

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

23 AUGUST 2016

PROPOSED DEVELOPMENT OF THE HEALTH SERVICE OR VARIATION IN PROVISION OF HEALTH SERVICE – ALL AGE EATING DISORDER SERVICE IN KENT AND MEDWAY

Report from: : Helen Jones, Assistant Director, Partnership Commissioning

Summary

This report advises the Committee of a proposal under consideration by the eight Kent and Medway CCGs to recommission a single all age specialist eating disorder service for the whole of Kent and Medway. The Committee is recommended by officers and NHS Medway CCG to agree that this does not amount to a substantial development of, or variation to, the health service across Kent and Medway.

1. Budget and Policy Framework

- 1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

- 2.1 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to

proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.

- 2.2 The terms “substantial development” and “substantial variation” are not defined in the legislation. Guidance on health scrutiny published by the Department of Health in June 2014 suggests it may be helpful for local authority scrutiny bodies and responsible persons who may be subject to the duty to consult to develop joint protocols or memoranda of understanding about how the parties will reach a view as to whether or not a proposal constitutes a “substantial development” or “substantial variation”.
- 2.3 In the previous protocol on health scrutiny agreed between Medway and NHS bodies a range of factors were listed to assist in assessing whether or not a proposed service reconfiguration is substantial. These are still relevant and are set out below:
- *Changes in accessibility of the service. For example, both reductions and increases on a particular site or changes in opening times for a particular clinic. There should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location.*
 - *Impact of the service on the wider community and other services, including economic impact, transport and regeneration.*
 - *Number of patients/service users affected. Changes may affect the whole population (such as changes to accident and emergency) or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial.*
 - *Methods of service delivery eg moving a particular service into a community setting from an acute hospital setting.*
- 2.4 The current DoH guidance suggests local authorities could find a systematic checklist useful in reaching a view on whether or not a proposed service reconfiguration is substantial and that this approach may also be helpful to NHS Commissioners in terms of explaining to providers what is likely to be regarded as substantial. Medway already has a questionnaire for use by responsible bodies wishing to consult Medway Council’s Overview and Scrutiny Committees on proposed health service reconfigurations (attached as Appendix A). It asks for information relating to the factors listed in paragraph 2.3 above, seeks assurance that the proposed change meets the Government’s four tests for health service reconfigurations (as introduced in the NHS Operating Framework 2010-2011) and also seeks information the Committee may need to demonstrate it has considered in the event of a

decision to exercise the right to report a contested service reconfiguration to the Secretary of State for Health.

- 2.5 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.

3. Proposed service development or variation

- 3.1 The proposal is for the procurement of a single all age specialist eating disorder service for the whole of Kent and Medway utilising recurrent children and young people's transformation funding from NHS England, in addition to the current financial envelope invested in services provided by Sussex Partnership NHS Foundation Trust (children and young people <18 years) and Kent and Medway Partnership Trust (young people and adult services >14 years).
- 3.2 In 2015/16, there were approximately 150 referrals to eating disorder services relating to children and young people under the age of 18 and 363 referrals to 'adult' (>14 years) services across Kent and Medway. For Medway specifically, there were approximately 17 referrals relating to children and young people's services (Sussex Partnership Foundation Trust) and 69 relating to 'adult' (>14 years) services (Kent and Medway NHS and Social Care Partnership Trust). However, generic adult and children/young people's mental health services are also supporting a number of people with an eating disorder, secondary to other mental health conditions. This information cannot currently be easily quantified by either KMPT or SPFT.
- 3.3 The new service will provide lifespan (all age) evidence based upon early intervention and specialist treatment to service users with suspected or diagnosed eating disorders in Kent and Medway. The service will provide a recovery based approach, providing specialist interventions and supporting individuals to achieve and maintain good health and enable them to return to their full potential in their lives and in the community.
- 3.4 See Appendix 2 for more detailed information and business case.

4. Advice and analysis

- 4.1 The Committee is asked to determine, in discussion with the responsible person, whether or not the proposed reconfiguration is substantial and therefore, subject to the formal requirement for consultation with the Joint Kent and Medway Health Overview and Scrutiny Committee (JHOSC).

4.2 If the proposed reconfiguration is considered to be substantial by both the relevant KCC and Medway Overview and Scrutiny Committees , then the Joint HOSC Committee should be advised of the date by which the responsible person intends to make a decision as to whether to proceed with the proposal and the date by which the JHOSC comments must be submitted.

4.3 If it is agreed that the proposed change is not substantial this Committee may make comments and recommendations to the Commissioning body and or Provider organisation, as permitted by the regulations in relation to any matter it has reviewed or scrutinised relating to the planning, provision and operation of the health service in Medway.

5. Risk management

5.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community:

Risk	Description	Action to avoid or mitigate risk
Insufficient resources to properly fund new service	<p>Inability to commission an eating disorder all age specialist early intervention service</p> <p>Failure to meet the access and waiting time standards</p>	<p>Current service providers will be given notice and agreement reached regarding disinvestment from their service to invest in the new service</p> <p>Children and Young People's Transformation funding will boost available finances until 2020</p> <p>CCGs will need to agree to continue this funding post 31 March 2020</p> <p>CCGs to take on commissioning responsibility of tier 4 beds - CCGs realise financial benefits through a reduction in tier 4 beds</p>
The true need of an early intervention eating disorder service is not known (current ED services do not provide early intervention and generic adult and children mental health services)	The number of referrals to the service cannot be accurately predicted	<p>Children and Young People's transformation funding is being utilised to increase early intervention services in the community</p> <p>Referrals will be made initially by GPs only to ensure that the new service receives clinically</p>

