

**Mental Health Legislation Committee
Tuesday 4 May 2021 at 10:30, via Zoom**

Members of the Mental Health Legislation Committee

Andrew Marran	Non-Executive Director
Sue White	Non-Executive Director
Chris Hosker	Executive Medical Director

In attendance

Oliver Wyatt	Head of Mental Health Legislation
Max Naismith	Head of Leeds Adult Social Care
Andy Weir	Deputy Chief Operating Officer
Marilyn Bryan	Mental Health Act Manager
Dr Nuwan Dissanayaka	Associate Medical Director, Mental Health Legislation
Cath Hill	Associate Director of Corporate Governance
Sarah Layton	Mental Health Legislation Team Leader (Minutes)

Minute

Action

	The Chair opened the meeting at 10:30 and welcomed members of the Mental Health Legislation Committee.	
21/015	Apologies for absence (agenda item 1) Apologies were received from Nichola Sanderson (Deputy Director of Nursing) Cath Woffendin (Executive Director of Nursing Quality and Professions)	
21/016	Declaration of any conflict of interest in respect of any agenda item (agenda item 2) No conflict of interest declarations were received.	
21/017	Minutes of the meeting held on 2 February 2021 (agenda item 3) The minutes were approved as a true record. The committee approved the minutes as a true record.	
21/018	Approval for the minutes above to be uploaded to the Trusts external website (agenda item 3.1) The Committee asked that any potentially patient identifiable information be removed. With this amendment the minutes of meeting held 2 February 2021 were approved for upload to the Trust Website.	

The Committee **approved** minutes of the 2 February 2021 meeting for upload to the Trusts external website.

21/019 Matters arising (agenda item 4)

SW queried whether there was any update in relation to CTO cases and the impact of the Devon case – OW confirmed that there has been no further case law / guidance issued. A scoping exercise has been completed across the Trust to identify potentially affected cases. However, no further action has been taken due to the risk of challenge being deemed low – this is consistent with the approach of other Trusts regionally.

21/020 Cumulative actions log (agenda item 5)

The cumulative action log was reviewed and updated.

The Committee **received** the cumulative action log and noted the progress made on the actions outstanding.

21/021 Annual Mental Health Activity Report (agenda Item 6)

The annual report was provided to the Committee. SL noted some incomplete data highlighted within the report – the aim is to provide this in future reporting, the MHL team continue to work with informatics to improve data collection from Care Director.

Activity has remained fairly stable across the year. The Committee considered it may yet be too early to see the impact of C-19 within the data. Community teams anecdotally are reporting increased acuity in community settings.

OW updated around the decrease in compulsory training (CT) compliance. During C-19 an extension of 6 months was granted where CT was due to expire to allow focus on clinical care – this is now evident in the data as staffs compliance comes to an end. Previous face to face sessions were held in a classroom setting with a maximum attendance of up to up to x40, face to face training has now transitioned to a virtual setting, the impact being a reduced maximum occupancy of x25 – delivery in a virtual setting also requires two facilitators; one to manage the technical side of the virtual environment (i.e. breakout rooms, chat function etc.) whilst allowing the second facilitator to focus on delivery. The MHL team have increased the number of sessions to allow for the decrease in maximum attendance and dates are available over the next four months. OW noted that it is very rare that maximum attendance is achieved and whilst the team understands clinical pressures this has an impact on compliance figures. OW has reached out to clinical teams to understand how the MHL team can support attendance and remain flexible in approach – i.e. preferred time slots, focused delivery for teams etc.

AW clarified that there are issues across all areas of CT, not isolated to MHL

and this is one the areas that will be addressed via the Trusts reset and recovery programme.

S136 – Data shows s136 is extended in nearly all cases with 50% resulting in detention. AW advised that a piece of work has been agreed with the CCG to review the process and volume of s136 across the city – this will continue over the next 6 months.

