



<b>Agenda Item</b>
2.7

**Joint Commissioning Committee**

**Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	17/03/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Sue O’Leary Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Sue O’Leary Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Huw George, Chief Commissioner

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Senior Leadership Team	11/03/2026	Noted

<b>Acronyms / Glossary of Terms</b>	
CQC	Care Quality Commission
ICB	Integrated Commissioning Board
IMT	Incident Management Team

IOG	Incident Oversight Group
JC	Joint Commissioning Committee
LSU	Low Secure Unit
MHLDVG	Mental Health, Learning Disabilities and Vulnerable Groups
MSU	Medium Secure Unit
NHSE	NHS England
NMC	Nursing Midwifery Council
NWJCC	NHS Wales Joint Commissioning Committee
QSOC	Quality, Safety and Outcomes Sub-Committee
SBUHB	Swansea Bay University Health Board
SLT	Senior Leadership Team
WGS	Welsh Gender Service

## 1. EXECUTIVE SUMMARY

The purpose of this report is to provide an update on key issues relating to the Mental Health, Learning Disabilities & Vulnerable Groups (MHLDVG) Commissioning team portfolio.

The MHLDVG Commissioning Team portfolio includes both adult and child & services and the main areas of responsibility are:

- National Frameworks (Hospitals & Care Homes)
- High & Medium Secure MH Services
- Eating Disorder In-Patient MH Services
- Deaf In-Patient MH Services
- Gender Identity Disorder Services
- Perinatal In-Patient MH Services (Mother & Baby)
- Child & Adolescent Mental Health In-Patient Services
- Specialised CAMHS community teams including Forensic (FACS) and Eating Disorder Outreach Service (EDOS).
- Traumatic Stress Wales
- Sexual Assault Referral Centre's
- Neuropsychiatry
- Skin Camouflage Services
- Futures Programme (Includes: Review of Substance Misuse Services, Prison Mental Health Services, Early Diagnosis in Dementia, National Transport Review for Mental Health, Smoking and Obesity, Alternatives to Admission project, online CBT).

Services are provided across Wales in a mixed economy of NHS units and independent sector provision and also in England by NHS / (Foundation) Trusts and independent sector providers.

This report provides an update on several key areas within the Commissioning Directorate. Of particular note are:

**Care Home and Hospital Framework Agreements:** The two national framework agreements will be renewed by April 2027. The Care Home Framework has been extended for a year to facilitate this renewal.

Three providers on the **Hospital Framework** are being monitored closely by the NWJCC Framework team:

- **St Andrews Healthcare:** The service remains suspended from the National Framework and remains under enhanced monitoring due to ongoing police investigations of serious matters. The NWJCC continues to manage this service in conjunction with other commissioning organisations.
- **Llanarth Court (Priory):** Following a recent audit in November, significant issues were found in relation to managing patient safely in Seclusion /Long term Segregation (LTS), on escorted leave and contemporaneous recording of daily clinical notes. The Quality rating was reduced whilst ongoing assurances of improvement are in progress.
- **Independent sector unplanned bed occupancy:** There are currently **43** Welsh patients placed in independent Medium Secure Units. Many of these are out of area, far from home, so a key priority is to repatriate patients closer to home to NHS commissioned beds.

An improvement trajectory and financial impact for the expected repatriation plans from medium secure and Child and Adolescent Mental Health Services (CAMHS) patients back to NHS Wales is being developed in collaboration with providers and will be shared with the committee in April.

- **Medium Secure: Caswell Clinic:** Caswell Clinic remains in Escalation level 3 but has reopened to admissions from 09/01/2026 following assurance being received that immediate safety and risk concerns had been satisfactorily addressed. One patient has been admitted, with 5 planned admissions/repatriations in progress. Regular meetings are held with the SBUHB Executive Team and the Caswell Senior Leadership Team to address the improvement plan.

Health Inspectorate Wales (HIW) conducted an unannounced 2-day inspection of Caswell Clinic in late February, with some positive progress noted since the previous JC report. The formal report is due within the next month.

Work has now commenced on the SBUHB Low Secure Unit which was damaged by fire. The patients from that service remain on one of the wards within Caswell Clinic until the repairs are finished. Indications from SBUHB are that the remedial actions to make the LSU safe and usable, will take between 12 and 18 months to complete. This is likely to be ongoing until spring of 2027.

Planned work on a seclusion unit in Caswell will also take 4 beds out of use temporarily whilst work is undertaken.

