

Mental Health Act Monitoring Committee

Wed 08 September 2021, 09:00 - 11:00

Microsoft Teams

Agenda

09:00 - 09:15
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 10th June 2021

Attachment Chair

 Draft MHAMC Minutes 10.06.21 (KD&NW approved).pdf (4 pages)

09:15 - 10:45
90 min

2. Agenda Items

2.1. 9.15-9.45 Mental Health Act Update

Attachment Sarah Cadman

 2.1 MHA Update Report Q1 2021-22.pdf (22 pages)

2.2. 9.45-10.15 Mental Health Act Benchmarking Discussion

Verbal Nick Wood

10:45 - 11:00
15 min

3. Final Matters for Information

3.1. 10:45-11:00 Section 117 Update

Verbal Sarah Cadman

11:00 - 11:00
0 min

4. Date of Next Meeting

Thursday 9th December 2021, at 2pm via Microsoft Teams

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Mental Health Act Monitoring Committee held on Thursday 10th July 2021 at 1:00pm in Executive Meeting Room, Headquarters St Cadoc's Hospital, Caerleon

Present:

- | | | |
|-------------|---|------------------------------------|
| Katija Dew | - | Chair (deputising for Emrys Elias) |
| Paul Deneen | - | 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 |
| Michelle Forkings | - | Divisional Nurse for Mental Health and
Learning Disabilities/Associate Director of
Nursing |
| Ian Thomas | - | General Manager, Mental Health Learning
Disabilities |

Apologies:

- | | | |
|-------------------|---|--|
| Emrys Elias | - | Chair |
| Dr Chris O'Connor | - | Divisional Director for Mental Health and
Learning Disabilities |
| Richard Howells | - | Board Secretary |

MHAMC 1006/01

Welcome and Introductions

The Chair welcomed members and guests to the meeting.

MHAMC 1006/02

Apologies for Absence

Apologies for absence were noted.

MHAMC 1006/03**Declarations of Interest**

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

MHAMC 1006/04**Minutes of the Meeting held on 2th March 2021**

The Minutes were agreed as a true and accurate record of the meeting held on 2th March 2021. Amendments were to remove Action 0203/09 and remove duplicate attendance of Ian Thomas. **Action: Secretariat.**

MHAMC 1006/05**Committee Terms of Reference Discussion**

The Committee was assured that a meeting had taken place between Emrys Elias, Nick Wood and Chris O'Connor to discuss the Terms of Reference. The Committee was content with the outcome.

MHAMC 1006/06**Mental Health Act Update**

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.

It was noted that Torfaen and Newport boroughs show high numbers of detentions and that the data was being monitored quarterly to identify any trends. Further data indicated that, throughout 2020, general incidence of hospital admissions had been lower than previous years.

It was also noted that the Health Board had increased the Crisis Emergency Liaison Team to 24/7 rapid access facility.

An increase of 10-15% in demand for children and young adult's services was reported. It was noted that provision for CRISIS for children and young adults was a national issue. Discussions were taking place with local authorities to monitor and address the rapidly changing situation.

The Committee was advised of the need for further discussions to take place with the Regional Partnership

Board around provision of services.

Lessons learned and supporting access to mental health services were items of discussion in the upcoming report prepared for Board.

MHAMC 1006/07

Update on Section 117 Aftercare and progress of the Section 117 policy review

Sarah Cadman updated the Committee on the update of Section 117 Aftercare and policy review. Section 117 Aftercare is the right of an individual, detained under the Mental Health Act, to ongoing aftercare for their mental health needs. It was noted that the main issue is about the management of aftercare packages. The Committee was advised that this had been raised with the Mental Health Act Implementation Group. At the time of the meeting, decisions for individuals aftercare were made by clinical teams and Local Authorities; these may differ by borough, based on policies. If an individual's care plan was delayed due to slow decision making, this is then escalated through the divisional teams. The Committee was advised that, until there was an 'all Wales' view on this, things were unable to move forward.

The Committee queried the protocols in place to address any issues and whether these clearly state who makes decisions around individual care needs. The Committee was assured that there was a 'Multi Agency Section 117 Policy' that guides practice; this was held by the Mental Health Act Implementation Group and that this policy had been raised for review. Ian Thomas advised the Committee that work had previously been done, alongside the Regional Partnership Board. A *Transformation Team* had been commissioned to work with Local Authorities, but funding had been lost during the pandemic. The Committee agreed that a 'once for Wales' approach was needed and things should be linked on a regional level.

The Committee noted the update.

MHAMC 1006/08

Final Matters/For information Mental Health Act Benchmarking Information

The committee agreed that further discussions were needed, based on the information shared. Item to be added for discussion at the next committee meeting.

Action: Secretariat


The Chair requested that the Action Log be attached to the committee Terms of Reference going forward.

Action: Board Secretary/secretariat

MHAMC 1006/09 Items for Board Consideration
None noted.

MHAMC 1006/10 Date and Time of Next meeting
The next meeting of the Mental Health Act Monitoring Committee will be held on Wednesday 8th September 2021 at 9.00am via Microsoft Teams.

DRAFT

 <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Aneurin Bevan University Health Board Day, Date, Month, Year Agenda Item: XX</p>
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<p>Aneurin Bevan University Health Board</p> <p>Mental Health Act Update</p>

Executive Summary			
<p>This report provides the Mental Health and Learning Disabilities Committee with an update on the use of the Mental Health Act within Aneurin Bevan Health Board.</p>			
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 and Learning Disabilities Committee
Date of the Report: 23/07/2021			
Supplementary Papers Attached: Glossary Of Terms			