<p>provide services to some people with an ED although the activity levels are not known)</p>		<p>appropriate referrals</p> <p>Commissioners will work closely with the new provider to monitor the quantity and appropriateness of referrals and ensure patients are appropriately discharged in a timely manner</p> <p>Training and feedback to be provided to GPs regarding appropriateness of referrals</p>
<p>The service may not successfully reduce inpatient admissions to tier 4 services and general acute hospitals</p>	<ul style="list-style-type: none"> • Hospital admissions will not reduce • Patients will stay in the system • Recovery rates will not improve 	<p>The service specification and model is based on evidence which concludes that this is the most effective treatment for people with eating disorders</p> <p>Commissioners will work closely with the new provider to monitor the impact of the new service</p>
<p>Lack of providers in the market to be able to deliver the all age service, including limited specialist workforce</p>	<p>No/few suitably qualified tenders for new service provision</p>	<ul style="list-style-type: none"> • Market engagement event prior to procurement • Commissioning the service in 2 separate 'lots' opens the market to a wider range of service providers • The new providers will have a 6 month mobilisation period in which to establish a workforce • Commissioning a service that provides a dedicated specialist multi-disciplinary eating disorder service/team makes it not so vulnerable to staff turnover
<p>Increased demand to new service produces cost pressure</p>	<p>Failure to meet the access and waiting time standards</p> <p>Patients do not receive an early intervention as they have to wait for the service</p> <p>New provider requests additional</p>	<p>Commissioners will work closely with the new provider to monitor the delivery of the new service against the access and waiting time standards</p> <p>Commissioners will work</p>

	funding from CCGs to meet increased demand	<p>closely with the new provider to monitor demand of the service, including discharge, and severity of patients</p> <p>CCGs will confirm that there will be no additional funding for the service beyond the agreed contractual value</p>
Effective management of physical and mental health comorbidities	Patients are not supported holistically and their health does not improve	The provider will support the patient holistically and work collaboratively with other providers as required
Tier 4 (eating disorder) funding may be inadequate to meet the need when CCGs take responsibility from NHS England (NHSE)	Tier 4 savings within this business case will not be realised	CCGs and NHSE need to agree the appropriate level of funding for tier 4 eating disorder services

6. Consultation

<i>Stakeholder/group</i>	<i>How involved/when</i>	<i>Outstanding issues or concerns</i>
Patients	Focus groups, surveys and 1:1 meetings, 2014	Strong desire for services to be more easily accessible and provided closer to home
Carers	Focus groups, meeting and survey, 2014	Strong desire for services to be more easily accessible and provided closer to home
GPs	On-line survey and letter from West Kent CCG clinical lead, 2014	Results have a focus on need for early intervention, speedy access, family therapy and more support in primary care
Kent and Medway NHS and Social Care Partnership Trust and Sussex Partnership Foundation Trust clinicians	Feedback provided as part of the Eating Disorder Service redesign stakeholder engagement, 2014	Concerns regarding the current provision of separate children and adult services and the problems that this can cause
Eating disorder redesign project groups (key personnel from South East Commissioning Support Unit) and all CCGs, including clinical leads, finance,	2014-2016 Collaborative approach to redesign current pathway, scope the needs of the population of Kent and Medway, develop a service specification and full business case	Concerns regarding assurance of NHSE Children and Young People's transformation funding being ring-fenced until 31 March 2020

procurement, business support and comms)		Concerns regarding lack of accurate/consistent data to help determine anticipated demand
--	--	--

7. Financial implications

7.1 The projected annual Medway contribution to this new service, based on existing contract values and ring-fenced Eating Disorder transformation funding in CCG baselines is set out in Table 1 below.

Table 1

	WK	Ashford	C&C	SKC	Thanet	DGS	Swale	Medway	Total
KMPT EDS Contract 2016/17	300,658	94,844	219,065	178,941	138,475	183,731	88,399	205,189	1,409,301
CHYPS EDS Transformation Funding (5 year recurrent ending 31 March 2020)	239,000	61,000	108,000	112,000	86,000	135,000	59,000	153,000	953,000
Sussex Partnership FT *	67,712	17,282	30,598	31,731	24,365	38,248	16,716	43,347	270,000
Total budget	607,370	173,126	357,663	322,672	248,840	356,979	164,115	401,536	2,632,301

* SPFT breakdown is based on the same formula allocation utilised by NHSE in the allocation of the CHYPS EDS funding.

7.2 This is an indicative funding envelope, based on a breakdown of existing contract elements for Eating Disorders and would be subject to outcomes of a competitive tender. It is expected, however, that the service would be commissioned within this funding envelope and therefore the procurement would not represent any additional funding pressures, beyond that which is already allocated to or ring-fenced for, Eating Disorders within existing CCG budgets.

7.3 The proposals are not financially driven, however the business case suggests an annual saving of £229,000 per annum across Kent and Medway. This could be expected upon reducing acute admissions where the diagnosis code includes an eating disorder from year 3. The overall annual cost saving from year 3 for North Kent and Medway CCGs is estimated as £69,000 on an annual basis (assuming a 90% reduction of all acute admissions where the diagnosis code includes an eating disorder).

7.4 The business case suggests there will be further savings from reductions in acute presentations of eating disorders for Accident and Emergency (A&E) attendances and out-patient appointments not resulting in admission. However, due to coding the current activity and potential savings related to A&E and out patient admissions at acute trusts cannot be quantified within this business case.

- 7.5 Furthermore, the business case recommends that, as more people with an eating disorder successfully receive an early intervention service and their illness does not escalate, this will reduce the need for tier 4 services over the next few years. Funding can be transferred from the most expensive area of eating disorders and monies saved within tier 4 eating disorder services can be reinvested by the CCGs in early intervention services. These early intervention services will successfully treat people, prevent progression of the disease and rapidly discharge people from the service.
- 7.6 This business case estimates that this proposed new service would reduce tier 4 inpatient eating disorder admissions by 20% on an annual basis from year 3 of the contract. This would result in a reduction of 6 beds a year and an annual saving of £324,000 across Kent and Medway (estimated average length of stay 90 days and cost £600 per day). Although NHS England Specialist Commissioning currently commission eating disorder in-patient beds it is being suggested this commissioning will move to CCG's responsibility, therefore the savings would occur within CCG budgets.