- **High Secure: Ashworth:** Contract negotiations with NHSE have resulted in a reduction year on year from the previous block contract of 30 beds, reduced to 26 beds this year, with a further reduction in subsequent years to a 23-bed level. This is forecast to save circa 1 million next year on contract price, dependent upon patient numbers remaining below the block maximum.
- **Welsh Gender Service (WGS):** The NWJCC plans to commence a commissioning review of the WGS in Cardiff by the end of Quarter 4 of the year, considering the findings from the Levy Review of English clinics.

## **2. SPECIFIC MATTERS AND RISKS FOR CONSIDERATION**

### **2.1 Framework Commissioned Services**

#### **2.1.1 Hospital Framework**

##### **2.1.1.1 St Andrews Healthcare – Update**

The concerns raised in relation to this service have been discussed at previous JC meetings.

The service remains suspended from the National Framework Agreement and is reviewed frequently as part of the Framework Enhanced Monitoring process. In addition to this the NWJCC, NHSE, CQC, Local ICB's, Local safeguarding service, Police and the NMC continue to convene for twice weekly for Silver IMT meetings, Weekly Gold IMT meetings and Monthly IOG meetings. These meeting all have differing levels of oversight of the issues that have been raised over recent months.

The Hospital remains a service of concern and all admissions continue to be managed and approved/refused via CQC. There has been a number of other concerns raised during this period of enhanced monitoring, resulting in staff arrests, criminal investigations, ward closures and redundancies at the site.

Although no immediate concerns relating to Welsh patients have been noted during recent reviews, there have been reports of significant issues on some wards where patients there are no Welsh patients. There has also been notable increased interest from local and national media outlets. NWJCC Communications team are part of the national communications hub that is in situ for this issue in particular.

The NWJCC continue to remind Health Boards that all Welsh patients should be regularly reviewed, face to face, by Care Coordinators and/or Case managers. NWJCC clinicians also see any Welsh patients on wards visited as part of the Enhanced Monitoring process (NWJCC clinicians currently attend site every 2-3 weeks).

NWJCC will continue to manage this service and the identified issues as per Framework process and in conjunction with other commissioning organisations across England. NWJCC are currently exploring and preparing for relocation of Welsh patients as a contingency measure, should the situation escalate further.

CQC issued their latest report regarding St Andrews on 16<sup>th</sup> December. The review period covered in the report was for the period when the concerns were raised regarding the site. The published report raised more media interest which is being managed by NHSE/NWJCC & Police communication teams. Further CQC reports are due to be published in the coming weeks.

On 27<sup>th</sup> February 2026, the MHLDVG team met with NHSE regional Directors in order to discuss the current commissioning position with this provider. NHSE stated that they would be meeting with the Executive team at St Andrews on 5<sup>th</sup> March in order to discuss their position regarding continuing to commission with the site or to consider alternative provision for the current inpatient group. The NWJCC team discussed the outcome of that meeting with NHSE on 9<sup>th</sup> March. A decision has now been made by NHSE, to ask all NHS commissioners of services at St Andrews Northampton, to consider alternative provision for all current inpatients at this site. NHSE will set up a number of groups to consider alternative provision for patients. The MHLDVG team will initially lead the process on behalf of NHS Wales and will link relevant Health Board and Isle of Man commissioners into the process at appropriate times.

The NWJCC will also consider any further action to be undertaken via the National Framework Agreement.

### **2.1.1.2 Llanarth Court (Priory)**

Following a recent audit in November, significant issues in relation to managing patients safely in Seclusion /Long term Segregation (LTS), on escorted leave and contemporaneous recording of daily clinical notes were found. Following the submission of provider evidence in relation to the issues identified, the National Framework Team auditors did not receive sufficient assurances and therefore the service was reduced in quality rating from 3Q to 1Q.

The Provider subsequently raised concerns about the process to the Director, and the Director, Deputy Director and Assistant Director visited the site and met with the Senior team and MDT. The Provider has demonstrated improvement, and once they can demonstrate that 85% compliance with staff training, and that improvements are embedded cross site, their Q rating will be reinstated. A return

visit to assess this is scheduled in the coming weeks for the Provider to further assure the NWJCC of this.

### **2.1.2 Care Home & Hospital Framework Agreements**

The two national framework agreements will be renewed in time for launch in April 2027. Both frameworks will have reached their planned expiry dates, with the Care Home Framework having been extended for a further year, at risk, in order for the renewal to take place following recent discussions and agreement by JC to proceed.

