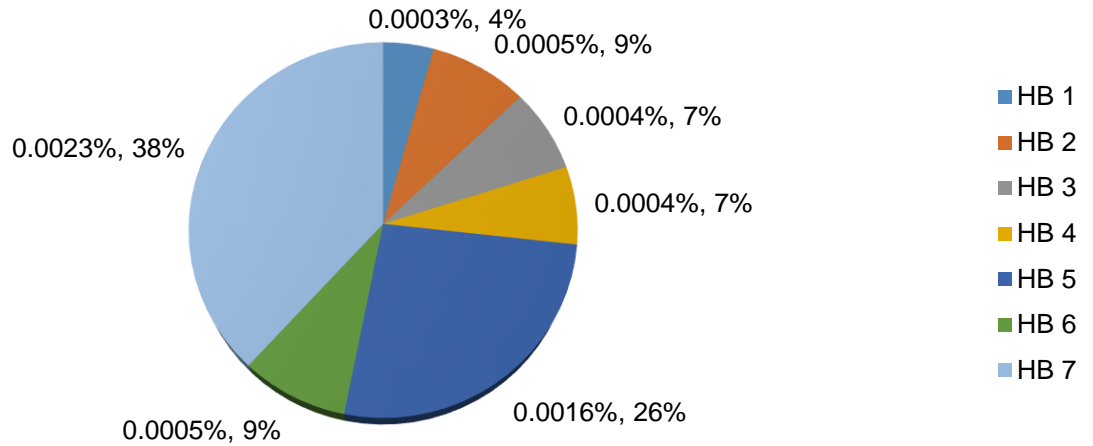
	HB 1	HB 2	HB 3	HB 4	HB 5	HB 6	HB 7
Section 135	1	3	3	2	7	2	3
Section 136 (Hospital)	37	84	159	109	41	47	6
Section 136 (Custody)	0	0	0	0	0	0	1
HB Population	390949	598194	703361	504497	449836	389719	133030

Section 135 and 136 Compared to Health Board Population (Percentage)

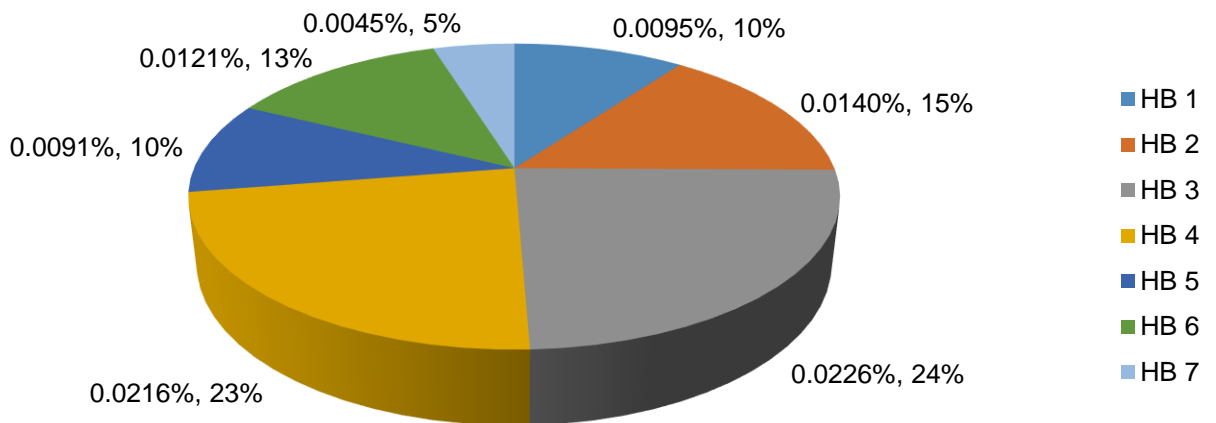


	HB 1	HB 2	HB 3	HB 4	HB 5	HB 6	HB 7
Section 135 to UHB Population	0.0003%	0.0005%	0.0004%	0.0004%	0.0016%	0.0005%	0.0023%
Section 136 (Hospital) to UHB Population	0.0095%	0.0140%	0.0226%	0.0216%	0.0091%	0.0121%	0.0045%
Section 136 (Custody) to UHB Population	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0008%
HB Population	390949	598194	703361	504497	449836	389719	133030