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

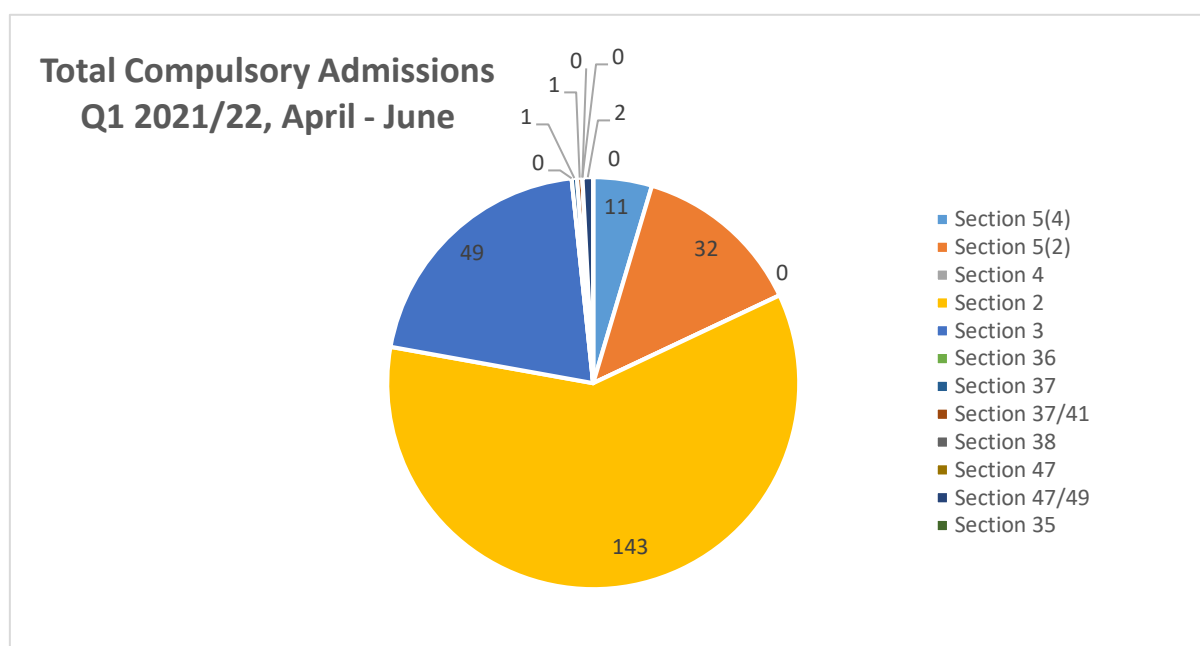
Purpose of the Report
<p>The report provides activity information on the use of the Mental Health Act over Quarter 1, April - June 2021/22 and provides a comparison of activity over the previous quarter. Where available, other information sources will be used in order to highlight any trends, patterns or variation over time.</p> <p>The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.</p>

Background and Context

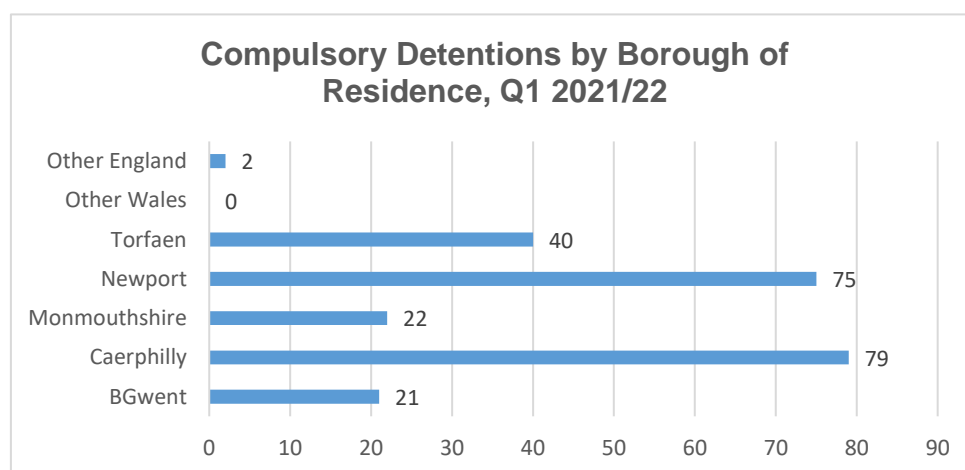
The report presents data for the first quarter of 2021/22 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

1. In-Patient MHA Activity, Q1 2021/22

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



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



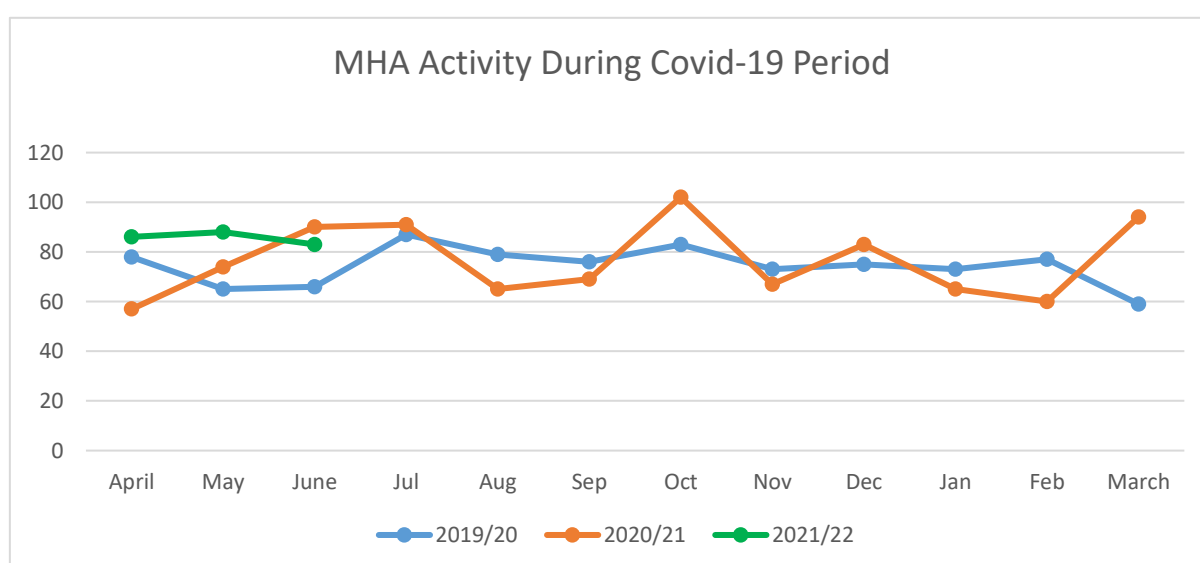
Borough	Detentions Q1 2021/22	Population (000's)	Detentions per 1,000 population Q1 2021/22 (Previous Qtr)
Caerphilly	79	181	0.4 (0.3)
Newport	75	156	0.5 (0.4)
Blaenau Gwent	21	70	0.2 (0.4)
Torfaen	40	94	0.4 (0.5)
Monmouthshire	22	95	0.3 (0.2)

In comparison to the previous quarter, there has been a 14.4% increase in the overall number of patients detained under the Act.

