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| Agenda Item |
| 2.7 |

Joint Commissioning Committee

Mental Health/Learning Disabilities & Vulnerable Groups Report

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| Dyddiad y Cyfarfod / Date of Meeting | 25/11/2025 |
| Statws Cyhoeddi / Publication Status | Open/ Public |
| | Not Applicable |
| Awdur yr Adroddiad / Report Author | Adrian Clarke Interim Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups |
| Cyflwynydd yr Adroddiad / Report Presenter | Joanna Dainton Assistant Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups |
| Noddwr yr Adroddiad / Report Sponsor | Huw George, Chief Commissioner |

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| Pwrpas yr Adroddiad / Report Purpose | For Noting For Noting |
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| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|-------------|----------------|
| Committee / Group / Individuals | Date | Outcome |
| JCC SLT | 12/11/2025 | Noted |

| Acronyms / Glossary of Terms | |
|-------------------------------------|---|
| CQC | Care Quality Commission |
| ICB | Integrated Commissioning Board |
| IMT | Incident Management Team |
| IOG | Incident Oversight Group |
| JCC | Joint Commissioning Committee |
| LSU | Low Secure Unit |
| MSU | Medium Secure Unit |
| NHSE | NHS England |
| NMC | Nursing Midwifery Council |
| PHW | Public Health Wales |
| QSOC | Quality, Safety and Outcomes Sub-Committee |
| SLT | Senior Leadership Team |
| TSW | Traumatic Stress Wales |
| TUPE | Transfer of Undertakings (Protection of Employment Regulations) |

1. SITUATION/BACKGROUND

1.1 Care Home Framework Agreement

A separate paper with updated options for the renewal of the Care Home Framework is included as Agenda Item 5.2.

1.2 Caswell Clinic/Taith Newydd units

In October 2024 a significant fire at the Taith Newydd Low Secure Unit (LSU) at Glanrhyd Hospital resulted in the patients being decanted to the Caswell Clinic NHS Medium Secure Unit. This has impacted on the availability medium secure beds for South Wales. Indications from SBUHB are that the remedial actions to make the LSU safe and usable, will take between 12 and 18 months to complete. The remedial works are yet to commence.

Other issues relating to low occupancy on the remaining 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. Although capital investment was made available to provide seclusion areas, there has been no progress past planning stages as yet. When works do commence it is likely that a further 4 beds will need to be closed for the period of time that the works take.

Some of the JCC SLT and Lay members visited the Caswell site on 28th July 2025. The visiting team met with the heads of each clinical professional group and looked around the environment. There were some significant environmental issues observed, particularly with the patient Garden areas that were very unkempt. The Clinical leads also voiced concerns relating to there being no personal alarms available for staff, no clinical team available should the Low

Secure Patients move out Caswell as staff had not been replaced following departures.

Due to the concerns raised by the continued use of MSU beds by SBUHB LSU patients and the long-standing issue of the clinics ability to admit/manage patients who have with complex and challenging presentations, the JCC Clinical review team undertook a service reviews of the clinic in order to obtain a full picture of the service and the patients that are cared for within the service.

1.2.1 Update

The JCC Clinical review team have since undertaken the review of Caswell Clinic as planned following the Lay members visit. In addition to the concerns raised during the Lay members visit, the JCC review team identified more concerns in relation to the safety and quality of the service currently provided.

Following the review, a decision was made, by the JCC, to suspend new admissions to the unit until some of the more serious issues have been resolved. The only exception to this will be for recalled patients if a bed is required. The service will also be monitored via the escalation process.

SBUHB have received the JCC report following the review and (at the time of writing this paper) are in the process compiling an action plan to address all of the identified issues. The JCC Director of Commissioning for MHLDVG and SBUHB Exec Lead for the escalation process have met on a number of occasions to discuss initial progress in rectifying the identified issues and have planned to meet on a fortnightly basis.

The JCC and SBUHB are now working very closely together in order to ensure that identified concerns are addressed in a timely manner. Whilst admissions to the service are suspended, Ty Llewellyn in North Wales will be considered initially for any new Male Medium Secure referrals, whilst the independent sector will be used for female referrals.

A further discussion relating to the concerns raised will be had at the December QSOC meeting.

1.3 St Andrews Hospital Update

The concerns raised in relation to this service have been discussed at previous JCC 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 JCC, 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 meetings all have differing levels of oversight of the issues that have been raised over recent months.

