MHCLC - 21 February 2020

21 February 2020, 10:00 to 13:00

Δσenda

report.pdf

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	ote the date, time and venue of the next me	eting:	
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Frida	y, 21 July 2020 at 9.00am - Coed y Bwl, Ground Fl	loor, Woodland House	

Unconfirmed Minutes of the Mental Health and Capacity Legislation Committee Held on 22nd October 2019 at 10am Coed Y Bwl, Woodland House

Preser	nt:
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Chair: Sara Moseley	SM	Independent Member – Third Sector
In Attendance: Julia Barrell Eileen Brandeth Jeff Champney-Smith Nicola Foreman Akmal Hanuk Robert Kidd Scott McLean Amanda Morgan Sunni Webb Dr Stuart Walker	JB EB JCS NF AH RK SM AM SW SW	Mental Capacity Act Manager Independent Member – ICT Chair, Powers of Discharge sub-Committee Director of Corporate Governance Independent Members – Community Consultant Clinical and Forensic Psychologist Director of Operations – Children & Women Service User Mental Health Act Manager Executive Medical Director
lan Wile	IW	Head of Operations, Mental Health
Secretariat: Laura Tolley	LT	Corporate Governance Officer
Apologies: Steve Curry Dr Jane Hancock Dr Jenny Hunt Kay Jeynes Lucy Phelps	SC JH JH KJ LP	Chief Operating Officer Service User Clinical Psychologist Nurse Director – PCIC Clinical Board Service User

MHCL 19/10/001	Welcome & Introductions	Action
	The Committee Chair (CC) welcomed everyone to the public meeting. The CC explained that she had taken over the role as Committee Chair on an interim basis on behalf of Charles Janczewski who had taken the role as UHB Interim Chair.	
ON TO THE STATE OF	The Head of Operations – Mental Health, Mental Health Act Manager, Service User, Consultant Clinical and Forensic Psychologist and Chair, Powers of Discharge sub-Committee advised the CC that they had not received papers prior to the meeting. The Director of Corporate Governance apologised and informed the Committee that a similar situation would not occur in future. Hard copies and electronic papers were provided to those members who required them and the CC advised should there be any queries with any of the papers after the meeting members should advise the Corporate Governance Officer.	
MHCL	Apologies for Absence	
19/10/002		
	Apologies for absence were noted.	

MHCL 19/10/003	Declarations of Interest	
10/10/000	The CC declared her interest as Director of Mind Cymru.	
MHCL	Minutes of the Committee Meeting held on 4th June 2019	
19/10/004	The Committee reviewed the minutes of the meeting held on 4 th June 2019.	
	The Committee resolved that:	
	(a) the minutes of the meeting held on 4 th June 2019 be approved as a true and accurate record.	
MHCL 19/10/005	Action Log following the meeting held on 4th June 2019	
13/10/003	The Committee reviewed the action log following the meeting held on 4 th June 2019.	
	The Committee Resolved that:	
	(a) the Action Log updates were noted.	
MHCL 19/10/006	Chairs Action taken since the meeting held on 4th June 2019	
19/10/000	It was confirmed that there had been no Chair's action since the previous meeting.	
MHCL 19/10/007	Patient Story	
19/10/00/	There was no patient story shared at the meeting.	
	The Committee Resolved that:	
	a) a patient story be brought to the next Committee meeting.	LT
MHCL 19/10/008	Mental Capacity Act Monitoring Report	
13/10/000	The Mental Capacity Act Manager (MCAM) presented the paper and explained the Mental Capacity Act 2005 (MCA) has been in force for 12 years. It was amended to include the Deprivation of Liberty Safeguards (DoLS), which came into force in April 2009.	
Mulion Sign	The MCAM advised the Committee that staff training figures remained disappointing especially within medical staff. In response, the Executive Medical Director (EMD) advised he would take this to the Learning & Development team to look at the whole mandatory training package.	
0.505 July 15.55	The Independent Member – ICT (IM – ICT) expressed disappointment that the recent Health & Safety review of the training module was not shown in the report and also questioned if DoLS was used within A&E Departments as a recent HIW inspection suggested the use of DoLS? In response, the MCAM advised the Committee that DoLS was unlikely to	

	be applicable in A&E, the Mental Health Act would be applied if required. The IM – ICT asked if HIW had been responded to? The Director of Operations – Children & Women (DO – C&W) advised the Committee that he would respond to HIW and update the Committee at the next meeting. The Committee Resolved that: (a) the Mental Capacity Act Monitoring Report be noted.	SM
MHCL 19/10/009	Internal Audit Report – Deprivation of Liberty Safeguards (DoLS) Report	
	The EMD introduced the paper and confirmed that an improvement had been made since the last audit and DoLS had received Reasonable Assurance. In relation to Assessment of Urgent Requests the process was identified as good, however, the timeliness required work. The EMD advised the Committee that the Internal Audit Report had not reached the point of getting formal management responses on recommendations, however work on this was underway. The Director of Corporate Governance (DCG) advised the Committee that	
	usual process would be the formal management responses be included within the report before presentation to the Committee, however, on this occasion due to timing, it was brought to the Committee incomplete, therefore it needed to go back through Management Executive's and also through Audit Committee.	
	It was agreed that the Internal Audit report would be brought back to the next Committee meeting for discussion and assurance along with confirmation of which Executive Director was responsible for DoLS.	sw
	The IM – ICT requested clarification from Internal Audit why the training had been identified as reasonable when clear issues had been identified? In response, the CC confirmed a request for clarification would be made.	NF
	The Committee Resolved – that:	
	(a) the Internal Audit Report – Deprivation of Liberty Safeguards (DoLS) Report be noted.	
MHCL 19/10/010	Mental Health Act Monitoring Exception Report	
A-	The Head of Operations – Mental Health (HO – MH) introduced the report and confirmed it provided the Committee with further information relating to wider issues of the Mental Health Act. The HO – MH explained he was pleased to report that there had been no breaches of the Mental Health Act since 2018 which was a credit to the department.	
3.15 To 15 T	The Committee were advised of an issue with lack of clarity relating to when a s.136 arrest starts in A&E, and there had been conflicting advice between legal and Welsh Government, however, work was underway to gain clarity on this. The CC asked if there was a break in continuity of care for patients because of this? The HO – MH confirmed this would result in a break of continuity of care for the patient and explained the	

importance of having police present at handover for the mental health assessment and for understanding and clarity of why the patient had been taken into hospital.

The HO – MH informed the Committee the Mental Health Department had been very proactive in providing mental health awareness and training. A mental health awareness day was held monthly and the awareness days were advertised via the intranet and social media pages. The HO- MH explained that the future plan was to develop an e-module training session for all UHB staff to complete.

The CC explained without the detailed appendix to the report it was difficult to discuss trends, therefore it was agreed that the detailed appendix would be provided at future meetings.

IW

The Committee Resolved that:

(a) the Mental Health Act Monitoring Exception Report be noted.

MHCL 19/10/012

HIW Mental Health Act Report

The HO – MH introduced the report and confirmed HIW carried out a 3 day inspection in March 2019 within the acute admission wards of Hafan Y Coed.

The HO – MH informed the Committee that the inspection and action plan was agreed at the Quality, Safety & Experience Committee and the HIW Inspectorate team were very impressed with the staff and service provided at Hafan Y Coed. The main areas of concern raised were:

- Estates
- Information for Service Users
- 'Sleeping Out'

It was further explained that whilst C&V were recognised as providing the best system in Wales for 'Sleeping Out' the team continued to think of ways to improve the process as it was not currently satisfactory for patients.

The HO – MH advised the Committee of a number of ongoing concerns within Estates and named the maintenance of the garden/courtyard, lifts and cleaning as examples. The IM – ICT asked who would ensure that the issues are actioned. In response, the HO – MH explained the Estates Department were responsible, however concerns were not currently being addressed. The DCG advised that a link would be made to bring the concerns together and they would be raised at a Management Executive Meeting or the Quality, Safety & Experience Committee.

NF



The CC asked the HO – MH to express thanks to all staff members for the good care given, pass on Committee appreciation and reiterate that the concerns within Estates would be actioned and monitored.

The Committee Resolved that:

(a) the HIW Mental Health Act Report be noted.

MHCL 19/10/013

Independent Review of Child and Adolescent Mental Health Service

The DO - C&W introduced the report and advised the Committee that there had been an increased demand for CAHMS therefore the team had increased capacity and he was happy with progress to date. The three immediate responses to increase capacity were:

- Appointment of locum staff, who were initially contracted until January 2020
- Substantive appointments within the CAHMS department had been made
- A digital bespoke service had been implemented

It was explained that the immediate responses had made a great improvement to the service and made it significantly more streamlined.

The DO – C&W informed the Committee that the milestones had been mapped through to the end of the financial year and work was underway to work through to the end of the calendar year.

The CC thanked the DO - C&W for the very helpful report and asked how the service was performing currently against the set targets and how confident was the DO - C&W that targets would be achieved? In response, it was confirmed that there had been a small decrease in October, however an improvement was expected in November and the targets were on course to be met in December due to the increased capacity. The DO - C&W advised the Committee that he was confident the targets would be delivered and sustained.

The EMD advised the Committee that it was previously agreed at the last Board meeting that an update would be provided to the Board in November outlining the improvements to the service.

The IM – ICT explained the report showed the locum capacity drop significantly in January 2020 and asked what plans were in place to address the loss of locums? In response, the DO – C&W explained that it was hoped that the actions put in place would decrease the demand in the service, therefore the need for locums would also decrease, however, the service was well supported by Welsh Government transformation funding therefore funding was in place should locums be required after January 2020.

The Committee Resolved that:

(a) the Independent Review of Child and Adolescent Mental Health Service report be noted.

MHCL 19/10/014 Mental Health Measure Monitoring Report

The HO – M&H introduced the report and explained the following:

Part 1a - 28 day referral to assessment compliance target of 80%

The team had been in and out of compliance over the past 12 months, however, there had been significant investment into Primary Care which had resulted in being compliant with the target and the HO-M&H was confident the performance would be sustained.

Part 1b - 28 day assessment to intervention compliance target of 80%

There had been a data reporting issue as the information retrieved from the PARIS system had not been reliable, however, a more reliable reporting process had been developed and with the changes in the report it had taken the compliance achieved from 58% to 96%.

<u>Part 2 – Care and Treatment Planning Within Secondary Mental</u> Health Services

A multi-disciplinary team and new protocol had been developed to look at after care and treatment plans as the compliance target had not been met.

Part 3 - Right to request an assessment by self -referral

The Committee were informed that the service was compliant in August and September 2019.

Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

The Committee were advised that this area remains 100% compliant.

The IM – ICT asked why there was no data showing for patients under the age of 18 years? In response, the DO – C&W advised he would provide this data going forward.

SM

The IM – ICT also queried within Part 2, a downward trajectory was shown and asked what steps would be taken to help this? The HO – MH explained that was due to the difficulties with the electronic data reporting, however, with the revised reporting process an improvement should be seen and this would be reported into the next Committee meeting.

IW

The Committee Resolved that:

(a) the Mental Health Measure Monitoring Report be noted.

MHCL 19/10/015

Care and Treatment Plan Update Report

The HO – MH introduced the report and advised the Committee that the action plan had been created with the Delivery Unit and was broken down into separate areas which focussed on how care and treatment plans

were used to meet the goals of the service users. The HO – MH further explained that there had been positive comments on the Delivery Unit having third sector involvement. Therefore a communication had been sent to other third sectors in Cardiff requesting collaborative working and the Committee were informed that MIND had been awarded contracts.

The HO – MH advised the Committee that there had been investment into Substance Misuse Services to investigate current issues and improve the service.

The CC asked how the report related to Children and Young People? In response, the HO-MH advised he would be happy to share learning with the Childrens Clinical Board. The DO-C&W advised the Committee a learning session between the Clinical Boards was imminent.

The Committee Resolved that:

(a) the Care and Treatment Plan Update report be noted.

MHCL 19/10/016

Items for Information / Noting

1. <u>Hospital Managers Power of Discharge Minutes</u>

The Consultant Clinical and Forensic Psychologist (CC –FP) advised the Committee of two incidents outlined in the minutes:

- Young Person was discharged when they shouldn't have been, however the group were satisfied with the learning taken from this incident.
- ii) Young Person presented in A&E detained in handcuffs. Since this incident a number of discussions had taken place with South Wales Police as a re-occurring theme was identified where Police Officers were using voluntary assessment rather than arresting under Section 136 / 135.

The CC requested that clarity around arresting under section 135 / 136 be put on an agenda at National Level.

IW

2. Mental Health Legislation and Governance Group Minutes

The HO – MH explained there was a lack of clarity around when proceeding with urgent/emergency treatment, if staff would follow the Mental Health or Mental Capacity Act. Some posters and leaflets were being prepared to assist clinicians.

3. <u>Annual Review of Comments Raised by Members of Power of Discharge</u>

Mulion 12:50

The Committee was advised of a concern about the quality of care and treatment plans, therefore work was being undertaken to address this.

The Committee Resolved that:

(a) the Hospital Managers Power of Discharge Minutes, Mental Health

	Legislation and Governance Group Minutes and Annual Review of Comments Raised by Members of Power of Discharge be noted.	
MHCL 19/10/018	Review of the Meeting	
	The CC – FP explained he was content that the issues raised with Estates would be escalated.	
	The IM – ICP expressed disappointment with CAMHS data not including service users under the age of 18 years old and hoped this would be provided at the next Committee meeting.	
	The IM – C expressed clear understanding of issues within the Mental Health Service.	
	The DCG reminded Committee members of the need to provide covering reports along with papers and appendices as this gave clear instruction to the Committee of whether assurance or discussion was required or if the reports were for information or noting.	
MHCL 19/10/021	Items to be raised to the Board / Committees of the Board	
	There was no other urgent business raised.	
MHCL 19/10/022	Date and time of next Committee Meeting	
13/10/022	Friday 21 st February 2020, Coed Y Bwl, Woodland House	
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Action Log Following the Mental Health and Capacity Legislation Committee Held on 22nd October 2019

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions In Pro	gress				
MHCL 19/06/011	Section 136 Partnership Arrangements	An update to be provide in six months' time	22 October 2019	I Wile	To be presented at the February 2020 meeting. (Agenda item 10.2)
MHCL 19/10/007	Patient Story	A patient story be brought to the next Committee Meeting	21 st February 2020		To be presented at the February 2020 meeting. (Agenda item 8)
MHCL 19/10/008	Mental Capacity Act Monitoring Report	A response to HIW be given and an update to be provided at the next Committee Meeting	21 st February 2020	J Barrell	Verbal update to be provided at February 2020 meeting.
MHCL 19/10/009	Internal Audit Report – Deprivation of Liberty Safeguards (DoLS) Report	1 3	21 st February 2020	Stuart Walker	To be presented at the February 2020 meeting. (Agenda item 9.2)
MHCL 19/10/009	Internal Audit Report – Deprivation of Liberty Safeguards (DoLS) Report	seeking clarification on the outcome of the training section including the	21 st February 2020	Nicola Foreman	Verbal update to be provided at February 2020 meeting.

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
MHCL 19/10/010	Mental Health Act Monitoring Exception Report	The detailed appendix would be provided at future meetings.	21 st February 2020	lan Wile	To be presented at the February 2020 meeting and all future meetings. (Agenda item 10.1)
MHCL 19/10/014	Mental Health Measure Monitoring Report	Part 4 – Advocacy – standard to have access to an IMHA within 5 working days Data be provided for patients under the age of 18 years.	21 st February 2020	Scott McLean	To be presented at the February 2020 meeting. (Agenda Item 11.1) (Agenda Item 11.2)
		Part 2 – Care and Treatment Planning Within Secondary Mental Health Services		lan Wile	(Agenda Item 11.3)
		A downward trajectory was seen in the report however an improvement should be seen in coming months – Update to be provided at next Committee Meeting			Update to be provided at February 2020 Meeting
MHCL 19/10/016	Items for Information / Noting	Hospital Managers Power of Discharge Minutes Clarity around arresting under section 135 / 136 be put on an agenda at National Level.		lan Wile	Ongoing.
Actions referre	d to committees of t	he Board			
MHCL	HIW Mental Health	Bring all Estates concerns together		Nicola	Ongoing.

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
19/10/012	Act Report	and be reported to Management Executive Meeting		Foreman	
MHCL 19/06/008	Mental Capacity Act Monitoring Report	To discuss at HSMB whether it would be sensible to link up mandatory training (including MCA) compliance with doctors' access to study leave.	discuss at	S Walker	Agreement not reached with LNC at present. Discussions are ongoing.

Report Title:	MENTAL CAPACITY ACT (MCA) 2005 UPDATE REPORT					
Meeting:	Mental Health and Capacity Legislation Committee Meeting Date: 21/2/20					
Status:	For Discussion	For Assurance	For Approval	For Information $\sqrt{}$		
Lead Executive:	Medical Director					
Report Author (Title):	Mental Capacity Act Manager					

SITUATION

The Mental Health and Capacity Legislation Committee has requested that information about the use of MCA within the UHB should be tabled at each meeting, in order to retain awareness of this issue.

REPORT

BACKGROUND

The Mental Capacity Act 2005 (MCA) has been in force for 12 years. It was amended to include the Deprivation of Liberty Safeguards (DoLS), which came into force in April 2009.

The MCA covers people aged 16 years and over with three main issues –

- The process to be followed where there is doubt about a person's decision-making abilities and decisions may need to be made for them (e.g. about treatment and care)
- How people can make plans and/or appoint other people to make decisions for them at a time in the future when they can't take their own decisions
- The legal framework for authorizing deprivation of liberty when adult, mentally disordered, incapacitated people are deprived of their liberty in hospitals or care homes (DoLS)

Patients who have impaired decision-making abilities may present in any of the services that the UHB provides. Failure to comply with MCA could lead to the following –

- Patients refusing treatment that they need and their refusal being taken at face value, with no
 assessment of their capacity to make the decision in question. This could (and does) result in
 serious harm to vulnerable patients
- Patients not receiving care and treatment tailored to their individual circumstances
- Healthcare professionals and the UHB being sued, prosecuted, complained about and being reported to professional bodies
- Adverse inspection reports and publicity for the UHB

In order to assist UHB staff with using MCA, the following are in place -

Training (mandatory)

- Face-to-face teaching from the MCA Manager including UHB-wide sessions at various locations, every other month
- "Mandatory May and November" training, Senior Medical Induction and some Clinical Board Nurse Foundation Programmes
- Bespoke training on request
- The All-Wales MCA e-learning course is available for use on ESR

Information and advice

The MCA Manager provides information and advice to UHB staff on all aspects of MCA. There is also a "Mental Capacity" page on the intranet.

Policies and procedures

A number of policies and procedures are in place to support UHB staff in using MCA. The revised Consent Policy, which includes MCA, has recently been ratified by the UHB. The MCA Manager also tries to ensure that other policies adequately and accurately reflect MCA where appropriate.

Additional information

Use of MCA within the UHB

Appendix 1 sets out information that indicates the use of MCA within the UHB.

Independent Mental Capacity Advocacy (IMCA)

See also the report (Appendix 2) provided by Advocacy Support Cymru (ASC) – the statutory IMCA provider.

It is disappointing that the IMCA service still, 12 years after MCA came into force, reports that clinical staff lack basic understanding of MCA – a critical part of the legal framework that governs the provision of treatment and care. There may be a link with the low uptake of MCA training by medical staff.

Court cases involving MCA

The UHB has made applications to Court; has been a respondent in appeals against DoLS authorizations; and has been required to produce s.49 reports – these are reports that are ordered by the Court to be produced on matters relating to the patient, such as the nature of a patient's illness/condition, prognosis, etc.

Two interesting cases that have been heard by the Court are –

Sherwood Forest Hospitals NHS Foundation Trust and Nottingham University Hospitals NHS Trust and H

Delays in applying to Court of Protection meant that the patient, who lacked mental capacity to decide about treatment for her cancer and was refusing it, was at significant risk of dying.

Esegbona v Kings College NHS Trust

This case has been described by one well-known legal commentator as "a disastrous failure to follow the principles of the MCA in relation to the discharge from hospital of a seriously ill 68 year old woman." (Alex Ruck Keene, Barrister, 39 Essex Chambers) Damages of £15470 were awarded for false imprisonment, with a further £5000 awarded in aggravated damages and £3500 for pain, suffering and loss of amenity.

ASSESSMENT

Whilst there are individual clinicians and service areas that have developed an understanding of MCA and comply with it, the position is not uniform across the UHB: there is still some way to go until MCA is embedded in clinical practice. This is also confirmed by Advocacy Support Cymru, the statutory Independent Mental Capacity Advocacy (IMCA) provider.

ASSURANCE is provided by:



This information does not provide direct assurance about compliance with MCA, which can only be done by scutinising patients' notes.

The report of the MCA Manager (appendix one) and IMCA report (appendix two) provide some evidence of adherence to the MCA but only limited assurance.

RECOMMENDATION

The Committee is asked to:

• Note this report

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance
2. Deliver outcomes that matter to people		7. Be a great place to work and learn
All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology
 Offer services that deliver the population health our citizens are entitled to expect 		Reduce harm, waste and variation sustainably making best use of the resources available to us
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		 Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives
Five Ways of Working (Sus	tainahl	Dovolonment Principles) considered

Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click <u>here</u> for more information

Prevention	Long term	Integration		Collaboration	Involvement
Equality and Health Impact	Yes / No / Not Ap	plicable			
Assessment	If "yes" please pr	ovide copy of the	e asse	ssment. This will	be linked to the report when
Completed:	published.				•





Mental Health & Capacity Legislation Committee

MENTAL CAPACITY ACT ISSUES AND INFORMATION February 2020

Information on the use of MCA is as follows -

1) Queries to Mental Capacity Act Manager

Period	No of queries
1/10/18 – 31/12/18	31
1/1/19 – 31/3/19	30
1/4/19 – 30/6/19	34
1/7/19 – 30/9/19	32
1/10/19 – 31/12/19	45

There are no obvious themes or trends to the queries. Some are straightforward, whilst others are complex, including obtaining legal advice and applying to court. However, it is clear that MCA is not embedded in clinical practice across the UHB, as some of the queries are basic – e.g. what to do when a patient wants to self discharge from hospital, but there is reason to doubt their mental capacity to make that decision.



2) Monitoring reports from the Independent Mental Capacity Advocacy (IMCA) service

Referrals from the UHB to IMCA are as follows:

Decision/Issue	Oct - Dec 2018	Jan – March 2019	April – June 2019	July – Sept 2019	Oct – Dec 2019
Accommodation	15	16	12	14	16
Adult Safeguarding	1	4	0	2	1
Care Review	4	1	3	5	1
Serious Med T/ment	8	7	8	10	9
DoLS s.39A	1	0	0	1	0
DoLS s.39C	0	0	0	0	0
DoLS s. 39D	11	8	8	6	6
DoLS RPR	60	30	65	89	81
TOTAL	100	66	96	127	114

For further information, please see the IMCA service report (Appendix 2)

Whilst referrals for adult safeguarding and care reviews remain low, those for IMCA to perform the RPR function under DoLS have increased significantly. This is putting the IMCA service under severe strain and it will be reinstating its waiting list for the least serious RPR referrals.

3) Healthcare Inspectorate Wales (HIW) reports

published one inspection report about UHB services in the period July to December 2019 – the Stroke Rehab Centre, UHL. Afficugh the report states that there were a high number of patients subject to DoLS authorisations, it makes no mention of whether clinicians were complying with MCA regarding treatment and care.

4) Complaints from patients/carers

No complaints concerning or related to MCA issues during this period have been brought to the attention of the MCA Manager. However, it is very likely that there are complaints in this period which include MCA issues.

5) Public Services Ombudsman for Wales reports - http://www.ombudsman-wales.org.uk/en/publications/The-Ombudsmans-Casebook.aspx

The July – September 2019 Casebook contains 2 Cardiff and Vale cases that were upheld. Although one of the cases concerns mental health services, it does not appear that MCA issues featured or were considered in this case.

6) Staff MCA training as at 31st December 2019

The following table gives the numbers and percentages of clinical staff who are up to date with their mandatory MCA training. MCA training can be undertaken by completing the all-Wales MCA Level 2 e-learning course on ESR, or by face-to-face training provided by the MCA Manager.

The compliance figures for doctors remain disappointing, as MCA is a key part of the legal framework that governs the provision of treatment and care.

CLINICAL BOARD	Prof Group	No. required to undertake training	No. who are compliant	Compliance %
Children & Women				
The state of the s	Allied Health Profs	119	100	84.03
70 Q	Nursing & Midwif	1203	893	74.23
0317/16	Medical & Dental	218	73	33.49

3

CD&T				
	Allied Health Profs	726	519	71.49
	Nursing & Midwif	49	40	81.63
	Medical & Dental	104	26	25.00
Medicine				
	Allied Health Profs	3	1	33.33
	Nursing & Midwif	789	534	67.68
	Medical & Dental	262	56	21.37
Mental Health				
	Allied Health Profs	33	26	78.79
	Nursing & Midwif	518	371	71.62
	Medical & Dental	74	13	17.57
PCIC				
	Allied Health Profs	88	71	80.68
	Nursing & Midwif	377	263	69.76
	Medical & Dental	68	18	26.47
Specialist				
	Allied Health Profs	40	35	87.5
	Nursing & Midwif	841	570	67.78
	Medical & Dental	236	34	14.41
Surgery				
Surgery	Allied Health Profs	17	13	76.47
Z.	Nursing & Midwif	446	300	67.26

4

Medic	cal & Dental	489	97	19.84

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APPENDIX 2

Mental Health and Capacity Legislation Committee

Provision of South East Wales Independent Mental Capacity Advocacy (IMCA)

Cardiff and Vale University Health Board

IMCA referrals

Total number of referrals received from Oct 2019 - Dec 2019 - 114 Referrals

- Serious Medical Treatment 9
- Long Term Move of Accommodation (LTMA) 16
- Adult Safeguarding 1
- Care Review − 1
- Relevant Person's Representative (RPR) 81
- IMCA 39d 6
- IMCA 39C 0
- IMCA 39a − 0

Service issues/Areas of concern

- General lack of understanding and acknowledgement from professionals across the health board in relation to IMCA role – awareness raising sessions continue to take place upon request.
- General lack of understanding and acknowledgement from professionals across the health board in relation to Court of Protection processes and requirements.
- General lack of Adult Safeguarding and Care Review referrals
- Issues around DoLS
 - DoLS authorisations backdated to time of assessment rather than dated when Supervisory Body signs authorisation
 - IMCA team receiving DoLS authorisations/RPR referrals when they have been active for weeks, or the authorisation is about to expire, or when P has already been discharged from hospital (leaves little/no time to act)
 - DoLS Team insisting RPRs attend Best Interest Meetings relating to LTMA when there are no issues and family are appropriately involved

- IMCAs are repeatedly explaining to professionals the purpose of the Best Interests process, explaining in detail about the "less restrictive" principle and why the patient should be central to the process. IMCAs also question staff about the legal authority (or lack of it) they are using in order to impose a decision on a client who is objecting and protesting to the Best Interest outcome.
- The IMCA Team has recently received a number of referrals that were very short notice or where a decision had already been made, serious medical treatment had already taken place, or a best interests meeting was due to take place the following day.
- Inappropriate referrals for LTMA family involved in the care already and family has been invited to the best interests meeting.

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Deprivation of Liberties Safeguards (DoLS)

Final Internal Audit Report Cardiff and Vale UHB

2019/20

NHS Wales Shared Services Partnership Audit and Assurance Services





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 Introduction and Background 	4
2. Scope and Objectives	4
3. Associated Risks	5
Opinion and key findings	
4. Overall Assurance Opinion	5
5. Assurance Summary	7
6. Summary of Audit Findings	8
7. Summary of Recommendations	10

Appendix A Management Action Plan

Appendix B Assurance opinion and action plan risk rating

Review reference: C&V-1920-19

Report status: Final Internal Audit Report

Fieldwork commencement: 7th August 2019
Fieldwork completion: 3rd October 2019

Draft report issued: 4th October 2019

Management response received: 21st November 2019

Final report issued: 21st November 2019

Auditor/s: Lucy Jugessur, Cara Vernon

Executive sign off: Stuart Walker, Medical Director

Distribution: Jason Roberts, Deputy Executive Nurse

Director

Julia Barrell, Mental Capacity Act Manager

Susan Broad, MCA / DoLS Co-ordinator

Committee: Audit Committee





Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

ACKNOWLEDGEMENT

NHS Wales Audit and Assurance Services would like to acknowledge the time and cooperation given by management and staff during the course of this review.

Disclaimer notice - Please note:

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the Internal Audit Charter and the Annual Plan, approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Cardiff and Vale University Health Board, no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

The review of the Deprivation of Liberties Safeguards (DoLS) has been completed in line with the 2019/20 Internal Audit plan for Cardiff and Vale University Health Board.

The relevant lead Executive Director for this review is the Medical Director.

The Deprivation of Liberty Safeguards were introduced to prevent breaches of the European Convention of Human Rights (ECHR), Article 50 Right to Liberty and security of Person. The safeguards were introduced as an amendment to the Mental Capacity Act 2005 and came into force on the 1st April 2009. Thus, a legal framework now exists to provide authorisation to deprive vulnerable adults of their liberty in a care home or hospital setting. The safeguards are for adults aged 18 years and over who have a mental disorder and who lack capacity to decide where they need to reside to receive treatment and/or care.

If a hospital or care home, referred to as a Managing Authority, needs to deprive a person of their liberty, in their best interests, to keep them safe from harm, then the Managing Authority needs to apply for a DoLS authorisation (i.e. permission) through the DoLS team. Following assessment by a Best Interests assessor and a Doctor, if appropriate/needed the Supervisory Body (Local Authority or Health Board) gives permission to deprive a person of their liberty by granting a DoLS Authorisation.

DoLS is governed by law, Regulations and a Code of Practice that has statutory force- i.e. it must be followed, unless there is good reason not to. There is also a considerable body of case law on deprivation of liberty and DoLS.

In July 2018, the government published a Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards. This is due to come into force on 1st October 2020.

The DoLS process within the Health Board was previously subject to Internal Audit review in 2015/16. The resultant limited assurance report was subject to detailed follow-up in early 2018 when it was identified that a number of issues were still outstanding. Given the time elapsed since the original review, it has been decided that the DoLS process will now be subject to a new full review.

2. Scope and Objectives

The objective of the audit was to evaluate and determine the adequacy of the systems and controls in place for the management of DoLS, in order to provide assurance to the Health Board Audit Committee that risks material to the achievement of system objectives are managed appropriately.

The purpose of the review was to establish if adequate procedures are in place within the Health Board to ensure that DoLS are consistently complied with and authorisations are obtained for all relevant patients.

The main areas that the review has sought to provide assurance on are:

- The Health Board has appropriate processes and guidance in place to ensure compliance with DoLS in order to avoid unlawful deprivations of liberty;
- Adequate training on DoLS (based on the guidance) is provided to all relevant staff and systems are in place to raise awareness of the UHB processes;
- Requests for urgent and / or standard DoLS authorisations are made for all relevant patients within the required timescales;
- All requests for urgent DoLS authorisations are appropriately assessed within the statutory timescales;
- All requests for standard DoLS authorisations are appropriately assessed within a reasonable timescale and the level of risk is assessed and managed where the statutory timescales are not met;
- All DoLS authorisations are correctly signed by the Supervisory Body;
- Processes are in place for monitoring and reporting compliance with DoLS and any issues are appropriately escalated and addressed: and
- The Health Board has appropriate plans in place to manage the transition to the new Liberty Protection Safeguards.

3. Associated Risks

The potential risks considered in this review are as follows:

- Non-compliance with DoLS due to lack of processes / awareness;
- Patients may be unlawfully deprived of their liberties; and
- The Health Board is unaware of issues relating to DoLS compliance.

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with established controls within the Deprivation of Liberties Safeguards (DoLS) is **Reasonable assurance**.

RATING	INDICATOR	DEFINITION
Reasonable assurance	A Company of the comp	The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The Audit was assessed as reasonable assurance as there have been improvements made since the previous Internal Audit review in early 2018. There has been a decrease overall in the number of DoLS standard and further requests being submitted and it was identified that they were being completed in a timelier manner. In addition, the review highlighted that the DoLS assessments were being authorised on a timely basis as the Health Board have identified additional staff members to undertake signing off the DoLS assessments.

There are still some issues identified as part of the review as there has been a vast increase in the number of urgent DoLS requests and staff are not able to always complete them within the required seven days as documented within the Department of Health Mental Capacity Act 2005 Deprivation of Liberty Safeguards. Whilst this is a serious issue that the Health Board will need to seek to address, it is noted that all the sampled urgent DoLS requests have been completed but not in line with the stipulated time limits.

It was evident from our review that there has been a significant increase in awareness of DoLS as identified from our discussions with ward staff and having a specific Nurse managing the process within the Stroke unit. However, there has only been one DoLS training session carried out this year as the others have been cancelled due to the lack of numbers of staff attending.



5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assura	ance Summary	8		O
1	Processes and Guidance			✓
2	Training & Awareness		✓	
3	Raising DoLS requests			✓
4	Assessment of Urgent requests	✓		
5	Assessment of Standard requests		✓	
6	Authorisations			✓
7	Monitoring and Reporting			✓
8	Liberty Protection Safeguards		✓	

^{*} The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of Systems/Controls

The findings from the review have highlighted no issues that are classified as weaknesses in the system control/design for Deprivation of Liberties Safeguards (DoLS).

Operation of System/Controls

The findings from the review have highlighted four issues that are classified as weaknesses in the operation of the designed system/control for peprivation of Liberties Safeguards (DoLS).

6. Summary of Audit Findings

In this section, we highlight areas of good practice that we identified during our review. We also summarise the findings made during our audit fieldwork. The detailed findings are reported in the Management Action Plan (Appendix A).

Objective 1: The Health Board has appropriate processes and guidance in place to ensure compliance with DoLS in order to avoid unlawful deprivations of liberty

We note the following areas of good practice:

- There is a section on the Cardiff and Vale UHB Intranet for DoLS and available on there is documentation relating to DoLS such as the Law Societies document on "Identifying a deprivation of liberty: a practical guide" and the Department of Health document titled "Mental Capacity Act 2005 Deprivation of Liberty Safeguards".
- The UHB utilises and complies with the DoLS Code of Practice.
- A proforma has been developed within the Health Board to assess whether the ward should apply for a DoLS authorisation assessment for a patient.
- Audit selected a sample of wards to establish whether ward staff were able to identify patients that required DoLS. It was evident from discussions that ward staff were able to identify patients that require a DoLS and the forms that required completion.

We did not identify any findings under this objective.

Objective 2: Adequate training on DoLS (based on the guidance) is provided to all relevant staff and systems are in place to raise awareness of the UHB processes

We note the following areas of good practice:

• It was evident that the awareness of DoLS has increased within the Health Board based on discussions with ward staff. In addition, there has been an increase in the DoLS requests made to the DoLS team which shows an awareness of DoLS.

We identified the following findings:

- There are only 33 staff who have undertaken the statutory and mandatory training on DoLS.
- Audit was advised that a number of planned DoLS training sessions have had to be cancelled due to the number of employees that have been unable to attend. It was reported in the DoLS Annual Report that only one monthly training session has taken place so far this year and all others have been cancelled due to non-attendance.

Objective 3: Requests for urgent and / or standard DoLS authorisations are made for all relevant patients within the required timescales

We note the following areas of good practice:

 Audit visited a sample of four wards and the requests for urgent and / or standard DoLS authorisations were undertaken in a timely fashion. It was identified during the review that all DoLS documentation was available on the patients' files.

We did not identify any findings under this objective.

Objective 4: All requests for urgent DoLS authorisations are appropriately assessed within the statutory timescales

We note the following areas of good practice:

 All sampled urgent requests had been appropriately assessed and outcomes determined.

We identified the following findings:

 Audit reviewed a sample of 25 urgent requests to establish if they had been completed in line with the required statutory timescales and 22 urgent requests had failed to be completed within the seven days.

Objective 5: All requests for standard DoLS authorisations are appropriately assessed within a reasonable timescale and the level of risk is assessed and managed where the statutory timescales are not met

We note the following areas of good practice:

• It was identified from review of standard and further DoLS authorisations that they were adequately assessed and outcomes reached.

We identified the following finding:

 Audit selected a sample of 5 standard and further DoLS authorisations and two of the five had been completed within the 21 days. It was evident that there had been a vast improvement in the time taken to complete the standard and further authorisations.

Objective 6: All DoLS authorisations are correctly signed by the Supervisory Body

We note the following areas of good practice:

• It was identified in the previous Internal Audit review that there was a delay in the authorising of DoLS requests. As part of the current review Audit selected a sample of 30 DoLS requests and all had been authorised in a timely manner. The Health Board has increased the number of senior staff that are authorised to approve DoLS requests.

We did not identify any findings under this objective.

Objective 7: Processes are in place for monitoring and reporting compliance with DOLs and any issues are appropriately escalated and addressed

We note the following areas of good practice:

- The MCA / DOLs Coordinator provides a report to the quarterly Partnership Board which includes the Health Board, Cardiff Council and Vale Council on number of DOLs requests. This is broken down by the type of requests, withdrawn applications and applications completed and outstanding.
- There is a Health Board Safeguarding Steering Group which meets every two months and the DOLs information is reported into this group.

We did not identify any findings under this objective.

Objective 8: The Health Board has appropriate plans in place to manage the transition to the new Liberty Protection Safeguards

We note the following areas of good practice:

 The Health Board is aware that DoLS are being replaced by Liberty Protection Safeguards (LPS). The law is in place and the Standards come into force in October 2020. The associated Code of Practice has not been produced yet detailing the process to follow.

We identified the following finding:

 Currently, there is no plan in place within the Health Board for implementing the LPS as they are awaiting the Code of Practice to be produced.

7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	Н	М	L	Total
Number of recommendations	1	1	2	4



Finding 1 - Timescales for undertaking DOLs Urgent Authorisations (Operating effectiveness)	Risk
Audit obtained a report of all DoLS authorisation requests from January to July 2019 which included 230 urgent requests. A sample of 25 urgent requests was reviewed to establish if they had been completed in line with the required statutory timescales.	Patients may be unlawfully deprived of their liberties
 Below are our findings: 22 of the urgent requests had failed to be completed within the required 7 days. The longest time it took to complete an urgent request was 26 days. For those 22 urgent requests not completed within 7 days it took on average 15 days to complete the urgent requests. 	
Recommendation	Priority level
	riiority level
Staff should attempt to ensure that all Urgent assessments are undertaken within the stipulated seven days as detailed in the Department of Health Mental Capacity Act 2005 Deprivation of Liberty Safeguards.	
the stipulated seven days as detailed in the Department of Health Mental	

Finding 2 - DOLs Training (Operating effectiveness)	Risk
Audit were advised that July 2019 was the first month that any DoLS training has been carried out formally as there had not been the numbers previously. Six staff are required to undertake the training session for it to be feasible and they were not receiving the numbers so subsequently the training was cancelled.	Non- compliance with DOLs due to lack of processes / awareness
In addition, the DOLs Annual Report submitted to the Safeguarding meeting on the 25 July 2019 confirmed that only one monthly training session took place this year and all others have been cancelled.	
Audit was provided with DOLs training figures from Workforce and there had been 33 staff who had carried out the statutory and mandatory training on DOLs.	
Despite the low level of training undertaken, it is noted that the staff members on the wards visited as part of the review, demonstrated a good level of awareness of DoLS requirements and the associated processes.	
Recommendation	Priority level
The Health Board should ensure that staff are provided with appropriate DoLS training and where areas have low compliance these areas should be targeted.	
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NHS Wales Audit and Assurance Services

Management Response	Responsible Officer/ Deadline
DoLs training has remained challenging, as it is directly related to the ability of clinical areas to release staff. The inability to release staff for Mandatory and Statutory training remains high on the UHB risk register. Formal monthly training continues to be supported by staff, although attendance poor. Bespoke training (one hour) drop in sessions are now being provided. Training is also incorporated into the general Safeguarding Training to continue to raise awareness of DoLs, however these results are captured in the safeguarding training numbers and not a formal record of DoLs training.	To be confirmed / October 2020

Finding 3 - Completion of standard and further authorisations (Operating effectiveness)	Risk
There were only 27 standard and further DoLS authorisation requests between January - July 2019 and therefore Audit reviewed three standard and two further DOLs authorisation requests to establish if they had been completed in line with the required statutory timescales of 21 days.	, , ,
For the three standard DOLs authorisation requests the following was noted:	
 One had been completed on the day it was received; 	
One had been completed in 26 days whilst the third had been completed in 85 days.	
The average time taken was therefore 37 days.	
For the two further DoLS authorisation requests the following was noted:	

One further DOLs authorisation request was completed in 21 days	
 The other request was completed in 24 days, just marginally over the required timescales for completion. 	
There has however been an improvement in the number of days taken for the completion of standard and further DoLS authorisation requests as it took on average 80 days to undertake a standard and further DoLS assessment when we carried out the previous review.	
Recommendation	Priority level
Staff should attempt to ensure that all Standard and Further assessments are undertaken within the stipulated 21 days as set out in the Department of Health Mental Capacity Act 2005 Deprivation of Liberty Safeguards.	Low
Management Response	Responsible Officer/ Deadline
All assessments that are deemed as a priority have to be undertaken before the Standard and further assessments as outlined in line with WG priority tool.	To be confirmed / October 2020



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Finding 4 - Liberty Protection Safeguards (Operating effectiveness)	Risk		
The new Liberty Protection Safeguards (LPS) are coming into force in October 2020. The law is already in place but the Code of Practice has not been produced yet detailing the process to follow.	The Health Board is unaware of issues relating to DOLs compliance		
DoLS will be running alongside LPS for a year from October 2020 – October 2021.			
Currently, there is no plan in place within the Health Board for implementing the LPS as they are awaiting the Code of Practice being produced.			
Recommendation	Priority level		
The Health Board need to ensure that they produce a plan for implementing Liberty Protection Safeguards following the production of the Code of Practice.	Low		
	Low Responsible Officer/ Deadline		

36/330

Appendix B - Assurance opinion and action plan risk rating

Audit Assurance Ratings

Substantial assurance - The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

Reasonable assurance - The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

Limited assurance - The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

No assurance - The Board can take **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
	Poor key control design OR widespread non-compliance with key controls.	Immediate*
High	PLUS	
High	Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	
Medium	Minor weakness in control design OR limited non-compliance with established controls.	Within One Month*
	PLUS	
	Some risk to achievement of a system objective.	
Low	Potential to enhance system design to improve efficiency or effectiveness of controls.	Within Three Months*
	These are generally issues of good practice for management consideration.	

Mess a more appropriate timescale is identified/agreed at the assignment.

NHS Wales Audit and Assurance Services

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REPORT MENTAL HEALTH ACT MONITORING TITLE: Mental Health & Capacity Legislation **MEETING MEETING:** 21 February 2020 Committee DATE: For For For For **STATUS:** X **Discussion Assurance** Approval Information **LEAD Chief Operating Officer EXECUTIVE:** REPORT **AUTHOR Mental Health Clinical Board Director of Operations** (TITLE):

PURPOSE OF REPORT:

SITUATION

This report provides the Committee with further information relating to wider issues of the Mental Health Act. Any exceptions highlighted in the Mental Health Act Monitoring report are intended to raise the Committee's awareness of matters relating to the functions of hospital managers and give assurance that the care and treatment of patients detained by Cardiff and Vale University Health Board and those subject to a community treatment order is only as the Act allows.

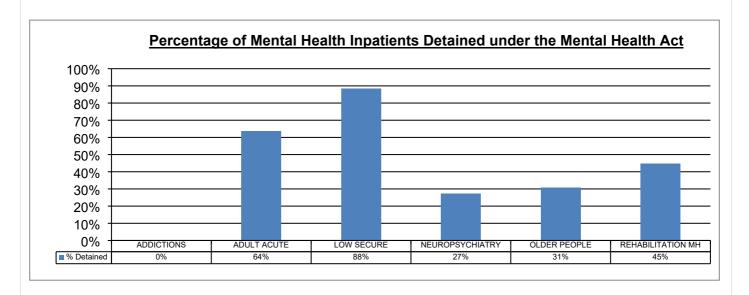
There have been no exceptions during this period.

REPORT:

BACKGROUND, ASSESSMENT AND ASSURANCE

Summary of Activity

Use of the Mental Health Act remains fairly consistent, there have been no exceptions to explore further during the period. As at 31 December 2019 48% of mental health inpatients were detained under the Mental Health Act. The chart below breaks this down further into specialty.



Section 136



Cardiff and Vale UHB are still waiting for the position of Welsh Government in relation to when the clock starts ticking in A& E. The Mental Health Legislation Manager has confirmed that further legal advice has been commissioned to enable WG to be in a position to provide further communications once received.

Use of section 136 decreased by just over 50 % in September 2019 compared to the previous months in the last quarter. However it has been noted that the use of 136 is starting to steadily increase again during this period. The general clinical view is that the numbers of people being brought into hospital by the police have not decreased. It has been suggested that the number of voluntary assessments is increasing. Measures are currently being put in place to monitor this situation to enable feedback to be provided at the next meeting.

Power of Discharge Group

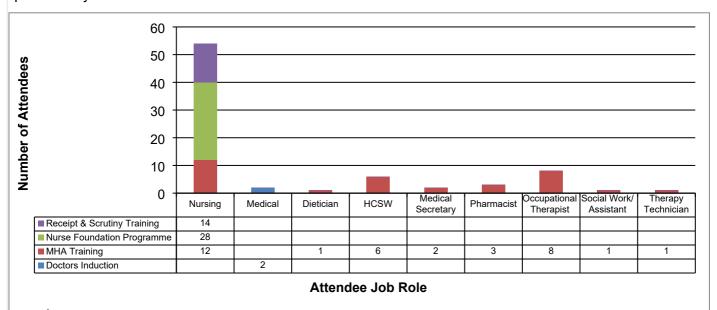
Interviews will be taking place to appoint new Associate Hospital Managers. A managers' discharge panel may consist of three or more people who are non-executive directors of the local health board that is responsible for the hospital or members of a committee which is authorised for the purpose. Members of managers' discharge panel must not be employees of the local health board concerned. We would encourage Independent Members of the Board to contact the Mental Health Act Manager if interested in undertaking this role.

The Director of Operations, Mental Health and Mental Health Act Manager continue to observe managers hearings to provide assurance that panel members are communicating effectively with patients under often particularly challenging circumstances . All members observed have displayed appropriate skills and behavior as a panel member, good knowledge of law and procedure and sound judgment and decision making.

Feedback received from those attending managers hearing has significantly increased. The majority complimenting our Associate Hospital Managers conduct at hearings.

Training

During the period a total of 78 members of staff from a variety of professions have attended training provided by the Mental Health Act Team.

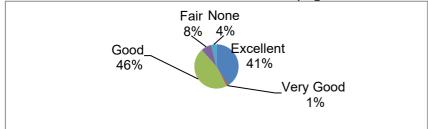


As you can see from the chart below, on the whole feedback overall was positive. Regular sessions are





available and listed on the Mental Health Act page on the intranet site.



Policies and Procedures

Work is currently being undertaken to develop an Allocation of Responsible Clinicians Policy, this is currently out for comment before being sent out for internet consultation and ratification by the MHCB Quality and Safety Group.

A review of the section 117 policy has been undertaken and is currently with the Local Authority Legal Department for approval before being submitted to this Committee.

Benchmarking

The Head of Operations and Delivery, Mental Health Clinical Board and the Mental Health Act Manager continue to work with Mental Health Act Leads from other Health Boards to agree and collate core data so that reliable and valid information can be routinely compared from each Health Board.

