Mental Health Act Monitoring Committee

Tue 01 March 2022, 10:00 - 12:00

Microsoft Teams

Agenda

10:00 - 10:15
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 9th December 2021

Attachment *Chair*

1.4 MHAMC Approved Minutes 9th December 2021 (PB & RM Approved).pdf (6 pages)

1.5. MHAMC Action Log

Attachment *Chair*

1.5 MHAMC Action Log March 2022.pdf (5 pages)

10:15 - 11:15
60 min

2. Agenda Items

2.1. Mental Health Compliance Report

Attachment *Sarah Cadman*

2.1 Updated- MHA Update Report Q3 2021-22.pdf (22 pages)

11:15 - 12:00
45 min

3. Final Matters

3.1. Confirmation of Risks, issues to be reported to other Committees and any predicted changes in relation to the Mental Health Act

Verbal *Chair*

12:00 - 12:00
0 min

4. Date of the next MHAMC meeting is Thursday 16th June 2022, at 2pm via Microsoft Teams

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Mental Health Act Monitoring Committee (MHAMC) held on Thursday 9th December at 1.00 pm via Teams

Present:

Pippa Britton	-	Chair
Paul Deneen	-	Independent Member
Katija Dew	-	Independent Member

In attendance:

Rani Mallison	-	Board Secretary
Sarah Cadman	-	Head of Quality and Improvement for Mental Health and Learning Disabilities
Ian Thomas	-	General Manager, Mental Health and Learning Disabilities
Michelle Forkings	-	Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing
Lisa Hale (Observer)	-	Deputy Head of Quality and Improvement for Mental Health and Learning Disabilities

Apologies:

Sarah Aitken	-	Director of Primary, Community and Mental Health Services
Richard Clark	-	Independent Member
Helen Sweetland	-	Independent member
Chris O'Connor	-	Divisional Director for Mental Health and Learning Disabilities

1	**Preliminary Matters**
MHAMC 0912/01	**Welcome and Introductions** The Chair welcomed everyone to the meeting. The Chair and attendees formally introduced themselves.

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	The Committee had not received any written questions prior to the meeting.
MHAMC 0912/02	**Apologies for Absence** Apologies for absence were noted.
MHAMC 0912/03	**Declarations of Interest** There were no Declarations of Interest to record.
MHAMC 0912/04	**Draft Minutes of the Meeting held on 8th September 2021** The minutes of the meeting held on the 8th September 2021 were agreed as a true and accurate record.
MHAMC 0912/05	**Action Log** **MHAMC 0809/05** • Mental Health Act Update- Sanctuary Provision & Crisis House- Sarah Cadman informed the Committee that the Crisis House opened on the 1st December 2021. The effect of the opening of the Crisis House facility on the use of the Mental Health Act would be monitored going forward. The final quarter of the year should display any data trends. Further discussion to take place at the next Committee meeting. Ian Thomas informed the Committee that the Sanctuary had also opened in December 2021. It was noted that delays in the tender agreement, impacting the opening, allowed for funding to be utilised for an alternative Sanctuary provision pilot in the Emergency Department (ED) in GUH. It was noted that further funding had been received to complete a formal evaluation of the Sanctuary pilot. The Chair queried numbers of patients who would utilise the provision in ED. Ian Thomas stated that although data showed low numbers, it had been identified as a difficult area by clinicians in busy ED departments and that it was positive step to have the support available for the patients. The Committee welcomed further conversations, evaluations of data and feedback at future meetings. • Strengthen the understanding of the Mental Health Act- MHA Administration Team Lead had met with site managers in GUH, arranging training for colleagues in the acute sector. The training started in December 2021 and is ongoing. **MHAMC 0809/07** • Section 117 Pilot Monmouthshire County Council (MCC)- Sarah Cadman updated the committee that, unfortunately, due to

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	significant operational pressures within MCC and the onset of the pandemic that work was not progressed. Michelle Forkings stated that several CHC Complex Care multidisciplinary workshops had been arranged for January 2022, looking at factors linking to the original pilot. The Chair was happy for the Action to be removed. **Action:** To be added to the Forward Work Plan (FWP) for discussion in 6 months. **Michelle Forkings/secretariat**
2	**Agenda Items**
MHAMC 0912/06	**Mental Health Act Update** Sarah Cadman gave an update to the Committee. The context of the report was data collection against the detentions of the Mental Health Act (MHA). It was noted that this update covered the quarter July-September 2021. The following main points were noted: • The three highest used detentions were section 2, Section 3 and Section 52. • Newport had seen the highest number of detentions, with nothing significant to note. • The use of the MHA throughout COVID had been monitored. Early data indicated that increases in the use of the MHA correlated with changes in restrictions. • The use of the MHA had increased by 15% over the outlined quarter. • A significant increase in the use of the MHA in patients with Learning Disabilities was noted. This was reflective of the clinical picture with an increase in acuity. • Compulsory detentions in the under 18's remained a concern. The Family and Therapies Division was aware of this, and meetings had taken place to address the concerns. • The use of Section 52 had increased significantly. This was being monitored by the MH teams. • Rectifiable errors data showed an increase of 4, which was within the Health Boards control. • The Health Board had been monitoring the use of Section 136 in the under 18's. It was discussed that the high numbers in the outlined quarter often related to the same person. Figures for October and November 2021 indicated consistently lower usage. It was noted that the Health Board did not have a separate Section 136 area for children and young people; this was included in the Risk Register within the Mental Health Division. The Committee was assured that the information was fed back to the Mental Health Act Implementation Group, made up of multidisciplinary agencies. • The inconsistencies in the MHA Managers hearings were being monitored and reviewed by the MH teams.

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	Paul Deenen queried if the Health Board had commissioned placements 'out of area' and how these were monitored to support the individuals and their families. Michelle Forkings assured the Committee that there was a CHC Team within Mental Health & Learning Disabilities which enabled a dual approach to the monitoring and provision of quality patient care. Patients were reviewed through both the CHC approach and the care and treatment approach. The Health Board's aim was to bring care closer to home, however, it was stated that there would always be demand for commissioned placements outside of Gwent, based on population need. The Chair discussed the 169 people across Wales with Learning Disabilities being cared for elsewhere. The Committee requested information on the numbers of ABUHB patients being cared for out of area, where they were placed and why. Katija Dew requested clear guidance on what should sit in each Committee, to ensure robust reporting mechanisms. Rani Mallison confirmed that work would be taken forward in respect of committee responsibilities to ensure clarity. In respect of placements for patients Learning Disabilities, this would be requested as an item for the Patient Quality, Safety and Outcomes Committee. **Action: Board Secretary** Paul Deneen noted the record keeping error highlighted in the report and asked if there was anything Board Members could do to support staff with improvements. Sarah Cadman informed the Committee that there was a potential move to electronic record keeping, but there were current delays in the WCCIS system. The Committee were assured that MHA documents were scrutinised, and training was in place to support teams. The Board Secretary assured the Committee that a paper on the delay of the WCCIS system was being discussed at the upcoming Patient Quality, Safety and Outcomes Committee. Paul Deneen 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. **Action: Board Secretary** Michelle Forkings discussed the increase in the use of the MHA across all ages and highlighted the demand and capacity issues across the Mental Health and Learning Disabilities Division. Discussions were taking place nationally around demand, capacity and complexity in Mental Health and Learning Disabilities. The Committee noted that this was a similar picture for acuity and complexity among all Health Boards across the UK. Work was being undertaken in ABUHB to address the demand. Ian Thomas discussed the impact on staff and how the Health Board planned on supporting staff going forward. Ian

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	Thomas highlighted a medical staffing crisis in several boroughs, having an impact on Mental Health services. The Committee queried how they could further support the Mental Health Divisions. The team highlighted the importance of having sufficient staffing levels and the ability to maintain essential services for the population. Michelle Forkings discussed that evidence indicates that if the Health Board was unable to provide initial essential services to the population, some patients with high levels of risk, then demand would increase over time. The Committee highlighted the opportunity to discuss and assess the Estates Strategy for Mental Health services, ensuring the Health Board had the facilities and estates to support the population. It was noted that consideration of the new challenges coming as a result of COVID needed to be factored into all planning and assessment going forward.
MHAMC 0912/07	**Mental Health Act Bench-marking Discussion** Sarah Cadman provided an overview to the Committee. The quarterly report was produced by Cardiff and Vale University Health Board on behalf of Health Boards across Wales. The Health Boards performance was discussed. The following was noted: • Mental Health activity followed similar patterns to other Health Boards. • The use of the MHA across ABUHB general hospitals was low for this quarter. • The use of the MHA in children and adolescents was noted as within the lower data set across Wales. • The total use of the MHA in ABUHB was at 20%. • ABUHB had seen a slight increase in rectifiable errors. However, all Wales data showed it had the lowest numbers. • In relation to MHA managers activity, more consistency was required in the ABUHB area. It was noted that very few applications had been received by a patient, and in comparison to Health Board 1, outlined in the report, the numbers were low. **Action:** Further investigation needed to understand the high numbers in Health Board 1, whether it added value to patient care, if so, what could ABUHB learn from this. **Sarah Cadman** The Committee thanked the team for the comparative data for benchmarking purposes. The Committee thanked the team for all the hard work.

