



<b>Agenda Item</b>
2.6

**Joint Commissioning Committee**

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

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	20/05/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Adrian Clarke, Interim Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Adrian Clarke, Interim 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>	Choose an item. 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>
JCC Senior Leadership Team Meeting	07/05/2025	Noted

<b>Acronyms / Glossary of Terms</b>	
CPA	Care Programme Approach
DTOC	Delayed Transfer of Care
HB	Health Board
JCC	Joint Commissioning Committee
MHLDVG	Mental Health, Learning Disabilities and Vulnerable Groups
MSU	Medium Secure Unit
NWJCC	NHS Wales Joint Commissioning Committee
SARC	Sexual Assault Referral Centres
WHSSC	Welsh Health Specialised Services Committee

## 1. SITUATION

The purpose of this report is to provide the NHS Wales Joint Commissioning Committee (NWJCC) members with an update on key issues of the Mental Health, Learning Disabilities and Vulnerable Groups Directorate that have arisen since the last Joint Committee meeting which took place on 18 March 2025.

## 2. BACKGROUND

### 2.1 Mental Health, Learning Disabilities and Vulnerable Groups Directorate

The Directorate is responsible for commissioning:

- High secure services for adults with a mental illness or learning disability
- Medium secure services for adults and children with a mental illness or learning disability
- Hospital services for children with mental illness
- Hospital services for adults and children with an eating disorder
- Eating Disorder Outreach Services
- Perinatal inpatient services
- Low secure single commissioner consideration project
- Forensic Adolescent Community Teams
- Hospital services for adults with a neuropsychiatric disorder
- Gender identity disorder services for adults and children
- Futures programme jointly with the Royal College of Psychiatrists Wales
- Hospital services for deaf persons with a mental illness
- Traumatic Stress Wales (TSW) Programme

### 2.2 Perinatal Mental Health

At the request of the Welsh Government and as part of the NWJCC workplan the directorate has produced a Utilisation, Forecasting & Modelling Report jointly with the Royal College of Psychiatrists Wales. The report found that:

- Between 10% and 15% of women who have delivered a baby will experience mild/moderate mental health issues, the majority will be cared for in primary care
- Between 2 to 4 per 1,000 women who have delivered a baby will experience serious/complex mental illness and need admission to hospital
- A total of 164 women from NHS Wales were admitted to a Mother & Baby Unit between 2021 and 2024. Of these 164, 133 (81%) were admitted to a Mother & Baby Unit in Wales and 31 (19%) were admitted to a Mother & Baby Unit in England
- The numbers of Welsh mothers being admitted to a Mother & Baby Unit is consistent with the clinical projection of incidence of perinatal mental illness, so we have the number of mothers being admitted we would expect in Wales

- The average length of stay in a Mother & Baby Unit for a mother from Wales is approximately 41 days
- 63 miles was the average travel distance to a Mother & Baby Unit for mothers being admitted
- The Lived Experience Group, consulted as part of this Report, identified 'no more than 1 hour' as the preferred travel time to a Mother & Baby Unit. 73% of all Mother & Baby Unit admissions from Wales were within a 1 hour travel time
- Mothers from Betsi Cadwaladr University Health Board (BCUHB) were currently travelling further and for a longer time to a Mother & Baby Unit than those mothers from other Health Board (HB) areas. This is because they are accessing Units across England. The travel time and distance will be significantly reduced once a new Unit opens in Chester in the autumn of 2025. Modelling shows that mothers travelling for less than 1 hour would rise from 13% to 69%, and that the average travel time would change from 1 hr 45 mins to 48 mins.
- For mothers in South Wales access to 8 beds (two more than currently available in Uned Gobaith) would mean no admission would wait more than two days. Access to 9 beds would mean no admission would wait more than 1 day
- For mothers in North Wales access to 2 beds (as currently planned) would mean no admission would wait more than four days. Access to 3 beds would mean no admission would wait more than 1 day
- If a decision is made to build a new & Baby Unit in Wales then planners should take into account the location to reduce travel time for mothers and families
- Any consideration of an increase in Mother & Baby Unit provision should take into account the value and effectiveness of investment into community services to reduce the need for admission

The report highlights new innovations across the UK that may improve the experience of mothers and families (such as a fund to pay for travel) or reduce the need for admission (such as enhanced weekend support services). We are exploring the possibility of implementing these innovations in Wales.

The reports are available at:

English: [National Reviews - NHS Wales Joint Commissioning Committee](#)

Welsh: [Adolygiadau Cenedlaethol - Cyd-bwyllgor Comisiynu GIG Cymru](#)

## 2.3 Case Management Repatriation

All placements within specialised mental health services, regardless of whether they are in the independent sector or facilities managed by NHS England or NHS Wales should be subject to Commissioning Case Management.

The role of the Commissioning Case Manager does not affect or impact on any legal or clinical responsibility of HBs to provide care coordination as set out under the Mental Health (Wales) Measure 2010. The Commissioning Case Manager does not and will not have any clinical responsibility for the patient which remains with the current provider of care.