ASSURANCE is provided by:

• Mental Health Clinical Board Director of Operations

The Board is asked to: **Support the approach taken by the Mental Health Clinical Board to ensure compliance with the MHA.**

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
Deliver outcomes that matter to people	х	7. Be a great place to work and learn	
All take responsibility for improving our health and wellbeing		 Work better together with partners to deliver care and support across care sectors, making best use of our people and technology 	х
 Offer services that deliver the population health our citizens are entitled to expect 	х	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	х

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click <u>here</u> for more information

Sustainable development principle: 5 ways of working	Prevention	х	Long term	х	Integration	х	Collaboration	х	Involvement	х
EQUALITY AND HEALTH IMPACTASSESSMENT COMPLETED:	r No									

Kind and caring Caredig a gofalgar

Respectful Dawgos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility Cyfrifoldeb personol

CARING FOR PEOPLE KEEPING PEOPLE WELL



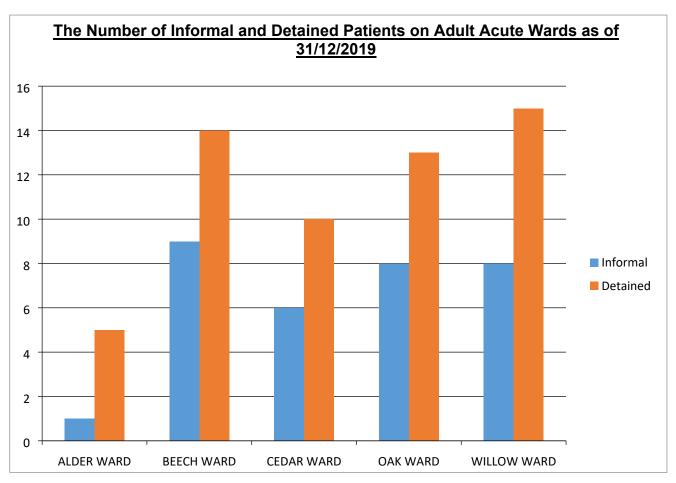


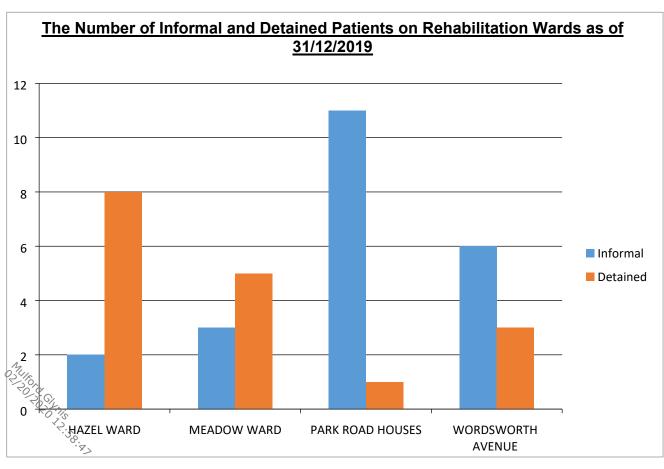
Report to the Mental Health and Capacity Legislation Committee on the use of The Mental Health Act, 1983

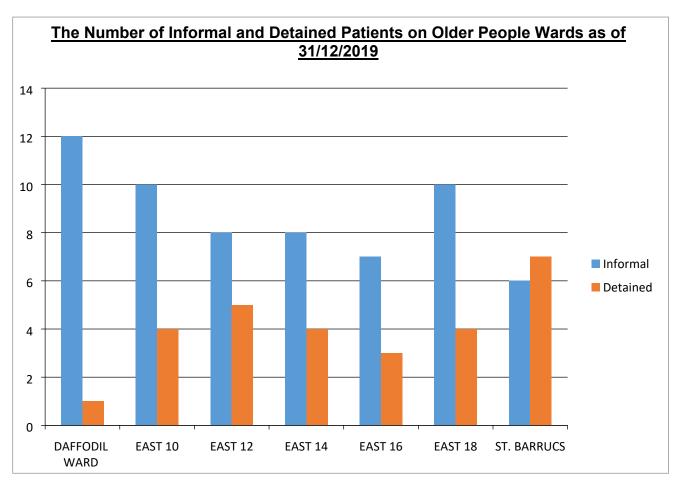
October - December 2019

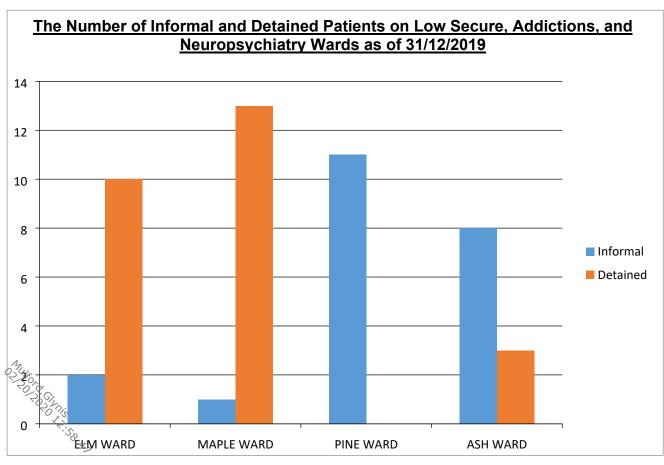
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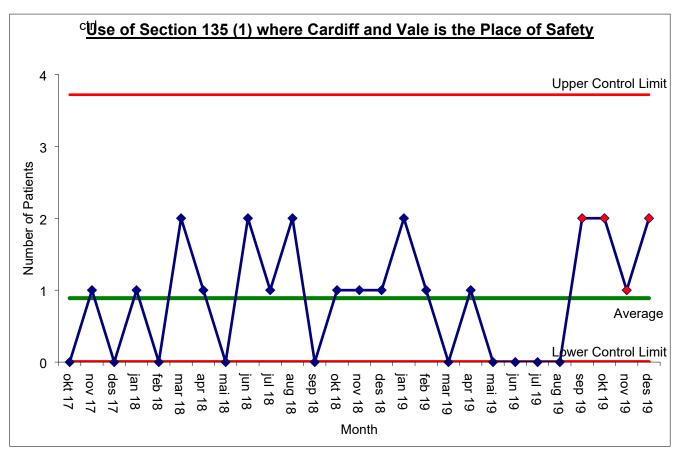




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<u>Section 135 – Warrant to search for and remove a mentally disordered</u> person/patient from private premises to a place of safety

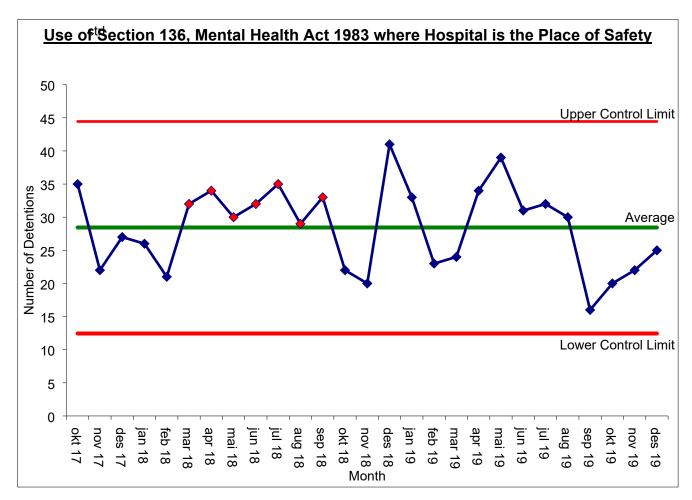
During the period Section 135 (1) powers were used on five occasions. Four patients were subsequently admitted under Section 2, and one patient admitted under Section 3.



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Section 136- Mentally disordered persons found in public places Mental Health

Act assessments undertaken within Cardiff and Vale UHB



During the period a total of 67 assessments were initiated by Section 136 where the MHA assessment took place in a hospital as the place of safety.

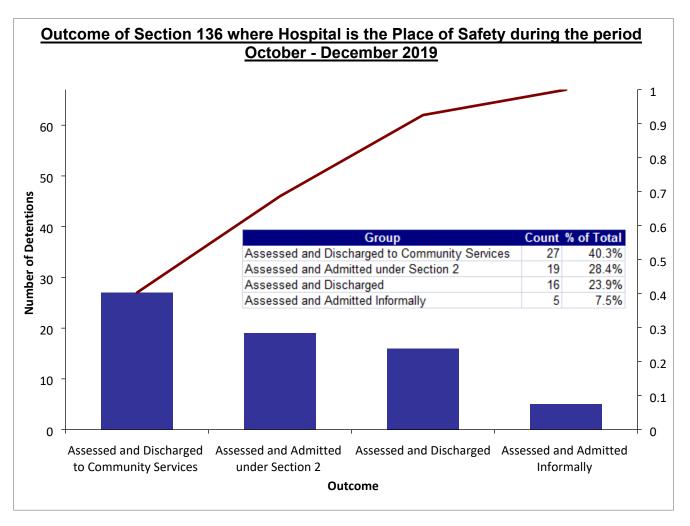
CAMHS

Three of these assessments were carried out on patients under the age of 18. The outcomes were as follows:

- One was discharged with no follow up care and support needed
- Two were admitted under Section 2



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The pareto chart highlights that 64.2% of individuals assessed in hospital under Section 136 were not admitted to hospital. Those individuals who are not admitted or discharged to another service are provided with information on Mental Health support services for possible self referral.

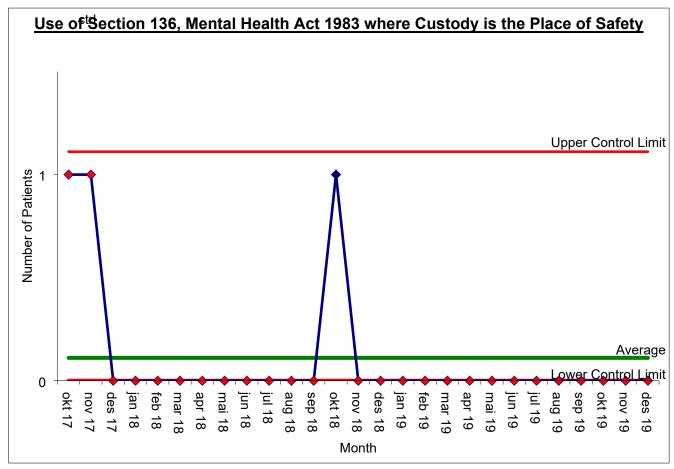
Two of those assessed were admitted under Section 2 to a specialist hospital under a different set of Managers, both were CAMHS patients.

One of those assessed was admitted under Section to a hospital under a different set of managers as that was their local area.

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Section 136- Mentally disordered persons found in public places Mental Health

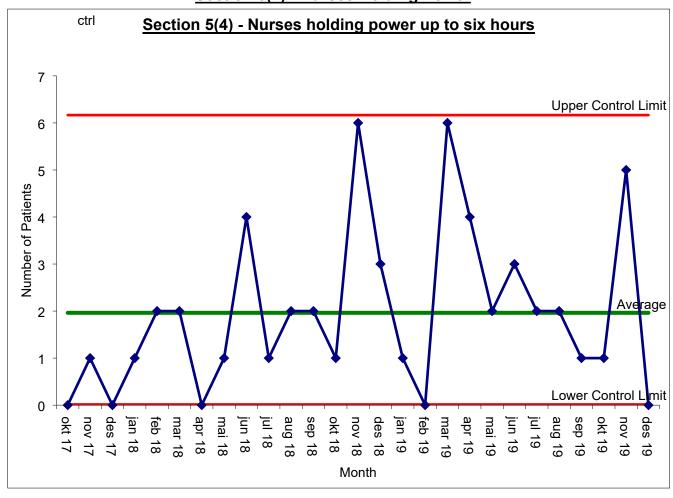
Act assessments undertaken within a Police Station

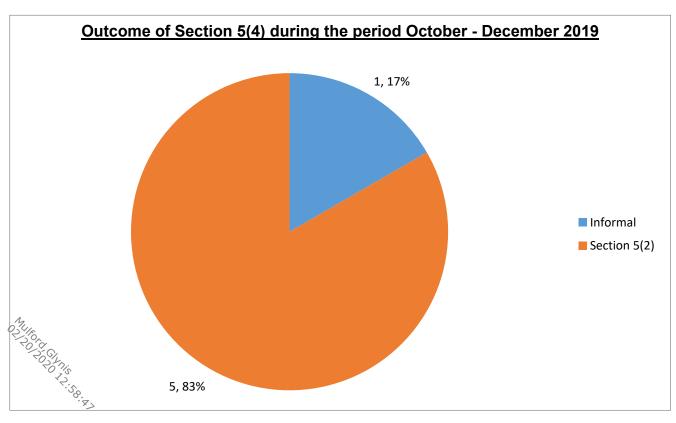


During the period there were no assessments initiated by Section 136 powers where the MHA Assessment took place in Cardiff Bay Custody Suite.

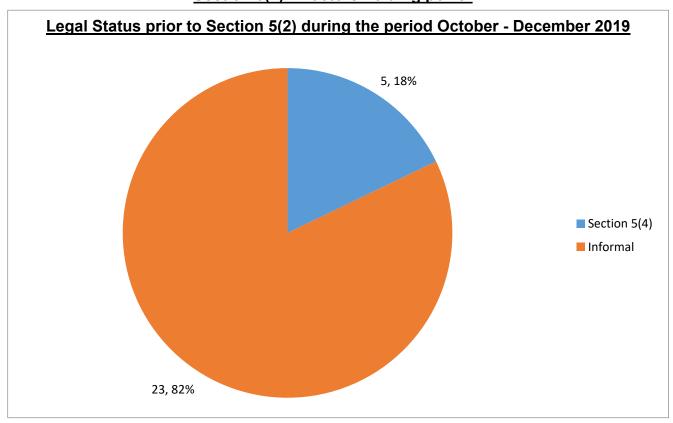
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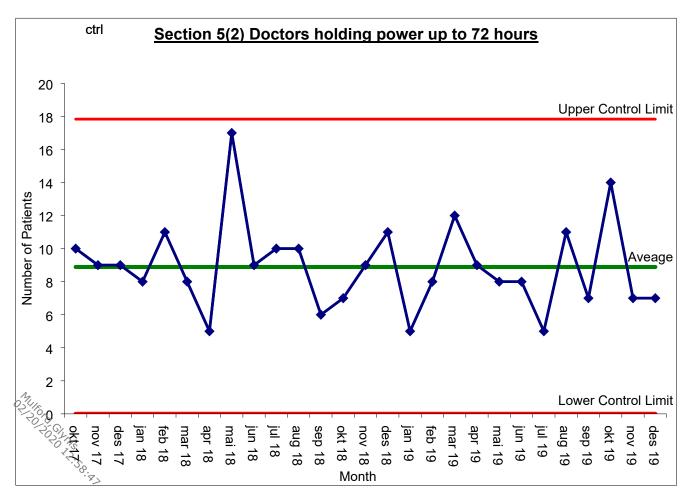
Section 5(4) - Nurses Holding Power

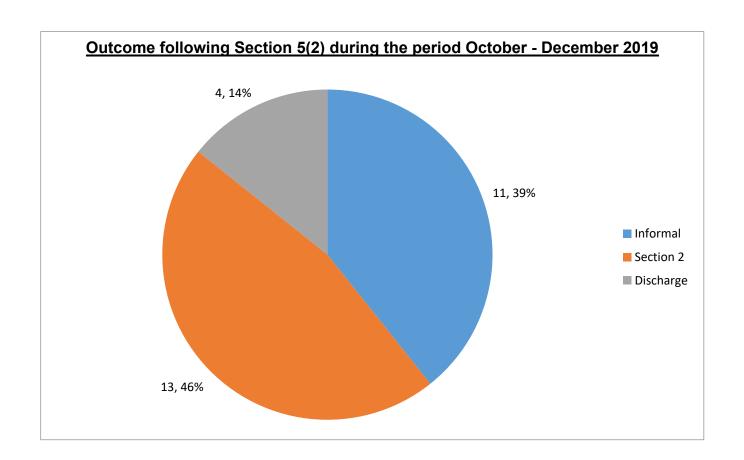




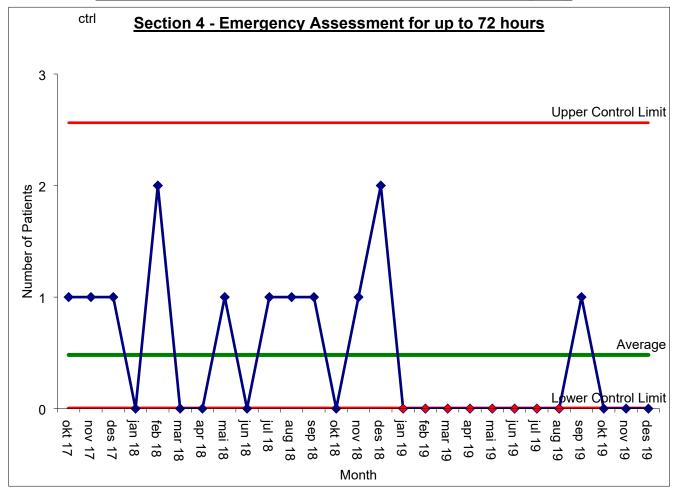
Section 5(2) - Doctors holding power







Section 4 - Admission for Assessment in Cases of Emergency

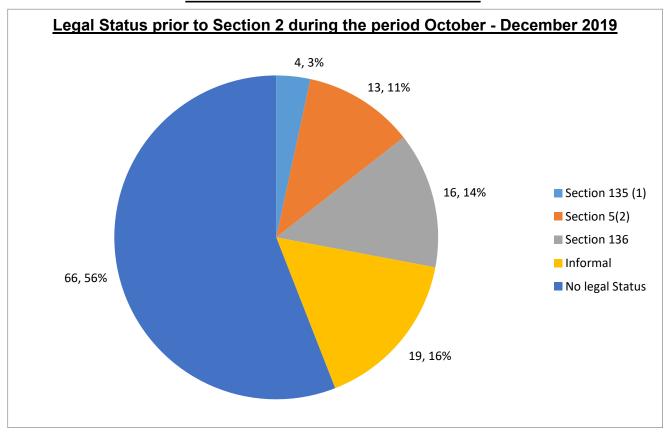


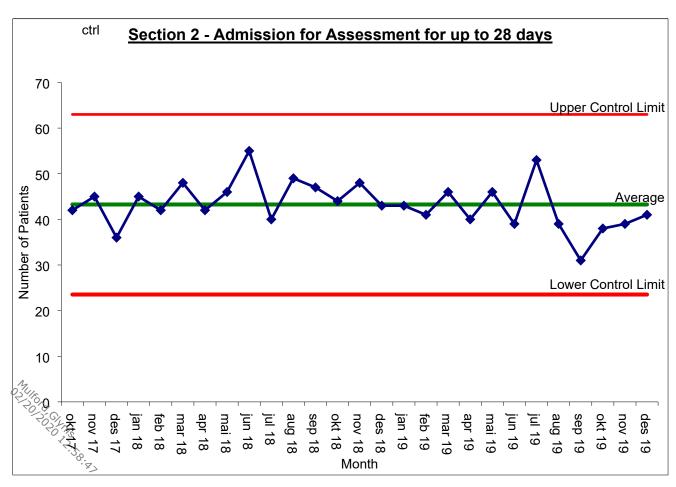
Section 4 was not used during the period.

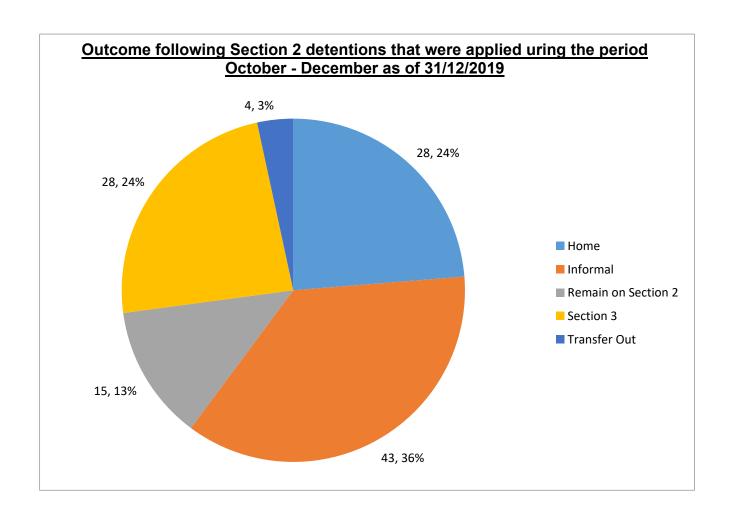
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Section 2 - Admission for Assessment

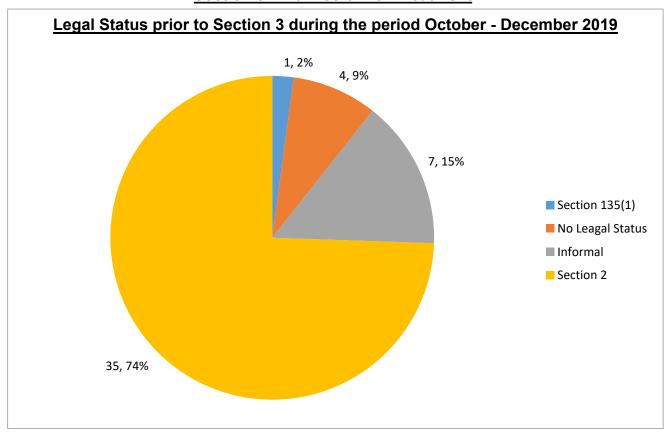


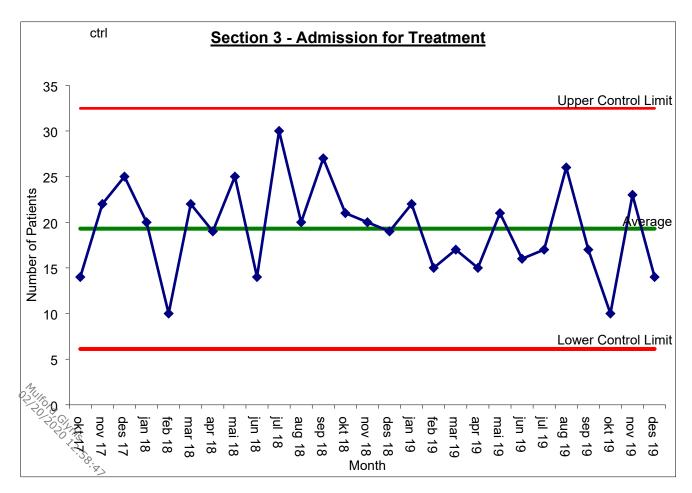


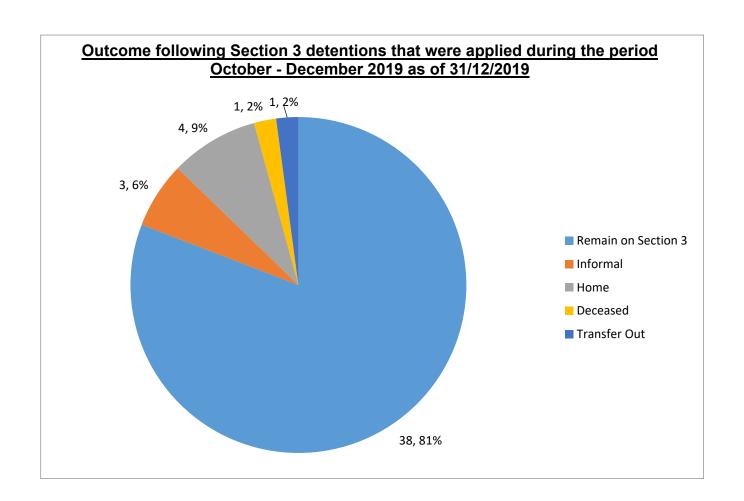


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Section 3 – Admission for Treatment





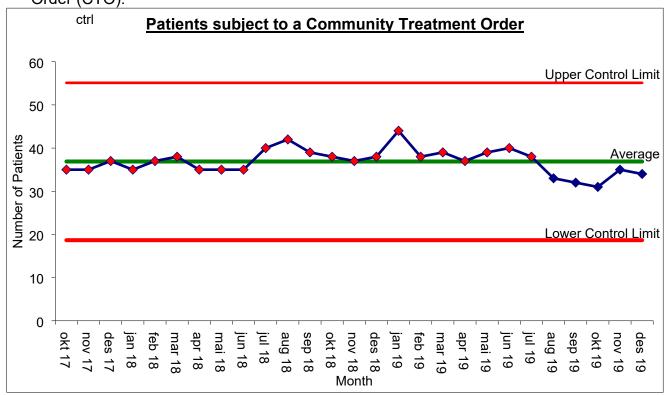


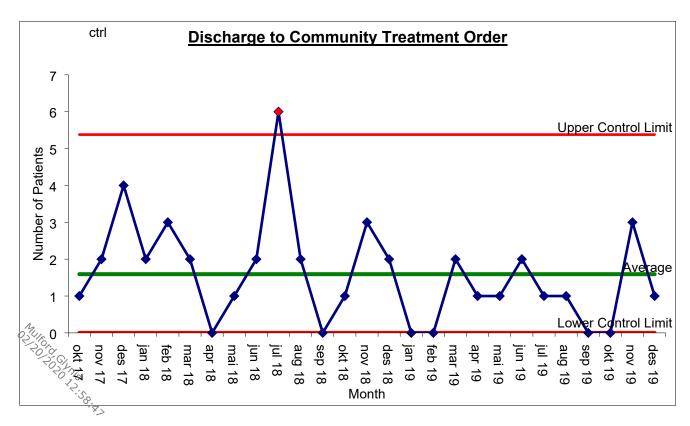
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Community Treatment Order

During the period October - December 2019, four patients were discharged to Community Treatment Order.

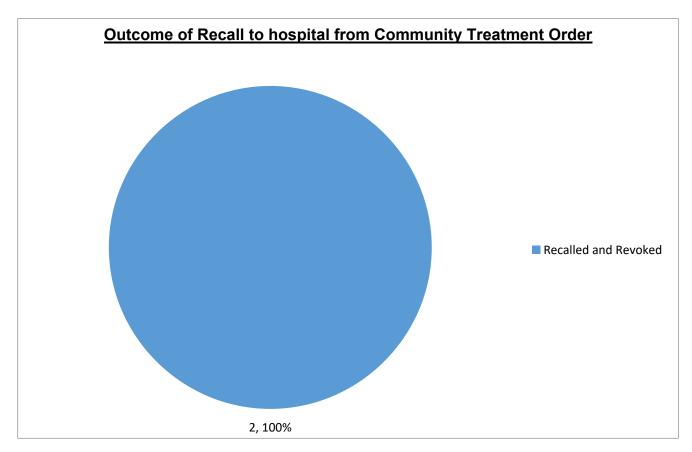
As at 31st December 2019, 26 patients were subject to a Community Treatment Order (CTO).





Recall of a community patient under Section 17E

During the period, the power of recall was used on two occasions, both patients were revoked.



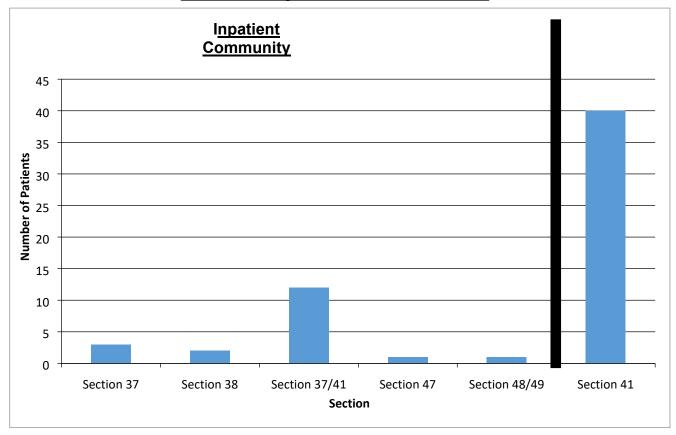
18/61 58/330

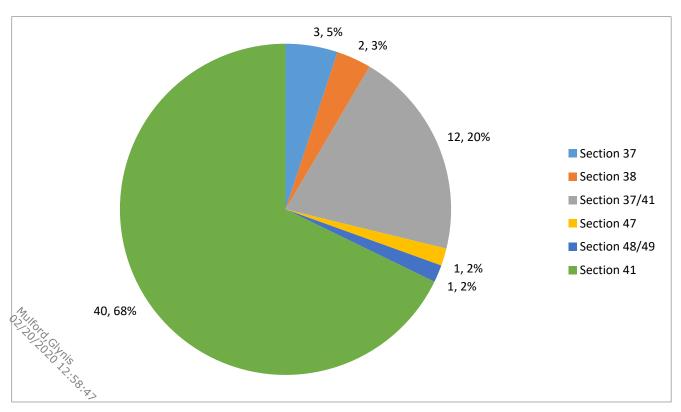
Part 3 of the Mental Health Act 1983

The number of Part 3 patient detained in Cardiff and Vale University Health

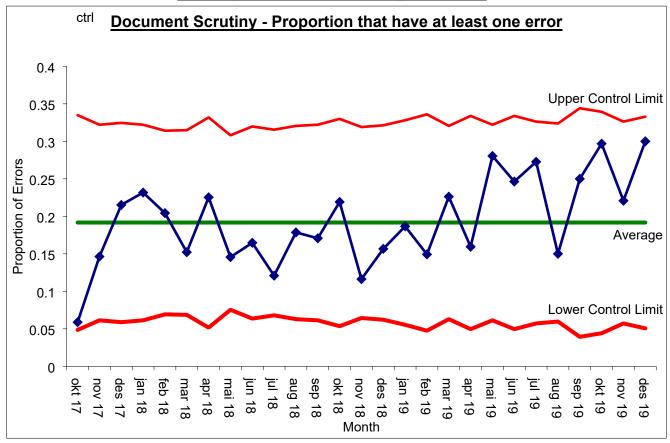
Board Hospitals or subject to Community Treatment/Conditional Discharge in

the community as at 31st December 2019

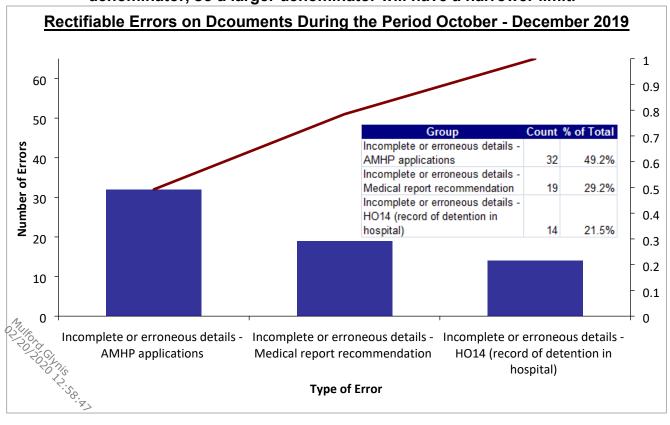




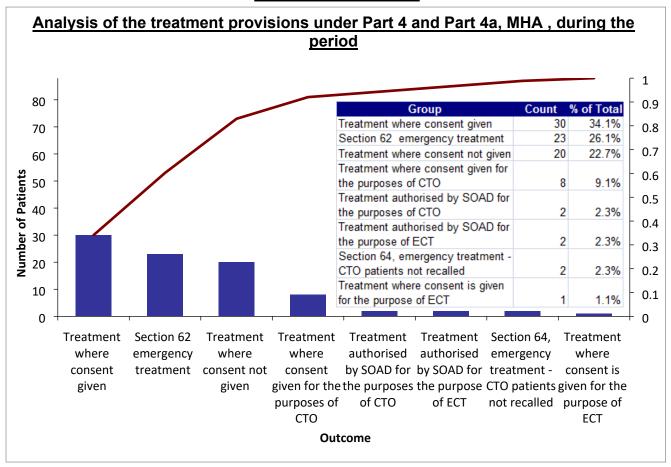
Scrutiny of documents during the period



The chart above is a different type of control chart (P Chart) which looks at the proportions. The width of the control limits is dictated by the size of the denominator, so a larger denominator will have a narrower limit.



Consent to Treatment



Urgent treatment

There are some circumstances in which the approved clinician may authorise a detained patient's urgent treatment under section 62 however this applies only to patients whose treatment is covered by Part 4 of the Act which is concerned with the treatment of detained patients and Part 4A supervised community treatment patients recalled to hospital.

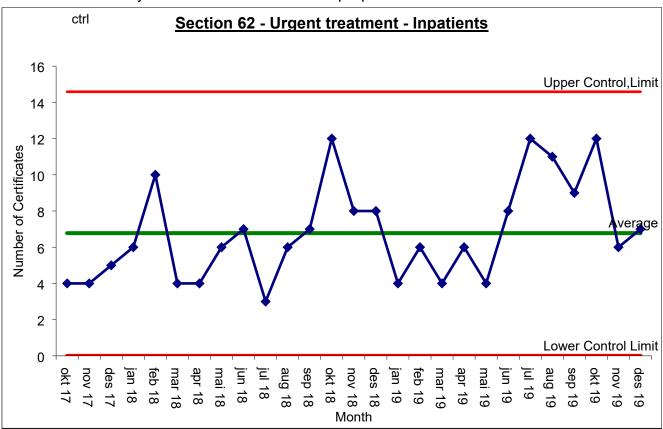
Urgent treatment is defined as treatment that is:

- Immediately necessary to save the patient's life; or
- That is not irreversible but is immediately necessary to prevent a serious deterioration of the patient's condition; or
- That is not irreversible or hazardous but is immediately necessary to alleviate serious suffering by the patient; or
- That is not irreversible or hazardous but is immediately necessary and represents the minimum interference to prevent the patient from behaving violently or being a danger to himself or others.

A patient's treatment may be continued pending compliance with s.58, if

Urgent treatment can be used in any of the following instances:

- Where the SOAD has not yet attended to certify treatment within the statutory timeframe.
- Where the SOAD has not yet certified treatment for ECT which needs to be administered as a matter of urgency.
- Where medication is prescribed outside of an existing SOAD certificate.
- Where consent has been withdrawn by the patient and the SOAD has not yet attended to certify treatment.
- Where the patient has lost capacity to consent to treatment and the SOAD has not yet attended for certification purposes.



The above chart highlights that Section 62 was used on 25 occasions for the following reasons:

Pending SOAD – 3 month rule x 12

Pending SOAD – ECT required x 2

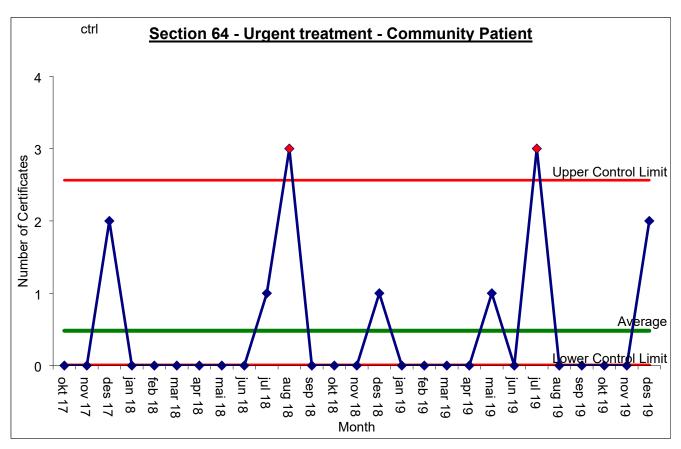
Pending SOAD – Urgent treatment required x 2

Change of capacity x 1

Change of medication x 7

Pending SOAD - Awaiting certificate x1

Penaling 3



The above chart highlights that Section 64 was used on two occasions during the period for the following reasons;

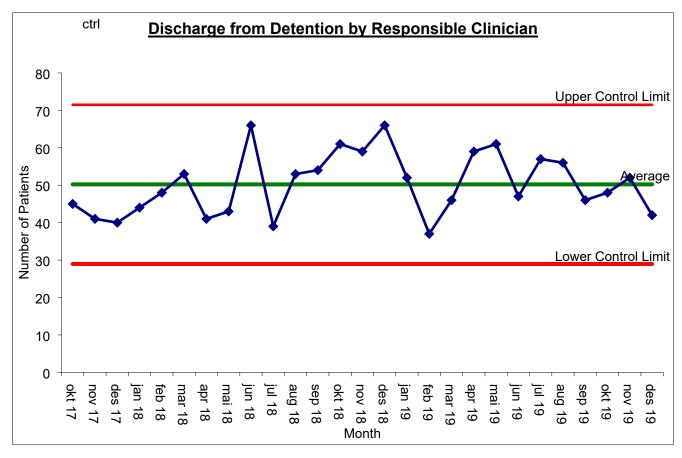
Pending SOAD - CTO Applied x 1

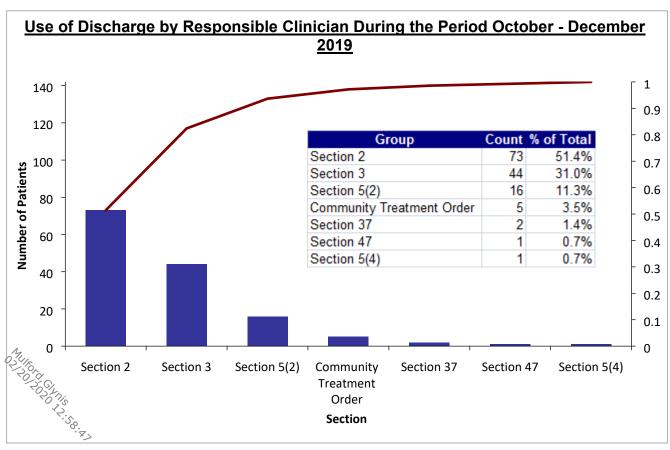
Pending SOAD - Change of capacity

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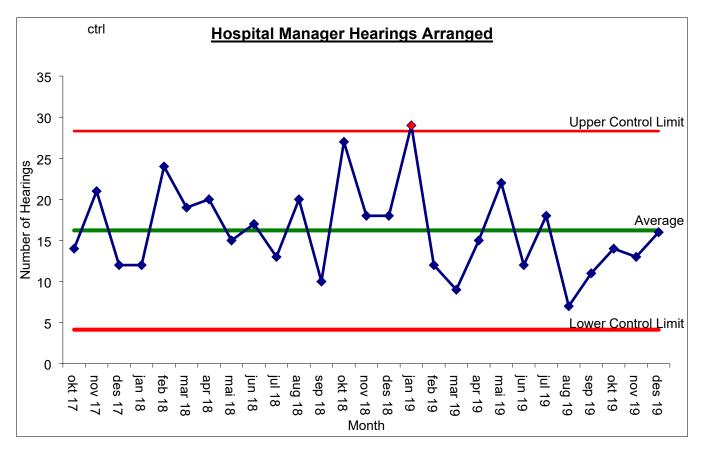
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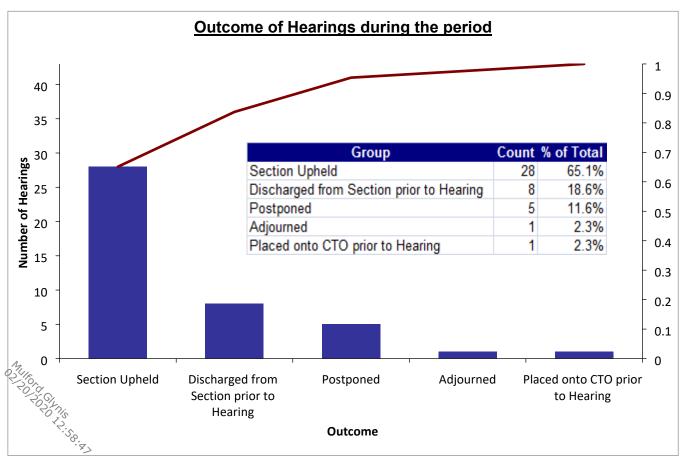
Discharge





Hospital Managers – Power of Discharge

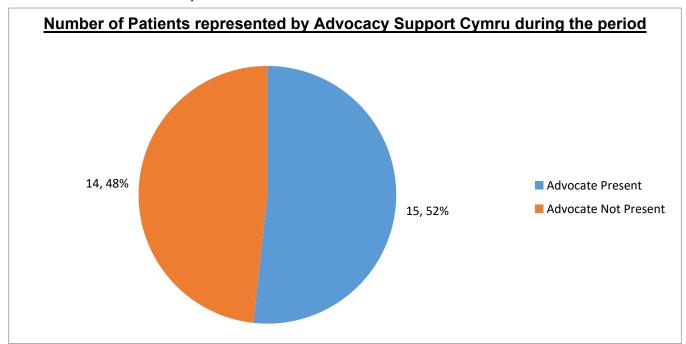


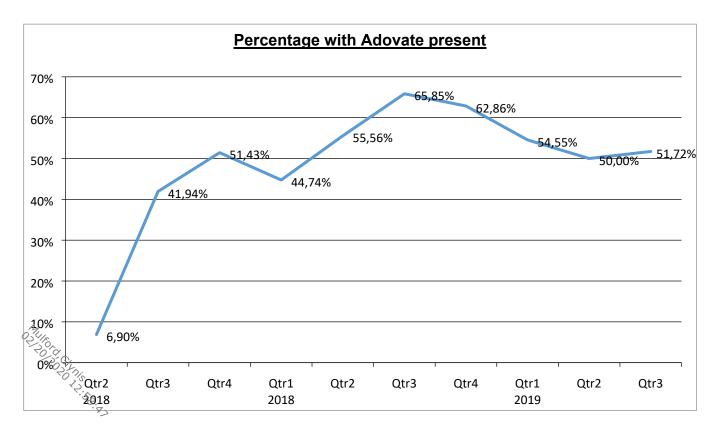


One Hearing was adjourned due to the RC being unavailable.

Five Hearings were postponed for the following reasons;-

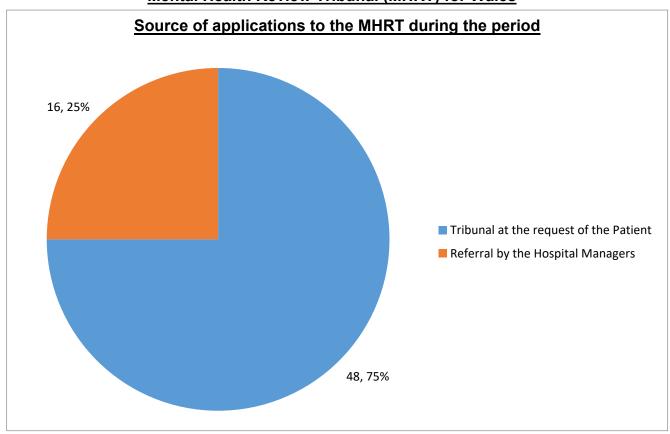
- Two where the Advocate was unavailable and the patient wanted their presence
- One where the RC was unavailable
- One where a Panel Member was unavailable
- One where the patient was AWOL

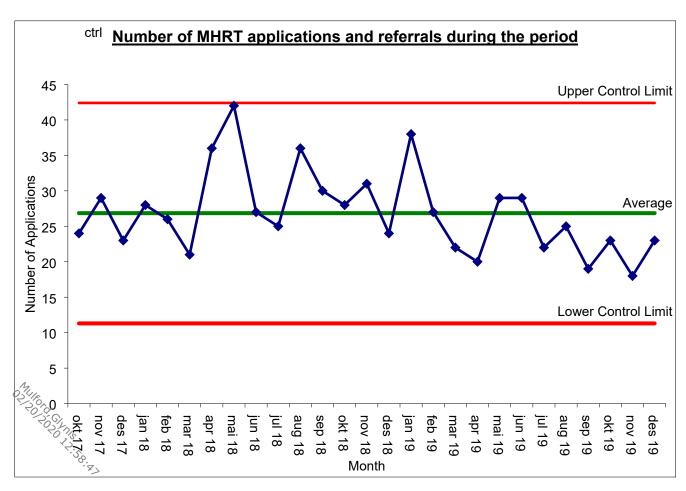


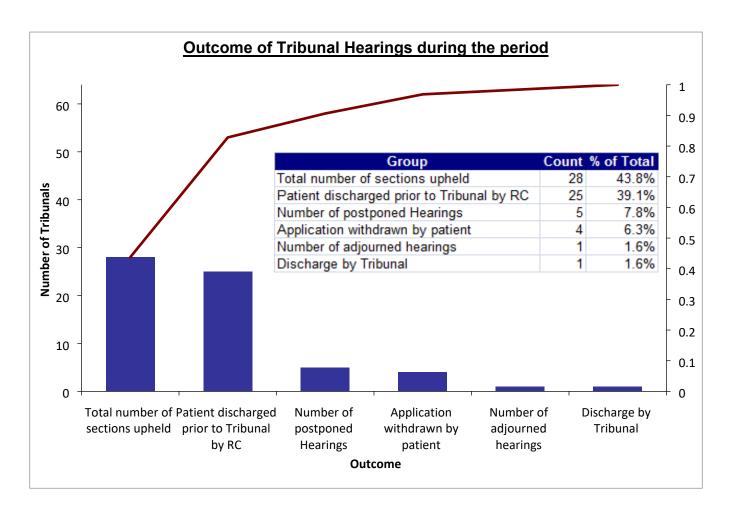


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Mental Health Review Tribunal (MHRT) for Wales







One Hearing was adjourned for the following reason;

An interpreter was required yet was not booked

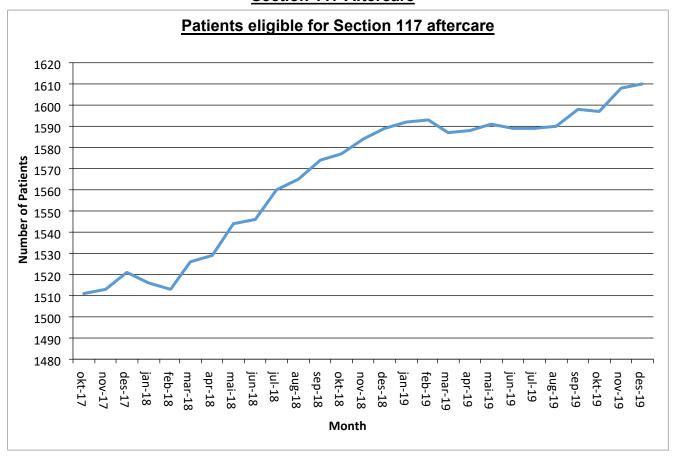
Five Hearings were postponed during the period for the following reasons;

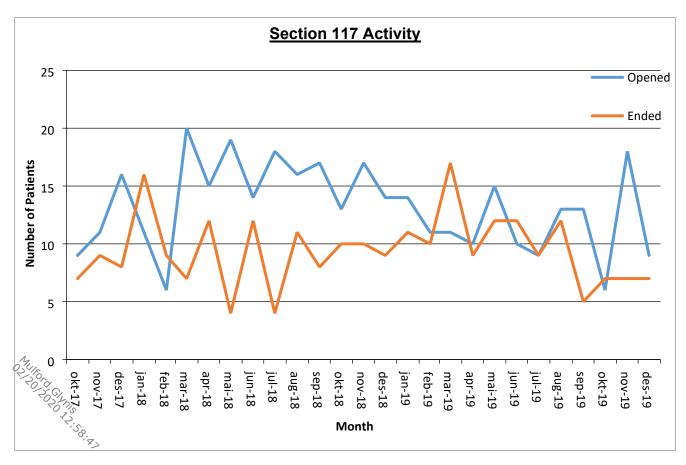
- One where the Solicitor was unavailable
- One where an interpreter was not available
- One where the Solicitor was unavailable due to a family emergency and the Nearest Relative was unable to attend
- One where the Responsible Clinician was unavailable
- One where a panel member was unable to attend

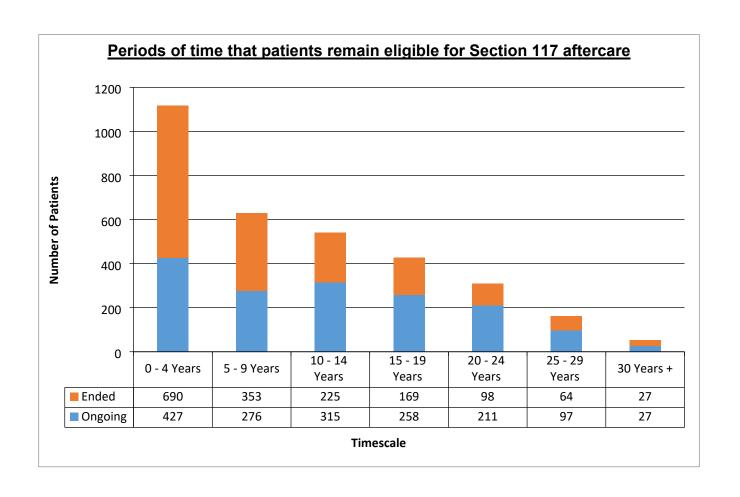


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Section 117 Aftercare







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Summary of other Mental Health Activity which took place during the period October - December 2019

Exclusion of visitors

During the period the Exclusion of Visitors Procedure was not implemented.

Section 19 transfers to and from Cardiff and Vale UHB

During the October - December 2019 period;-

- Six patients detained under Part 2 of the Mental Health Act were transferred from Cardiff and Vale UHB to a hospital under a different set of Managers back to their home area.
- Three patients detained under Part 2 of the Mental Health Act were transferred from Cardiff and Vale UHB to a specialist unit under a different set of Managers.
- Two patients detained under Part 2 of the Mental Health Act were transferred into Cardiff and Vale UHB from a hospital under a different set of Managers as this is their home area.
- One patient detained under Part 3 of the Mental Health Act has been transferred into Cardiff and Vale UHB from prison.

Death of detained patients

During the period there were two deaths of patients subject to the Mental Health Act

- One patient was detained under Part 2 of the Mental Health Act and was under the care of the MHSOP Service.
- One patient was detained under Part 3 of the Mental Health Act and absconded from hospital.