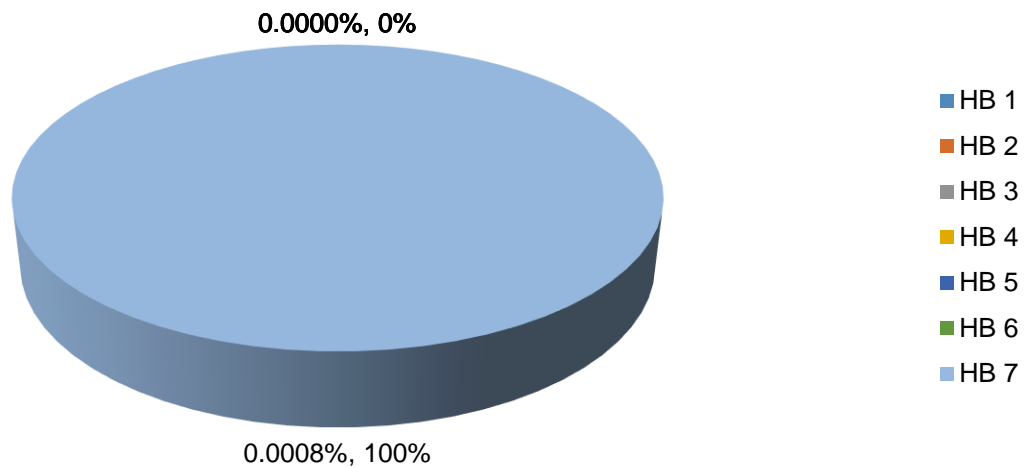
Section 135 to UHB Population



Section 136 (Hospital) to UHB Population

