Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

ABMU Health Board
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Our Ref: TCM/DR/cw

Date: 18th October 2018

David J Rowlands, AM
Chair
Petitions Committee
National Assembly for Wales

seneddpetitions@assembly.wales

Dear Mr Rowlands

In response to your request of 30th July for information relating to the provision of services and implementation of NICE 2009 Guidance (CG 78) within ABMUHB to individuals presenting with a diagnosis of 'Borderline Personality Disorder'. Please accept my apologies for the delay.

In 2015 a proposal was put and accepted for the phased development of a complex needs community service where people with this diagnosis could receive help, support and appropriate treatment within the Western Bay Region, (see attached). The proposal and development of this specialist service would help to go some way to meeting the recommendations in the NICE CG78 guidance – in particular-point 1.5.1.

The service, entitled 'Dechrau Newydd' has been in place within the Mental Health and Learning Disability Delivery Unit of ABMUHB since 2016. 'Dechrau Newydd' aims to provide specialist assessment and intervention for this adult client group and also offer support, consultation, supervision and advice to Mental Health and Learning Disability (MHLD) staff working with these individuals throughout the system- again as per NICE CG78 guidance.

The service is multi-disciplinary in nature- at present it consists of four established posts including, a Team Manager/Therapist; a Clinical Lead/Clinical Psychologist and two therapist posts (one Occupational Therapist and Nurse Therapist). Three Consultant Psychiatrist sessions are also available to the team on a consultative basis where appropriate as per recommended in point 1.3.5.1 of the NICE guidance. The four core team

members all have specialist Dialectical Behaviour Therapy (DBT) training (recommended in point 1.3.4.5. of CG 78) and two team members are in the process of completing Cognitive Analytic Therapy Training. The DBT intervention offered to clients comprises of a year long group therapy skills based course alongside individual therapy where appropriate in accordance with NICE CG 78 that recommends treatment no shorter than that of a three month duration. Telephone coaching is also made available to DBT attendees in between sessions to enable clients to implement the skills learnt at times of crisis.

Referrals are received by Dechrau Newydd from across the ABMUHB footprint via a Single Point of Access Meeting- initial data indicates an average of 6 clients are referred to the service per month- in the main from primary and secondary community MH care, inpatient services and a small number from Learning Disability and PRAMS.

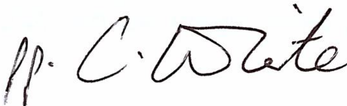
Care and Treatment Planning for these individuals is maintained within core secondary mental health services under the Wales Mental Health Measure, (2010) - in accordance with the recommendations in NICE CG78 point 1.3.4.6.

Future plans for the service include developing and tailoring sessions to the needs of carers, family members and friends of individuals presenting with these needs and the possibility of disseminating emotional regulation and trauma based interventions to LPMHSS. One of the main aims of Dechrau Newydd is also to reduce the need for out of county commissioned placements for this client group and allow repatriation where appropriate.

In addition to the aforementioned service developments; the MHLD Delivery Unit has also developed and been in the process of providing level one 'Personality Disorder' training sessions to staff who require a foundation of knowledge of this client group, future plans involve developing an intermediate training course for dissemination to staff working throughout the MHLD system.

The MHLD DU is also in the process of providing staff with accredited WARRN Risk Assessment, Formulation and Management training that will also help to meet the needs of this client group as per recommended in points 1.3.3.1 and 1.3.3.2. of NICE CG78.

Yours sincerely



TRACY MYHILL
CHIEF EXECUTIVE

c.c. Nesta Lloyd-Jones, Policy and Public Affairs Officer, NHS Confederation

A PROPOSAL FOR THE PHASED DEVELOPMENT OF A COMPLEX NEEDS SERVICE FOR WOMEN

'Dechrau Newydd' – A fresh start

AUGUST 2015

DIALECTICAL BEHAVIOUR THERAPY (DBT)

DBT is a NICE recommended treatment for the treatment of suicidal women with a diagnosis of borderline personality disorder (DBT). Not only has DBT proven effective for BPD but it has also been adapted to work with a range of other mental health diagnoses including bulimia, bipolar disorder, and anxiety and depression, amongst other presentations.

DBT is a team approach whereby patients receiving DBT are allocated an individual therapist whom they see weekly for a 1:1 session, and they also attend a weekly skills group which lasts for 2.5 hours. Telephone coaching is also available to patients in between sessions as agreed with the therapist, or skills coach. DBT team members then attend a two-hour "consult" weekly where they supervise each other and ensure they stay true to model by keeping on top of the principles and skills inherent to DBT.