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MHAMC 0912/08	**Section 117 Update** Sarah Cadman gave an overview to the Committee. Paul Deneen queried if the Health Board had noticed any issues with the timeframes in which patients are kept on Section 117. Sarah Cadman assured the Committee that work had been completed, alongside local authority partners, to ensure patients were getting the required care for the required timeframe. The Committee was informed that the law stated, any patient previously detained under Section 3 was entitled to funded treatment under Section 117 for as long as required.
3	**Final Matters**
MHAMC 0912/09	**Confirmation of risks/issues to be reported to other Committees** The Committee queried if the impact of COVID on Mental Health services should be included on the Health Board's Risk Register. Michelle Forkings assured the Committee that all points discussed in the meeting had been included in the relevant risk register within the Division. No issues discussed were required to be reported to other Committees. The Chair thanked the teams for the informative reports and the great work being undertaken.
4	**Date of Next Meeting**
	The date of the next meeting was Tuesday 1st March 2022 via Microsoft Teams.

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Mental Health Act Monitoring Committee
March 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

Action Ref	Action Description	Due date	Lead	Progress	Status
MHAMC 0203/07	**Power of Discharge Sub-Committee Update:** Data gathered based on feedback from service users on the use of Virtual/Microsoft Teams in the Health Board.		**Sarah Cadman**	Removed from the June agenda on advice of Sarah Cadman and Katija Dew as PODSC had not met- email received 27/05/21. Emailed KD & SC 09/12/21 to check status of the PODSC. To be discussed after the next PODSC.- Sarah Cadman	Not due yet
MHAMC 0809/05	**Mental Health Act Update:** The predicted timeframe to open other support networks, such as the Sanctuary provision and the ABUHB		**Sarah Cadman**	Neither the sanctuary nor crisis house has opened as yet. Both are due to open in the first week of December. We will	

	Shared House was early Autumn 2021. The impact of these provisions on both admissions and detentions would be closely monitored by the team.			continue to monitor any effect on MHA activity from this time. - update from Sarah Cadman on 24/11/2021 9/12/21 Sarah Cadman informed the Committee that the Crisis House opened on the 1st December 2021. The effect of the opening of the Crisis House facility on the use of the Mental Health Act would be monitored going forward. The final quarter of the year should display any data trends. Further discussion to take place at the next Committee meeting. Ian Thomas informed the Committee that the Sanctuary had also opened in December 2021. It was noted that delays in the tender agreement, impacting the opening, allowed for funding to be utilised for an alternative Sanctuary provision pilot in the Emergency Department (ED) in GUH. It was noted that further funding had been received to complete a formal evaluation of the Sanctuary pilot. The Chair queried numbers of patients who would utilise the provision in ED. Ian Thomas stated that although data showed low numbers, it had been identified as a difficult area by clinicians in busy ED departments and that it was positive step to have the support	

				available for the patients. The Committee welcomed further conversations, evaluations of data and feedback at future meetings.	
	Based on increased demand, it was agreed that mental health service planning needed to be considered at Board level.	**March 2022**	**Nick Wood**	This will be part of the Divisions IMTP which will be produced by Feb 2022, Board to consider IMTP in March 2022 meeting- update from Nick Wood	Not due yet.
MHAMC **0912/05**	**Section 117 Update Monmouthshire County Council Pilot**	**June 2022**	**Sarah Cadman**	Added to FWP for discussion in 6 months time.	Not yet due
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.		**Rani Mallison**	Update 01/02/22 Work to review corporate reporting templates will be taken forward as part of governance improvement related objectives for 2022/23.	Not yet due
MHAMC	**Mental Health Act Update** Paul Deenen queried if the Health Board had commissioned placements		**Rani Mallison/**	Added to PQSO FWP and draft agenda 07/01/2022	Transferred

0912/06	'out of area' and how these were monitored to support the individuals and their families. Michelle Forkings assured the Committee that there was a CHC Team within Mental Health & Learning Disabilities which enabled a dual approach to the monitoring and provision of quality patient care. In respect of placements for patients with Learning Disabilities, this would be requested as an item for the Patient Quality, Safety and Outcomes Committee.		**secretariat**		
MHAMC **0912/07**	**Mental Health Act Benchmarking Discussion** In relation to MHA managers activity, more consistency was required in the ABUHB area. Further investigation needed to understand the high numbers in Health Board 1, whether it added value to patient care, if so, what could ABUHB learn from this.		**Sarah Cadman**	Email update 18/2/22 via Sarah Cadman- verbal update to be provided at the meeting.	

	Mental health Act monitoring Committee Tuesday 1st March 2022 Agenda Item: 2.1

Aneurin Bevan University Health Board
Mental Health Act Update

Executive Summary
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.

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: 24/01/2022			
Supplementary Papers Attached: Glossary Of Terms			

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

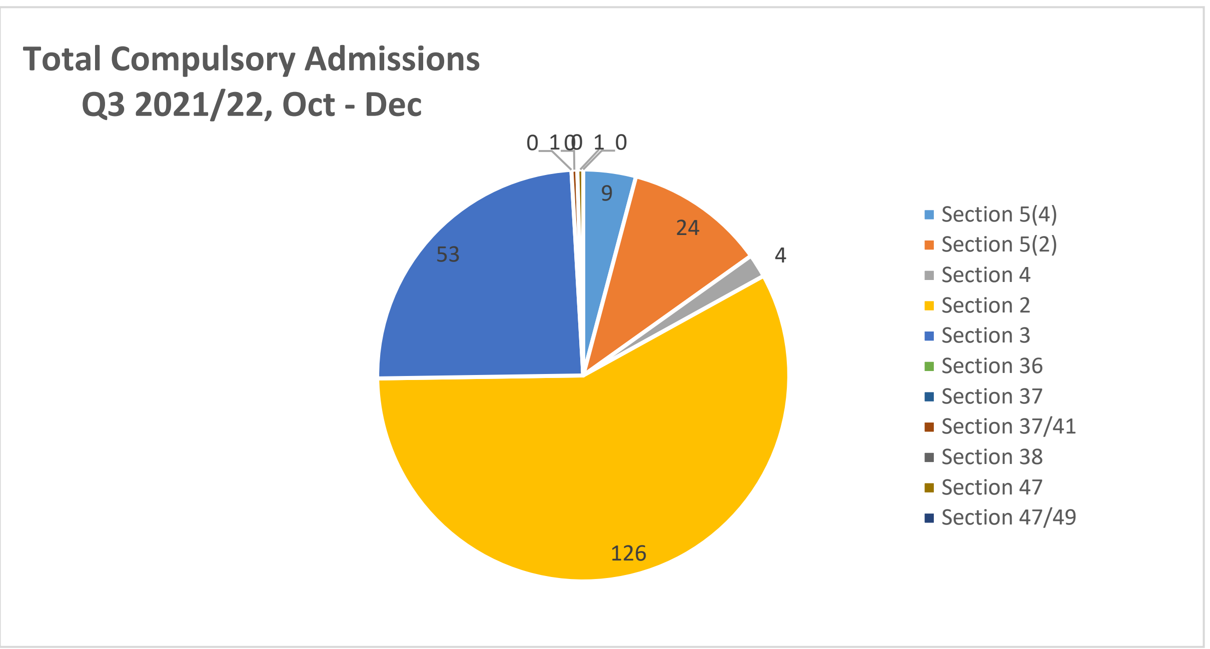
Purpose of the Report
The report provides activity information on the use of the Mental Health Act over Quarter 3, October – December 2021/22 and provides a comparison of activity over the previous quarter. Where available, other information sources will be used in order to highlight any trends, patterns or variation over time. The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