Section	Previous Quarter	Q4 2021/22	Trend
Section 5(4)	6	11	↑
Section 5(2)	33	32	↓
Section 4	0	0	—
Section 2	114	143	↑
Section 3	52	49	↓
Total	209	239	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.



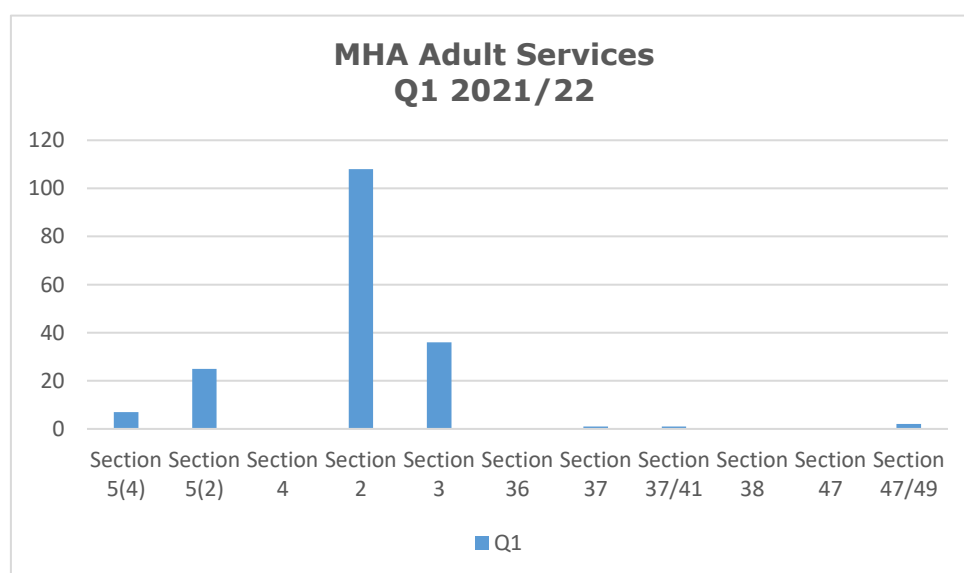
Includes all MHA detentions – S5(4), S5(2), S4, S2, S3, CTO, CTO Revoke, S3 Renewal, CTO Renewal

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 an increase (16%) in the number of detentions from April 2021 to June 2021 compared to the same period in 2020/21.

Month	Total MHA Detentions Q1 2020/21	Total MHA Detentions Q1 2021/22	Trend
April	57	86	↑ 51%
May	74	88	↑ 19%
June	90	83	↓ 8%
Total	221	257	Overall 16% increase

• 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 fifth (20%) of detentions under section 3 (Treatment). 18% of all adult detentions were under Section 5 of the Act. There was an overall 25% increase in the number of detentions compared to the previous quarter.

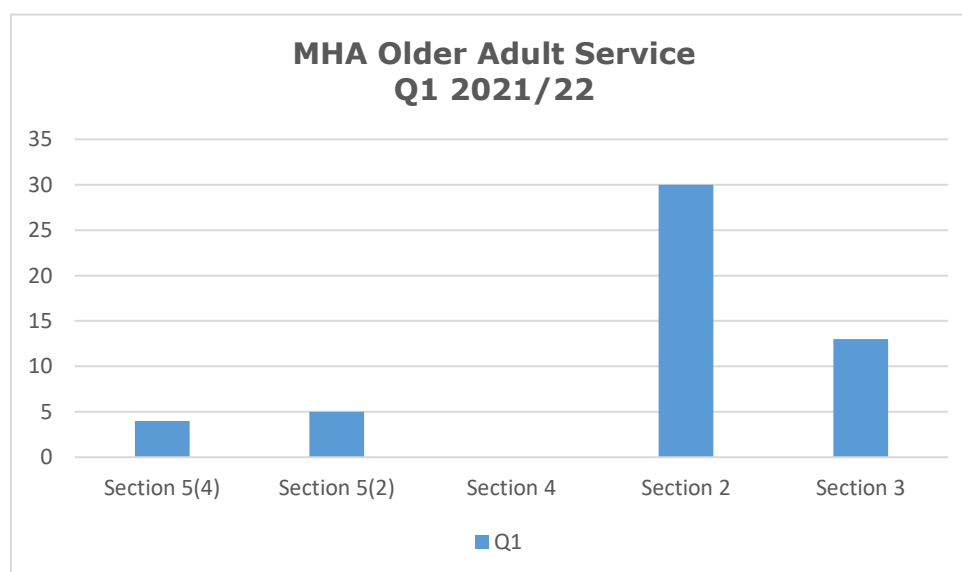


Section	Previous Quarter	Q1 2021/22	Trend
Section 5(4)	6	7	+17%
Section 5(2)	27	25	-7%
Section 4	0	0	-
Section 2	74	108	+46%
Section 3	33	36	+9%
Section 36	0	0	-
Section 37	1	1	-
Section 37/41	0	1	+100%
Section 38	1	0	-100%
Section 47	1	0	-100%
Section 47/49	0	2	+200%
Other *	1	0	-100%
TOTAL	144	180	Overall 25% increase

* This figure includes a Section 48 detention. A Section 48 detention refers to a patient who is on remand in prison or in an Immigration Removal Centre who has been sent to hospital for treatment.

• 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 only 18% admitted under Section 5 provision. There was an overall 4% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q1 2021/22	Trend
Section 5(4)	0	4	+400%
Section 5(2)	4	5	+25%
Section 4	0	0	-
Section 2	34	30	-12%
Section 3	16	13	-19%
TOTAL	54	52	Overall 4% decrease