BACKGROUND TO THE SERVICE

Within Abertawe Bro Morgannwg University Health Board (ABMU HB) a need was identified for a personality disorder service some years ago, with a proposed model offered in 2009 at a day's conference held on the Cefn Coed Hospital site, led by Amanda Hall, Consultant Psychologist. This model was a multi-modality approach that would offer treatment and support for people with personality disorder, and for those working with people with personality disorder, across tiers within our service. One arm of this model was a DBT team, which at the time was created to prevent external commissioning of a patient who had a long history of involvement with services in the Swansea area. In October 2009 seven members of staff from across the ABMU HB site travelled to Chester to undertake week one of the DBT Intensive Training, with the second week of training completed in June 2010. However, the team was soon reduced to four members due to the loss of team members retiring on ill-health, leaving the Health Board, and being unable to afford the time to practice clinically due to the role that member of staff was in.

By late 2011 two further members were intensively trained with monies acquired from the eating disorders budget.

Unfortunately, this team disbanded in July 2012 due to insufficient staffing numbers to take on a new cohort of clients.

A VISION FOR 'DECHRAU NEWYDD – A FRESH START

Within the community services within ABMU HB there is not currently a specialist provision where people with complex needs, including borderline personality disorder, can receive help, support and appropriate treatment. This is at odds with our colleagues within the Learning Disabilities directorate within the health board, where a team of five senior clinicians are in the process of

establishing a DBT team having completed the second week of their intensive training in July 2015.

Looking to our neighbouring health boards, Cardiff and the Vale UHB have a specialist personality disorder service, Cynnwys, which was established in March 2012. This service comprises a Consultant Clinical Psychologist, a Highly Specialist Clinical Psychologist, five specialist personality disorder clinicians, and an administrator. This dedicated service offers DBT and CAT as therapeutic approaches for working with clients, as well as offering consultation to staff working in the community.

In Aneurin Bevan Health Board, a specialist personality service, Gwylfa Therapy Service, was established in February 2005. The service is staffed by a Consultant Clinical Psychologist (1 WTE), a Principal Clinical Psychologist (1 WTE), a Consultant Nurse (1 WTE), and a Consultant Psychotherapist/Psychiatrist (0.4 WTE) has recently retired. There is also an administrator. Gwylfa offers a range of therapies including DBT and CBT, in addition to offering consultation and support to CMHTs, and assessments for complex cases to access appropriate treatment.

Hywel Dda Health Board, our neighbours to the west, have a long established DBT team as part of a therapeutic service that offers additional therapies to people with personality disorders, such as CAT and schema therapy.

Phased Development – Five Year Plan

In order to reduce out of county specialist placements, and create a service capable of managing complex cases within mental health within our own health board a phased development of a substantive team able to provide specialist treatment and consultation is needed. For this to occur permanent posts need to be created to ensure the sustainability of the service, with a plan across five years to expand the coverage of the service as well as the specialist treatment options available.

Prior evidence of trying to establish a stand-alone DBT team within the community with seconded hours highlights that for a substantive team to be created posts need to be permanent with enough time to dedicate to delivering therapy whilst also developing as a team. Whilst Swales (2010) states that a minimum number of clinicians for a DBT team is four, with each having at least 1.5 days per week, she also states that a smaller team with more dedicated hours may be more efficient in the long-term delivering services than a larger team with less allocated hours per team member. Additionally, Swales (2010) asserts that "without dedicated time allocated to the DBT programme, learning and delivering the treatment becomes impossible" (p. 72).

Another important consideration is that whilst DBT is effective for people with complex needs, it is not the only therapy that has proven effective for this client group, with the NICE guidelines also citing, cognitive analytic therapy (CAT), schema focused cognitive therapy, interpersonal therapy, psychodynamic/psychoanalytic psychotherapy, amongst others. Having more than one psychotherapy offered as part of a team specialising in working with people with complex needs would ensure a person-centred approach, with recognition that DBT does not suit all clients that would be referred to Dechrau Newydd.

<u>Phase One – 18 months</u>

In order to get the service established Phase One will involve establishing a team trained in delivering DBT to a cohort of women with complex needs. There is currently a lack of provision for clients presenting with complex needs within ABMU HB, however, the evidence base for DBT was established with women with a diagnosis of borderline personality disorder. Therefore, in Phase One the focus will be on delivering one treatment (DBT), with women, within one area, Swansea.

