

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-408
Ein cyf/Our ref MD/00683/13

William Powell AM
Chair
Petitions Committee
Ty Hywel
Cardiff Bay
Cardiff
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9 May 2013

committeebusiness@Wales.gsi.gov.uk

Dear William

Thank you for your letter of 24 April on behalf of the Petitions Committee regarding a petition which calls for the Welsh Government to fund the Child and Adolescent Eating Disorder Service in Wales to the same degree as the Adult Eating Disorder Service in Wales.

The pattern of eating disorders is a complex one and the characteristics differ considerably between children, younger people and adults. The effects of eating disorders can be devastating and studies demonstrate the majority of cases begin to develop during adolescence.

Eating Disorder services are one of the mental health intelligent targets for the 1000+ Lives programme. The Eating Disorder Target has been designed to drive improvement to the 5 standards within The Eating Disorder Framework for Wales (2009). The drivers are:

- Secondary care mental health services to improve specialist advice and support to primary care, including pre-referral advice & shared care arrangements
- Improved assessment care-coordination & interventions across Secondary mental health services for CAMHS and CMHTS
- Improved provision of Specialist (Tertiary) ED Services (SEDS) to local communities
- Improved acute medical inpatient care for patients with anorexia nervosa

The target includes CAMHS and Adult mental health services. As CAMHS have always regarded Eating Disorders as a core part of service, each local service is required to have an eating disorder lead for child & adolescent mental health services to deliver the Framework. Services should also have clear guidelines and shared pathways with local medical services for emergency re-feeding.

We will shortly publish Service Planning Advice for CAMHS Services developed by our National Expert Reference Group, which comprises practitioners working in the field. The Advice, which includes Eating Disorders, builds on existing activity. It is not meant to be prescriptive and focuses on service functions, as opposed to specifying a service model. It aims to optimise the balance of primary, secondary and tertiary level services, proportionate to need, and deliver services as locally as possible in a sustainable way which are child and family focused.

The Eating Disorders Framework was published in June 2009 and outlined a new specialist community eating disorder service at the Adult Tier 3 level. Since 2010, £1million has been provided by the Welsh Government on an annual basis to first establish and now sustain a north Wales and south Wales service to support both secondary and primary care in managing their patients, and provide direct input on complex cases (under certain circumstances) to improve diagnosis, care and support for people with eating disorders.

While this funding is aimed at providing provision for adults over 18, the all-Wales service has developed close links with CAMHS teams across Wales including Tier 4 CAMHS. The aim is to create pathways for young people suffering with eating disorders, increase the sharing of knowledge amongst CAMHS staff, and facilitate the effective transition between CAMHS and adult services.

I hope this is helpful.

Best wishes

Mark

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