8. Legal implications

- 8.1 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 together with a requirement on relevant NHS bodies and health service providers to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area.
- 8.2 In cases where consultation on a substantial health service development or variation triggers a requirement for consultation with more than one local authority regulation 30 states a Joint Health Overview and Scrutiny Committee (JHOSC) must be appointed by the local authorities for the purposes of the consultation and only that committee may make comments, require the provision of information or require attendance by representatives of the relevant NHS body or health service provider.
- 8.3 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. A decision on whether to make a report to the Secretary of State would be a matter for the Kent County Council Health Overview and Scrutiny Committees and/or the Medway Council Health and Adult Social Care Overview and Scrutiny Committee to make rather than the JHOSC.
- 8.4 This report is being presented to the Medway Health and Adult Social Care Committee, because although it relates to services used by children and young people, the proposals are for an all age eating disorder service which will span childhood through to adulthood and will be used by a substantial number of adults. Chapter 4, Paragraph 21.2 (b) of the Medway Constitution

states, “The Health and Adult Social Care Overview and Scrutiny Committee will be the lead on scrutiny of health insofar as it relates to the transition between childhood and adulthood or where consultation by relevant NHS bodies or relevant health service providers bridge services for children and adults, with participation by representatives of the Children and Young People Overview and Scrutiny Committee when such matters are discussed.

9. Recommendations

- 9.1 The Committee is asked to consider and comment on the proposed development or variation to the health service, as set out in this report and Appendix A and note that whilst the new service model is likely to look quite different in terms of its function and focus, it is not creating or removing a service. People presenting with Eating Disorders are already supported through existing contracts with Sussex Partnership NHS Foundation Trust and Kent and Medway Health and Social Care Partnership Trust. The current commissioned services require a thorough review and overhaul in light of emerging NICE guidance and clinical best practice and commissioners have concluded that re-procuring this service to deliver across an all-age pathway presents the best opportunity to deliver the necessary improvements.
- 9.2 The Committee is, therefore, recommended by officers and NHS Medway CCG to agree that the proposal does not represent a substantial development of, or variation to, the health service across Kent and Medway.

Background papers

None.

Appendices

Appendix 1 – Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial.

Appendix 2 – Business Case - Procurement of an all age eating disorder service in Kent and Medway.

Lead officer contact

Helen Jones, Assistant Director, Partnership Commissioning
Email helenm.jones@medway.gov.uk
Telephone: 01634 334049

This page is intentionally left blank

MEDWAY COUNCIL

Gun Wharf
Dock Road
Chatham ME4 4TR



Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

A brief outline of the proposal with reasons for the change

Commissioning Body and contact details:

Medway CCG, in partnership with the seven Kent CCGs

50 Pembroke Court, Chatham Maritime, Chatham, Kent, ME4 4EL

Current/prospective Provider(s):

Current providers:

Sussex Partnership NHS Foundation Trust (SPFT)

Kent and Medway Health and Social Care Partnership Trust (KMPT)

Outline of proposal with reasons:

This project proposes procurement of a single all age specialist eating disorder service for the whole of Kent and Medway utilising agreed recurrent transformation funding from NHS England in addition to the current financial envelope invested with SPFT and KMPT.

The service will provide lifespan (all age) evidence based early intervention and specialist treatment to service users with suspected or diagnosed eating disorders in Kent and Medway. The service will provide a recovery based approach, providing specialist interventions and supporting individuals to achieve and maintain good health and enable them to return to their full potential in their lives and in the community.

Eating disorders are serious, often persistent, mental health disorders associated with high levels of impairment to everyday functioning and development, and a high burden on families and carers. They can be associated with life-long physical, psychological, educational and social impairment and in some cases can be fatal.

The most common eating disorders are:

- Anorexia nervosa – when a person tries to keep their weight as low as possible, for example, by starving themselves or exercising excessively.

- Bulimia nervosa – when a person goes through periods of binge eating and is then deliberately sick or uses laxatives to try and control their weight
- Binge eating disorder – when a person feels compelled to overeat large amounts of food in a short space of time
- ‘Atypical’ eating disorders - include presentations that do not meet full diagnostic criteria for anorexia nervosa or bulimia nervosa as well as other clinically significant presentations characterised by eating difficulties
- Furthermore there is often an issue of body dysmorphism for anorexic diseases. Dysmorphism is fundamental to anorexic syndromes

The first designated Eating Disorder Service (EDS) in Kent & Medway was developed in 2008. The Kent and Medway eating disorder redesign project, sponsored by West Kent CCG, was set up in July 2014 in response to:

- The issue of a ‘Preventing Future Deaths’ report from the Coroner
- Concerns raised at the effectiveness of the current EDS delivery model
- Current delivery model not compliant with NICE guidance
- Patchy and inconsistent service provision across the health economies
- Difficulties faced by patients and carers at the interface between Children and Young People Services (ChYPS) and adult services
- Unreasonable distances to travel to receive treatment
- Presence of a Body Mass Index (BMI) “screen” prior to GP referral, which is a barrier to currently recommended preventative and early intervention treatment
- Waiting times that are longer than the national standards, patients sometimes waiting up to 18 months for a therapy appointment

Existing services in Kent and Medway:

ChYPS Services – Sussex Partnership NHS Foundation Trust (SPFT)

Children and adolescent ED services are commissioned as part of a ‘block contract’ Children and Young People’s (ChYPS) service with SPFT. Eating disorder cases are prioritised and there is no waiting list, however, the prioritisation of these cases increases the waiting times for patients requiring general ChYPS services. Currently children and young people with an eating disorder can only access services once the condition is established and moderately advanced. The generic ChYPS service supports some children and young people with mild anorexia and bulimia, although these figures cannot be provided by SPFT.

