Funding pro-forma for Mental Health Service Improvement Fund

Name of health board	Hywel Dda University Health Board
Allocation amount for full year (please see covering letter).	£1.722m

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. This section should also include any relevant engagement activity undertaken which enabled prioritisation of proposals.

HDUHB Eating Disorders Service:

Eating Disorders (ED) constitute a range of serious and complex mental and physical disorders with anorexia nervosa having the highest mortality rate of any mental disorder. Patients with ED can die from the physical consequences of severe malnutrition, or from suicide. These disorders manifest in children, adolescents, adults and older adults and frequently run a chronic and relapsing trajectory. They can be life long and life threatening invariably they have a devastating effect on the sufferer and their families. Some studies indicate that death rates are up to 10 times higher among chronically ill patients compared to the general population**.** Additionally, patients who suffer with an eating disorder are very likely to also have other mental health problems or disorders, psychiatric co-morbidity being the rule rather than the exception in patients with severe ED- the common co-morbid diagnosis are depression, obsessive compulsive disorder, anxiety, substance misuse and personality disorder. A 2012 review published by Beat indicates the annual healthcare costs of ED in the UK is £80-100m**.**

Currently the Hywel Dda University Health Board's Mental Health and Learning Disabilities Directorate provides early intervention and treatment via Community Mental Health Teams (CMHT) and Primary Mental Healthcare Teams (PMHT). PMHT accept referrals from GPs and Community Mental Health Teams 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 as described in Part 3 of the Mental Health Measure 2012. Due to the increasing demand and level of acuity seen in CMHTs many ED patients do not meet the threshold for treatment, but present with difficulties that are too complex for Primary Care. These patients frequently present at a later date to CMHT's when their physical and psychological health has deteriorated. Clinicians in CMHTs often feel unskilled at assessing and delivering treatments. They are also unsure of their role as a care co-ordinator when the patient is being seen in the Specialist Eating Disorder Service (SEDS). ED patients present as a resource implication for teams struggling to manage large caseloads.

Overview of Proposal:

That SEDS employ 3 Band 6 Specialist Clinicians (one for each county) to provide an early intervention and treatment service for people with Eating Disorders across the Hywel Dda geographical footprint. The Specialist Clinicians would provide care co-ordination and Care

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and Treatment Planning for those people with a primary diagnosis of an eating disorder. The Specialist Clinicians would provide support to Primary Mental Health Care Clinicians who currently see young people aged 16 and above, providing assessment and treatment interventions as per NICE 2017 guidance and where appropriate work across sCAMHS to provide a seamless transition taking on care co-ordination for those young people requiring transition to adult services. Specialist ED Clinicians will be co-located within county CMHTs.

This proposal would align with the recommendations from the ED Service review 2018 commissioned by Welsh Government in which ED services across Wales, service users, carers and the 3rd Sector were involved.

Aims:

- To provide early identification, specialist assessment and treatment as per NICE 2017 guidance for those people presenting with an ED in HDUHB in Primary or Secondary care in order to improve prognosis, reduce morbidity and mortality associated with ED.
- To enable those patients with an ED that currently do not meet the threshold for care co-ordination by the CMHT to have access to specialist treatment ensuring safe and effective management of the psychological, physical and social aspects of ED.
- To ensure seamless transitions across services for young people requiring adult services and to support Primary Care Clinicians when working with young people aged 16 and above who have an ED.
- To improve access to clinical expertise in ED at the point of entry and local to the patients home.
- To develop and strengthen the ED workforce.
- ED patients would receive psychological treatments by specialist clinicians negating the need to be placed on waiting lists for psychological therapies.

Objectives:

The above aims will be achieved by the following objectives:

- To undertake a comprehensive timely assessment for those patients presenting in HDUHB to CMHTs including engagement, motivational enhancement and psycho education.
- To provide and support early identification and treatment as per NICE 2017 recommendations for people presenting at Primary and Secondary care to improve prognosis.
- To improve the rate and probability of full recovery from an ED by access to appropriate and timely evidence based treatment interventions.
- Those patients with an ED that currently do not meet the threshold for care co-ordination by the CMHT will have access to specialist treatment.
- ED services taking the lead in ensuring that MARSIPAN 2014 and NICE 2017 guidelines are implemented across HDUHB, leading to a reduction in the morbidity and mortality associated with ED.
- Increased early availability of specialist ED services will ensure safe and effective management of the psychological, physical and social aspects of ED.