Background and Context

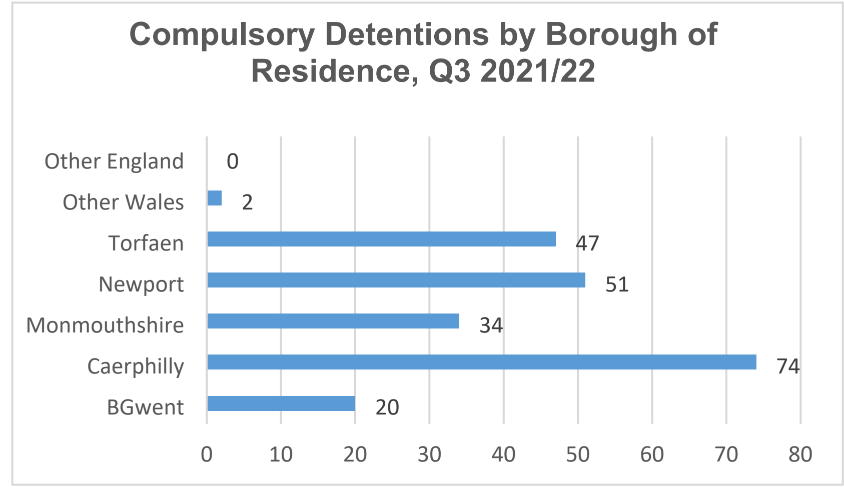
The report presents data for the third quarter of 2021/22 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

1. In-Patient MHA Activity, Q3 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.



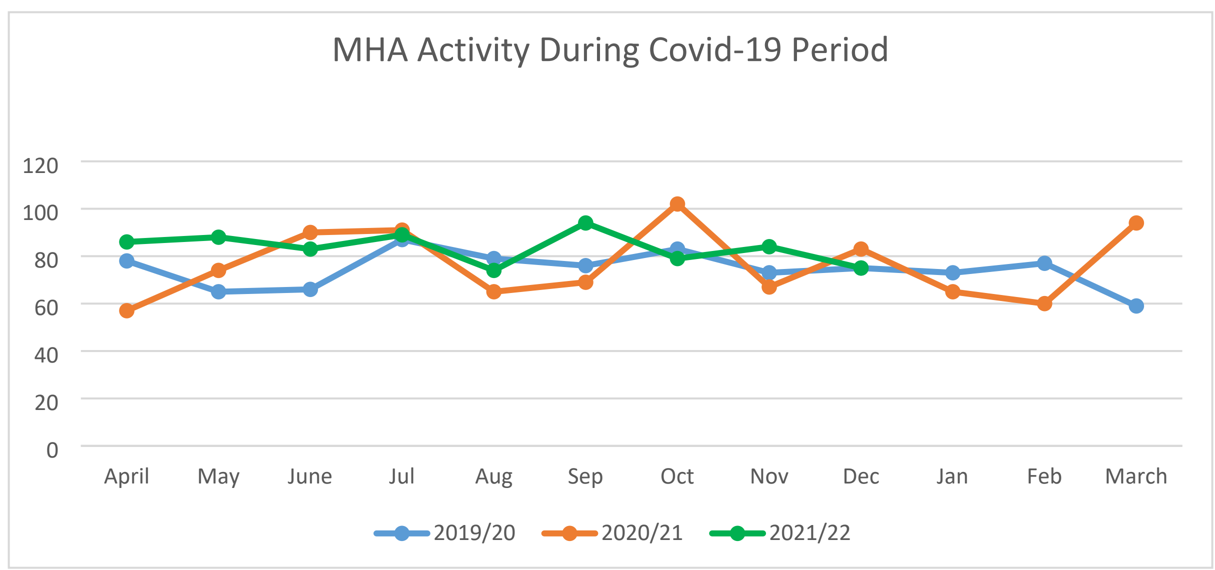
Borough	Detentions Q3 2021/22	Population (000's)	Detentions per 1,000 population Q3 2021/22 (Previous Qtr.)
Caerphilly	74	181	**0.4 (0.3)**
Newport	51	156	**0.3 (0.5)**
Blaenau Gwent	20	70	**0.3 (0.5)**
Torfaen	47	94	**0.5 (0.5)**
Monmouthshire	34	95	**0.4 (0.3)**

In comparison to the previous quarter, there has been a 12.1% decrease in the overall number of patients detained under the Act.

Section	Previous Quarter	Q3 2021/22	Trend
Section 5(4)	7	9	↑
Section 5(2)	41	24	↓
Section 4	2	4	↑
Section 2	127	126	↓
Section 3	63	52	↓
Total	**247**	**217**	**Overall 12.1% decrease**

- **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.



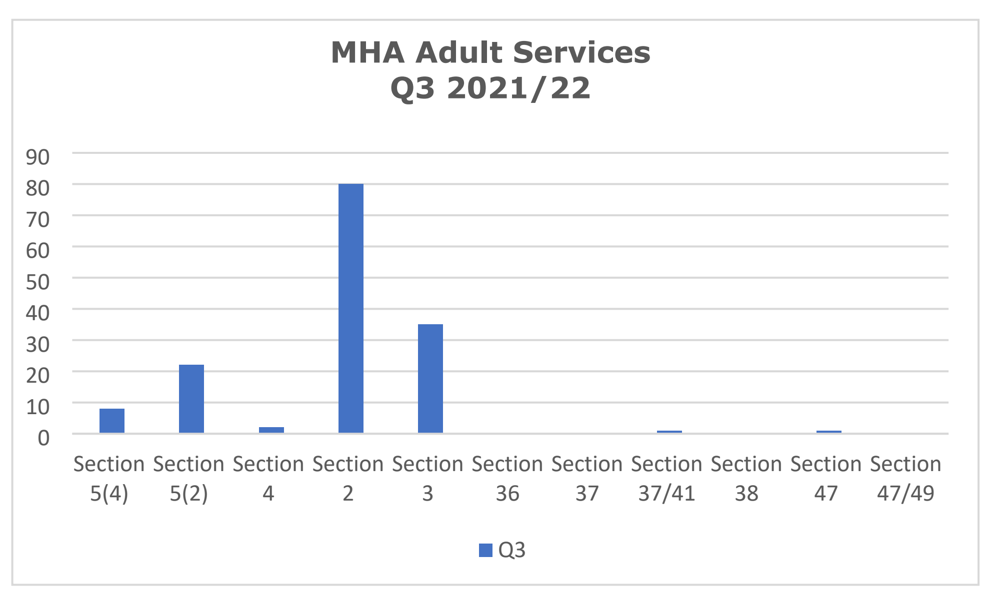
Includes all MHA detentions – S5(4), S5(2), S4, S2, S3, CTO, CTO Revoke, S3 Renewal, CTO Renewal

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 8% increase in comparison to the same period in 2020/21.

Month	**Total MHA Detentions 2020/21**	**Total MHA Detentions 2021/22**	**Trend**
April	57	86	⬆ 51%
May	74	88	⬆ 19%
June	90	84	⬇ 7%
July	91	89	⬇ 2%
August	65	74	⬆ 14%
September	69	94	⬆ 36%
October	102	79	⬇ 23%
November	67	84	⬆ 25%
December	83	75	⬇ 10%
Total	**698**	**752**	**Overall 8% increase**

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

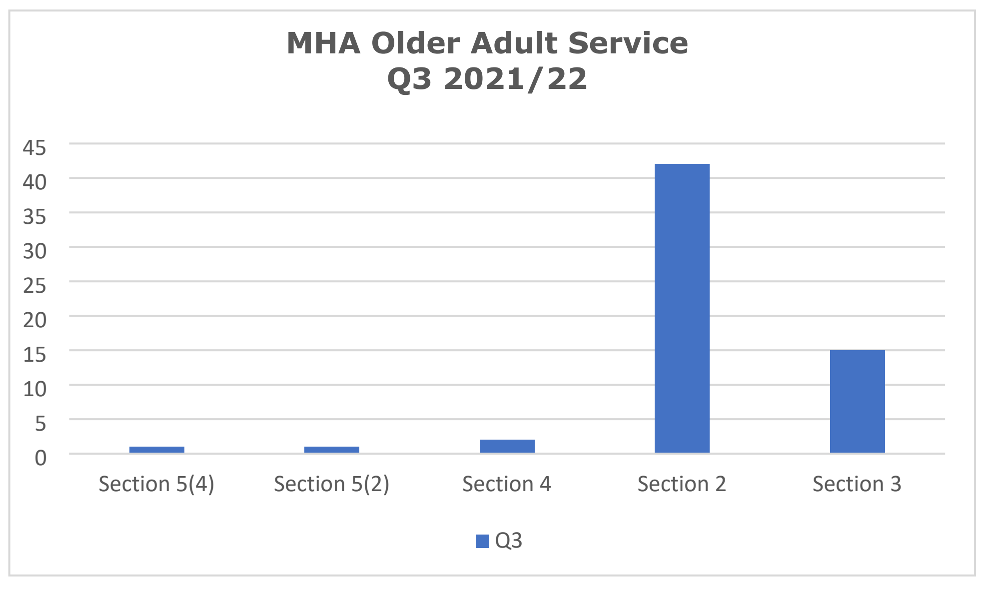
A breakdown of all compulsory admissions to mental wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that just over half (54%) of all admissions are under Section 2 (Assessment) of the MHA, with a just under a quarter (23%) of detentions under section 3 (Treatment). 20% of all adult detentions were under Section 5 of the Act. There was an overall 11% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q3 2021/22	Trend
Section 5(4)	**4**	**8**	**+100%**
Section 5(2)	**30**	**22**	**-27%**
Section 4	**1**	**2**	**+100%**
Section 2	**84**	**80**	**-5%**
Section 3	**43**	**34**	**-21%**
Section 36	**1**	**0**	**-100%**
Section 37	**0**	**0**	**-**
Section 37/41	**2**	**1**	**+100%**
Section 38	**0**	**0**	**-**
Section 47	**1**	**1**	**-**
Section 47/49	**2**	**0**	**-100%**
Other	**0**	**0**	**-**
TOTAL	**168**	**148**	**Overall 12% decrease**