The MHLDVG directorate will continue to update the JC with any pertinent changes to the new framework agreements.

With regard to the Care Home Agreement, following agreement by the JC, the NWJCC is recruiting additional clinical expertise to the Mental Health, Learning Disabilities and Vulnerable Groups Quality Assurance and Improvement Team to oversee and manage the Care Home Framework. To join the framework, providers must apply and be audited, which is a shift from the current self-assessment onboarding process. This is in accordance with procurement regulations for placements that are solely or primarily health funded. The current value per annum of the framework is circa £52m (health commissioner funded).

From April, all Care Homes that are currently on the Framework (circa 252) and/or new providers will be required to apply via a competitive tender process to join. Only those achieving a 3Q rating will be accepted, and an ongoing audit and assurance process will continue thereafter.

The staffing investment was approved at JC in December with an action for updates to be shared on the approach to realise the financial benefits of centralising the framework within the NWJCC to offset the costs incurred in recruiting new staff.

A Care Home Framework stakeholder/NWJCC Task & Finish Group is scheduled for February 25th in order to discuss and agree the new care home framework agreement, which is due to be launched April 2027. This will consider the draft

- Lotting structure
- Care Homes Standards
- Removal of inclusive dedicated hours and CIT
- Site audits
- Pricing Model and Refresh Frequency
- RRPA Approvals

Of benefit will be the agreed core Pricing model, with a predetermined cap, and the process for refreshes at agreed frequency.

All of the above draft sections are available as separate appendices should anyone require sight of them. As development of the framework progresses, benefits realisation and cost avoidance will be reported to JC via a separate paper.

## **2.2 High Secure Services**

### **2.2.1 Ashworth High Secure Hospital – Male Mental Health**

Placements are overseen by clinicians from the case management teams currently commissioned by NWJCC from SBUHB & BCUHB.

Data relating to occupancy, pathway progress, incidents and restrictive practices is received monthly. There are currently 23 Welsh male patients in Ashworth.

The next National Oversight Group meeting for High Secure will be held at Ashworth Hospital in mid-March 2026. The NWJCC will be in attendance for the assurance visit and the formal meeting the following day.

Contract negotiations have resulted in a reduction year on year from the previous block contract of 30 beds, reduced to 26 this year, with a further reduction in subsequent years to a 23-bed level. This is forecast to save circa 1 million next year on contract price, dependent upon patient numbers remaining below the block maximum.

### **2.2.2 Rampton Hospital – Female Mental Health & Male and Female Learning Disabilities**

There are currently 2 female Welsh mental health patients at Rampton.

A 6 monthly additional follow up assurance review is being undertaken on March 10-11th. This is a follow up visit to the review in September 2025 at the request of the Secretary of State for Health in order to support the relicensing of the service following significant Quality issues during the original relicensing process 2 years ago. The NWJCC will be in attendance and are participating in the assurance visit.

## **2.3 Medium Secure Services**

### **2.3.1 Caswell Clinic, South Wales** (update provided in 3.1)

### **2.3.2 Ty Llewellyn, North Wales**

The Director and Assistant Director of MHLDVG attended the service at the end of January 2026. Future commissioning considerations of the service were discussed with BCUHB Exec Director for Mental Health.

Bed occupancy:

7 <sup>th</sup> November	- 76% (19 beds occupied)
9 <sup>th</sup> January	- 80% (20 beds occupied)

### **2.3.3 Independent sector unplanned bed occupancy:**

Please note that there are currently **43** Welsh patients currently being cared for in independent Medium Secure Units. Many of these are out of area, far from home, so a key priority is to repatriate patients closer to home to NHS commissioned beds.

An improvement trajectory and financial impact for the expected repatriation plans from medium secure and Child and Adolescent Mental Health Services (CAMHS) patients back to NHS Wales is being developed in collaboration with providers and will be shared with the committee in April.

## **2.4 Eating Disorder Inpatient care**

The strategic focus on eating disorder services, and positive strides in the enhanced level of community support is realising a shift to earlier intervention in the pathway. Interim commissioning arrangements with Elysium Healthcare for an Inpatient Eating Disorder service in Wales, are in place currently via the National Framework Agreement, but this arrangement has become very challenging for the provider. A significant reduction in inpatient numbers has already been seen as a result of the enhanced level of community support. Patient numbers have fallen significantly. With only 4 patients placed in the Welsh unit and a further 7 in other independent sector provision in England.