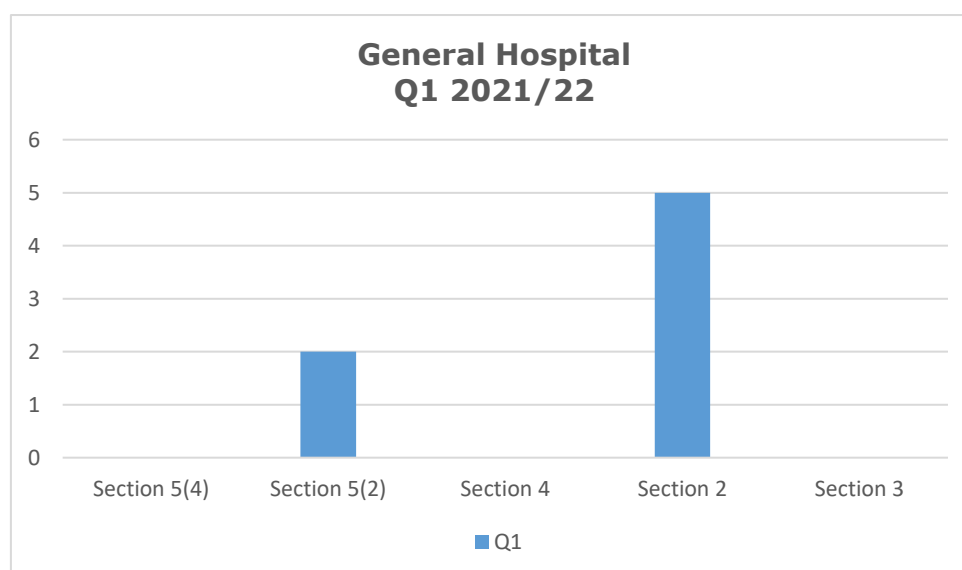
• Learning Disability Compulsory Admissions Under the MHA (1983)

There were 0 individuals with a learning disability requiring admission under the MHA during quarter 1.

Section	Previous Quarter	Q1 2021/22	Trend
Section 5(4)	0	0	-
Section 5(2)	0	0	-
Section 4	0	0	-
Section 2	2	0	- 200%
Section 3	3	0	-300%
TOTAL	5	0	Overall 500% decrease

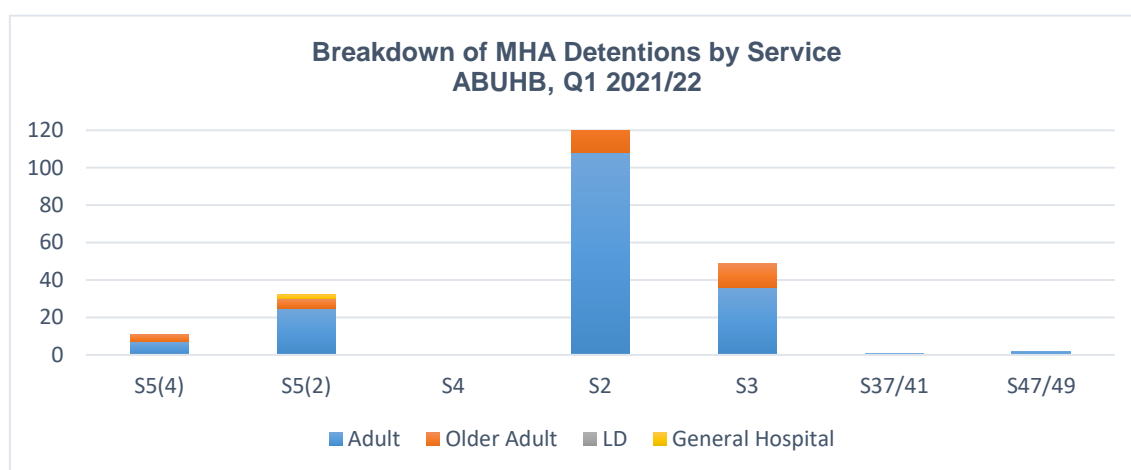
• General Hospital Compulsory Admissions Under the MHA (1983)

For patients detained under the MHA in a General Hospital setting, 71% were detained under Section 2 and 29% of all patients were detained under section 5(2) of the MHA.



Section	Previous Quarter	Q1 2021/22	Trend
Section 5(4)	0	0	-
Section 5(2)	2	2	-
Section 4	0	0	-
Section 2	4	5	25%
Section 3	0	0	-
TOTAL	6	7	Overall 17% increase

The below chart shows the total MHA detentions broken down by service for quarter 1, 2021/22.

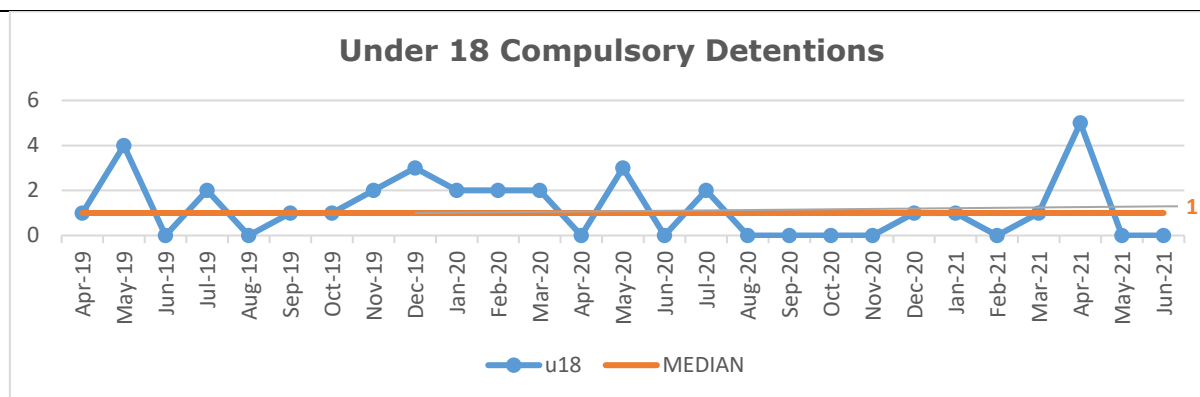


• Total number of Under 18s Compulsory Detentions Under the MHA (1983)

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	Q1 2021/22	Trend
Section 5(4)	0	0	-
Section 5(2)	0	1	+100%
Section 2	2	4	+100%
Section 3	0	0	-
CTO	0	0	-
TOTAL	2	5	Overall 150% increase



