MENTAL WELFARE COMMISSION FOR SCOTLAND MINUTES OF THE MEETING OF THE BOARD HELD ON MONDAY 22 AUGUST 2022

(via teams & at Thistle House) at 11.00am

Present:

Sandy Riddell (Chair)
Safaa Baxter
Mary Twaddle
Cindy Mackie
Gordon Johnston
Alison White

In attendance:

Julie Paterson, Chief Executive Arun Chopra, Executive Director (Medical) Suzanne McGuinness, Executive Director (Social Work) Claire Lamza, Executive Director (Nursing) Julie O'Neill, Business Change and Improvement Manager

Secretary: Katrina Thomson

Fiona Hamilton

1. Welcome and Apologies

Apologies were received from Nichola Brown.

2. Board Declarations and Register of Interests

No declarations or register of interests were given.

3. Chair Update and Announcements

The Chair welcomed the opportunity to have this first in person meeting since the pandemic. He explained that it will take time to reschedule meetings including the structure, some parts of the business can be done virtually, other parts may not.

He referred to engaging with staff, and acknowledged that JP and ELT have done a lot of work on this. He informed the Board that there is a staff away day next week and that he will attend to provide an update on behalf of the Board and to assure that the Commission is continuing to build on strong foundations.

Referring to Safaa Baxter's term of office coming to an end he said that the PAU are meeting tomorrow and that a member of the Advisory Committee will be on the Appointments team.

4. CE Update

JP informed the Board that she met with all staff in short meetings during this month, as she did last year, to engage, discuss what's important to staff and had a focus on our scorecard and performance management.

JP referred to the casework administration review undertaken by JO and said that staff had engaged well, have put forward their own ideas, and reported that they appreciated being listened to thanks to the engagement model incorporated by JO.

JP said that the End of Year meetings have been resurrected this year and will focus more on local developments and issues that arise from our visits and our recommendations. Invitations have been sent to Chief Officers of HSCPs as the key delivery arm, rather than Health Boards as per usual practice at the Commission. The agenda will focus on local practice and performance; each HSCP will be supplied with a dashboard that will identify the good and not so good areas linked to our published reports. The first 8 meetings are scheduled for September and if HSCPs wish to meet collectively (as part of the Health Board area) then that will be arranged.

5. (a) Minutes of Board meeting held on 27 June 2022 (Paper) The minutes were approved.

(b) Action Points (Paper)

The Action Point paper was noted.

With reference to the action relating to underspend, JP said that at the present time we are looking at an over spend due to our budget still not having been confirmed by SG. We have retained staff in the DIDR/MHH project, for example, with no confirmation of funds to do so. She said the impact of delay in budget confirmation is significant e.g. our AWI secondee is on hold at present and some of our staff on short term contracts (some due to expire end Sept) will be looking for other jobs and we will lose their critically important expertise. The Chair informed the Board that he and JP have met with the Sponsor Department but acknowledged this is a Westminster and pay issue.

6. Items for discussion and/or approval

6.1 Business plan progress report (Julie Paterson)

JP said that the Business Plan has not been published as we are still waiting on confirmation of our allocated budget. She said that we are still making progress on a number of activities to completion or on track for completion within the agreed timescales. She referred to the attached Action Plans and said that a further update will be provided in October.

The Chair said the progress report provides excellent information and provides the Board with oversight.

The Board approved and noted the contents of the Business Plan Progress Report.

6.2 Forward Planner: Strategic Plan 2023-2026 (Julie Paterson)

JP said the current Strategic Plan outlines our operations for the next year. Going forward she explained that we intend to consult with stakeholders and over 2000 requests have been issued to key individuals/stakeholders to ask if they would like to be involved in the development of the Commission's new strategic plan, either by completing a questionnaire or be involved in a focus group. Previous consultation focussed on internal engagement and engagement with our Advisory Committee only.

It is planned to discuss the Strategic Plan and the questionnaire at the Board Development session later today.

The Board noted the timeline and approved the content of the Forward Planner: Strategic Plan.

6.3 Annual Accounts (including Public Sector Sustainability Report for 2021/22): (Gordon Johnston)

6.3 (i) Audit Committee Report to Board on 2022 Accounts (Paper)

The Chair of the Audit, Performance and Risk Committee said the report contained a lot of detail and showed a great deal of scrutiny has been completed.

6.3 (ii) 2022 Annual Accounts Commentary (Paper)

The Board noted the contents of the Annual Accounts Commentary

6.3 (iii) 2022 Annual Accounts for Board (Paper)

The Chair acknowledged the effective risk management and the positive report. He thanked the staff and auditors for the detailed reports.

The Board formally approved the Annual Accounts.

6.3 (iv) Mental Welfare Commission Scotland-Annual Report (TIAA) (Paper)

The Board noted the contents of the report.

6.3 (v) Azets' 2021-22 Annual Report on the Audit (Paper)

The Board noted the contents of the report.

6.3 (vi) Public Services Reform (Scotland) Act 2021-22 disclosures (Paper)

The Board approved the report for publication on the website.

6.3 (vii) Budget update (Paper) Elizabeth Halliday

EH reported that as of 16th August we have still not received confirmation of our annual budget and that at present we are showing a staff underspend and that second opinion fees are showing an overspend and as yet funding has not been confirmed for the continuation of the DIDR and IMP projects. The Chair acknowledged this is a very challenging time and said the Board are happy for the CE to make decisions as required.