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Appendix 1



Clinical Governance 15/01/2020

CWM TAF MORGANNWG MENTAL HEALTH DIRECTORATE CLINICAL GOVERNANCE QUARTERLY REPORT

Name of Group	Mental Health Act (MHA) Monitoring Report-Quarter 3 2019/20
Chair / Lead	Jeremy Burgwyn
Current focus for the Group	 To comply with the requirements of the Mental Health Act 1983 (the Act), Code of Practice for Wales (the Code) and relevant legislation. To monitor trends and patterns of the use of the Act. To identify cross agency audit themes and sponsor appropriate cross agency audits. To identify training needs and arrange multi-agency training opportunities. To have in place written local agreements and protocols agreed on a multi-agency basis. To highlight difficulties in practice, to resolve them if possible or seek further advice and develop good practice.
Example of good practice / a good news story	 A recent consent to treatment audit found that all patients subject to Part 4 provisions had a valid certificate in place. The section 17 leave template has been simplified and provided to Responsible Clinicians (RCs) in electronic format to cut down on paper usage.
Summary of Activity	Overall detentions under the Act have remained fairly consistent with the previous quarter although there have been variances throughout the localities.
70 30 10 10 10 10 10 10 10 10 10 10 10 10 10	Within adult services the number of detentions has greatly increased for Taff Ely. There were forty three in quarter 3 compared with twenty two in quarter 2 which is a 95% increase. Cynon detentions dropped by

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59% from seventeen in quarter 2 to seven in quarter 3. Following the increase in out of area detentions in guarter 2, guarter 3 saw a decrease of 47% - from seventeen to nine. There have been two breaches of the Act, the details of which are included later in this report. In older persons' services the use of section 5(2) holding powers decreased from eleven in quarter 2 to four in quarter 3. Taff Ely detentions rose from four in quarter 2 to eleven in quarter 3. Whereas, Cynon detentions have dropped from twelve in quarter 2 to three in quarter 3. The number of transfers has decreased from twenty nine in quarter 2 to twenty four in guarter 3. Thirteen of these were to and from Swansea Bay UHB, five were Aneurin Bevan, four were private hospitals, one was Cardiff & Vale UHB and the other was from a Hospital in Shrewsbury. Adult Numbers of overall adult detentions have remained consistent with no **Detentions** variance since quarter 2. By locality, Taff Ely saw the largest increase in detentions from twenty two in quarter 2 to forty three in quarter 3 (95% increase). This is mainly due to an increase in use of section 2 and 5(2) holding powers. In other localities, detentions reduced in Merthyr from fourteen to twelve (14% decrease), Cynon from seventeen to seven (59% decrease) and Bridgend from thirty five to thirty four (3% decrease). Rhondda remained the same whilst out of area detentions reduced by 47%. There were three uses of section 4 emergency applications (two from Rhondda and one from Merthyr) - two of these were out of hours and the other was due to the urgency of the situation. All were converted to section 2 within the first 24 hours. **Older Persons** There was a decrease in older persons' detentions from fifty four in detentions quarter 2 to forty five in quarter 3 – a 17% reduction. By locality, Taff-Ely rose from four to ten (150% increase) whereas Merthyr remained the same with five detentions. Cynon reduced from twelve in quarter 2 to three in quarter 3 (73% decrease), Rhondda from ten to eight (20% decrease) and Bridgend from twenty two to sixteen (27% decrease). CAMHS There was a slight reduction in overall detentions this quarter from detentions twelve to ten (17% decrease). There were four from Cardiff & Vale, three from Aneurin Bevan and one each from CTMUHB, Swansea Bay and Hywel Dda. There were no out of area detentions for CAMHS this quarter. Community There were six new CTOs made during quarter 3 - compared with Treatment eleven in quarter 2. There were 8 CTOs extended, one recall and two

Orders (CTO)	revocations. Nobody was discharged from CTO during quarter 3. There are currently thirty five CTOs in place compared with thirty one at the same point during last quarter (13 increase).
Use of Section 135/136 Police Powers	 There were sixty four uses of section 136 police powers in quarter 3. This compares with seventy four in quarter 2 – a 14% decrease. By locality, twenty two were from Bridgend, twenty one from Taff Ely, thirteen from Rhondda, six from Merthyr and two from out of area. There were no 136s for Cynon area within quarter 3.
Current Challenges	The AC status of one of the doctors expired recently which has caused problems for the MHA Office in that sector doctors are having to be approached to complete legal paperwork and attend Tribunals for inpatients on the admissions ward. This will continue until such time that the doctors' AC status is reapproved.
Current Risks	As in the previous quarter there is still an issue with regards to RC identification. The MHA team are in the process of developing a local procedure with input from the Locality Manager and Consultant Team.

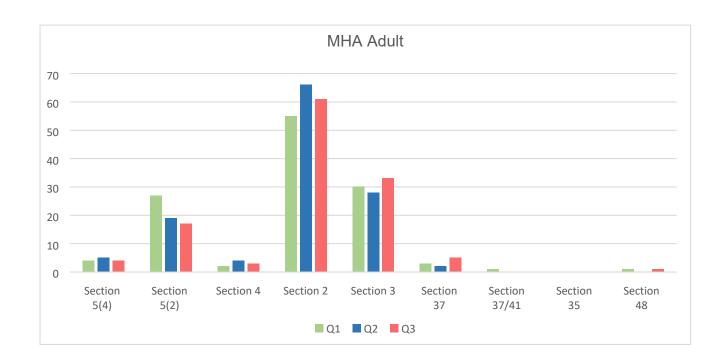


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Quarter 3 MHA Activity Breakdown for October - December 2019 (Including comparison with quarters 1 and 2)

IN-PATIENT MHA ACTIVITY

Number of Adult compulsory admissions under the Mental Health Act 1983 for Q3 2019



Section	Q1	% of Total	Q2	% of Total	Q3	% of Total
Section 5(4)	4	3%	5	4%	4	3%
Section 5(2)	27	22%	19	15%	17	14%
Section 4	2	2%	4	3%	3	2%
Section 2	55	45%	66	53%	61	49%
Section 3	30	24%	28	23%	33	27%
Section 37	3	2%	2	2%	5	4%
Section 37/41	1	1%	0	0%	0	0%
Section 35	0	0%	0	0%	0	0%
Section 48	1	1%	0	0%	1	1%
Total	123	100%	124	100%	124	100%

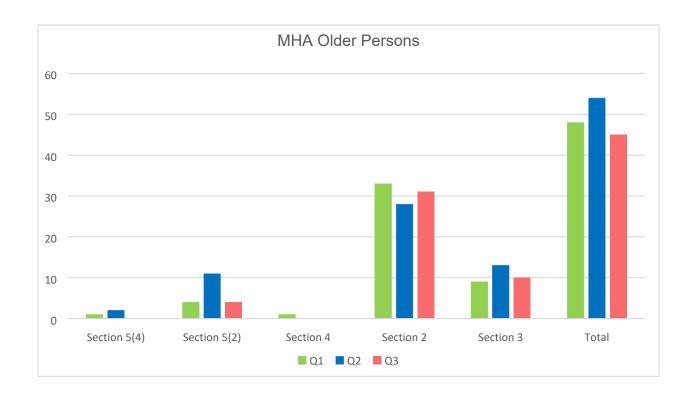
Adult Detentions by area

Area	Q1	Q2	Q3
Merthyr	18	14	12
Cynon	26	17	7
Taff	16	22	43
Rhondda	17	19	19
Bridgend	36	35	34
Out of area	10	17	9



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Number of Older Persons compulsory admissions under the Mental Health Act 1983 for Q3 2019



Section	Q1	% of Total	Q2	% of Total	Q3	% of Total
Section 5(4)	1	2%	2	4%	0	0%
Section 5(2)	4	8%	11	20%	4	9%
Section 4	1	2%	0	0%	0	0%
Section 2	33	69%	28	52%	31	69%
Section 3	9	19%	13	24%	10	22%
Total	48	100%	54	100%	45	100%



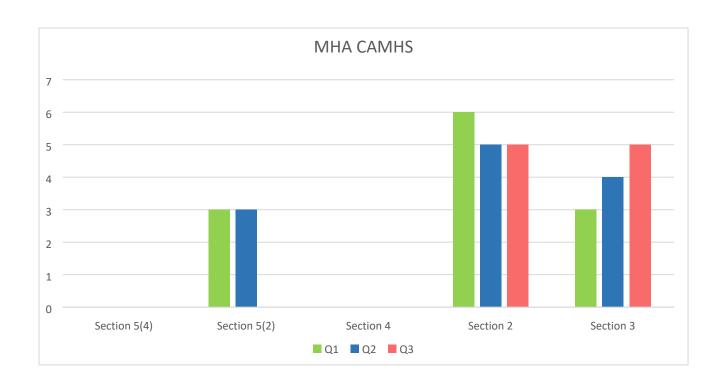
Older Persons Detentions by Area

Area	Q1	Q2	Q3
Merthyr	11	5	5
Cynon	6	12	3
Taff	6	4	10
Rhondda	5	10	8
Bridgend	20	22	16
Out of area	0	1	3



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Number of CAMHS patients' compulsory admissions under the Mental Health Act 1983 for Q3 2019



Section	Q1	% of Total	Q2	% of Total	Q3	% of Total
Section 5(4)	0	0%	0	0%	0	0%
Section 5(2)	3	25%	3	25%	0	0%
Section 4	0	0%	0	0%	0	0%
Section 2	6	50%	5	42%	5	50%
Section 3	3	25%	4	33%	5	50%
Total	12	100%	12	100%	10	100%



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CAMHS Detentions by Health Board

Area	Q1	Q2	Q3
Cwm Taf Morgannwg	3	6	1
Swansea Bay	0	2	1
Cardiff & Vale	0	4	4
Hywel Dda	5	0	1
Aneurin Bevan	4	0	3
Out of area	0	0	0



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USE OF SECTION AND OUTCOME

Section 5(2) of the Mental Health Act 1983

A 'holding power' for doctors to detain an inpatient in hospital for up to 72hrs for assessment under the Act. Cannot be used in A&E because the patients there are not (yet) "inpatients". Can be used by non-psychiatric doctors on inpatients with psychiatric problems who are on 'general' medical wards in a non-psychiatric hospital.

S5(2) OUTCOMES	Jul-19	Aug-19	Sept-19	Oct-19	Nov-19	Dec-19
Section 2	3	6	3	1	3	5
Section 3	2	1	3	1	0	0
Section 4	0	0	0	0	0	0
Informal	6	6	3	6	2	2
Lapsed	0	0	0	0	0	0
Invalid	0	0	1	0	0	1



Section 2 of the Mental Health Act 1983

The power to detain someone believed to be suffering mental disorder for assessment (and treatment). The order lasts for up to 28 days and cannot be extended or renewed. The patient has a right of appeal against detention to a Mental Health Review Tribunal.

S 2 OUTCOMES	Jul-19	Aug-19	Sept-19	Oct-19	Nov-19	Dec-19
Section 3	5	6	6	6	5	3
Informal	11	20	15	18	20	9
Discharged	5	5	6	8	5	2
Lapsed	1	1	0	0	0	0
Invalid	0	0	0	0	0	1
Transfer	2	4	2	0	0	0

Section 3 of the Mental Health Act 1983

The power to detain someone for treatment of mental disorder. This order lasts for up to six months and can be renewed. Patient has the right of appeal against detention to a Mental Health Review Tribunal.

S 3 OUTCOMES	Jul-19	Aug-19	Sept-19	Oct-19	Nov-19	Dec-19
Section 3 renewed	6	4	2	4	5	3
Informal	6	6	6	3	0	0
Discharged	4	1	1	1	1	0
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	3	0	1	2	0	0
СТО	0	4	4	2	1	3

Number of all patients' compulsory admissions under the Mental Health Act 1983 (Section 2, 3, 4 and 37 only)

	Q1	Q2	Q3
Adult Detentions	90	100	102
Older Persons detentions	43	41	41
CAMHS detentions	9	9	10
TOTAL	142	150	153



SECTION LAPSING

A detention under the Mental Health Act can lapse for the following reasons:

Detentions under the Mental Health Act can lapse when:

- A section expires without the Responsible Clinician exercising their power to discharge under section 23 MHA or the patient is not further detained under a section 3 MHA.
- The AMHP and Responsible Clinician have a difference of opinion on the appropriateness of further detention under Section 3 of the Mental Health Act.
- No further assessment by an AMHP and/or Responsible Clinician has taken place in respect of the next steps in relation to the patient's detention status.

Although it is permitted to allow the section to lapse near the end of the section when no further detention is required, it is good practice for the Clinician to complete a discharge form.

It is particularly poor practice to allow the section to lapse when the patient has not been seen by the Responsible Clinician. In this instance this issue is reported to the Clinical Director and monitored to avoid re-occurrence.

	Section lapses	Section	Q1	Q2	Q3
		2	1	0	0
	Adult	3	0	0	0
		4	0	0	0
		2	0	0	0
	Older Persons	3	0	0	0
		4	0	0	0
034	'r	2	0	1	0
1/1	CAMHS	3	0	0	0
	70/16 13.38	4	0	0	0

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TRANSFER BETWEEN HOSPITALS

Section 19 of The Mental Health Act allows for the transfer of Part 2 (Section 2, 3 and CTO Patients) and some Part 3 (Section 37,37/41, 47, 47/49 and 48/49) detained patients from a hospital under one set of managers to a hospital under a different set of managers. For restricted patients transfers are subject to the prior agreement of the Secretary of State.

SECTION	Q1	Q2	Q3
Part 2 Patients to CTUHB	10	11	13
Part 3 patients to CTUHB	2	1	1
Part 2 patients from CTUHB	11	13	9
Part 3 patients from CTUHB	1	4	1
TOTAL	24	29	24



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COMMUNITY ACTIVITY

Community Treatment Order (CTO)

SECTION	Power	Q1	Q2	Q3
17A	Community Treatment Order made	3	11	6
	Community Treatment order extended	10	4	8
	Recalled to hospital and not revoked	1	1	1
	Recalled to hospital and revoked	5	2	2
	Discharged from CTO	2	4	0
	Transferred	0	2	0
	Other (Deceased)	0	0	0

Current CTO by area

Area	Q1	Q2	Q3
Merthyr	2	4	7
Cynon	3	6	5
Taff	7	6	6
Rhondda	6	8	9
Bridgend	8	6	6
CAMHS	0	0	0
Out of area	0	1	2



USE OF SECTION 135 AND SECTION 136

Police powers under the MHA to authorise removal to a Place of Safety.

Section 135

Warrants under the Act for (1) assessments on private premises; and (2) recovering patients who are absent without leave. Lasts for up to 36hrs.

Section 135 of the Mental Health Act	Q1	Q2	Q3
Assessed and admitted informally	0	0	0
Assessed and Discharged	0	0	0
Assessed and detained under Section 2	1	5	2
Assessed and detained under Section 4	0	0	0
Assessed and detained under Section 3	0	0	0
TOTAL	1	5	2

Section 136

Power to detain someone in immediate need of care or control and remove them to a place of safety. Power to detain lasts for up to 24hrs.

Section 136 of the Mental Health Act	Q1	Q2	Q3
Assessed and admitted informally	16	13	13
Assessed and detained under Section 2	13	11	6
Assessed and detained under Section 4	1	2	1
Assessed and detained under Section 3	0	0	0

Assessed and detained under Section 37/41	0	0	0
Discharged with no follow up required	18	16	15
Discharged referred to community services	48	32	29
Section 136 lapsed	0	0	0
Other /(Recall from CTO)/ or transfer	1	0	0
TOTAL	97	74	64

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HOSPITAL MANAGERS HEARINGS

Under the provisions of the Mental Health Act 1983, detained patients have a right to have their detention reviewed by the Hospital Managers. The Hospital Managers responsibilities are as follows;

- Undertake a review of detention at any time
- Must review a patient's detention when Responsible Clinician (RC) submit a report under Section 20/20A renewing detention and extending CTOs
- Must consider holding a review when a patient requests it
- Must consider holding a review when the RC makes a report under Section 25
 (1) barring a nearest relative application for the patient's discharge

Hospital Managers Hearings	Q1	Q2	Q3
Number of Hearings held	20	22	26
Number of Referrals by Hospital Managers	15	19	27
Number of Appeals to Hospital Managers	1	3	1
Number of Detentions upheld by Hospital Managers	20	15	22
Number of detentions discharged by Hospital Managers	0	0	0
Number of patients discharged by RC prior to Hearing	2	1	1

- 2 hearings were postponed
- 1 patient was transferred to another Health Board prior to hearing



TRIBUNAL HEARINGS

The Mental Health Review Tribunal for Wales (MHRT) is a statutory body which works independently of the Health Board to review appeal made by detained patients for discharge from their detention and community orders under the Mental Health Act 1983. Patients are also referred by the Hospital Managers within a defined period as set in the MHRT Tribunal rules 2008.

MHRT Hearings	Q1	Q2	Q3
Number of Hearings held	17	23	19
Number of Referrals by Hospital Managers	11	6	6
Number of referrals by Ministry of Justice	1	0	0
Number of referrals by Welsh Ministers	1	0	0
Number of Appeals to MHRT	41	42	49
Number of Detentions upheld by MHRT	15	17	18
Number of detentions discharged by MHRT	2	3	1
Number of Hearings adjourned/postponed	8	7	4
Number of Hearings cancelled by patient	2	2	9
Number of patients transferred to another Health Board prior to Hearing	2	3	2
Number of patients discharged by RC prior to Hearing	17	17	14



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OTHER ACTIVITY

Death of a Detained Patient

The Mental Health Hospital Managers have a duty to report to Healthcare Inspectorate Wales (HIW) any patients deceased subject to the Mental Health Act within 72 hours of death. This applies to in-patients as well as community treatment order and guardianship patients. The Coroner must also be informed.

Q1: none Q2: none Q3: none

Admin errors and breaches on the Mental Health Act documentation

Category	Q1	Q2	Q3
Rectifiable (minor errors)	34	37	39
Fundamentally defective	1	1	2

- All minor errors rectified within 14 days as per Section 15 MHA
- Two fundamentally defective breaches during Q3 Firstly, an AMHP had forgotten to sign a section 2 application. Secondly, a section 5(4) and 5(2) was applied to a patient on the ward under CTO, instead of issuing a recall notice.

OTHER BUSINESS

- Meetings are being held with coordinators from RCT and Bridgend to develop the external MHA training calendar for 2020/21
- The MHA office are currently compiling results from a recent consent to treatment audit undertaken on all mental health wards within CTMUHB. This will be summarised in quarter 4's report



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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	Allows for a magistrate to issue a warrant authorising a policeman to enter premises, using force if necessary, for the purpose of removing a mentally disordered person to a place of safety for a period not exceeding 72 hours, providing a means by which an entry which would otherwise be a trespass, becomes a lawful act.
Section 135(1)	Used where there is concern about the well being a person who is not liable to be detained under the Act so that he /she can be examined by a doctor and interviewed by an Approved mental Health Professional in order that arrangements can be made for his/her treatment or care.
Section 135(2)	Used where the person is liable to be detained, or is required to reside at a certain place under the terms of guardianship, or is subject to a community treatment order or Scottish legislation. In both instances, the person can be transferred to another place of safety during the 72 hour period.
Section 136	Empowers a policeman to remove a person from a public place to a place of safety if he considers that the person is suffering from mental disorder and is in immediate need of care and control. The power is available whether or not the person has, or is suspected of having committed a criminal offence. The person can be detained in a place of safety initially for up to 24 hours so

	that he /she can be examined by a doctor and interviewed by an Approved mental Health Professional in order that arrangements can be made for his/her treatment or care. The detention can be extended by a further 12 hours by a Registered Medical Professional. The detained person can be transferred to another place of safety as long as the maximum time period has not expired.
Part 2 of the Mental Health Act 1983	This part of the Act deals with detention, guardianship and supervised community treatment for civil patients. Some aspects of Part 2 also apply to some patients who have been detained or made subject to guardianship by the courts or who have been transferred from prison to detention in hospital by the Secretary of State for Justice under Part 3 of the Act.
	A part 2 patient is a civil patient who became subject to compulsory measures under the Act as a result of an application for detention by a nearest relative or an approved mental health professional founded on medical recommendations.
Section 5(4)	Provides for registered nurses whose field of practice is mental health or learning disabilities to invoke a holding power for a period of not more than 6 hours by completing the statutory document required.
	During this period, the medical practitioner or approved clinician in charge, or his or her nominated deputy should examine the patient with a view to making a report under section 5(2).
	Alternatively a patient can be detained under section 2 or 3 if a full Mental Health Act assessment is achieved during the 6 hour period.
Section 5(2)	Enables an informal inpatient to be detained for up to 72 hours if the doctor or approved clinician in charge of the patient's treatment reports that an application under

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section 2 or 3 ought to be made.

The purpose of this holding power is to prevent a patient from discharging him/herself from hospital before there is time to arrange for an application under section 2 or section 3 to be made. As soon as the power is invoked, arrangements should be made for the patient to be assessed by a potential applicant and recommending doctors.

Section 4

In cases of urgent necessity, this section provides for the compulsory admission of a person to hospital for assessment for a period of up to 72 hours.

An application under this section should only be made when the criteria for admission for assessment are met, the matter is urgent and it would be unsafe to wait for a second medical recommendation i.e. where the patient's urgent need for assessment outweighs the alternative of waiting for a medical recommendation by a second doctor.

A psychiatric emergency arises when the mental state or behaviour of a patient cannot be immediately managed. To be satisfied that an emergency has arisen, there must be evidence of:

- An immediate and significant risk of mental or physical harm to the patient or to others
- And/or the immediate and significant danger of serious harm to property
- And/or the need for physical restraint of the patient.

Section 4 cannot be renewed at the end of the 72 hour period. If compulsory detention is to be continued, the application must either be converted into a section 2 (admission for assessment) with the addition of a second medical recommendation, in which case the patient can be detained for a maximum of 28 days under that section beginning with the date of admission under section 4 or an application for treatment under section 3 should be

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made.

The Act does not provide for a section 4 to be converted into a section 3 because the criteria for admission under each of these sections are different.

Section 2

Authorises the compulsory admission of a patient to hospital for assessment or for assessment followed by medical treatment for mental disorder for up to 28 days. Provisions within this section allow for an application to be made for discharge to the Hospital Managers or Mental Health Review Tribunal for Wales.

If after the 28 days have elapsed, the patient is to remain in hospital, he or she must do so, either as an informal patient or as a detained patient under section 3 if the grounds and criteria for that section have been met.

The purpose of the section is limited to the assessment of a patient's condition to ascertain whether the patient would respond to treatment and whether an application under section 3 would be appropriate.

Section 2 cannot be renewed and there is nothing in the Act that justifies successive applications for section 2 being made.

The role of the nearest relative is an important safeguard but there are circumstances in which the county court has the power to appoint another person to carry out the functions of the nearest relative:

- The patient has no nearest relative within the meaning of the Act
- It is not reasonably practicable to find out if they have such a relative or who that relative is
- The nearest relative is unable to act due to mental disorder or illness
- The nearest relative of the person unreasonably objects to an application for section 3 or guardianship.

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	The nearest relative has exercised their power to discharge the person from hospital or guardianship without due regard to the persons welfare or the public interest			
	This procedure may have the effect of extending the authority to detain under section 2 until the application to the county court to appoint another person is finally disposed of.			
	Patients admitted under section 2 are subject to the consent to treatment provisions in Part 4 of the Act.			
Section 3	Provides for the compulsory admission of a patient to a hospital named in the application for treatment for mental disorder. Section 3 provides clear grounds and criteria for admission, safeguards for patients and there are strict provisions for review and appeal.			
	Patients detained under this section are subject to the consent to treatment provisions contained in Part 4 of the Act below.			
Supervised Community Treatment (SCT)	Provides a framework to treat and safely manage suitable patients who have already been detained in hospital in the community. SCT provides clear criteria for eligibility and safeguards for patients as well as strict provisions for review and appeal, in the same way as for detained patients.			
Community Treatment Order (CTO)	Written authorisation on a prescribed form for the discharge of a patient from detention in a hospital onto SCT.			
Section 17E (recall of a community patient to	Provides that a Responsible Clinician may recall a patient to hospital in the following circumstances:			
hospital)	Where the RC decides that the person needs to			

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	receive treatment for his or her mental disorder in hospital and without such treatment there would be a risk of harm to the health or safety of the patient or to other people.			
	Where the patient fails to comply with the mandatory conditions set out in section 17B (3).			
Revocation	Is the rescinding of a CTO when a SCT patient needs further treatment in hospital under the Act. If a patients' CTO is revoked the patient is detained under the powers of the Act in the same way as before the CTO was made.			
Part 3 of the Act	Deals with the circumstances in which mentally disordered offenders and defendants in criminal proceedings may be admitted to and detained in hospital or received into guardianship on the order of the court. It also allows the Secretary of State for Justice to transfer people from prison to detention in hospital for treatment for mental disorder.			
	Part 3 patients can either be "restricted", which means that they are subject to special restrictions on when they can be discharged, given leave of absence and various other matters, or they can be unrestricted, in which case they are treated for the most part like a part 2 patient.			
Section 35	Empowers a Crown Court or Magistrates Court to remand an accused person to hospital for the preparation of a report on his mental condition if there is reason to suspect that the accused person is suffering from a mental disorder.			
Section 36	Empowers a Crown Court to remand an accused person who is in custody either awaiting trial or during the course of a trial and who is suffering from mental disorder, to hospital for treatment.			
Section 37	Empowers a Crown Court or magistrates' court to make a hospital or guardianship order as an alternative to a penal			

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sposal for offenders who are found to be suffering from ental disorder at the time of sentencing.
npowers a Crown Court or Magistrates Court to send a nvicted offender to hospital to enable an assessment to made on the appropriateness of making a hospital der or direction.
npowers the Crown Court, having made a hospital der under s.37, to make a further order restricting the tients discharge, transfer or leave of absence from spital without the consent of the Secretary of State for stice.
ection 41 can also operate as a community section for ople who were originally on section 37/41. When a ction 37/41 is conditionally discharged it leaves the ower of Section 41 in place. This means that the person
n leave hospital and live in the community but with a mber of conditions placed upon them.
is is a court sentence to hospital for someone with a ental disorder at any time after admission, if the esponsible Clinician considers that treatment is no nger required or beneficial, the person can be ensferred back to prison to serve the remainder of their intence.
nables the Secretary of State to direct that a person rving a sentence of imprisonment or other detention be moved to and detained in a hospital to receive medical eatment for mental disorder.
npowers the Secretary of State for Justice to direct the moval from prison to hospital of certain categories of sentenced mentally disordered prisoners to receive edical treatment.

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Section 49	Enables the Secretary of State for Justice to add an or restricting the patients discharge from hospital to a s.4 or s.48.				
CPI Act	Criminal Procedure (Insanity) Act 1964. This Act as amended by the Criminal Procedures (Insanity and Unfitness to Plead) Act 1991 and the Domestic Violence, Crime and Victims Act 2004 provides for persons who are found unfit to be tried or not guilty by reason of insanity in respect of criminal charges. The court has three disposal options:				
	 To make a hospital order under section 37 of the MHA 1983 which can be accompanied by a restriction order under section 41. To make a supervision order so that the offenders responsible officer will supervise him only to the extent necessary for revoking or amending the order. Order the absolute discharge of the accused. 				
CTO (section 37)	Once an offender is admitted to hospital on a hospital order without restriction on discharge, his or her position is the same as if a civil patient, effectively moving from the penal into the hospital system. He or she may therefore be suitable for supervised Community Treatment (SCT).				
Administrative scrutiny	The University Health Board has formally delegated its duty to administratively scrutinise admission documents to officers identified in the scheme of delegation. Medical scrutiny is undertaken by Consultant Psychiatrists.				
	Compliance with the Consent to Treatment provisions under Part 4 & 4A of the Act is related to treatments requiring the patient's consent or a second opinion.				
7.158. _{7.2}	If a patient has capacity but refuses treatment a Second Opinion Appointed Doctor (SOAD), i.e. a Registered Medical Practitioner appointed for the purposes of Part 4 of the Act can authorise treatment having consulted two Statutory Consultee's who have been professionally				

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	concerned with the medical treatment of the patient for mental disorder.					
	If the patient lacks capacity to consent SOAD authorisation is required.					
Section 58(3)(a)	Certificate of consent to treatment (RC)					
Section 58(3)(b)	Certificate of second opinion (SOAD authorisation)					
Section 58A(3)(c)	Certificate of consent to treatment, patients at least 18 years of age (RC)					
Section 58A(4)(c)	Certificate of consent to treatment and second opinion, patients under 18 years of age (SOAD)					
Section 58A(5)	Certificate of second opinion (patients not capable of understanding the nature, purpose and likely effects of the treatment). (SOAD)					
Part 4A	Certificate of appropriateness of treatment to be given to a community patient (SOAD)					
Section 62 – Urgent treatment	Where treatment is immediately necessary, a statutory certificate is not required if the treatment in question is:					
17.58.	 To save the patient's life Or to prevent a serious deterioration of the patients condition, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed Or to alleviate serious suffering by the patient, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical hazard Or to prevent the patient behaving violently or being a danger to themselves or others, and the treatment represents the minimum interference 					

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	necessary for that purpose, does not have		
	unfavourable physical or psychological consequences which cannot be reversed and does		
	not entail significant physical hazard.		
Section 23	Provides for the absolute discharge from detention, guardianship or from a community treatment order of certain patients, by the Responsible Clinician, the Hospital Managers (or Local Social Services Authority for guardianship patients) or the patients nearest relative. The discharge must be ordered; it cannot be affected by implication.		
	Section 23 does not apply to patients who have been remanded to hospital by the courts or to patients subject to interim hospital orders.		
	The Secretary of State for Justice has powers to discharge restricted patients under section 42(2).		
	If at any time Responsible Clinicians conclude that the criteria justifying the continued detention or community treatment order are not met, they should exercise their power of discharge and not wait until such time that the detention order or SCT is due to expire.		
Section 117	Services provided following discharge from hospital; especially the duty of health and social services to provide after-care under section 117 of the Act following the discharge of a patient from detention for treatment under the Act. The duty applies to SCT patients and conditionally discharged patients as well as those who have been absolutely discharged.		



Report Title:	Police Mental Health Crisis Concordat - Update					
Meeting:	Mental Health Le	Meeting Date:	21.02.20			
Status:	For Discussion	x For Assurance	For Approval	For Information		
Lead Executive:	Chief Operating Officer					
Report Author (Title):	Directorof Operations – Mental Health					

SITUATION

Mental health in communities is developing increasing interest, particularly what we mean when we refer to 'mental health crisis'. What is clear is that there are many people who seek support in a crisis for psychological or emotional problems which could relate to a mental disorder or more often a social/well-being range of problems. These could be financial issues, substance misuse, a safety issue or a physical health problem. This presents great difficulties to agencies wishing to offer their own specialist support as these individuals often fall between services.

When in crisis, we see people seek help from statutory public services, including the police. The Wales Crisis Care Concordat National Action Plan 2019-2022 (See attached App1) was coordinated and developed by the police in partnership with other agencies to address these issues. Although the Concordat does not only deal with issues related to legislation, a large component relates to Section 135/6 implementation and therefore felt a convenient committee report assurance to. This paper looks at partnership working between the police and Health services in responding to these issues.

BACKGROUND

The Mental Health Crisis Care Concordat is a national agreement/action plan led by the police, between health, criminal justice and social care agencies that sets out how services and agencies involved in the care and support of people in a mental health crisis will work together to provide the necessary support. It includes arrangements for more joint work and better information sharing between agencies, Section 135/6 of the Mental Health Act implementation, the availability of specific services to support people in health, well-being and social crisis, crisis care planning and the signposting of information for those cared for in secondary care services.

The original Concordat action plan was re-written and re-launched in 2019. Currently the Concordat is monitored on behalf of the statutory agencies through a national assurance group which meets bi monthly. This All Wales assurance group takes reports from multi-agency steering groups within each UHB footprint. These are variously chaired by the health service and/or the police. The local arrangements for Cardiff and Vale multi-agency meetings have been chaired by the deputy Police and Crime Commissioner, soon to be transferred to the Director of Operations for NHS Mental Health services in March / April 2020.

ASSESSMENT

Achievements to date:

- Establishment of a multi-agency forum with TORS and agreed membership.
- 135/6 arrest assessments now invariably undertaken in Mental Health place of Safety and not in custody. The rare custody assessment is following risk assessment.
- !2 month pilot of a police call centre to offer advice to beat officers when faced with mental health/wellbeing decision in situations of crisis. An evaluation of the impact is expected shortly.
- Confirmation received from WG of areas of approved spend of transformation investment
 monies in mental health for the 2019/20 period, for the recruitment of an additional DAPA
 post to extend current hours, as well as an additional police station/custody based post to
 focus on the diversion and support of vulnerable females taken into custody with mental
 health problems.
- Initial review of compliance against the revised 2019/22 concordat action plan completed for circulation to new delivery group. Assessment currently of 80 85% compliance
- Primary Care Liaison Services and associated cluster 3rd sector support to GPs is now 60% rolled out across Cardiff &Vale to support improved early access to avoid crisis and presentation to police services.
- Established mental health practitioners on the GP out of hours rota for peak periods of mental health related activity to divert crisis from the police service

Challenges

• Limited but growing evidence base for tier 0 interventions efficacy. Limited data collection capacity in Primary Care to collate the use of 'well being' assessment scores and other outcomes following interventions and how this relates to crisis.

Next 3months

- Establish refreshed C&V multi-agency delivery group to meet in April 2020 under the banner of the Concordat – agree TORs and membership. Director of Ops in MHCB to chair
- Establish a work-plan for this group which includes a review of the mapping work undertaken by the group to date, access to the evaluation of the police call centre for the region and its future plans, current compliance against the CCC action plan, identification of gaps in the plan and a work programme to meet those gaps. These gaps are likely to include areas of crisis prevention, police access to crisis support from a range of sectors, crisis support to people under the care of specialist services and inter agency communication.
- Agenda the concordat themes for a Partnership Together For Mental Health forum in late
 2020 to access more broadly the service user and 3rdsector fora networks to raise



awareness.

- To explore the interpretation and implications of 'voluntary assessment' of people in crisis
 by police services whilst supporting a least restrictive option approach balanced with the
 protection of people's rights.
- Experience tells us that people often need help with one or more of these issues making it more important than ever that the services work in partnership particularly in preventing the crisis from happening in the first place. As well as supporting people in crisis, the focus of the Cardiff and Vale approach has been that preventative agenda, with significant investment used from WG funding as well as local UHB funding support to surround primary care practice with mental health and well being support. These plans are intended to provide early access and support for people with mental health needs to a range of services that will support them to live well and maintain elements of their lives such as good housing, stable finances, social networks, meaningful activities in order to remain healthy and avoid crisis.

RECOMMENDATION

The Committee is asked to note and comment on these proposed actions :

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

101	relevant objective(s) for this report					
1.	Reduce health inequalities	X	6.	Have a planned care system where demand and capacity are in balance	X	
2.	Deliver outcomes that matter to people	X	7.	Be a great place to work and learn		
3.	All take responsibility for improving our health and wellbeing	X	8.	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X	
4.	Offer services that deliver the population health our citizens are entitled to expect	X	9.	Reduce harm, waste and variation sustainably making best use of the resources available to us	X	
5.	Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10.	Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives		

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click here for more information

Prevention Long term Integration Collaboration Involvement



Equality and Health Impact Assessment

Not Applicable





Wales Crisis Care Concordat National Action Plan

2019 - 2022

Wales Crisis Care Concordat National Action Plan 2019 to 2022

Introduction

The Mental Health Crisis Care Concordat (the 'Concordat') was published by the Welsh Government and partners in 2015. It is a shared statement of commitment that is endorsed by senior leaders from organisations that are most involved in responding to and supporting people of any age who experience a mental health crisis or who experience a significant deterioration in their mental health that could lead to crisis. The Concordat set out the ways in which partner agencies should work together to deliver a high-quality response to this group of people who require assessment and/or intervention, and who may be in contact with the police, and potentially detained under section 135 or section 136 of the Mental Health Act 1983 (MHA).

Across Wales there is a continuing focus on reducing the need for the police to use their powers under the MHA unless as an absolute last resort, and for people in crisis or at risk of crisis to be effectively supported by health, social care and third sector services. These services should be co-ordinated, delivered in partnership, and ensure that help, advice, support and information are easily accessible and available as early as possible, and by so doing help prevent people from reaching crisis point.

This National Action Plan lists the actions that should be implemented in support of each of the Concordat's four core principles plus two additional ones (see below). It is consistent with current Welsh policies, strategies and legislation, and specifically cross references the 'Together for Mental Health' (T4MH) all Wales strategy to assist facilitation and monitoring of its delivery. We expect to see delivery of the actions set out in this document measured and accounted for through implementation of the T4MH Delivery Plan, and although the outcomes set out here are not specific performance targets and do not need to be directly measured as part of this plan, we would expect to see evidence of improved outcomes for people using services. This plan should be regarded as a live/working document and used in conjunction with the original Concordat which provides further comprehensive details of the core principles, governance arrangements, purpose aim and scope, as well as the partners who have committed and signed up to it. Regional plans should be updated to reflect the actions and outcomes set out in this document.

Overarching aims of National Action Plan

- Services should be centred and focused around the safety and the needs of the person in need of support
- Services should demonstrate that people are being kept safe and that their needs are being met
- Increased availability and use of alternative health and non-health-based places of safety including community-based settings
- Safe and appropriate conveyance of people across and between services
- Continuing development, learning and sharing of new ideas and innovation across agencies/organisations
- To provide links with and draw from existing strategies and plans, and be open and transparent in reporting progress

Core principles

The Concordat is structured around the following four core principles:

- People have effective access to support before crisis point
- People have urgent and emergency access to crisis care when they need it
- People receive improved quality of treatment and gain therapeutic benefits of care when in crisis
- Recovery and staying well and receiving support after crisis

A further two core principles have been added to this action plan:

- Securing better quality and more meaningful data, with effective analysis to better understand whether people's needs are being met in a timely and effective manner
- Maintaining and improving communications and partnerships between all agencies/organisations, encouraging ownership, and ensuring people receive seamless and coordinated care, support and treatment

Policy and Legislation

In Wales mental health policy and legislation stress the importance of preventing and supporting people in crisis or who are at risk of crisis. 'Together for Mental Health' was published in 2012 and is Wales' overarching mental health strategy. The strategy highlights the need for people to be involved in their own care, support and treatment, and at the centre of service planning and delivery. It also emphasises the importance of ensuring that effective partnerships are established and maintained. Since its publication numerous supporting pieces of policy guidance have been issued relating to; criminal justice liaison services, mental health services for veterans in prison, children and young people involved with the Youth Justice system, the care and treatment of people with co-occurring mental health and substance misuse problems, etc. Other national initiatives and programmes have also been developed such as the 'Unscheduled Care Programme' and the 'Early Action Together Programme'.

There are four key pieces of legislation that impact on the delivery of the Concordat and this accompanying action plan:

- Mental Health Act 1983 (the 83 Act) (see also specific changes to s135 and s136 of the MH Act in the Policing and Crime Act 2017 (Part 4, Chapter 4)) and the MHA 1983 Code of Practice for Wales which provides detailed guidance on required responses to people in mental health crisis
- Mental Health (Wales) Measure 2010 (The Measure) (and its supporting regulations, guidance and the Code of Practice to Parts 2 and 3 of the Measure) The Measure places statutory duties on care co-ordination and the production of care and treatment plans (CTPs) for people using secondary care mental health services. The Measure also places a statutory duty on LHBs and Local Authorities to assess a person who requests such an assessment when they have been discharged from mental health services in the last 3 years without the necessity for a referral from their G.P.

- The Social Services and Well-being (Wales) Act 2014 which provides the legal framework for improving the well-being of people and a duty to produce care and support plans. It also includes a major focus on partnership working across agencies/organisations
- The Well-being of Future Generations (Wales) Act 2015 which puts an onus on organisations to think longer term, prevent problems from occurring, and take a more joined up and collaborative approach. This legislation also provides the legal framework for establishing Public Services Boards across Wales

It is important to ensure that this action plan is not regarded as separate or different to these policies, programmes and legislation but is seen as integral to them.

Governance and assurance

Multi agency 'Mental Health and Criminal Justice Partnership Boards' (MHCJPB) (or equivalent) have been established across each of the four Police force areas in Wales. These Boards provide a mechanism to deliver change and improvement. They are responsible for overseeing and monitoring regional action plans developed to address the core principles of the Concordat. MHCJPBs should receive assurance on a quarterly basis that the actions set out in this delivery plan are being locally implemented. They should also receive assurance that people whose mental health has deteriorated rendering them in crisis, or who were at risk of reaching a crisis, received timely help, support, advice, treatment and care. MHCJPBs should provide assurance to the national Concordat Assurance Group on a quarterly basis that the requirements set out in this plan are being achieved. The national Concordat Assurance Group will provide written assurance to the Cabinet Secretary for Health and Social Services every six months that the Concordat is being effectively implemented and, if not, the reasons why and what remedial action is being taken.

Mulion Solvins

Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for
 I.1 Ensure that people currently receiving secondary mental health services: Have a comprehensive Crisis Plan that includes Contingency Planning and who to contact when in need of help or support, and appropriate detail of planned support to mitigate crisis Have easy and fast access to a crisis prevention service (this could either be a statutory service such as a Crisis Team or a community service such as a crisis café, etc.) Are appropriately supported or sign-posted to alternative sources of support when contacting statutory health/social care services or community/third sector services, and know where to get information 	The Measure and the MHA 1983 (revised 2007) T4MH Delivery Plan: People with a mental health problem have access to appropriate and timely services T4MH Delivery Plan: To ensure people with an identified mental health problem have timely access to a range of evidence based psychological therapies T4MH Delivery Plan: To ensure timely and appropriate services for people with first episode psychosis	CTP local audits including the quality of crisis and contingency plans Early intervention services records First episode psychosis records GP data Hospital admissions rates	Fewer re-admissions Earlier access to services Reduction in rate of use of s136 Alternatives to hospital admission Reduced rates of self-harm & suicide
 1.2 Ensure that people not currently receiving secondary mental health services: Have timely access to primary care services Have timely access to a crisis prevention service within the community, e.g. crisis café or other local community service Are appropriately supported or sign-posted when contacting statutory health/social care services or community/third sector services and know how and where to receive information 	T4MH Delivery Plan: People to have access to appropriate information & advice to promote mental wellbeing & to help understand/manage their condition T4MH Delivery Plan: To promote mental well-being and where possible prevent mental health problems developing T4MH Delivery Plan: To ensure there are robust links between primary care and mental health services	GP records Local Primary MH Support Services (LPMHSS) records Third sector records CALL helpline records	Fewer unnecessary referrals from primary to secondary care Reduced rates of self-harm & suicide Better mean mental wellbeing score More support, care & treatment within primary care with fewer inappropriate referrals to seconda care GMS contract – Directed Enhance Service

5/9 110/330

Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for
2.1 Ensure that people experiencing a mental health crisis:	T4MH Delivery Plan: - timely and appropriate Mental Health services	s135 and s136 data	More use of local/community resources (reduced use of s136)
 Have access to a local service available 24/7 Receive safe support - treated with dignity & respect 	for people with mental health problems who are in contact with the criminal justice system	ED unscheduled care Core data work	Improved patient experience in E Quicker assessment and faster
 If detained under s136 taken to a place of safety that is appropriate to needs, including alternative places of safety such as crisis café, crisis house, 	T4MH Delivery Plan: - ensure people with co-occurring mental health and substance misuse problems are managed effectively	Patient/service user feedback data	Reduced rate of self-harm Reduced rate of suicide
 sanctuary Receive a timely assessment of needs in accordance with current CMHT guidance Receive timely help, support, care and treatment Have an urgent referral route available from primary care 	'Talk to me 2' Objective 2: To deliver appropriate responses to personal crisis, early intervention and management of suicide and self-harm	Suicide and self-harm prevention action plans	Fewer 'serious incidents' or 'never events'
 2.2 Police, Health Boards and local authorities have an agreed protocol in place to help ensure: Less need for police to use powers under s136 Appropriate and safe means of conveyance is 	T4MH Delivery Plan: ensure that all people in crisis and in contact with police are treated with dignity and respect	Feedback from people who have used services and their families Audits regarding	Early detection of MH needs who within police custody and/or fast signposting to appropriate supposervice
 used that best meet people's needs Swift and easy diversion from criminal justice services to health and social care service, 	SSWBA (14); MH (W) M (10) & MHA 'Service framework for the	outcomes from referrals and assessments Data on the use of s135	More people diverted from crimin justice services to health and soc care services
 including direct links into crisis teams for both s136 and voluntary assessments People with mental illness affected by alcohol or drugs receive a timely and appropriate service 	treatment of people with a co- occurring mental health and substance misuse problem'	and s136 and the conversion rate to informal or Ss2 or3	People receive appropriate and safe means of transport to service that meet their needs
Children & young people are never detained in police custody suites under s136 Availability of real time advice/clinical support from Police control rooms, and MH professional advice always available to the Police	Mental Health Act 1983 Policing and Crime Act 2017 Part 4 Chapter 4	Police & Ambulance data on conveyancing & local authority data regarding detention under MHA	Fewer people being 'bounced' between services

6/9

Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for
3.1 Ensure that people experiencing a mental health crisis are continuously treated with dignity and respect and receive a safe service that meets their needs 3.2 Ensure that the use of restraint is minimised, and all relevant staff are trained in de-escalation techniques and processes 3.3 Ensure seamless transfer of care between and across services, and that effective liaison services are in place 3.4 Ensure people have accurate, timely and up to date information and are aware of their rights 3.5 Ensure that planning for appropriate discharge from hospital takes place as early as possible, and that following discharge appropriate follow up support is provided within targeted timescales 3.6 Ensure there are a wide range of therapeutic activities for people to do whilst in hospital 3.7 Services demonstrate they meet national guidelines and standards relating to inpatient care	T4MH Delivery Plan: - ensure that all services are planned and delivered based on safety and respect T4MH Delivery Plan: - ensure that service users/carers feel listened to and are fully involved in decisions about their own care/family member's care T4MH Delivery Plan: Welsh Government to review the provision and the availability of more structured interventions for individuals within the community that have a personality disorder, mental health issues and substance misuse concerns	Feedback from people who use services HIW inspection/audit reports Reporting of 'serious incidents' and 'Never events' NICE guidelines Accreditation for Inpatient Mental Health Services (AIMS) T4MH delivery plan reports	More people have a positive experience of care, support and treatment provided when in a crisis People spend less inappropriate time in hospital People receive appropriate support to meet their needs once they are discharged from hospital More people with mental health problems are supported by health and social care services rather than by criminal justice agencies

7/9 112/330

Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for
 4.1 Care and Treatment Plans (CTPs) for people receiving secondary mental health services should include: Early warning signs of crisis or relapse – recording the thoughts, feelings and/or behaviours that may indicate when a person is becoming more unwell Actions that need to be taken should a person become more unwell ('crisis plan') Details and contacts of local support that is available to help prevent a person's circumstances escalating into a crisis Who person is most responsive to and who person wishes services to contact when becoming unwell Identifying factors that are significant to a person being able to remain as independent as possible With consent CTPs should be accessible to services that people call at points of crisis 	T4MH Delivery Plan: People with mental health problems to have fair access to housing and related support and promote access to mental health services amongst people who are homeless or vulnerably housed T4MH Delivery Plan: support people with mental health problems to sustain work and to improve access to employment and training opportunities for those out of work and have access to advice & support on financial matters T4MH Delivery Plan: increase the availability of recovery oriented mental health services	Audit of CTPs Service user and carer feedback Housing support services Out of work services Money advice services CALL helpline Peer mentoring services Quality of life indicators	People discharged from secondary mental health services stay well follonger More people living with a mental health condition live independently. Fewer readmissions to hospital More people living with a mental health condition to be in employment, training or education. More people living with a mental health condition to have secure good quality housing.
4.2 People discharged from secondary mental health services or otherwise not in receipt of secondary mental health services are able to access help, advice, information, support and treatment when they need it	T4MH Delivery Plan: People to have access to appropriate information & advice T4MH Delivery Plan: Promote mental well-being and where possible prevent mental health problems developing MH Measure Part 3	LPMHSS records Third sector records and/or feedback Part 3 data	More people living with a mental health condition to know where to receive help, advice and information

8/9

Core principle 5: Data and analysis							
Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for				
 5.1 Ensure both meaningful and accurate qualitative and quantitative data is gathered and held to demonstrate that the needs of people in crisis, or at risk of crisis, are being met 5.2 Ensure data and information is appropriately shared across and within agencies and organisations in accordance with data protection legislation 5.3 Ensure service provision is evidence based or, if not, part of a pilot/trial programme 	T4MH Delivery Plan: To progress the development and implementation of a national mental health core data set capturing service user outcomes T4MH Delivery Plan: To continue to support an evidence-based approach and ensure active research and evaluation is at the heart of service development	Assurance reports provided to MHCJPBs Quarterly assurance provided by MHCJPBs to national CAG National core data set	Evidence available that shows how services are helping people recover and are meeting their needs Increased knowledge and learning across and within organisations and agencies Assurance of increased focus on delivering what matters to people who use health & social care services				

Actions to support addressing this principle	Link to existing plans/legislation	Data/Information sources	Outcomes to be aiming for	
6.1 Ensure effective partnership working across all organisations involved in supporting people in crisis 6.2 Ensure that people can access and receive services through the Welsh language when they wish to do so 6.3 Ensure effective communication processes across and within agencies/organisations involved in supporting people in crisis 6.4 Ensure a Regional communication strategy is in place that informs stakeholders and partners about the Concordat and its impact	T4MH Delivery Plan: ensure service users, families and carers are fully involved in service development T4MH Delivery Plan: ensure Welsh speakers access services through the medium of Welsh when needed and increase welsh language capacity in the workforce T4MH Delivery Plan: ensure public services & third sector work to provide an integrated approach	Assurance reports provided to MHCJPBs Quarterly assurance provided by MHCJPBs to national CAG	People experience a seamless and joined up service during a crisis Increased knowledge and learning across and within organisations and agencies Reduced waste and duplication, and minimised bureaucracy	

REPORT TITLE:	Mental Health N	Mental Health Measure (Wales) 2010								
MEETING:	Mental Health I	Mental Health Legislation Committee MEETING DATE: 4/6/19								
STATUS:	For Discussion	X For Assurance	For X Approva	For Information						
LEAD EXECUTIVE:	Steve Curry – C	Steve Curry – Chief Operating Officer								
REPORT AUTHOR (TITLE):	Ian Wile – Dire	ector of Operations, I	Mental Health							

PURPOSE OF REPORT:

To provide assurance to the committee on the four parts of the mental health measure

REPORT:

SITUATION

The UHB Mental Health Measure performance is reported to and monitored by the Welsh Government on a monthly basis, with reports back to the UHB Performance Monitoring Committee. In recent months the data collection pressures on Mental Health have increased which together with changes to local protocols for community teams have led to data assurance issues which are also detailed in this paper, with proposed solutions.