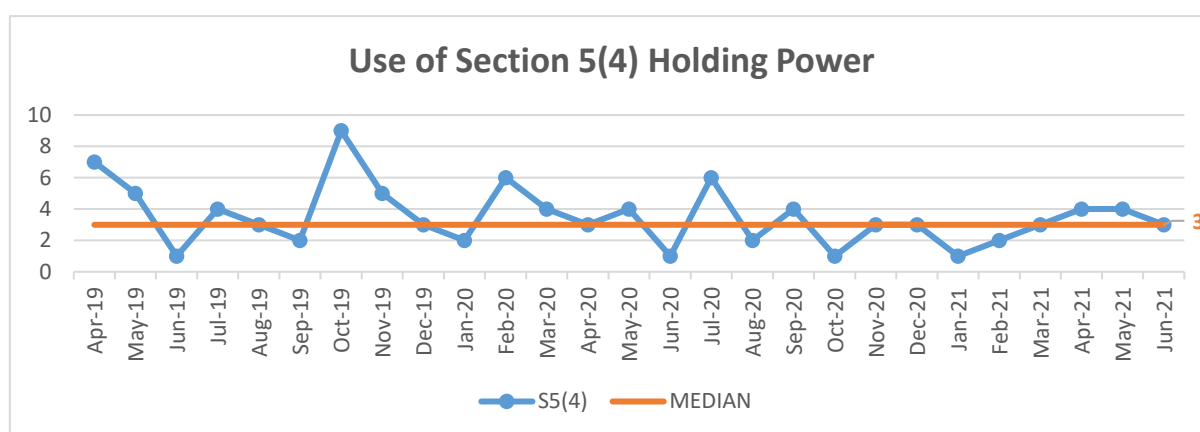
The higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision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

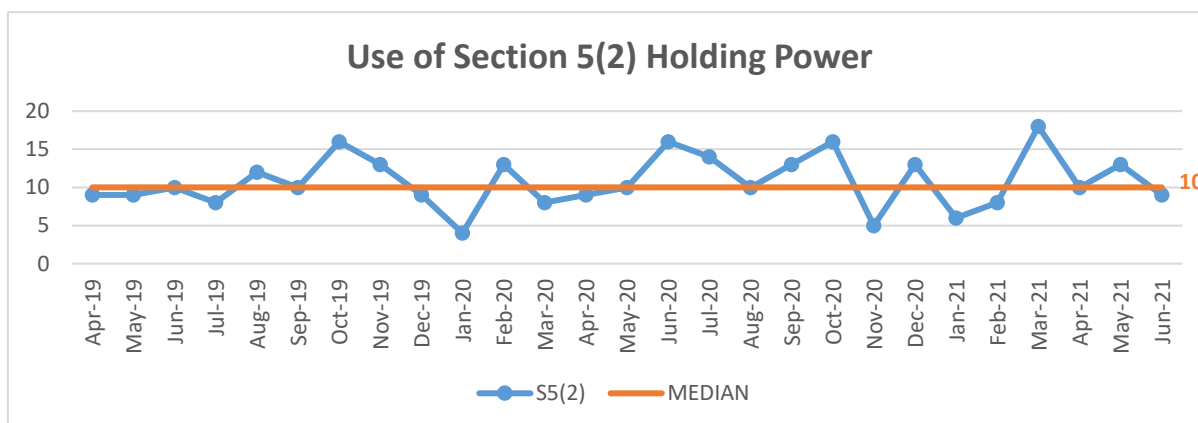
The use of Section 5(4) is intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 11 uses of this holding power over the quarter with 9 (82%) of these resulting in a doctor/approved clinician detaining the patient under Section 5(2). 1 (9%) was regraded to section 2 and a further 1 (9%) lapsed.



Outcome of Section 5(4) – Q4 2021/22

Outcome	Total	%
Lapsed	1	9%
Ended	0	-
Section 5(2)	9	82%
Section 2	1	9%
Total	11	100%

The use of Section 5(2) resulted in 53% being detained under section 2, with 47% ending or lapsing without further detention under the MHA.



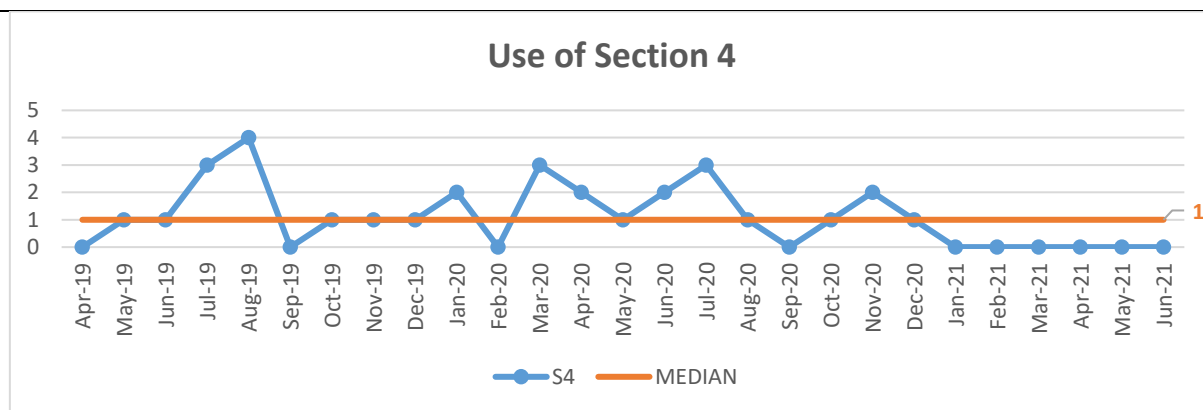
Outcome of Section 5(2) – Q1 2021/22

Outcome	Total	%
Lapsed	7	22%
Ended	8	25%
Section 2	17	53%
Section 3	0	-
Total	32	100%

