



# Scoping

## MENTAL HEALTH STRATEGIC REVIEW

### CEO Sponsor

Hayley Thomas

### SRO

Sue O’Leary

### Delivery Lead

Joanna Dainton

### Summary

#### Expected Start Date

Q1

#### Expected End Date

Q3

### Aim

What is the overall intention or purpose of this activity?  
Write a short statement describing what you want to achieve.

The Mental Health Strategic Review has three key aims as follows:

**Aim 1 - All Wales Model and service provision for Medium Secure & Low Secure provision is clearly identified, in line with evidence base and aligned to population need and demand**

To commission high-quality, efficient and effective Medium Secure Inpatient services aligned to population need and demand, in the context of the wider system and whole secure pathway. Through this review, to identify and make recommendations on the best model of care, the required number and composition of commissioned beds and wards to meet patients’ needs sustainably for the future, both in NHS and Independent sector provision. To make recommendations on how the interface with low secure, and with community alternatives to admission could be improved across the pathway.

**Aim 2 – Improved Pathways, Patient Outcomes, System Efficiencies**

To review current processes and make recommendations to ensure greater grip and control on referral management, placement sign off, length of stay and case management arrangements for inpatient provision in both independent sector and NHS beds

**Aim 3 – Commissioning Efficiencies**

To identify in-year and longer-term opportunities to mitigate the financial risk to the NWJCC of the growing cost of inpatient beds, underoccupancy of beds under block contract arrangements, and to repatriate back to Wales where appropriate patients who could be cared for closer to home.



## Background / Context

Summarise why this work is needed, what prompted it, and any relevant context (e.g., policy drivers, service gaps).

- Specialist MH services are commissioned via 4 Health Board Providers, on block contracts, unchanged in many years.
- Current models of care are not meeting requirements for many patients, with increased reliance on the independent sector for more challenging cases out of area, exacerbated by limitations to seclusion facilities.
- Occupancy levels are consistently low (66/78% MSU & 50/71% GAU 25/26), with circa **£10.5m** cost annually in unoccupied beds on block contracts
- Annual cost of placements via the Independent Sector of **£32,860,456** (MSU, CAMHS, ED) in 25/26, excluding enhanced models of care, and circa **£78,000** by Health Boards on Low Secure placements.
- 14 bed MSU ward in Caswell out of use, with opportunity to consider its future use when it comes back online in next 12-18 months.
- The case for change is high, supported by a review of demand and capacity, and a review of existing models of care for Inpatient Medium Secure.
- There is opportunity for the greatest return on investment by focussing first on the medium secure commissioned portfolio (Framework placements, NHS commissioned MS units) and the wider interface with high and low secure provision as a whole pathway.
- **Broader strategic context:** Adult MH Model of Care for Wales, & All Wales estates plan for Inpatient care business case is being developed under SPMH. Subject to approval, alignment of complementary workstreams with P&I leads under CEO Sponsor PTHB.



# Scoping

## Scope

### In Scope

**NWJCC Medium Secure commissioned inpatient services (NHS & Framework) and the interface with the low secure pathway commissioned by Health Boards.**

The review will comprise:

- Demand and Capacity for medium secure inpatient beds
- Medium Secure Model(s) of Care
- Interface with NHS commissioned Low Secure provision
- Mapping Low and Medium secure placements in the independent sector via the Framework (CCAPS)
- Whole pathway case management, gatekeeping processes and system challenges.

This will inform recommended Commissioning Intentions for MSU to JC in **Q3**

**Referral Management processes for Inpatient beds (grip & control)**

- Case management processes for beds in NHS & independent sector (admission, length stay, step downs, repatriations)
- Demand management - independent sector usage when NHS beds are available, length of stay, alternatives admission.
- Sign off processes for beds in independent sector (financial, cumulative value)

### Out of Scope

- NWJCC service reviews of other commissioned services (CAMHS, Eating Disorders, Perinatal inpatient service and Neuropsychiatry services).
- Contract negotiations for NWJCC commissioned services.
- Commissioning Intentions for other NWJCC Services
- Adult MH Model of Care for Wales, & All Wales estates plan for Inpatient care business case is being developed under SPMH.

## Dependencies

- Robust contract management of Providers, and monitoring of a trajectory for admissions discharges & repatriations to reduce the 10.5m spend on empty beds and reduce unnecessary Out of Area (OOA) placements.
- Effective gatekeeping and case management processes for inpatient provision.
- Current MH Strategy budget to explore a single commissioner model for secure inpatient beds.
- Clinical, analytical, and organisational capacity across participating Health Boards and partner organisations, particularly commissioners and providers of low secure provision.
- Dependencies on future funding, investment, and capital decisions required to support implementation of agreed service models, inclusive of investment into community care.



# Scoping

## Risks & Constraints

- Complexity of the forensic pathway, low, medium and high secure interface, with multiple stakeholders in Health Boards (commissioners, providers, psychiatrists) and MoJ, which risks slippage on timescales for delivery.
- Capacity within the MHLDVG directorate with many posts vacant and in the process of recruitment.
- Capacity and provision within the low secure estate impacting transfer of care and timely discharges from medium secure.
- Implications of the new Mental Health Act, particularly for detention of those with a learning disability without a Mental Health diagnosis.
- Human rights Act 1998 (Articles 3,5,14 in particular) ensuring that SLAs and the Framework agreements line up with people's rights under legislation, and that Specifications are revised to ensure that providers are managing patients at the appropriate level of restriction, appropriate use of restraint, seclusion, and that care planning arrangements include phased discharge and transition planning.