The current eating disorder teams are part of the generic ChYPS teams, which facilitates co-working when needed. Team members are co-located, work in both the generic and eating disorder teams within their hubs and access the same electronic patient record. In some areas, a pathway for the assessment and management of young people at high physical risk with anorexia nervosa has been agreed with the paediatric team. Links have been made with the osteoporosis clinic in some areas, to reach an agreement regarding the indication for bone scanning. Recently the links with the Primary care eating disorder service managed by KMPT (see below) have been strengthened to share good practice and discuss cases as needed. A transition protocol between ChYPS and adult mental health services is in operation and has improved transitional arrangements between the two services.

Community Eating Disorder across Kent and Medway – Kent and Medway NHS and Social Care Partnership Trust (KMPT)

KMPTs eating disorders service receives referrals for anorexia nervosa, bulimia

nervosa and EDNOS (Eating disorder not otherwise specified). The Primary Care service receives referrals from GPs and other primary care workers as well as other services supporting young people/adults such as schools and further education. The Primary Care service can accept referrals of patients aged 14 upwards across Kent and Medway for patients who have not had symptoms for more than eighteen months and where there has not been a diagnosis of an eating disorder. It aims to provide early assessment and intervention therefore those referred must be experiencing an eating disorder or eating difficulty of recent onset. It is therefore likely that they do not have a formal diagnosis of anorexia or bulimia nervosa but may have early symptoms.

The eligibility criteria for secondary care services are:

- Patients who have a primary diagnosis of an eating disorder or who appear to meet the diagnostic criteria AND
- Body Mass Index (BMI) of 17.5 or less OR
- Patients who are vomiting daily or taking laxatives to the extent that this causes severe diarrhoea or electrolyte imbalance.
- Less severe bulimia but with concurrent medical problems or events which may be affected by their eating disorder, such as diabetes or pregnancy.

Currently neither the primary care nor the secondary care Eating Disorders Service receives referrals for binge eating disorder. It is suggested this is an area of unmet need which is difficult at present to quantify.

The service does not support people requiring a secondary care specialist eating disorder service aged 17 years and under (this service is provided by ChYPS). However joint working practices should be in place to provide information to 17 year olds before transition to adult services.

The Day Programme provided by KMPT is individual to suit service users' needs with a minimum attendance of 3 days depending on clinical need up to a maximum of full time attendance. They support:

- Service users who are contemplating action and thinking of moving to a stage of readiness to change.
- Service Users with good support networks at home.
- Service users who are willing to attempt behavioural change

In addition there are also a cohort of patients with co-existing mental health problems who are managed by the children and adult community mental health teams within KMPT.

During 2013/14 NHS England (NHSE) decommissioned Tulip House (previously known as The Red House) as a Tier 4 service citing non-compliance with Tier 4 standards. Following this Kent and Medway CCGs understanding from KMPT was that the 6 in-patient beds were primarily being utilised to provide overnight stay facilities for patients accessing the intensive day programme who were too physically frail to travel on a daily basis to the unit in Maidstone.

Recently it was reported to Kent and Medway CCGs that Tulip House had closed its overnight stay facility from 1st January 2016 and that staff had been redeployed to the community. The day programme continues to run from Tulip House but those who are too frail, or live too far away to travel by themselves are picked up and

returned home by minibus.

Kent & Medway NHS England/Tier 4 Admissions

Highly specialised 24 hour care by a multi-disciplinary team is necessary in some circumstances for people with an eating disorder. This includes where there is a major physical health risk. Some patients may require detention under the Mental Health Act when it is necessary for their health or safety.

In-patient treatment is commissioned separately, on a case by case basis, by NHS England and is 'out of area' as there are no in-patient beds for eating disorders in Kent and Medway.

Intended decision date and deadline for comments (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

The business case for the new service was presented to CCG Commissioning Committee's across Kent and Medway in July 2016 and the proposal was unanimously agreed.

It is therefore proposed to give notice to KMPT on this element of their contract in August 2016. SPFT have already technically been given notice as part of CAMHS reprocurement plans. The alternative option for children and young people would be to include for an Eating Disorder provision within Kent and Medway's respective CAMHS re-procurements.

Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The Joint Health and Wellbeing Strategy for Medway 2012-2017 sets out five strategic themes, including improving physical and mental health and wellbeing (Theme 4).

A review of the current service delivery model has identified:

- Patchy and inconsistent service provision across the health economies
- Difficulties faced by patients and carers at the interface between ChYPS and adult services
- Unreasonable distances to travel to receive treatment

Plans for revised service model include

- Reduced waiting times for assessment and treatment

- Early intervention and people seen at an earlier stage in their disease progression
- Improved awareness of eating disorders by GPs and primary care
- Treatment provided by a specialist multi-disciplinary team
- Specialised highly effective outpatient treatment including family interventions
- Care delivered from more accessible venues and closer to home
- An 'all age' referral pathway providing continuity of care, avoiding unnecessary waiting times and duplication of assessments
- Collaborative personalised care planning
- Reduced need for in-patient care, which often means patients being placed far away from their families/friends

Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):

Test 1 - Strong public and patient engagement

- Have patients and the public been involved in planning and developing the proposal?
- List the groups and stakeholders that have been consulted
- Has there been engagement with Medway Healthwatch?
- What has been the outcome of the consultation?
- Weight given to patient, public and stakeholder views

<i>Stakeholder/group</i>	<i>How involved/when</i>	<i>Outstanding issues or concerns</i>
Patients	Focus groups, surveys and 1:1 meetings, 2014	Strong desire for services to be more easily accessible and provided closer to home
Carers	Focus groups, meeting and survey, 2014	Strong desire for services to be more easily accessible and provided closer to home