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

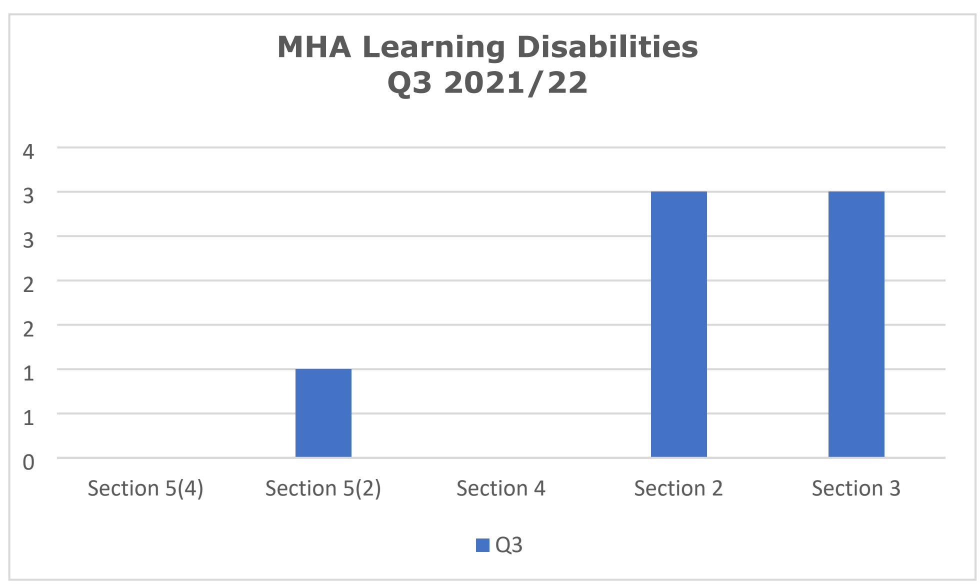
Within the older adult population patients admitted and detained, 93% were admitted under Sections 2 or 3 of the MHA with 3% admitted under Section 5 provision. There was an overall 13% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q3 2021/22	Trend
Section 5(4)	**2**	**1**	**-50%**
Section 5(2)	**8**	**1**	**-88%**
Section 4	**1**	**2**	**+100%**
Section 2	**40**	**42**	**+5%**
Section 3	**18**	**15**	**-17%**
TOTAL	**70**	**61**	**Overall 13% decrease**

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

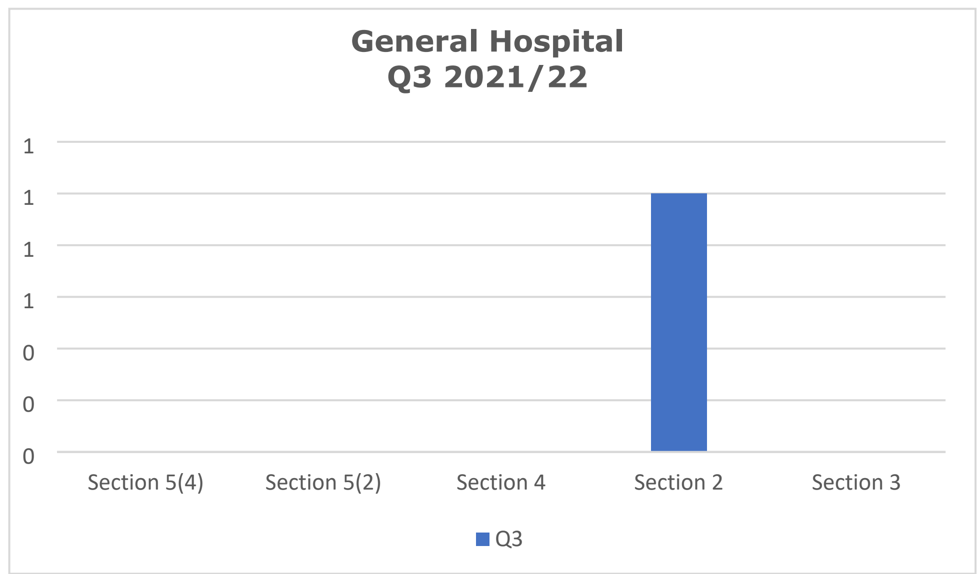
For individuals with a learning disability requiring admission under the MHA, 86% were admitted under Sections 2 or 3 of the MHA with 14% admitted under Section 5 provision. There was an overall 40% increase in detentions compared to the previous quarter.



Section	Previous Quarter	Q3 2021/22	Trend
Section 5(4)	**1**	**0**	**-100%**
Section 5(2)	**1**	**1**	**-**
Section 4	**0**	**0**	**-**
Section 2	**1**	**3**	**+200%**
Section 3	**2**	**3**	**+50%**
TOTAL	**5**	**7**	**Overall 40% increase**

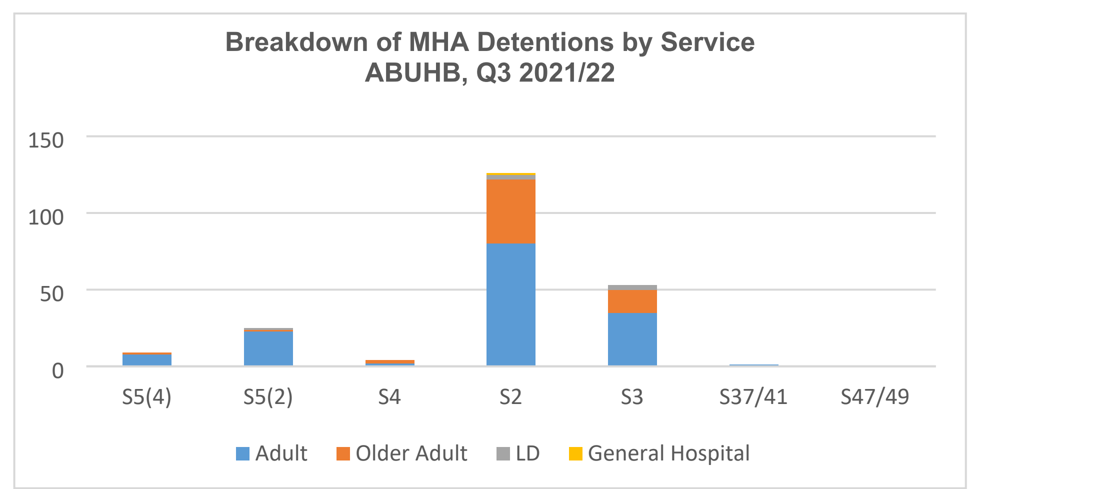
- **General Hospital Compulsory Admissions Under the MHA (1983)**

For patients detained under the MHA in a General Hospital setting, 100% were detained under Section 2 of the MHA.



Section	Previous Quarter	Q3 2021/22	Trend
Section 5(4)	**0**	**0**	**-**
Section 5(2)	**2**	**0**	**-100%**
Section 4	**0**	**0**	**-**
Section 2	**2**	**1**	**-50%**
Section 3	**0**	**0**	**-**
TOTAL	**4**	**1**	**Overall 75% decrease**

The below chart shows the total MHA detentions broken down by service for quarter 3, 2021/22.