JP said that she had received an email relating to the Pay Award which suggested that Public Bodies make their own decision on what they can offer as pay awards. However, following discussion with EH, she informed the Board that the Commission has received no confirmation of budget, we are assuming core budget and cannot afford to give extra to the pay award increase previously approved by the Board in June. The Board supported this position.

6.4 AP&R minutes 13 June 2022 (Paper)

The Board noted that the IMS project remained a significant risk.

The Chair said that although there has been a transition in the Audit Committee these meetings should not be dominated by performance in relation to audit.

The contents of the minutes were noted.

6.5 Media and Social Media Policy (Paper) (Julie Paterson)

The Chair said this a very helpful paper that had sparked a lot of thought and highlighted challenges we face. He made reference to a lot of hard hitting work that has been completed and through the use of media we have been able to get the messages out.

JP said the end of year meetings will be a good trigger for engagement and to reflect on the HCPS arrangements. The media allows us to publish visit reports with themes and to show transparency on assurance of our governance arrangements.

Referring to the research on young people and mental health it was suggested using the social media platform to get young people more involved. SM said that this was being looked at through the Engagement and Participation team,

and that there will be an opportunity to approach young people at the forthcoming Fife Pride event.

The Board approved the Media and Social Media Policy.

6.6 Board Self-Assessment (Paper) (Julie Paterson)

The Chair said that the self-assessment paper will be discussed at the Development Session where they will reflect on the comments received and noted that the assessment was positive overall. In relation to themes he said he and JP will discuss further in December/January following what comes out of the Development session.

The Chair said it is important that we deliver on the engagement of stakeholders and that we take stock at the completion of the end of year meetings.

He said the biggest achievement will be getting back to normality with meetings in the office, weather permitting and that we continue with the Q&A meetings although may not need six meetings and these will take place virtually. Board meetings, Q&As hybrid meetings and invitation to stakeholders all to be discussed at the Development session.

6.7 Ending the Exclusion: Themed Visit report (Paper) (Arun Chopra)

AC introduced the report explaining it was about the care, treatment and support for people with mental ill health and problem substance use in Scotland, and how effective their care and treatment is. The report also took account of views from professionals within the care services, individuals and carers/families and looked at the failure of implementation. He welcomed discussion and the Board's view regarding an additional recommendation for the Scottish Government given the failure to translate national strategy, policies and guidance into practice to the benefit of individuals and their families.

The Chair said this was an excellent report highlighting recurrent themes. Discussion followed on regarding complexity and stigma. Questions were also asked about the role of Alcohol and Drug partnerships and scrutiny therein too.

JP said that the 'no wrong door' approach does not work if the 'doors' are not open. Whether it is called a 'no wrong door' strategy or 'one stop shop', the approach needs to be integrated so that people do not get passed from service to service. She supported the additional recommendation to the SG on this basis as implementation must follow strategy.

The Chair said it was complicated at all levels with local leadership and national oversight and said this could be for the Sharing Intelligence Group to discuss

The Board approved the report subject to the Scottish Government recommendation being included.

7. For Information

7.1 MHA monitoring report verbal update (KPI) (Arun Chopra) AC reported the following

- A total of 6,569 detention episodes began in 2021-22, 2.3% fewer than in 2020-21. This is against the very clear rise we reported last year of 10% (normal rise averaged over a decade is usually 5%) this implies that although the absolute numbers are reduced in comparison to last year, the trend remains one of a service that is responding to greater acuity.
- 49.4% of all episodes started with a short term detention certificate (STDC), 48.3% started with an emergency detention certificate (EDC) and 2.4% with a compulsory treatment order (CTO) or an interim compulsory treatment order (iCTO). This is very similar to last year with a marginal decrease in STDCs and increase in CTOs.
- Absolute numbers of T3s issued by DMPs for those who cannot or do not consent have risen markedly over the decade from around 1200 to 2599. We will report on the numbers and this year will also include the numbers of 'active' DMPs and will reference the recent DMP 'change rate' that evidences the vital safeguarding work that the DMPs undertake

7.2 AWI monitoring report verbal update (KPI) (Suzanne McGuinness) SM reported the following:

- There was a total of 17,101 individuals subject to a guardianship order in 2022 compared to 16,033 in 2021.
- A total of 3,371 guardianship orders were granted in 2021-22, 52% more than in 2020-21. The 30% decrease seen in 2020-21, presumably linked to COVID-19 pandemic, appears to be distorting comparisons with the previous year. The 2021-22 figure is in line with a 2% annual increase seen in the two years prior to the pandemic (2018-19 and 2019-20).
- Private guardianship orders accounted for 73% of all guardianships granted, similar to previous years.
- The most common primary diagnosis was learning disability (46%), and dementia (39%), similar to last year.
- 80% of the granted orders were for a period of five years or less (compared to 77% last year). 16% were for longer than six years or longer, lower than last year's figure of 17%. 4% were indefinite orders (down from 5% in 2020-21).

7.3 Local visit recommendations report (KPI) (Paper) (Claire Lamza)

CL presented the report and said that the report reflects what has been published in years prior to the pandemic. Going forward, she will review this format.

The Board approved the report for publication on the Commission's website.

8.

Any Other BusinessThere were no matters for discussion.

Date for next Board meeting Tuesday 25 October 2022 – This can be a hybrid meeting if required. 9.