The length of time for Phase One is based on initially getting a team established, and then delivering DBT to one cohort of clients, which takes a year

During Phase One, additional therapy training will take place for three team members, ready to be implemented in Phase Two. This training will be in cognitive analytic therapy (CAT), which has good evidence as being a useful therapy for complex presentations.

Phase One will also be used to assess the staffing numbers to help determine the extra staffing provision needed to expand the service across the Health Board area.

If clients receiving therapy from the service are admitted to hospital then their treatment will continue, although it will be encouraged as far as possible for those clients to continue to attend their therapy within the community which is line with the philosophy of DBT.

If staff from Dechrau Newydd in-reach into any hospital settings to see a client then it will be arranged with the client and the ward staff for a suitable therapeutic space to be used that is confidential.

Phase Two – 1-2 years
Phase Two will see the addition of CAT to the service as a therapy option offered following the completion of team members in the CAT practitioner level training. CAT will be available to female clients from across the health board who meet the service criteria.

DBT will take on a second cohort of female clients within Swansea, and look to take on a first cohort of female clients in the East part of the Health Board, such as Bridgend.

Phase Three – 18 months
As the service becomes established so it can expand further, looking to broaden its remit to become a gender neutral service, expanding into the Neath Port Talbot area, making the service Health Board wide and also increasing the number of therapies offered. The additional therapies offered will be based on evaluations of the service to date and might include a specific trauma therapy, such as eye movement desensitization and reprocessing (EMDR), or schema focused therapy.

Service Development – Where does Dechrau Newydd sit?
As this is a new service to be established, with evaluation coming from Professor Jason Davies, Consultant Clinical and Forensic Psychologist, then it makes sense that Dechrau Newydd fall under the management structure of the Rehab and Recovery Service. Dechrau Newydd will be designed to assist in the recovery of women (and in time, be gender neutral) with complex needs, and to rehabilitate those to engage within the community and try and lead a life worth living. This makes the service open to referrals from acute and community settings within the Mental Health directorate, but falls under Rehab and Recovery in the first instance to help with its development and growth. In time, it could sit under the Adult Mental Health Service Group, but with the support structures in place within Rehab and Recovery this seems the best fit initially.

Governance
In order to ensure effectiveness of the service Dr Nigel Evans, Consultant Psychiatrist, will offer three sessions to oversee the assessment of potential individuals to repatriate from out of county placements.

By sitting in the Rehab and Recovery directorate, governance of the development of Dechrau Newydd would be built into the service plan. Additionally, an option for greater governance is to

create a larger consult team that meet on a bi-monthly basis where additional DBT trained/interested individuals from within the health board join the existing consult to offer a fresh perspective on complex cases and help maintain objectivity within the service.

Accommodation
Another important consideration is where a team would be based. When considering that a single DBT cohort would typically be between 8-12 patients then there would need be therapy rooms to enable team members to see patients simultaneously, whilst also having provision for office space with computer access for 6 staff members, a group room to conduct the weekly skills group in, and a meeting room for the weekly consult meeting. This would have to be a community based site given that the service would be a community based provision.

Additionally, having an administrative member of staff on at least a part-time basis would ensure that all the paperwork involved with new referrals, appointment letters, and resource development could be taken care of by the admin rather than time being taken out of a team members' clinical time. It would also ensure that phone messages could be taken by the admin member of staff freeing up the team members to focus on their clinical responsibilities.

Team requirements
Having liaised with the remaining members of staff of the previous DBT team there are three members who are interested in becoming part of Dechrau Newydd. One of these is the Clinical Psychologist who has taken the lead in driving this proposal forwards and has experience of CAT, another is a band 6 therapist who would bring schema therapy experience with her, and the third is another band 6 therapist.

As only three members of the original team are able to offer input into a re-established DBT team then new staff would need to be recruited. With the original DBT team having not practiced as a team since 2012 the make-up of the team needs to be considered in terms of whether new members are already DBT trained, or whether full-intensive training is required to get new members of staff up to speed who have no previous experience of the model. With that in mind, then opening team recruitment up to external staff with a job requirement of DBT training would ensure that training needs are lessened and trueness to model is ensured due to recruiting experienced members of fully-trained DBT staff. Recruitment of staff who are intensively trained in DBT will lead to Dechrau Newydd being fully functioning in a shorter time-span than if new team members had to go away and be intensively trained. This would mean Phase one is delivering a service as early as possible.

