

**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
13 DECEMBER 2018**

ALL AGE EATING DISORDER SERVICE UPDATE

Report from: Ian Sutherland, Director of People - Children and Adults Services

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Summary

The Committee has asked for a general update on the Eating Disorder Service. 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.

1. Budget and Policy Framework

1.1 The Medway Local Transformation Plan (LTP) 2015/16 to 2020/21 sets out our shared commitment and priorities towards achieving a brighter future for children and young people's emotional and mental health and wellbeing, regardless of their circumstances. The service transformation vision, by 2020/21, is to ensure that all commissioned children and young people's mental health services in Medway achieve this. The new contract has been operational from September 2017 (one year of its five year plus two) There is an annual budget of 153,000 dedicated to this service.

2. Background

2.1 In parallel with the Medway Young Person's Wellbeing Service (YPWS) procurement, Kent and Medway CCGs, it was agreed in 2016 to commission a separate all-age (age 8+) Eating Disorder service to provide a specialist clinical pathway for patients with Eating Disorders. This is based on the recommendation that such a service be commissioned on a population footprint of 500,000+. The Kent and Medway all age community eating

disorder service specification focuses on early specialist intervention, and provides the following improvements to service provision:

2.2 Key components of the 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.
- 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 old 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

2.3 Performance

Quality statements from NICE (National Institute for Health and Care Excellence) guidance were published in September 2018:

Statement 1 People with suspected eating disorders who are referred to an eating disorder service start assessment and treatment within 4 weeks for children and young people or a locally agreed timeframe for adults.

Statement 2 People with eating disorders have a discussion with a healthcare professional about their options for psychological treatment.

Statement 3 People with binge eating disorder participate in a guided self-help programme as first-line psychological treatment.

Statement 4 Children and young people with bulimia nervosa are offered bulimia-nervosa-focused family therapy (FT-BN).

Statement 5 People with eating disorders who are being supported by more than one service have a care plan that explains how the services will work together.

Statement 6 People with eating disorders who are moving between services have their risks assessed.

2.4 NELFT provide all NICE recommended treatments and all treatments are fully NICE concordant, and attend regular contract review meetings.

2.5 Staffing

Recruitments have been successful. All training and maternity leave has been backfilled so staffing levels are good. NELFT have run a number of trainings for Kent and Medway AMHPs, MIMHS, Sullivans, the Tizard centre, Medway tipping the balance programme and some staff are being trained as trainers in Emotion focussed family therapy.

2.6 Referrals

Between April and October 2018 the service received a total of 49 referrals and these were recorded on an Electronic Patient Record System (RIO).

2.7 There was an early concern regarding the number of referrals that appear to be referred into the service late, when the patient is very unwell. This resulted in a meeting with the GP Lead to agree a communication plan.

2.8 Table 1 shows a breakdown of referrals received and discharges completed in the period April 18 to October 18.

Referrals	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Total
Number of Referrals	7	4	8	5	6	9	10	49
Number of accepted referrals	6	4	7	4	4	4	9	38
Numbers discharged from the service	8	8	9	9	11	11	3	59

2.9 Table 2 shows referrals by source.

Source of Referrals	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Total
Carer	0	0	0	0	0	1	0	1
GP	6	3	5	4	5	8	4	35
Internal - Community Mental Health Team (Adult MH)	0	0	0	0	0	0	1	1
Internal - Community Mental Health Team (Child and Adolescent MH)	0	0	0	0	0	0	2	2
Local Authority Social Services	0	0	0	0	0	0	0	0
Occupational Therapy Service	0	0	0	0	0	0	0	0
Other	1	1	2	0	0	0	3	7
Other clinical specialty	0	0	1	0	0	0	0	1
Out of Area Agency	0	0	0	0	0	0	0	0
Self	0	0	0	1	1	0	0	2
Total	7	4	8	5	6	9	10	49

2.10 Table 3 shows referrals by age.

Age (by seen)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
08 to 11	0	0	1	0	0	0	0
12 to 18	3	5	8	13	12	13	12
19 to 25	7	6	6	12	6	9	11
26 to 64	18	15	19	20	20	16	16
65+	0	0	0	0	0	0	0
Total	28	26	34	45	38	38	39

2.11 Referrals are greater than expected, although this may be accounted for by the lack of service provision previously.

2.12 The Health and Care Information published figures in April 2014 showed an 8% rise in Inpatient Hospital admissions in the 12 months previous. This trend is continuing.

2.13 Profile Raising:

- Training is offered on average three times per month and has included AMHPs, Schools targeting the highest referrers, Paediatricians across all acute areas.
- Two stakeholder events across the county have been held, where Eating Disorders has been presented.
- Stakeholder briefings are issued quarterly by NELFT which includes updates on the Eating Disorder Service.

3. Risk management

3.1 There are no risks to Medway Council directly arising from this report.

4. Financial implications

4.1 There are no financial implications to Medway Council directly arising from this report.

5. Legal implications

5.1 There are no legal implications to Medway Council directly arising from this report.

6. Recommendations

6.1 It is recommended that the Committee notes and comments on the update provided.

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Appendices

None.

Background papers

Business case for the Kent and Medway all age eating disorder service

The Medway Local transformation plan

https://www.medway.gov.uk/info/200170/children_and_families/612/young_people_s_emotional_wellbeing/2