

## Funding pro-forma for Mental Health Funds

<b>Name of health board</b>	Swansea Bay UHB
<b>Allocation amount for full year (please see covering letter).</b>	
<b>Funding Pot (i.e. crisis / SIF / specialist CAMHS)</b>	SIF
<b>Project Title</b>	Development of ED services at Tiers 1 & 3/4
<p>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.</p> <p>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. <b>(Max. 400 words).</b></p> <p>In November 2019, in response to the Health Ministers request for feedback on the Eating Disorders Review 2018, Swansea Bay undertook a consultation with clinicians across the Health Board. This consultation highlighted areas for service development which would meet the Minister’s request to:</p> <ul style="list-style-type: none"> <li>• Reconfigure services towards earlier intervention.</li> <li>• Work towards achieving the NICE 2017 standards on Eating Disorders within two years.</li> <li>• Develop plans to achieve a four-week waiting times across services as recommended in the report.</li> </ul> <p>People with an eating disorder are currently seen as part of a tiered model of care and can present to primary care or community mental health teams (CMHTs).</p> <p>People with less complex needs or difficulties currently wait for an intervention at Tier 1 or 2. These waits, although within access targets for mental health, can be significant and certainly well beyond the recommended 4 weeks from receipt of referral to treatment.</p> <p>The current proposal is to increase the resource at Tier 1 and 2 to support plans to meet the recommended 4 weeks waiting times. This will</p> <ul style="list-style-type: none"> <li>• Increase capacity enabling more patients to be seen, reduce waiting times and support early detection of ED cases</li> <li>• Reduce mortality and morbidity as patients will have access to treatment at an earlier stage in their illness</li> </ul>	

- Improve efficiency and productivity. Whilst awaiting treatment patients' mental and physical health often deteriorates necessitating longer more complex treatment interventions (e.g. CBTe 40 weeks versus 20 weeks, acute admission to manage escalating risks associated with severe malnutrition, Tier 4 psychiatric admission).

Alongside developments at Tiers 1 and 2, in recognition of increased demand for specialist ED inpatient beds/Tier 4 placements, the service will recruit 2 HCSWs. These HCSWs will provide MH support to patients admitted to local medical and psychiatric beds, providing intensive support with managing mealtimes and eating disorder related behaviours both during the admission. They will also work intensively with patients for a time limited period post discharge supporting hospital discharges and ensuring that onward transfer to a Tier 4 placement is avoided where possible.

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

Following funding approval key milestones would include:

- Advertisement and recruitment of new staff –

**0.4 WTE Band 7 therapist** (Tier 2)

**2 WTE Band 6 Specialist Practitioners** (Tier 1)

**2 WTE Band 4 HCSW's** (Tier 3)

- Training of new clinicians in NICE concordant treatments (e.g. CBTe)
- Establishment of robust supervision/support arrangements

The development of the service would be evaluated and audited against the NICE Quality Standards 2018 and the Eating Disorders Review 2018. Data will be collected on an ongoing basis capturing waiting times as well as markers of change such as:

- Self-Reported Outcome measures completed by service users, including measures specific to ED: - EDE-Q, CIA and CORE 34.
- Clearly outlined Care and Treatment Plans that underpinned by a recovery focus.
- Evidence of recovery oriented service provision and that service users are active partners in their own care
- Reduction in morbidity and mortality.
- Earlier intervention to ameliorate physical and psychological consequences of ED.

- Audit of service user and carer feedback.

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)**

Throughout the pandemic, the ED service has been an essential service and good IT resources have proven vital in this context for managing appointments (virtual appointments, telephone contact, liaison with other professionals), maintaining communication with professional colleagues and for timely recording of/access to of data/clinical information.

Resource requirements for the proposal include:

4 mobile telephones = £ 3.00 per month recurring

2 laptops and Monitors = (2 x £850.00)

2 I pads = (2 x £600.23)

2 portable Weighing scales with carry bags (2 x £274.00)

1 portable Height measuring scale (£39.75)

Total cost - **£3478.21** plus £12.00 per month recurring

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)**

The proposal will enable:

- Improved access to eating disorder expertise (assessment and clinical advice) at the point of entry into MH services
- Swansea Bay to move towards offering assessment and treatment for all people with an eating disorder within four weeks of receipt of referral, or one week if urgent.
- Eating disorder patients to be offered NICE concordant psychological treatment at an earlier phase within their illness
- Seamless transition between services and ensure that a robust risk assessment (including attention to both physical and psychological risks) and management plan is in place for all eating disorder patients.

<ul style="list-style-type: none"> <li>Enable eating disorder patients to access greater appropriate support whilst an in-patient within the locality, facilitating an expedited return home as opposed to a progression to tier 4 services.</li> </ul>	
Please provide a broad breakdown of costs for this proposal. <i>Please provide the detail for both 2021/22 and 2022/23 (where appropriate).</i>	
2021/22	2022/23
<p>From August 2021 to March 2022 (8 months due to recruitment)</p> <p>Band 6 x 2 WTE = £63,800</p> <p>Band 7 x 0.4 WTE = £15,227</p> <p>Band 4 x 2 WTE =£40,095</p> <p>Travel = £3,000</p> <p>Equipment = <b>£3478.21</b></p>	<p>Band 6 x 2 WTE = £95,700</p> <p>Band 7 x 0.4 WTE =£22,840</p> <p>Band 4 x 2 WTE =£60,142</p> <p>Travel = £3,000</p>
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. <b>(Max. 300 words)</b>	

**An electronic version of this form should be submitted to [mentalhealthandvulnerablegroups@gov.wales](mailto:mentalhealthandvulnerablegroups@gov.wales) for consideration once completed.**