Team ambition
Ultimately, the aim of Dechrau Newydd would be to provide a specialist service to women (in the first instance) with complex needs, and consult to the staff team around those clients. By having a specialist team that care managers and psychiatrists can refer to it should lead to a reduction in complex cases requiring out of country specialist placements, or a reduction in cases being escalated into secure services because of increasingly difficult or risky behaviours.

EVIDENCE OF FINANCIAL COST SAVINGS
There is a substantial evidence base for the cost-effectiveness of DBT for people with borderline personality disorder. Pasieczny and Connor (2011) found within an Australian sample that an average of $5927 Australian dollars was saved per patient when they received DBT compared with receiving treatment as usual (TAU). When they looked at 40 patients who had received DBT over three years the public mental health service saved approximately $237,080 Australian dollars. Wagner et al. (2014) studied the societal cost-of-illness in a German sample of patients with BPD. During the year before the patients entered the DBT programme the mean annual cost

of psychiatric/general hospital contact was €14,167, whereas during the DBT treatment year it reduced to €1953 per annum, and during the follow-up year it reduced further to €1719. For contact with the accident and emergency service, the mean cost pre-treatment per annum was €72, during the DBT treatment year it reduced to €40, and in the follow-up year it rose slightly to €47 costs per annum. Mean costs for psychotropic drugs reduced from €657 pre-treatment, to €485 during the treatment year, and €330 during the follow-up year.

Within South Wales, the Cynnwys Service in Cardiff and the Vale UHB estimated a one year cost saving total of £547,000 for their University Health Board, when offset against staff costs. This figure was reached from keeping five clients within the locality and treating them within the Cynnwys Service rather than going ahead with out of county placements as had been planned, along with repatriating two clients back into the community in the local area and supporting them via input from the Cynnwys Service.

It is hoped that similar figures can be saved here within ABMU HB by investing in this service and reducing the need for expensive continuing health care placements, whilst also providing a service that people can be repatriated into from specialist placements, if appropriate.

TEAM PROPOSAL

Based on previous experience and also researching into staffing of other DBT teams within the UK then proposed clinical roles are:

Position	**WTE**	**Unit Cost (£)**	**Total Cost (£)**
Clinical Psychologist Band 8b – Clinical Team Leader	1.00	70,214	70,214
Band 7 Team Manager	1.00	50,179	50,179
4 x Band 6 Specialists	2.20	42,605	93,731
Band 2 admin	0.40	21,114	8,446
TOTAL	**4.60**		**222,570**

It is possible that the hours be spread across job share posts, or that split posts are created to ensure that interested parties are recruited.

CRITERIA AND REMIT OF THE TEAM

DBT Team

The team would be established in Swansea during the first phase with a capacity to have up to 12 clients per cohort for DBT. Each cohort would last for one year, with each client receiving individual therapy for that duration along with attendance at the skills group. Referrals received would be discussed within the team before a decision was made as to whether they were appropriate for DBT, or perhaps one of the other therapies, CAT or schema focused therapy. An alternative to therapy might be offered, such as consultancy to the team/care manager regarding the referred client.

Inclusion criteria for Dechrau Newydd in Phase One:

1. Resident in Swansea
2. Female client presenting with repeated serious self-harm and/or suicidal behaviour
3. Aged 18 and upwards at time of referral and client is aware of and consents to referral
4. Client has had multiple contacts with primary and/or secondary care, including emergency/crisis team services and or high use of unscheduled care

5. Diagnosis or clinical presentation highly suggestive of borderline personality disorder. A diagnostic interview will occur during assessment
6. Clients would be expected to be on CPA
7. Willing to engage in psychological therapy delivered in group and individual format.

Exclusion criteria:
1. An underlying cognitive impairment and/or poor literacy skills that would prevent reading handouts and completing homework tasks
2. Alcohol/drug dependency to a level which is highly likely to interfere with therapeutic engagement
3. Diagnosis of schizophrenia, schizoaffective disorder or bipolar disorders
4. Client presents with a BMI <15
5. Diagnosis of anti-social personality disorder or traits of ASPD including a history of harm/aggression to others
6. Risk of suicide is extreme and unlikely to be reduced by outpatient DBT in an acceptable timescale
7. DBT treats individuals as having capacity and responsible for their actions. Individuals who are deemed to lack capacity.