Test 2 - Consistency with current and prospective need for patient choice

Plans for the revised service model include

- Care delivered from more accessible venues and closer to home
- An 'all age' referral pathway providing continuity of care, avoiding unnecessary waiting times and duplication of assessments
- Collaborative personalised care planning
- Reduced need for in-patient care, which often means patients being placed far away from their families/friends

The service will be commissioned to:

- Enable service users to make choices which improve their health and quality of life and promote recovery from their eating disorder
- To treat and improve the health of those who suffer with an eating disorder.
- Prevent physical and psychological deterioration
- Increase stability and quality of lives of service users and their carers/families
- Improve social functioning
- Promote the service user's participation in their own recovery
- Assist the service user in accessing educational support and work activities
- Assist the service user to develop coping strategies
- Provide psychological treatment appropriate to the individual and informed by the current evidence base

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

The Department of Health's national Service Framework for mental health outline the harmful consequences that can result from eating disorders. Risks include:

- People with eating disorders have the highest standardised mortality ratios among psychiatric disorders - 5.4 times that of their peers
- Anorexia Nervosa (AN) has the highest mortality rate of any psychiatric disorder in adolescence
- Currently, of those surviving, 50% recover whereas 30% improve and continue to live with an eating disorder and 20% remain chronically ill and require on-going interventions
- Only 46.9% of AN patients were classified as 'cured.' Early intervention results in the best possible recovery outcome (NICE). Not providing children and young people with the resources to recover means that their illness may not be cured and that they go into adulthood with enduring Anorexia Nervosa

The NHS England commissioning guide (July 2015) states it is vital that children and young people with eating disorders, and their families and carers, can access effective help quickly. Offering evidence-based, high-quality care and support as soon as possible can improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions.

Furthermore they advise the availability of dedicated, community eating-disorder services which has been shown to improve outcomes and cost effectiveness. If a child or young person starts their treatment in a general child and adolescent mental health service (ChYPS), they are more likely to be admitted to an inpatient service than those treated in community eating-disorder settings within the following year. The sooner someone with an eating disorder starts an evidence-based NICE-concordant treatment the better the outcome. The standard is for treatment to be received within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. In cases of emergency, the eating disorder service should be contacted to provide support within 24 hours.

Services need to be able to respond to the broader needs of families and carers as

well as the person with an eating disorder. This might include supporting the family with techniques to help manage eating disorders in young people, and information about additional support services or expert advice.

In 2014 the government pledged an extra £150 million of funding to transform the treatment of children and young people with eating disorders to also pave the way for the introduction of new waiting time and access standards for eating disorders. This money is being rolled-out over 5 years (April 2015-end March 202) following research revealed that an increasing number of young people, from as young as 5, are being admitted to hospital for treatment of eating disorders with those aged 14 to 25 most likely to be affected.

The government aims to:

- Support schemes to get young people with eating disorders and who self-harm early access to services in their communities with trained teams, making hospital admission a last resort
- Extending access to talking therapies so that children and young people have a choice of evidence-based therapies, a treatment plan agreed with their therapist and monitored and recorded outcomes.

By doing this, it is hoped that it will result in swifter access to evidence-based community treatment, an end to the current cliff edge of transition for young people with eating disorders when they turn 18 and a more standardised level of provision.

The business case has considered the guidance within NHS England's July 2015 commissioning guide 'Access and Waiting Time Standard for Children and Young People with an Eating Disorder'. On page 47 of this document NHSE have used data from recommended, well-resourced services that are currently providing community-based eating disorder services to calculate the workforce mix, skills mix and whole time equivalent (WTE) staff required to deliver evidence based NICE-concordant treatment eating disorder services which would successfully meet the mandatory access and waiting time standards.

Furthermore the commissioning guide recommends these high quality services would improve recovery rates, lead to fewer relapses, reduce the need for inpatient admissions and respond to the broader needs of families and carers as well as the person with an eating disorder. The guide also states that it is the responsibility of commissioners to specify and contract for services that have the right numbers of staff with the appropriate level of skills and competencies. It is then the responsibility of the provider to ensure that the service meets the specification with appropriately qualified and supervised staff to deliver high-quality, evidence-based care.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

The Eating Disorder Pathway Redesign group has had excellent engagement from commissioners and clinicians and this has informed the business case for the new service.

<i>Stakeholder/group</i>	<i>How involved/when</i>	<i>Outstanding issues or concerns</i>
GPs	On-line survey and letter from WKCCG clinical lead, 2014	Feedback included a focus on need for early intervention, speedy

		access, family therapy and more support in primary care
KMPT and SPFT clinicians	Feedback provided as part of the EDS redesign stakeholder engagement, 2014	Concerns raised regarding the current provision of separate children and adult services and the problems that this can cause
Eating disorder redesign project groups (key personnel from South East Commissioning Support Unit, all CCGs, including clinical leads, finance, procurement, business support, comms)	2014-2016 Collaborative approach to redesign current pathway, scope the needs of the population of Kent and Medway, develop a service specification and full business case	Concerns regarding lack of accurate/consistent data to help determine anticipated demand

All treatment within the new service will be provided by qualified and experienced clinicians and will be compliant with NICE guidelines and the seven steps to patient safety.

In terms of workforce and capabilities/competencies:

- The workforce will have the appropriate level of skills and competencies to deliver high-quality, evidence-based care
- The workforce will receive continued training and supervision of staff in the provision of evidence-based NICE-concordant treatment
- The workforce will provide a comprehensive training programme for non-clinicians that includes awareness raising in primary care and early support
- The workforce will provide comprehensive training programme for all staff to improve the management and service delivery for all those involved in the provision of service

Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

Current activity within eating disorder services across Kent and Medway

In Kent and Medway during 2015/16, 513 people were referred to Kent and Medway Partnership Trust (KMPT) and Sussex Partnership NHS Foundation Trust (SPFT) specifically for an eating disorder service. The breakdown of this activity is provided below. However, generic adult and children/young people's mental health services are also supporting some people with an eating disorder, secondary to other mental health conditions. This information cannot currently be easily quantified by either KMPT or SPFT.

