



Jayne Bryant, Chair
Children, Young People and Education Committee
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24 June 2022

Dear Jayne,

Thank you for your letter of 22 April requesting an update for the Committee on eating disorder services in Wales. Thank you also for allowing the additional time to complete the exercise that we had already commenced with health boards so that the information could also be used to inform this response.

We asked all health boards to provide information on how additional funding for eating disorders services had been utilised as part of our programme of work to 'reset' our eating disorders improvement programme as we emerge from Covid-19. This information is being considered alongside health board bids for the additional funding that I have made available for eating disorder services from 2022/23 onwards.

Prior to the pandemic, the Welsh Government provided significant and recurrent investment to support health boards to improve eating disorder services. The funding aimed to support improvement plans that were informed by the independent review commissioned by the Welsh Government which reported in 2018. The independent review set out a broad range of recommendations and our approach has been to focus services on the key, underpinning elements of the review to bring about sustainable changes to services. These are to:

- Reconfigure services towards earlier intervention.
- Achieve the NICE standards on eating disorders.
- Achieve a maximum 4 week wait for routine access to eating disorder services.

Like many other services however, our eating disorder services were significantly impacted by the Covid-19 pandemic, with an increase in demand of over 20% in some areas, alongside a reported increase in the acuity and complexity of patients' needs. Despite these pressures, health boards have made progress to transform services and improve access to support; and all health boards are actively working towards achieving the NICE standards for eating disorders services.

In terms of waiting times, routine reporting against mental health performance times does not currently disaggregate by condition (e.g. eating disorders) and we are committed to improve reporting against the 4 week wait target. In the interim, we continue to request operational

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

information from services to demonstrate progress towards reduced wait times. Health boards are currently reporting informal aggregated data that, on average, 3 out of 4 adults and children are seen within 4 weeks. Urgent referrals will be seen earlier, and we are informed that most people who are waiting, are offered support whilst they wait.

I have recently visited some services to see first-hand the progress that is being made. On recent visits to Betsi Cadwaladr and Aneurin Bevan University Health Boards, I had the opportunity to speak to members of their eating disorder teams and to learn more about what they are doing to improve services in their areas; the challenges they have faced in continuing to provide services during the pandemic; and what more can be done to support services. We are now seeing tangible and innovative progress to improve services across the whole of Wales and a summary of this activity is set in **Annex A**.

A key challenge across mental health services, including eating disorders, is the workforce and the ability to recruit into specialist posts. The Mental Health Workforce Plan, which has been developed by Health Education and Improvement in Wales and Social Care Wales, will provide a long-term solution to a sustainable mental health workforce. Currently, there are a number of specialist roles that Health Boards have found it difficult to recruit into and they are continuing to review and consider alternative interim solutions in order to provide adequate services. The NHS Collaborative has also worked with the Royal College of Psychiatrists in the last year to identify gaps in psychiatry roles in eating disorder services across Wales and to highlight what has worked well in health boards in recruiting into these specialist areas.

Notwithstanding the challenges faced by health boards, I am committed to drive progress in this area. I have allocated an additional £2.5 million from 2022/23 to improve eating disorders services – this in addition to the wider £10 million Service Improvement Funding, some of which may also be used to support eating disorder services. This is significant and recurrent investment to support services, and officials are currently considering bids from health boards to utilise this funding. A condition of this funding will be to reset trajectories and milestones to achieve the 4 week waiting time and to meet the NICE guidance.

In terms of the need for an eating disorders inpatient unit in Wales, the Wales Health Specialised Services Committee is currently consulting on its strategy which includes the recommendation to scope the feasibility for a specialist unit in Wales. We will keep the Committee updated on progress following the consultation, but we can provide assurance that we are currently treating over 90% of children and young people who need this level of care in Wales.

I recognise that improving specialist services is only one element of the much broader approach that is required to tackle the wider social and environmental factors that may increase the risk of eating disorders. That is why we are taking a multi-faceted approach with partners to do this.

This includes additional investment in tier 0/1 support to provide easy access to mental health support, without the need for referral from a health professional. This support includes an investment of £100,000 for BEAT to expand the support available in Wales. The online support and remote peer support provided by BEAT has been invaluable to many people in need of this support, and the funding will help them to continue to meet the high levels of demand currently being experienced. Whilst awaiting NHS treatment, clinicians can also refer their patients for more focussed support through BEAT and individuals may also self-refer. Within the Service Improvement Funding, we have made available almost £5 million for Primary care liaison and additional support for tier 0/1 services. This investment aims to support earlier intervention for mental health issues and to prevent escalation to specialist

services. It will support services delivered by the health board and those provided by the third sector.

On 15 March 2021 we published our framework on embedding a whole school approach to emotional and mental wellbeing. The statutory guidance for maintained schools and local authorities supports the development of consistent and equitable approaches to the wellbeing of learners and the wider school community. We made available £9 million during 2021-22 to support the implementation of the framework. Our budget for 2022-23 to 2024-25 demonstrates our commitment with increases year on year. This equates to total funding of over £43 million over the three years, £12.2 million during 2022-23; £14.4 million 2023-24; and £16.6 million 2024-25. Funding for 2022-23 includes £4.15 million for local authorities to:

- extend and improve school counselling provision in the wake of the Covid19 pandemic (£2.3 million);
- deliver universal and targeted interventions for learners in schools (£800,000);
- support the training of teachers and other school staff on their own and children's wellbeing (£650,000); and
- £400,000 to support the wellbeing needs of vulnerable children and young people in Pupil Referral Units.