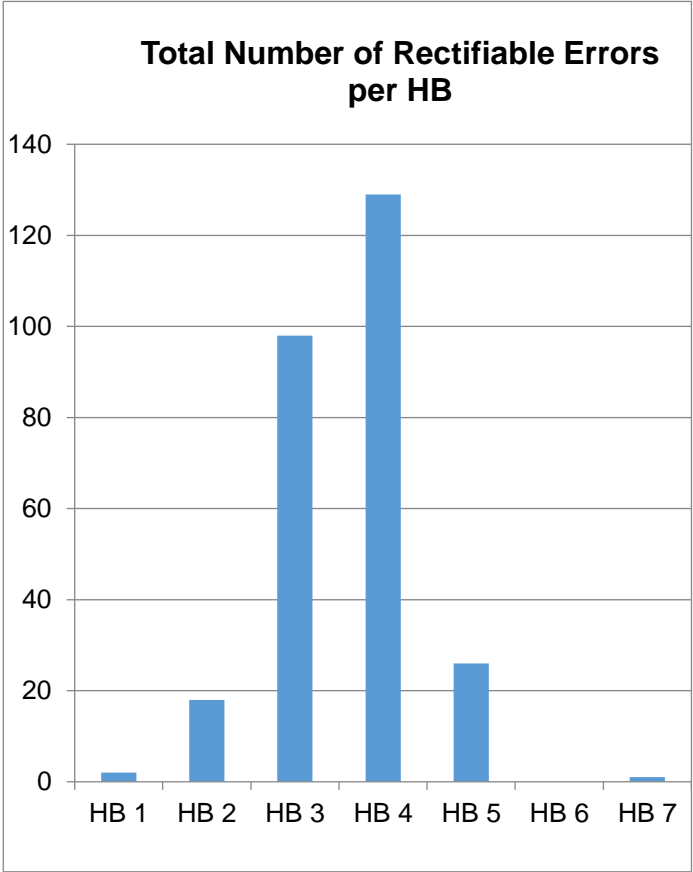
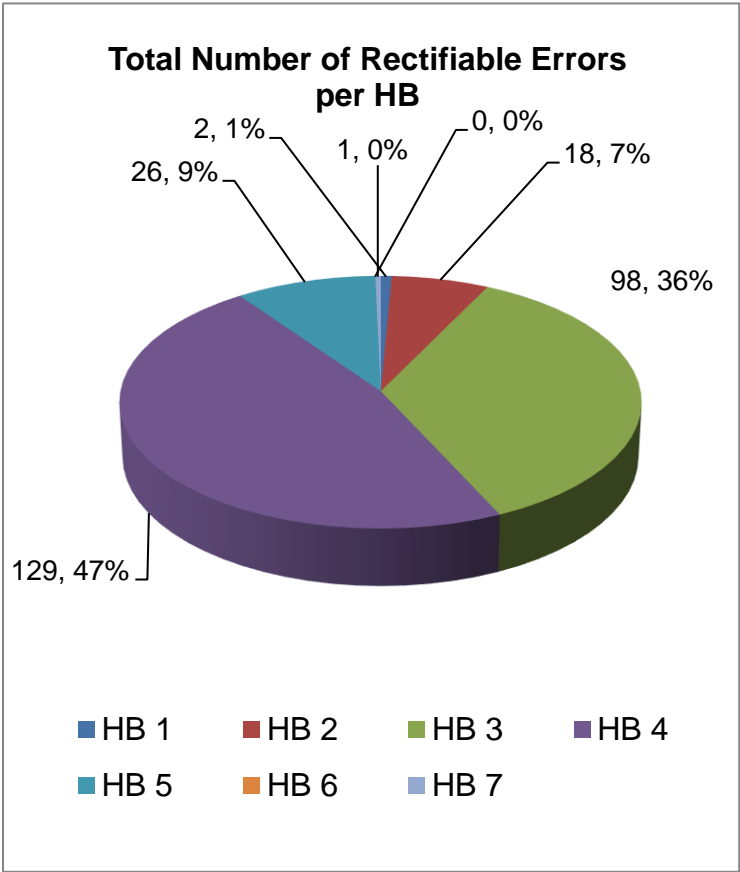
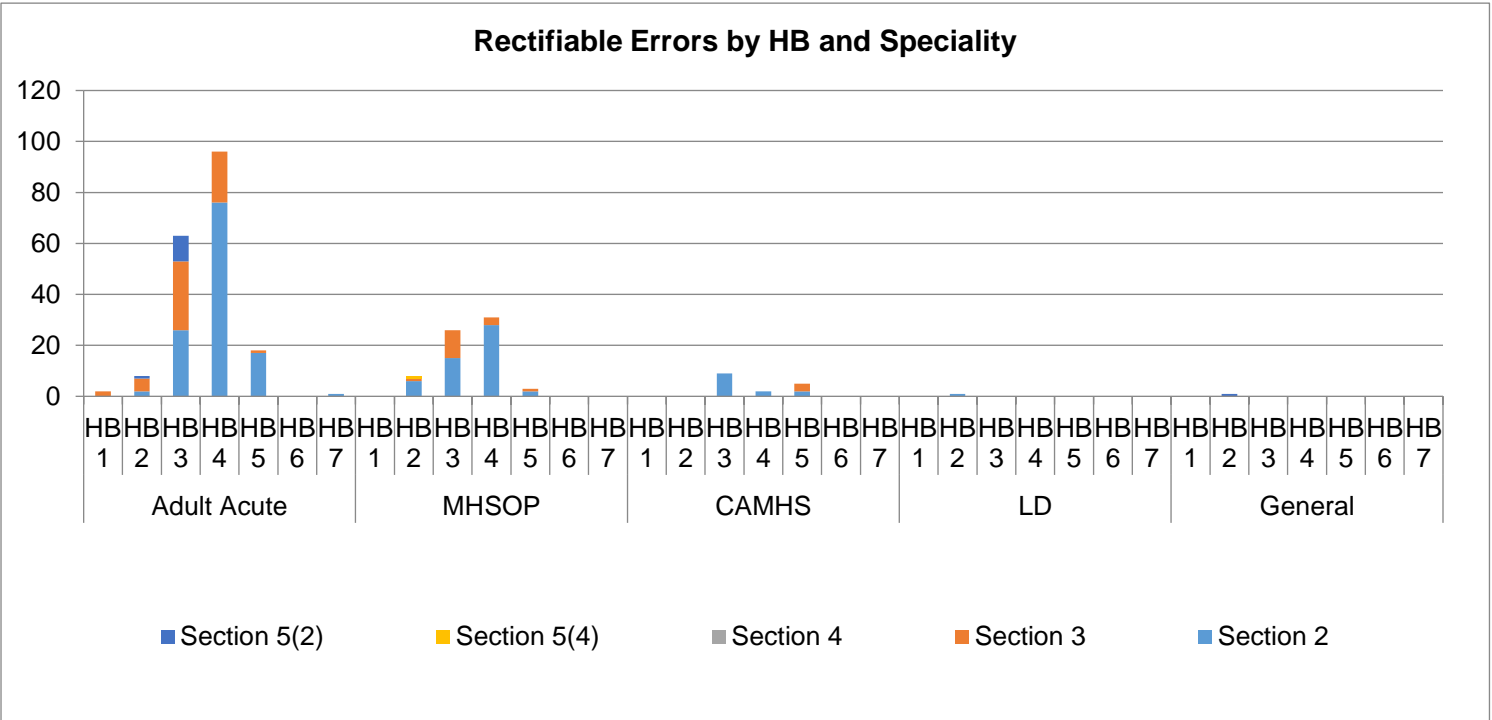