A discussion was held around the ethnicity data - the Committee agreed that it would be useful to look comparatively at historical data. The Committee discussed various pieces of work across the Trust such as the Synergi collaborative and work of the Equality & Diversity team including a dedicated worker in the CRISS team to understand communication, perceptions and relationships prior to contact with services. ND suggested it is potentially more useful to understand what is happening pre-admission and suggested CMHTs for example be involved in reviewing the data and narrative.

Act: Future reporting to include narrative to explain known issues and actions to address.

SL

MHLC to be updated on the s136 work via the MHLOSG.

AW

Ethnicity data to include comparative data for both inpatients and CTO.

SL

The Committee received the report for information and assurance.

21/022

Annual Mental Health Legislation Committee Report (agenda item 7)

A correction was noted on pg. 6 – reference to Synergi Committee – corrected to Synergi Collaborative,

SW suggested an additional statement to assure that Board of compliance with mental health legislative requirements during the pandemic, this was agreed.

The Committee received the report and approved for reporting to Trust Board.

21/023

Mental Health Legislation Operational Steering Group Feedback (agenda item 8)

The focus of the Group in recent meetings has been around shared care with LTHT where patients are acutely unwell both physically and mentally. This has been prompted by SU feedback and complaints – the issues have been escalated to the partnership meeting and a joint workshop is proposed to look at these issues in more detail and to develop solutions. Both Trusts are keen to resolve and remedy.

In relation to the x2 outstanding CQC actions AW was pleased to share that work is commencing on the PICU seclusion area today and that install of the storage solutions at the Mount will commence this week.

There has been some delay in the s136 suite estates work which is related to staff absence, the work has now been reallocated and restarted.

CQC completed a remote mental health visit with PICU during April – no actions were advised following this visit which is extremely positive and worthy of note.

Act: MHL Committee to be informed of progress and outcomes of the partnership workshop with LTHT via the MHLOSG.

AW

The Committee received the update and confirmed assurance regarding MHL compliance.

21/024

Mental Health Act Managers (MHAMs) Feedback (agenda item 9)

No feedback – the MHAM Forum is scheduled to take place on 12 May 2021.

The Committee received the report for information.

21/025

Mental Health Act Reform – Confirmation of Trust Response (agenda item 10)

OW informed that lots of work has been completed across the Trust to ensure a range of views are included. Staff have also been encouraged to submit individual responses.

AM queried whether it would be possible to view other organisations responses – OW explained that this would be down to individual organisations to share.

AM was involved in developing the Integrated Care System (ICS) response and reflected that the shared discussion was really useful.

OW explained that there were various views and responses across the Trust which was difficult to consolidate. However, responses were broadly supportive of the proposed changes and the intention of the white paper whilst remaining concerned regarding the impact on resources and workload.

Act: Standing agenda item – Review of Mental Health Legislation to be included in cycle of business.

BK

LPS update to next meeting.

MNS/
OW

21/026

Consideration of any issues or risks to escalate to the Board (agenda item 11)

No risks were identified for escalation to the Trust Board, although the

Committee were pleased to note many assurances.

21/027

Any other business (agenda item 12)

MNS updated the Group that Leeds is stepping up preparations to manage the implementation of Liberty Protection Safeguards (LPS) which will replace Deprivation of Liberty Safeguards (DoLS) in April 2022. A monthly meeting with key NHS and partner organisations across the city has commenced, this will extend to other key organisations, e.g. Advocacy moving forward. The focus currently is sourcing a digital solution, the Local Authority (LA) have procured specialist software to manage the DoLS to LPS transition and would like this to be available city wide to prevent data sharing limitations.

LPS regulations and guidance is expected to be published in June 2021. MNS stated that city partnership is working well and this is feeding into regional engagement discussions. More detail will be available to the next Committee meeting.

The next meeting will be held on Tuesday 3 August 2021 at 10.00am until 12.00pm via Zoom.