# WRITTEN STATEMENT

# BY

# THE WELSH GOVERNMENT

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| **TITLE** | **Improving Welsh Eating Disorder Services** |
| **DATE** | **19 January 2024** |
| **BY** | **Lynne Neagle MS, Deputy Minister for Mental Health and Well-being** |

I updated the Senedd about progress to improve eating disorder services and support just over a year ago. Since then, health boards have continued to provide high-quality care in the face of increasing needs and complexity, and against a challenging financial backdrop. I would like to place on record my thanks to all our NHS staff who provide compassionate care and support to some of our most vulnerable people.

We have provided dedicated resources in the new NHS Executive to improve mental health services through a new strategic programme and a mental health patient safety programme. This includes the appointment of a new national clinical lead for eating disorders, who is working with all health boards to drive change, with a focus on early intervention. This is a vital role, with a remit to ensure high-quality services and reduce variation across Wales.

The eating disorder clinical implementation network has also been established to ensure there is a critical interface between Welsh Government policy and service delivery, providing direction and support to NHS Wales organisations with the aim of improving quality, safety, and outcomes for eating disorder services.

While further modelling and feasibility work to review and improve inpatient support is continuing, I’m pleased that, as part of an interim solution, the Welsh Health Specialised Services Committee has secured access to dedicated adult eating disorder beds in Wales. This additional capacity can support eight people, with the potential to commission support for up to 15 people if needed. It has been developed to provide care and treatment for women with anorexia nervosa, bulimia nervosa and atypical eating disorders. Our aim is to deliver on our commitment to provide care closer to home for those people who would previously have received care in specialist units in England. The vast majority of people who need specialist inpatient care now receive it in Wales.

While improving access to inpatient support is important, we want to prevent people from escalating to that level by focusing on earlier intervention and investing in community services. I have seen first-hand how the funding we have provided is improving and expanding such care. A wider range of professionals is supporting a multi-disciplinary approach and teams have been expanded to provide better access to care, for young people and adults.

In September, I visited Cardiff and Vale University Health Board’s eating disorder services. Its specialist CAMHS eating disorder service has been increased by three whole-time equivalent staff and the skill mix has also been increased. Welsh Government funding they have received has supported a further increase in the capacity for assessment and intervention for under 18’s. Their CAMHS also team has successfully reduced assessment and treatment waiting times to within four weeks of referral.

Aneurin Bevan University Health Board screens all referrals with telephone assessments being carried out on the day. A peer mentor works in the service and it also provides assessment and treatment within four weeks of referral. The services are going further, accepting avoidant restrictive food intake disorder (ARFID) referrals and to provide an intervention, and we are seeing this across other teams in other health boards across Wales.

The focus on early intervention by Betsi Cadwaladr University Health Board’s specialist eating disorder (SPEED) team has reduced the number of people with anorexia who are admitted to hospital and reduced the use of feeding tubes in both the community and on inpatient wards. Their SPEED hub team are the first to embed paediatrics in the initial assessment of the patients journey and have an advanced nurse practitioner as part of the team paediatric service. It has also recruited a specialist cardiologist – thought to be the first in the UK – providing dedicated paediatric cardiology to the SPEED hub team.

We are also investing in easy-to-access support, which doesn’t need a referral from a health professional. This includes support for people while they are waiting for more specialist care. We have continued to fund BEAT’s Wales specific helpline and peer support services. By April 2024, it hopes to have provided 3,500 support sessions through the helpline.

Improving eating disorders services is a priority for me and I expect to see our services continue to develop and expand. Early intervention is important and over the next year a number of health boards will be working with the national clinical lead to explore implementing First Episode and Rapid Early Intervention in Eating Disorders (FREED). This is an early intervention service model and care package targeted specifically for young people aged 16 to 25 years tailored to developmental and illness stage and designed to reduce the duration of untreated eating disorders and improve clinical outcomes.

My expectation is that our services will continue to develop with better outcomes and experiences for people. However, eating disorders are complex, with no single, common cause. It is therefore vital that we continue to take a multi-faceted approach, including support around body image, the impact of social media and healthy eating.

I will be setting out the longer-term actions to improve mental health support, including eating disorders, when we publish our new draft mental health strategy.