• Use of Section 4

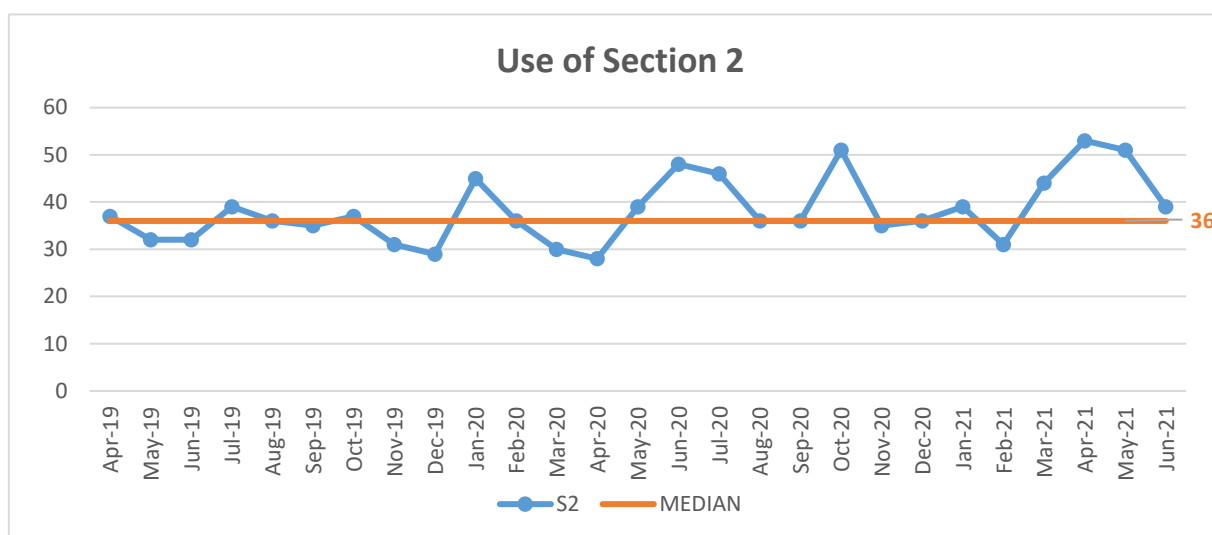
The use of Section 4 is a relatively rare event and data remains low. Section 4 will be used only in emergency situations where it is not possible to secure 2 doctors for a Section 2 assessment immediately and it is felt necessary for a person's protection to detain under a section of the MHA. While 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 for the last two quarters there have been 0 occasions where Section 4 has been used.



• Use of Section 2

55% 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, Q1 2021/22

Outcome	Total	%
Expired	4	3%
Regraded S3	32	22%
Transferred	2	1%
Died	0	-
Ended: 0-3 days	13	9%
Ended: 4-14 days	46	32%
Ended: 15-28 days	30	21%
Ongoing as at 23/04/21	16	11%
Total	143	

A total of 143 detentions were made using Section 2, with 75.5% of these in adult mental health services, 21% in older adult and the remaining 3.5% in a general hospital setting

Of the total 143 patients detained under Section 2:

- 32 (22%) were regraded to Section 3
- 2 (1%) were transferred out of the Health Board during the Section 2

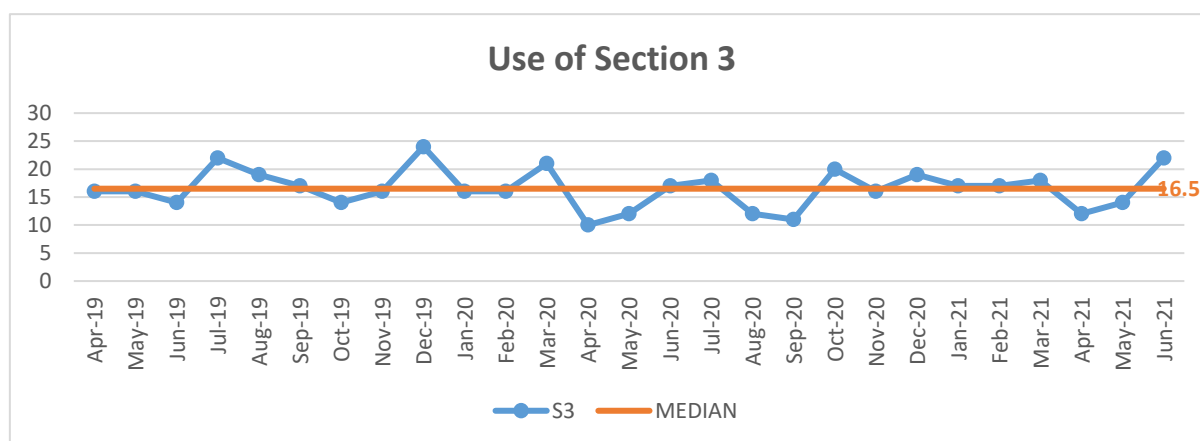
Of the remaining 109 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 13 (9%) were detained between 0-3 days
- 4-14 days 46 (32%) were detained between 4-14 days
- 15-28 days 30 (21%), were detained between 15-28 days.

Of this cohort, 4 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 relevant medical and ward staff.

• Use of Section 3

21% of all detained admissions were admitted under Section 3 during the quarter. A total of 49 detentions were made using Section 3, with 73% of these in adult mental health and 27% in older adult mental health.



Of the total 49 patients detained under Section 3:

- 67% (33) detentions remained as ongoing detentions as of 14.07.2021
- 27% (13) detentions were ended as of 14.07.2021

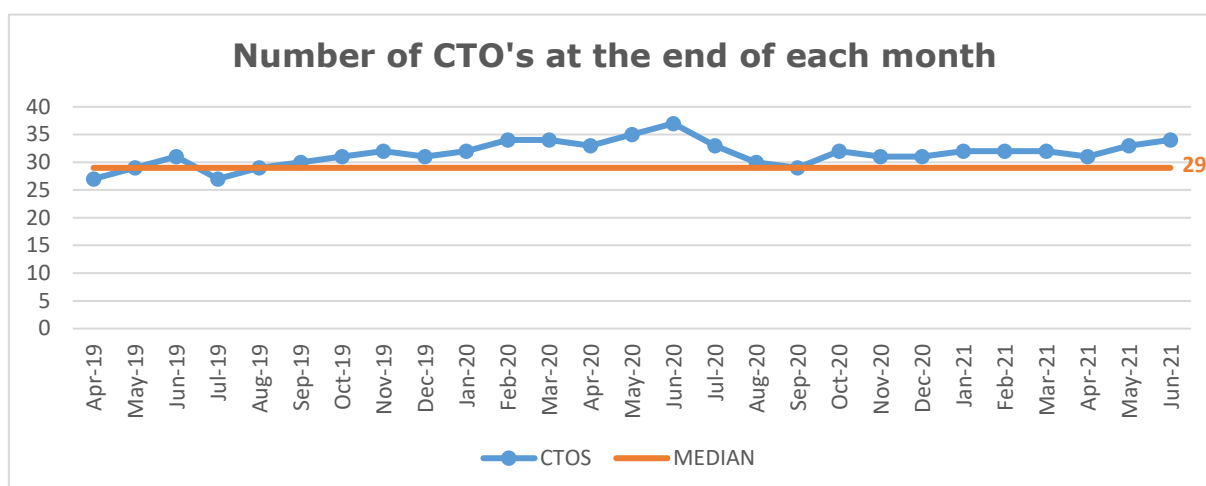
- Renewal of In-patient Detentions under the MHA (1983)**

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	Q1 2021/22	Trend
Section 3 renewal	6	5	↓
Section 37 renewal	0	1	↑
Section 47 renewal	0	0	—
TOTAL	6	6	↓

- Use of Community Treatment Orders (CTOs)**

The number of Community Treatment Orders at the end of each month has increased by 9% since the last quarter; from 32 at the end of March 2021 increasing to 35 at the end of June 2021.