BACKGROUND

The Mental Health (Wales) Measure 2010 (the Measure), is a National Assembly for Wales law that has similar legal status to an Act of Parliament. The Measure introduces a number of important changes to the assessment and treatment of people with mental health problems in Wales. Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision and are supported by subordinate legislation and guidance

ASSESSMENT AND ASSURANCE

For Parts 1, 2, 3 & 4 of the Measure, local activity and compliance information is collated and submitted to WG via standard reporting templates.





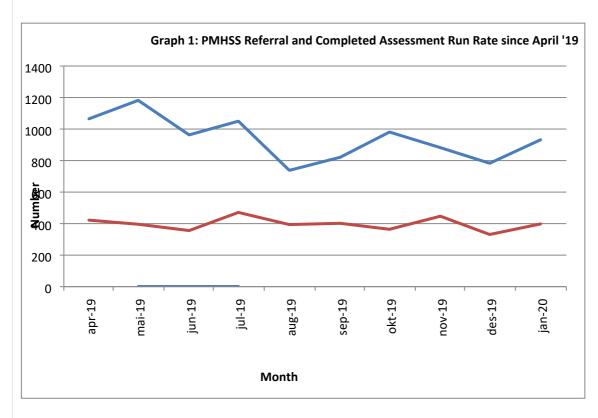
Part 1: PMHSS

Part 1a – 28 day referral to assessment compliance target of 80%

Referral activity this financial year has seen a period of general decrease since Month 03 onwards most likely due to the establishment of the Primary Care Liaison Service. Completed assessment rates have declined slightly perhaps in response to this reduced demand (See Graph 1). As regards the Part 1a performance, over-18 performance has been compliant with the Tier 1 target since September (see Graph 2). Barring huge spikes in referrals (as per October '18) or an exodus of staff (as per early '19), we are confident we will be able to maintain this performance for the over 18 cohort into the foreseeable future.

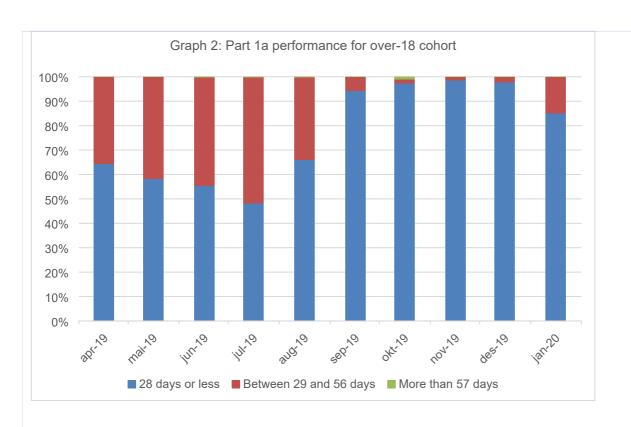
Early forecasts may suggest an increase in referrals based on previous referral behaviour but this is both a very early forecast and a tentative one, and, even if correct, does not imply demand reaching a level that will become unmanageable in the short to medium term (See Graph 3).

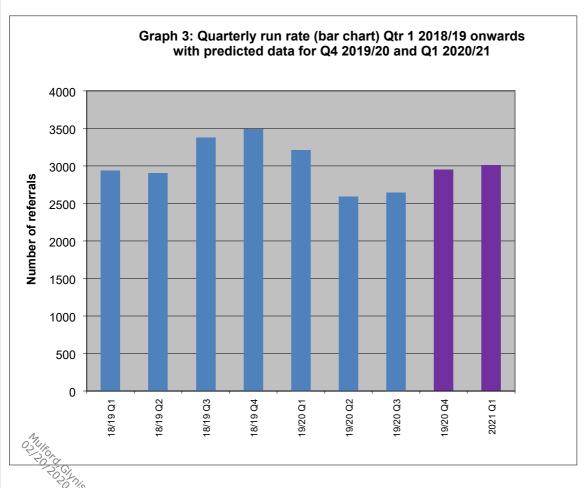
Having clarified reporting processes, PMHSS has been compliant with the Part 1b performance target since August (See Graph 4).



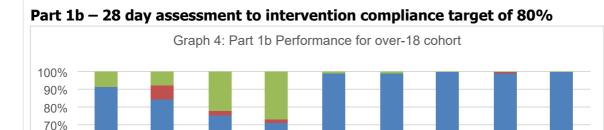








Data Issues – None Currently





Data Issues/ Solution:

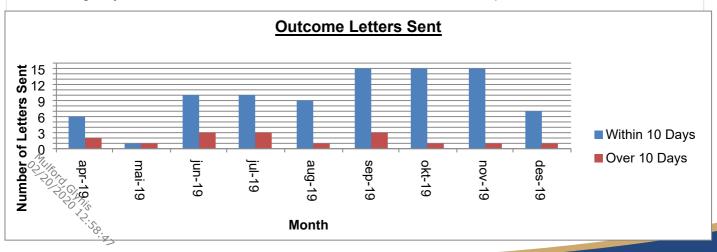
60%

The team leader of PMHSS has clarified with the WG previously through the national community of practice meeting for the PMHSS element of the Measure that preparatory information and advice given in advance of face to face intervention is the beginning of the therapeutic intervention and is within the RTT rules for this activity target.

In the meantime the Clinical Board's position will remain as the above and PARIS has now developed a reliable process of reporting this - With this changed in the report it's taken us from 58% to 96% currently. This report is re-run retrospectively.

Part 2 - See separate report

<u>Part 3 - Right to request an assessment by self -referral -</u> (The target relates to service users who have self referred, having a confirmation letter regarding the outcome of their assessment within 10 days). The below chart details our compliance of the target time of within 10 working days for an assessment outcome letter to be sent to the patient.



Data Collection Issues - In monitoring Initially the numbers seen by Cardiff and Vale were very small and manual data collection was possible. More recently in early 2019 the increase numbers require an electronic monitoring solution due to the resource required to manually collate. This has been allocated to an administrative post in the mental health act office. There is assurance that the date collection method now established is accurate but resource intensive.

Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

Part 4 continues with 100% Compliance.

There has been a slight uplift in activity from Quarter 2 to Quarter 3 but remains consistent with previous years for the third quarter. The discussions continue regarding the renewal of the statutory advocacy contract and specifications are currently being developed with Procurement through Shared Services in liaison with all Health Boards. Cardiff & Vale will continue to jointly contract with Cwm taf LHB to ensure economies of scale and maintain consistency of approach.

Data collection issues - none

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

_		
x	6. Have a planned care system where demand and capacity are in balance	
x	7. Be a great place to work and learn	
x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
	x x	x demand and capacity are in balance x 7. Be a great place to work and learn 8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology 9. Reduce harm, waste and variation sustainably making best use of the resources available to us 10. Excel at teaching, research, innovation and improvement and provide an environment where

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click <u>here</u> for more information

Sustainable	Prevention	x Long	x Integration	x Collaboration	x Involvement	X
development		term				

principle: 5 ways of working							
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Yes / No / Not If "yes" please report when p	e provide cop	y of the asse	essmen	t. This will l	be linked to	the

34/6 A SA TAIS A TAIS A

REPORT TITLE: Mental Health Measure (Wales) 2010 – under 18s **MEETING** 21-02-2020 **MEETING:** Mental Health Legislation Committee DATE: For For For **STATUS:** For Information **Discussion** Assurance **Approval LEAD** Steve Curry – Chief Operating Officer **EXECUTIVE:** REPORT

AUTHOR (TITLE):

Scott McLean – Director of Operations, Children and Women

PURPOSE OF REPORT:

To provide assurance to the committee on the parts of the mental health measure application to children and young people under the age of 18.

REPORT:

SITUATION

The UHB Mental Health Measure performance is reported to and monitored by the Welsh Government on a monthly basis, with reports back to the UHB Performance Monitoring Committee. In recent months the data collection pressures on Mental Health have increased which together with changes to local protocols for community teams have led to data assurance issues which are also detailed in this paper, with proposed solutions.

BACKGROUND

The Mental Health (Wales) Measure 2010 (the Measure), is a National Assembly for Wales law that has similar legal status to an Act of Parliament. The Measure introduces a number of important changes to the assessment and treatment of people with mental health problems in Wales. Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision and are supported by subordinate legislation and guidance

ASSESSMENT AND ASSURANCE

For Parts 1 and 2 of the Measure, local activity and compliance information is collated and submitted to WG via standard reporting templates.



Part 1: PMHSS

Part 1a – 28 day referral to assessment compliance target of 80%

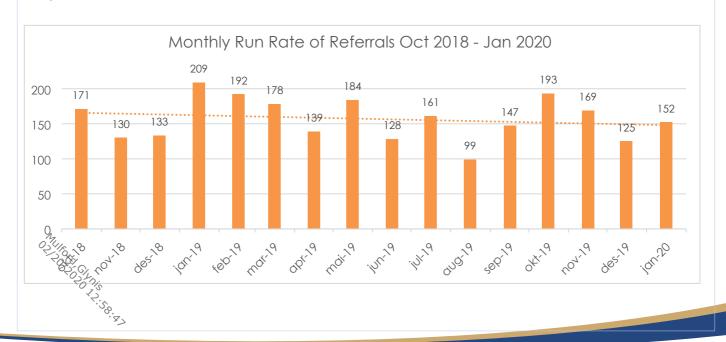
Referral activity this financial year has seen a slight decrease over the period following a significant increase in referrals in quarter 4 of 2018/2019. Referral rates on a monthly basis remain varied but has a general pattern of peaks and troughs expected in line with the school term calendar (see Graph 1).

Performance against the Part 1a target has been non-compliant since April 2019 (see Graph 2). Contributory factors to this have included referral patterns and reduced capacity in the clinical team through vacancies and long term sickness. Additional factors affecting completion of assessments include poor attendance during school holidays and exam timetables.

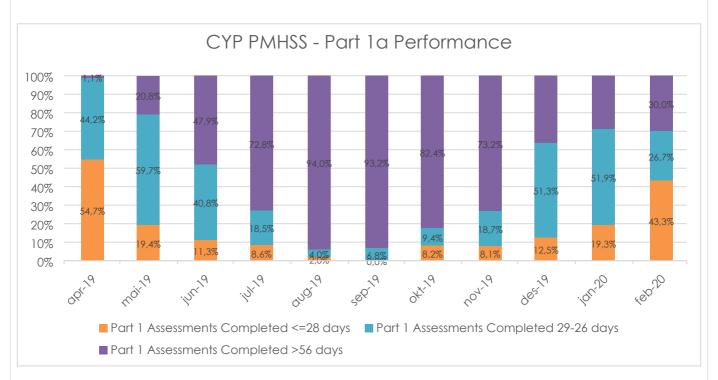
A recovery plan has been implemented, which has included a full review of capacity and demand across the service and a plan for future delivery in line with expected referrals based on historic data. Additional capacity has been delivered over the last three month period through the use of agency staffing, additional Saturday clinics and a bespoke digital solution to reduce the waiting list of patients. This increase in capacity is reflected in the number of completed assessments (see Graph 3).

As can be seen in Graph 2, compliance against the target is improving, with a greater percentage of children and young people now being seen under 28 days and under 56 days. We are confident that the waiting list will be cleared by the end of March and with re-focused capacity and demand planning the Part 1a target will be achieved from April onwards.

Graph 1

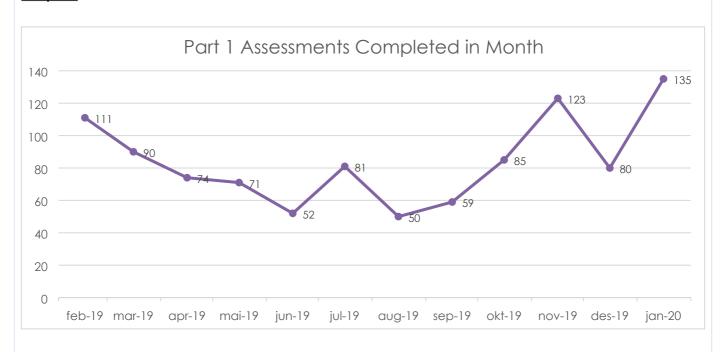


Graph 2



*February 2020 figures as at 10.02.2020

Graph 3

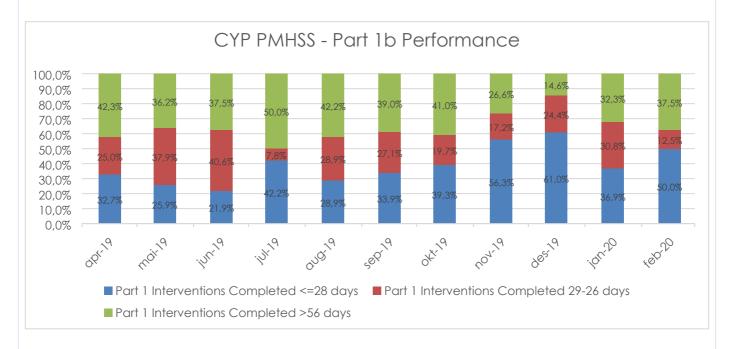


Data Issues – No issues are currently identified

Part 1b – 28 day assessment to intervention compliance target of 80%

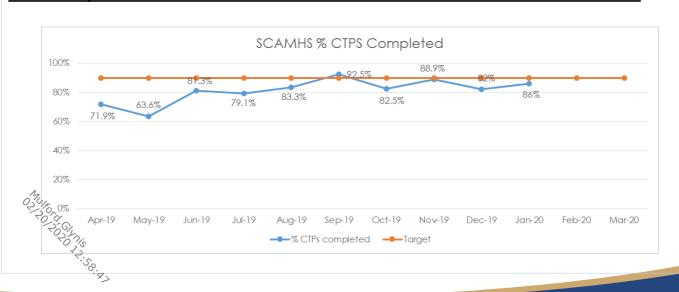
Performance against the Part 1b target has been non-compliant since April 2019 (see Graph 4). Compliance against this target as with Part 1a has been affected by reduced clinical capacity through vacancies and long term sickness, as well as the impact of the focus on the Part 1a assessment waiting list. Performance has been mixed across the financial year, it is expected that performance will be improved from April 2020 onwards following the clearing of the assessment waiting list and refocused capacity and demand planning of the clinical team.

Graph 4



Data Issues/ Solution: No issues currently identified

Part 2 – Specialist CAMHS: 90% Patients with a valid Care and Treatment Plan



Following the repatriation of the Specialist CAMHS service in April 2019, there has been a marked improvement in compliance against Part 2 of the Mental Health Measure. This is in part due to rectifying a data collection issue and in part as a result of a re-focus by the team on ensuring those young people that require a CTP receive this in a timelier manner. All of the patients not currently identified as having a valid CTP have appointments booked in within the next four weeks for the CTP to be completed.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click <u>here</u> for more information

EQUALITY
AND HEALTH
IMPACT
ASSESSMENT
COMPLETED:

Yes / No / Not Applicable

If "yes" please provide copy of the assessment. This will be linked to the report when published.

Kind and caring Caredig a gofalgar



Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility Cyfrifoldeb personol



Care &
Treatment
Plans - Part 2
Compliance and
Action Plan
Update

January 30

2020

Following a poor all Wales report on the quality of Care and treatment plans, the C&V MHCB have established a steering group to respond to this long standing issue.

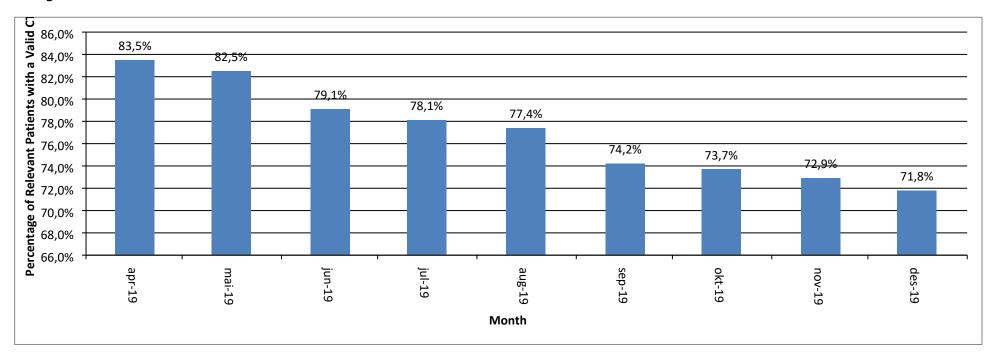
Delivery Unit Assurance Action Plan

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PERFORMANCE COMPLIANCE

Part 2 – Care and Treatment Planning Within Secondary Mental Health Services

This standard requires a valid care and treatment plan for all 'relevant' service users on secondary care mental health caseloads - target 90%:



Data Issues/solution

The C&V MH service has had an electronic patient information system for a number of years which has been utilized for the purpose of data collection. This has not been ideal in that often duplications of patient's records and care plans are generated as patients pass through different teams in the service which can skew results.

These have been cleansed routinely. In addition C&V MHCB has recently changed its position on how identify 'relevant' patients on our secondary care caseloads as there are growing cohorts of individuals who do not meet relevant status with sufficient complexity or seriousness of need to require MDT to support them. These patients are to be re-categorized in the service as Part 1 with an enhanced monitoring service for them as described in the associated new policy RAMP. Additional challenges have been identified with the record of the care plan being 'valid' – ie reviewed within an adequate time period or at least 12 months. The PARIS team have only now identified a process of data collection for this and now provides this information to the MHCB routinely. The provision of this performance data will commence from the April 2020 period to allow 3 months of reliability testing of this method and for clinical teams to respond to the more exacting documentation standards. In the meantime the MHCB will continue to produce WG performance data through the traditional reporting method which is expected deteriorate as more patients are recategorized to the RAMP protocol without PARIS currently recognizing thisv— the DU and WG have had their attention drawn to the shortfalls of this and agree with the MHCB approach.

In terms of the quality of CTPs please see below the CTP Improvement/Assurance Action plan

ACTION PLAN - PART 2

Part 2 of the Mental Health (Wales) Measure 2010 (the Measure) places a statutory duty on Local Mental Health Partners to ensure that all patients who are accepted into secondary mental health services have a written care and treatment plan (CTP) that is developed and overseen by an appointed care coordinator.

Following a poor audit by the Delivery Unit of CTPs across Wales in 2018, C&V was identified as being no exception. The report was Clinical Board wide and required a Clinical Board wide response, hence the chair of the improvement steering group being the

CARE & TREATMENT PLANNING IN MENTAL HEALTH SERVICES

Director of Operations. The Mental Health CB and the UHB will monitor the improvements through the Mental Health Legislation Committee. The Delivery Unit made specific recommendations for C&V see below:

- 1. The Health Board and partner agencies should re-commence a training programme that emphasises the development of outcome focussed and co-produced care and treatment planning.
- 2. The Health Board and partner agencies should ensure that the formulation of risk and the management of an individual's safety is clearly evidenced, including detailed and wherever possible, personalised crisis planning.
- 3. The Health Board and partner agencies should ensure that formal reviews of CTPs are undertaken in a timely manner that does not exceed the statutory duty for review.
- 4. The Health Board and partner agencies should ensure that there is an integrated and joined up approach between mental health and drug and alcohol services for people who experience co-occurring issues.
- 5. Care Coordinators should ensure the inclusion of third sector agencies that are providing regular and ongoing support to an individual within the assessment, planning and review processes.

<u>Refreshed Action Plan for the DU – For Review 6 Monthly</u>

Delivery Unit /UHB Recommendation			Review Notes
The Health Board and partner agencies should recommence a training programme that emphasises	and development and the following characteristics:	Ownership and lead of Action Plan overall - Ian Wile- Director of Ops – to review the action plan and its contents every 6 months – April 2019 / September 2019 / April 2020 / September 2020	January 2020 – Action plan updated for the MHLC in Jan 2020 I Wile
the development of outcome focussed and co-produced care and treatment planning.	•	Project Support - Dan Crossland – Community Transformation Lead	First wave of 'Care Aims' awareness

(Refers in the main to adult services)	 Focuses on a Pilot site in the Vale community mental health services CARE AIMS model supported as a training and clinical practice tool to meet these needs. Ensure a sufficient resource is available from the multiagencies involved to support the rollout to at least 50% of the pilot site staff in the recently merged Vale of Glamorgan Locality Team in year 1 and 80% of MH clinical staff over 2 years. For all integrated managers and lead nurses in community and hospital settings to discuss this action plan and its contents across community and in-patient settings over the next 4 months 	Training and Education subgroup established – November 2018 – Chair – I wile – Director of Ops – to establish CARE AIMS Training provider and coordinate a training plan Comms regarding action plan – April – August 2019	raising/training — further Care Aims training bid to the WG transitional funds approved and to be implemented from April to November 2020.
2. The Health Board and partner agencies should ensure that the formulation of risk and the management of an individual's safety is clearly evidenced, including detailed and wherever possible, personalised crisis	Review the simplicity of documentation related to risk assessment and risk management and refine where necessary (layers of documentation have developed with the various iterations related to the use of CPA, UA and now CTP) and change/reduce where necessary	Review of Documentation between March 2019 and March 20	Team of 5 part time WARRN trainers expanded to 10 who are tasked with simplifying the risk assessment and risk management documentation
planning.	Deliver Risk Assessment & WARRN training in sequence with CTP training to 75% of staff in	Cycle of training, audit tools and methods	This team has

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	next 2 years (90% of registered nurses within that) Audit compliance every 4 months alongside CTP audit (Delivery Unit Audit Tool) and feed-back to the steering group, MHCB Q&S Committee and report into the MHLC.	agreed – WARRN training commenced and refreshed CTP training to commence in January 2019 over 2 Year period – WARRN training Team Line management audit leads for all clinical areas in adult services to agree audit cycle and feedback method to the directorate and clinical board at least 3 times a year of the quality of risk assessments and CTPs based on the DU audit. Due in May 2019. To feed back this data to the teams for learning to take place on each audit cycle	commenced WARRN training and are on target to train 75% of staff in the required timescale. Audits currently undertaken by the Innovations Team and Integrated managers using the Audit tool originally used by the DU. Gradual improvements seen in risk assessments, crisis plans and
3. The Health Board and	See training notes in no. 4 above.	Ian Wile/Sunni Webb Leads – lists go to	relapse indicators. Completed the
partner agencies should	Continue to simple the of all and the state of all all all all all all all all all al	Community Leads/Managers in Adult and	necessary alterations to the Patient
ensure that formal reviews of CTPs are undertaken in a	Continue to circulate lists of clients with 117 after-care responsibility to the integrated	MHSOP community Teams bi monthly	to the Patient electronic record on
timely manner that does not	managers for use with MDT reviews	Community Senior Nurse Managers for MHSOP	PArIS – auditing on a
27/6		and Adult Teams	monthly basis with
review,	For Community service leads to develop a	Consultant Psychiatrists	slow improvements
reviews	process of reminding case managers of review	Psychology Leads	being made. Ongoing training and support
*>	times which could include a PARIS flagging	Social Work Leads	daning and support

	process.	OT and Physio Leads	provided to front line
	process.	Complete by June 2019	clinicians
		Community Senior Nurse Managers for MHSOP	
		and Adult Teams	
	Develop a caseload supervision process to	Consultant Psychiatrists	
	regularly support practitioners with caseload	Psychology Leads	
	management and standards of clinical practice	Social Work Leads	
	records including CTPs.	OT and Physio Leads	
		Complete by June 2019	
	See 2 for CTP Audit Actions	All above	
4. Care Coordinators should	A draft plan is:	This is a challenging plan with a meeting/event	All community
ensure the inclusion of third	To arrange for local third sector agencies to	planned with the third sector umbrella	services now have
sector agencies that are		organization for C&V (CAVAMH) to explore a	3 rd sector
providing regular and	pathway links with the local statutory services.	detailed and achievable action plan for this – to	5 55515.
ongoing support to an	,	be the responsibility of:	representation on access and referral
individual within the	For relevant local third sector agencies to have a	-	
assessment, planning and	presence in Community teams.	Ian Wile _ Director of Ops	meetings with local directories of all 3 rd
review processes.		Dan Crossland – Transformation Lead	
	To include within the core mental health	Linda Newton – Cavamh lead office	sector providers in
	assessment a question exploring the input of any	Integrated Managers – of CMHTs	community teams.
034/03/03/03/03/03/03/03/03/03/03/03/03/03/	third sector support.		Co-production lead
40.40 M			post due to be
367%	To ensure advocacy services area available		appointed in 2020
`.:%	where required.		alongside a recovery

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	Commission Cavamh to do evaluate this aspect of CTP coordination.		college of peer support worker trainers into MH services to promote partnership working with SUs at the centre.
5. The Health Board and partner agencies should ensure that there is an integrated and joined up approach between mental health and drug and alcohol services for people who experience co-occurring issues.	substance misuse services to improve Integrated working – an ANP in general adult with a significant element of the role dedicated to dual diagnosis and sessional time from a senior clinician in Substance misuse services – both roles to work collaboratively and focus on	Complete – post holder in place and improvement method agreed. ANP leading. Funding secured – recruitment to commence January 2019 – Neil Jones CD adult services and Paul Sussex Senior Nurse Substance Misuse services leading.	Completed Actions Duel diagnosis posts in place, and joint working between Community generic services and addictions services commenced with service users spanning both areas.

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CARE & TREATMENT PLANNING IN MENTAL HEALTH SERVICES

	To seek feedback from Service Users and audit of caseloads to evaluate.		
	MHCB Added Iss	ue	
6. Lack of clarity over which service users in secondary care community services meet the 'relevant patient' status to ensure efforts are targeted at those most in need.	users such as those with ADHD and those who are stable in services require and are receiving a service equivalent to secondary care. If not and the care and treatment is primary care	services to develop a protocol for consultation describing a step down recovery 'primary care' equivalent service within CMHT caseloads not	complete and ratified within the Mental Health Partners rollout commenced for the Vale and Gabalfa

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Report Title:	Adult Liaison Psychiatry Operational Policy				
Meeting:	Mental Health and Capacity Legislation Committee Meeting Date: 21.02.				
Status:	For Discussion	For Assurance	For Approval	For Information	
Lead Executive:					
Report Author (Title):					

Background and current situation:

Department of Liaison Psychiatry has been without an operational policy to outline the roles and processes involved within the team until this document was written. This document provides all essential and necessary information regarding the operational assumptions and services for the Department of Liaison Psychiatry to deliver the service.

The document outlines the referral pathways for each element of the service and specifies the expectations of the team in order to provide a consistent approach to care.

The document has been out for consultation and received one feedback comment for information to be added about risk management with liaison psychiatry which has been added to the final document.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Executive Director Opinion:

Key issues: The service is currently in development phase of accreditation with the Royal College of Psychiatrics, Psychiatric Liaison Accreditation Network (PLAN).

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

Lone working guidelines within liaison psychiatry are included in the document Following the consultation period, a guiadance has been added regarding the risk management of service users accessing liaison psychiatry.

Recommendation:

For the operational policy to be approved by the Committee.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1/2



Health Impact Assessment Completed: Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.										
Prevent	on	Long term	In	tegratio	n		Collaboratio	on	Involvement	
	Five W	ays of Workin Please tid	• •				pment Prince for more info	• •	onsidered	
care					10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives					
pop	Offer services that deliver the population health our citizens are entitled to expect				9.	 Reduce harm, waste and variation sustainably making best use of the resources available to us 				
				8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology						
	Deliver outcomes that matter to beople			7.	Ве	a great plac	e to work	and learn		
1. Red	ice heal	th inequalities			6.		ve a planned mand and ca		stem where e in balance	x





Reference Number:	Date of Next Review: To be included when
Version Number: 1	document approved
	Previous Trust/LHB Reference Number:
	No previous policy

Operational Policy - Department of Liaison Psychiatry

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will provide a Department of Liaison Psychiatry as part of the Mental Health Clinical Board in Cardiff and Vale University Health Board. This document is intended to provide all necessary information regarding the operational assumptions, services and workforce needed by the Department of Liaison Psychiatry to deliver the service.

Policy Commitment

The Department of Liaison Psychiatry provides psychiatric and psychological care to people in the University Hospital of Wales, to those who are admitted to Gwenwyn / Poisons Ward, University Hospital of Llandough, and to those who attend the HIV Clinic at the Department of Sexual Health, Cardiff Royal Infirmary.

Other supporting documents are:

- Royal College of Psychiatrists Psychiatric Liaison Accreditation Network (PLAN) (2017)
- Royal College of Psychiatrists –Standards for Community Based Mental Health Care (2015)
- National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence – Better Access to 24/7 Urgent and Emergency Mental Health Care (2016)
- Welsh Government (2016) Together for Mental Health Delivery Plan

Scope

This operational policy outlines the objectives, responsibilities and legal requirements which support staff working within the department of liaison psychiatry. The operational policy also informs other UHB staff regarding the referral requirements and services provided.

Equality and Health	An Equality and Health Impact Assessment (EHIA) has been
Impact Assessment	completed and this found there to be no impact.

Policy Approved by	To be identified
Group with authority to	To be identified
approve procedures	

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written to explain how this policy will be implemented	
Accountable Executive	To be identified
or Clinical Board	
Director	

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments				
Version Number	Date Review Approved	Date Published	Summary of Amendments	
1	Date approved by Board/Committee/Sub Committee dd/mm/yyyy	TBA [To be inserted by the Gov. Dept]	State if either a new document, revised document (please list main amendments). List title and reference number of any documents that may be superseded	
2				



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1. Introduction

Typical presentations to the service include individuals with co-existing psychiatric and physical conditions (e.g. an individual with schizophrenia and renal failure); psychiatric disorder that arises as a result of a medical condition (e.g. depression precipitated by a diagnosis of cancer); psychiatric symptoms with an organic basis (e.g. acute confessional states and dementia); unexplained medical symptoms, conditions such as irritable bowel syndrome and chronic pain syndrome, and issues around capacity and consent. In addition, the Liaison Psychiatry Service is actively involved in teaching and research. This document aims to provide clear procedural guidelines for the service.

The Department of Liaison Psychiatry provides psychiatric and psychological care to people in the University Hospital of Wales and those who are admitted to the Nation Poisons Ward, University Hospital of Llandough. A range of mental health disorders present to this service including adjustment reactions, anxiety disorders, traumatic stress, depressive episodes, somatoform disorder, sleep disorders, sexual disorders, self-harm, medically unexplained symptoms and psychotic episodes. In addition to engaging, assessing and managing this patient group, we aid in planning the future care of these patients by appropriate referral to other mental health teams and non-mental health services. The main groups of people seen within our department include:

- Patients who self-harm
- Patients with co-morbid physical and mental health problems
- Patients with medically unexplained symptoms
- Patients with delirium

We accept referral for assessment and management for patients between the ages of **18 and 65** who present with mental health difficulties associated with physical illnesses and problems.

An important role of our service is directed towards providing education and training to the staff in this hospital on mental health issues for patients in a general hospital and liaison psychiatry.

1.2 Main areas of service provision

The Department of Liaison Psychiatry provides a range of services. These include:

 Mental health assessment and initial management for patients currently on inpatient wards at the University Hospital of Wales suffering from a physical illness or disorder but with associated psychological or mental health problems or in need of a mental health assessment.

A consultation/advice service for healthcare professionals at UHB about the psychiatric and psychological treatment and management of individual patients or more general issues regarding their patient group.

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- The assessment of all patients referred presenting with episodes of selfharm, in the Emergency Department and on the wards. The assessment and treatment of patients presenting with a mental health crisis at the Emergency Department.
- Education and training for the staff and students of UHB, Cardiff University medical and nursing School
- Support and advice to carers.

The Department of Liaison Psychiatry provides a general liaison psychiatry service to the following clinical areas of a large teaching hospital:

- Emergency Unit based at UHW.
- Inpatient beds at the UHW
- Outpatient clinics at the UHW
- Poisons Unit, Llandough Hospital
- HIV clinic, CRI
- Rookwood Hospital
- Outpatient referrals from Velindre Hospital

Following are the main clinical services provided by this department.

- 1. Psychiatric assessment and management to patients admitted on general wards in UHW.
- 2. Psychiatric assessments to those referred to the outpatients clinics run by the department.
- 3. Mental health assessments at the Emergency Unit based at the UHW site.
- 4. Psychosocial assessments to those admitted to the Poisons Unit at UHL site.
- 5. Screening and treatment for psychological service for Liaison Psychiatry referrals (mainly CBT and EMDR).
- 6. Screening and treatment for psychological service for occupational mental health work for SWFS and Cardiff Council (mainly CBT and EMDR).

The service aims to be sensitive to the different needs of the local population and to ensure that there is equity of service delivery for all clients, irrespective of ethnic background, gender, culture, marital status or sexual orientation.

1.3 Duty of Care

The Liaison Psychiatry Service offers a consultative service to UHB. The overall duty of care remains with the referring department or team until such time as the patient is discharged, or admitted under the care of another service.

It should be noted that referral to the service does not constitute a transfer of care.



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1.4 Team Base

The Department of Liaison Psychiatry offices are located at the following address:

1st Floor Monmouth House, University Hospital of Wales, Cardiff.

Telephone: 02920 743940/ 02920 744129

Fax: 02920743928

1.5 Current Team

Consultant Liaison Psychiatrist Full time
 Core Trainee (CT3) Full time

Specialist Trainee (ST4-6)
Supernumerary if appointed.
Cognitive Behaviour Therapist,
5 sessions Liaison psychiatry

3 sessions (Traumatic stress

funded),

4 sessions (Fire service funded)

Cognitive Behaviour Therapist Full time.

(Cardiff Council funded post)

1x half time

HIV Specialist Liaison Nurse
 1 session per week

Specialist Liaison Nurses
 Specialist Liaison Nurses at Gwenwyn Ward
 Team Administrator
 Assistant
 5 x Full time
 1x Full Time & 1x 15 hours
 Full time
 Full time

Our Medical Liaison Psychiatry inpatient Team covers 9am-5pm Monday to Friday. The specialist Liaison nursing team covering the EU/AU/ A1 South/ Poisons ward are 7 days a week and can include Early (0700-1500), Late (1100-1900), 0900-1700 and Twilight shifts (1700-0100). This covers a range of time from 07:00am until 01.00amin EU/AU/ A1 South, with the cut off for referrals one hour before the end of the shift. Poisons ward is covered 0900-17.00 only.

Due to the outreach duty doctor shift pattern, between the hours on 0100-0300 the crisis team will support any referrals from the EU and can be contacted through the shift coordinator.

Outside of these hours it is the role of the outreach Dr for psychiatry to cover any urgent assessments requested.

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1.6 Links with Other Services

The department operates within a network of local health and social services:

- Community Mental Health Teams.
- Medical, surgical and specialist services including Emergency Unit.
- Drug and alcohol services.
- Traumatic Stress Clinic.
- Liaison Psychiatry for Older People Mental Health Services for Older People (LPOP - MHSOP).
- Peri-natal service
- Services for learning disability.
- Child and Adolescent Mental Health Services.
- Child protection services.
- General Practitioner.
- Social Services.
- Occupational Health Departments of South Wales Fire Service and Cardiff County Council.
- Veterans Service.

2. Inpatients at UHW: covered by Liaison psychiatrists

2.1 Referral criteria

- 1. The client is aged between 18 and 65 years.
- Inpatient referrals for those admitted to the University Hospital of Wales:
 - The team accepts referral for those with identified concerns suggestive of a need for a psychiatric admission from most wards of the hospital. We appreciate that many inpatients are not resident within the Cardiff area but receive treatment for their physical illnesses from this hospital.
 - We request a completed standard referral form (see appendix), which ensures an efficient and prompt response.
 - In cases where the most appropriate course of action is not clear e.g. degree of urgency, the staff referring the patient is advised to contact the team. A member of the team will be happy to discuss and advise.
- 3. For inpatients in University Hospital of Llandough (UHL), referrals for non-urgent assessments, with the exception of the Poisons Unit, are dealt with by the patient's locality CMHT..
- 4. If an urgent assessment is needed for an inpatient in UHL, a referral should be made to the duty trainee psychiatrist via switch.
- 5. Individuals under the age of 18 and still at school, should be referred to the Child and Adolescent Mental Health Services (telephone no: 02920 336302).

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6. Individuals over the age of 65 should be referred to the MHSOP Service (telephone no: 20742093) or to the team that covers their sector.

2.2 Referral Process

Patients should be referred for a Liaison Psychiatry consultation using the 'Request of Opinion' form (Appendix 1) which is available on all the wards of UHW. This should be faxed to extension 43928 (UHW).

To allow the service to provide an appropriate response according to clinical need, the referral form indicates the following three options:

I. Urgent: Within 24 hours.

II. Rapid: Within 3 working days.

III. Routine: With one week

Referral form should indicate the timeline and urgency for the assessment to take place. Unfortunately, within the limited resources available at present, it is impossible to assess everybody on the same day they are referred. It is therefore important that individuals are referred as soon as it is agreed that a referral would be appropriate and, where possible, on a non-urgent basis.

In cases where a more urgent referral is required, individuals are encouraged to telephone the Department of Liaison Psychiatry in addition to faxing the form, and ask to discuss with a member of the team. This may result in an individual being seen as an emergency or within 24 hours of referral.

2.3 On-going Support

If, after assessment, it is agreed that an individual requires on-going support, this can be provided in a variety of ways, according to clinical need:-

a) Regular review by the Liaison Team

This may involve members of the Liaison Team visiting weekly or several times per week to review the psychiatric management of a patient. Both medical and nursing input can be provided.

b) One to one care

In some instances, usually due to risk factors such as risk of suicide or because an individual's mental state is making management difficult, a decision will be made that an individual requires a higher level of observation than the nursing staff on the ward are able or trained to provide. In such instances a joint decision will be made as to the appropriate observation level by the Liaison Psychiatric team and the ward staff.



If it is agreed that one to one psychiatric support is required, the ward manager will be responsible for arranging the temporary employment of an additional member of staff, usually through a bank or agency. The

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member of staff may or may not need to be nurse trained, but should have experience of dealing with individuals with mental health difficulties and will be supervised by the ward manager and the Department of Liaison Psychiatry.

c) Post discharge

If the Liaison Psychiatry team has been involved, they and all other mental health professionals should be informed of the discharge and involved in planning aftercare as indicated before discharge.

d) Transfer of Patients from Non-Psychiatric Wards to Psychiatric Wards

If, after assessment, it is agreed that a patient requires transfer to a psychiatric ward, the Department of Liaison Psychiatry or duty psychiatrist should discuss the details with the relevant Crisis Resolution and Home Treatment Team (CRHTT).

Transfer arrangements and timings should be agreed by nursing staff on the two wards and the Shift co-ordinator at Hafan y Coed Hospital when transfer is to a psychiatric ward in Cardiff.

At times an individual will be too unwell for transfer to a psychiatric ward and in such circumstances it may be more appropriate to nurse them on a general ward with additional support, as outlined above. If any disputes occur, these should be resolved between the Ward Manager, Consultant Liaison Psychiatrist and the Consultant in charge of the patient.

e) Transfer of Patients from Psychiatric Wards to Non-Psychiatric General Hospital Wards

This should involve similar assessment arrangements as detailed above. In an emergency a full assessment before transfer may not be possible.

f) Legal Issues

It is sometimes necessary to detain an individual with suspected mental disorder on a non-psychiatric ward, pending a full assessment by a Section 12 Approved Doctor (usually Staff Grade, Specialist Trainee (ST4-6) or Consultant Psychiatrist).

In such circumstances it is appropriate for the Responsible Medical Officer (the patient's Consultant), or their nominated deputy (a registered medical practitioner, usually the Senior House Officer), to detain an individual using Section 5(2), if they believe that the individual would be likely to be detained under another section of the Mental Health Act when reviewed by a Section 12 Approved Doctor.

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The appropriate form should be completed and then faxed to Hafan Y Coed Hospital. During normal working house (Monday to Friday 9. a.m. to 5 p.m.) the form should be faxed to the Mental Health Act Office at Hafan Y Coed The Mental Health Act Office should be telephoned before the fax is sent on **02920336358**. Outside normal workings hours, the Duty Shift Co-ordinator at Hafan Y Coed Hospital) **02920693191** should be contacted and the form faxed to them. It is only on receipt of the form that the Section 5(2) is legally in place. Section 5(2) forms can be obtained from the Mental Health Act Office at Hafan Y Coed Hospital.

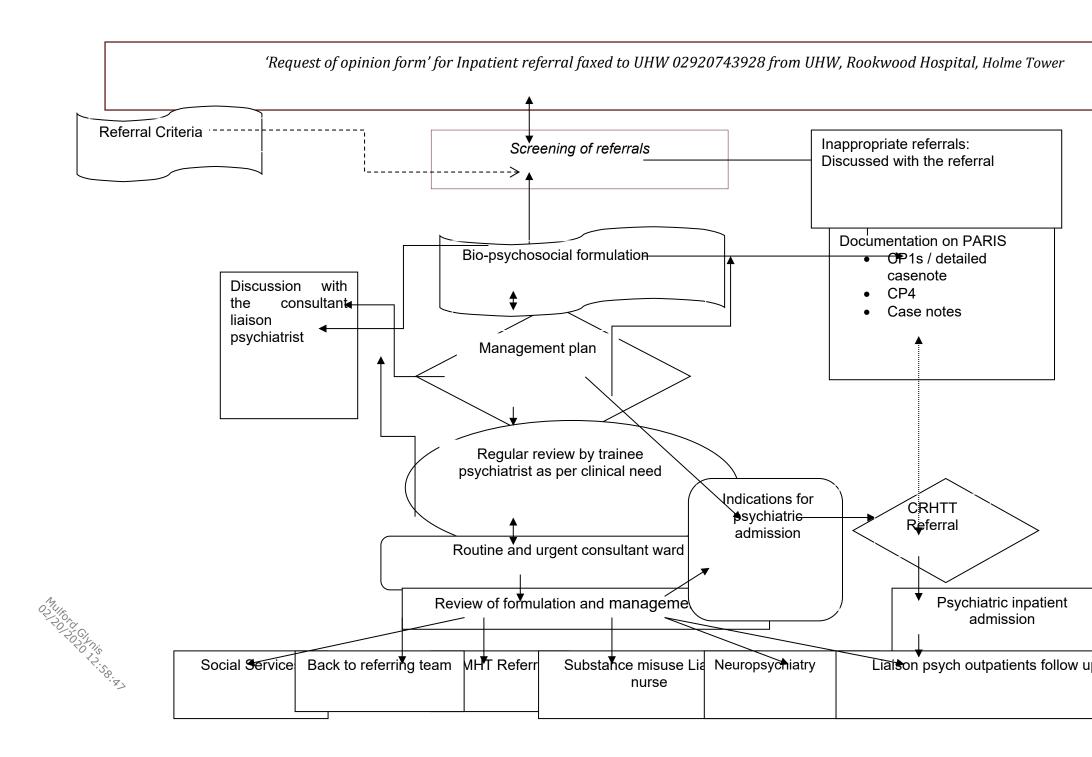
If they have not been contacted already, the Department of Liaison Psychiatry at UHW (in normal working hours, telephone 02920743940) or the Duty Shift Coordinator (outside normal working hours via switch) should be informed that the Section 5(2) has been completed. They will arrange for a Section 12 Approved Doctor to review the individual within 24 hours or sooner if necessary.

g) Telephone Advice

If advice is required regarding the management of an inpatient, this can be obtained by phoning the Department of Liaison Psychiatry between 8 a.m. and 5p.m. Monday to Friday, or by contacting the duty Liaison Psychiatrist or Shift Co-ordinator via UHW Hospital switchboard at other times.



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3. Outpatient Clinics

We accept referrals for any patient residing in Cardiff and Vale area including other hospital sites of the UHB.

These clinics are held on Monday afternoons and Thursday mornings in Monmouth House, UHW.

Outpatient referrals:

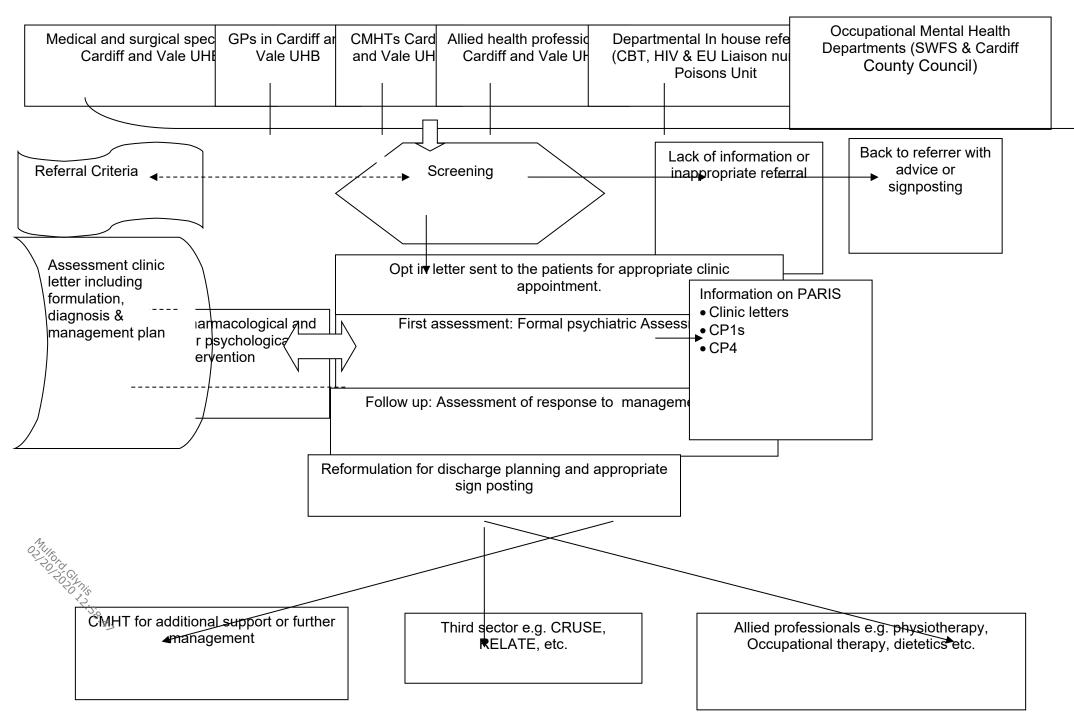
- The client is registered with a GP in Cardiff and lives in Cardiff and Vale area.
- The client has identified mental health concerns for which a referral letter is written to the team.

Outpatients should be referred by letter to the, Consultant Liaison Psychiatrist, in the usual way, preferably with a summary of medical history.

If you are unsure whether ours is the most appropriate service to refer to, please do not hesitate to ring and discuss.

Referral criteria	 Working age Living with Cardiff and Vale UHB catchment area Response to opt in letter
Screening process	 Referral screened by consultant psychiatrist for suitability for further assessment Absence of major risk indicators (according to referral information) Discussion with referrer where indicated
Assessment process	 Formal psychiatric assessment with specific focus on physical presentation (informed by bio-psycho-social model) Assessing suitability for psychological intervention Risk assessment Mental state (+/- cognitive) assessment Bio-psychosocial informed formulation and management plan
OUTPUT	 Summary assessment letter CPA1A Risk assessment Case notes
Interventions	 Implementation of management plan (see above)
Range based on	+/- pharmacological management
National Guidelines	 +/- evidence based psychological intervention
OUTPUT	 GP discharge letter

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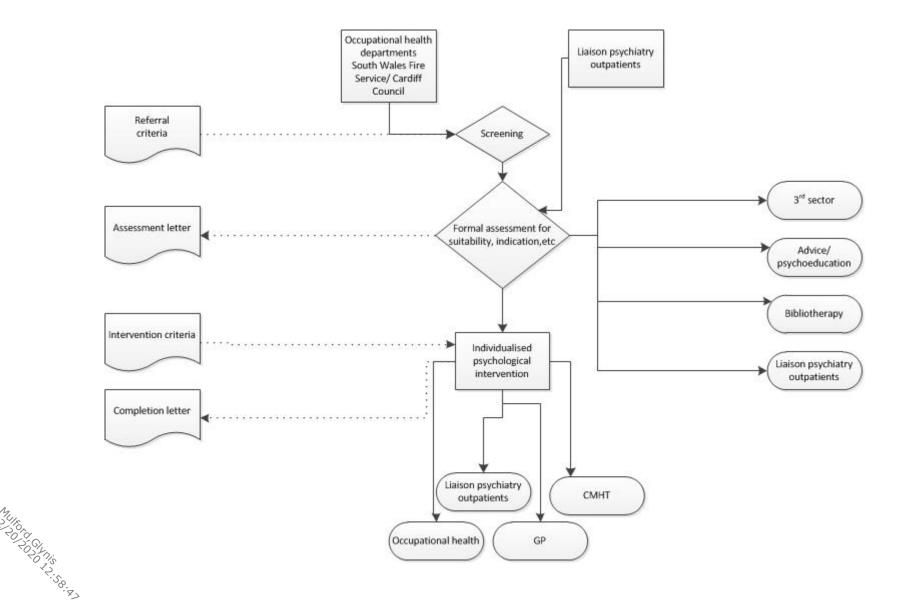
4. Cognitive behavioural therapy

Apart from providing CBT/ EMDR for the patients referred to the Department of Liaison Psychiatry the department has also established partnership with the occupational health departments of the South Wales Fire and Rescue Service and Cardiff Council. Partnership with the SWFRS was set up 12 years ago. It currently funds 4 sessions for CBT. Similarly the Cardiff County Council funds full time therapist as well.