## Deliverables

List the main tangible outputs or products that will be produced by this activity (e.g., recommendations report, service specification, review findings, training materials).

### **Aim 1: All Wales Model and service provision for Medium Secure & Low Secure provision is clearly identified, in line with evidence base and aligned to population need and demand**

- Summary of strategic context and evidence base for medium and low secure provision and assessment of population need and demand **(Q1 & Q2)**
- Integrated map of medium and low secure service provision for Welsh patients across HB, Independent Sector, Framework Providers – Wales and Out of Area **(Q2)**
- Integrated overview of commissioned activity, financial investment, service activity, performance and outcomes across the system for medium and low secure patients at an all-Wales level **(Q2)**
- Options and recommendations for future models of care and service configuration to JC based on the above, and whole quantum of beds **(Sept 2026)**
- Revised Service Specification for NHS commissioned provision **(Q4)**

### **Aim 2: Improved Pathways, Patient Outcomes, System Efficiencies (From May)**

- All Wales overview of process referral management, placement sign off, length of stay and case management arrangements for inpatient provision in both independent sector and NHS beds **(Q2)**
- Baseline investment position and quantifiable financial savings plan to achieve up to 5% efficiency in year **(by end Q3)**
- Review of patient outcomes, recommendations for pathway improvements to generate further efficiencies and outcomes pathway improvement plan **(Q4)**

### **Aim 3: Commissioning efficiencies**

- Trajectory for admissions discharges & repatriations to optimise NHS bed occupancy, with quantifiable improvement of up to 10% **(by end Q3)**
- Recommendations for longer-term options for models of care, service configuration and commissioning arrangements for medium secure provision. **(Q4)**
- Clear targets (output and outcomes) for improved patient outcomes and value for money within the NHS commissioned provision to mitigate the financial risk to the health system of underoccupancy of beds under block contract arrangements and the growing cost of out of area placements **(Q4)**



# Scoping

## Lifecycle Phases & Target Dates

Use this table to show the main phases of your activity, from concept to review. Enter the expected target date for each phase to give a clear overview of when major parts of the work should be completed.

Milestone	Concept	Define and Scope	Design and Plan	Deliver	Close	Review & Learn
April 2026	April 2026	May 2026	May 2026	Sept 2026	Dec 2026	April 2027

## Intended Outcomes & Success Measures

Describe what will be achieved and how success will be measured (e.g., recommendations accepted, service improved, targets met, actions implemented).

1. Recommendations for a revised model of care and approach to the commissioning of Medium Secure Inpatient services developed and agreed for implementation.
2. Recommendations for improved patient flow across the whole secure pathway, potentially via a single commissioner for secure services scoped for consideration.
3. A sustainable model of care to maximize occupancy in NHS MSU commissioned provision agreed for implementation.
4. A reduction from baseline of the number of patients placed out of area in independent sector MS beds, with higher than baseline occupancy levels in block contracted MSU provision.
5. Aligned approach to commissioning with prevention-focused approaches to reduce dependency on inpatient care and ensure equitable access across Wales (longer term)
6. Patient lens: improved experiences and outcomes through reducing unnecessary placements out area and far from home, managing patients at the appropriate level of restriction, and enhancing arrangements for appropriate step down, discharge and flow through the whole pathway.



# Scoping

## Governance Roles

List the key roles and individuals responsible for providing strategic oversight, leadership, governance and delivery coordination for this activity. Collectively, these roles will form the core governance and project board structure supporting oversight, decision-making and progression of the work.

<b>Executive Project Oversight</b>		
CEO PTUHB	Hayley Thomas	✓
Senior Responsible Officer	Sue OLeary	✓
Delivery Lead MHLDVG	Joanne Dainton	✓
Lay Member	Shameem Nawaz	✓
Adult MH Model of Care for Wales lead	Ciara Rogers, P&I.	
<b>Multi-agency Operational Delivery Group</b>		
Heads of Commissioning – Health Boards		
Finance lead NWJCC	Elinor Church	
Data analytics lead MHLDVG/ PHW/P&I	Bobby Mitik. Dave Semmens	
CCAPS Data lead MHLDVG	Dawn Painter	
Commissioning leads MHLDVG	Martyn French, Sanj Mahapatra, Case Managers	
<b>Project Support</b>		
Project Manager	Sian Lewis	✓

## Stakeholders

List any individuals or groups already identified as important to involve, consult, or inform for this activity. This helps ensure early engagement and awareness.

<b>Name</b>	<b>Organisation</b>	<b>Role</b>
Matt Downton	Welsh Government	Inform
Dave Semmens	P&I	Involve
Strategic Commissioning group	Health Boards	Consult
Service Directors – Mental Health	Health Board	Involve
Clinical Leads – Mental Health	Penny Letchford, Alison Witts	Involve
Royal College of Psychiatrists	Alka Ahuja/ Ollie John	Consult
Lived Experience voice	Patient Experience Groups	Consult