A meeting with Elysium to discuss options in the immediate term is scheduled with the Director & Deputy Director of Commissioning in early March.

A NWJCC review of the current service, and level of need for inpatient care going forwards is underway with the Royal College of Psychiatrists, with outcomes due to inform future commissioning models across the pathway.

## **2.5 Neuropsychiatry**

The NWJCC MHLDDVG team is currently undertaking a review of the Neuropsychiatry Rehabilitation service at Hafan y Coed, Cardiff, to understand system benefit and added value of being nationally commissioned.

Bed occupancy:

7 <sup>th</sup> November	- 55% (6 beds occupied)
9 <sup>th</sup> January	- 73% (8 beds occupied)

## **2.6 Welsh Gender Service**

The MHLDDVG division stated within the NWJCC Foundation Plan 2025-26 that a commissioning review of the WGS in Cardiff would commence by the end of Quarter 4, 2025/26.

There has also been a review of all 9 clinics in England by the Levy review team in 2025, the outcomes of which were published in Mid-December. Although the Levy review didn't include the Welsh Gender Service, the Levy team did meet with the WGS and the NWJCC were involved in one of the reviews of one English clinic.

The NWJCC will undertake a commissioning review of the WGS with consideration to the findings and recommendations described within the Levy report, the findings from which will be shared with the Quality, Safety and Outcomes Sub-Committee and the JC during 2025/26.

## **2.7 Child and Adolescent Mental Health Service (CAMHS)**

### **2.7.1 North Wales Adolescent Service (NWAS).**

Demand and therefore occupancy remains low (40%-50%). This was discussed between the NWJCC MHLDVG team and BCUHB during a recent visit. Consideration is needed to the model of care, future need and commissioning intentions for this service. The reason for low occupancy is largely due to the unit being suitable only for general adolescent admissions. There is an intention in the IMTP to review the models of care for these both NWAS and Ty Llidiard, with both Units fully aware of and welcoming of the review.

Bed occupancy:

7<sup>th</sup> November - 33% (4 beds occupied)  
9<sup>th</sup> January - 50% (6 beds occupied)

### **2.7.2 Ty Llidiard**

Discussions have been held regarding potential requirement to redirect admissions, particularly of more challenging individuals due to unavailability of extra care area. General bed availability should not be an issue based upon current usage.

There is currently a delay in construction works due to reported issues with the contractor. A request has been made for the provider to give an update of the issues and updated timescales for works to be completed.

Contingency plans are for relevant referrals to be redirected to NWAS or to the independent sector.

Bed occupancy:

7<sup>th</sup> November - 67% (10 beds occupied)  
9<sup>th</sup> January - 40% (6 beds occupied)

## **2.8 Perinatal Inpatient services**

**2.8.1 Seren Lodge Perinatal Unit** at Countess of Chester Hospital is now finished and taking admissions. The Director & Asst. Director of MHLDVG visited the service, along with the NWJCC communications team at the end of January. Service will be fully operational with all 8 beds (2 for Welsh patients) in use by March 2026. A number of Welsh patients have already used the service.

The unit is purpose built and of a very high specification. Development was with the support of a Welsh Expert by Experience group, and up to 20% of the staff employed at the unit are able to speak Welsh, all signage is bi-lingual, as are information documents and the unit website (once developed).

The NWJCC team continue to work closely with NHSE, Cheshire and Wirral Partnership Integrated Care Board and Local Provider Collaborative, to ensure that any operational issues are minimized.

The NWJCC also commissions an Inreach/outreach worker, within the North Wales Perinatal service. The post will support Welsh patients being admitted/discharged from the inpatient unit.

### **2.8.2 Uned Gobaith, in Tonna**

The unit was reopened in December 2025 following closure for planned repairs. The unit is now at 50% occupancy. As a result of no funding uplift for 26/27, SBUHB has indicated that bed reductions may be required in the new financial year to remain within budget, which could lead to increased private placements and out of Wales admissions. This is linked to the Health Board increasing staffing levels in 2023 following recommendations in a WHSCC report, but without an agreed WHSCC/JC agreed funding uplift.

The MHLDVG Director is liaising with colleagues in SBUHB to seek a way forwards, ideally avoiding any impact on bed availability.