Referral criteria	 Working age, working for organisations outlined in flow chart OR
	Prior assessment in liaison psychiatry outpatient clinic
Screening process	 Referral screen by consultant psychiatrist for suitability
	 Absence of major risk indicators (according to referral information)
	 Discussion with referrer where indicated
Assessment process	 Suitability for CBT (based on criteria adapted from for short term cognitive therapy, Safran and Segal, 1990) Definition of target problems Cognitive behavioural/EMDR formulation Psycho education
OUTPUT	 Summary assessment letter +/- CPA1A +/- risk assessment (if indicated)
Interventions	 All psychological interventions are based on CBT model and can incorporate :
Range 8-16 sessions	 Formal CBT Psycho education Guided self help Bibliotherapy EMDR
OUTPUT	Discharge letter



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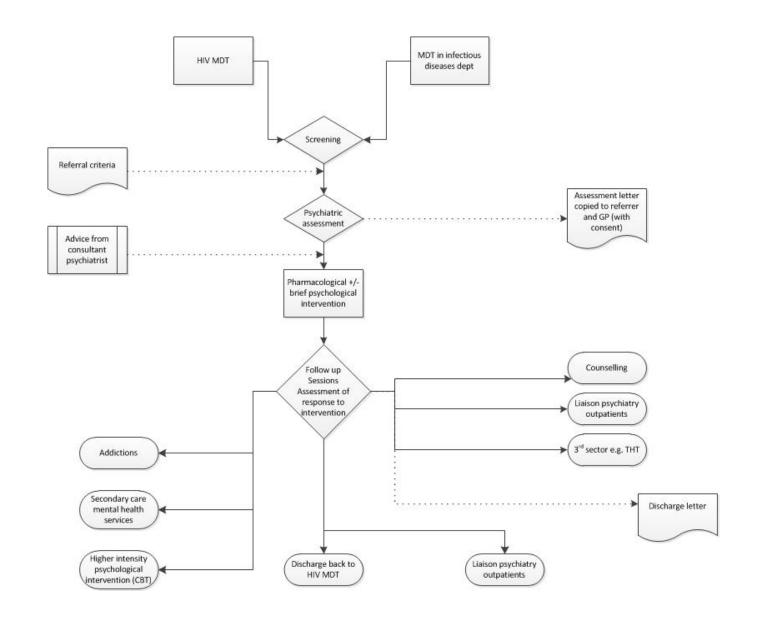
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5. HIV Nurse Led liaison clinic

Referral criteria	HIV positiveTreated within Cardiff and Vale UHB		
Screening process	 Referral forms screened by liaison nurse Discussion with referrer/GP where indicated 		
Assessment process	 Bio-psycho-social holistic assessment with a focus on psychological symptoms Therapeutic interview 		
OUTPUT	Summary assessment letter(GP summary -with consent of patient)		
Interventions	Brief psychological intervention (low intensity)		
Range 8-16 sessions	 Anxiety management Guided self help Psycho-education Problem solving Brief CBT Pharmacological treatment (with support of consultant psychiatrist) Monitor effect of pharmacological 		
OUTPUT	treatment Discharge letter		



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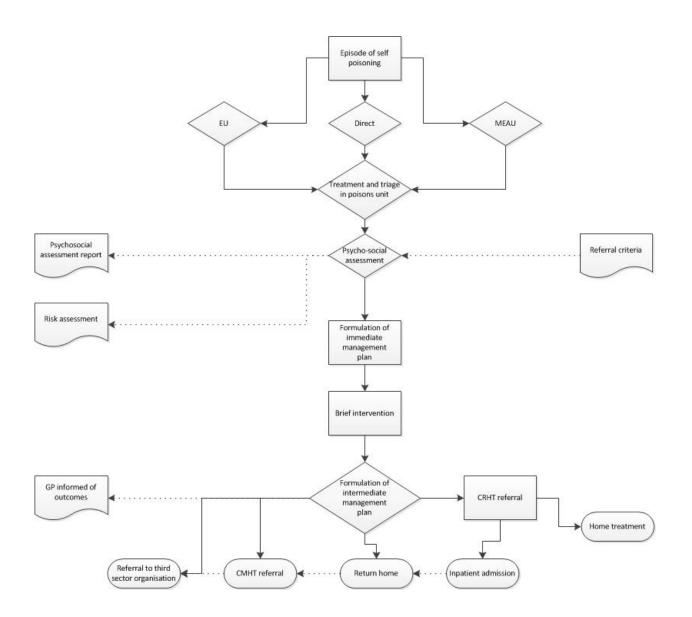
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6. Gwenwyn - Poisons unit

Referral criteria	 Episode of self poisoning 18 -65 years of age (separate arrangements for old age and for 16 – 18 year olds) Medically fit for interview (no significant clinical 		
	symptoms i.e. vomiting, drowsiness, no major treatments required)		
	Not acutely intoxicated / delirious		
Screening process	Referrals screened by liaison nurse / doctor		
	+ Discussion with referring team		
	Information gathering from GP, collateral		
	sources, Cardiff and Vale UHW electronic notes		
Assessment process	 Bio-psycho-social holistic assessment with a 		
·	focus on psychological symptoms (in keeping		
	with NICE guidance)		
	Therapeutic interview		
	Risk assessment		
	Formulation of immediate management plan		
OUTPUT			
OUTPUT	Swellwyll Ward / Glocilo Offic pro forma		
	• +/- CP1A		
	+/- Risk assessment		
Interventions	Problem solving		
	Psycho education		
	Practical advice		
	 Discussion with family (where appropriate) 		
OUTPUT	 Discharge letter to GP +/- CMHT 		



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7. Emergency Unit (EU)

Referrals from the Emergency Unit including Ward A1South : covered by Specialist Liaison Nurses

7.1 Referral criteria

Specialist liaison nurses cover all areas of the emergency unit, which covers:

- EU Triage
- Minors
- Majors
- Ambulatory
- Streaming
- Resus
- Assessment Unit North/South/Lounge
- Ward A1 South (MDU)

The criteria is an individual aged between 18 to 65. Patients need to be confirmed as medically fit prior to request for a Liaison assessment and patients are to be informed that a Liaison referral is indicated. We aim to review all patients referred within one hour or receiving a referral.

7.2 Referral Process

It is necessary to complete, with the patient, the 'Bristol Mental Health Matrix' assessment tool which can be found in all relevant emergency department areas. This provides an indication of the urgency or need for a mental health assessment. Once this has been completed the Liaison team should be contacted to discuss the outcomes of the Matrix and to arrange an assessment if necessary. The Matrix should only be competed with patients when they are medically fit, not intoxicated or under the influence and willing for a referral.

Referral's from the defined areas above which are supported by the Specialist Liaison Nurses can be processed over the telephone and/or face to face. Specialist Liaison Nurses can be contacted on 02920 744129 or bleeped on mobile number 07623 906171.

The outreach Dr supports Liaison Psychiatry Specialist nurses, and may be required to support capacity and assess patients in normal working hours in the best interest of the patient.

All patients who need psychiatric assessment whilst attending the Emergency unit should be referred to the EU Liaison Psychiatry between the hours of

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0700-0000 or the duty psychiatrist at the earliest opportunity. A referral should be made by the EU staff using Bristol Matrix.

In all instances the patient should be seen by the EU staff prior to discharge from the EU.

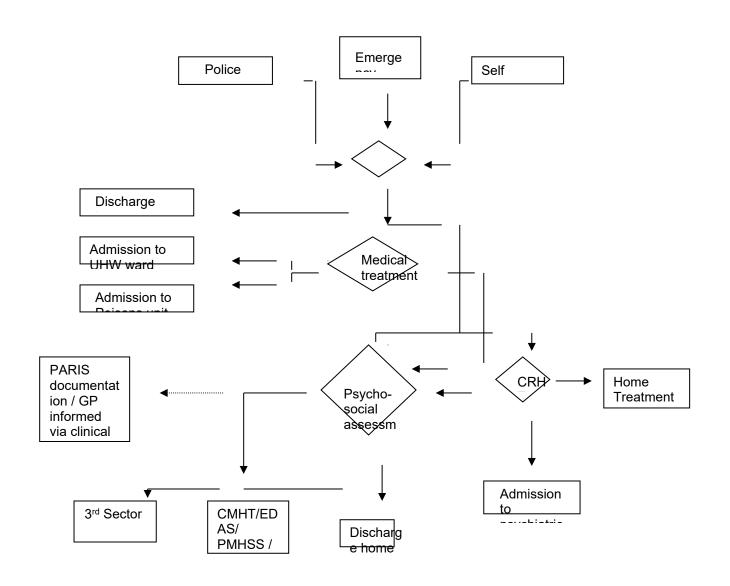
Patients should be assessed in the Emergency Unit by a Mental Health Liaison Nurse or SHO using the standard assessment form.

If an immediate psychiatric opinion is required the Liaison Psychiatry nurse should be contacted if on duty or the outreach Dr on call should be via UHW Hospital switchboard.

Referral criteria	 Episode of self poisoning or psychiatric emergency presenting to ED 18-65 years of age (separate arrangements for old age and 16 – 18 year olds) Medically fit for interview (no significant clinical symptoms i.e. vomiting, drowsiness, no major treatments required) Not acutely intoxicated / delirious
Screening process	 Referrals screened by liaison nurse / doctor + Discussion with referring team Information gathering from Emergency unit nurse or doctor, collateral sources, Cardiff and Vale UHW electronic notes
Assessment process	 Bio-psycho-socially holistic assessment with a focus on psychological symptoms (in keeping with NICE guidance) Therapeutic interview Risk assessment Formulation of immediate management plan
OUTPUT	 PARIS documentation +/- CP1A +/- Risk assessment
Interventions	 Problem solving Psycho education Practical advice Discussion with family (where appropriate)
OUTPUT	 Clinical attendance record to GP +/- CMHT

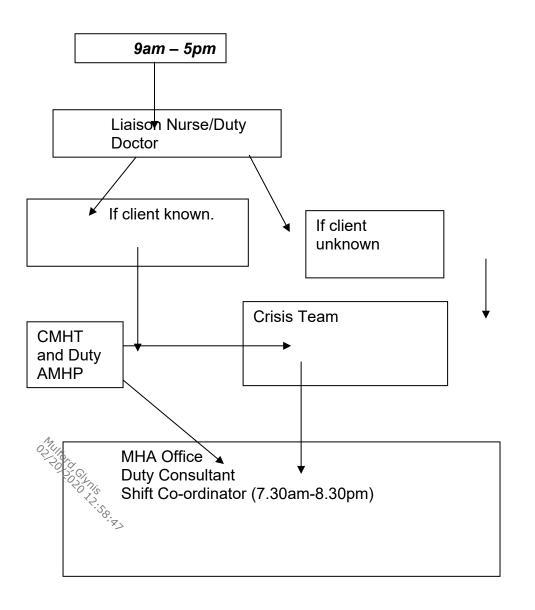


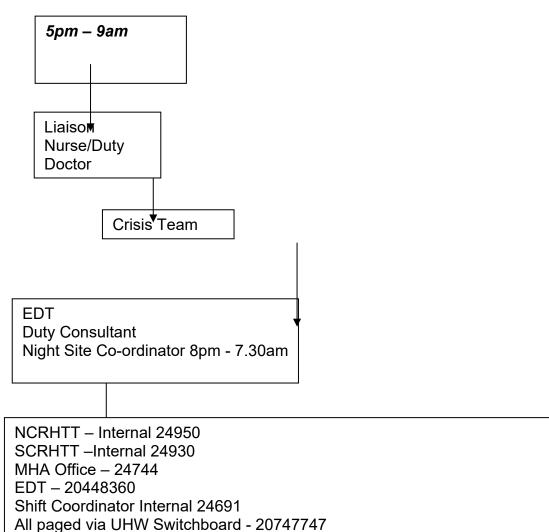
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8. MHA Assessments in EU





Ringing external 02921 8 is to be added in front.

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9. Guidance for risk management within The Department of Liaison **Psychiatry**

Whilst assessing patients in various clinical areas on behalf the Department of Liaison Psychiatry there will be times when it is identified that the patients' accessing our service present with increased risk or are a frequent user of multiple services. There will be circumstances when patients' risks or behaviours require a collaborative approach to safely manage and maintain care and treatment, along with maintaining dignity and respect. This may be due to frequent presentations to unscheduled care services such as the Emergency Department, OOHGP, police and WAST or any other clinical areas with in the general hospital setting. This might be with high risk behaviours towards themselves or others such as deliberate self-harm, selfpoisoning, absconding or threatening behaviours towards staff or others. Risk management plans are invaluable for patients with complex co-morbid condition and mental health presentations. They provide staff with background information, guidance on prescribing, investigations and in particular, what is not required. They should guide when onward referral is needed to certain specialties. Plans should be made with specialists who know the patient and ideally with input from the patient.

The members of the Department of Liaison Psychiatry take an active role in the development of collaborative planning for patients. Risk management plans for patients with mental health problems can be helpful in identifying and managing these risks. They may state if patients will or will not benefit from a psychiatric assessment when they present to the hospital. They can also highlight patterns of behaviour which indicate a patient is becoming more unwell with identification of signatures of relapse. Consideration should also be given to what can help reduce a patient's distress when they present. Any risk to staff should be made clear in a plan and/or as an alert on a patient's records.

Any risk management plan or guidance should be made with the appropriate staff from mental health and other relevant speciality, frequent attenders lead, emergency services and any other services that contribute or are involved in that particular patient's care. A consideration should be given to appropriately sharing information in the form of guidance plans following a risk assessment. Risk management or guidance plans must be reviewed at appropriate intervals and updated/amended when necessary.

Staff should ensure they have checked if a patient has a management plan as services such as Cynnwys (Specialist service for Personality Disorder) with the collaboration of other teams may have developed comprehensive guidance to support staff in the management and approach of patients who access our services.





Document Title: Insert document title	25 of 60	Approval Date: dd mmm yyyy
Reference Number:		Next Review Date: dd mmm yyyy
Version Number:		Date of Publication: dd mmm yyyy
Approved By:		

10. Lone Working Guidelines

In the EU the liaison nurses work alone, and on a twilight shift additional precautions are made to ensure the safety of the team and therefore the following steps should be followed.

- 1. Liaison nurses working OOH to inform night shift co-ordinator at the end of clinical work that they are safe at the end of the shift and to hand over any referrals received after midnight.
- 2. If the shift coordinator has not heard off liaison nurse by 0100 they are to attempt to contact them on the bleep or telephone. Due to the distance of Monmouth House to the EU, the liaison nurse may be in the frequent attenders office located in the EU reception. The telephone number for the office is 02920 748274.
- 3. If the shift co-ordinator cannot get hold of the nurse using the above mechanisms the EU NIC is to be contacted to ensure the nurse is not in the EU.
- 4. If the EU NIC is unable to be located, personal phone numbers should be used, and if unsuccessful next of kin to be informed.



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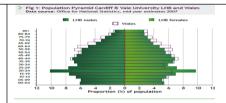
11. Equality & Health Impact Assessment for the Operational Policy Department of Liaison Psychiatry

For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Operational Policy Department of Liaison Psychiatry Reference number To be added after policy agreed
Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Mental Health Clinical Board Lead title to be added
Objectives of strategy/ policy/ plan/ procedure/ service	Department of Liaison Psychiatry is part of the Mental Health Division of the Cardiff and Vale University Health Board. This document is intended to provide all necessary information regarding the operational assumptions, services and workforce needed by the Department of Liaison Psychiatry to deliver the service.
 Evidence and background information considered. For example population data staff and service users data, as applicable needs assessment 	Cardiff & Vale University Health Board is the smallest and most densely populated health board in Wales, primarily due to Wales' capital city: Cardiff. 72.1 and 27.9 percent of the LHB area population live within Cardiff and the more rural Vale of Glamorgan respectively

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- engagement and involvement findings
- research
- good practice guidelines
- participant knowledge
- list of stakeholders and how stakeholders have engaged in the development stages
- comments from those involved in the designing and development stages

Population pyramids are available from Public Health Wales
Observatory¹ and the UHB's
'Shaping Our Future Wellbeing'
Strategy provides an overview of health need².



- The UHB's usual arrangement with regard to consultation was followed (ie. 28 days on the intranet). (Add number if any comments received)
- A part of good practice, other policies from different organisations were considered.
- Stakeholders were not engaged in the EHIA and/or policy development.
- Royal College of Psychiatrists Psychiatric Liaison Accreditation Network (PLAN) (2017)
- Royal College of Psychiatrists –Standards for Community Based Mental Health Care (2015)
- National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence – Better Access to 24/7 Urgent and Emergency Mental Health Care (2016)
- Welsh Government (2016) Together for Mental Health Delivery Plan
- Encourage Prudent Healthcare

Other EQIAs accessed:

NHS Greater Glasgow and Clyde (2016)

Equality Impact Assessment Tool for Frontline Patient Services

https://www.nhsggc.org.uk/media/220402/EQIA Community Mental Health Team.pdf

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		NHS North Staffordshire and Combined Healthcare (2018) https://combined.nhs.uk/working-together/diversity-and-inclusion/equality-impact-assessment-process/
5	Who will be affected by the strategy/ policy/ plan/ procedure/ service	 The Department of Liaison Psychiatry provides a range of services. These include: Mental health assessment and initial management for patients currently on inpatient wards at the University Hospital of Wales suffering from a physical illness or disorder but with associated psychological or mental health problems or in need of a mental health assessment. We also provide assessments at Rookwood Hospital and CRI. A consultation/advice service for healthcare professionals at UHB about the psychiatric and psychological treatment and management of individual patients or more general issues regarding their patient group. The assessment of patients referred presenting with episodes of self-harm, in the Emergency Department and on the wards. The assessment and treatment of patients presenting with a mental health crisis at the Emergency Department. Education and training for the staff and students of UHB, Cardiff University medical and nursing School Support and advice to carers. Therefore this policy will support the assessment and referral process for UHB staff and service user expectations.



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EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	Between the ages of 18-65 No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of age. Under 18 and over 65. The Department of Liaison	Good working relationships between psychiatric liaison and CAMHS and older adult services. Individuals under the age of 16, or aged 18 and still at school, should be referred to the Child and Adolescent Mental Health Services	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document as appropriate
	Psychiatry is funded to provide care to adults of working age living in Cardiff and Vale catchment area. However, those admitted under the UHB care in UHW and Rookwood Hospital are seen by the team. Those admitted to UHL are not seen by the working age adult team. This is due to the establishment level and the department commissioned for those under the age of 65. The CAMHS and MHSOP directorate are responsible for similar care for patients under the age of 18 and over 65 years respectively.		
	Findings from Stonewall YOU GOV show that poor mental health is also higher among		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document as appropriate
	LGBT people who are young Stonewall YOU GOV		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	No. The policy does not discriminate anyone due to their disability. We provide out-patient services specifically aimed for people with above mentioned difficulties who also have symptoms of mental illnesses or disorders.	N/A	N/A
	The Stonewall YOU GOV report also states that their findings show that poor mental health is also higher among LGBT people who are disabled. Mirroring the findings of the UK Government's recent National LGBT Survey, a worrying proportion of LGBT people say		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	they've been pressured to access damaging 'conversion therapies' to change their sexual orientation and gender identity. This discrimination – both experienced and expected – can deter LGBT people from accessing help when they're in need: one in seven LGBT people, including more than a third of trans people, have avoided treatment for fear of prejudice.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is	A study conducted by Stonewall You GOV <u>LGBT in</u> <u>Britain: Health Report</u> Mirrors the findings of the UK Government's recent National LGBT Survey, a worrying proportion of LGBT people say	Clinicians are aware of and deal sensitively with issues that may be highlighted around gender based violence for all forms of relationships.	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	they've been pressured to access damaging 'conversion therapies' to change their sexual orientation and gender identity. This discrimination – both experienced and expected – can deter LGBT people from accessing help when they're in need: one in seven LGBT people, including more than a third of trans people, have avoided treatment for fear of prejudice. In addition to this, 46% of trans people have thought about taking their own life in the last year. (Stonewell YOU GOV 2018)	 All staff treat service users with respect, sensitivity and dignity Clinicians are sensitive to the mental health issues that can occur around sexual orientation. Staff are aware of and signpost to organizations that offer support for those who have specific needs around trans status. 	
6.4 People who are married or who have a civil partner.	There appears not to be any impact. No documented evidence found from the	N/A	Policy put out for consultation within the organisation and

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document as appropriate
	assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of sexual orientation. Stonewall and Terrance Higgins Trust websites accessed and no evidence found.		ratified by Transfusion Group
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not	There appears not to be any impact.	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
they are on maternity leave.			
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There appears not to be any impact regarding race, nationality, colour, culture or ethnic origin. No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of race The Stonewall YOU GOV report also states that their	Whilst there doesn't appear to be any impact, if a member of staff was known to have difficulties with the written word, good management would dictate that alternative arrangements be made, such as individual meetings. Members of the public would be supported by staff, or family members as appropriate. WITS would be contacted for translation and interpretation.	

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oolicy, plan, procedure and/or service impact on:-	negative impacts	improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document as appropriate
	findings show that poor mental health is also higher among LGBT people who are young, Black, Asian or minority ethnic. Mirroring the findings of the UK Government's recent National LGBT Survey, a worrying proportion of LGBT people say they've been pressured to access damaging 'conversion therapies' to change their sexual orientation and gender identity. This discrimination – both experienced and expected – can deter LGBT people from accessing help when they're in need: one in seven LGBT people, including more than a third of trans people, have avoided treatment for fear of prejudice.	publication of the Welsh Government's "Enabling Gypsies, Roma and Travellers" plan, the NHS Centre for Equality & Human Rights (CEHR) Has released a new "Romani and Traveller Healthcare" e-learning training module which is the culmination of a year long collaboration with the Romani Cultural Arts Company. More than 100 stories were gathered for 'Stories of Health & Wellness', a three-year research project led by the Romani Cultural and Arts Company and funded by the CEHR.	

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How will the strategy,	Potential positive and/or	Recommendations for	Action taken by Clinical
policy, plan, procedure	negative impacts	improvement/ mitigation	Board / Corporate
and/or service impact on:-			Directorate.
·			Make reference to where the
			mitigation is included in the document
			as appropriate
		the health inequalities	
		Roma and Traveller	
		communities face,	
		including a shorter life	
		expectancy. Some of	
		these may be the result of	
		the traditional Romani and	
		Traveller lifestyle and	
		culture. However, some	
		stem from the prejudice	
		and discrimination these	
		communities face when	
		accessing health and	
		wellness services.	
		The new e-learning	
		resource aims to develop	
		the confidence and	
		capability of staff to deliver	
		culturally sensitive	
		healthcare that meets the	
		needs of Romani and	
		Traveller communities and	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		will be recommended to staff	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Kate M. Loewenthal and Christopher Alan Lewis (2007) look at how mental well-being can be affected by religious practice and cultural context. Thy concluded:There are religious beliefs and practices that have been shown, across all the cultures studied, to have some salutary effects on well-being. Other ways in which culture may impact on the relations between religion and well-being have been less consistently documented. The recent growth of interest in positive psychology, and in the relations between religion and spirituality, and maturity,	Staff are able to raise any issues with their line manager/Human Resources.	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document as appropriate
	morality and virtue has not yet incorporated a marked focus on cultural issues. Religious beliefs and practices supported in one culture may appear disturbed to people (including mental health professionals) from another, affecting diagnosis and treatment. Many commonly held ideas about the role of religion in shame, guilt and anxiety (including obsessive-compulsive disorder), voices, visions and spirit possession require closer examination in the light of evidence from different cultural groups. Clinical practitioners are keen to reach a better understanding of the roles played by religious factors in different		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	cultures, in affecting mental health.		
 6.8 People who are attracted to other people of: the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	Based on the findings of National Institute for Mental Health England (2007) Mental disorders suicide and deliberate self harm in lesbian, gay and bisexual people, London: NIHME. "LGB people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and DSH than heterosexual people" More recent research from Stonewall You GOV <u>LGBT in</u> <u>Britain: Health Report</u> The report is the latest		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	nation' <i>LGBT in Britain</i> research series. It uncovers alarmingly high rates of poor mental health experienced by many LGBT people in Britain today.		
	In the past year alone, half of LGBT people have experienced depression and three in five have suffered from anxiety. This far exceeds estimates for the general population. These findings underline the importance of proactive work being done by organisations and		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	individuals to effectively meet the needs of LGBT people. While real progress has been made, many LGBT people – particularly trans and bi people – still experience routine discrimination in healthcare settings: Nearly one in four LGBT people have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. Many continue to be outed without their consent and even refused services altogether.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Fearing such discrimination, one in seven LGBT people – including more than a third of trans people – have avoided seeking treatment when in need.		
	The report includes specific recommendations for the health and social care sector. Moreover, the health inequalities that many LGBT people face, and the barriers that prevent them from receiving the support they need, make them an 'at risk' group when accessing broader		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document as appropriate
	public services. Public and third sector providers need to consider the specific experiences of LGBT people when designing and delivering their services.		
	Mirroring the findings of the UK Government's recent National LGBT Survey, a worrying proportion of LGBT people say they've been pressured to access damaging 'conversion therapies' to change their sexual orientation and gender identity. This discrimination – both experienced and expected – can deter LGBT people from		
	accessing help when they're in need: one in seven LGBT people, including more than a		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	third of trans people, have avoided treatment for fear of prejudice.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	Bilingually patient information leaflets are available for patients. This is in line with our current Welsh Language Scheme and the future Welsh Language Standards. The leaflets are available in one the leaflet should be bilingual in one single document English on one side and Welsh on the other side. The aim of the 'active offer' is that staff should ask for the language choice (of either	We will adhere to the Welsh Language Standards as applicable to this UHB.	NA

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How will the strategy,	Potential positive and/or	Recommendations for	Action taken by Clinical
policy, plan, procedure	negative impacts	improvement/ mitigation	Board / Corporate
and/or service impact on:-			Directorate.
			Make reference to where the
			mitigation is included in the document,
			as appropriate
	patient. The language choice		
	should then be integrated into		
	the patients treatment. In		
	other words the patient could		
	request their treatment be in		
	Welsh. If we are unable to		
	provide a fully Welsh		
	language service for the		
	patient, we should then aim		
	to maximise the coverage of treatment and care in Welsh		
	for them using the staff and resources we already have.		
6.10 People according to	resources we already have.		
their income related group:	There appears not to be any	NI/A	NI/A
Consider people on low	There appears not to be any	N/A	N/A
income, economically	impact		
inactive,	The previously mentioned		
unemployed/workless,	Stonewall YOU GOV report		
people who are unable to	also states that their findings		
work due to ill-health	show that poor mental health is		
	also higher among LGBT people who are from a socio-		
	economically deprived		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document
	background. Mirroring the findings of the UK Government's recent National LGBT Survey, a worrying proportion of LGBT people say they've been pressured to access damaging 'conversion therapies' to change their sexual orientation and gender identity. This discrimination – both experienced and expected – can deter LGBT people from accessing help when they're in need: one in seven LGBT people, including more than a third of trans people, have avoided treatment for fear of prejudice.		as appropriate
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic	There appears not to be any impact on staff, and this policy has a positive impact on people on low income as	N/A	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
and/or health indicators, people unable to access services and facilities	the policy is applicable to all people.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	People who speak other languages other than Welsh or English will be impacted positively as the policy refers to issues of language accessibility. There are no other groups including Carers or risk factors to take into account with regard to this Policy.	There have been new statements regarding language accessibility within the policy	

6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendation s for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	The psychiatric liaison services only operates in the UHW site, therefore the policy may have a negative impact in the UHL site if mitigation solutions aren't put into place. However the policy supports recommendations made in the Welsh Government Together for Mental Health Delivery Plan.	To counteract any issues this may cause For inpatients in University Hospital of Llandough referrals for nonurgent assessments, with the exception of the Poisons Unit, are dealt with by the patient's locality CMHT	N/A
7.2 People being able to improve /maintain healthy lifestyles:	This policy has a positive impact in relation so improving people's lifestyles. This is due to the fact that all NHS staff have access to making every	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendation s for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	contact count training which encourages staff to ask questions on interaction http://www.wales.nhs.uk/sitesplus/888/page/65550 In addition psychiatric liaison has direct links with drug and alcohol series and can provide advice a sign post to other agencies such as smoking cessation. There is also a substance misuse nurse aligned to psychiatric liaison.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendation s for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	No impact - The performance of the team will be sustained by appropriate staffing levels, and likewise will be impaired by short-term sickness etc. Out-of-hours, the on-call doctors provide the services to the Emergency department. All Team members will be required to participate in a PADR.		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food,	For this policy, there will be no impact.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendation s for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces			
Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on	For this policy there is no impact in terms of social and community influences on their health		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendation s for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos			
Well-being Goal – A Wales of cohesive communities			
7.6 People in terms of macro-economic, environmental and sustainability factors:	No impact identified – The policy links in with current mental health service requirements and goals set by Welsh Government.		
Consider the impact of government policies; gross domestic product; economic	http://www.mentalhealthwales.net/the-new-strategy-for-wales/		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendation s for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
development; biological diversity; climate	https://www.evidence.nhs.uk/search?q=psychia tric+liaison		
Well-being Goal – A globally responsible Wales	http://www.wales.nhs.uk/unscheduledandemergencycare		
	https://gov.wales/topics/health/nhswales/plans/mental-health/?skip=1⟨=en		



8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Overall, the policy does not impact negatively on staff or patients. The rationale behind its development is to produce a robust guide which demonstrates the services offered and how the assessment and referral processes are undertaken within the psychiatric liaison department. The policy has a potential positive impact on the lifestyle of service users and potential negative of those patients admitted off the UHW site. However, alternative arrangements are in place to ensure there is an equitable
	service delivered.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Consultation and ratification as per UHB policy.			Action in accordance with UHB Employment Policies and Procedures.



	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	As there has been potential very limited impact identifier it is unnecessary to undertar a more detailed assessment.		N/A	

Stelle State State

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps?				
 Decide whether the strategy, policy, plan, procedure and/or service proposal: continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops. Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review 	The Policy remains unchanged. The EHIA has been consulted upon internally and externally It has been approved by the When the service is developed or reviewed, this EHIA will form part of that consultation exercise and publication. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).			

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Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate



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APPROVAL OF REVIEW OF RECEIPT OF APPLICATIONS FOR **REPORT** TITLE: **DETENTION UNDER THE MENTAL HEALTH ACT 1983 POLICY** Mental Health & Capacity Legislation **MEETING MEETING: February** Committee DATE: 2020 For For For For STATUS: **Discussion** Information **Assurance Approval LEAD Chief Operating Officer**

EXECUTIVE:

REPORT Mental Health Clinical Board Director of Operations AUTHOR (TITLE):

PURPOSE OF REPORT:

SITUATION:

It is essential that compliance with the legal requirements of the Mental Health Act 1983 and the Mental Health Act 1983 Code of Practice for Wales, Revised 2016 are monitored. Local Health Boards and Local Authorities should have agreed governance processes for ensuring the appropriate policies and procedures in place are regularly reviewed. A non exhaustive list of relevant policies required are detailed in the Mental Health Act 1983 Code of Practice for Wales, Revised 2016.

Part II of the Act requires that certain legal and procedural formalities be observed when an application is made for a person to be admitted to hospital compulsorily. The Code identifies standards of practice that should be met when carrying out responsibilities under the Act. The Code is not legally enforceable but it is a statutory document and failure to follow it could be referred to in legal proceedings.

This policy is required to ensure correct receipt and scrutiny of MHA detention papers by those formally delegated to undertake the task on behalf of the Hospital Managers. Officers responsible for receipt and scrutiny of Mental Health Act detention papers must be suitably trained and fully aware of this policy.

REPORT:

BACKGROUND, ASSESSMENT AND ASSURANCE

This policy has been reviewed to ensure statutory requirements under the Mental Health Act 1983 are met.

This policy provides clear direction and guidance which will be easily accessible on our internet/intranet sites to particular individuals including registered medical practitioners ('doctors'), approved clinicians, managers and staff of hospitals in relation to their legal responsibilities under the Mental Health Act 1983 as amended by the MHA 2007.

Wide consultation has taken place to ensure that the Policy meets the needs of our stakeholder and the Health Board. The consultation undertaken specific to this document was as follows:-

- The document was added to the Policy Consultation pages on the intranet between 28 October 2019 and 25 November 2019;
- The document was shared with the Mental Health Policy Group, Adult Directorate Medics, Cardiff Local Authority, Vale of Glamorgan Local Authority, the Mental Health Clinical Board Quality, Safety and Experience Sub Committee and the All Wales Mental Health Act Administrators Policy Group;

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Where appropriate comments were taken on board and incorporated within the document.

The primary source for dissemination of this document within the UHB will be via the intranet and clinical portal. It will also be made available to the wider community and our partners via the UHB internet site.

ASSURANCE is provided by consultation with:

- All Wales Mental Health Act Administrators Policy Group
- Mental Health Policy Group
- Mental Health Quality and Safety Sub Committee
- Internet consultation

The Board is asked to:

APPROVE the Review of the Receipt of Applications for Detention under the Mental Health Act 1983.

and

APPROVE the full publication of the receipt of Applications for detention under the Mental Health Act 1983 Policy in accordance with the UHB Publication Scheme.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

Total and appoint					
1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance			
Deliver outcomes that matter to people	x	7. Be a great place to work and learn			
All take responsibility for improving our health and wellbeing		 Work better together with partners to deliver care and support across care sectors, making best use of our people and technology 	x		
4. Offer services that deliver the population health our citizens are entitled to expect	х	Reduce harm, waste and variation sustainably making best use of the resources available to us			
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x		

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click <u>here</u> for more information

Sustainabl e developme nt principle: 5 ways of working	Preventi on	x Long term	x	Integration	x	Collaboratio n	x	Involvement	x
--	----------------	----------------	---	-------------	---	-------------------	---	-------------	---

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:

No

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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0.14/0.74 (1.15/0.74) (1.15/0.74) (1.15/0.74)

3

3/3



Reference Number: *TBA* Version Number: 1

Date of Next Review: December 2018

Previous Trust/LHB Reference Number N/A

RECEIPT OF APPLICATIONS FOR DETENTION UNDER THE MENTAL HEALTH ACT 1983

Introduction and Aim

This policy has been developed in line with the Mental Health Act (MHA) 1983, the Human Rights Act 1998, the MHA Regulations 2008 and the MHA Code of Practice for Wales.

Objectives

This policy is required to ensure correct receipt and scrutiny of MHA detention papers by those formally delegated to undertake the task on behalf of the Hospital Managers. Officers responsible for receipt and scrutiny of Mental Health Act detention papers must be suitably trained and fully aware of this policy.

Scope

This policy is applicable to all employees delegated to receive and scrutinise statutory forms required by the MHA 1983 on behalf of the Hospital Managers for Cardiff and Vale UHB.

Equality Impact Assessment	An Equality Impact Assessment has been completed.
Health Impact	A Health Impact Assessment (HIA) has not been completed
Assessment	
Documents to read	Mental Health Act 1983
alongside this	Mental Health Act 1983, Code of Practice for Wales Revised
Procedure	2016
	Mental Health Regulations for Wales
Approved by	Mental Health Act Policy Group
	Mental Health Clinical Board Quality & Safety Committee

Accountable Executive	Mental Health Clinical Board				
or Clinical Board					
Director					

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the <u>Governance Directorate.</u>





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Version Number:		Date of Publication: dd mmm yyyy
Approved By: Mental Health Quality & Safety		
Committee		

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	10/12/2015		
2			Mental Health and Capacity Legislation Committee replaces Mental Health Act Monitoring Committee throughout. Reference to the new Mental Health Act Code of Practice for Wales, Revised 2016 and som language amended to reflect this. Clinical Board replaces Division. Scope replaces Aim to bring in line with current standard templates.



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Appendix 1. MHA 1983 Administrative scrutiny checklist



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1. Introduction

1.1. This procedure has been developed in line with the Mental Health Act 1983 (the Act), the Human Rights Act 1998 (HRA), the MHA Regulations 2008, the MHA Code of Practice for Wales, revised 2016 (the Code) and other associated legislation. This policy is required to ensure correct receipt and scrutiny of MHA detention papers by those formally delegated to undertake the task on behalf of the Hospital Managers (please see scheme of delegation policy). Officers responsible for receipt and scrutiny of detention papers must be suitably trained and fully aware of this procedure.

2. Procedure Statement

2.1. Part II of the Act requires that certain legal and procedural formalities be observed when an application is made for a person to be admitted to hospital compulsorily. The Code identifies standards of practice that should be met when carrying out responsibilities under the Act. The Code is not legally enforceable but it is a statutory document and failure to follow it could be referred to in legal proceedings.

3. Scope

- 3.1. The aim of this procedure is to improve knowledge and competence of delegated staff required to receive and scrutinise statutory forms.
- 3.2. This document sets out to:
 - Ensure staff are aware of their responsibilities and requirements as per the Code
 - Ensure staff protect patient's rights
 - Ensure staff protect themselves and the UHB from legal liability
- 3.3. In order to achieve this, the following must be established:
 - Effective communication processes must be provided to ensure compliance and adherence to this procedure.
 - Ensure arrangements are in place for enforcing and monitoring the use of the procedure.
 - Provide adequate training and support to staff delegated to undertake the task.
- Hospital Managers have specific powers and duties under the Act. These include the authority to detain patients. Therefore they must ensure the grounds for admission are met and that all relevant admission documents are in order.
- 3.5. This task is delegated to certain members of staff named in the Scheme of Delegation. Those delegated to act on behalf of the Hospital Managers must ensure competence and understanding of the requirements in order to receive and scrutinise statutory forms.

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- 3.6. Hospital Managers must ensure:
 - Patients are detained only as the Act allows
 - Patients treatment and care fully complies with the Act
 - Patients are fully informed of and supported in exercising their statutory rights
- 3.7. The MHA 1983 includes patient safeguards which must be met for the protection of the patient and for the protection of the UHB and delegated staff who are responsible for ensuring compliance with the Act.

4. Hospital Managers

- 4.1. Cardiff and Vale UHB are ultimately responsible for Hospital Managers. The Mental Health and Capacity Legislation Committee is responsible for monitoring and reviewing the way functions under the Act are exercised on behalf of the Hospital Managers.
- 4.2. Hospital Managers must ensure that their patients are detained lawfully; they should therefore ensure that receipt and scrutiny of prescribed forms is monitored regularly.
- 4.3. Hospital Managers remain responsible for their duties even when carried out by those delegated on their behalf.
- 4.4. Hospital Managers should ensure that those delegated to receive and scrutinise statutory forms on their behalf are competent to perform these duties, understand the requirements of the Act, and receive suitable training.

5. Document Irregularities

- 5.1. Document irregularities fall into three broad groups:
 - Those which are both incapable of retrospective correction and sufficiently serious to render the detention invalid;
 - Those which may be rectified within the 14 day deadline, and which if not rectified are sufficiently serious to render the detention invalid;
 - Errors and omissions that even if not corrected within the statutory period is not sufficiently serious to render the application invalid.
- 5.2. When a patient is being admitted on the application of an Approved Mental Health Professional (AMHP), the person receiving the admission forms should check their accuracy with the AMHP.
- 5.3> Where the person delegated to receive the forms is not a person authorised by the Hospital Managers to agree to the correction of errors in admission form, the forms should be scrutinised by an appropriately authorised person immediately on the patient's admission or during the next working day if the patient is admitted out of hours.

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6. Receipt and scrutiny of prescribed forms

- 6.1. There is a difference between 'receiving' forms and 'scrutinising' them.
 - Receipt involves physically receiving the forms and recording that receipt
 - **Scrutiny** is the study of those forms to ensure that the requirements of the Act and the regulations have been met. Scrutiny involves both administrative and medical scrutiny.
- 6.2. Rectification or correction is mainly concerned with inaccurate recording, and it cannot be used to enable a fundamentally defective application to be retrospectively validated. It also cannot be used to cure a defect which arises because an element of the procedural process leading to the detention has simply not taken place at all. Therefore a form may be 'incorrect' for example, if names, dates or places are misstated, but if corrected, would not make the decision to admit a patient an unjustified one, and it may be 'defective' if the signatory has failed to complete all the sections, or delete alternative options. An unsigned form should not be accepted as rectifiable.
- 6.3. When an AMHP makes an application for detention, he or she should carefully check that the medical recommendations prepared by the doctors meet the requirements of both the Act and the regulations. The AMHP should pay particular attention to the correct completion of the medical recommendations and application form. Wherever possible, errors on forms should be corrected before being accepted, with appropriate consultation between the AMHP and the doctor.
- 6.4. Where the person delegated to receive the forms is not a person authorised by the Hospital Managers to agree the correction of errors on an admission form, the forms should be scrutinised by an appropriately authorised person immediately on the patient's admission or during the next working day if the patient is admitted out of hours.

7. Receipt of statutory forms

- 7.1. The UHB has delegated the receipt of detention documents on behalf of the Hospital Managers to:
 - Mental Health Act Manager
 - Mental Health Act Administration Services Manager
 - Mental Health Act Coordinator
 - Mental Health Act Administrators
 - Shift Co-ordinator for the appropriate area i.e. Hafan Y Coed, MHSOP or Rehab
- 7.2. To perform this function the staff detailed in above must have received training and instruction in the receipt and scrutiny of admission documents.
- 7.3. Officers responsible for receiving detention papers should accept them as soon as possible on a statutory form HO14 (sections 2, 3 and 4 record of

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detention in hospital). An administrative scrutiny checklist for receiving detention papers should be used each time and attached to the detention papers. **NOTE:** Statutory HO14 is not required for receipt of section 5(4) or 5(2). Part 2 of the statutory form HO12 is completed by the designated officer for the purpose of receipt and acceptance of section 5(2).

- 7.4. During office hours (09:00 17:00, Monday to Friday) detention papers must be submitted to the Mental Health Act Office in Hafan Y Coed, UHL to enable the team to undertake receipt and scrutiny. Other sites must make contact with the Mental Health Act Office to inform them that they have detention papers to be received and make arrangements to fax or email a scanned copy the papers as a priority.
- 7.5. Outside of office hours between 17:00 and 20:30 the Shift Coordinator for the appropriate area i.e. Hafan Y Coed, MHSOP or Rehab must contacted via bleep or through the main switchboard in order to make arrangements to receive detention papers.
- 7.6. The Night Site Manager is the delegated officer between 20:30 and 08:30 for the purpose of receipt of detention papers and can be contacted by bleep or the main switchboard.
- 7.7. The ward must keep a copy of the section papers in the patients file until the final version which has been processed by the Mental Health Act Office is available.
- 7.8. Once the detention papers have been formally received on behalf of the Hospital Managers outside of office hours it is the responsibility of the receiving officer to ensure the detention papers are forwarded to the Mental Health Act Office, Hafan Y Coed, UHL immediately.
- 7.9. Detention papers received off site must be faxed or scanned and emailed to the Mental Health Act Office. Once confirmation has been received the original detention papers must be sent to the Mental Health Act Office in the internal mail system.
- 7.10. Detention papers received on the Hafan Y Coed site must be placed in an envelope and delivered to the Mental Health Act Office letterbox staff to collect on the next working day.

8. Administrative Scrutiny

8.1. It is the responsibility of the Mental Health Act Office to undertake an 'administrative scrutiny' of all admission documents upon receipt and to ensure that all documentation complies with the requirements of the Act.

It is also the duty of this office to forward the medical recommendations to the appropriate Consultant for medical scrutiny. A scrutiny rota (approved by the Clinical Director) is used to guarantee that a Consultant does not scrutinise his own medical recommendation or those of Doctors within his/her team.

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9. Rectification of applications and recommendations

- 9.1. Section 15 of the Act allows an application or medical recommendation which is found to be in any regard incorrect or defective to be amended by the person who signed it, with the consent of the hospital managers, within 14 days of the date of admission.
- 9.2. **Incorrect** Had the facts been correctly stated the admission would have been justified i.e. misstating dates, names or places.
- 9.3. **Defective** Incomplete information i.e. leaving a space blank (other than a signature) or failing to delete one or more alternatives where only one can be correct.
- 9.4. Where one of the two medical recommendations is found to be insufficient section 15 (2) and (3) provide the provisions for the Hospital Managers to give notice to the applicant for arrangements to be made for a fresh medical recommendation to be obtained within the 14 day period.
- 9.5. Providing the new medical recommendation considered together with the remaining recommendation is sufficient to warrant detention. The application shall be deemed to have always been valid.

9.6. Insufficient:

- The recommendation does not describe adequate grounds to justify the admission or
- the medical recommendations are more than 5 days apart or
- neither doctor is approved under section 12 or
- more than five clear days between the days on which the doctors have signed separate medical recommendations
- 9.7. Detention papers must not be accepted on behalf of the Hospital Managers if any of the following apply:
 - The application is not accompanied by the correct number of medical recommendations.
 - The application and recommendations do not all relate to the same patient.
 - The application or recommendation is not signed at all, or is signed by someone not qualified to do so.
 - The application does not specify the correct hospital.
 - If the time limits of each Section are not complied with (the requirement that no more than five days must elapse between the two medical recommendations no longer applies, if a fresh recommendation is required due to one of the original recommendations being insufficient.

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- Any of the above faults cannot be rectified and Authority for a patient's detention can only be obtained under Section 15(3) or a new application.
- If rectification is not possible then either the hospital managers or the patient's Responsible Clinician should exercise their powers under section 23 to discharge the patient from section.
- If a patient is already in hospital he/she can only be detained if the doctor in charge of his/her treatment (or their nominee) issues a report under Section 5(2) of the Act.
- Any new application must of course meet the appropriate requirements for each detention order.

10. Time Limits applicable to Practitioners applying the MHA 1983

- 10.1. Compliance of time limits mentioned in sections 6, 11, and 12 of the Mental Health Act 1983 should be checked as soon as the documents are received. Except for emergency applications under section 4, these limits are:
 - The date on which the applicant last saw the patient must be within the period of 14 days ending with the date of the application.
 - The dates of the medical examinations of the patients by the two doctors who gave the recommendations (not the dates of the recommendations themselves) must be not more than 5 clear days apart.
 - The dates of signatures of both medical recommendations must not exceed the date of the application.
 - The patient's admission to hospital (or if the patient is already in hospital the reception of the documents by a person authorised by the hospital managers to receive them) must take place within 14 days beginning with the date of the later of the two medical examinations.
- 10.2. When an emergency application is made under section 4 it is accompanied in the first place by only one medical recommendation. The time limits, which apply to emergency applications, are:
 - The time at which the applicant last saw the patient must be within the period of 24 hours ending with the time of the application
 - The patient's admission to hospital must take place within the period of 24
 hours starting with the time of the medical examination or with the time of
 the application whichever is earlier. An emergency application is founded
 on a medical recommendation therefore the date of application must be
 later than the date of the medical recommendation.
 - The second medical recommendation must be received on behalf of the managers not more than 72 hours after the time of the patient's admission. The two medical recommendations must then comply with all

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the normal requirements except the requirement as to the time of the signature of the second recommendation.

11. Responsibilities

- 11.1. This policy affects all members of staff responsible for undertaking receipt and scrutiny on behalf of the Hospital Managers and all patients who are being detained under the MHA 1983.
- 11.2. Ultimate accountability for the effective management of UHB's business particularly ensuring that policies are adhered to is the responsibility of the Chief Executive as the Accountable Officer.
- 11.3. The UHB Board is responsible for effective implementation of this policy.
- 11.4. Monitoring and management of the policy will be the responsibility of the Mental Health and Capacity Legislation Committee of the Board.
- 11.5. Clinical Boards have responsibility for compliance with the Receipt of applications for detention under the Mental Health Act 1983 Policy and should ensure that everyone in their Clinical Board understands their responsibilities in ensuring compliance.
- 11.6. Managers are responsible for managing their staff in compliance with this policy.
- 11.7. It is the responsibility of the qualified nurse to ensure detention papers are received in accordance to this policy when detention papers are left with them by the Approved Mental Health Professional.