Criteria for CAT in Phase Two:
Much the same as the inclusion criteria listed above but suitable for those clients who have previously successfully engaged with DBT and need further work on repeating patterns of behaviour, especially in relationships, and would benefit from a deeper understanding of the causes and reinforcers of their behaviour, or for those clients who would not suit DBT but have repeating patterns of behaviour that affect their day-to-day lives resulting in borderline personality disorder presentations.

CAT can offered across the health board as a specialist service for complex cases if appropriate. There would be capacity for each member of staff trained in CAT to potentially take on an additional two-three clients; this would result in an additional 6-9 clients being offered specialist therapy at any one time in addition to the DBT cohort of up to 12. CAT offers 16-24 individual sessions to clients on an individual basis, with follow-up sessions. CAT is also helpful for teams to consider complex cases that perhaps are not suitable for therapy. CAT has a solid evidence base for working with BPD.

Consultation/Staff skills training
In order to reach as wide an audience as possible then the team would offer consultancy to staff members surrounding clients that are deemed not suitable for therapy but where the team working with the client might benefit from some collective thinking of the case to look at the complexities involved and how they might approach the case from a different perspective.

Additionally, staff training of the DBT skills would equip staff in the community, and within in-patient wards, to reinforce the work that is being carried out in the DBT team. This work might also help staff feel more skilled in working with clients with personality disorders and as a result lead to improved admission experiences within inpatient settings.

Referral pathway
Referrals would be expected to come from care managers within the community mental health teams (CMHTs) and Psychiatrists as they are the care providers who would know the person being referred the best. Referrals will not be accepted unless the client is already care managed within secondary services.

A regular referral meeting will take place to discuss the new referrals (please see appendix A for a flow chart of the referral pathway). The frequency of this meeting will be decided by the number of referrals received but is likely to be on a fortnight or monthly basis. If the referral does not meet the eligibility criteria then it will be returned to the sender with advice on appropriate options. If the referral meets the eligibility criteria then the team will decide whether the referral is suitable for a consultancy-only approach, or whether the client needs specialist therapy. If the client is deemed as requiring therapy then a screening assessment will take place with the client where it will be decided which therapy option would be most appropriate for the client's needs. Depending on capacity of the team in the different therapy modalities the client will then either be picked up immediately, or will be placed on a waiting list. If the client has to be placed on a waiting list then the care manager will be informed so as to ensure regular monitoring of the client continues.

Training Costs for Year One
Phase One
DBT course as a refresher (for instance, DBT Problem Solving Workshop): £600(+ VAT) x6 = £3,600 (plus accommodation and travel)

CAT practitioner training course South Wales: £4,700 for two year course x 3 = £14,100,
40x supervision groups per year £3,600 (course requirement) (x2 for two year course = £7,200)

TOTAL TRAINING COSTS (not including travel and accommodation):
£24,900

TOTAL SET UP COSTS:
Costs including staffing, equipment, and training needs (but not including accommodation and travel expenses for training) **equals £272,470.**

Evaluation
Detailed evaluation will be conducted in order to provide evidence upon which to develop and refine the service. This will include outcome data relating to participants accessing treatment, the impact of the team on the use of other services (e.g. through consultation, participants accessing treatment), and the financial impact of the service. Treatment needs will be assessed in order to inform the type and levels of service needed over time. The evaluation will be led by Professor Jason Davies, Consultant Clinical and Forensic Psychologist and will require 0.3 WTE band 4 resource.

This proposal was prepared by Dr Hayley Griffiths, Clinical Psychologist/DBT Lead.

REFERENCE:
Pasieczny, N. & Connor, J. (2011). The effectiveness of dialectical behavior therapy in routine public mental health settings: An Australian controlled trial. *Behaviour Research and Therapy*, 49, 4-10.