Bed occupancy:

7 <sup>th</sup> November	- Site closed for repairs
9 <sup>th</sup> January	- 50% (3 beds occupied)

### **2.9 Skin Camouflage Service**

This service has been fully operational since January 2026. Weekly clinics are being held at the service in Bridgend. Reported uptake of the service is very promising with the first month of clinic appointments being fully booked.

## **3. KEY RISKS/ MATTERS FOR ESCALATION.**

### **3.1 Services in Escalation**

#### **3.1.1 Caswell Clinic Medium Secure Unit**

This is the only service within the MHLDVG commissioned portfolio currently in Escalation. The service remains in Escalation Level 3.

Caswell Clinic was reopened to admissions from 09/01/2026 following assurance being received that immediate safety and risk concerns had been satisfactorily addressed. Some immediate issues of concern are taking longer to rectify, such as ensuring garden areas are not a risk to patients, prohibited items are identified and that staff's ability to assess, identify and mitigate risk is improved and embedded.

Health Inspectorate Wales (HIW) conducted an unannounced 2-day inspection of Caswell Clinic in late February, with some positive progress noted since the previous JC report. The formal report is due within the next month.

The MHLDVG commissioning team continue to meet with the senior management team fortnightly to review progress against their quality improvement/action plan. Clinicians from the MHLDVG directorate support the verification of completed actions.

The Director of commissioning also meets on a fortnightly basis with members of the SBUHB executive team to discuss progress against the action plan.

In addition to the immediate actions, and in alignment with HiW initial feedback, the ongoing priority areas identified by both SBUHB and the NWJCC are:

- Risk Assessment / WARN Compliance
- Clinical Correspondence and Documentation
- MDT Care Planning
- Standardised Care Planning arrangements

The service has now been tasked with repatriating patients back to the 10 vacant beds at the site, with one admission completed to date. 5 planned admissions are scheduled, with additional cases progressing through assessments. Occupancy is currently moderate (61%), but will rise slightly as planned admissions transfer in.

Other issues relating to low occupancy on Medium Secure Wards at Caswell Clinic include the lack of appropriate Extra Care/Seclusion facilities. This has resulted in a number of patients being referred and admitted to independent sector provision. The Capital Case is progressing through the required governance steps. It was supported at the Management Board, and tendered costs are now being reviewed. The next planned approvals are PFC on 24 March and the Health Board on 26 March. By the end of March SBUHB hope to be in a position to submit the business case to Welsh Government. When works do commence (estimated April) a further 4 beds will need to be closed for the period of time that the works take, further reducing available bed capacity. This is impacting the repatriation pipeline.

Work has now commenced on the SBUHB Low Secure Unit which was damaged by fire. The patients from that service remain on one of the wards within Caswell Clinic until the repairs are finished. Indications from SBUHB are that the remedial actions to make the LSU safe and usable, will take between 12 and 18 months to complete. This is likely to be ongoing until spring of 2027. The NWJCC are considering how this is managed given the related increased cost of out of area independent sector bed usage, with options being to decommission the ward or to negotiate a cost rebate for the period it continues to be utilised by SBUHB. Negotiations for 25/26 have concluded with a 1.2m rebate agreed.

Bed occupancy:

9 <sup>th</sup> January	- 64% (39 beds occupied)
27 <sup>th</sup> February	- 61% (37 beds occupied)

#### 4. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Ensure Quality
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> <b>Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Efficient
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>  <b>Quality</b>  <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	Outcome:	If no, please include rationale below:
<p><b>Cydraddoldeb</b>  <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>  <b>Equality</b>  <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	Not applicable	
<b>Enw da / Reputational</b>	Areas of potential reputational concern identified in the report are being managed operationally with the support of the NWJCC Communications team.	
<b>Effaith Adnoddau</b> (Pobl / Ariannol) / <b>Resource Impact</b> (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. RECOMENDATIONS

Members of the Joint Commissioning Committee are asked to:

- **Note** the report

## 6. NEXT STEPS

- The MHLDVG will work closely with SBUHB to ensure that actions at the Caswell Clinic are implemented in a timely manner to ensure that services are delivered in a safe manner and are of adequate quality
- The MHLDVG will continue to monitor the services and patient safety at St Andrews hospital and continue to engage with NHSE and CQC routinely as part of enhanced monitoring.
- The MHLDVG will lead work with Stakeholders, Commissioning organisations and NHS Wales Shared Services Partnership to progress the renewals of both National Frameworks.