12. Resources

- 12.1. The Mental Health Act Manager will be responsible for providing training to delegated staff receiving statutory documentation on behalf of the Hospital Managers.
- 12.2. Time must be made available for delegated staff to attend training on the receipt of statutory documentation.

13. Training

- 13.1 Training should be provided by the Mental Health Act Manager to all members of staff receiving statutory forms.
- Managers of staff receiving statutory forms are responsible for ensuring that this training is undertaken. Staff should not be able to receive statutory forms on behalf of the Hospital Managers unless training has been provided.
- 13.3 Staff new to the role should be given training upon induction. Existing members of staff currently undertaking this task should be given training upon implementation of this policy.

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- 13.4. Training will address the criteria which must be met prior to receiving statutory forms.
- 13.5. The Mental Health Act Office will keep a record of those members of staff who have been trained.
- 13.6. Once staff have attended training, updates will be provided at the request of Managers or staff members.
- 13.7. If quality issues are highlighted through audit by the Mental Health Act Office the Mental Health Act Manager or Mental Health Act Administration Services Manager will contact the staff member or their Manager to arrange individual training until improvement has been made.
- 13.8. New staff members must have received training prior to carrying out duties under this policy.

14. Implementation

- 14.1. This policy is to be used by members of staff and Managers of members of staff receiving statutory forms on behalf of the Hospital Managers
- 14.2. Clinical Boards need to ensure that members of staff within their area understand this policy and disseminate to all staff members and managers of staff members working under this policy.
- 14.3. Staff members and Managers of staff members working under this policy need to ensure that they understand the contents of the document.

15. Clinical Policies and procedures

15.1. The Mental Health Act Office is responsible for ensuring that detention papers are available to view via the Electronic Record System (PARIS).

16. Equality

16.1. We have undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of their sex, maternity and pregnancy, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was a positive impact on the Human Rights group mentioned.

17. Equality Statement

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and that we will not does not discriminate, harass or victimise individuals or groups unfairly on the basis of sex, pregnancy and maternity, gender reassignment, disability,

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race, age, sexual orientation, disfigurement, religion and belief, family circumstances including marriage and civil partnership. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service delivery standards and our Strategic Equality Plan. We believe that all staff should have fair and equal access to training as highlighted in both the Equality Act 2010 and the 1999 Human Rights Act. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

18. Audit

- 18.1. The Mental Health Act Manager and Mental Health Act Administration Services Manager will monitor the progress of the implementation of the policy.
- 18.2. The UHB Board and Mental Health and Capacity Legislation Committee will conduct and formally review the effectiveness of the Receipt of applications for detention under the Mental Health Act 1983.
- 18.3. The following indicators will be used to monitor the effectiveness of the policy:
 - Delegated staff, awareness of the policy
 - Compliance with the policy
 - Monitoring of statutory forms received by delegated members of staff
- 18.4. Audit findings will be reported quarterly to the Mental Health and Capacity Legislation Committee.

19. References/Further Information

- Mental Health Act 1983, ISBN 0-10-542083-2
- Mental Health Act 2007, ISBN 978-0-10-541207-6
- Mental Health Act Manual, Richard Jones, Twenty-First Edition, ISBN 978-0-414-06789-9
- Mental Health Act 1983, Code of Practice for Wales, Revised 2016
- The Mental Health Regulations 2008
- The Human Rights Act 2005
- Mental Health Act Commission Guidance Note 'Scrutinising and Rectifying Statutory Forms for Admission under the Mental Health Act 1983'

20. Distribution

- 20.1. This policy will be made available on the UHB intranet and internet sites and be circulated to individual delegated officers and managers of delegated officers.
 - 20.2. All wards within Cardiff and Vale UHB should be aware of this policy to ensure that delegated officers are informed when detention papers are completed.

12/14 211/330

Document Title: Receipt of Applications for Detention under the MH Act 1983	13 of 14	Approval Date: 10/12/205
Reference Number:		Next Review Date: dd mmm yyyy
Version Number:		Date of Publication: dd mmm yyyy
Approved By: Mental Health Quality & Safety		
Committee		

21. Review

21.1. This policy will be reviewed in 3 years time, or earlier if required by changes to terms and conditions of legislation.



13/14 212/330

Document Title: Receipt of Applications for	14 of 14	Approval Date: 10/12/205
Detention under the MH Act 1983		
Reference Number:		Next Review Date: dd mmm yyyy
Version Number:		Date of Publication: dd mmm yyyy
Approved By: Mental Health Quality & Safety		
Committee		

MENTAL HEALTH ACT 1983 ADMINISTRATIVE SCRUTINY CHECKLIST

Appendix 1

For	ename			Surname			Date of Birth			
	e of nission		Sec	Comme	encea		Date expiry renewal			
Has the application been signed by AMHP or Nearest Relative (NR)										
•	Is the name and address of the hospital correct on the application by the AMHP/NR									
•	Have two medical recommendations been made and signed (5 4 only one needed)									
•	Was one medical recommendation made by a Section 12 approved Doctor									
•	If neither Doctor has previous acquaintance has the AMHP stated a reason									
•	Were Medical Recommendations made within 5 Days of each other									
•	Is the clinical description for admission adequate									
•	Is date of application by AMHP later than or the same date as medical recommendations Yes/No									
•	Has the AMHP seen the patient personally within 14 days of the application									
•	Is the name and address of the patient the same on all documentation									
•	Is the date of the application within 14 days of the admission									
•	Have you received a assessment report from the AMHP									
•	In the case of papers received out of hours was the HO 14 completed									
•	Is the name and address of the hospital correct on HO 14									
•	Is the	date of admissi	on correct	on HO 14				Yes/No*		
•	Have all alterations been initialled									
* These are rectifiable errors - if the answer is no to any of the other questions the section papers may have to be re-done										
ON BEHALF OF THE MANAGERS HEREBY CERTIFY THAT THESE DOCUMENTS ARE CORRECT AND ARE IN ACCORDANCE WITH THE PROVISIONS OF THE MENTAL HEALTH ACT 1983										
SIGN	ED	√ ₆ .				DATE				
PRINT NAME PRIMARY SCRUTINISER										
SIGNED				DATE						
DDIN	Т МАМІ	=				SECOND	ARV SCRIITINISE	-D		

14/14 213/330

Report Title:	RESTRAINT IN THE CARE MANAGEMENT OF PATIENTS AGED 16 YEARS AND OVER WITH IMPAIRED MENTAL CAPACITY- POLICY AND PROCEDURE					
Meeting:	Mental Health a Committee	, , ,			eting te:	21/2/20
Status:	For Discussion	FOR ASSURANCE			For Info	ormation
Lead Executive:	Medical Director					
Report Author (Title):	Mental Capacity Act Manager					

SITUATION

This policy has been in force within Cardiff and Vale UHB since 2011 and was due for review.

The policy sets out the circumstances in which restraint may be used where patients lack the mental capacity to consent to it.

REPORT

BACKGROUND

The policy was last reviewed in 2016. During December 2019 and January 2020, the policy was reviewed by the Vulnerable Adults Risk Management Working Group and minor amendments to wording were made as a result of this.

The policy was also put out to UHB-wide consultation, via the Policy Consultation page on the intranet, from 7th January 2020 until 6th February 2020. No comments were received.

ASSESSMENT

Although the substance of the policy has not changed, the revision has made some minor changes – mainly to wording in order to improve clarity and promote understanding.

Titles, web links and the names of organizations and of bodies have been updated where necessary.

The Mental Health and Capacity Legislation Committee is responsible for keeping this policy under review. Clinical Boards are responsible for ensuring that their staff understand and comply with it.

The primary source for dissemination of this policy within the UHB will be via the intranet and clinical portal. It will also be made available to the wider community and our partners via the UHB internet site.

An Equality and Health Impact Assessment is attached.





RECOMMENDATION

The Mental Health and Capacity Legislation Committee is asked to:

APPROVE the Restraint in the Care Management of Patients aged 16 Years and over with Impaired Mental Capacity – Policy and Procedure

APPROVE the full publication of the Restraint in the Care Management of Patients aged 16 Years and over with Impaired Mental Capacity – Policy and Procedure in accordance with the UHB Publication Scheme

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance
2. Deliver outcomes that matter to people	$\sqrt{}$	7. Be a great place to work and learn
All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology
 Offer services that deliver the population health our citizens are entitled to expect 		Reduce harm, waste and variation sustainably making best use of the resources available to us
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives

Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information

Collaboration

	J	· ·					
Equality and							
Health Impact	Yes / No / No	t Applicable					
Assessment	If "yes" please	e provide copy of	the assessmer	nt. This will b	e linked to t	he report	when
Completed:	published.					-	

Integration



Long term



Involvement

Prevention

Reference Number: UHB 044 Date of Next Review: To be included when

document approved

Version Number: 3 Previous Trust/LHB Reference Number:

N/A

RESTRAINT IN THE CARE MANAGEMENT OF PATIENTS AGED 16 YEARS AND OVER WITH IMPAIRED MENTAL CAPACITY- POLICY AND PROCEDURE

Policy Statement

To ensure that Cardiff and Vale UHB (the UHB) delivers its aims, objectives, responsibilities and legal requirements transparently and consistently. The UHB is committed to ensuring that adult patients with impaired mental capacity are only restrained lawfully and appropriately.

Policy Commitment

We are committed to ensuring that the law regarding decision making – the Mental Capacity Act 2005 and common law – is followed by our staff when they are considering using restraint and the patient lacks mental capacity to consent to it.

Supporting Procedures and Written Control Documents

This Policy and the supporting procedure describe the following with regard to the use of restraint when patients lack the mental capacity to consent to it.

- The process to follow when restraint is being considered, including documentation
- The use of hand mittens to prevent patients from pulling out lines, tubes, etc.

Other supporting documents are:

- Department for Constitutional Affairs (2007) Mental Capacity Act 2005 Code of Practice, TSO London
- Ministry of Justice (2008) Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice HMSO (2005)
- Mental Capacity Act 2005, HMSO London
- Cardiff and Vale UHB, Consent to Examination or Treatment Policy, UHB 100

Scope

This policy applies to all of our staff in all locations including those with honorary contracts.

This policy does not address the needs of children (i.e. under 16 year olds).

Equality and HealthImpact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.



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Approved By:		

Policy Approved by	Mental Health and Capacity Legislation Committee
Group with authority to	Health System Management Board
approve procedures	
written to explain how	
this policy will be	
implemented	
Accountable Executive	Medical Director
or Clinical Board	
Director	

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary	Summary of reviews/amendments				
Version Number	Date Review Approved	Date Published	Summary of Amendments		
1	10 May 2011	Not recorded	New policy		
1.1	November 2012	Not recorded	Appendix 4 added (now Appendix 3)		
1.2	31 March 2015	Not recorded	Front page amended to confirm that policy is still current whilst review underway		
2	2 February 2016	02/03/16	Revised document – no major amendments Duplicated wording removed Re-ordering of some sections Some wording altered to clarify meaning		
3			Revised document – no major amendments Some wording altered to clarify meaning Flow chart slightly simplified		



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Appendix 1 Suggested restraint care plan template

Appendix 2 Restraint flowchart

Appendix 3 The use of hand mittens



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1. Introduction

This policy sets out how restraint may be appropriately and lawfully used with patients who lack capacity to consent to it.

Restraining a person who has capacity to agree to it can be done either –

- with the person's consent, or
- to prevent harm to others (in conjunction with other Cardiff and Vale UHB policies and procedures pertaining to the management of violence and aggression) under common law ("judge made" case law)

Restraining people who lack capacity to it, within care management, is governed by the Mental Capacity Act 2005 (MCA). Staff using restraint are required by law to have regard to the MCA 2005 Code of Practice.

(Note that patients with impaired mental capacity may also be restrained under common law to prevent harm to others.)

2. Aim

The aim of this policy is to provide guidance to staff regarding use of restraint as part of care management with patients aged 16 years and over who lack capacity to consent to treatment and care, so that UHB staff deal with restraint issues lawfully.

3. Objectives

- Assist staff to understand the law regarding the use of restraint
- Assist staff to determine when an application to court may need to be made
- Assist staff to determine when they might need to apply for a Deprivation of Liberty Safeguards (DoLS) authorisation
- Protect the UHB and staff from civil or criminal proceedings

4. Responsibilities

Clinical Boards are responsible for

- Ensuring that their staff are aware of, and have access to, this policy and procedure
- Ensuring that training on this policy and procedure is available to all staff

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- Ensuring that existing training that touches on restraint is reviewed in light of this policy
- Monitoring the use of restraint through formal audit
- Ensuring that audit results are discussed at the appropriate quality and safety or audit meeting

5. The Policy

When making decisions regarding the use of restraint, it is vital to consider the patient's mental capacity to consent to it. Where there is reason to doubt the person's mental capacity, the Mental Capacity Act 2005 must be followed. This will include providing the patient with practical support to help them to make the decision for themselves and, if the support does not help, assessing the patient's mental capacity, using the 'Mental Capacity Assessment Form' to record outcomes. The form and any other information relevant to the capacity assessment must be stored in the patient's notes.

If the patient is assessed as having mental capacity to consent and refuses restraint then its use would be unlawful and could constitute an assault, unless it is used under common law to protect others from harm. It may be subject to an investigation under the law, policies and procedures regarding Adult Safeguarding.

If the patient is detained in hospital under the Mental Health Act 1983, it may be possible to restrain the patient, regardless of whether the patient has capacity to consent to this or whether the patient does consent. The Mental Health Act Office should be contacted for advice where necessary.

5.1 Principles that staff must comply with when working with a person who may or does lack capacity to consent to care and treatment

Whenever staff are working with a patient who either does, or may, lack capacity to consent to care and treatment, staff must have regard to the following principles which are set out in Section 1 of MCA 2005 –

- A person must be assumed to have capacity unless it is established that he lacks capacity
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision
- An act done or decision made under this Act for or on behalf of a



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person who lacks capacity must be done, or made, in his best interests

Before the act is done or the decision is made regard must be had
to whether the purpose for which it is needed can be as effectively
achieved in a way that is less restrictive of the person's rights and
freedom of action

5.2 What is restraint?

Section 6(4) of the MCA 2005 states that restraint is where a person –

- Uses, or threatens to use, force to secure the doing of an act which the person in question resists, or
- Where the person's liberty of movement is restricted, whether or not he/she resists

Restraint can take a number of forms -

- Mechanical the patient is restrained with a device, such as a lap belt, bedrails or bucket chair
- Environmental the patient is restrained by the environment, such as locked ward doors
- Chemical the patient is restrained by medication
- Personal the patient is physically restrained by a staff member/ members
- Psychological directing a patient to stay in bed, on the ward, etc

5.3 Who can decide about the use of restraint?

There may be decisions or people already in place that will set out whether a particular form of restraint can be used and/or who makes the decision –

Advance decisions – if the patient (aged 18 years and over) has made a valid and applicable advance decision refusing the proposed restraint (i.e. a particular kind of medication) or the treatment for which the restraint is needed, then that intervention cannot be used.

Lasting Power of Attorney – if decisions concerning the proposed restraint have been handed over to another person (attorney/donee) under a Lasting Power of Attorney (patient must be 18 years and over to make a LPA), it is the attorney who must either consent to or decline the restraint.



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Court Appointed Deputy – if the patient has a Court Appointed Deputy who has been given authority to take decisions about the proposed restraint, then it is the Deputy who must consent to or decline the restraint.

If none of these are in place then the decisions will need to be made by a clinician in the person's best interests – see section 5.7.

5.4 The circumstances in which restraint may be used

Restraint can only be used where a patient lacks mental capacity to consent to it if –

- The staff member using it reasonably believes that it is necessary to prevent harm to the patient and
- Its use is proportionate both to the likelihood and seriousness of harm
 and
- The restraint must be in the patient's best interests (see Principles above, para 4.1) and
- The restraint is the least restrictive appropriate and available means by which to keep the patient safe from harm (see Principles above, para 4.1)

The decision to use restraint and the reasons why the four criteria are met, in accordance with MCA 2005, must be thoroughly recorded in the patient's notes.

5.5 The meaning of "proportionate"

This means that the restraint should be the minimal necessary to achieve effective risk reduction and used for the minimal possible time.

5.6 The meaning of "less restrictive"

The proposed restraint must be the least restrictive of the patient's rights and freedom following consideration of the appropriate available alternatives.

Staff must consider whether there is a need to use restraint at all or if the patient's safety could be assured by other means.

If restraint is used which cannot be justified then staff will not be protected by the MCA from being sued or prosecuted.

5.7 The meaning of "best interests"

The checklist of issues (see below) set out in s.4 of MCA 2005 must be



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considered, including (if it can be ascertained) what the person themselves would have consented to if they had the capacity to do so.

"When working out what is in the best interests of the person who lacks capacity to make a decision or act for themselves, decision-makers must take into account all relevant factors that it would be reasonable to consider, not just those that they think are important. They must not act or make a decision based on what they would want to do if they were the person who lacked capacity". (MCA Code of Practice, page 68, para 5.7)

The decision to use restraint in the patient's best interests must consider the following ("the checklist") -

- all the relevant circumstances, and
- the patient's present feelings and wishes, and
- his/her past wishes and feelings, as far as they are reasonably ascertainable, and
- the beliefs and values that would be likely to influence their decision if they had capacity, and
- the other factors that he/she would be likely to consider if he/she were able to

When considering "all the relevant circumstances" it is important to recognise that the use of restraint can itself cause significant harm. For instance, patients forced to sit for long periods are subject to increased risk of pressure ulcer development, loss of dignity resulting from iatrogenic incontinence, loss of mobility resulting from muscle wasting, etc. The use of bedrails may actually increase the risk of serious injury if the person attempts to climb over them, and the use of harnesses introduces the risk of limb dislocation, fracture or asphyxiation. Restraint may also cause the patient distress and if this is likely, this must be taken seriously and considered carefully.

Consideration of best interests must therefore include a detailed risk assessment of whether the risk of using restraint is considered less than the risk it aims to reduce.

The person making the decision must take into account, if it is practicable and appropriate to consult with them, the views of the following –

- Anyone named by the person as someone to be consulted with
- Anyone engaged in caring for the person or interested in his welfare
- Any donee/attorney of a Lasting Power of Attorney who does not have authority to make the decision



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 Any Deputy appointed for the person by the Court who does not have authority to make the decision

In determining best interests, staff must take into account the detailed guidance contained within the MCA Code of Practice. An incapacitated person's best interests, including the consultations that occurred with others in order to arrive at what is in their best interests, must be recorded in the patient's notes.

Staff must never use restraint for other purposes – e.g. to compensate for inadequate staffing levels or just so they can do something more easily. Unlawful restraint may constitute a criminal or civil offence (see para 5.10).

5.8 Court of Protection

Where incapacitated patients need treatment that may be "serious medical treatment" (see below) and are refusing or objecting to it, legal advice must be sought with a view to seeking Court authorisation for the treatment.

"Serious medical treatment" is defined as treatment which involves providing, withdrawing or withholding treatments where:

- if a single treatment is proposed there is a fine balance between the likely benefits and burdens to the patient and the risks involved
- a decision between a choice of treatments is finely balanced, or
- what is proposed is likely to have serious consequences for the patient (either from the effects of treatment or its wider implications)

Whether treatment is considered 'serious medical treatment' in any given case will depend on the circumstances and consequences for the patient.

5.9 Common law

In addition to MCA 2005, the common law imposes a duty of care on health care staff. The MCA Code of Practice confirms that if a person with impaired mental capacity is acting in a way which may cause harm to others, staff may, under the common law, restrain or remove the person, in order to prevent harm, both to the person concerned and to anyone else.

However, the MCA 2005 could also be used to justify restraint if it was considered that the incapacitated patient's actions would provoke a reaction that would cause harm to the patient.



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5.10 Civil Law and Criminal Offences

Section 44 of MCA 2005 states that staff will be guilty of an offence if they ill- treat or wilfully neglect patients who lack capacity.

Conviction under this section is punishable by imprisonment (for up to 5 years) and/or a fine.

5.11 Deprivation of Liberty

A deprivation of liberty occurs when a person who lacks capacity to consent to being in hospital to receive treatment and care is

- Under continuous supervision, and
- Under continuous control, and
- Is not free to leave

All three criteria must be met. The UHB pro forma for assessing possible deprivations of liberty should be used –

http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/MEDICALDIRECTORCLINICALPORTAL/MCA_DEPRIVATION%200F%20LIBERTY/TAB49715/DOLS%20PRO%20FORMA%201011141.PDF

Where use of the pro forma indicates that a deprivation of liberty might be occurring in hospital or in a care home, providing the person is aged 18 years and over, an application should be made for a Deprivation of Liberty Safeguards (DoLS) authorisation.

Where the deprivation is occurring in other settings, such as supported living or the person's own home, providing the care is being arranged/paid for/provided by the state (i.e. NHS or Local Authority), legal advice must be sought about whether authorisation from the Court of Protection is required.

If it is necessary to provide treatment and care to a person aged 16 or 17 years in a way that involves depriving the patient of his/her liberty, and they do not meet the criteria for detention under the Mental Health Act 1983, urgent legal advice must be sought via the appropriate Clinical Board lead.

When using restraint, UHB staff must keep under continuing review whether it is appropriate to seek a DoLS/Court authorisation.



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Please see DoLS Code of Practice for further information and guidance.

6. Contact details in the event of queries

In the event of any queries about this policy, in the first instance advice should be sought from a senior clinician.

For queries that cannot be resolved please contact –

- Mental Capacity Act Manager
- Consultant Nurse for Older Vulnerable Adults

7. The Procedure

7.1 The process to follow

Consider and work through the following -

- Identify that restraint may be required because the patient is at risk of harm
- If there is reason to doubt the patient's mental capacity to consent to restraint, provide support to help the patient decide for themselves
- If the support doesn't help the patient to make the decision, assess
 patient's capacity to consent to restraint, if there is reason to doubt
 their capacity. Record the assessment using the UHB's Mental
 Capacity Assessment Form and keep a copy in the patient's notes
 If patient lacks capacity to consent to restraint, continue
- Has the patient made a valid and applicable Advance Decision refusing the proposed restraint (i.e. a particular kind of medication), or the treatment that the restraint is required for? If so, that intervention cannot be used
- Does the patient have an Attorney or Deputy with the relevant authority? If they do, then their consent to the restraint must be sought and recorded in the patient's notes
 - Where the patient does not have an Advance Decision, Attorney or Deputy, their best interests must be determined including the risks and benefits of the different appropriate types of restraint, along with the consideration of the less restrictive principle
- Consultation must be undertaken about the restraint with anyone named by the patient as someone to be consulted
 - The patient's family, friends and carers
 - Anyone else with an interest in the patient's welfare, including the attorney of a Lasting Power of Attorney or any Court Appointed Deputy who does not have authority to make the decision on the person's behalf



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An Independent Mental Capacity Advocate (IMCA) may need to be instructed
if there are no carers/ family/ friends or Lasting Power of Attorney/Court
Appointed Deputy to consult with regarding the use of restraint, as the use of
restraint to facilitate treatment and care may constitute 'serious medical
treatment' requiring specific referral to an IMCA

7.2 Recording requirements

If a decision to apply restraint is made then the recorded assessment must demonstrate that

- The patient will be at risk of harm if they are not restrained
- The patient lacks capacity to consent to the restraint
- The restraint is the least restrictive of the available, appropriate alternatives
- The restraint is proportionate to the likelihood and severity of harm
- The risks posed by the restraint are less severe than the harm the patient might experience if not restrained
- Any valid and applicable Advance Decision to Refuse Treatment has been complied with
- Consent has been sought from an Attorney or Deputy, where either is in place and has the necessary authority
- In other cases, the Best Interests Checklist has been followed, appropriate others have been consulted and a decision about restraint has been made
- A Restraint Care Plan has been developed
- The review periods for the use of restraint have been agreed

All assessments and decisions must be recorded in the patient's notes.

7.3 Disagreement about the use of restraint

Any disagreement amongst family or friends about the use of restraint (or any disagreement amongst the clinical team) must be recorded in the medical notes and a second opinion should be sought, where possible, before the restraint is applied.

If serious disagreement persists, then further consideration will need to be given to the patient's best interests. It may be appropriate to seek advice from the Mental Capacity Act Manager or a Solicitor (via senior management).

If the dispute has to be referred to the Court of Protection, Section 6 of the MCA permits action to be taken in the meantime where it is necessary to sustain life or to prevent serious deterioration.

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7.4 Restraint Care Plan

The decision maker must plan the use of restraint, specifying in the patient notes

- The type of restraint to be used
- The times for its use and non-use
- The frequency of review

The use of restraint in reducing the identified risk and causing additional risks must be closely monitored by the decision maker, who holds overall responsibility for the restraint and may be called upon to justify its use. The application of restraint should be time limited and must be for the shortest time possible. It is essential that, where possible and appropriate, significant periods of non-restraint are built into the care plan.

Consider carefully how often the restraint should be reviewed, as this must be determined on an individual patient basis. For example, it may be appropriate for the review period to be longer for long term/minor restraint.

A specific Restraint Care Plan (see Appendix 1) must be completed for the patient who is subject to restraint.

7.5 Mechanical restraints

Any new proposed mechanical restraint must be a manufactured product approved by the Vulnerable Adults Risk Management Working Group and purchased through UHB procurement procedures.

The manufacturer of the product must provide detailed advice about the safe and appropriate use of the mechanical restraint, either on a ward or individual basis, according to the type of restraint being used. Any health and safety notices concerning a particular product should be discussed at each Clinical Board's Quality, Safety and Experience meeting to ensure that manufactured restraint products are safe and fit for purpose.

Non-manufactured restraints, e.g. bandages to tie a person to a bed/chair or bind their hands, must never be used.

Any concerns about manufactured restraint products must be referred to the UHB's Health and Safety Department.

Please see Appendix 3 regarding the use of hand mittens.

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7.6 Adverse events involving restraint

Any adverse clinical events resulting from the use of restraint must be communicated to the most senior clinician in charge of the patient's care at the earliest possible opportunity and reported in accordance with the UHB's Incident, Hazard and Near Miss Reporting procedure.

7.7 Deprivation of Liberty Safeguards (DoLS)/Court authorisation

If an assessment using the DoLS pro-forma – <a href="http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/MEDICALDIRECTORCLI_NICALPORTAL/MCA_DEPRIVATION%200F%20LIBERTY/TAB49715/DO_LS%20PRO%20FORMA%201011141.PDF - indicates that the patient may be being deprived of their liberty, then an application must be made for DoLS/court authorisation.

If it is necessary to provide treatment and care to a person aged 16/17 years in a way that involves depriving the patient of his/her liberty, urgent legal advice via the appropriate Clinical Board lead must be sought.

Further guidance is provided at Chapter 2 of the Deprivation of Liberty Safeguards (DoLS) Code of Practice which is available in clinical areas. The DoLS Co-ordinator can be contacted for advice.

Equality & Health Impact Assessment for

Restraint in the care management of patients aged 16 years and over with impaired mental capacity policy and procedure

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	N/A	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Medical Director MCA Manager, Patient Safety Team Te. 029 2183 6312	
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The aim of this policy and procedure is to ensure that patients aged 16 years and over who lack capacity to consent to it are restrained lawfully, when restraint is required.	
		Restraint to protect the patient from harm - which is a proportionate response to that harm, is in their best interests and is the least restrictive, appropriate, available intervention - is likely to be lawful.	
		This policy aims to assist Cardiff and Vale UHB to meet its legal obligations regarding the care and treatment of patients who may lack mental capacity to make decisions about their treatment and care.	
		As a public body providing healthcare, it is essential that the UHB complies with the law. All treatment and care provided to patients must be undertaken in compliance with the law.	
4.	Evidence and background information considered. For example	This Policy applies to any patient aged 16 years and over who lacks capacity to consent to restraint that is needed to keep them	

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- population data
- staff and service users data, as applicable
- needs assessment
- · engagement and involvement findings
- research
- good practice guidelines
- participant knowledge
- list of stakeholders and how stakeholders have engaged in the development stages
- comments from those involved in the designing and development stages

Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².

- safe from harm. If the Policy is not followed, staff may be acting unlawfully.
- The EqIA completed for the previous version of this Policy found there to be no adverse impact on any of the equalities groups. As the law on consent and capacity has not substantially changed since then, it is most unlikely that the effect of this Policy on any of the equalities groups will have changed.
- The UHB's usual arrangement with regard to consultation was followed (i.e. 28 days on the intranet).
- A part of good practice, other policies from different organisations were considered.
- Stakeholders were not engaged in the EHIA and/or policy development.
- Mental Capacity Act 2005 Code of Practice
- Mental Capacity Act 2005 Deprivation of Liberty Code of Practice

5. Who will be affected by the strategy/ policy/ plan/ procedure/ service

Staff – compliance with the law means that the risk of staff being sued or prosecuted in connection with restraint used in the care and treatment of patients (with the exception of clinical negligence) is reduced. Staff also have a defence if complaints are made about them in relation to the use of restraint as part of planned treatment and care (again, excepting clinical negligence) to - for example - the UHB or to

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their professional body.
Patients – the policy will benefit those patients who may lack mental capacity to make decisions about their treatment and care by ensuring that the decision to restrain a patient has been made in accordance with the law.

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EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
 6.1 Age For most purposes, the main categories are: under 18; between 18 and 65; and over 65 	There is no link between this policy and age. The Policy applies to all adult patients who lack mental capacity to agree to or refuse restraint that they may need to prevent them coming to harm. The law permits different ways of authorising restraint for patients aged under 16 years.	N/A	N/A
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical	Because the policy concerns the legal issues regarding providing safe treatment and care to people with impaired	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the
impairments, learning	decision making, it is only		mitigation is included in the document, as appropriate
disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	relevant where people have a condition, illness or disability that affects their mental capacity. However, the policy merely reflects current England and Wales law.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	There is no evidence of either positive or negative impact.	N/A	N/A
NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going			
through any medical procedures. Sometimes referred to as Trans or			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Transgender			
6.4 People who are married or who have a civil partner.	There is no evidence of either positive or negative impact.	N/A	N/a
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	There is no evidence of either positive or negative impact.	N/A	N/A
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant	There is no evidence of either positive or negative impact.	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
workers			
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	There is no evidence of either positive or negative impact.	N/A	N/A
 6.8 People who are attracted to other people of: the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	There is no evidence of either positive or negative impact.	N/A	N/A
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or	There is no evidence of either positive or negative impact.	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There is no evidence of either positive or negative impact.	N/A	N/A
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no evidence of either positive or negative impact.	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A	N/A	N/A

6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation	No impact	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
and/or those experiencing health inequalities			
Well-being Goal - A more equal Wales			
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight	No impact.	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
management services etc			
Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	No impact.	N/A	N/A
7.4 People in terms of their	No impact.	N/A	N/A
use of the physical			
environment: Consider the impact on the			
availability and accessibility			
of transport, healthy food,			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient			
Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer	No impact.	N/A	N/A

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
pressure; community identity; cultural and spiritual ethos			
Well-being Goal – A Wales of cohesive communities			
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	No impact.	N/A	N/A
Well-being Goal – A globally responsible Wales			



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8.1 Please summarise the potential positive	On reviewing the previous policy and writing the latest version,
and/or negative impacts of the strategy,	improvements have been made in people who communicate using the
policy, plan or service	Welsh language, people with a religion or belief or with no religion or
	belief. Overall, there appears to be very limited impact on the protected
	characteristics and health inequalities as a result of this policy.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Overall, there is no evidence that this Policy adversely affects any of the equalities groups.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?	No.			
This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?				

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps?				
Some suggestions:- Decide whether the strategy, policy, plan, procedure and/or service proposal: continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops.	Policy and EHIA will be put out to consultation for 28 days. All comments will be considered and, where appropriate, incorporated into the policy, procedure and EHIA.			
 Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review 	The policy, procedure and EHIA will be placed on the agenda for a future Mental Health and Capacity Legislation Committee meeting. The policy, procedure and EHIA will be reviewed and re-approved within 3 years.			

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APPENDIX 1

Cardiff and Vale UHB

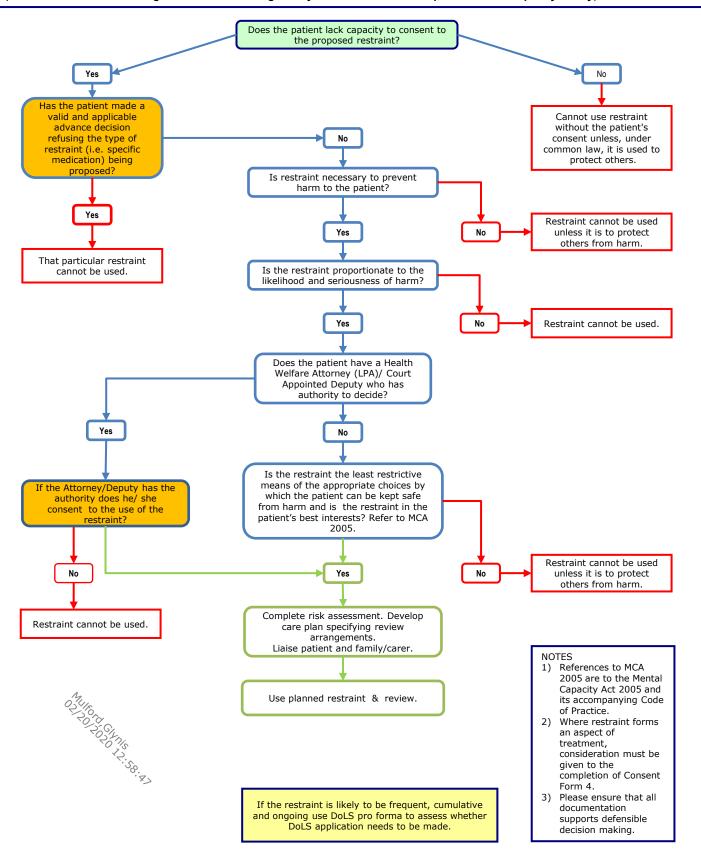
Suggested Restraint Care Plan
Restraint in the Care Management of patients aged 16 years and over with impaired mental capacity

Problem	Care Plan
Use of planned restraint to reduce harm	Restraint may be used in the care and treatment of to prevent anticipated harm of
	Explain to the patient the harm that the restraint is designed to avoid
	Provide details of assessment and plan below:
	What type of restraint is it?
	Provide full details below:
	When is the restraint to be applied?
	Specify maximum length of continuous time the restraint can be applied:
	Specify the time periods the restraint should be removed:
	Explain howwill be cared for during the periods of non-restraint:
	Document any contra-indications and evaluate the patient response to and effectiveness of the use of the restraint
Set out the timescale for review	
Note date and time restraint prescribed:	Date and sign care plan.

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RESTRAINT FLOW CHART FOR PATIENTS AGED 16 YEARS AND OVER APPENDIX 2

(Restraint in the Care Management of Patients aged 16 years and over with impaired mental capacity Policy)



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THE USE OF HAND MITTENS

The use of hand retaining mittens to prevent harm by preventing patients from pulling out invasive devices, lines or tubes in the care of patients who lack mental capacity to consent to their use, is restraint.

The circumstances in which hand retaining mittens may be used:

Restraint can only be used where a patient lacks mental capacity to consent to it if:

- The staff member reasonably believes that it is necessary to prevent harm to the patient and
- The restraint is proportionate both to the likelihood and seriousness of harm and
- The restraint must be in the patient's best interests and
- The restraint is the least restrictive, appropriate means by which to keep the patient safe from harm.

Who decides about the use of restraint? (Section 5 Mental Capacity Act Code of Practice).

Many different people may need to make decisions or act on behalf of someone who lacks capacity to make decisions for themselves. The person making the decision is referred to as the 'decision-maker', and it is the decision-maker's responsibility to work out what would be in the best interests of the person who lacks capacity.

- Where the decision involves the provision of medical treatment, the clinician responsible for carrying out the particular treatment or procedure is the decision-maker, or
- If a Lasting Power of Attorney has been made and registered, or a deputy has been appointed under a court order, the attorney or deputy will be the decision-maker, for decisions within the scope of their authority

The decision-maker for the use of hand retaining mittens is likely to be the nurse caring for the patient at the time mittens are applied or worn.

After application of the mittens, the patient's response to the restraint must be monitored and their use reviewed. If it appears that their use is causing more harm, including agitation and distress, than the harm the patient may experience without the mittens, then their use should be discontinued.

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Addressograph

Please ensure you update this care plan regularly and provide further details in the patient's notes if required

Date		Issue	Aim/ Process	Prescribed Action	Nurse name (please print)
	1.	Maintaining patient safety in relation to invasive devices/lines or tubes. Please specify	To prevent harm and maintain patient safety	To consider the use of hand retaining mittens to retain invasive devices/ lines or tubes	
10,75 O. 10,10,10,10	2.	Mental Capacity (Age 16 plus) Is there reason to doubt that the patient has capacity to consent to hand restraints?	If NO reason to doubt, hand restraints may be used with patient's consent	If YES complete a Mental Capacity assessment and attach form to this care plan	
	3.	Advance Decision to refuse treatment (Age 18 plus) Has the patient made a valid and applicable advance decision regarding use of hand restraints?	If NO , go to box 4	If YES hand restraints cannot be used on this patient	
	4.	LPA or CAD Has the patient made a personal welfare Lasting Power of Attorney, or does the person have a Court Appointed Deputy?	If NO , go to box 5	If YES consent may be required for the use of hand restraints from the Attorney/ CAD Sign when consent obtained -	
	5.	Best Interests Is the restraint to prevent harm to the patient? Is it use proportionate to the likelihood and severity of harm? Is it the least restrictive appropriate way of addressing the harm? Is it in the patient's best interests? (Refer to Best Interests Checklist)	Ensure that the record of the decision to use mitts covers all 4 points.	Please attach best interests form showing how best interests have been determined or state where this information is recorded.	

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6.	Decision Maker Please record details of decision maker for the initial use of hand retaining mittens. Name: Designation: Date: Review Date:	The clinician responsible for the patient takes responsibility for ensuring that relevant staff are aware of this care plan and are following it.	The clinician responsible for the patient needs to ensure that the use of mittens is monitored and reviewed each shift. Record continuing need and effectiveness of hand retaining mittens.
7.	Patient Safety Potential risk to patient's safety through the use of hand retaining mittens.	To ensure patient safety is maintained.	Apply the hand retaining mittens following the safety information leaflet provided in each pack NOTE: Bed straps must NOT be used on general wards. They may only be used in Critical Care.
8.	Skin Integrity Potential for pressure damage to patient's hands or wrists	To prevent pressure damage to the patient's hands or wrists. To remove restraint at intervals.	Follow skin bundle, ensuring the hand mittens are removed and hands are checked at least every 8 hours and mittens removed when staff or visitors are present at the bedside.
9.	The Senior Nurse must be informed and sign this form	Informed by: Designation: Date:	Reviewed by Senior Nurse: Name: Date:
10.	Date when first applied Date when discontinued	Date	Reason discontinued

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Annual Report of Mental Health, Capacity and Legislation Committee 2019/20

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1.0 INTRODUCTION

In accordance with best practice and good governance, the Mental Health, Capacity and Legislation Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of four Independent Members. During the financial year 2019/20 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Chief Operating Officer (Executive Lead for the Committee) and the Director of Corporate Governance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met three times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Mental Health, Capacity and Legislation Committee achieved an attendance rate of 87% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 31st March 2020 as set out below:

	4.06.19	22.10.19	21.02.20	Attendance
Eileen Brandreth	X	✓	>	67%
Akmal Hanuk	n/a	n/a	√	100%
Michael Imperato	n/a	n/a	×	100%
Charles Janczewski	√	n/a	n/a	100%
Sara Moseley	✓	~	X	67%
Total	80%	100%	80%	87%

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 21st February 2020 and were approved by the Board on 27 March 2020.

5.0 WORK UNDERTAKEN

During the financial year 2019/20 the Mental Health, Capacity and Legislation Committee reviewed the following key items at its meetings:

PRIVATE MENTAL HEALTH, CAPACITY AND LEGISLATION COMMITTEE

There were no private meetings held during the reporting year of 2019/20.



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PUBLIC MENTAL HEALTH, CAPACITY AND LEGISLATION COMMITTEE - SET AGENDA ITEMS

April 2019 - March 2020

PATIENT STORY

The Patient Stories presented are as below:

- 1. In June 2019 a service user shared the story of their experiences using the UHBs Mental Health Services
- **2.** For February 2020 a young adult shared their experiences using the Child and Adolescent Mental Health Service.

MENTAL CAPACITY ACT

The Committee was provided with updates on the Mental Capacity Act 2005 (MCA) which has been in force for over 11 years and covers people aged 16 years and over. It was amended to include the Deprivation of Liberty Safeguards (DoLS), which came into force in April 2009.

The Mental Health Manager also provided a number of mandatory training sessions to include:

- Senior Medical Induction and Nurse Foundation Programme and
- Bespoke training on request

The All-Wales MCA e-learning course is available for use on ESR.

Members of the Committee was also informed of the work undertaken by the Independent Member Capacity Advocacy (IMCA) highlighting the number of referrals made and areas of concern / service issues.

Deprivation of Liberty Safeguards (DoLs)

Updates were also provided on the Deprivation of Liberty Safeguards (DoLs) in regard to compliance. The Cardiff and the Vale DOLS / MCA team operate the Supervisory Body responsibilities of the Deprivation of Liberty Safeguards on behalf of Cardiff & Vale UHB, Cardiff City Council and the Vale of Glamorgan Council, through a Partnership Management Board consisting of senior representatives of each Supervisory Body.

Since the "Cheshire West" Supreme Court ruling in 2014, the number of applications for DoLS authorization had increased considerably, although the number of requests had stabilized.

The outstanding DoLS Authorisation requests remained a risk, but this is a greater risk for Local Council partners, as the assessments for Urgent Authorisations are given priority.

Blake Morgan, LLP, Solicitors, have provided bespoke training to senior UHB staff to enable them to become signatories for DoLS authorizations.

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MENTAL HEALTH ACT

Mental Health Act Monitoring Report

The report provided the Committee with further information relating to wider issues of the Mental Health Act. Any exceptions highlighted in the Mental Health Act Monitoring report were intended to raise the Committee's awareness of matters relating to the functions of hospital managers and give assurance that the care and treatment of patients detained by Cardiff and Vale University Health Board and those subject to a community treatment order are only as the Act allows.

Partnership Arrangements

The Mental Health Crisis Care Concordat is a national agreement between health, criminal justice and social care agencies that sets out how services and agencies involved in the care and support of people in a mental health crisis will work together to provide the necessary support. It includes arrangements for more joint work and better information sharing between agencies. Section 135/6 of the Mental Health Act is a significant component within the concordat, regarding which the Legislation Committee requires a briefing to understand the partnership approach being taken in its implementation as well as wider partnership working.

In February 2020 the Committee was provided with an update on the Police Mental Health Concordat with the achievements to date, the challenges to the Concordat and the future aims and aspirations for the Group.

• Health Inspectorate Wales

Healthcare Inspectorate Wales (HIW) completed an unannounced mental health inspection of Hafan y Coed within Cardiff and Vale University Health Board on 19 – 21 March 2019. Three wards were inspected which included, Beech Ward, Oak Ward and Willow Ward.

During the inspection, documentation for patients detained under the Mental Health Act 1983 were reviewed in order to assess compliance with the Act. HIW explored how the service met the Health and Care Standards (2015). Where appropriate, HIW also consider how services comply with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Child and Adolescent Mental Health Service

The Committee was presented with the external reviews, actions plan and redesign of the service. The Committee was:

- appraised of the recommendations of a Welsh Government Delivery Unit review of Primary Care CAMHS (PCAMHS) in Cardiff & Vale UHB (C&VUHB) and resulting action plan.
- 2. appraised of the recommendations of an external review of Secondary Care CAMHS (SCAMHS) in C&VUHB
- 3. presented with improvement trajectories relating to CAMHS
- 4. presented with the broader service redesign intentions of the CAMH service which will support service improvement and sustainability.

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MENTAL HEALTH MEASURE

Mental Health Monitoring Report

The UHB Mental Health Measure performance is reported to and monitored by the Welsh Government on a monthly basis, with reports back to the UHB Performance Monitoring Committee. The data collection pressures on Mental Health have increased which together with changes to local protocols for community teams led to data assurance issues and the Committee was presented with proposed solutions.

The Mental Health (Wales) Measure 2010 (the Measure), is a National Assembly for Wales law that has similar legal status to an Act of Parliament. The Measure introduced a number of important changes to the assessment and treatment of people with mental health problems in Wales. Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision and are supported by subordinate legislation and guidance. Parts 1 to 4 of the measures relate as follows:

- Part 1a 28 day referral to assessment compliance target of 80%
- Part 1b 28 day assessment to intervention compliance target of 80%
- Part 2 Care and Treatment Planning Within Secondary Mental Health Services
- Part 3 Right to request an assessment by self –referral
- Part 4 Advocacy standard to have access to an IMHA within 5 working days

The committee was also presented with a report on the parts of the mental health measure application to children and young people under the age of 18.

Care and Treatment Plans

Part 2 of the Mental Health (Wales) Measure 2010 (the Measure) places a statutory duty on Local Mental Health Partners to ensure that all patients who are accepted into secondary mental health services have a written care and treatment plan (CTP) that is developed and overseen by an appointed care coordinator.

In June 2019 the Committee was presented with the Welsh Government Delivery Units Assurance Action Plan. This was following a poor all Wales report on the quality of Care and treatment plans, the C&V MHCB established a steering group to respond to this long standing issue.

An update was provided at each meeting outlining the issues and solutions.

Policies

Three policies were approved by the Committee as follows:

- 1. Department of Liaison Psychiatry Operational Policy
- 2. Approval of Review of Receipt of Applications for Detention Under the Mental Health Act 1983 Policy
- 3. Approval

• Committee Governance

Reports submitted to the Committee for review and approval:

Committee Self-Assessment: an overview of the findings arising from the selfeassessment

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- 2. Committee Annual Report 2019/20
- 3. Committee Terms of Reference
- 4. Committee work plan

Also presented to the Committee was the minutes from the:

- 1. Hospital Managers Power of Discharge Minutes
- 2. Mental Health Legislation and Governance Group Minutes
- 3. Annual Review of Comments Raised by Members of Power of Discharge

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of the Mental Health, Capacity and Legislation Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Mental Health, Capacity and Legislation Committee. The report is presented by the Chair of the Mental Health, Capacity and Legislation Committee.

7.0 OPINION

The Committee is of the opinion that the draft Mental Health, Capacity and Legislation Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

SARA MOSELEY

Interim Committee Chair



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Report Title:	Draft Annual Report 2019/20 – Mental Health and Capacity Legislation Committee								
Meeting:	Mental Health an Committee	Meeting Date:	21.02.20						
Status:	For Discussion	For Assurance	For Approval	For Information					
Lead Executive:	Director of Corpo	Director of Corporate Governance							
Report Author (Title):	Corporate Govern	nance Officer							

Background and current situation:

The purpose of the report is to provide Members of the Mental Health and Capacity Legislation Committee with the opportunity to discuss the attached Annual Report prior to submission to the Board for approval.

It is good practice and good governance for the Committees of the Board to produce an Annual Report from the Committee to demonstrate that it has undertaken the duties set out in its Terms of Reference and provides assurance to the Board that this is the case.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The Committee has achieved an overall attendance rate of 87% and has met on 3 occassions during the year.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc)

The attached Annual Report 2019/20 of the Mental Health and Capacity Legislation Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

Recommendation:

The Mental Health and Capacity Legislation Committee is asked to:

- **REVIEW** the draft Annual Report 2019/20 of the Mental Health and Capacity Legislation Committee.
- **RECOMMEND** the Annual Report to the Board for approval.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

Reduce health inequalities

Have a planned care system where demand and capacity are in balance





2. Deliver people	outco	mes that matt	er to		7.	k and learn				
All take responsibility for improving our health and wellbeing					8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology					
 Offer services that deliver the population health our citizens are entitled to expect 					Reduce harm, waste and variation sustainably making best use of the resources available to us					
care sy	•				Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives					
Fi	Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information									
Prevention		Long term	Inte	egration	า	Collaboration		Involvement		
Equality ar Health Imp Assessme Completed	act nt	Yes / No / No If "yes" pleas report when	se provide	е сору	of the	e assessment. This	s will	be linked to the		





Report Title:	Mental Health Capacity and Legislation Committee – Terms of Reference								
Meeting:		Mental Health Capacity and Legislation Committee – Terms of Reference				21 st February 2020			
Status:	For Discussion	For Assurance	For Approval	X					
Lead Executive:	Director of Corp	orate Services							
Report Author (Title):	Director of Corp	Director of Corporate Services							

Background and current situation:

In line with the UHB's Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.

This report provides Members of the Mental Health Capacity and Legislation Committee with the opportunity to review the Terms of Reference prior to submission to the Board for approval.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The Terms of Reference for the Mental Health Capacity and Legislation Committee were last reviewed in February 2019 and approved by the Board in March 2019 therefore, only a few changes have been recommended.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.)

The Terms of Reference for the Mental Health Capacity and Legislation Committee have been reviewed by the Director of Corporate Governance. There are a limited number of changes to the document, these have been tracked and left in the draft so Committee Members can identify the changes that have been made since approval by the Board in March 2019.