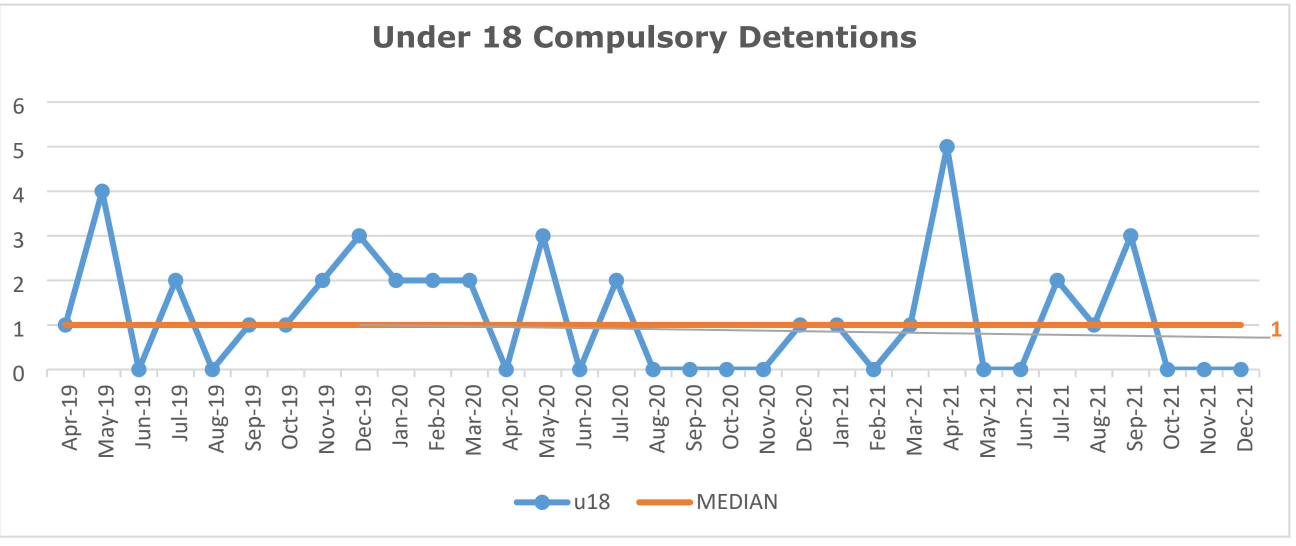


- **Total number of Under 18s Compulsory Detentions Under the MHA (1983)**

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 100% decrease in the number of detentions compared to the previous quarter.

Under 18 years Detentions	Previous Quarter	Q3 2021/22	Trend
Section 5(4)	1	0	-100%
Section 5(2)	1	0	-100%
Section 2	4	0	-100%
Section 3	0	0	-
CTO	0	0	-
TOTAL	6	0	Overall 100% decrease



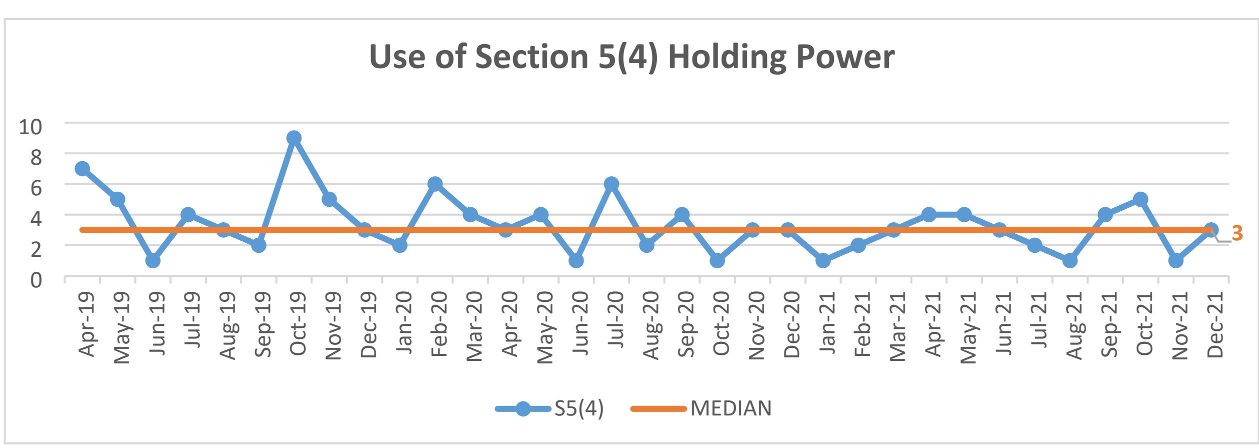
A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision 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 December 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 9 uses of this holding power over the quarter with 5 (55%) of these resulting in a doctor/approved clinician detaining the patient under Section 5(2). 1 (11%) was regraded to section 2, 1 (11%) was regraded to section 3 and a further 1 (11%) lapsed.



Outcome of Section 5(4) – Q3 2021/22

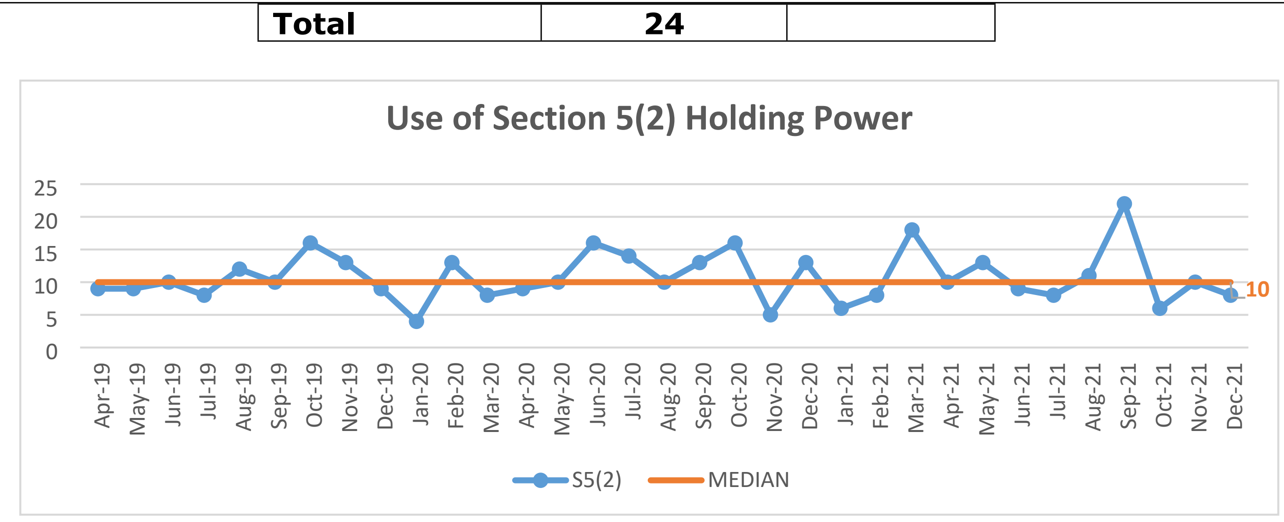
Outcome	Total	%
Lapsed	1	11%
Ended	1	11%
Section 5(2)	5	55%
Section 2	1	11%
Section 3	1	11%
Total	**9**	

The use of Section 5(2) resulted in 46% being detained under section 2, 17% being detained under section 3 and 38% ending or lapsing without further detention under the MHA.

Outcome of Section 5(2) – Q3 2021/22

Outcome	Total	%
Lapsed	3	13%
Ended	6	25%
Section 2	11	46%
Section 3	4	17%

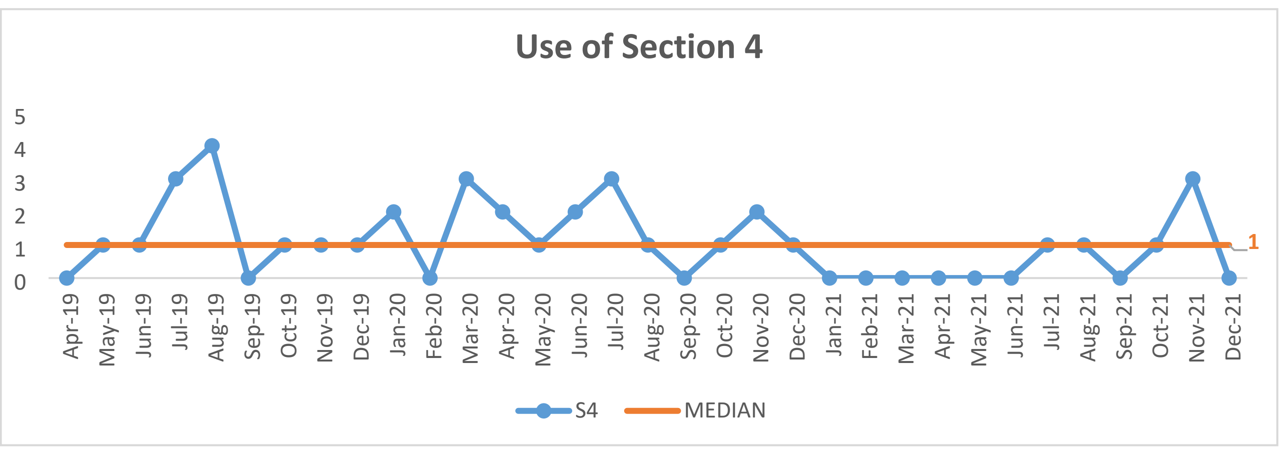
Total	24	



- **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 4 occasions this quarter (Q3) which is a 50% increase on the previous quarter.