Section 136 (Custody) to UHB Population



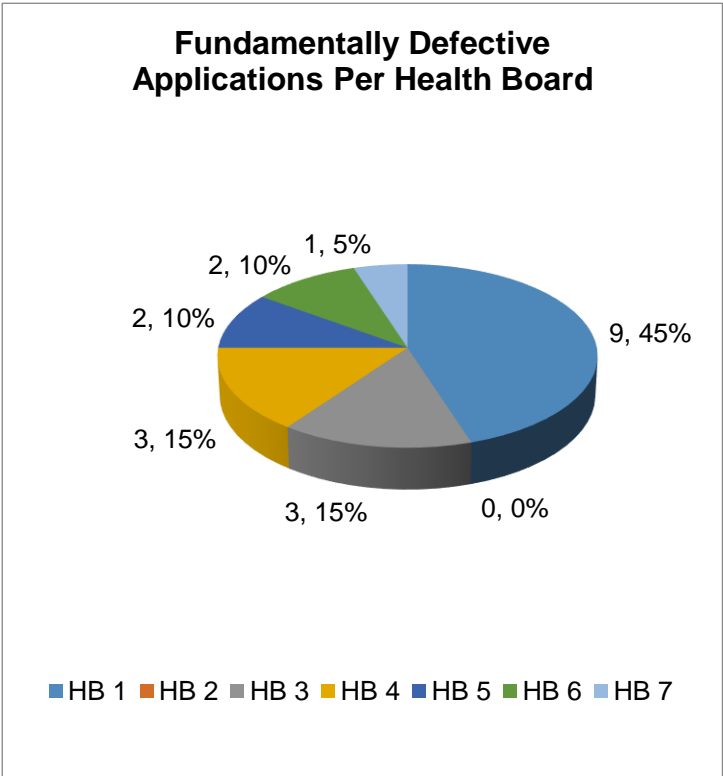
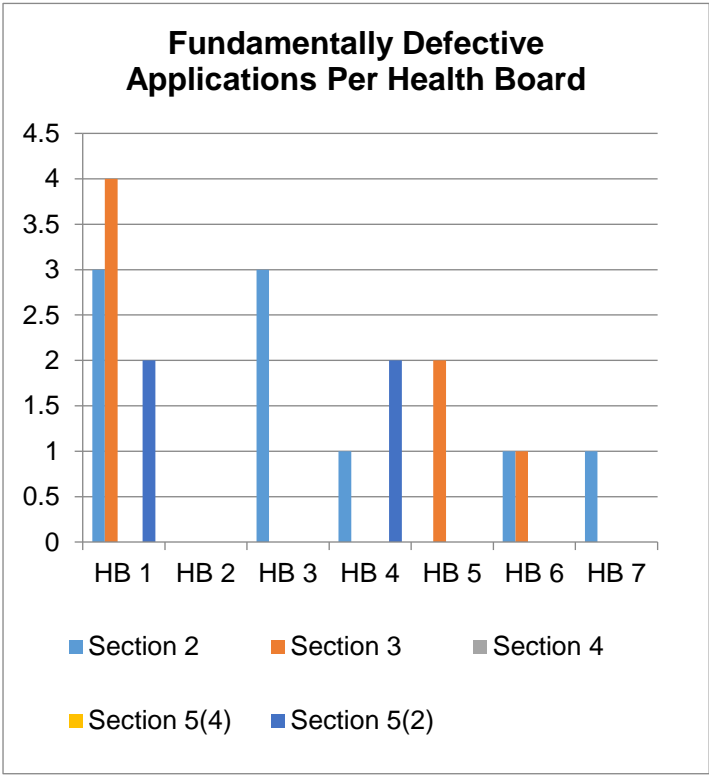
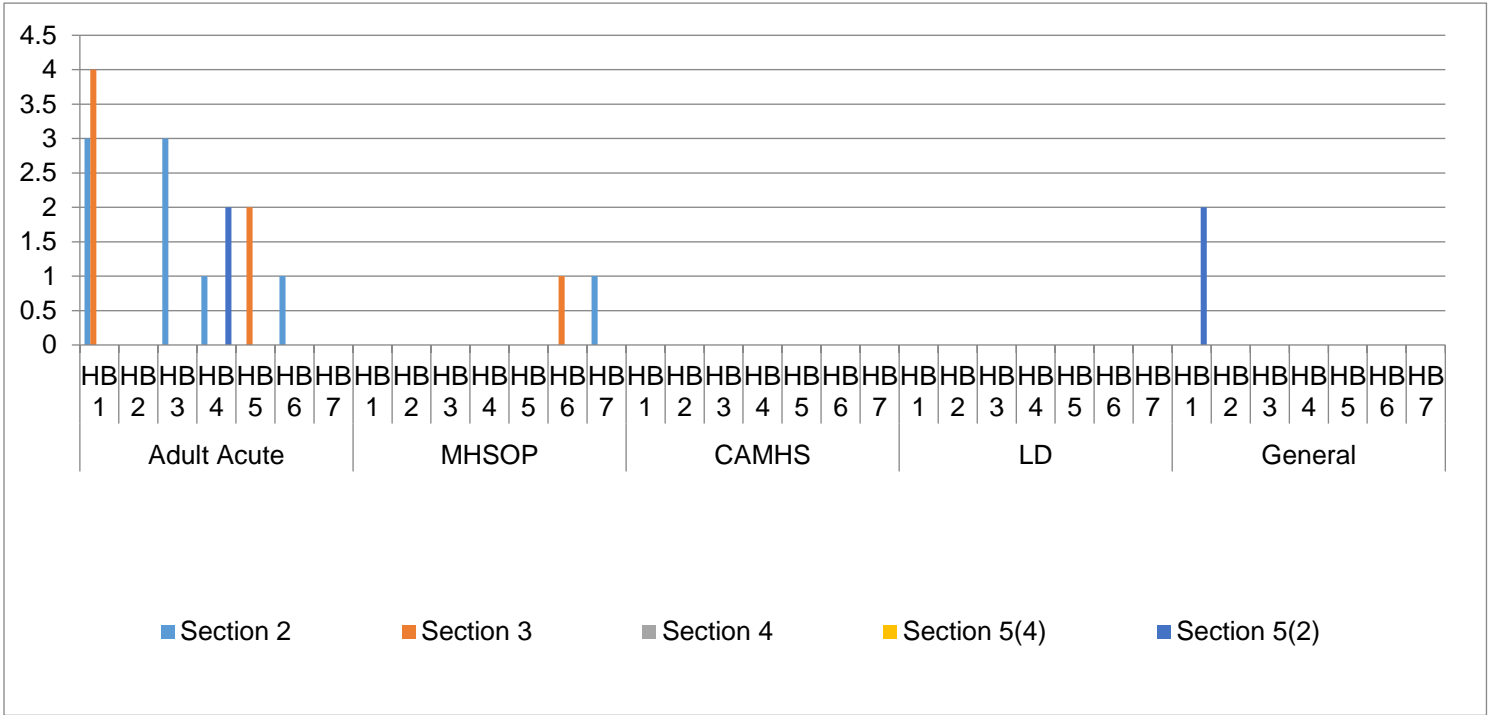
Rectifiable Errors