SPFT activity (Children and Young People <18 years)

In 15/16, SPFT's eating disorder clinics received approximately 150 referrals of young people with a suspected eating disorder. In May 2016 SPFT provided the CCGs with a summary of the provision of their eating disorder service over a 6 month period.

Town (as reported by SPFT)	Number of referrals over 6 months	Percentage per geographical area
Canterbury	5	7.0
Thanet	5	7.0
Folkestone	1	1.4
Dover	3	4.2
Ashford	3	4.2
Maidstone	17	23.9
Tunbridge Wells	20	28.2
Dartford	6	8.5
Medway	8	11.3
Swale	3	4.2
	71	100.0

Kent and Medway CCG area	Percentage per CCG area	Est annual no. per CCG
Canterbury and Coastal	7.0	10.6
Thanet	7.0	10.6
SKC	5.6	8.5
Ashford	4.2	6.3
West Kent	52.1	78.2
DGS	12.7	19.0
Medway	11.3	16.9
	100.0	150.0

KMPT activity (young people and adults >14 years)

The following table summarises the current referral activity to KMPT's eating disorder services across Kent and Medway.

	2014/15	2015/16
ASHFORD	14	24
CANTERBURY AND COASTAL	28	46
DARTFORD, GRAVESHAM & SWANLEY	67	52
MEDWAY	87	69
SOUTH KENT COAST	20	28
SWALE	21	21
THANET	19	25
WEST KENT	31	98
Grand Total	287	363

The Adult Psychiatric Morbidity Survey (APMS) 2007 gives estimates of the prevalence of a variety of mental health disorders in England and provides a prevalence of treated and *untreated* Eating disorders, using the SCOFF¹ screening tool as recommended by NICE thereby giving an indication of unmet need.

Estimated prevalence of eating disorders in Kent and Medway using APMS SCOFF screening tool

Eating disorder (with impact)	Kent		Medway	
	Male	Female	Male	Female
15-24	1689	4928	352	1014
25-34	665	3183	144	660
35-44	190	2476	36	456
45-54	942	3190	170	574
55-64	87	902	15	149
65-74	143	464	22	69
75 +	0	76	0	10
Total	3716	15219	739	2932

Across Kent and Medway it is estimated the prevalence of people over 15 who are in need of further *clinical assessment* for the possibility of an Eating disorder, and therefore may need *clinical treatment*, is 22,606 (4455 {19.7%} male, 18151 {80.3%} female). Furthermore 7983 are aged 15-24 which is 35.3% and 4652 are aged 25-34 which is 20.6%.

McManus et al (2009) (Adult Psychiatric Morbidity in England Survey (APMS) 2007) also estimates that about 22,000 of people aged 16 to 64 in Kent and Medway have experienced an eating disorder. Furthermore Green, H et al (2005) (Mental Health of Children and Young People in Great Britain, 2004) suggests 754 5-16 year olds have experienced an eating disorder.

The SCOFF screening tool also categorises people into those who screen positive:

¹ The **SCOFF** Questionnaire is a five-question screening tool designed to clarify suspicion that an eating disorder might exist rather than to make a diagnosis. The questions can be delivered either verbally or in written form.

the numbers in need of further screening for clinical assessment who potentially have a clinically treatable eating disorder. The needs assessment suggests across Kent and Medway this would be 23,145 males and 66,646 females, 89,791 people in total.

The Kent and Medway all age community eating disorder service specification focuses on early specialist intervention, and will provide the following improvements to service provision.

How things are now	The new model
Separate children's and adult service providers	All age (8 upwards) service provision
Risk of disengagement during transition from children's to adult services	No gap between children's and adult services
Delay in treatment at time of transfer	No gap between children's and adult services
Children's services provided within generic ChYPS service	Dedicated team with a greater breadth of skills and expertise across the age range
Referral criteria = BMI < 17	No BMI referral criteria
Unacceptable waiting times for assessment/treatment	Compliance with national access and waiting time standards
High use of in-patient beds (out of area)	Early identification and specialist treatment, improved cure and recovery rates and reduced demand for in-patient services
No commissioned early intervention services	Early intervention services included in new clinical care pathways
Patchy and inconsistent service delivery across Kent and Medway	Consistent provision of NICE compliant interventions across Kent and Medway
Difficult access for patients and carers due to distance from services	New pathway development will establish more local service provision

Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

Kent and Medway have an increasing and disproportionately larger number of adults aged 15-24, the population most at risk of Eating disorders.

The burden of Eating disorders in Kent and Medway is expected to be around the national average.

Presently the usage of ED services is significantly lower than the expected need.

There are a number of colleges and universities in Kent and Medway (Notably University of Greenwich and Canterbury)

Studies looking at the incidence and prevalence of eating disorders in the general

population, based on clinical diagnosis, estimate:

- The incidence of anorexia nervosa to be about 19 per 100,000 per year in females and 2 per 100,000 per year in males, with rates as high as 50 per 100,000 per year in females aged between 13 to 19 years (Hoek, 1991, Hoek, 2006).
- The prevalence of bulimia nervosa has been estimated between 0.5 per cent and per cent in young women (Hoek, 1991, Hoek, 2006).

Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

Impact on people with protective characteristics will be fully assessed during the development of the service

Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of 'no change'?

It is acknowledged that there may be significant unmet need in relation to Eating Disorders in Kent and Medway, primarily due to the high thresholds of acuity for access to specialist support and interventions. Evidence clearly shows, however, that identifying and supporting emerging problems earlier supports quicker and sustained recovery.

The proposals are not financially driven, however the business case suggests that an annual saving of £229,000 per annum across Kent and Medway could be expected on reducing acute admissions where the diagnosis code includes an eating disorder from year 3. The overall annual cost saving from year 3 for North Kent and Medway CCGs is estimated as £69,000 on an annual basis (assuming a 90% reduction of all acute admissions where the diagnosis code includes an eating disorder).