We are also providing over £5.3 million during 2022-23 to local health boards to support the establishment of national CAMHS school in-reach services. These see dedicated mental health practitioners provide consultation, liaison, advice and training in schools. As part of Our Healthy Weight Strategy, we are also working with schools on healthy eating, including workshops on body image.

Progress to implement the new, strengthened arrangements with the NHS Collaborative to further drive improvements in eating disorder services is taking longer than anticipated due to a number of staff moves. This work is now on track however and the NHS Collaborative is working with clinicians from health boards to establish a new clinical group to work alongside the eating disorder sub-group. Once established, a priority for this group will be to support health boards to provide more robust and timely data on waiting times and to review progress against the NICE standards. The new arrangements for the Clinical Lead role have also been agreed and will be progressed this month.

I will receive regular updates and will challenge progress in this area via the Ministerial Together for Mental Health Delivery and Oversight Board, which I chair. I hope this reassures the Committee that despite the challenges faced, progress is being made and additional recurrent investment, together with the health boards innovations in services and work being done with schools, will support sustainable improvements.

The focus on specialist services is only one element of our broader approach and it is important to recognise that we all have role to play in the wider environmental and social issues that can increase the risk of eating disorders.

Yours sincerely



Lynne Neagle AS/MS

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Deputy Minister for Mental Health and Wellbeing

Annex A – Progress across Health Boards

Aneurin Bevan University Health Board

- Additional funding has supported resources for the implementation of the SPEED team (early intervention team designed specifically for children and young people).
- Through re-organisation within the CAMHS workforce and an increase in referrals inclusive of low/medium/high risk presentations they have had the opportunity to address their referral pathway and patient clinical pathway.
- The funding has supported the recruitment of specialist therapists to support the eating disorders team to provide specific therapies and treatments as recommended by the NICE guidelines.
- Within adult, referrals for patients presenting with an eating disorder are now forwarded to the specialist eating disorder service who will carry out the initial assessment.
- An eating disorders duty desk has also been introduced providing screening and telephone assessments on the day a referral is received as well as daily urgent assessment slots. This has enabled them to meet the target of urgent assessment within 48 hours.

Betsi Cadwaladr University Health Board

- Additional funding has been utilised on existing staff training for the Maudsley model, CBT-T training for normal weight in eating disorders and an avoidant restrictive food intake disorder conference.
- Additional support has been provided to the local Paediatric wards to support young people with eating disorders who have had long stays.
- CAMHS services have invested significant management and project management time into eating disorder service improvements, with the inclusion of the eating disorder pathway as a distinct work stream within the CAMHS Targeted Improvement (TI) programme.
- Eating disorder services have been expanded across North Wales with the enhancement of existing service provision, allowing significant gaps in service provision (specifically Tier 2 and inpatient treatment) to be addressed.
- As a result of transformation and SIF funding, progress has been made in recruitment, allowing some referrals for Tier 2 being accepted.

Cardiff and Vale University Health Board

- Funding has been used to recruit into a number of positions in both children and adult eating disorder services including psychological therapists, and a dietician.
- A range of training and short-term contracts have been used to increase provisions.
- Capacity of the Specialist CAMHS eating disorder service has been increased by 3 whole-time equivalent staff.
- Staffing and skill mix has increased in line with the 2018 review and it has supported a further increase in the capacity for assessment and intervention for under 18's.
- The health board has piloted the Beat Synergy programme, an early intervention model for those not yet meeting diagnostic criteria.

Cwm Taf Morgannwg University Health Board

- Funding has been used for the development of a specialist eating disorder pathway within CAMHS.
- A dedicated multidisciplinary team has been created to deliver interventions in the community based on the Maudsley model.
- Enhanced services have also aimed to develop stronger links with other services including Primary Care, AMHS, paediatrics and external agencies, and development of key pathways.
- The health board has continued with a service level agreement with Swansea Bay University Health Board for provision of a Tier 3 Service (Bridgend residents/adults) and on a Clinical Lead and Dietitian.

Hywel Dda University Health Board

- The health board is developing an S-CAMHS specialist eating disorder team to compliment the multidisciplinary teams which were already providing assessment and clinical interventions.
- The latest SCAMHS ED service proposals intend to strengthen the multidisciplinary team of medical and non-medical staff in the assessment, risk management and treatment.
- In adult services proposals have been put forward to build on the expertise of the team to support primary care, non-eating disorder specialist services, education, social care, public health and other agencies to work in partnership.

Powys Teaching Health Board

- Powys have further developed their services to provide early identification, specialist assessment and treatment as per NICE 2017 guidance in Primary or Secondary Care.
- The health board are providing additional access to appropriate and timely evidence-based treatment interventions through provision of additional dietetics practitioner time and specialist eating disorder occupational therapy capacity.
- Focus has been on helping to ensure seamless transitions for young people requiring adult services, improve access to clinical expertise at the point of entry and more locally to the patient's home, and provide good quality information to patients and carers.
- New Band 6 practitioner roles work to strengthen and support existing specialist CAMHS provision by providing extra therapeutic support to children, young people and their families and carers.
- Physical health clinics have been established to support specialist CAMHS provision.

Swansea Bay University Health Board

- Two Band 6 posts have been recruited to work across Tier 1 & 2 and to offer direct input and support to young people aged 16 years and above, explicitly focusing on the cohort of patients managed by primary care who are below the threshold for secondary care.
- Further funding has been used to create a more complete MDT which would improve clinical and patient outcomes.
- Key posts recruited into have included a dietician, therapist and a data analyst.
- Plans are in place to recruit into all outstanding posts and place them within the Local Primary Mental Health Support Service to provide early assessment and intervention.