Although some improvements have been noted at the service, it 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, such as ward closures and redundancies at the site.

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

Although there are no new concerns noted during recent reviews, there has been notable increased interest from local and national media outlets. JCC Communications team are part of the national communications hub that is in situ for this issue in particular.

JCC will continue to manage this service and the identified issues as per Framework process and in conjunction with other commissioning organisations across England.

1.4 TSW

TSW was established in April 2020, is funded by WG and was hosted by the predecessor organisation the Welsh Health Specialised Services Committee. TSW defines itself as a 'national quality improvement initiative that works through a network of easily accessible, locally based services centred around the people they are trying to help with streamlined care pathways to avoid unnecessary repeated referral and assessment'.

TSW aims to improve the health and wellbeing of people of all ages living in Wales who have been affected by traumatic events. It also aims to raise trauma-informed awareness and practice across Wales and has a particular focus on those at risk of developing or with post-traumatic stress disorder or complex post-traumatic stress disorder.

The initiative covers children, young people and adults and received £1.724m funding in 2024/25 from WG, of which £0.9 million is provided by the NWJCC to the HBs to fund the additional staff required to deliver the required services.

The creation of the NWJCC has led to the implementation of a new, overarching governance and accountability structure and it is necessary to review the particular governance and reporting arrangements for a number of specific services.

A review of TSW started in December 2024 to consider the optimum delivery mechanism for the national objectives of TSW and the adequacy of the systems and controls in place within the NWJCC in relation to the management of TSW. The review has now been completed. During the review the reviewer spoke to over 25 stakeholders, including TSW staff, HBs, WG and the NHS Executive Strategic Programme for Mental Health. The review recommended that discussions take place to explore if there was a more appropriate delivery organisation for TSW.

As a result, discussions were held between NWJCC and Public Health Wales (PHW), with a view to TSW being hosted by PHW in the future, alongside the Adverse Childhood Experiences' hub which it is believed would be a more natural strategic fit.

Public Health Wales Board has now agreed to the transfer of Traumatic Stress Wales from the NWJCC in principle, subject to confirmation of staffing and resource position.

The transfer will be subject to a formal TUPE process. Cwm Taf Morgannwg University Health Board, as hosting organisation for the NWJCC, will lead on the TUPE process. This will need to be agreed at Cwm Taff People & Culture Committee meeting in October. Once the TUPE process commences, it will be subject to a three-month consultation period. It is therefore likely that the transfer will be completed at the earliest, the end of December 2025.

1.4.1 Update

CTMUHB and PHW continue to meet on a regular basis to progress transfer of hosting arrangements from JCC to PHW. Legal advice has been obtained to clarify staff subject to the TUPE process.

A more detailed update will be provided at the January 2026 JCC meeting

2.0 ASSESSMENT

| Objectives / Strategy | |
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| Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s) | Ensure Quality |
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| Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals | Not Applicable |
| | If more than one applies please list below: |

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|---|---|
| 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales) | |
| Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i> | Not Applicable |
| | If more than one applies please list below: |
| Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i> | Efficient |
| | If more than one applies please list below: |
| Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs) | No - Not Applicable |
| | If more than one applies please list below: |

| Impact Assessment | | |
|---|-------------------------------|---|
| Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i> | Yes: <input type="checkbox"/> | No: <input checked="" type="checkbox"/> |
| | Outcome: | If no, please include rationale below: |
| Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality | Yes: <input type="checkbox"/> | No: <input checked="" type="checkbox"/> |
| | Outcome: | If no, please include rationale below: |

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| <i>Have you undertaken an Equality Impact Assessment Screening?</i> | | |
| Cyfreithiol / Legal | There are no specific legal implications related to the activity outlined in this report. | |
| Enw da / Reputational | There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report. | |
| Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i> | Yes (Include further detail below) As this framework was managed without additional resources. JCC will now use full resources to manage Hospital Framework Agreement | |

3. RECOMMENDATIONS

Members of the Joint Commissioning Committee are asked to:

- **Note** the report

4. NEXT STEPS

- The JCC will work closely with SBUHB to ensure that the actions are implemented in a timely manner to ensure that services delivered within Caswell Clinic are safe and of adequate quality
- The JCC will continue to monitor the services at St Andrews hospital in order to ensure that progress is being made against various action plans and that services continue to improve.