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

Community Treatment Orders (CTOs)

Section	Power	Previous Quarter	Q1 2021/22	Trend
17A	CTOs made	4	8	↑
	CTOs extended	2	7	↑
	Recalled to hospital and not admitted	1	1	—
	Recalled to hospital and revoked	3	2	↓
	Discharged from CTO	0	5	↑

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 were 0 unlawful detentions 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 2021/22	Trend
Unlawful Detentions	0	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 2021/22	Trend
Failed Medical Scrutiny	2	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. Despite this 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	Q1 2021/22	Trend
Rectifiable errors on document	2	2	—

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.

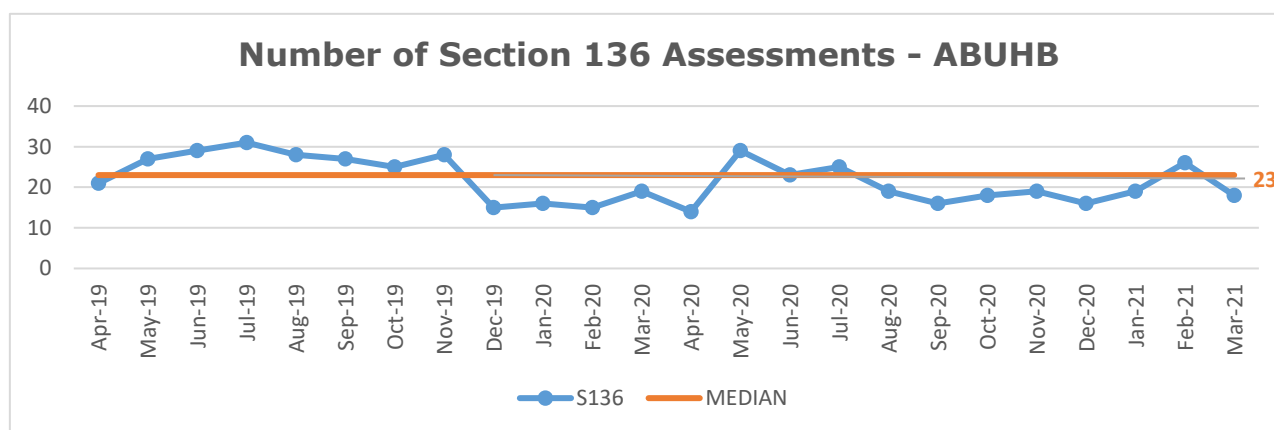
Use of Section 135, Q1 2021/22

Section 135 of the MHA	Previous Quarter	Q1 2021/22	Trend
Assessed and admitted informally	0	0	—
Assessed and discharged	0	0	—
Assessed and detained under Section 2	2	8	↑
Assessed and detained under Section 3	2	1	↓
Assessed and CTO Revoked	0	0	—
Other	0	0	—
Total	4	9	↑

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.

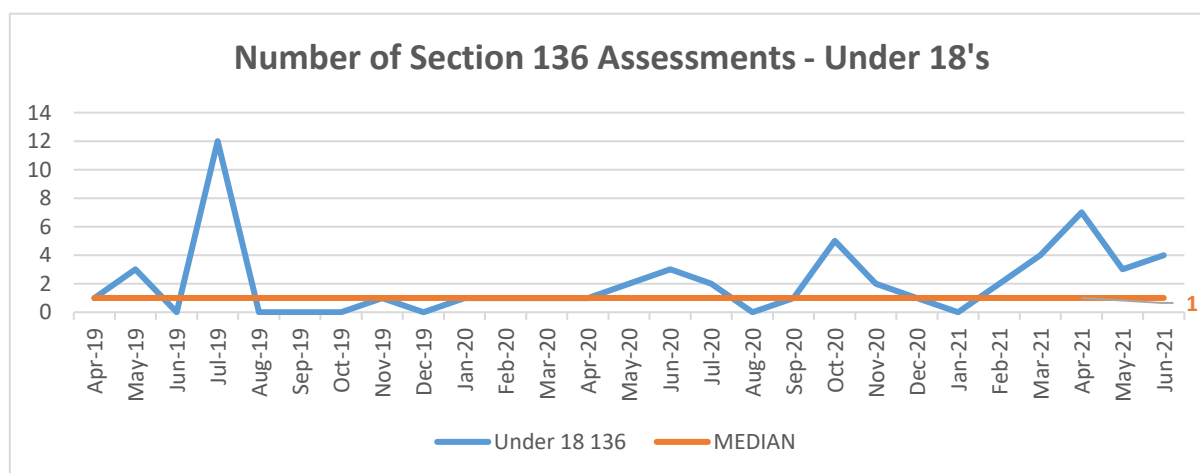


A breakdown of the outcome of 136 assessments is shown in the table below. A total of 84 assessments were undertaken. Of those assessed 57% were admitted, with 46% of those admitted being formally detained. 8% of individuals assessed were discharged with no follow up required, while 35% were discharged with a follow up plan in place.

Use of Section 136, Q1 2021/22

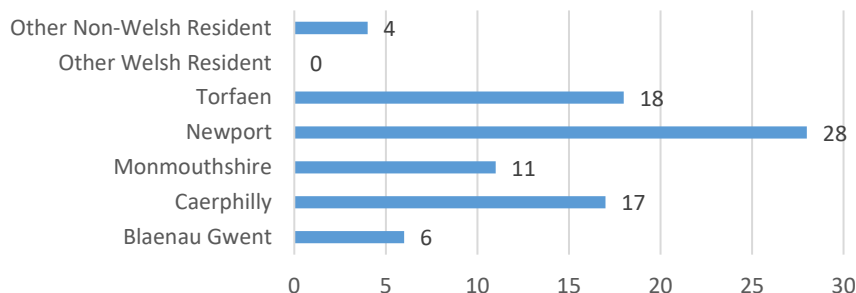
Section 136 of the MHA	Previous Quarter	Q1 2021/22	Trend
Assessed and admitted informally	14	26	↑
Assessed and detained under Section 2	17	22	—
Assessed and detained under Section 3	0	0	—
Assessed and detained under Section 4	0	0	—
Discharged – no follow-up required	8	7	↓
Discharged – with follow-up plan	24	29	↑
Section 136 lapsed	0	0	—
TOTAL	63	84	↑

A breakdown of the number of under 18's undergoing 136 assessment is shown in the graph below. The graph shows that the number of under 18's undergoing assessment is increasing, with a 133% increase in quarter 1 (14 assessments) in comparison to the previous quarter (6 assessments). It should be noted that the majority of the assessments in Q1 are from the same patients being detained on multiple occasions.