The business case suggests there will be further savings from reductions in acute presentations of eating disorders for A&E attendances and out-patient appointments not resulting in admission. However due to coding the current activity and potential savings related to A&E and out patient admissions at acute trusts cannot be quantified within this business case.

Furthermore the business case recommends as more people with an eating disorder successfully receive an early intervention service and their illness does not escalate this will reduce the need for tier 4 services over the next few years.

Funding can be transferred from the most expensive area of eating disorders and monies saved within tier 4 eating disorder services can be reinvested by the CCGs in early intervention services. These early intervention services will successfully treat people, prevent progression of the disease and rapidly discharge people from the service.

This business case estimates that this proposed new service would reduce tier 4 inpatient eating disorder admissions by 20% on an annual basis from year 3 of the contract. This would result in a reduction of 6 beds a year and an annual saving of £324,000 across Kent and Medway (estimated average length of stay 90 days and cost £600 per day). Although NHS England Specialist Commissioning currently commission eating disorder in-patient beds it is being suggested this commissioning will move to CCG's responsibility, therefore the savings would occur within CCG budgets.

To enhance the impact of a reduction in the prevalence and incidence of eating disorders across Kent and Medway it is essential the whole system delivers transformational change, with a focus on early intervention. CCGs will need to work with primary care and other commissioned services including adult and children's mental health services, Improving Access to Psychological Therapies (IAPT) and the voluntary sector to ensure people with an eating disorder and their families are provided with the help and support they require.

Furthermore although this business case is not focusing on prevention in order to have the greatest impact on reducing the incidence and prevalence of eating disorders it is recommended that Public Health increase awareness and education of eating disorders within commissioned services including early help and public health focusing on, for example, self-image, self-esteem, body image, bullying, peer group pressure and cyber pressure.

The option to do nothing i.e. to maintain current service provision with no changes has been considered with the following advantages and disadvantages.

Advantages	Disadvantages
Saves time and cost of procurement	The access and waiting time standard will not be achieved
	Pathways remain fragmented across multiple CCGs and transition issues will remain
	Potential missed opportunity to develop new ideas/concepts
	Services are not providing adequate early intervention resulting in escalating severity of condition
	Current pathways do not link with social care or the voluntary sector

Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

The new service model proposes:

- Care delivered from more accessible venues and closer to home
- Reduced need for in-patient care, which often means patients being placed far away from their families/friends

The service will be delivered by an intensive multidisciplinary community based team. The service will provide parity of easy access across Kent and Medway. Services will be provided within the service users home where appropriate.

Is there any other information you feel the Committee should consider?

Key components of the proposed new service are:

- Specialist patient and family interventions delivered by trained professionals, in the context of multidisciplinary services, which are highly effective in treating the majority of children and adolescents with eating disorders
- Focus on evidence based early intervention which will reduce the need for more intensive and expensive interventions, thereby reducing morbidity and mortality
- Direct access to specialist eating disorder out-patient services, which results in significantly better identification of people who require treatment
- Specialist eating disorder services offering a range of intensity of interventions and which will provide a consistency of care that is highly valued by families

Whilst the new service model is likely to look quite different in terms of its function and focus it is not creating or removing a service. People presenting with Eating Disorders are already supported through existing contracts with SPFT and KMPT (described above). The current commissioned service requires a thorough review and overhaul in light of emerging NICE guidance and clinical best practice and commissioners have concluded that re-procuring this service to deliver across an all-age pathway presents the best opportunity to deliver the necessary improvements. However, for the purposes of health scrutiny it is recommended that the committee do not consider the proposals to be a substantial variation which will negate the need for a Joint Health Overview and Scrutiny Committee with Kent.

It is, therefore, recommended that the proposals do not represent a substantial development of or variation to the health service across Kent and Medway.

Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

It is recommended that the proposals do not represent a substantial development of or variation to the health service across Kent and Medway.

Appendix 2



**West Kent
Clinical Commissioning Group**

**Procurement of an
all age eating disorder
service in Kent and Medway**

July 2016

**Patient focused,
providing quality,
improving outcomes**

Procurement of an all age eating disorder service in Kent and Medway

Summary

This paper is being submitted to the Medway HASC and Kent HOSC to inform them of the agreement by Kent and Medway commissioners to procure an all age eating disorder service across Kent and Medway to commence from 1st September 2017.

Recommendation

Members of the Medway HASC and the Kent HOSC are asked to note the contents of this report.

Members are reminded of their statutory duty to declare any conflict and have it properly resolved.

1.0 Definition of eating disorders

Eating disorders are serious, often persistent, mental health disorders associated with high levels of impairment to everyday functioning and development, and a high burden on families and carers. They can be associated with life-long physical, psychological, educational and social impairment and in some cases can be fatal.

The most common eating disorders are:

- Anorexia nervosa
- Anorexia bulimia
- Binge eating disorder
- 'Atypical' eating disorders

2.0 Introduction and Background

The first designated Eating Disorder Service (EDS) in Kent and Medway was developed in 2008. The Kent and Medway eating disorder redesign project, sponsored by West Kent CCG, was set up in July 2014 in response to:

- The issue of a 'Preventing Future Deaths' report from the Coroner
- Concerns raised at the effectiveness of the current EDS delivery model
- Current delivery model not compliant with NICE guidance
- Patchy and inconsistent service provision across the health economies
- Difficulties faced by patients and carers at the interface between Children's and adult services
- Unreasonable distances to travel to receive treatment
- Presence of a Body Mass Index (BMI) "screen" prior to GP referral, which is a barrier to currently recommended preventative and early intervention treatment
- Waiting times that are longer than the national standards

3.0 Current service provision

Kent and Medway Children's and adolescent services (Sussex Partnership Foundation Trust - SPFT)

Children and adolescent eating disorder services are commissioned as part of a 'block contract' Children and Young people's mental health service with SPFT. Eating disorder cases are prioritised and there is no waiting list, however, the prioritisation of these cases increases the waiting times for patients requiring general ChYPS services. Currently children and young people with an eating disorder can only access services once the condition is established and moderately advanced. The generic ChYPS service supports some children and young people with mild anorexia and bulimia.