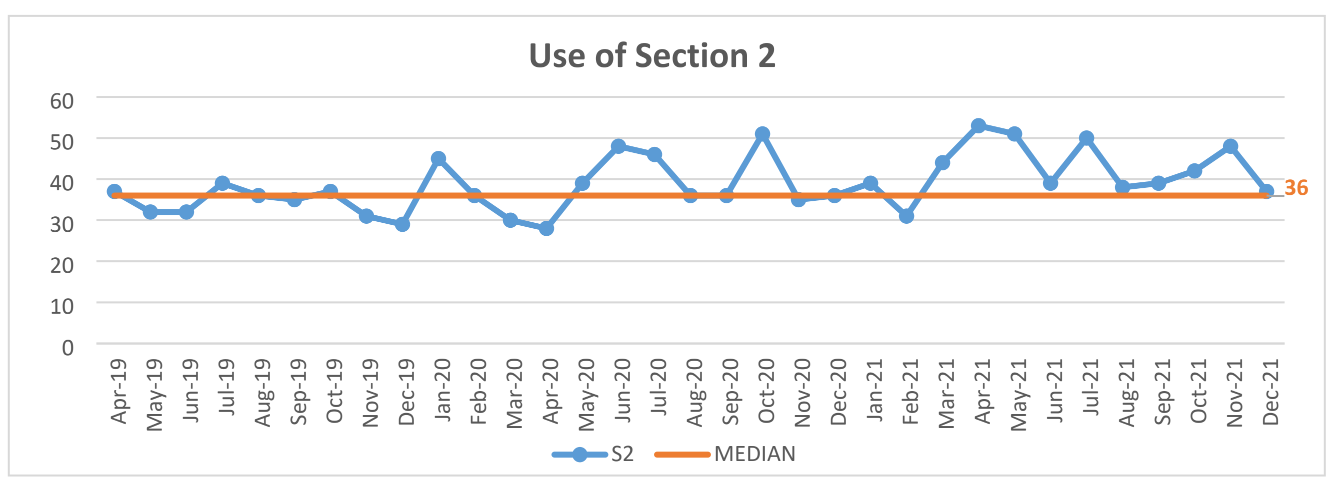
The main outcome of the use of Section 4 is that the individual will normally be placed on a Section 2 (admission for assessment), 100% of cases in this quarter.

Outcome of Section 4 – Q3 2021/22

Outcome	Total	%
Discharged	0	-
Section 2	4	100%
Total	**4**	

- **Use of Section 2**

58% 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, Q3 2021/22

Outcome	Total	%
Expired	10	8%
Regraded S3	23	18%
Transferred	1	1%
Died	1	1%
Ended: 0-3 days	11	9%
Ended: 4-14 days	33	26%
Ended: 15-28 days	45	36%
Ongoing as at 24/01/22	2	2%
Total	**126**	

A total of 126 detentions were made using Section 2, with 64% of these in adult mental health services, 33% in older adult, 1% in a general hospital setting and 2% in learning disabilities.

Of the total 126 patients detained under Section 2:

- 23 (18%) were regraded to Section 3
- 1 (1%) were transferred out of the Health Board during the Section 2

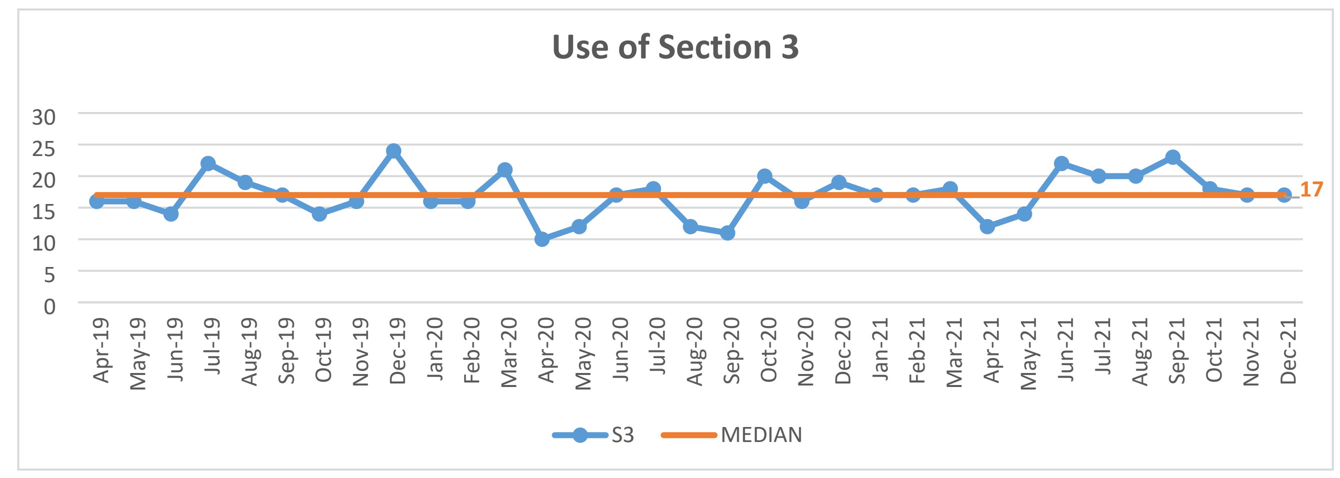
Of the remaining 102 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 11 (9%) were detained between 0-3 days
- 4-14 days 33 (26%) were detained between 4-14 days
- 15-28 days 45 (36%), were detained between 15-28 days

Of this cohort, 10 detentions were allowed to lapse. It is considered allowing a Section 2 to lapse as poor practice, as it is raises the question whether the patient met the criteria to be discharged at an earlier stage of the detention. Where detentions are allowed to lapse the MHA Administration Department highlights this issue to the relevant medical and ward staff.

- **Use of Section 3**

24% of all detained admissions were admitted under Section 3 during the quarter. A total of 52 detentions were made using Section 3, with 67% of these in adult mental health, 29% in older adult mental health and 3% in learning disabilities.



Of the total 52 patients detained under Section 3:

- 67% (35) detentions remained as ongoing detentions as of 24.01.2022
- 25% (13) detentions were ended as of 24.01.2022

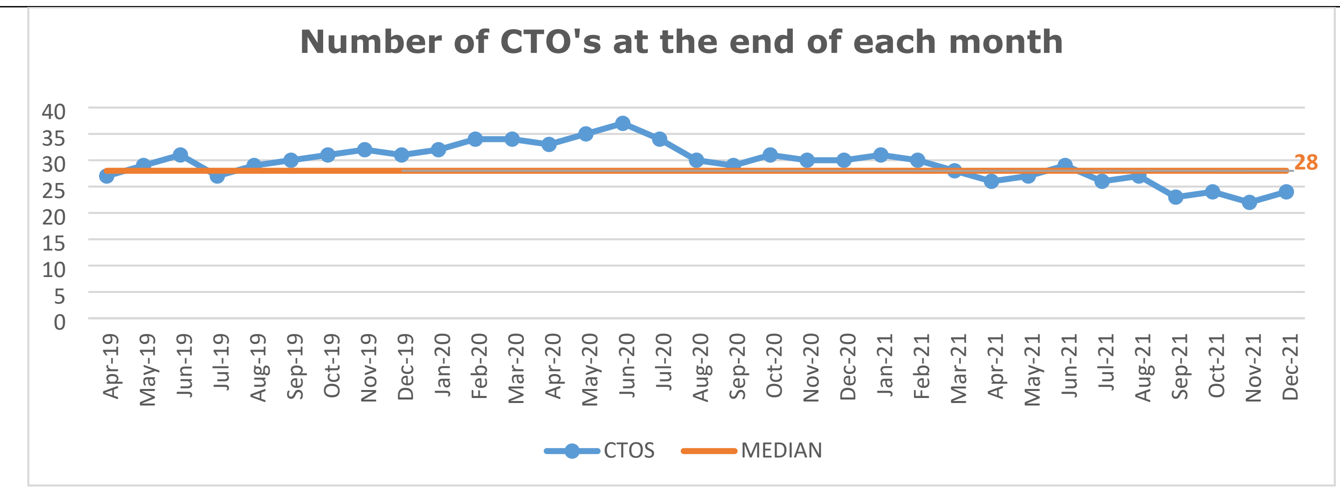
- **Renewal of In-patient Detentions under the MHA (1983)**

The table below shows that the number of renewals of inpatient detentions increased 80% during the quarter compared to the previous period.

Section	Previous Quarter	Q3 2021/22	Trend
Section 3 renewal	**4**	**8**	↑
Section 37 renewal	**1**	**1**	—
Section 47 renewal	**0**	**0**	—
TOTAL	**5**	**9**	↑

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

The number of Community Treatment Orders at the end of each month has increased by 4% since the last quarter; from 23 at the end of September 2021 increasing to 24 at the end of December 2021.