A breakdown of assessed patients by borough shows that Newport had higher demand than other boroughs, accounting for 33% of all assessments.

S136 Arrests by Borough of Residence Q1 2021/22

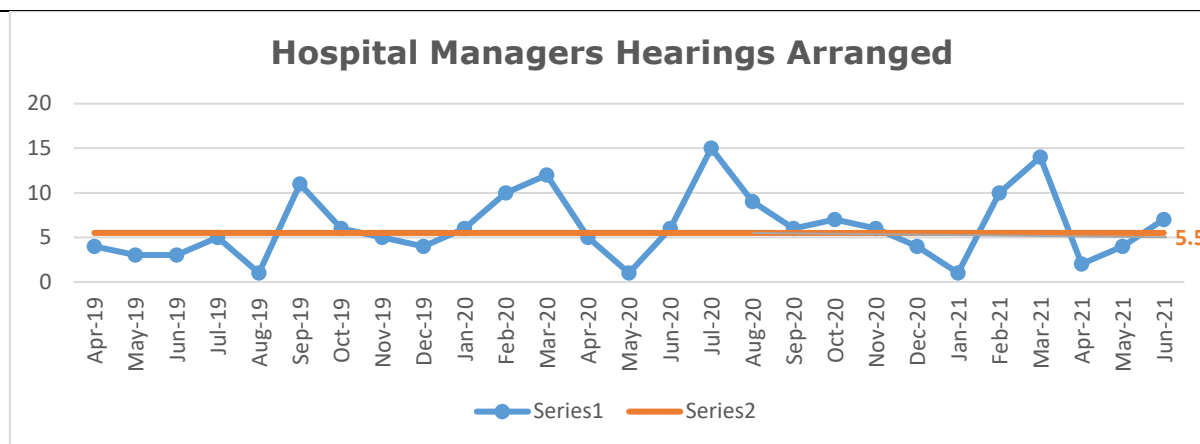


A breakdown of all 84 events shows that the majority of patients were male patients; alcohol and/or drugs being a related factor in 21% of all cases; 17% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Previous Quarter	Q1 2021/22
TOTAL	N=63	N=84
Gender:		
% Male	48%	48%
% Female	52%	52%
Place of Safety:		
% Hospital	97%	96%
% Police Station	3%	4%
% Under 18 Years	10%	17%
Use of Illicit Substances:		
% Alcohol	14%	13%
% Drugs	2%	7%
% Both Alcohol and Drugs	6%	1%
Where Assessment took place:		
% Hospital	100%	100%
% Police Station	0%	0%
12 Hour extension required/granted	2%	1%

5. Mental Health Act Managers Hearings

There has been a decrease (48%) 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 4 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 no patient was discharged by Hospital Managers

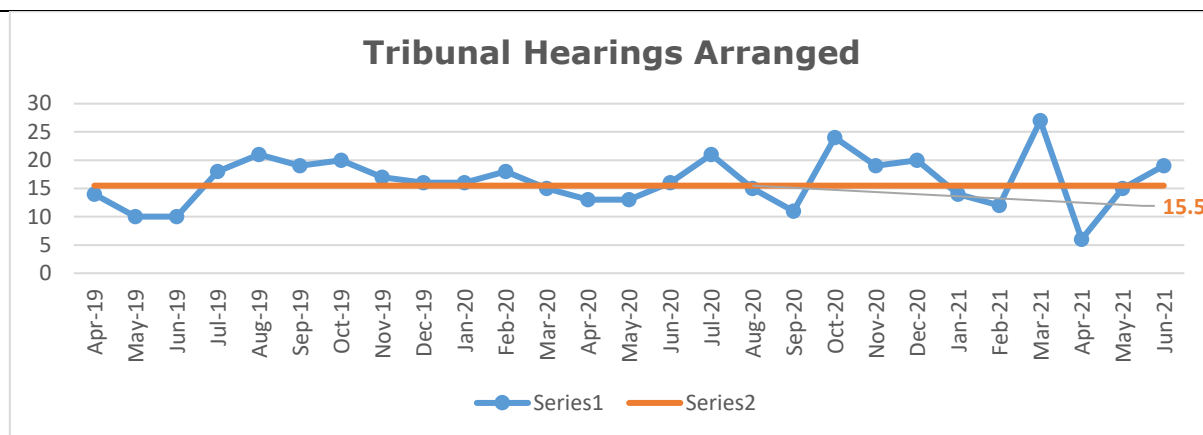
Mental Health Act Manager Review Hearings

Hospital Manager Hearings	Previous Quarter	Q1 2021/22	Trend
Applications by patient – Inpatient	0	0	—
Applications by patient – CTO	0	0	—
Renewal Hearing Applications – Inpatient	7	16	↑
Renewal Hearing Applications – CTO	1	6	↑
Barring Hearings	1	0	↓
Hearing cancelled before being heard	22	8	↓
Hearing held - Patient Discharged by Hospital Managers	0	0	—
Hearing held – Section continued	3	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, however, there was 25% 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	Q1 2021/22	Trend
Applications by patient – Inpatient	50	50	—
Applications by patient – CTO	0	2	↑
Renewal Hearing Applications – Inpatient	5	7	↑
Renewal Hearing Applications – CTO	1	5	↑
Referral by MOJ	1	1	—
Referral by Welsh Ministers	0	0	—
Outcomes: Hearing Cancelled before being heard	29	25	↓
Outcomes: Patient Discharged by MHRT	1	0	↓
Outcomes: Section Continued	23	15	↓

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 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. • 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	<p>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.</p>
Section 41	<p>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.</p>
Section 47	<p>Enables the Secretary of State to direct that a person serving a sentence of imprisonment or other detention be removed to</p>

	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>