Recommendation:

The Mental Health Capacity and Legislation Committee is asked to:

APPROVE the changes to the Terms of Reference for the Mental Health Capacity and Legislation Committee and

RECOMMEND the changes to the Board for approval.





Shaping our Future Wellbeing Strategic Objectives This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report 1. Reduce health inequalities Have a planned care system where demand and capacity are in balance 2. Deliver outcomes that matter to 7. Be a great place to work and learn Χ Х people All take responsibility for improving Work better together with partners to our health and wellbeing deliver care and support across care sectors, making best use of our people and technology 4. Offer services that deliver the Reduce harm, waste and variation population health our citizens are sustainably making best use of the entitled to expect resources available to us 5. Have an unplanned (emergency) 10. Excel at teaching, research, care system that provides the right innovation and improvement and care, in the right place, first time provide an environment where innovation thrives Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information Prevention Long term Integration Collaboration Involvement **Equality and Health Impact** Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the **Assessment** Completed: report when published.





2/2 260/330



Mental Health & Capacity and Legislation Committee

Terms of Reference

Reviewed by MH&CL Committee: 21st February 2020 Approved by the Board: 27th March 2020Approved XX



1. INTRODUCTION

- 1.1 The University Health Board's (UHB) Standing Orders provide that "The Board may and, where directed by the Assembly Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"
- 1.2 In line with Standing Orders (and the UHB Scheme of Delegation), the Board shall nominate annually a Committee to be known as the **Mental Health & Capacity and Legislation Committee.** The detailed terms of reference and operating arrangements agreed by the Board in respect of this Committee are set out below.
- 1.3 The principal remit of this Committee is to consider and monitor the use of the Mental Health Act 1983 (MHA), Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS)) (MCA) and the Mental Health (Wales) Measure 2010 (the Measure).

Mental Health Act

- 1.4 The Mental Health Act 1983 covers the detention of people deemed a risk to themselves or others. It sets out the legal framework to allow the care and treatment of mentally disordered persons. It also provides the legislation by which people suffering from a mental disorder can be detained in hospital to have their disorder assessed or treated against their wishes.
- 1.5 The MHA introduced the concept of "Hospital Managers" which for hospitals managed by a Local Health Board are the Board Members. The term "Hospital Managers" does not occur in any other legislation.
- 1.6 Hospital Managers have a central role in operating the provisions of the MHA; specifically, they have the authority to detain patients admitted and transferred under the MHA. For those patients who become subject to Supervised Community Treatment (SCT), the Hospital Managers are those of the hospital where the patient was detained immediately before going on to SCT i.e. the responsible hospital or the hospital to which responsibility has subsequently been assigned.
- 1.7 Hospital Managers must ensure that patients are detained only as the MHA allows, that their treatment and care is fully compliant with the MHA and that patients are fully informed of and supported in exercising their statutory rights. Hospital Managers must also ensure that a patient's case is dealt with in line with associated legislation.

With the exception of the power of discharge, arrangements for authorising day to day decisions made on behalf of Hospital Managers have been set out in the LHB Scheme of Delegation.

Mental Health Measure

- 1.9 The Mental Health (Wales) Measure received Royal Assent in December 2010 and is concerned with:
 - providing mental health services at an earlier stage for individuals who are experiencing mental health problems to reduce the risk of further decline in mental health;
 - making provision for care and treatment plans for those in secondary mental health care and ensure those previously discharged from secondary mental health services have access to those services when they believe their mental health may be deteriorating;
 - extending mental health advocacy provision.

Mental Capacity Act

- 1.10 The MCA came into force mainly in October 2007. It was amended by the Mental Health Act 2007 to include the Deprivation of Liberty Safeguards (DoLS). DoLS came into force in April 2009.
- 1.11 The MCA covers three main issues
 - The process to be followed where there is doubt about a person's decisionmaking abilities and decisions may need to be made for them (e.g. about treatment and care)
 - How people can make plans and/or appoint other people to make decisions for them at a time in the future when they can't take their own decisions
 - The legal framework for caring for adult, mentally disordered, incapacitated people in situations where they are deprived of their liberty in hospitals or care homes (DoLS)

Thus the scope of MCA extends beyond those patients who have a mental disorder.

2. PURPOSE

- 2.1 The purpose of the Mental Health <u>and</u> Capacity <u>and</u> Legislation Committee (the Committee) is to give assurance to the Board that:
 - Hospital Managers' duties under the Mental Health Act 1983;
 - the functions and processes of discharge under section 23 of the Act;
 - the provisions set out in the Mental Capacity Act 2005, and
 - in the Mental Health Measure (Wales) 2010

are all exercised in accordance with statute and that there is compliance with:

- the Mental Health Act 1983 Code of Practice for Wales
- the Mental Capacity Act 2005 Code of Practice
- the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice
- sthe associated Regulations



The Committee will also advise the Board of any areas of concern in relation to compliance with the MHA, the Measure and MCA.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Committee will:

- ensure that those acting on behalf of the Board in relation to the provisions of Mental Health and Capacity legislation, including the Measure, have the requisite skills and competencies to discharge the Board's responsibilities;
- identify matters of risk relating to Mental Health and Capacity legislation and seek assurance that such risks are being mitigated;
- consider and approve relevant policies and control documents in support of the operation of Mental Health and Capacity legislation;
- monitor the use of the legislation and consider local trends and benchmarks;
- consider matters arising from the Hospital Managers' Power of Discharge sub-committee;
- ensure that **all** other relevant associated legislation is considered in relation to Mental Health and Capacity legislation;
- consider matters arising from visits undertaken by Healthcare Inspectorate Wales Review Service for Mental Health in particular, issues relating to Mental Health Act 1983 and monitor action plans that inform responses to HIW reports;
- consider any reports made by the Public Services Ombudsman for Wales regarding complaints about Mental Health and Capacity legislation;
- consider any other information, reports, etc that the Committee deems appropriate.

Authority

- 3.2 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference, concentrating on the governance systems in place and indicators of their effectiveness, particularly in the management of risk. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:
 - employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
 - other Committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

3.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the UHB's procurement, budgetary and other requirements.

Sub Committees

- 3.4 In accordance with Regulation 12 of the Local Health Boards (Constitution, Procedure and Membership) (Wales) Regulations 2003 (SI 2003/149 (W.19), the Board has appointed a sub-committee, to be known as the Power of Discharge Sub-committee. Three or more members drawn from the Sub-Committee will constitute a panel to consider the possible discharge or continued detention under the MHA of unrestricted patients and those subject to SCT.
- 3.5 The Committee has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Board or Committee.

Retention of Board Responsibility

3.6 The Board retains final responsibility for the performance of the Hospital Managers' duties delegated to particular people on the staff of Cardiff and Vale University Health Board, as well as the Power of Discharge Group.

4. MEMBERSHIP

Members

4.1 A minimum of four (4) members, comprising:

Chair Vice Chair of the Board

Vice Chair Chosen from amongst the Independent Members on the

Committee

Members A minimum of two other Independent Members of the

Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2. The following officers and partners are expected to be in attendance so that the Committee can obtain appropriate assurances on compliance with mental health and mental capacity legislation across its breadth of statutory responsibilities:

- Chief Operating Officer (Lead Executive)
- Director of Corporate Governance
- Medical Director



- Clinical Board Director Mental Health
- Clinical Board Nurse Mental Health
- Head of Operations and Delivery, Mental Health Clinical Board
- Clinical Board Director (or their nominated representative) Medicine
- Clinical Board Director (or their nominated representative) Primary, Community and Intermediate Care
- Local Authority Associate Board Member (Director of Social Services)
- Mental Health Act Manager
- Mental Capacity Act Manager
- Representative from Hospital Managers Power of Discharge Group
- Chief Executive IMHA service provider
- Chief Executive IMCA service provider

4.3. By invitation:

The Committee Chair may extend invitations to attend committee meetings to others from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration.

Secretariat

4.4 The Director of Corporate Governance shall attend every meeting and the meeting will be serviced by a member of the Corporate Governance team.

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair (and, where appropriate, on the basis of advice from the UHB Remuneration and Terms of Service sub-committee).

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
 - Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of organisational development for Committee members as part of the UHB overall OD programme developed by the Director of Workforce and Organisational Development.

COMMITTEE MEETINGS

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5.1 Two Independent Members, one of whom should be the committee Chair or Vice

Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than three times a year <u>and otherwiseor</u> as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw, to facilitate open and frank discussion of particular matters.

Format of agenda

- 5.4 The agenda for the meeting will be split into three parts comprising of:
 - Mental Health Act 1983;
 - Mental Health Measure (Wales) 2010;
 - and Mental Capacity Act 2005.

The proportion of time to be spent at each meeting on the respective parts will be set out in the Committee meeting planner, alternating the focus during the cycle of meetings and according to need.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its patients through the effective governance of the organisation.
- 6.2 The Committee is directly accountable to the UHB for its performance in exercising the functions set out in these terms of reference.
- 6.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees and groups to provide advice and assurance to the Board through the:
 - joint planning and co-ordination of Board and Committee business; and
 - sharing of information.

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.4 The Committee shall embed the UHB values, corporate standards, priorities and fequirements, for example equality and human rights, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
 - report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports, as well as the presentation of an annual report;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the UHB.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example the Board's Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, for example where the Committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance, on behalf of the Board shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
 - Quorum

9. REVIEW

9.1 These Terms of Reference shall be reviewed annually by the Committee with reference to the Board or sooner if required e.g. change in legislation.



Report Title:	Mental Health Capacity and Legislation Committee – Annual Workplan 2020-21								
Meeting:	Mental Health Ca Committee	pacity and Legislat	Meeting Date:	21.01.2020					
Status:	For Discussion	For Assurance	For Approval	x For Information					
Lead Executive:	Director of Corpo	rate Governance							
Report Author (Title):	Director of Corp	orate Governance	•						

Background and current situation:

The purpose of the report is to provide Members of the Mental Health Capacity and Legislation Committee with the opportunity to review the Mental Health Capacity and Legislation Committee Work Plan 2020/21 prior to presentation to the Board for approval.

The work plan for the Committee should be reviewed on an annual basis to ensure that all areas within its Terms of Reference are being delivered.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The work plan for the Mental Health Capacity and Legislation Committee has been developed based upon the requirements set out in its Terms of Reference (also on the agenda).

Recommendation:

The Mental Health Capacity and Legislation Committee is asked to:

REVIEW the Work Plan 2020/21; **APPROVE** the Work Plan 2020/21;

RECOMMEND approval to the Board of Directors.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1.	Reduce health inequalities	x	6.	Have a planned care system where	
	·			demand and capacity are in balance	X
2.	Deliver outcomes that matter to people	X	7.	Be a great place to work and learn	х
3.	All take responsibility for improving our health and wellbeing	X	8.	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	х



Equality and Health Impact Assessment Completed:		Yes / No / N If "yes" pleas report when	se provi	de copy o	of the a	ssessment. This	s will	be linked to the	;
Prevention	x	Long term	x Ir	ntegration	x	Collaboration	x	Involvement	X
Fi	Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information								
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time					10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives				
Offer services that deliver the population health our citizens are entitled to expect						d variation t use of the s	x		





Mental Health Capacity and Legislation Committee Work Plan	2020- 21				
A -Approval D- discussion I - Information	Exec Lead	21-feb	21-jul	20-okt	19-jan
Agenda Item			-		-
Mental Health Act					
MHA Monitoring Exception Report	SC	D	D	D	D
Section 17 Compliance	SC	D	D	D	D
Section 138 Partnership Arrangements	SC	D	D	D	D
Policies in support of operation of MHCL	SC	D	D	D	D
Hospital Managers Power of Discharge Sub Committee Minutes	SC	D	D	D	D
Mental Health Measure Act Monitoring					
Mental Health Measure Monitoring Report	SC	D	D	D	D
Care and Treatment Plans Update Report	SC	D	D	D	D
Mental Capacity Act					
MCA Monitoring Report	SC	D	D	D	D
DOLs Monitoring Report	SC	D	D	D	D
DOLs Audit	SC			D	
Inspection Reports					
HIW MHA Inspection Reports	SC	D	D	D	D
Public Service Ombudsman Wales Reports	SC	D	D	D	D
Annual Reports					
Hospital Managers Power of Discharge Sub Committee Annual Report	SC		D		
HIW MHA Annual Report	SC		D		
MHCL Committee Governance					
Annual Work Plan	NF	Α			
Self assessment of effectiveness	NF		D		
Review Terms of Reference	NF	Α			
Produce Committee Annual Report	NF	А			
Minutes of MH&CL Committee Meeting	NF	А	А	А	А
Action log of MH & CL Committee Meeting	NF	D	D	D	D



1/1 271/330



MINUTES OF THE MEETING OF THE MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE HELD AT 10 AM ON 21 JANUARY 2020 IN THE PRIMARY SEMINAR ROOM, HAFAN Y COED.

Present:

Jeff Champney-Smith Chair, PoD Group Elizabeth Singer Vice Chair, Pod Group Teresa Goss PoD member Mike Lewis PoD member **Tony Summers** PoD member Dr John Copley PoD member Wendy Hewitt-Sayer PoD member **Carol Thomas** PoD member John Owen PoD member

Alan Parker PoD member
Huw Roberts PoD member

In attendance:

Sunni Webb Mental Health Act Manager

Simon McDonald Deputy Mental Health Act Manager
Bethan Ellis Mental Health Act Administrator

Apologies:

Simon Williams PoD member Elaine Gorvett PoD member Sharon Dixon PoD member Peter Kelly PoD member Rashpal Singh PoD member Patricia Hallett PoD member Mary Williams PoD member Sarah Vetter PoD member Mair Rawle PoD member



Cardiff and Vale University Local Health Board

1 Mental Health and Capacity Legislation Committee 21 February 2020

1/5 272/330

1 Welcome and Introductions

The Chair welcomed everyone to the meeting. He announced that Tony was stepping down after 17 years as an Associate Hospital Manager. On behalf of the committee he thanked Tony for his contribution to the PoD panel and for his service to the patients. He extended a personal thanks to Tony for both his kindness and, for sharing his considerable knowledge when the Chair (and other members) first joined the Panel. He wished him the very best in the years ahead. Tony thanked the Chair and said how much he had enjoyed the last 17 years. He wished to thank all the staff but particularly Sunni and fellow members. The Chair also welcomed back Alan after a short leave of absence. Alan thanked everyone for their messages of support during a difficult time.

2 Apologies

All apologies were received and noted.

3 Members points for open discussion

There had been no points raised.

4 Minutes of Meeting held on 15th October 2019

The minutes were accepted as a true and accurate record of the previous meeting.

5 Matter Arising

Acoustics in the meeting room - Sharon Dixon had contacted the Mental Health Act Coordinator. The Soroptomists would be holding a fundraiser on the 23 April 2020 and funds raised would allow for the purchase of acoustic panels that could be painted by the patients. There would be a raffle as part of the fund raiser and PoD members were asked to contribute raffle prizes and buy raffle tickets. More information to be circulated when it became available.

Action – Sharon Dixon and the Mental Health Act Manager to take forward

Breakaway training - There would no longer be a requirement for PoD members to complete this training. The Chair was very clear that it was an individual's responsibility to be aware of their safety. PoD members should:

- Familiarise themselves with the procedure for summoning help in external venues
- Never be alone with a patient including, when visiting the ward to tell a patient the panel's decision
- Consult with the clinical team before inviting the patient to address the panel on their own, ensuring the clinical team were nearby
- Not see a patient at a hearing alone if advised it was unsafe by the clinical team. This should be recorded in the decision
- Each PoD Member to sign a form to this effect

Cardiff and Vale University Local Health Board

2 Mental Health and Capacity Legislation Committee 21 February 2020

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The clear message from the Chair was that managers were not to put themselves at risk. It was agreed to update the manual to reflect this.

Action – MHA Manager and Chair to carry forward

Action – Deputy MHA Manager to create a form to be signed by each member

Electronic Decision writing – A protocol for electronic decision making is to be included in the Manager's handbook. The Chair reminded the meeting that it was a matter for each panel as to whether they utilised this facility and all three needed to agree. If the panel decided to write-up the decision electronically it was important that all three panel members confirmed the final version of the decision by emailing the office. The email address to be used had previously been circulated. The final written decision needs to be agreed within two working days. The Chair reminded the committee of the need for vigilance when emailing as there had been a data breach. It was good practice to use the *reply all* option to avoid mistakes.

Action – MHA Manager and Chair to write a protocol for inclusion in the handbook

Comments follow-up – As requested the Mental Health Act Manager had followed up the two issues where the committee had felt the concerns had not been satisfactorily addressed. She explained the action taken and all agreed the matters were resolved. David Seward was now processing the concerns on behalf of the MHA office. He has asked for managers to give some indication as to what they are expecting.

Power of recall on CTO – clozapine. Further information was provided by the Mental Health Act Manager, it is now clear that the power of recall to hospital cannot be used in order to start a patient on clozapine. In order to recall a patient there has to be clear evidence of a change that is detrimental to the patient's mental health. A proposed change in medication is not alone grounds for recall.

Gabalfa CMHT – The issue of cleanliness at the CMHT was raised with the integrated manager. However, given a similar situation that arose at the Hamadryad this has been escalated. PoD members are asked to be mindful of the physical environments used for hearings and to report back any adverse situations.

Solicitors – The legislation is clear and patients can be represented at Manager's Hearings by a solicitor. This though is means tested. The take-up in Cardiff is low although patients are made aware of this right.

6 MHA Activity Monitoring report October - December 2019

Power of Discharge Group (PoD) Activity – The group noted that the number of adjournments has reduced over time and that there are very few appeals. There may be an increase in appeals in the future as the Mental Health Act Manager explained that there are plans to publicise this right via posters and awareness sessions.

A discussion took place around Hearings that were already arranged where the patient has then been moved to a Community Treatment Order prior to the Hearing taking place.
Historically these Hearings have been cancelled, but the group agreed to that the Hearing should still go ahead as there is still a need to ensure that the criteria for detention had been

Cardiff and Vale University Local Health Board

Mental Health and Capacity Legislation Committee 21 February 2020 **Mental Health Review Tribunal (MHRT) Activity** – It was noted that the number of adjournments has reduced over time.

7 Concerns/compliments from the Power of Discharge Group hearings October – December 2019

It was pleasing to note the increased feedback for the panel. After discussions and, as a result of the feedback, it was agreed that the minutes for the Hearing would be amended to include the introduction of the Panel observer.

Action – MHA Manager to amend the minutes to add a checklist item

There was a discussion as to whether the patient's permission was necessary when the Panel was being observed. Although it may not be strictly necessary it was a courtesy that should be extended to patients. The MHA Manager stated that none of the observers would stay if the patient objected or were visibly distressed.

It was pleasing to note that following comments from the managers that a patient's door is being fixed as a direct result of a comment made.

8 Committee and Sub Committee Feedback

There was no feedback as the committees have not met since the last PoD meeting. The issues that the Chair would take on behalf of the PoD were:

- Quality of Care and Treatment Plans
- Patient Activities
- Section 17 Leave
- Supported Accommodation

9 Training

Presentation by Dr Paul Cantrell – The group gratefully received a talk on the Origins of Forensic Psychiatry by Dr Paul Cantrell. This was extremely well received by the group and a follow up talk about Personality Disorders and "other" conditions to be arranged for a later date.

Action – The Mental Health Act Manager

Annual All Wales Hospital Managers Event 2020 – This will be held on the 29 September 2020 in Builth Wells. Any ideas regarding topics should be sent to the MHA Manager.

Action - ALL

Interpreters – It was agreed that the Mental Health Act Manager would contact language line as a first step before any training on the use of interpreters.

Action - The Mental Health Act Manager

ECT – There is a date available that will be circulated. There will be no remuneration for attending the training.

Action – The Mental Health Act Manager

Cardiff and Vale University Local Health Board Mental Health and Capacity Legislation Committee 21 February 2020

4/5

10 Any other business

Welsh – There was a discussion as to whether a patient has a right to have their hearing in welsh if it is known that they don't actually speak the welsh language.

Action - The Mental Health Act Manager to investigate

Data Protection – In view of the data breach the MHA manager agreed to investigate whether there is a reference guide that would be a useful reminder for members.

Action - The Deputy Mental Health Act Manager to investigate

Recruitment – There had been a good response and as a consequence there will be robust recruitment process with short-listed candidates being interviewed.

Future meetings – Given the difficulty parking on the Llandough site it was agreed that other venues would be explored as well as perhaps moving the time and or day of the meetings. Tuesdays were particularly busy clinic days.

Action – The Mental Health Act Manager to investigate

11 Date and time of next meeting

Provisional dates are:

- 28th April 2020
- 21st July 2020
- 27th October 2020
- 26th January 2021

There being no further business the meeting was closed.



5 Mental Health and Capacity Legislation Committee 21 February 2020



Minutes of the Mental Health Legislation and Governance Group held at 10:00 on 22 January 2020 in Seminar Room 2, Hafan Y Coed, Llandough Hospital

Present

Robert Kidd (Chair) Consultant Forensic Clinical Psychologist
Simon Amphlett Senior Nurse Manager Crisis and Liaison services
Linda Woodley Operational Manager (OM) Vale of Glamorgan
Susan Power Lead Team Manager Emergency Duty Team

Emma Powderhill Team Leader, South Crisis Team

Will Adams Specialist Liaison Nurse

Jeff Champney Smith Chair Power of Discharge Group Sunni Webb Mental Health Act (MHA) Manager

Simon McDonald Deputy Mental Health Act (MHA) Manager

Dr Mary Lawrence Associate Specialist in Psychiatry

Fiona Pearson Trainee Psychologist

Dr Sugandha Kumar Consultant in Old Age Psychiatry
Ceri Martin Emergency Unit Clinical Team Leader

Carys Williams Emergency Unit Sister

Susan Eshel Frequent Attender Case Load Manager

David Seward Mental Health Act Coordinator
Matthew Russell Acting Operational Manager Cardiff
Dr Michael Ivenso Consultant in Older Persons Psychology

Apologies

Adele Watkins Paediatrics Representative

Ceri Lovell Team Leader- CAMHS Crisis Liaison Team

Charles Janewski Vice Chair, Cardiff and Vale University Health Board

Dr Clare Davies Emergency Unit Consultant Representative

Dr Katie Fergus Consultant Psychiatrist

Dr Tayyeb Tahir Consultant Liaison Psychiatrist

Gareth John Consultant Social Worker- DoLs/ AMHP
Julia Barrell Mental Capacity Act (MCA) Manager

Kathryn Parry Specialist Liaison Nurse Peter Thomas South Wales Police

Sue Broad Depravation of Liberty Safeguards

Cardiff and Vale University Local Health Board Mental Health Legislation and Governance Group 22 January 2020

1/6 277/330

1 Welcome and Introductions

The chair welcomed members and those in attendance especially those from outside of the Mental Health Clinical Board and external agencies.

2 Apologies for Absence

Apologies were accepted and noted.

3 Minutes of meeting held on 17 October 2019

The minutes were accepted as a true and accurate record of the previous meeting.

4 MHA Activity October – December 2019

The Mental Health Act Monitoring report was discussed. There were no exceptions to discuss. The data showed a slight rise in the proportion of rectifiable errors on detention papers but this is due to several newly qualified Approved Mental Health Professionals and this is expected to settle down. The s136 data shows a clear upward trend in its use. This is the opposite of the reduction shown in the previous quarter that had been attributed to Police Mental Health Triage Team. There was no Police representative to comment at this meeting.

5 Matters Arising

Recording/reporting VA's – The issue of people brought to hospital by the Police for a Voluntary Mental Health Assessment was discussed. The issue of changing the Policy on where to take VA patients was discussed and it was confirmed by Senior Nurse Manager Crisis and Liaison services and the Team Leader, South Crisis Team that the policy will not be changing.

The Deputy MHA Manager informed the group that the report to pull VA data from Paris was going through the final acceptance stage, but that the data recorded doesn't show the high number of VAs that was expected by the Crisis Service. The attendees representing the Emergency Unit stated that they have a significant number of VAs brought to them but that they are unaware that this data is recorded anywhere.

The Senior Nurse Manager Crisis and Liaison services informed the group that there are a significant number of patients being taken to the wrong place, both under s136 and VA patients. This is related to the level of alcohol the patient had consumed and their fitness for assessment. It was explained that if the patient was unable to walk or talk reasonably coherently then they should be taken to the Emergency Unit to ensure that they are medically fit. This is the same criteria that the Police use for interview. The previous use of breathalysers was discussed. This information could be valuable, but to not be taken into account for an assessment.

Action - The Deputy MHA Manager to investigate the recording of VA

Ambulance contact numbers – The Chair confirmed that there are no alternative confact numbers at present for the ambulance service.

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Silver on Call (SoC) training – The MHA Manager informed the group on the current position on transport, namely that a needs assessment has been carried out to assess how often an ambulance will be required, this established that there are currently daily delays. The cost of a bespoke service will be around £100,000 per year. This is proving to be extremely difficult to progress at present due to the current financial pressures of the UHB. A briefing is being put together to highlight the issue to the Chief Executive and this issue is at the top of the risk register.

The Operational Manager Vale of Glamorgan informed the group that the situation is not improving and this is especially an issue out of hours where SoC have refused to arrange transport even though it is a health responsibility.

Action – Chair to carry SoC training forward
Action – Chair to carry the issue of transport forward

MCA/MHA Poster – The MHA Manager informed the group that both the poster and booklet have now been finalised and both are available on the Mental Health Act intranet site and will be available on the Mental Capacity Act intranet site. The posters will be distributed around the UHB.

Action – The Deputy MHA Manager and the MCA Manager to distribute the posters

136 – Assessment Unit – The MHA Manager confirmed that there is no email detailing the Assessment unit as an area where s136 cannot be used. It was confirmed that this area is a place where the Police absolutely can use their s136 powers.

CAMHS RC issue – The Chair confirmed that this issue is ongoing and the Clinical Director for Adult Services is taking this forward.

Liberty Protection Safeguard (LPS) slides – There are slides containing pertinent information around LPS to be distributed to the group.

Action – The MHA Manager to email copy to all attendees

Crisis Attendance – The issue of Crisis Services not attending when they should is ongoing. The Chair stated that the Concerns Manager is gathering the data.

Action - The Chair to take forward

6 Feedback on Operational Issues and Incidents

S136 Hotel Room Incident – The Chair brought up an incident that is currently in the news that resulted in a suicide. This was a situation where Police Officers were advised by the Police Triage Centre that use of s136 would be unlawful in a hotel room. The Police Officers left, and the Patient subsequently committed suicide. One of the outcomes of the investigation into this incident is that the Police were issued a Regulation 28 Report (Prevention of Future Death Report) by the Coroner. The consensus of the group was that \$136 could absolutely be used in a hotel room.

Approved Mental Health Professional (AMHP) availability – The OM Vale of Glamorgan explained that the lack of available AMHPs has placed the service at crisis point. It was

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asked if health would advertise to their relevant staff the fact that they could become AMHPs and that would relieve the pressure.

Action – The Chair to take forward

Finding a Bed for Admission – The OM Vale of Glamorgan explained that finding a bed for admission is a problem, with ongoing issues for Learning Difficulties patients and two recent issues in the Magistrates Court. It was confirmed to the group that it is ultimately not the responsibility of the AMHP to find a bed, but there is no issue with them helping.

Types of s17 leave – The Chair brought to the groups attention that there may be some confusion over the types of s17 leave, namely the differences between Escorted and Accompanied. Below is an extract from the MHA 1983 Code of Practice for Wales Revised 2016:-

"

Escorted leave

27.23 A responsible clinician may direct that a patient remains 'in custody' while on leave of absence, either in the patient's own interests or for the protection of other people. Patients may be kept in the custody of any officer on the staff of the hospital or any person authorised in writing by the hospital managers. Such an arrangement is often useful, for example to enable patients to participate in escorted trips or to have compassionate home leave.

27.24 Escorted leave to Northern Ireland is permitted under the Act. Patients may be held in lawful custody whilst there by a constable or a person authorised in writing by the managers of the hospital. In Scotland, the Isle of Man or any of the Channel Islands escorted leave can only be granted if the local legislation allows such patients to be kept in custody while in that jurisdiction. If this is contemplated for a restricted patient, advice should be sought from the Mental Health Casework Section (MHCS) of the Ministry of Justice.

Accompanied leave

27.25 While it may often be appropriate to authorise leave subject to the condition a patient is accompanied by a friend or relative, responsible clinicians should only specify that the patient is to be in the legal 'custody' of a friend or relative if it is appropriate for that person to be legally responsible and that the person understands and accepts the responsibilities of being the patient's legal custodian. In the case of children, it may be appropriate for the person with parental responsibility to be the legal custodian. "

Booking Transport – The MHA Manager explained that the position of the Health Board is that it is the relevant CMHTs responsibility to arrange transport for patients. The Operational Manager (OM) Vale of Glamorgan stated that the issues occur when it is an emergency outside of normal working hours. The Chair explained to the group that further discussion will take place with the Head of Operations and Delivery.

Action – The Chair to take forward

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7 Feedback from other meetings

Consultant Meeting – The Associate Specialist in Psychiatry explained that the only item is that there is a policy out for consultation about the allocation of Responsible Clinician and that this would greatly help the identification of such, especially out of hours.

8 Power of Discharge Group

Comments, Compliments, and Feedback – The Chair Power of Discharge Group explained that the most commented items remain to be around Care and Treatment Plans and Risk Assessments. There is also an issue of the lack of suitable qualified staff impacting on patients being able to take authorised escorted leave.

Step Down - The Chair Power of Discharge Group raised a concern that patients were staying in hospital longer than they should be due to funding for suitable placements etc. The Operational Manager Vale of Glamorgan confirmed that it was unacceptable for lack of funding to cause this, but could possibly be time taken to find a suitable placement. The Chair Power of Discharge Group agreed to pass details on to the Operational Manager Vale of Glamorgan if he ever thought this was the case.

9 External Reviews

No external Reviews have been carried out since the last meeting.

10 Interface MHA/MCA/DoLs

Not discussed, but to be kept on the agenda due to immanent changes in legislation.

12 Quality Indicators and audit activities

The (Chair) Consultant Forensic Clinical Psychologist explained that a meeting has been arranged with Adult Services and one for MHSOP is to be arranged.

13 Any other business

Practicing psychiatry via Skype – The Chair brought the groups attention a paper on practising psychiatry via Skype. The group had a discussion about this and the MHA Manager informed them that it would be the assessing doctors responsibility to form a judgement as to whether conducting an examination in this manner would enable him or her to adequately perform their functions under s12, MHA.

Care Coordination when s117 responsibility had been transferred – The Consultant in Older Persons Psychology raised the hypothetical question about if the Care Coordinator role would remain with the UHB if both the patient and s117 responsibility had been transferred to another UHB. The consensus from the group was that there would no longer that care coordination role within the UHB if both treatment and responsibility had been transferred elsewhere. However the UHB would need to ensure there was some mechanism to satisfy themselves that requirements under the MHA were being met.

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13 Date of future meetings

To be held in the Seminar Room, Hafan Y Coed at 14:00hrs;

29 April 2020 22 July 2020

28 October 2020

27 January 2021

Cardiff and Vale University Local Health Board

Mental Health Legislation and Governance Group 22 January 2020

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Report Title:										
	Mental Health	Mental Health Legislation Related Issues – Together for Mental Health								
	Delivery Plan	Delivery Plan								
Meeting:	Mental Health	gislation Committee	Meeting							
					D	ate:				
Status:	For	X	For	For	For Information		х			
	Discussion		Assurance	Approval						
Lead Executive:				·						
	Chief Operating	g C	Officer							
Report Author										
(Title):	Director of Ope	erat	tions – Mental Heal	th Services						

SITUATION

The Cardiff and Vale Mental Health Legislation Committee is concerned with the UHB's compliance to all Mental Health Legislation, including any relevant mental health strategy. The primary mental health partnership strategy for Wales is the Welsh Government's 10 year 'Together for Mental Health' strategy. This strategy has been devolved to mental health services through consecutive 3 year delivery plans until 2022. The current 2019 – 2022 delivery plan was published 27th January 2020. This document is valuable for the Legislation Committee to be appraised of its contents related to relevant mental health legislation and consider the impact on the assurance themes and processes of the committee including the Mental Health Act 1983 and the Mental Health Measure (Wales) 2010

BACKGROUND

When appraising this document, the 2019/22 Delivery Plan is recognized to be all age and includes responsibilities of the Welsh Government, Public Health Bodies, Primary Care as well as partnership mental health services. There are specific sections of the delivery plan related to mental health legislation including the Mental Health Measure and the Mental Health Act. https://gov.wales/sites/default/files/publications/2020-01/together-for-mental-health-delivery-plan-2019-to-2022.pdf

ASSESSMENT

General Comments

Although not specifically related to the application of the Act and Measure, the delivery plan describes broadly the role of Part 1 and prevention services, primary care and public health in delivering early detection, and prevention of mental health problems with a focus on preventing people reaching the type of mental health crisis that often requires detention to hospital.:

The strategy further refers to 'Supporting the legislative context' in its introduction by making changes needed to develop a strategic response to which changes to the Mental Health (Wales) Measure 2010 and the Mental Health Act are needed to deliver and drive our/the plan's policy intentions and outcomes.





Mental Health Act

The Strategy has specific actions related to MH legislation. In relation to the MHact 05(ii) refers to:

The Welsh Government (Health and Social Services) to consider the UK government commissioned 'independent review of the MH Act 1983' and subsequent response to decide which actions are required in Wales.

• In years 1(2020) and Year 2 (2021) the milestones includes a strategic position on the implications of any changes to the Mental health Act for Wales is to be established.

This is still awaited and is not yet a white paper, although recommendations recently submitted following a period of consultation suggest a small number of recommendations were accepted and related to the strengthening of the rights and autonomy of patients, increasing choice and reducing compulsion. The Mental Health Act office within the Mental Health Clinical Board (MHCB) on behalf of the University Health Board (UHB) awaits the final report and is considering its current arrangements in delivering the above recommendations and allied training requirements.

Mental Health Measure

Again the strategy points out that this is being reviewed:

Welsh Government (Health and Social Services) to consider the 'Duty to Review' recommendations arising from the evaluation of the delivery of the Mental Health Wales Measure 2010 - With Actions including for Years 1 (2020) and 2 (2021):

- To change regulations as recommended by the final report of the duty to review the Mental Health Wales Measure 2010 with supporting policy implementation guidance and workforce training
- To consider amending the regulations to Part 1 of the measure to facilitate a competency based approach to be used in establishing the workforce to undertake part 1 assessments

https://gov.wales/sites/default/files/publications/2019-03/the-duty-to-review-final-report.

Recommendations of the Duty to Review Final Report 2015 included:

- All health boards to report from 2016 upon the following in their annual reports on the local delivery of Together for Mental Health MHCB/UHB Action The MHCB now coordinated this annual responsibility on behalf of the mental health partnerships in Cardiff and Vale this is assisted through joint chairing arrangements for the regular Together for Mental Health Partnership implementation meets.
- To expand the list of health professionals registered with a regulated professional body able to undertake a local primary mental health support service (LPMHSS) assessment & Expand the list of health professionals registered with a regulated professional body

able to undertake the care coordination role. MHCB/UHB Action - For the over 18 cohort, the main option being considered was one of Counsellors undertaking this role but nothing conclusive has come of it from the WG through the national community of practice Part 1 steering group following a number of national practice meetings. This is now looking unlikely as counsellors do not have the core mental health practitioner training required to meet core competencies. The BACP are currently gathering evidence to resolve the question.

- the findings from the LPMHSS and care and treatment planning (CTP) satisfaction surveys as well as the comprehensive CTP audit including compliance with the Welsh Language Standards - MHCB/UHB Action - All feedback and audits received from the WG and Delivery Unit with action plans developed and monitored in response.
- outcome measures for those that have received a LPMHSS therapeutic intervention
 MHCB/UHB Action C&V Mental Health services is a pilot site for roll out of the net
 Outcomes framework

How information, and if relevant, training is provided to patients and GP's explaining:

- how patients discharged from secondary mental health services, and relevant other people, know about how, and understand their right, to request a reassessment -MHCB/UHB Action – Multiple means of advertising Part 3 rights have been targeted at all service users on MH caseloads and through service user groups and 3rd sector organisations. This work is ongoing.
- how the outcomes for individual patients who have received an IMHA service are demonstrated. MHCB/UHB Action – Service User feedback collated by the contracted 3rd sector advocacy provider which is fed back to the MHCB through formal contract monitoring meetings.

A working group is convened to consider:

 what further guidance about the interface between primary and secondary care is needed and to develop that guidance for wider consideration and consultation. MHCB/UHB Action – the Director of Ops in C&V MHCB is currently chairing an interagency steering group to consider and develop pathways for decision making within and between primary and secondary care mental health services

RECOMMENDATION

The Board is asked to: Consider the legislative actions taken by the MHCB in response to the Together for Mental Health Delivery Plan and approve.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report





3/4

1. Reduc	e heal	th inequalities	}	х	6.	Ha	ave a planned	care	system where	Х
						de	mand and cap	pacity a	re in balance	
2. Delive	r outc	omes that n	natter to	Х	7.	Вє	a great place	to wor	k and learn	х
people	:									
3. All tak	e respo	onsibility for ir	nproving	j x	8.	W	ork better tog	ether w	rith partners to	х
our he	alth an	d wellbeing				de	liver care and	suppo	ort across care	
						se	ctors, makin	g best	use of our	
						ре	ople and tech	nology		
4. Offer	servic	es that del	iver the	×	9.	F	Reduce harm,	waste	and variation	x
popula	tion h	ealth our citiz	zens are	;		su	stainably mal	king be	est use of the	
entitle	d to ex	pect				re	sources availa	ble to	us	
5. Have	an un	planned (em	ergency) x	10).	Excel at	teachir	ng, research,	х
care s	ystem	that provides	the righ	t		inr	novation and	impr	ovement and	
care, i	n the ri	ght place, firs	t time			pre	ovide an	environ	ment where	
					inr	novation thrive	S			
1	Five Ways of Working (Sustainable Development Principles) considered									
Please tick	as rel	levant, click <u>h</u>	<u>ere</u> for n	nore info	rma	ation				
Prevention	X	Long term	x In	tegratio	n	Х	Collaboration	ı x	Involvement	х
Equality and Not Applicable										
Health Impact										
Assessment										
Completed:										

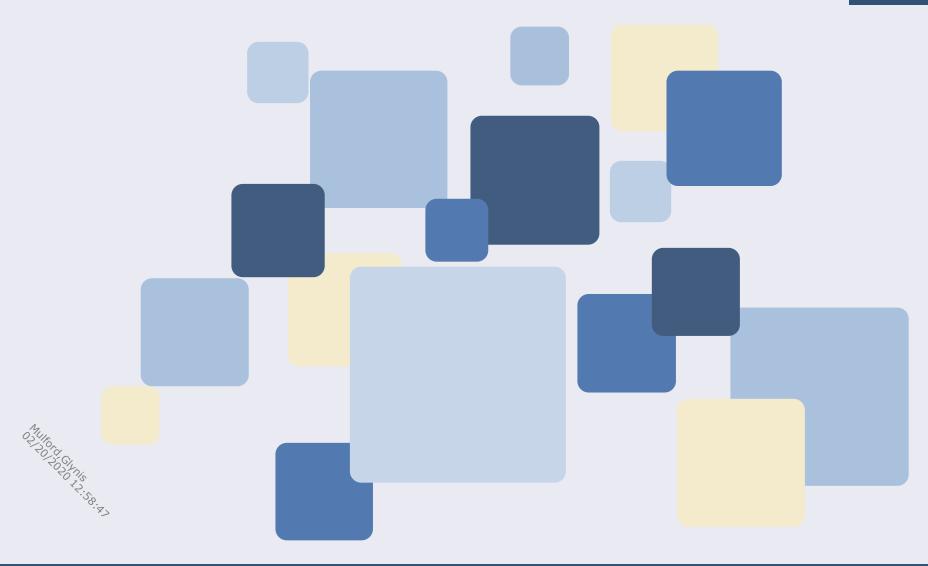
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Together for Mental Health

Delivery Plan: 2019-22





TOGETHER FOR MENTAL HEALTH DELIVERY PLAN 2019-2022

Strategic Context

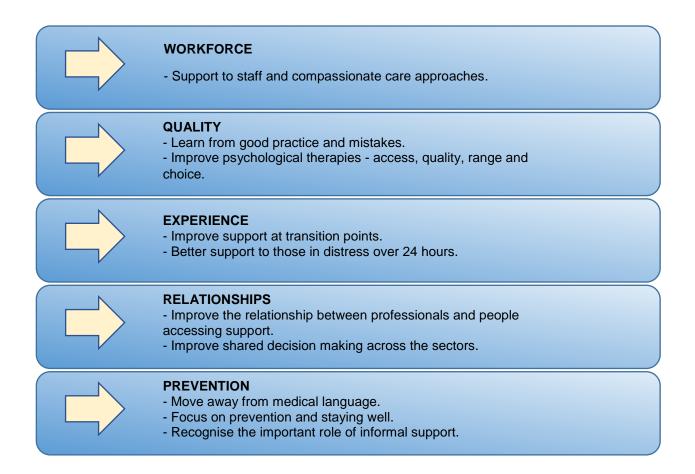
Together for Mental Health is the Welsh Government's 10 year cross-governmental strategy to improve mental health and well-being across all ages. Published in October 2012 following significant engagement and formal consultation with stakeholders, the strategy has been supported by a series of detailed delivery plans. This is the third and final plan. Throughout the lifetime of the strategy we have continued to increase our investment into mental health services, and we now spend more on mental health services within Wales than any other part of the NHS.

Together for Mental Health sets out a number of high-level outcomes aimed at achieving a significant improvement to both the quality and accessibility of mental health services for all ages. The strategy recognises that the causes and effects of poor mental health are complex, challenging and multi-faceted and therefore require an integrated, cross-government and cross-sector partnership approach if we are to achieve these outcomes. The six high level outcomes underpinning the 10 year strategy are:

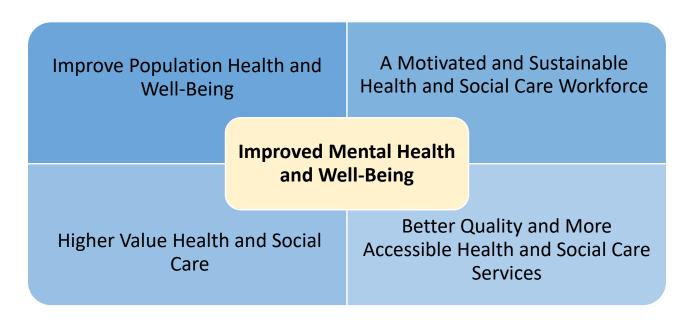
- The mental health and well-being of the whole population is improved.
- The impact of mental health problems and/or mental illness is better recognised and reduced.
- Inequalities, stigma and discrimination are reduced.
- Individuals have a better experience of the support and treatment they receive and feel in control of decisions.
- Improved quality and access to preventative measures and early intervention to promote recovery.
- Improved values, attitudes and skills of those supporting individuals of all ages with mental health problems.

Whilst the delivery plan outlines a number of new priority areas for the next 3 years, these all contribute to achieving the high-level outcomes set out originally in *Together for Mental Health*. Some of these actions represent a necessary continuation and investment in services, whilst in other areas the delivery plan is intended to drive a step change in service provision and/or additional government led activity to prevent poor mental health. It is now firmly recognised that mental health is not only the concern of the NHS – it is 'everybody's business'. Our schools, workplaces and communities play an important role in keeping us well and healthy. This is reflected in *Prosperity for All, the Welsh Government's national strategy* which highlighted well-being, prevention and tackling mental ill health as one of six priority areas which emerged as having the greatest potential contribution to long-term prosperity and well-being. We recognise that there must be a

cross-government effort to improve the nation's mental health and that only a fully co-ordinated response from public and voluntary services can effectively prevent rising demand and poorer outcomes. The high-level outcomes of *Together for Mental Health* also mirror the themes, which have come from the engagement with stakeholders, including service users and carers during the development of the plan. These themes are outlined in the diagram below.



In 2018, the Welsh Government published *A Healthier Wales: Our Plan for Health and Social Care.* The plan sets out our long term future vision of a 'whole system approach to health and social care', which is focused on health and well-being, and on preventing illness. *A Healthier Wales* also commits to develop a National Clinical Plan for specialist health services, including mental health. Realising the ambitions of *A Healthier Wales* requires a further improvement in terms of integrating services, co-production and holistic approaches to treating physical and mental ill health. In order to realise this vision *A Healthier Wales* is shaped around four 'Quadruple Aims', which describe interlocking themes that help develop a shared understanding of how we want the whole system approach to develop and how we will prioritise change. The diagram below shows the interface between the Quadruple Aims and improved mental health.



The priorities that will be delivered through the delivery plan continue to support principles of prudent healthcare with its focus on integrated, person centred care delivered in a way that has been informed by service users and carers. For example, by routing some of the additional function resources for mental health through Regional Partnership Boards and by setting expectations about the involvement of the third sector, as well as strong partnerships with the police and local government, the plan should ensure that care is provided at the right level

and at the right time. This approach also supports value based healthcare given the delivery plan's emphasis on improvements in areas such as access to psychological therapies and improvements to crisis care services which we know are important to service users.

Scale of Challenge and Progress to Date

Since the publication of *Together for Mental Health* we have published a series of delivery plans at both an all Wales and health board level and provided additional funding to support improvements. As a result of this investment, and within the context of increasing demand for services, we have made progress in a number of areas, including:

- Reduced stigma around mental health, including through supporting the Time to Change Campaign, with more people accessing support.
- Greater service user and carer involvement in the development and planning of services at both a regional and national level.
- Significantly reducing the number of children and young people waiting longer than 4 weeks to access to treatment.
- Reducing mental health hospital admissions through an emphasis on more support in the community.
- Reducing the number of delayed transfers of patient with mental health issues.
- · Reducing the number of patients (both adults and children) that need to be sent outside of Wales for treatment
- Significantly reduced the number of people in mental health crisis detained in police cell as a place of safety.
- The implementation of the Mental Health (Wales) Measure 2010, including the introduction of Local Primary Mental Health Support Services and a focus on care and treatment planning.
- Implementing new community perinatal mental health services providing support across all areas of Wales.
- Establishing psychiatric liaison in hospitals.
- Establishing CAMHS and adults community crisis intervention teams.
- Development of both neurodevelopmental and early intervention in psychosis services.
- Launching the Mental Health Crisis Care Concordat with partners to improve the multiagency response to people in mental health crisis.
- Embedding mental health in preventative programmes, for instance, Healthy Working Wales and the Wales Network of Health Schools.
- Establishing mental health social prescribing pilots to develop the evidence to improve access to non-clinical support.
 - The development of a separate Dementia Action Plan, itself supported by additional government investment.

A Cross-Government Approach

Since the publication of the cross-governmental 'Together for Mental Health' strategy, the profile of mental health has grown considerably and as noted earlier there is an increasing recognition that mental health is 'everybody's business'. Prosperity for All challenges all Welsh Government departments to consider the impact of their work on the mental health and well-being of the population in Wales. Therefore, building on a rapid review of a number of areas where we know that additional focus across government departments could make an impact, this latest delivery plan places greater emphasis on the protective factors for good mental health, identifying those areas of cross-government working such as in education, employment and housing that can make a significant contribution to improving mental health and well-being outcomes in a way that is sustainable for the future.

Over the duration of the previous delivery plan there was a focus on embedding mental health across a range of Welsh Government plans. In particular, work with education, employability, tackling poverty, and crime and justice has ensured that delivery plans in these areas carry explicit links to mental health and related actions. The intention is not to repeat all of these actions in this delivery plan, but to make reference where appropriate, and to strengthen links in other areas. Therefore, the plan continues to highlight the important contributions needed across government to protect and improve mental health through programmes and policies that tackle the wider determinants of good mental health. Whilst health services are designed to respond to the needs of individuals requiring a clinical response for a mental health problem, most of the key levers to improve mental health and well-being sit outside of the health sector. Achieving the aspirations in this delivery plan is therefore underpinned by broader strategic aims, such as:

- Enabling schools to support the broader mental health and well-being of learners through the Whole School Approach, which in turn will help to prevent other issues from developing or escalating, including mental health issues.
- Eliminating the gap in economic inactivity rates across Wales through an increased focus on employment for disabled people, including those with mental health conditions through the **Employability Plan**.
- Promoting inclusive growth and employer commitment to fair work, employee health and skill development through the **Economic Contract**.
- Ensuring every young person has an equal opportunity to reach the highest potential through **Education Wales: our national mission**.
- Provide housing-related support to help vulnerable people to live as independently as possible through the **Supporting People**Programme.
 - Reducing rough sleeping and end the need for people to sleep rough through the Rough Sleeping Action Plan and supporting those that have complex, co-occurring housing and mental health issues.

TOGETHER FOR MENTAL HEALTH DELIVERY PLAN 2019-2022

The approach taken to develop this delivery plan reflects the requirements of the *Well-being of Future Generations (Wales) Act 2015* by emphasising the importance of preventative and integrated services whilst recognising the importance of taking a longer term approach. We have also sought to embed the requirements of the *Social Services and Well-being (Wales) Act 2014* within the plan. The emphasis in the plan is on early intervention so that longer-term harms are prevented before they occur includes preventing exposure to *Adverse Childhood Experiences* (ACEs). This recognises an increasing body of international evidence about the negative long-term impact on health and well-being outcomes, particularly mental health outcomes, which can result from exposure to childhood trauma before the age of 18.