Rectifiable errors by HB and speciality. HB6 did not provide data regarding rectifiable errors on this occasion.



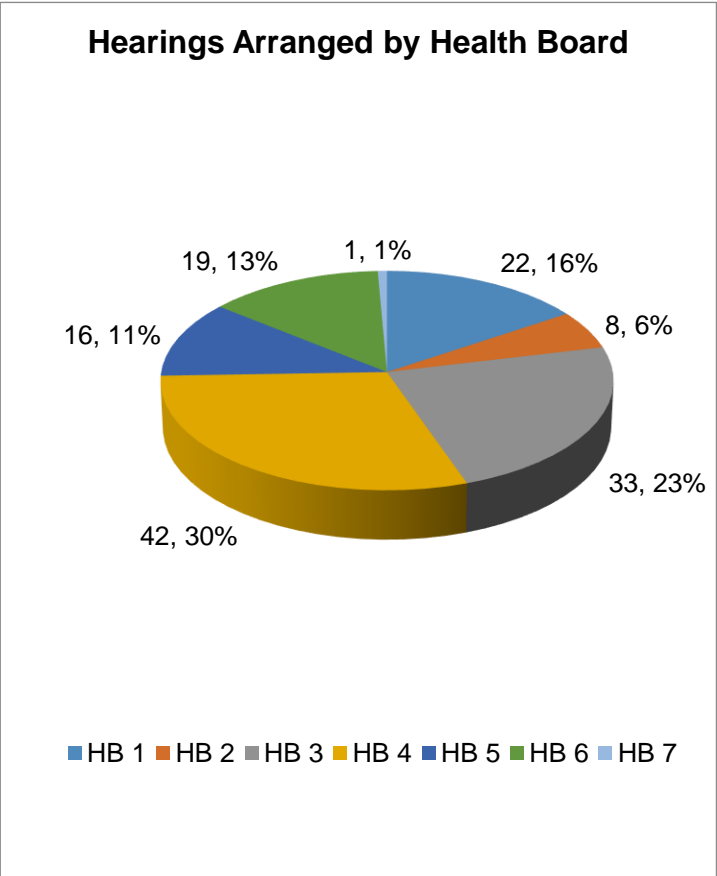