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- To ensure that ED patients have access to the level of treatment they require depending on their need wherever they are being seen within HDUHB.
- Specialist Clinicians will provide care co-ordination and Care and Treatment Planning for those patients who have a primary diagnosis of an ED as well as relapse prevention and monitoring.
- Working collaboratively with Tier 3 Specialist Eating Disorders Service and referring as appropriate patients to Tier 3.
- Managing transitions across services such as sCAMHS, LPMHSS's and CMHTs
- Provide good quality information and support to patients, carers other MH and General Medicine colleagues.
- Increase efficiency, effectiveness, cost-effectiveness and quality of service provision.

Strategic Alignment:

This proposal is consistent with the aims of the following Welsh Government Strategy documents:

- Together for Mental Health
- Mental Health (Wales) Measure 2012
- MARSIPAN 2014
- Framework for Wales (refresh) 2016
- Prosperity for All.2017
- A Healthier Wales 2018
- NICE guidance on Eating Disorders 2017
- ED Service Review 2018

Key Project Milestones	**Date Completed**
Funding approval.	**July 2019**
Advertise and recruit to project staff 3 Band 6 ED Specialist Clinicians.	**September 2019**
Train appointed project staff 3 Band 6 ED Specialist Clinicians.	**October 2019**
Evaluation and audit	**October 2020**

Please provide detail here if your proposal includes any non-recurrent funding in 2019/20 to support future planning or service delivery.

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New staff will require NICE compliant training in;

- ED MANTRA
- SSCM
- CBT-E

Scales and Height measurement tools **TBC**
Mobile phone x 3 **£180**

RSA remote access token x 3 **£174**

Laptop x 3 **£1780**

Total: **£10000**

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.

The information below relates to the evaluation of the full initiative. Overall the evaluation will seek to measure achievement of the following:

- Workforce Development
- Clinical Gains
- Recovery Focus
- Cost Effectiveness

Description of Indicator	**Current State**	**Expected Future State**	**Data will be collected on an ongoing basis and is likely to include the following markers of change**
Workforce Development: Strengthen and Improve competence, confidence and delivery of services to service users experiencing an Eating Disorder.	Variable levels of skills in staff assessing and treating ED across PMHT and CMHT. ED patients with less severe presentations don't meet the threshold for CMHT intervention but are too complex for PMHT. CMHTs struggling to manage caseloads with the available resources.	All patients presenting to CMHT with an ED will be assessed by an ED clinician. ED clinicians will undertake specialist treatment within the patient's local area. ED Clinicians will provide care co-ordination for those patients whose primary diagnosis is an eating disorder, including those transitioning from	Training, support and supervision arrangements for staff; standardised measures of staff perception of knowledge, skills and attitudes. Audit of Service user and carer feedback. Focus groups with PMHT and CMHTs.

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	CMHTs feel ill-equipped to treat those presenting with an ED.	CAMHS. ED Clinicians will support PMHTs through liaison, consultation, supervision and advice.	
<u>Clinical Gains</u>: Improved access to Specialist Clinicians delivering evidence based treatments at point of access. Those patients with an ED that currently do not meet the threshold for CMHTs will have access to specialist treatment. Improvement in the rate and probability of full recovery from an ED by access to appropriate and timely evidence based treatment interventions. .	ED presentations unlikely to be seen by CMHT unless severe and or complex. ED patients unlikely to receive a NICE 2017 recommended psychological intervention in PMHT or CMHT. ED patients add to the waiting list for psychological interventions. ED patients falling between the thresholds for tiered services. ED CAMHS patients may not be seen until they are over 18 if at all.	ED patients able to access specialist physical and psychological intervention in a timely manner and as clinically indicated. ED patients and their families have access to specialist services on entry to CMHT. All ED presentations in HDUHB will have access to NICE 2017 recommended treatment intervention. Direct support to PMHTs in assessing and treating ED patients. ED CAMHS transitions care co-ordinated by Specialist Clinicians.	Self-Reported Outcome measures specific to ED: CIA, EDE-Q as well as CORE 34. Audited against standards of 1000+Lives intelligent targets. Audit of Service user and carer feedback
<u>Risk Reduction:</u> Increased early availability of specialist ED services will ensure safe and effective management of the	ED service users presenting risks to self as they may not reach threshold for treatment in services. Delays in being seen	Specialist assessment to determine level of physical risk. Timely access to evidence based treatment reducing	Improvement across adverse reporting data. Reduction in morbidity and mortality. Earlier intervention to ameliorate