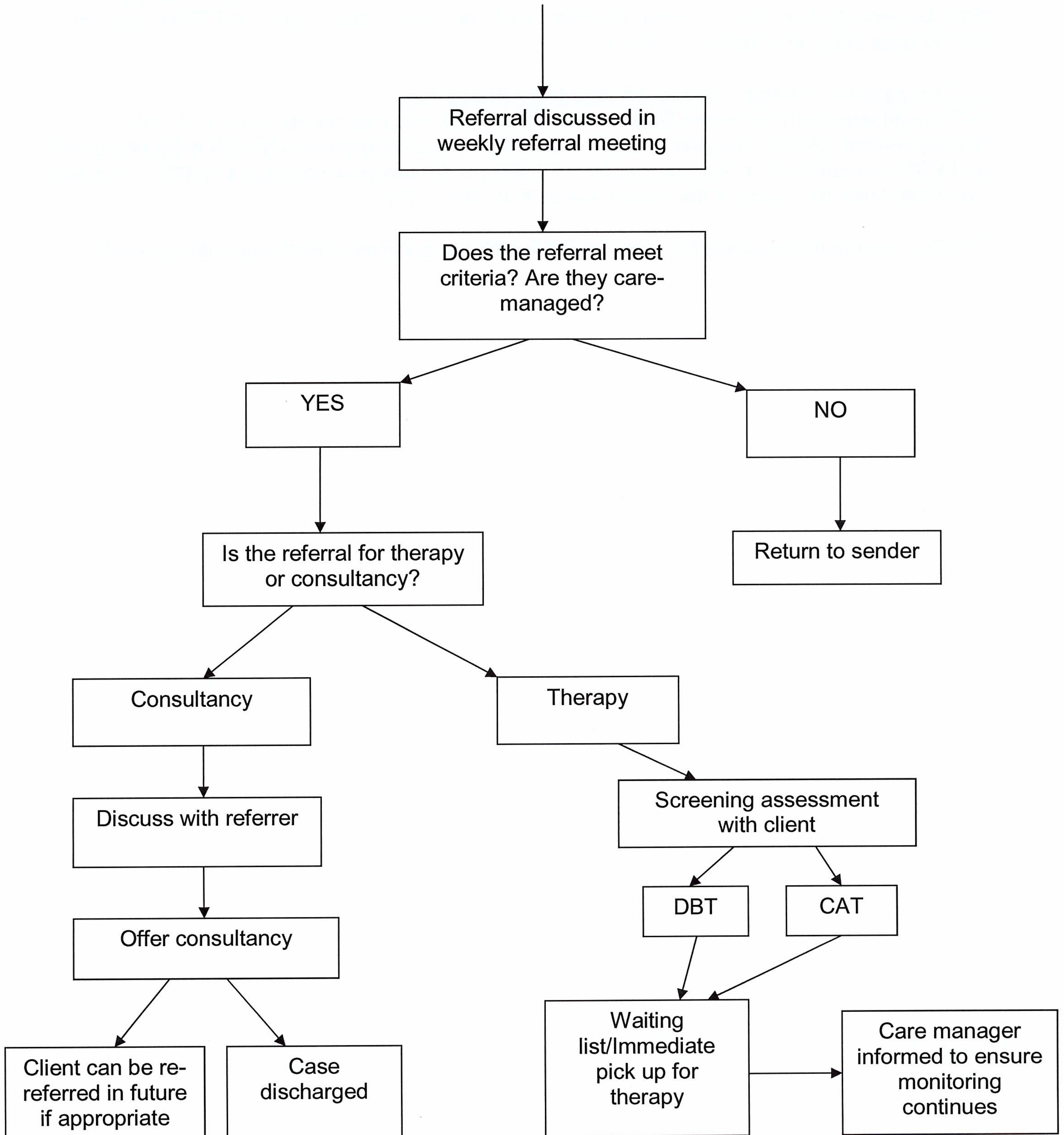
Swales, M. A. (2010). Implementing DBT: selecting, training and supervising a team. *The Cognitive Behaviour Therapist*, 3, 71-79.

Wagner, et al. (2014). Societal cost-of-illness in patients with borderline personality disorder one year before, during and after dialectical behavior therapy in routine outpatient care. *Behaviour Research and Therapy*, 61, 12-22.

APPENDIX A

Referral pathway for accessing the team.

Referral received



APPENDIX B

Training information – dates/costs

DBT Refresher Courses – Phase One

Suitable courses happen across the year but there is a DBT Problem-Solving Workshop, on 18-19th January 2016, in Queen Hotel, Chester which would be appropriate, for £600(+ VAT) x6 = £3,600 (plus accommodation and travel).

CAT Practitioner Training – Phase One ready for Phase Two
CAT practitioner training course South Wales: £4,700 for two year course x 3 = £14,100,
40x supervision groups per year (course requirement, each trainee needing 30 mins each, with cost £60 per hour) = 40 x 90 mins @ £90 = £3,600 (x2 for two year course = £7,200) (this would mean that three members of the team were able to offer CAT)

The CAT course is due to start in January 2016, with the application pack currently available.