There are links with the Primary care eating disorder service managed by Kent and Medway NHS and Social Care Partnership trust (KMPT) to share good practice and discuss cases as needed. A transition protocol between ChYPS and adult mental health services is in operation and has improved transitional arrangements between the two services.

KMPT's Community Eating Disorder across Kent and Medway

KMPTs Primary Care service receives referrals from GPs and other primary care workers as well as other services supporting young people/adults such as schools and further education. The Primary Care service can accept referrals of patients aged 14 upwards across Kent and Medway for patients who have not had symptoms for more than eighteen months and where there has not been a diagnosis of an eating disorder.

KMPT also provide secondary care services although the service does not support people requiring a secondary care specialist eating disorder service aged 17 years and under (this service is provided by SPFT). However joint working practices are in place to provide information to 17 year olds before transition to adult services.

Kent and Medway NHS England/Tier 4 Admissions

In-patient treatment is commissioned separately, on a case by case basis, by NHS England and is 'out of area' as there are no in-patient beds for eating disorders in Kent and Medway. Following assessment by the community eating disorder team tier four providers are approached to determine bed status and put the patient on their waiting list if there are no beds available. The criterion is per NHSE guidance:

- BMI below 15 with physical issues
- Poor outcomes with community treatment

4.0 Engagement with service users and professionals

Service user and professional engagement has been undertaken over the past few years to gather feedback regarding the current provision of eating disorder services across Kent and Medway and make recommendations for improvements. The key recommendations are summarised below.

Early intervention is considered essential for eating disorders by patients, carers and health professionals. All respondents indicate that the specialist services need to be more responsive and that the waiting times need to be improved. Moreover a number of issues were raised relating to the location of services with many suggesting there need to be more services available across the region to ensure they are 'closer to home'.

Furthermore concerns were raised regarding the provision of separate children and adult services and the problems this can cause when a patient moves from one to the other, for example the need for a new referral, delays in getting continuing treatment, changes in the treating specialist. There are suggestions that there should be an 'all age' referral pathway to ensure smooth transition from one to another and to avoid unnecessary waiting times and duplication of assessments.

5.0 Proposed new service model for the Kent and Medway all age eating disorder service

Table 1 below outlines the differences in service provision between the current model and the new model which would deliver evidence based specialist intervention and will not have any transition issues between Children and Adult services;

The current model	The new model
Separate children's and adult service providers	All age (8 upwards) service provision
Risk of disengagement during transition from children's to adult services	No gap between children's and adult services
Delay in treatment at time of transfer	No gap between children's and adult services
Children's services provided within generic ChYPS service	Dedicated team with a greater breadth of skills and expertise across the age range
Referral criteria = BMI < 17	No BMI referral criteria
Unacceptable waiting times for assessment/treatment	Compliance with national access and waiting time standards
High use of in-patient beds (out of area)	Early identification and specialist treatment, improved cure and recovery rates and reduced demand for in-patient services
No commissioned early intervention services	Early intervention services included in new clinical care pathways
Patchy and inconsistent service delivery across Kent and Medway	Consistent provision of NICE compliant interventions across Kent and Medway
Difficult access for patients and carers due to distance from services	New pathway development will establish more local service provision

6.0 Key components of the proposed new service are:

Key points of the new model for eating disorders include the following:

- Specialist patient and family interventions delivered by trained professionals, in the context of multidisciplinary services, which are highly effective in treating the majority of children and adolescents with eating disorders
- Focus on evidence based early intervention which will reduce the need for more intensive and expensive interventions, thereby reducing morbidity and mortality
- Direct access to specialist eating disorder out-patient services, which results in significantly better identification of people who require treatment
- Specialist eating disorder services offering a range of intensity of interventions and which will provide a consistency of care that is highly valued by families

The detail required to deliver the model will be contained within the national specification guidance and the service specification will inform the future contracts and the contractual framework required.

7.0 Service Specification

- The draft service specification has been signed off by CCG committees across Kent and Medway
- A consultation event has been held to gather feedback on the draft service specification from specialists within the field of eating disorder services
- These documents will remain in draft format throughout the procurement process in order to be developed in partnership with Providers.

8.0 Financial Envelope

The annual current financial envelope for eating disorder services across Kent and Medway is £2.6 million. The agreed annual financial envelope for the new model is £2.6 million.

9.0 Procurement Process and Contracting

- A Contract Procurement Board is being established with representatives across Kent and Medway
- Commissioners have agreed to utilise the expertise of the South East Commissioning Support Unit (SECSU) to procure the service
- The procurement process is set to begin in September 2016 with a commencement date of the new service being 1st September 2017

10.0 Next steps of the contract process:

- Refinement of Outcomes and KPI's within the service specification
- Governance approval to begin procurement
- Implement procurement

11.0 Recommendations

Members of the Kent Health and Overview Committee are asked to

- (i) NOTE the contents of this report.

12.0 Appendices

Appendix 1 draft service specification

Contact:

Dave Holman
Head of Mental Health programme area
NHS West Kent CCG
Dave.holman@nhs.net
Ian Ayres
Accountable Officer
NHS West Kent CCG
I.ayres@nhs.net
Graham Tanner
Programme Lead, Disabilities and Mental Health
Medway Council/Medway CCG Partnership Commissioning
graham.tanner@medway.gov.uk

Author:

Martine Mccahon
Senior Commissioning Manager
NHS West Kent CCG
martinemccahon@nhs.net

Approved:

Ian Ayres
Accountable Officer NHS West Kent CCG
I.ayres@nhs.net