Commissioning Case Management refers to the role of a designated professional that periodically undertake a systematic review of a patient's placement to determine:

- If the patient still requires the current level of security of the placement
- That interventions are in place to achieve designated outcomes
- If a plan is in place to review or reduce, any enhanced observations
- What the barriers to discharge are and what is required to facilitate safe and timely discharge
- The liaison required with the care coordinator to ensure future placement needs are identified and addressed.
- The facilitation of repatriation of patients to an appropriate NHS Wales facility at the earliest opportunity.

There is currently variation in commissioning case management provision. The NWJCC directly employs one Commissioning Case Manager and four are employed through provider organisations. The NWJCC covers employment costs and administrative support for all Commissioning Case Managers which is circa £600,000 per annum.

This variation leads to three issues. The first issue is that the Commissioning Case Managers employed outside the NWJCC cannot agree to the provision of additional support, the issuing of delayed discharge notices or to any move to other services commissioned by the NWJCC as they are not employees and cannot be signatories to the required forms and agreements. These issues then require additional oversight and involvement of NWJCC staff to discuss and approve these cases, leading to the requirement to involve additional staff and possible delays in completing any actions.

The second issue is that Commissioning Case Managers are managed by provider organisations meaning the NWJCC team cannot direct them without going through local managers. This additional management step delays requests for case reviews and impedes the provision of absence cover and national deployment. This issues also precludes utilising case managers provide cover for a wider set of services.

The last issue is that, as Commissioning Case Managers are managed by provider organisations, which also provide the same services, there may be a perception of compromised objectiveness. This perception may arise as the ability to impartially review, request information, or challenge placement or repatriation

decisions will be more difficult if those challenges are to managers within their own organisations.

The employment of all commissioning case managers directly by the NWJCC would therefore be more effective, more efficient and would protect objectivity.

In the NWJCC Foundation plan has the repatriation of the case managers as one of the directorate actions and we have begun that process. Initial discussions regarding the intention to repatriate the case managers from Health Boards to the JCC have commenced with the services at SBUHB and BCUHB.

## **2.4 Continuing Healthcare (CHC) Programme**

Earlier this year the NWJCC agreed in principle to lead on a Continuing Healthcare (CHC) programme if it received the requisite funding. The funding was not made available.

As the funding was not made available the NWJCC will not be supporting a CHC programme and this was noted at the Welsh Government Value and Sustainability Board, chaired by the Director General for Health and Social Services. The Director General for Health and Social Services requested the NHS focused on two areas, the deployment of a CHC digital system, and the training of CHC assessors; an update on these areas is provided below:

- The National Director of Digital, Data, and Technology at the NHS Wales Executive will lead on the deployment of the digital CHC system. The procurement of the digital system will be supported by the IT procurement teams from the NHS Wales Shared Services Partnership (NWSSP); and
- The National Director for Complex Care, will lead and liaise with HBs on the Training of CHC assessors.

Any other CHC issue, such as direct payments, are only to be supported by the NWJCC teams as part of a funded CHC programme, the NWJCC will play no future formal role in the CHC area of work.

## **2.5 Sexual Assault Referral Centres (SARC)**

The NWJCC scheme of delegation gives the NWJCC the responsibility for the commissioning of the NHS aspects of Sexual Assault Referral Centres (SARC). The responsibility for the overall Welsh Sexual Assault Services programme of work is currently with the NHS Wales Executive, which did intend to close the Programme and transfer some legacy commissioning actions to the NWJCC. During the transition phase it became apparent that there are a number of outstanding actions such as future funding and partner expectations. The NWJCC is currently working with the NHS Wales Executive and Welsh Government to clarify the status of the Welsh Sexual Assault Services Programme.

### 3. KEY RISKS / MATTERS FOR ESCALATION

In November 2024 a significant fire at the Taith Newydd Low Secure Unit at Glanrhyd Hospital resulted in the patients being decanted to the Caswell Clinic NHS Medium Secure Unit. This has impacted on the availability of medium secure beds for South Wales. There are ongoing discussions with the provider HB about longer term solutions and early indications are this will be an issue for 18 months.

### 4. ASSESSMENT

<b>Objectives / Strategy</b>	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Maximise Value
	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>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Effective
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) /</b>	No - Not Applicable
	If more than one applies please list below:

<b>Environmental / Sustainability Impact (5Rs)</b>		
<b>Impact Assessment</b>		
<b>Ansawdd</b> <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>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Update report to the JCC
<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>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Update report to the JCC
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	<p>There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.</p> <p>However, many of the areas within MH, LD and VG have specific areas of interest and have additional public scrutiny</p>	
<b>Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)</b>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the report.

## 6. NEXT STEPS

- Publish the Perinatal Mental Health Utilisation, Forecasting & Modelling Report
- Continue the reparation process for the Mental Health Case Managers
- Continue and conclude the negotiations with the Caswell Clinic on bed availability for the next 18 months.