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

Community Treatment Orders (CTOs)

Section	Power	Previous Quarter	Q3 2021/22	Trend
17A	CTOs made	**3**	**7**	↑
	CTOs extended	**5**	**5**	—
	Recalled to hospital and not admitted	**2**	**0**	↓
	Recalled to hospital and revoked	**4**	**3**	↓
	Discharged from CTO	**5**	**3**	↓

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 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	Q3 2021/22	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	Q3 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, however this quarter showed a 25% increase in the number of rectifiable errors demonstrating that there is still a need for ongoing training regarding the acceptance and scrutiny of documentation before it is received into the MHA Administration Department to ensure that documentation is as accurate as possible.

	Previous Quarter	Q3 2021/22	Trend
Rectifiable errors on document	4	**5**	⬆

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.

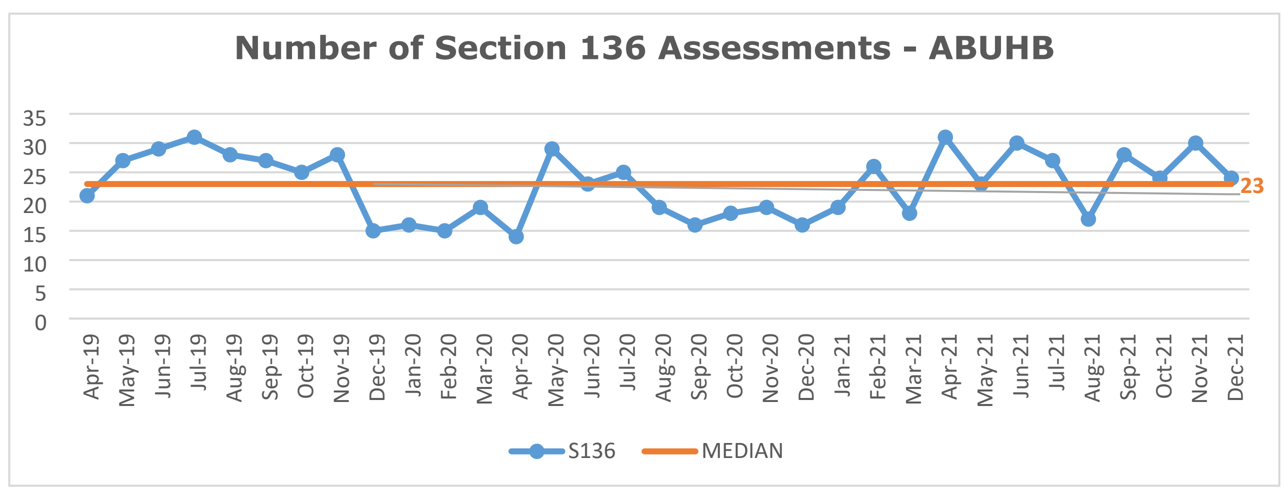
Use of Section 135, Q3 2021/22

Section 135 of the MHA	Previous Quarter	Q3 2021/22	Trend
Assessed and admitted informally	**0**	**0**	—
Assessed and discharged	**0**	**1**	⬆
Assessed and detained under Section 2	**5**	**3**	⬇
Assessed and detained under Section 3	**1**	**1**	—
Assessed and CTO Revoked	**0**	**0**	—
Other	**0**	**0**	—
Total	**6**	**5**	⬇

The MHA Administration department has confirmed that the above data is not complete and has been unable to capture the true activity information for the data periods due to not receiving all copies of executed Section 135 warrants. There are on-going inter-agency discussions between Health, Local Authorities and Gwent Police to ensure that all Section 135 activity is correct and is collected in a timely manner.

- **Section 136**

A breakdown on the number of 136 assessments undertaken at the 136 (Place of Safety) Suite at St Cadoc's Hospital is shown in the table below.

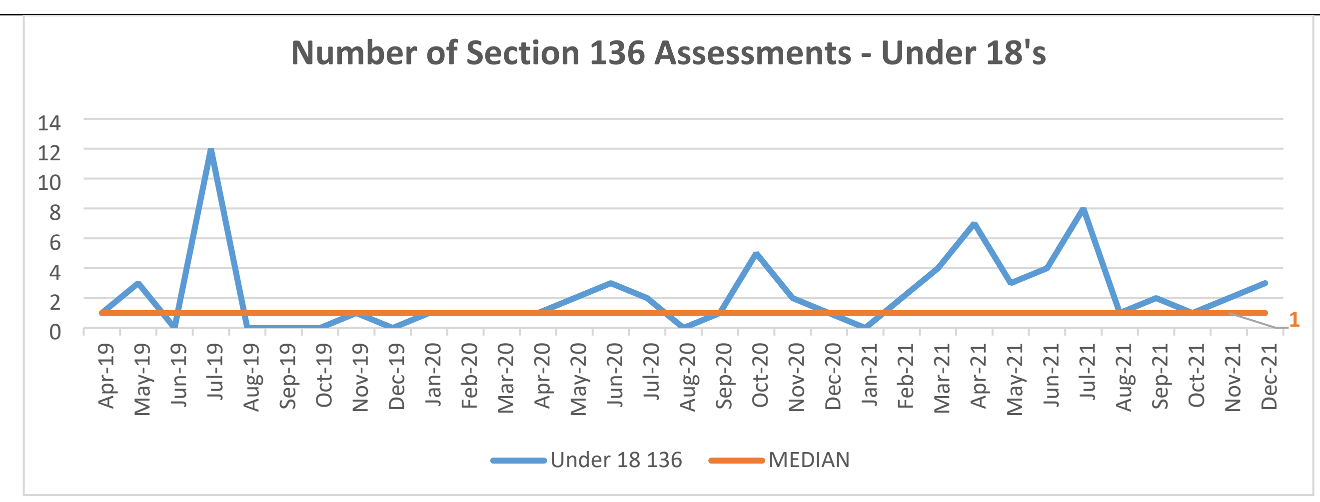


A breakdown of the outcome of 136 assessments is shown in the table below. A total of 78 assessments were undertaken. Of those assessed 68% were admitted, with 40% of those admitted being formally detained. 12% of individuals assessed were discharged with no follow up required, while 41% were discharged with a follow up plan in place.

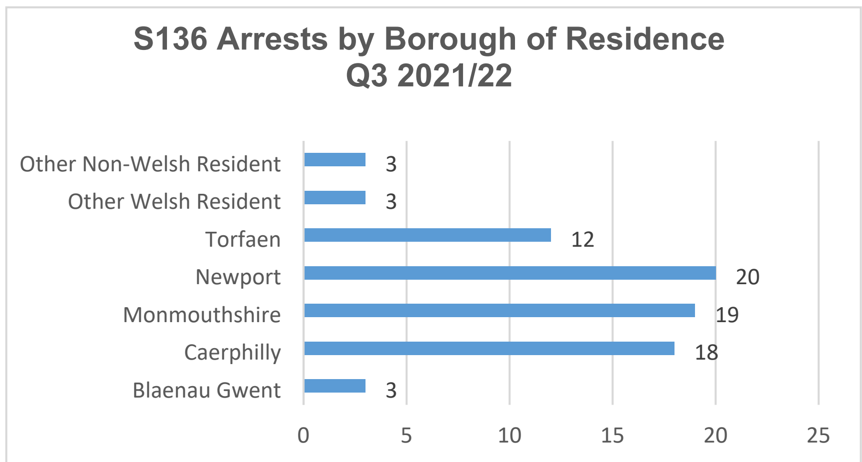
Use of Section 136, Q3 2021/22

Section 136 of the MHA	Previous Quarter	Q3 2021/22	Trend
Assessed and admitted informally	13	14	⇧
Assessed and detained under Section 2	15	21	⇧
Assessed and detained under Section 3	1	0	⇩
Assessed and detained under Section 4	0	0	—
Discharged – no follow-up required	8	9	⇧
Discharged – with follow-up plan	34	32	⇩
Section 136 lapsed	1	2	⇧
TOTAL	72	78	⇧

A breakdown of the number of under 18's undergoing 136 assessment is shown in the graph below. The graph shows that the number of under 18's undergoing assessment has decreased by 45% in comparison to the previous quarter with 11 assessments taking place in quarter 2 and 6 in quarter 2. It should be noted that a number of the assessments that took place in quarter 2 are from the same patients being detained on multiple occasions.



A breakdown of assessed patients by borough shows that Newport had higher demand than other boroughs, accounting for 26% of all assessments.