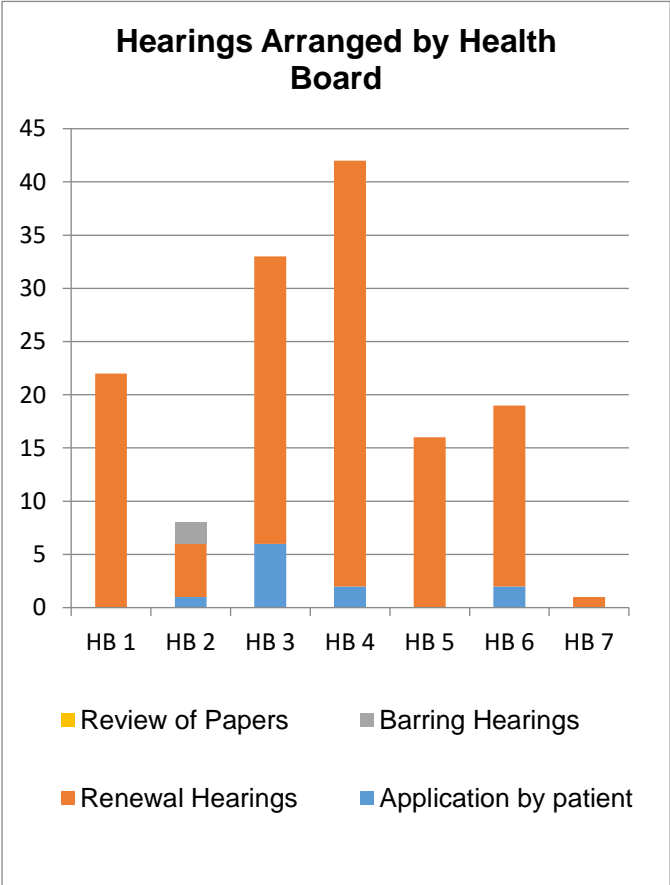
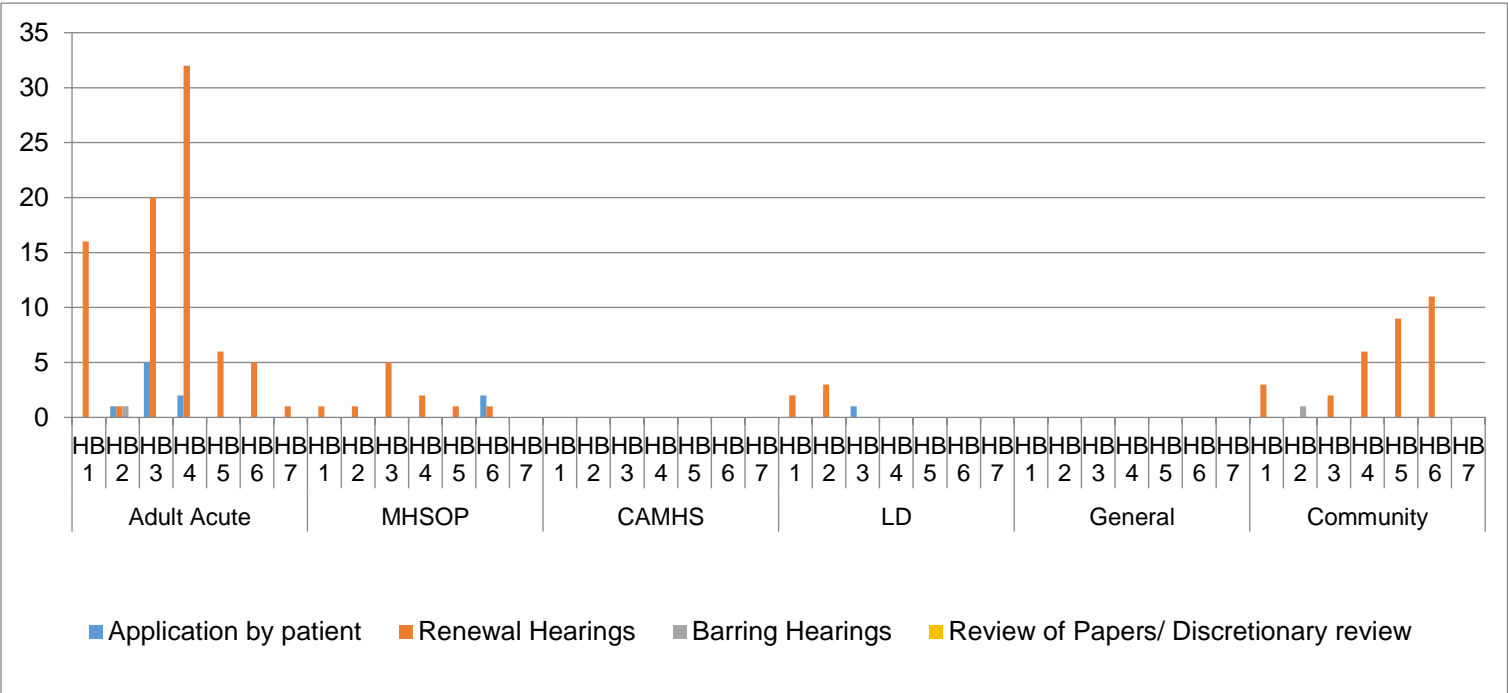
Fundamentally Defective

Number of fundamentally defective applications by speciality and HB.