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Key Priorities for 2019-2022

Within the context of the commitments already made and the additional resources to support them, this delivery plan prioritises effort to deliver meaningful improvements for individuals and their families. The priorities have also been shaped by a number of National Assembly Committee reports including Perinatal Mental Health Services, 'Mind over Matter' (emotional and mental health support for children and young people), 'Everybody's Business' (suicide prevention) and Mental Health in Policing and Police Custody. The committee inquiries seek an increased focus and pace of improvement in mental health services, as well as a greater focus on prevention. We have accepted most of the committee recommendations and believe that delivery of the key priorities we have set ourselves in this delivery plan will secure the improvements in prevention and in services that we all want to see.

The improvements we want to see are dependent on a number of overarching themes, which underpin actions and will continue beyond the life of this plan. These include:

- Reducing health inequalities, promoting equity of access and supporting the Welsh Language.
- Strengthening **co-production** and supporting **carers**.
- Developing a workforce plan in partnership with Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to work with the third sector, local authorities and the NHS to support medium and longer-term service improvements and to ensure a stable and sustainable mental health workforce.
- Implementing the **core data set** to improve consistency, robustness and the focus on outcomes across all-age mental health services.
- Supporting the **legislative context** making changes needed to implement known legal reform to the Mental Capacity Act 1983 and developing a strategic response to which changes to the Mental Health (Wales) Measure 2010 and the Mental Health Act are needed to deliver and drive our/the plan's policy intentions and outcomes.

The priority areas for action, set out in this delivery plan, are:

- Improving mental health and well-being and reducing inequalities through a focus on strengthening protective factors.
- Improving access to support for the emotional and mental well-being of children and young people improving access and ensuring sustainable improvements to timeliness of interventions, as well as supporting the new curriculum and whole school approach, extending the reach of NHS services into schools and filling gaps in services within both primary and secondary care through Child and Adolescent Mental Health Services (CAMHS).
- Further improvements to crisis and out-of-hours provision for children, working age and older adults moving to a common, multiagency offer across Wales.

- Improving the access, quality and range of psychological therapies for children, working age and older adults to deliver a significant reduction in waiting times by the end of this Government, to increase the range of therapies offered and to support the workforce ultimately improving service user experience.
- Improving access and quality of perinatal mental health services further development of perinatal mental health services in line with quality standards and care pathways and the provision of in-patient care.
- Improving **quality and service transformation** including a focus on improvements to areas such as eating disorders support, people in contact with the criminal justice system and co-occurring mental health and substance misuse issues. Positive change will also be achieved by responding to Healthcare Inspectorate Wales/Care Inspectorate Wales thematic reviews, reviews by NHS Delivery Unit and receiving assurance that recommendations have been delivered.

Actions to improve dementia are being taken forward under the separate **Dementia Action Plan for Wales**, published in 2018. Similarly, although referenced within this plan, actions to prevent suicide and self-harm are being taken forward as part of the **Talk to Me 2 strategy**.

Monitoring, Evaluation and Support.

Delivery of the overall strategy and its constituent delivery plans is monitored and assured through the Mental (MHNPB) and local partnership board structure. These boards consist of service users and carers, representatives from the statutory and voluntary sectors, and professional groups.

NHS Chief Executives have also supported the development of an all-age mental health network and related board to assist in driving forward commitments made within *Together for Mental Health* and *A Healthier Wales*. Forward work plans are being developed that will need to take account of the actions set out in this new delivery plan. The board is chaired by the lead Chief Executive for Mental Health who will be assisted by a National Programme Director for Mental Health. The network and board will coordinate activities within the new NHS Executive in order to share learning and develop integrated approaches.

Amex 1 includes a glossary of terms and annex 2 includes a list of indicators that will be monitored to track the impact of the actions in the plant.

OVERARCHING THEMES

Key areas that underpin the actions in the delivery plan. They are longer term, running beyond the life of the plan.

O1 – Reducing health inequalities, promoting equity of access and supporting the Welsh Language.

These actions aim to provide equity of access to services and to enable services to offer a Welsh Language choice. They support ongoing improvements, however, all actions should be taken in the context of equality of access and use of an individual's language of choice.

choice.		
Actions	Milestones	
O1 (i) Welsh Government (Health and Social Services) to work with health boards to develop their capacity and capability to improve Welsh language provision in mental health services.	 Ongoing (six monthly reporting): Health boards to report on how they are developing capacity and capability to improve Welsh language provision in mental health services including delivering on the 'Active Offer' – a key principle of More than Just Words.¹ Health boards and local authorities to ensure that mental health forms and systems include questions agreed on a national level to record users' Welsh language needs. 	
O1 (ii) Health boards and trusts, through the NHS delivery framework, ² to evidence how they will deliver services equitably and ensure access to information is provided when needed and in a form that is accessible including consideration of language.	 Ongoing (six monthly reporting): Health boards to provide qualitative reports detailing evidence of; advancing equality and good relations in the day to day activities of NHS organisations, including reporting on the ongoing delivery of Treat Me Fairly training 	

¹ More than just words is the Welsh Government's strategic framework to strengthen Welsh language services in health and social care. People can feel vulnerable when accessing health and social care and lack the confidence to ask for services in Welsh. The active offer therefore means offering a Welsh language choice without patients having to ask for it.

² NHS Delivery Framework and Guidance 2019-20 https://gov.wales/sites/default/files/publications/2019-05/nhs-wales-delivery-framework-and-reporting-guidance-2019-2020-march-2019.pdf.

	the implementation of the all Wales standard for accessible communication and information for people with sensory loss
O1 (iii) Welsh Government (Health and Social Services) along with Public Health Wales and the World Health Organisation (WHO) European Regional Office to develop a Health Equity Status Report (HESR) for Wales, including data and policy analysis with related options for policy action supported by relevant investment to reduce health inequities.	Year 1 (2020) Welsh Government (Health and Social Services) to publish a HESR and consider findings in order to identify further actions to address health inequalities.
O1 (iv) Welsh Government (Health and Social Services) to work with health boards, local authorities and the third sector organisations to continue supporting a range of programmes and initiatives to protect vulnerable groups and to improve access to services for individuals with additional needs.	 Ongoing (six monthly reporting): Health boards to continue to support Veterans NHS Wales to deliver timely and appropriate services and, alongside Welsh Government and the third sector organisations, to raise awareness of veterans' mental health needs with medical professionals and the general population. To support professionals and services to deliver more appropriate care and support through adoption of the Diverse Cymru and UKIED BME Mental Health Workplace Good Practice Certification Scheme (WGPCS)³ and Cultural Competency Toolkit. Year 1 (2020) Working with health boards and other partners to ensure mental health services are able to meet the needs of refugees and asylum seekers in a timely and effective manner by supporting the implementation of the Mental Health Care Pathway and associated



³ http://bmemncert.diversecymru.org.uk/

O2 – Strengthening co-production and supporting carers.

These actions set out how we will support people with lived experience, carers and the third sector to play a role in shaping, delivering

and evaluating services, through better links with local, region	al and national networks.	
Actions	Milestones	
O2 (i) Welsh Government (Health and Social Services) to support the Mental Health Forum to develop national guidance aimed at increasing co-production and involvement including peer-led approaches.	 Year 1 (2020) National Forum to scope national guidance work, including the development of a communications plan. Year 2 (2021) National Guidance on coproduction produced. 	
O2 (ii) Welsh Government (Health and Social Services) to review current arrangements for third sector engagement to ensure it reflects the increased number and breadth of third sector mental health organisations.	 Year 1 (2020) Liaising with third sector organisations including Wales Alliance for Mental Health (WAMH) to review and strengthen current arrangements for third sector engagement. Year 2 (2021) Implementation of findings of review. 	
O2 (iii) Welsh Government (Health and Social Services) to further improve the support available to carers through the development of a new strategic action plan, based on the three National Priorities for Carers which are: - Supporting life alongside caring Identifying and recognising carers Providing information, advice and assistance to carers.	 Year 1 (2020) Following work of the Carers' Ministerial Advisory Group to advise Welsh Ministers on the issues that matter most to carers, Welsh Government to develop in co-production with statutory bodies and stakeholders, a new carers' strategic action plan. Year 2 (2021) Progress implementation of new strategic action plan. 	

O3 - Workforce.

These actions set how we will take a strategic approach to workforce planning to ensure that it is sustainable for the future and that the mental health workforce is supported to deliver compassionate and high-quality care.

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Actions	Milestones	
O3 (i) Following the publication of a new 10 year health and social services workforce strategy, Health Education Improvement Wales (HEIW) and Social Care Wales (SCW) to work with the third sector, local authorities and the NHS to produce a workforce plan for mental health.	 Year 1 (2020) HEIW/SCW workforce strategy published. To develop contents of mental health plan with stakeholders. Year 2 (2021) To consult and publish workforce plan for mental health and begin implementation of plan. 	
O3 (ii) Mental Health workstream of the All Wales Nurse Staffing Programme to develop and test evidence based workforce planning tool(s) for adult mental health inpatient wards which would enable the eventual extension of the second duty of the Nurse Staffing Levels (Wales) Act 2016 ⁴ to that setting.	 Year 3 (2022) To develop an evidence base to underpin the workforce planning tools. To work with health boards to test the tools in mental health settings. 	



⁴ Nurse Staffing Levels (Wales) Act 2016: http://www.legislation.gov.uk/anaw/2016/5/contents.

04 - Research, data and outcomes.

These actions set out how we will improve use of research, the capability and consistency of data and outcomes collection in Wales for mental health. Common IT systems, better information sharing between health, social care and the third sector, and an outcomesfocused workforce are all key goals of the mental health and learning disability core dataset. These actions also include learning from a range of projects, including the Healthier Wales Transformation projects, to inform the delivery of actions throughout the life of this plan and beyond. We are also committing to improve transparency and reporting of information to the public.

The beyond. We are also committing to improve transparency and reporting or information to the public.	
Actions	Milestones
O4 (i) Welsh Government (Health and Social Services) and partners to consider learning and evaluation of Healthier Wales transformation fund projects to inform actions relating to service improvement.	 Year 1 (2020) Regional Partnership Boards (RPBs) to submit first mid-point report with early learning/progress. Welsh Government to publish national evaluation report summarising key findings, including specific mental health projects. Year 2 (2021) Welsh Government to publish national evaluation report on impact of the fund to inform next steps. Year 3 (2022) Welsh Government to publish follow-up national evaluation report on impact of the fund.
O4 (ii) Welsh Government (Health and Social Services), NHS Wales Informatics Service (NWIS) and partners to implement a nationally standardised mental health and learning disability core dataset including the roll out of the Welsh Community Care Informatics Service (WCCIS) computer system.	 Year 1 (2020) Assure dataset through Welsh Informatics Standards Board (WISB) processes. Commence publication of both the new section 135/136 dataset and the psychological therapies 26 week target on Stats Wales. To develop and implement a common set of forms for assessment, care and treatment planning, and reviews across health and social care teams.

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	 To pilot outcomes focused model and develop process to roll out.⁵ Year 2 (2021) Roll out Word versions of forms across services. Improve the way data is shared with the public, making user-friendly information available on the Stats Wales website. Year 3 (2022) Roll out of dataset alongside WCCIS system across Wales. Roll out outcomes focused model across Wales.
O4 (iii) National Collaborative Commissioning Unit (NCCU) to undertake the annual NHS UK and International Benchmarking project to ensure that we learn from within the UK and abroad and understand the landscape of current services.	Ongoing (annual review) Health boards to use findings from Benchmarking Project in order to inform service delivery and improvement.
O4 (iv) Welsh Government (Health and Social Services) to undertake an independent evaluation of progress against the <i>Together for Mental Health</i> strategy 2012-2022.	Year 1 (2020) • To commission evaluation. Year 2 (2021) • Commence evaluation. Year 3 (2022) • To publish report and to inform future strategy.
O4 (v) Welsh Government (Health and Social Services & Education), NHS Wales and the Wolfson Centre for Mental Health to work together to strengthen existing partnership and rapidly translate new research into practice thereby improving the mental health and well-being of young people.	Year 2 (2021)

⁵ More information, including a paper detailing the outcomes model, can be found on the 1000 Lives/Improvement Cymru website at http://www.1000livesplus.wales.nhs.uk/data-collection-and-outcome-measures.

	Year 3 (2022) and beyond Evaluate youth mental health strategies including whole school approach. Develop digital intervention package for school counsellors/primary care. Train youth mental health practitioners in schools and NHS. ⁶
O4 (vi) Welsh Government (Health and Social Services) to maintain awareness of the progress and outcomes of the Welsh Government investments in mental health and social prescribing research as part of the Health and Care Research Wales research development infrastructure.	 Ongoing (six monthly reporting) Update reports in relation to relevant research projects.
O4 (vii) Welsh Government (Health and Social Services), working with the third sector to develop the evidence for mental health social prescribing, through evaluation of pilot projects and models, to inform future investment.	Year 1 (2020) and Year 2 (2021) British Red Cross and Mind Cymru to deliver mental health social prescribing projects, including independent evaluation. Year 3 (2022) Pilot projects to submit final evaluations on social prescribing pilots.



⁶ More information on this research can be found on the Wolfson Centre website at https://www.wolfson.org.uk/cardiff-university-win-10m-wolfson-award-for-adolescent-mental-health-research/.

O5 - Legislation.

These actions set out how we will implement the legal changes to be made by the Mental Capacity (Amendment) Act 2019 and to develop a strategic position of what changes to the Mental Health (Wales) Measure 2010 and the Mental Health Act 1983 are needed to support implementation of policy intentions and outcomes.

support implementation of policy intentions and outcomes.	
Actions	Milestones
O5 (i) Welsh Government (Health and Social Services) to consider the 'Duty to Review' recommendations arising from the evaluation of the delivery of the Mental Health (Wales) Measure 2010.	 Year 1 (2020) and Year 2 (2021) To change regulations as recommended by the Final Report of the Duty to Review the Mental Health (Wales) Measure 2010 with supporting policy implementation guidance and workforce training. To consider amending the regulations to Part 1 of the Measure to facilitate a competency based approach to be used in establishing the workforce to undertake Part 1 assessments.
O5 (ii) Welsh Government (Health and Social Services) to consider the UK Government commissioned 'Independent Review of the Mental Health Act 1983' ⁷ and subsequent response to decide which actions are required in Wales.	 Year 1 (2020) and Year 2 (2021) Strategic position on the implications of any changes to the Mental Health Act for Wales is established.
O5 (iii) Welsh Government (Health and Social Services) to prepare and support the implementation of the Mental Capacity (Amendment) Act 2019.8	 Year 1 (2020) Department for Health and Social Care and Ministry of Justice (re)-drafting of the Code of Practice to the Mental Capacity Act and Liberty Protection Safeguards reflects the position for Wales. Secondary legislation to the Mental Capacity (Amendment) Act 2019 is prepared. Implementation of the Mental Capacity (Amendment) Act 2019/Liberty Protection Safeguards with necessary guidance and training. Monitoring arrangements and data collection mechanisms are established.

⁷ UK Independent Review of the Mental Health Act https://www.gov.uk/government/groups/independent-review-of-the-mental-health-act.

⁸ Mental capacity (Amendment) Act 2019 https://services.parliament.uk/bills/2017-19/mentalcapacityamendment.html.

Ongoing (six monthly reporting)
Continuous programme of work in place to strengthen Mental
Capacity Act 2005 principles and processes in practice.

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Priority 1: To improve mental health and well-being and reduce inequalities through a focus on strengthening protective factors.

These actions will ensure that I am able to access activities that help me to stay well and to develop positive relationships. My community will promote positive mental well-being and encourage talking about mental health. Mental Health will be perceived as 'everybody's business'.

How will we know? Improved Mental well-being of the population and people feeling less lonely. Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Source: National Survey for Wales, Welsh Government. Percentage of people feeling lonely. Source: National Survey for Wales, Welsh Government.

1.1 – Tackling stigma and discrimination.			
Actions	Milestones		
1.1 (i) Welsh Government (Health and Social Services & Economy, Skills and Natural Resources) to continue to work with third sector delivery partners on Phase 3 of the Time to Change Wales (TTCW) ⁹ campaign with a focus on middle aged men and Welsh speakers.	 Year 1 (2020) and Year 2 (2021) (six monthly reporting) To increase the number of employers signing up to the TTCW and making changes to HR policy and practice. To increase the number of adult champions, with a target of 20% Welsh speakers and 50% men. 		
1.1 (ii) The Stigma and Discrimination working group of the Mental Health National Partnership Board (MHNPB), supported by the Equality and Human Rights Commission (EHRC), to report and recommend further actions to reduce stigma and discrimination.	Year 1 (2020) Stigma and Discrimination report submitted to MHNPB on proposed recommendations. Year 2 (2021) Welsh Government (Health and Social Services) to consider all evidence to inform long term actions for reducing stigma		

⁹ Time to Change Wales https://www.timetochangewales.org.uk/en/.

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	and discrimination in Wales, in consultation with MHNPB and other stakeholders.	
1.2 – Strengtheni	ng protective factors.	
Actions	Milestones	
1.2 (i) Welsh Government (Health and Social Services) to support people with mental health conditions into employment or to remain in work through delivery of a health-led employment support programme which consists of the Out of Work Peer Mentoring Service, the In-Work Support Service and an Individual Placement Support pilot.	 Year 1 (2020) Prioritise access to rapid therapeutic support available through the In-Work Support Service to those most at risk of falling out of employment. Confirm approval of additional European Social Funding to enable the Out of Work Peer Mentoring Service to continue until 2022. Publish the Out of Work Peer Mentoring Service evaluation report and implement the findings and recommendations. Publish an evaluation of the Individual Placement Support pilot and consider next steps. Year 2 (2021) (six monthly reporting) Increase the number of small and medium-sized enterprises (SMEs) being trained to take positive action to improve mental health and well-being in the workplace through the In Work Support Service. Increase the number of people with mental health conditions being supported into employment through the Out of Work Peer Mentoring Service. 	
1.2 (ii) Welsh Government (Health and Social Services & Conomy Skills and Natural Resources) and Public Health Wales to support and encourage employers to promote good mental	Year 1 (2020) Work with the Health and Employability work stream through the Employability Plan to review the evidence of what works and identify good practice for the promotion of mental well-being at work.	

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health and well-being in the workplace through Healthy Working Wales ¹⁰ and the Economic Contract.	 Review the Economic Contract to ensure it is delivering on policy priorities, and to consider how to further embed it with businesses across Wales.
	 Year 2 (2021) Disseminate evidence based advice and tools through Healthy Working Wales to support the promotion of mental well-being at work.
1.2 (iii) Welsh Government (Health and Social Services) to tackle loneliness and social isolation through implementing a nationwide cross-government strategy.	 Year 1 (2020) Publication of Loneliness and Social Isolation strategy, which will include agreed priority areas.
1.2 (iv) Health boards to support people to manage their own health, including those with long-term conditions, through administering a self-management and well-being grant. This grant will support initiatives that enable people to improve physical functioning, psychological (and spiritual) well-being and social connectedness.	 Ongoing Health boards and third sector to work together to develop proposals to the self-management and well-being grant from 2020-21. Following award of grant, Welsh Government (Health and Social Services) to monitor impact of grant.
1.2 (v) Welsh Government (Education and Public Services & Health and Social Services) to support the delivery and evaluation of the Housing First Pilots to enable tailored mental health and substance misuse support for individuals to manage tenancies independently.	Year 1 (2020) Consider recommendations from an independent evaluation of Housing First to consider best practice approaches to ensure principles of wraparound support are achieved. Ongoing To support the trial of new approaches to working in partnership in the areas where Housing First is operating.
(vi) Welsh Government (Education and Public Services & Health and Social Services) to develop model joint working	Year 1 (2020) Work with local authorities and local health boards to develop joint working protocols, including the development of assertive

¹⁰ Healthy Working Wales http://www.healthyworkingwales.wales.nhs.uk/home.

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protocols for engaging mental health and substance misuse services with rough sleepers.	outreach approaches, multiagency case conferences and urgent/crisis referral routes.
	 Ongoing (six month reporting) Support the trial of new approaches to working in partnership to support rough sleepers and people who are homeless or who are at risk of homeless.
1.2 (vii) Welsh Government (Education and Public Services) to support the development and delivery of a training module to support social and private landlords to identify and support people with mental health issues.	 Year 1 (2020) Rent Smart Wales¹¹ to include mental health awareness as part of the training for private landlords prior to 2020 relicensing. Further bespoke mental health awareness training to be developed for private landlords including specific topic of reducing stigma. Database of support services being developed by Rent Smart Wales, accessible on the website.
	 Ongoing (six month reporting) Continue to roll out appropriate training to front line housing professionals including landlords.
1.2 (viii) Welsh Government (Education and Public Services) to support the delivery and development of mental health services that allow for closer alignment between housing management services and private landlords in order to prevent evictions from existing tenancies.	 Year 1 (2020) Work with local authorities and local health boards to develop best practice guidance on joint commissioning of tenure neutral support services to provide emergency support to allow people to stay in their own homes and avoid evictions. Develop communication channels to ensure advice and training is available to landlords on where to access support services for tenants.

¹¹ Rent Smart Wales https://www.rentsmart.gov.wales/en/.

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	 Work with local health boards to strengthen and ensure effective implementation of pre-discharge protocols.
1.2 (ix) Welsh Government (Education and Public Services) to help people to access debt and money advice to support improved mental health, through its financial inclusion and advice services and working with key stakeholders	 Year 1 (2020) New Single Advice Fund to commence in 2020 with links into health services.
1.2 (x) Welsh Government to consider the mental health impact of Brexit and to ensure support is available, particularly for at-risk communities.	 Ongoing (six monthly reporting) Take forward the recommendations and findings from the 'Supporting Farming Communities at Times of Uncertainty' report published by Public Health Wales in 2019. Encourage the Wales Farm Charities Partnership to deliver against the recommendations collaboratively to ensure a joined up service to the farming industry.
1.3 – Improving and pror	noting mental health and resilience.
Actions	Milestones
1.3 (i) Public Health Wales to facilitate Hapus Program – a social movement model to hold a national conversation about mental wellbeing, to better understand what it means to be well.	Year 1 (2020) Project and evaluation plans for national conversation to be agreed.
The state of the s	

¹² Supporting Farming Communities at Times of Uncertainty Report https://whiasu.publichealthnetwork.cymru/en/news/supporting-farming-communities-times-uncertainty/.

1.3 (ii) Welsh Government (Education and Public Services) will work with partners to create 'Adverse Childhood Experience (ACE) aware' public services which take a more preventative approach to avoid ACEs and improve the resilience of children and young people.	Ongoing (six monthly reporting) • Update report on working with partners to create 'ACE aware' public services. Year 1 (2020) Commission a review to inform the Welsh Government's future policy direction on ACEs'
1.3 (iii) Welsh Government (Economy, Skills and Natural Resources) to work with Public Service Boards to encourage and support participation in cultural activity at a local level.	Ongoing (six monthly reporting) • Work through 'Fusion: Creating Opportunity through Culture Programme' to increase access to cultural activity.
1.3 (iv) Welsh Government (Health and Social Services and Economy, Skills and Natural Resources) to evaluate the Healthy and Active Fund to determine whether a similar funding mechanism should be used again and to identify and support projects which make a difference to physical activity and mental well-being.	Year 2 (2021) and Year 3 (2022) • Complete evaluation and determine next steps informed by these findings.
1.3 (v) The Welsh Physical Activity Partnership (joint partnership between Sports Wales, Public Health Wales and Natural Resources Wales) to develop a national physical activity action plan and agree next steps to encourage engagement in sport and physical activity which will help to support positive mental health and well-being.	Year 1 (2020) • Development of national action plan.
1.3 (vi) Welsh Government (Economy, Skills and Natural Resources) to lead on the delivery of the Natural Resource Policy ¹³ which sets priorities on the ways Wales' natural resources are managed and can support mental health and well-being; including bringing communities together through	Ongoing (six monthly reporting) To deliver a range of grants schemes making clear links between improving the resilience of natural resources and our health and well-being.

¹³ https://gov.wales/natural-resources-policy

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opportunities for outdoor recreation; access to the natural environment and local green spaces, and improving the quality of our environment.

Enabling local action through Natural Resource Wales' area statements.

1.4 - Preventing suicide and self-harm.

Actions	Milestones
1.4 (i) Welsh Government (Health and Social Services), working with the Suicide and Self-Harm National Advisory Group to drive implementation of the Talk to Me 2 Suicide and Self Harm Prevention Strategy ¹⁴ (extended to 2022) through regional forums/plans and national coordinator posts.	 Year 1 (2020) To appoint a national co-ordinator and three regional posts for suicide and self-harm prevention. To work with regions and leads to establish priorities and commence projects which require targeted action. Year 2 (2021) and Year 3 (2022) Six-monthly reporting Continue to implement regional project plans.
1.4 (ii) Suicide and Self-Harm National Advisory Group and Welsh Government (Health and Social Services) to strengthen bereavement support in Wales.	 Year 1 (2020) National bereavement study published and plan of action established. National delivery framework for bereavement care developed and implementation commenced.
1.4 (iii) Suicide and Self-Harm National Advisory Group and Welsh Government (Health and Social Services) to improve access to information and support about suicide and self-harm prevention including in educational settings, at risk occupational groups, rural areas and primary care. We will also highlight areas a good practice.	 Year (2020) To develop an educational module for GP's and primary care. To develop the <i>Talk to Me Too</i> website¹⁵ which is a central point of information and support to individuals, organisations and families.

¹⁴ Talk to Me 2 Strategy and Action Plan https://gov.wales/sites/default/files/publications/2019-08/talk-to-me-2-suicide-and-self-harm-prevention-strategy-for-wales-2015- 2020.pdf 5. Talk to Me Too website www.talktometoo.wales.

Wales Farm Charities Partnership Group to share knowledge and expertise and to increase collaboration.
 Year (2020) To develop a national training framework, hosted on the <i>Talk</i> to <i>Me Too</i> website, which provides information about training programs across Wales.

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Priority 2: Improving access to support for the emotional and mental well-being of children and young people.

These actions will support me to develop my ability to cope better with everyday challenges. They will also help teachers and others recognise when I need more support and how to access it. If I do need to access specialist services, these actions will ensure I can get the help I need, when I need it.

How will we know? Improved mental well-being of children and young people and timely access to services

Mental well-being rates for boys and girls aged 14. Wales. Source: Millennium Cohort Study.

Specialist Child and Adolescent Mental Health Services (sCAMHS) waiting times. Source: Stats Wales, Welsh Government.

2.1 – Improving access to m	ental health support in schools.
Actions	Milestones
2.1 (i) Welsh Government (Education and Public Services & Health and Social Services) to develop and implement a multiagency whole school approach to mental health and emotional well-being.	 Year 1 (2020) Develop guidance for the implementation of whole school approaches, which includes joint working across agencies with clear roles and responsibilities. Publish guidance on suicide and self-harm prevention, accompanied by a suite of complimentary resources and activities. Work with stakeholders to determine current good practice and evidence based interventions.
ON THE STATE OF TH	 Year 2 (2021) Implement schools guidance on whole school approaches across Wales. Work with schools to implement good practice guidance linked to self-evaluation process. Support Public Health Wales in refreshing the Welsh Network of Healthy School Schemes (WNHSS) and implementing changes.

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	2.1 (ii) Welsh Government (Education and Public Services) to support schools to deliver the new curriculum including the health and well-being area of learning and experience which supports resilience in children and young people.	 Year 1 (2020) Publish revised curriculum framework guidance following 2018 consultation to assist schools to prepare. Curriculum and Assessment bill introduced. Year 2 (2021) and Year 3 (2022) Schools to design the new curriculum for 5 to 16 year olds. Non-maintained nursery settings prepare to adopt a new curriculum for 3 and 4 year olds.
		Education Other Than at School (EOTAS) providers to prepare to deliver a curriculum appropriate to their learners.
		 Year 3 (2022) New Curriculum for Wales is delivered to all learners up to and including Year 7. The roll out continues on a yearly basis concluding in 2026 for learners in Year 11.
	2.1 (iii) Welsh Government (Education and Public Services) to introduce professional learning for all levels of school staff on mental health and emotional well-being.	 Year 1 (2020) Conduct scoping exercise to establish what is currently taught and which gaps there are that need to be filled. Work with Higher Education Institutions to develop bespoke training packages targeting different school staff roles.
4	Augustin State Control of the Contro	 Year 2 (2021) Continue development of training packages and roll out to school staff. Work with National Academy for Educational Leadership (NAEL) to receive accreditation for leadership training. Introduce mental health and well-being training into Introductory Teachers Training (ITT).

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2.1 (iv) Welsh Government (Education and Public Services) working with NHS and Public Health Wales to implement key learning from the CAMHS in-reach pilots.	 Year 1 (2020) Begin initial evaluation and early learning from in-reach pilots. Year 2 (2021) Receive formal evaluation of in-reach. Scale up the in-reach pilots and implement key elements nationally.
2.1 (v) Welsh Government (Education and Public Services) to develop and implement proposals to ensure that the views of children and young people are incorporated into developing whole school related activity	 Year 1 (2020) Maintain a working group of young people drawn from a diverse geographical and social background which includes lived experience coproduce a work programme of activity throughout the year which enables young people to inform and shape policy as it develops.
2.1 (vi) Welsh Government (Education and Public Services) working with PHW to review the mental health element of the Healthy and Sustainable Higher Education and Further Education framework ¹⁶ and update it to better support colleges with the growing demand for support services.	Year 1 (2020) • Update the mental and emotional health topic of the framework, co-ordinate and support Education Institutions to support learner and staff wellbeing, and identify future support needs of the sector to inform future action.
2.2 – Improving access to support in the	e community for children and young people.
Actions	Milestones
2.2 (i) By working with a number of Early Years Transformation pathfinders across Wales we are exploring options for how early years services can be delivered in a more integrated and systematic way to ensure children and families get the right help, at the right time and in the right way.	 Year 2 (2021) and Year 3 (2022) Building on the co-construction approach adopted with the Early Years pathfinders we will invest to develop pilot delivery models that will target support to more families where it will have the greatest impact over the longer term.

¹⁶ Healthy and Sustainable Higher Education and Further Education Framework http://www.wales.nhs.uk/sitesplus/888/page/82249#higher

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	Year 3 (2022) Share learning from the Early Years pathfinders pilot delivery models with other Public Service Boards (PSBs) with the aim of scaling up good practice to regional levels in a systematic way.
2.2 (ii) Welsh Government (Health and Social Services) to provide funding to Regional Partnership Boards (RPBs) to support the development of local approaches to improve access to lower tier, non-clinical community based services.	Year 1 (2020) Issue funding to RPBs to pilot local approaches to improve access to lower tier, non-clinical community based services. Year 2 (2021) Monitor and review of funding to RPBs to pilot local approaches to improve access to lower tier, non-clinical community based services.
2.2 (iii) Welsh Government (Education and Public Services) working with local authorities and their partners, to embed early intervention and preventative approaches to improving mental health and well-being through youth work approaches.	Year 1 (2020) Support local authorities to deliver early support to young people to boost their emotional health and well-being through youth work approaches. Year 2 (2021) Work with local authority youth services to develop ideas and share good practice to further support children and young people.
2.2 (iv) Welsh Government (Health and Social Services) to explore the development of pilots in relation to online support for children and young people.	Year 1 (2020) Review existing provision and the cost-benefit of developing online support and develop an implementation plan for the provision of online support for children and young people. Year 2 (2021) Implementation of agreed plan.

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2.3 – Improving children and you	ing people's mental health services.
Actions	Milestones
2.3 (i) Welsh Government (Health and Social Services) investment to support health board improvement plans that take forward recommendations from the recent NHS Delivery Unit (DU) review of primary care CAMHS.	Ongoing (six monthly reporting) Health boards to implement improvement plans following review of primary care CAMHS and continue to monitor progress.
2.3 (ii) Welsh Government (Health and Social Services) to support improvements in transitions between CAMHS and adult services.	 Year 1 (2020) Review current transition guidance in the context of the development of wider NHS transition guidance.
	 Year 2 (2021) and Year 3 (2022) (six monthly reporting) Develop arrangements to monitor use of the guidance with children and young people.
2.3 (iii) NHS to ensure specialist mental health services meet the needs of young people and that services are equally accessible for those children and young people who are looked after or on the edge of care.	 Year 1 (2020) Develop proposals for better integration and joint commissioning arrangements between health and social services. Agree scope for Early Help and Enhanced Support workstream of the extended <i>Together for Children and Young People</i> programme.
A ₂	 Year 2 (2021) Implement actions following the CAMHS Network review of Tier 4 Enhanced Inpatient Care. Implement arrangements for joint commissioning between health and social services.

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Priority 3: Further improvements to crisis and out of hours for children, working age and older adults.

These actions will help me access support when I'm in distress. People with whom I come into contact will know how to support me and I will have access to services at any time.

How will we know? Outcomes are improved for people in crisis, including those detained under section 135 and 136 of the mental health Act. Source: Detentions under Section 135 and 136 of the Mental Health Act. Stats Wales, Welsh Government and Mental Health Core Dataset (when available).

3.1 – Strengthening	partnership working.
Actions	Milestones
3.1 (i) Mental Health Crisis Care Concordat (MHCCC) and Regional Mental Health Criminal Justice Groups to implement the new National Crisis Concordat Action Plan ¹⁷ across health boards, police forces, local authorities, the Welsh Ambulance Service NHS Trust (WAST) and the third sector.	 Year 1 (2020) All partners sign and agree to local implementation plans with formal reporting to the Concordat group. Year 2 (2021) and Year 3 (2022) (six monthly reporting) Report on progress against the local implementation plans.
3.1 (ii) National Collaborative Commissioning Unit (NCCU) to complete a rapid urgent mental health access and conveyance review across health boards, police forces, local authorities, WAST and the third sector to make recommendations for improvement.	Year 1 (2020) • Complete urgent access review. Year 1 (2020) and Year 2 (2021) • Implement recommendations from urgent access review.
3.1 (iii) Welsh Government (Health and Social Services) investment to support health boards to extend and standardise the delivery of crisis and out of hours services to provide 24/7 access across all ages, including delivering on the priority areas in the National Crisis Care Concordat Action Plan.	Ongoing (six monthly reporting) Health boards to implement investment plans and continue to monitor progress.

¹⁷ Crisis Care Concordat Plan https://gov.wales/mental-health-crisis-care-agreement-action-plan-2019-2022.

3.1 (iv) Welsh Government (Health and Social Services) and partners to support a range of pilots, including street triage, hub models, et cetera to inform evidence based practice and the MHCCC to identify the good practice and models for roll out.

Year 1 (2020)

• Agree and support pilot projects.

Year 1 (2020) and Year 2 (2021)

• Agree national actions to improve crisis system based on access review and evaluation of pilot projects.

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Priority 4: Improving the access, quality and range of psychological for therapies children, working age and older adults.

These actions will ensure that I can access the most appropriate and evidenced based psychological therapies to support me in a timely manner. I will also be involved in making decisions about my care.

How will we know? Health boards achieve waiting time standards on a sustainable basis and outcomes are reported through the dataset (when available).

Percentage of Local Primary Mental Health Support Services (LPMHSS) assessments undertaken within 28 days of referral & percentage of therapeutic interventions started within 28 days following a LPMHSS assessment. Source: Mental Health (Wales) Measure data collection, Welsh Government.

Percentage of specialist psychological therapies interventions commencing within 26 weeks. Source: Stats Wales, Welsh Government (from 2020).

4.1 – Improving the access, quality and range of psychological therapies.	
Actions	Milestones
4.1 (i) Welsh Government (Health and Social Services) to continue to support the delivery of the Reading Well Books scheme ¹⁸ including lists for common mental health conditions.	 Year 1 (2020) All libraries to stock books about mental health conditions, with roll out across communities. Year 2 (2021) Formal evaluation of the Reading Well adult scheme. To launch the Children and Families book scheme pending outcome of reviews.
4.1 (ii) Welsh Government (Health and Social Services) to introduce a psychological therapies infrastructure in Wales, supported by National Psychological Therapies Management	 Year 1 (2020) Introduce infrastructure to support psychological therapies. To develop 'Children and Young People Matrices' document.

¹⁸ Reading Well Scheme Wales: https://reading-well.org.uk/wales

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Committee, that will support service improvement, workforce development and strengthen governance.	 Ongoing (six monthly reporting) Children and Young People's matrics to be published and implemented. To ensure the Matrics Cymru¹⁹ evidence tables continue to be updated. Following recent investment, health boards to report on progress in achieving targets for the Local Primary Mental Health Support Services (LPMHSS) and specialist psychological therapies. Health boards to report on developing psychological services across the system including those with physical or long-term conditions.
4.1 (iii) Welsh Government (Health and Social Services) to commission the development of an evidence based All Wales Traumatic Stress Quality Improvement Initiative for all ages, taking into account other specific population groups including victims of sexual assault, perinatal mental health, refugees, asylum seekers, people in prison or in contact with criminal justice system and other vulnerable groups.	Year 2 (2021) and Year 3 (2022) (six monthly reporting) • Health boards to begin implementation of Traumatic Stress Initiative.
4.1 (iv) Welsh Government (Health and Social Services) and partners to consider scoping the potential to expand the Health for Health Professionals (HHP) Wales Service to both NHS dentists and paramedics. Currently HHP Wales provides all doctors in Primary and Secondary Care with access to British Association for Behavioural and Cognitive Psychotherapy (BABCP) in their area.	Year 1 (2020) To commission scoping work following Ministerial agreement. Year 2 (2021) Gather evidence and conclusions to inform future service delivery.

¹⁹ Matrics Cymru and Evidence Tables http://www.1000livesplus.wales.nhs.uk/psychological-therapies.

Priority 5: Improving access and quality to perinatal mental health services.

These actions will ensure that if I struggle with my mental health during or after my pregnancy, I will be able to access appropriate support. If I need more specialist support, I will be able access this closer to my home and with my baby.

How will we know? Health boards meet the Royal College of Psychiatrists' quality standards. Achievement of Royal College of Psychiatrists' quality standards. Source: Health board returns.

5.1 – Improving access and quality of perinatal mental health services.	
Actions	Milestones
5.1 (i) Welsh Health Specialised Services Committee (WHSSC) and lead health board to establish a specialist in-patient perinatal mother and baby unit in Wales.	 Year 1 (2020) Commencement of build project to establish a mother and baby unit, in line with agreed Royal College of Psychiatrists' standards. Year 2 (2021) Establishment of the mother and baby unit.
5.1 (ii) NHS Collaborative to establish a perinatal mental health network to assist health boards in further driving improvements to services, including the collection of core performance management data.	 Year 1 (2020) Establishment of the Perinatal Mental Health Network. Achievement of All Wales Perinatal Mental Health Steering Group's²⁰ standards, including relevant data collection. The implementation of the Perinatal Mental Health Clinical Network delivery plan including an All Wales Fully Integrated Care Pathway for Perinatal Mental Health. Developing a curricular framework for perinatal and infant mental health, improving access to information, strengthening links with third sector organisations across Wales and undertaking work to recognise the unique needs of fathers.

²⁰ More information about perinatal steering group and NHS activities in Wales: http://www.1000livesplus.wales.nhs.uk/perinatal-mental-health.

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Year 2 (2021)
 Achievement of Royal College of Psychiatrists' quality standards.²¹

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Royal Collège of Psychiatrists Community Mental Health Team Quality Standards for Perinatal Mental Health, 4th Edition: <a href="https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/pqn-standards-for-community-perinatal-mental-health-services-4th-edition.pdf?sfvrsn=f31a205a 4.

Priority 6: Improving Quality and Service Transformation.

These actions will assure me that the services that I need to access will continually improve and are responsive to my individual needs.

How will we know? More people receive care in the community and outcomes reported through the dataset (when available). Number of admissions to mental health facilities. Source: Admissions, changes in status and detentions under the Mental Health Act 1983 data collection (KP90), Welsh Government.

6.1 – Supporting access to appropriate mental health support for children, young people, working age adults and older adults.	
Actions	Milestones
6.1 (i) Welsh Government (Health and Social Services) and NHS Wales to include delivery milestones for Primary Care Model for Wales to improve access to mental health support.	 Year 1 (2020) Each health board to work with GP Cluster leads to produce a mental health crisis pathway for 111/Out of Hours. Year 2 (2021) and Year 3 (2022) (six monthly reporting) Implementation of mental health crisis pathway for 111/Out of Hours Inclusion of further milestones for 2021-22 linked to mental health priority areas.
6.1 (ii) Health boards to undertake an annual audit of Care and Treatment Planning (CTP), focusing on the importance of building in a recovery approach to service development, and ensuring the implementation of the NHS Delivery Unit (DU) recommendations on care and treatment planning.	 Year 1 (2020) Health board to undertake a follow up audit detailing progress, including ensuring appropriate service user input and to report findings including areas for improvement. Year 2 (2021) and Year 3 (2022) (six monthly reporting) Health boards to demonstrate ongoing improvements.

6.1 (iii) Welsh Government (Health and Social Services) to work with partners to articulate what we want services to look like by setting a common set of values, reviewing models, learning from the evidence of the transformation fundand producing guidance for Wales.	Year 1 (2020) Review/map service configurations and research models of care, run workshops to define core functions in primary/secondary care. Year 2 (2021) and Year 3 (2022) Produce guidance on the delivery of mental health services, using a systems/journey approach.
6.1 (iv) Health boards to implement improvement plans from the joint Care Inspectorate Wales (CIW)/Healthcare Inspectorate Wales (HIW) review of Community Mental Health Teams and report progress against these plans.	 Year 1 (2020) and Year 2 (2021) Health boards to undertake follow up audit detailing progress and to report on ongoing improvements.
6.1 (v) National Collaborative Commissioning Unit (NCCU) will support health boards to undertake an audit of current secure inpatient provision and to develop a secure inpatient strategy for mental health.	Year 1 (2020) • Audit of current secure inpatient provision. Year 2 (2021) • Develop a secure inpatient strategy.
6.2 – Improving support for eating disorders.	
Actions	Milestones
6.2 (i) Welsh Government (Health and Social Services) to work with service users, carers and health boards to develop a new model of service in response to the recent independent review.	Year 1 (2020) and Year (2021) • Develop and begin implementation on local improvement plans.



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6.3 – Improving support for people with co-occurring mental health and substance misuse issues.	
Actions	Milestones
6.3 (i) Welsh Government (Health and Social Services) continue to monitor the delivery of the Mental Health & Substance Misuse Co-occurring Substance Misuse Treatment Framework. ²²	 Year 1 (2020) Welsh Government to undertake a detailed analysis on the pathways for an individual with a co-occurring problem and this will involve looking at the barriers and good practice on work in this area, this work will involve practitioners and clinicians to help drive this agenda forward.
	 Year 2 (2021) Ensure services commissioned to support co-occurring cases are aligned and working in partnership with housing and homelessness services. Ensure barriers to joint work between mental health and substance misuse services are being reduced, through monitoring of both Area Planning Boards and Local Mental Health Partnership Boards.
	 Ongoing (six monthly reporting) Monitor impact of the additional investment allocated through Area Planning Boards to support improved delivery of mental health and substance misuse support to those with complex needs.
6.4 – Improving Early Intervention in Psychosis Services.	
Actions	Milestones
6.4 (i) Early Intervention in Psychosis National Steering Group and Community of Practice to work with Royal	Year 1 (2020)

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²² Treatment Framework for People with a co-occurring substance misuse and mental health problem (2015): https://gov.wales/sites/default/files/publications/2019-02/service-framework-for-the-treatment-of-people-with-a-co-occurring-mental-health-and-substance-misuse-problem.pdf.

College of Psychiatrists to develop and embed best practice service models in line with standards.	 To develop work plan based on audit findings, including a focus on physical health checks and quality of life in line with the focus on patient reported outcome measures. Year 2 (2021) Repeat audit.
6.5 Improving support for peop	e in contact with the criminal justice system.
Actions	Milestones
 6.5 (i) Welsh Government (Health and Social Services), working with health boards, Public Health Wales and Her Majesty's Prison and Probation Service (as part of the Partnership Agreement for Prison Health)²³ to develop; Consistent mental health, mental well-being and learning disability services across all prisons. Develop approaches to improve mental health support to youth and female offenders. 	 Year 1 (2020) Establish joint Prison Health and Social Care Oversight Group. Establish workstreams to underpin the four priorities in the Partnership Agreement for Prison Health, which includes the development of standards for mental health services in prisons. Respond to recommendations from the Health, Social Care and Sport Committee and their inquiry into health and social care in the prison estate in Wales. Year 2 (2021) Complete and commence implementation of mental health standards and report on key indicators. Ongoing (six monthly reporting) Monitor impact of the additional investment for primary healthcare in public sector prisons in Wales, which will include a focus on mental health and co-occurring substance misuse issues.

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²³ https://gov.wales/partnership-agreement-prison-health-wales.

Annex 1: Glossary of terms

CAMHS Child and Adolescent Mental Health Services.

LHB Local Health Board.

LMHPB Local Mental Health Partnership Board.

LPMHSS Local Primary Mental Health Support Services.

LPS Liberty Protection Safeguards.

MCA Mental Capacity Act.

MCCA Mental Capacity Amendment Act.

MHA Mental Health Act.

MHCCC Mental Health Crisis Care Concordat.

MHNPB Mental Health National Partnership Board.

MH(W)M Mental Health (Wales) Measure.

NAG National Advisory Group (Suicide and Self-Harm).

NCCU National Collaborative Commissioning Unit.

NWIS NHS Wales Informatics Service.
ONS Office for National Statistics.

PEDW Patient Episode Database for Wales.

PHW Public Health Wales.

RPB Regional Partnership Board.

SCW Social Care Wales.

T4CYP Together for Children and Young People.
WAST Welsh Ambulance Service NHS Trust.
WCCIS Welsh Community Care Informatics System.
WEMWBS Warwick-Edinburgh Mental Wellbeing Scales.

WHSSC Welsh Health Specialised Services Committee.



Annex 2: List of initial measures to be monitored to track the impact of the actions in the plan.

Measure

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Source: National Survey for Wales, Welsh Government.

Life satisfaction and mental well-being scale. Source: National Survey for Wales, Welsh Government.

Mental Well-being rates for boys and girls aged 14. Wales. Source: Millennium Cohort Study.

Percentage of people feeling lonely. Source: National Survey for Wales, Welsh Government.

Percentage of secondary school children feeling lonely during summer holiday, 2017.

Source: School Health Research Network / Health Behaviour in School-aged Children 2017.

Number of rough sleepers. Source: National Rough Sleeper Count, Welsh Government.

Number and Percentage of children receiving care and support with mental health issues.

Source: Census. Changed from Children in Need Census (2010 to 2016) to Children Receiving Care and Support (CRCS) Census, 2017 to 2018.

Age-standardised suicide rates. Source: Office for National Statistics.

Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population. Source: Patient Episode Database for Wales (PEDW).

Number of referrals for a Local Primary Mental Health Support Services (LPMHSS) assessment received during the month.

Source: Mental Health (Wales) Measure data collection, Welsh Government.

Percentage of LPMHSS assessments undertaken within 28 days of referral.

Source: Mental Health (Wales) Measure data collection, Welsh Government.

Percentage of therapeutic interventions started within 28 days following a LPMHSS assessment.

Source: Mental Health (Wales) Measure data collection, Welsh Government

Rescentage of patients resident in the LHB, who are in receipt of secondary mental health services, who have a valid Care and Treatment Plans (CTPs). Source: Mental Health (Wales) Measure data collection, Welsh Government.

Percentage of outcome assessment reports sent less than or equal to 10 days after the assessment had taken place.

Source: Mental Health (Wales) Measure data collection, Welsh Government.

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Number of children and young people attending counselling.

Source: Local Authority School Counselling Services collection, Welsh Government.

Main presenting issues on referral for children and young people receiving counselling.

Source: Local Authority School Counselling Services collection, Welsh Government.

Specialist Child and Adolescent Mental Health Services (sCAMHS) waiting time. Source Stats Wales, Welsh Government.

Number of admissions to mental health facilities.

Source: Admissions, changes in status and detentions under the Mental Health Act 1983 data collection (KP90), Welsh Government.

Number of patients in mental health hospitals and units in Wales with a mental illness.

Source: Psychiatric Census, NHS Wales Informatics Service.

Average daily NHS beds available/occupied for mental illness. Source: QueSt1 return, NHS Wales Informatics Service (NWIS).

Average duration of stay in NHS beds and percentage occupancy for mental illness.

Source: QueSt1 return, NHS Wales Informatics Service (NWIS).

Number and percentage of outpatient attendances for Adult Mental Illness and Child and Adolescent Psychiatry.

Source: Outpatient activity minimum dataset, NHS Wales Informatics Services (NWIS).

Number of referrals by treatment function including Adult Mental Illness and Child and Adolescent Psychiatry.

Source: Outpatient Referral Dataset, NHS Wales Informatics Service (NWIS).

Number of delayed transfer of care by delay reason. Source: Delayed transfers of care database, NHS Wales.

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