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psychological, physical and social aspects of risk related to ED. A reduction in physical health risk behaviour. Improvement in the management of physical risk leading to a reduction in morbidity and mortality rates.	and assessed in CMHTs leading to deterioration in presentations. Variable level of expertise and interest in ED in PMHT and CMHT leading to delays in treatment. Variable quality of treatment available in PMHTs and CMHTs	the risk of physical and psychological deterioration, morbidity and mortality. Service user, family and professionals better able to manage physical and psychological risks associated with ED. .	physical and psychological consequences of ED.
<u>Recovery focus</u>: Increased early availability of specialist ED services will ensure safe and effective management of the psychological, physical and social aspects of ED. Increased early availability of Specialist treatment will lead to an improvement in prognosis.	Variable quality of treatment available in PMHTs and CMHTs. Prolonged waits can lead to deterioration in condition and result in poorer outcomes. Severity of ED liable to increase without treatment.	Specialist ED clinical interventions will improve adherence to treatment. Early intervention will improve prognosis. ED patients receiving specialist treatment will reduce the length of time in services and optimise recovery as the focus.	Clearly outlined CTP documents that are underpinned by a recovery focus. Evidence of recovery oriented service provision and that service users are active partners in their own care.
<u>Cost-Effectiveness:</u> Increased efficiency, effectiveness and quality of service provision.	Costs of clinicians in CMHT currently borne by local MH teams. Resources in PMHT may not be utilised effectively. .	Effective assessment and treatment across PMHT and CMHTs leading to increased compliance with care plan, reducing length of time in services. Early intervention and management of consequences of	Provision of NICE 2017 and MARSIPAN 2014 concordant, effective, high quality interventions at the earliest opportunity Admission rates and bed days. Reduced resource implications for

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		severe malnutrition, psychological and social effects of ED.	CMHTs and PMHTs.

Data will be collected by HDUHB SEDS and findings from ongoing audit and evaluation will be shared within HDUHB Mental Health and Learning Disability Directorate PTMG and 1000 lives initiative.

Please explain how this proposal will reflect the requirements of the Well-being of Future Generations (Wales) Act 2015, including how it will support prevention and integrated services, whilst recognising the importance of taking a longer term approach and the related ambitions of a Healthier Wales. Please outline how the 5 ways of working are embedded in the proposals?

- Early identification, specialist assessment and treatment as per NICE 2017 guidance for those people presenting with an ED in HDUHB in Primary or Secondary care will improve prognosis, and prevent further deterioration in the patient's health reducing the morbidity and mortality associated with ED.
- Those patients with an ED that currently do not meet the threshold for care by the CMHT will have access to specialist treatment ensuring safe and effective management of the psychological, physical and social aspects of ED in both the short and long-term.
- Collaboration with sCAMHS will ensure seamless transitions and integration of care across services for young people requiring adult services.
- Support to Primary Care Clinicians particularly when working with young people aged 16 and above who have an ED will improve involvement across statutory and 3rd sector services.
- To improve access to clinical expertise in ED at the point of entry and local to the patients home and integrated with other aspects of their care and treatment goals.
- To develop and strengthen the ED workforce not only in MH services but across other agencies.

Please provide a costed breakdown to this proposal. *Please provide the detail for both 2019/20 and 2020/21 (where appropriate)*

2019/20	2020/21
3 Band 6 Clinicians £125,586 (1 BAND 6 =£41,862) Travel Expenses £9000 Training/Non Recurrent costs **£7866** **IT / mobile phones £2134** **TOTAL £ 144,586**	3 Band 6 Clinicians 12 Months **£125,586** (1 BAND 6 =£41,862) Travel Expenses **£9000** **TOTAL £134,586**

Please provide any additional information you think would be useful in assessing this proposal in the space below.

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Hywel Dda University Health Board's Mental Health and Learning Disabilities Directorate have an excellent track record in delivering projects that improve the quality of service for our patients. Our proposals have been co-produced with partners and are based on service user experience and feedback and approved by our Mental Health Partnership Board. The Directorate has built up good capacity for project management support that will ensure leadership capability delivery and performance. Resources used will be fit for purpose with continuous engagement with stakeholders including staff and service users. All our proposals are aligned to our Mid and West Wales Health Care Strategy and IMTP, are patient centred and will deliver visible improvements. Bids have been calculated realistically with advice from our corporate finance teams with measurable outcomes and delivery milestones.

Engagement activity undertaken which enabled prioritisation of proposals:

Engagement on priority projects for the MH&LD Directorate has been an ongoing process. In June 2018 we held a number of successful events to co-produce projects for Innovation and Transformation Funding (all these projects are now up and running). Building on this approach on the 29th May, 2019 a further session was held with service leads and partners to discuss priorities and high level proposals for the new service improvement funding. This was followed up with a workshop on the 6th June, 2019 with the Mental Health Partnership Board where members were able to comment on the high level proposals. These were taken into consideration in developing the final bids to Welsh Government.

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

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