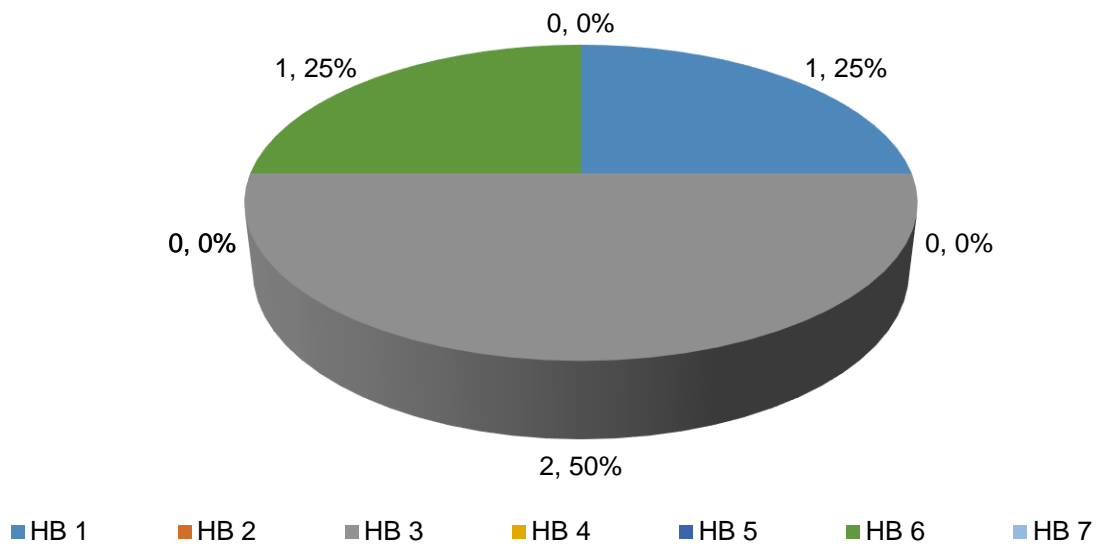


Hospital Managers Activity

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

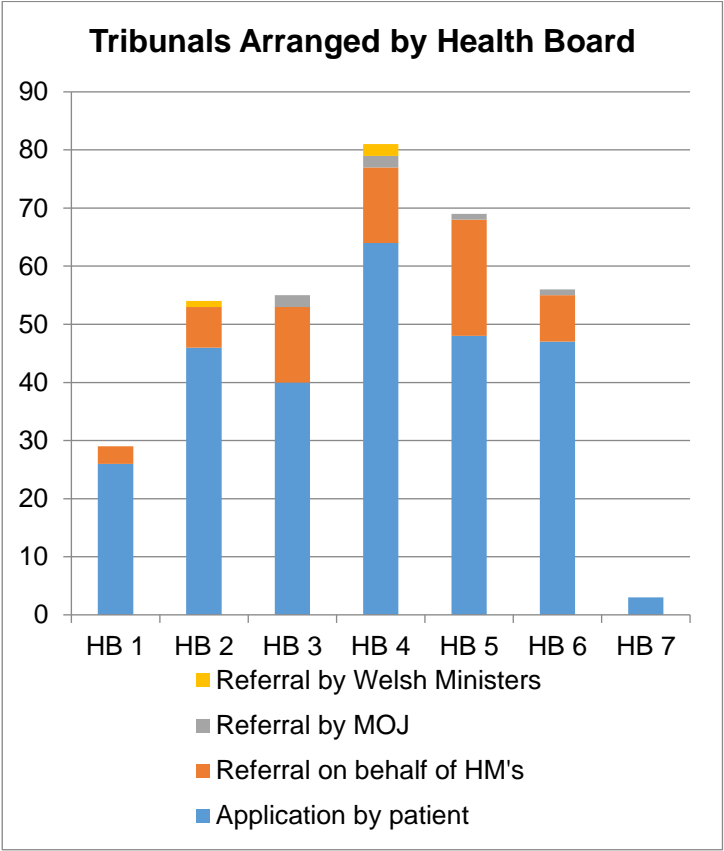
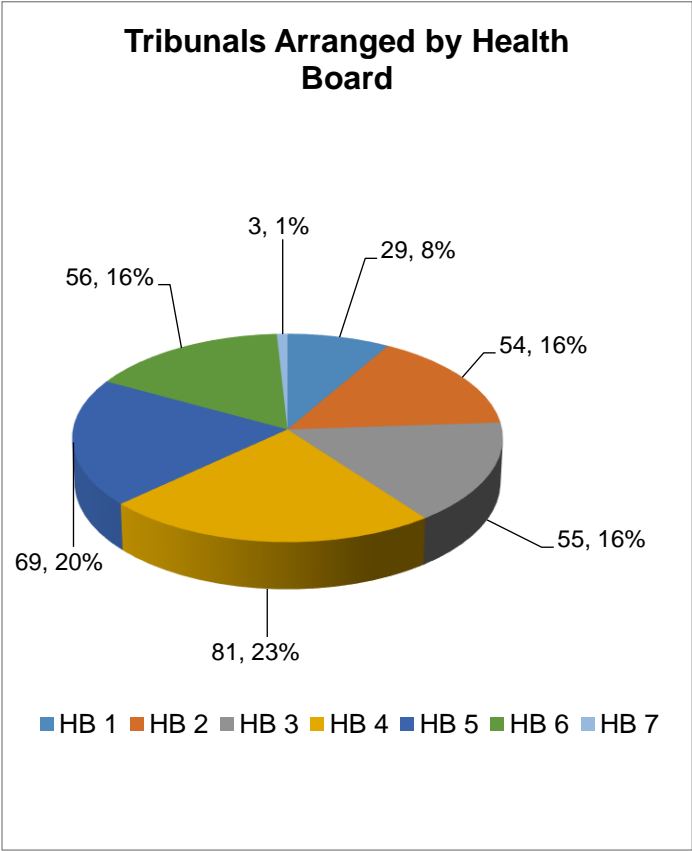
