

Funding pro-forma for Mental Health Funds

Name of health board	Aneurin Bevan University Health Board
Allocation amount for full year (please see covering letter).	1.319
Funding Pot (i.e. crisis / SIF / specialist CAMHS)	SIF
Project Title	Early Intervention in Eating Disorders

Please provide a general description of the project. This needs to include a clear case for proposed changes / service development, evidencing how this will provide additionality and added value to current service provision.

You should also indicate here how you will ensure equity of provision across the population. This section should also include any relevant engagement activity undertaken which enabled prioritisation of proposals. **(Max. 400 words).**

ABUHB undertook a consultation in response to the Eating Disorders Review 2018. This highlighted areas for service development to:

- Reconfigure services towards earlier intervention.
- Work towards achieving the NICE 2017 standards on Eating Disorders within two years.
- Develop plans to achieve a four-week waiting times across adult and child services.
- Reduce the numbers of admissions to inpatient units.

Currently ABUHB provides early intervention and treatment via CMHTs and PCMHSS. PCMHSS accept referrals from GPs and CMHTs and provide assessment and short term treatment for low to medium risk eating disorder sufferers and monitoring for chronic and enduring eating disorders. CMHTs, receive referrals from GPs, Primary Mental Health Teams and self-referrals.

Due to the increasing demand and level of acuity seen in CMHTs, many ED patients do not meet threshold for treatment, but present with difficulties that are too complex for PCMHSS. Young people transitioning from CAMHS also experience long waits or do not meet the threshold levels of risk and acuity to be seen by Adult Mental Health Services. These patients frequently present at a later date to CMHT's when their physical and psychological health has deteriorated and their level of risk has increased. Clinicians in CMHTs often feel unskilled at assessing and delivering treatments in line with NICE 2017 recommendations.

This bid would fund the develop of an adult eating disorder provision to provide early identification, specialist assessment and treatment as per NICE 2017 guidance for those people presenting within ABUHB in Primary or Secondary care. The service will also improve prognosis, reduce morbidity and mortality associated with ED as highlighted in the 2018 Review.

This proposal will enable ED services to provide:

- Tier 2 interventions in line with the current provision for ED services in Wales, meeting the principles of early detection and intervention, inclusivity, person centred, relationship based, recovery focused and trauma informed.
- Direct referral from secondary care services such as diabetes.
- ED to undertake care co-ordination on all ED cases with primary ED need, including those currently care coordinated by CMHTs.
- Physical health checks and monitoring by specialist ED staff.
- Direct transition of CAMHs ED cases to specialist adult ED service.
- Pilot in the FREED model of early intervention for 16-25 year olds in one borough, to enable an estimate of demand and to inform further deployment across Gwent.
- Supports the development of shared care and specialist training opportunities between CAMHS and adult services.

Please provide detail on the key milestones that will need to be achieved following approval of funding. **(Max. 150 words)**

The Gantt chart below provides a high level summary of the proposed implementation of the changes. This assumes a timescale of confirmation of funding in the early summer of 2021 to enable recruitment to progress.

This proposes that the main elements of the service changes will be in place by the end of quarter three with the pilot of the FREED self-referral project programmed to commence in Q1 of 2022/23.

	2021-22			2022-23	
	Q2	Q3	Q4	Q1	Q2
Recruitment					
Equipment Ordering					
Stakeholder engagement/communication					
Induction/Training of Staff					
New Referrals to ED					
Transfer of Care Coordination					
Physical Health Checks Monitoring					
FREED Pilot developed					
FREED pilot commences					
Audit against ED standards					

Please provide detail here if your proposal includes any non-recurrent funding in 2021/22 to support future planning or service delivery. **(Max. 150 words)**

Non recurring funding will be required to fund training and equipment as outlined below:

- New staff will require NICE 2017 compliant training in ED MANTRA/SSCM/CBT-E.
- HCSWs will require training in physical health monitoring, venepuncture, ECG, nasogastric tube management. Phones/Scales/Height and IT equipment

Item	Cost (£)
Phone purchase	£1,500
Phones rental	£2,160
IT	£5,000
Training/Equipment	£15,000
Total non-recurring funding	£23,660

Please provide detail on how you expect the proposal to achieve the expectations laid out in annex b of the covering letter. Please include how you will ensure that these are measured and monitored. **(Max. 200 words)**

- To improve access to ED referral to assessment and treatment within 4 weeks or 1 week if urgent. (RTT monitoring)
- People will be offered a range of psychological interventions as per NICE 2017 and 2018 guidance. (Audit)
- Specialist ED clinicians will co-ordinate the care plan of the person with an eating disorder ensuring a recovery focus. (CTP audit)
- Specialist ED Clinicians will undertake the physical health checks of those patients within the service who require intense physical health monitoring. (Audit)
- Improved transitions between services ensuring risk assessment and management plan is in place.(service user experience/audit)
- Better support for Primary Care Clinicians when working with young people. (Survey)
- Self-Reported Outcome measures specific to ED: CIA, EDE-Q as well as CORE 34 given to service users.
- Care and Treatment Plans that are underpinned by a recovery focus. (CTP Audit)
- Recovery oriented service provision and that service users are active partners in their own care: (Audit of service user and carer feedback.)
- Improvement across adverse reporting data. (Incident reporting through QPS)
- Reduction in morbidity, mortality and inpatient admissions. (SI's , case audit, patient reported measures, admission and discharge data)
- Evaluation and audit against the NICE Quality Standards and the Eating Disorders Review 2018

Please provide a broad breakdown of costs for this proposal. *Please provide the detail for both 2021/22 and 2022/23 (where appropriate).*

2021/22					2022/23				
Requested	Band	WTE	2021/22 Rate	Cost £	Requested	Band	WTE	2022/23 Rate	Cost £
Consultant Psychiatrist	Medical	0.3	125,607	18,841	Consultant Psychiatrist	Medical	0.3	125,607	37,682
1 Band 8a	Band 8a	1.0	65,274	32,637	1 Band 8a	Band 8a	1.00	65,274	65,274
1 Band 7	Band 7	1.00	56,072	28,036	1 Band 7	Band 7	1.00	56,072	56,072
4 Band 6s	Band 6	4.00	47,559	95,118	4 Band 6s	Band 6	4.00	47,559	190,236
2 Band 4s	Band 4	2.00	29,884	29,884	2 Band 4s	Band 4	2.00	29,884	59,768
1 Band 3.	Band 3	1.00	26,002	13001	1 Band 3.	Band 3	1.00	26,002	26,002
Travel				2,500	Travel				5000
Total Pay Costs				220,017					

	Total	Pay				440,392
	Costs					

Please use this space to provide a high level overview of how the initial six months funding was utilised within the health board to respond to the pressures associated with the current pandemic situation in mental health. **(Max. 300 words)**

An electronic version of this form should be submitted to mentalhealthandvulnerablegroups@gov.wales for consideration once completed.