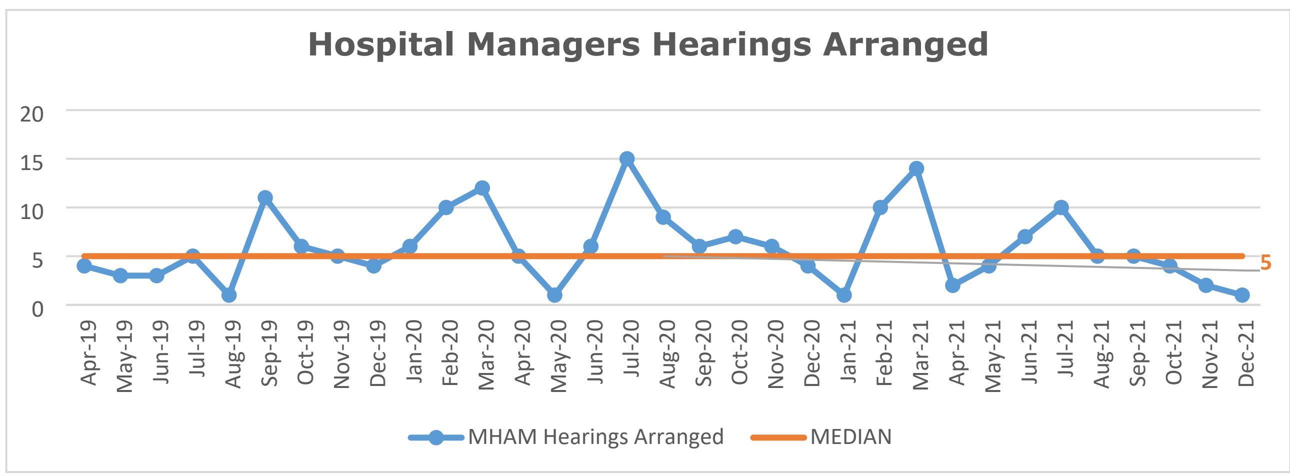


A breakdown of all 78 events shows that the majority of patients were male patients; alcohol and/or drugs being a related factor in 26% of all cases; 8% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	**Previous Quarter**	**Q3 2021/22**
TOTAL	**N=72**	**N=78**
Gender:		
% Male	53%	56%
% Female	47%	44%
Place of Safety:		
% Hospital	93%	95%
% Police Station	7%	5%
% Under 18 Years	15%	8%
Use of Illicit Substances:		
% Alcohol	17%	18%
% Drugs	14%	4%
% Both Alcohol and Drugs	3%	4%
Where Assessment took place:		
% Hospital	100%	100%
% Police Station	0%	0%
12 Hour extension required/granted	0%	0%

5. Mental Health Act Managers Hearings

There has been a decrease (65%) 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 0 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.

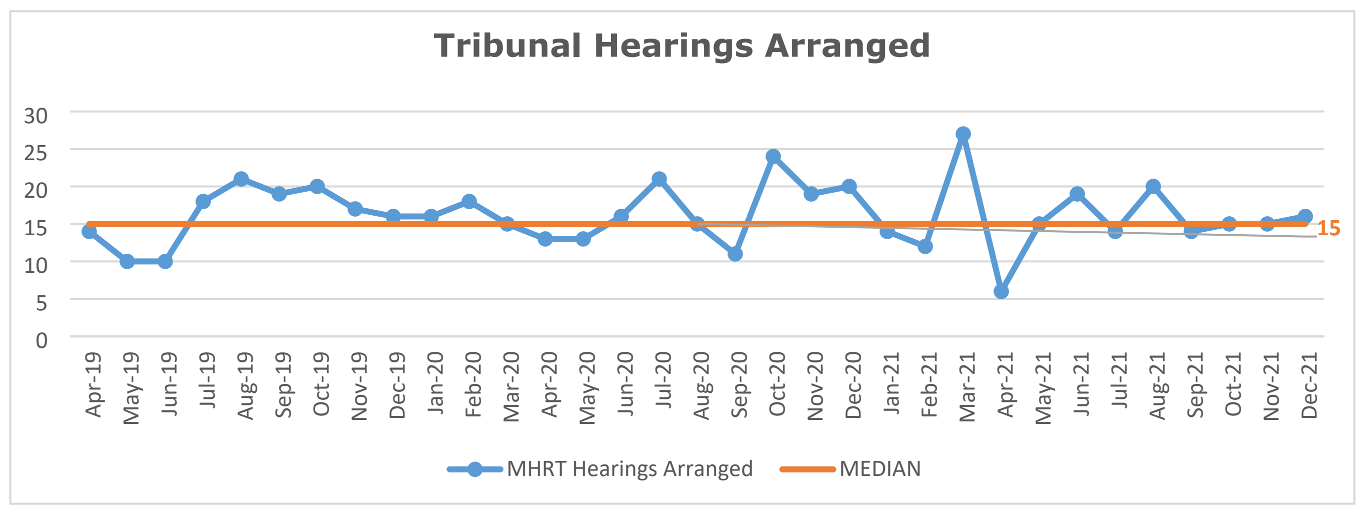
Mental Health Act Manager Review Hearings

Hospital Manager Hearings	Previous Quarter	Q3 2021/22	Trend
Applications by patient – Inpatient	2	1	⬇
Applications by patient – CTO	0	0	—
Renewal Hearing Applications – Inpatient	11	9	⬇
Renewal Hearing Applications – CTO	10	4	⬇
Barring Hearings	2	0	⬇
Hearing cancelled before being heard	14	7	⬇
Hearing held - Patient Discharged by Hospital Managers	0	0	—
Hearing held – Section continued	6	0	⬇

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	Q3 2021/22	Trend
Applications by patient – Inpatient	42	42	—
Applications by patient – CTO	1	1	—
Renewal Hearing Applications – Inpatient	4	10	↑
Renewal Hearing Applications – CTO	5	1	↓
Referral by MOJ	0	0	—
Referral by Welsh Ministers	0	0	—
Outcomes: Hearing Cancelled before being heard	22	25	↑
Outcomes: Patient Discharged by MHRT	0	2	↑
Outcomes: Section Continued	26	19	↑

This shows that a significant number of Tribunals are cancelled before being heard. 2 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	The detention period lasts for a period of up to 28 days to enable assessment or assessment followed by treatment for mental disorder to take place. Patients have the right of appeal to the Hospital Managers at any time and without limit to the number of appeals (at the discretion of the Hospital Managers) during the 28 days but they may only appeal to the Mental Health Review Tribunal within the first fourteen days of detention. Section 2 cannot be renewed but under certain circumstances, the 28 day period may be extended whilst an application is made to a county court to have another person appointed as nearest relative depending if certain grounds are met.
Section 3	This admission is initially for a period of up to six months; if it runs its full course, the section may be renewed for a further six months and twelve monthly periods thereafter. Patients may appeal to the Hospital Managers at any time during a period of detention but they can only appeal to the Mental Health Review Tribunal once in each period of detention. Where the patient has recently had a hearing (either MHRT or Managers), the chair of the Hospital Managers Power of Discharge Panel may refuse for the case to be considered unless there has been a significant change in the patient's circumstances or condition since that hearing. This prevents unnecessary hearings taking place which may distress the patient and impact on those involved in their care.
Section 37	Section 37 provides for a court to sentence a person to hospital for treatment (or guardianship) for up to six months. The criteria and resulting admission work in the same way as a section 3 except for the appeal process. A section 37 patient has: • the right of appeal to the Crown Court or Court of Appeal to have the conviction quashed or a different sentence imposed.

	• the right to appeal to the Tribunal, but only in the second six months and then once in each subsequent period of detention. • the right of appeal to the Hospital Managers at any time and without limit to the number of appeals at the discretion of the Hospital Managers.
Section 38	Empowers a Crown Court or Magistrates Court to send a convicted offender to hospital to enable an assessment to be made on the appropriateness of making a hospital order or direction.
Section 41	Empowers the Crown Court, having made a hospital order under section 37, to make a further order restricting the patients discharge, transfer or leave of absence from hospital without the consent of the Secretary of State for Justice.
Section 47	Enables the Secretary of State to direct that a person serving a sentence of imprisonment or other detention be removed to and detained in a hospital to receive medical treatment for mental disorder.
Section 49	Enables the Secretary of State for Justice to add an order restricting the patients discharge from hospital to a section 47.
Section 17A, Community Treatment Order	This allows for a patient to receive the care and treatment they need for their mental disorder in the community rather than in hospital. To be eligible for CTO the patient must have been detained on one of the treatment sections when the application for the CTO was made. Each time a period of section 17 leave is granted to a detained patient for more than 7 consecutive days, their RC must consider whether it would be appropriate for the patient to be subject to CTO rather than an inpatient on extended section 17 leave. The patient's responsible clinician may specify conditions to be applied by the CTO. The only limitation on conditions is that they are "necessary" or "appropriate" for: o ensuring the patient receives medical treatment o preventing the risk of harm to the patient's health or safety o protecting other persons. Once on a CTO, the patient may be recalled to hospital for up to 72 hours where the treatment rules under the Act apply during that period of recall.