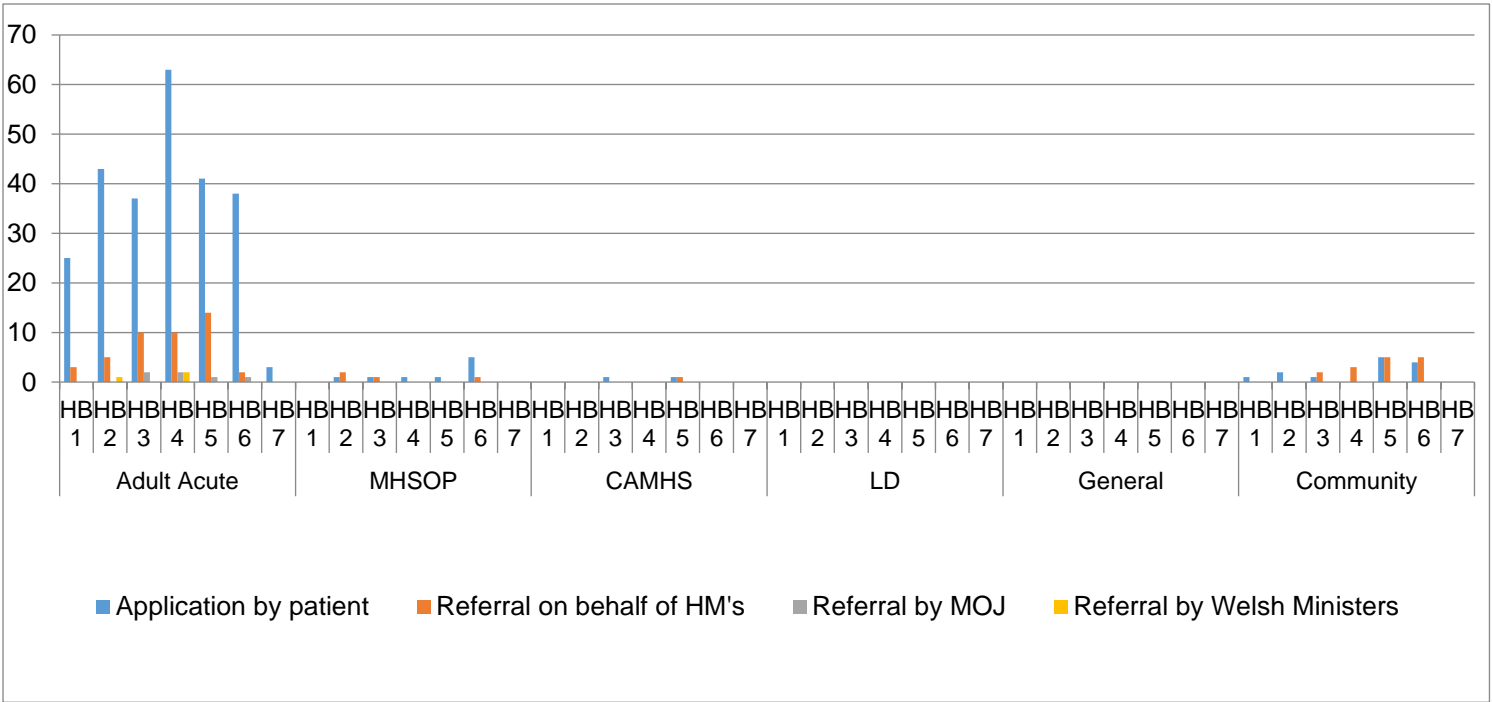


Patients discharged by Hospital Managers



MHRT Activity

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



Discharged by MHRT

