

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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ALL AGE EATING DISORDER SERVICE UPDATE

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Summary

The Committee has asked for a further update and presentation on the Eating Disorder Service. This follows consideration of a report at the December 2018 meeting.

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 since September 2017.

2. Background

2.1 Since 1 September 2017 Medway and Kent Clinical Commissioning Groups (CCGs) have procured a new service to deliver high quality, evidence based, early intervention and specialist treatment to service users with suspected or diagnosed eating disorder.

2.2 The service is required to achieve the national access standard for children and young people with an eating disorder. The national requirement is that by

2020/21, 95% of children and young people will access NICE concordant treatment within four weeks for routine cases, and within one week in urgent cases.

2.3 Key components of the new eating disorder service

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
- A seamless service with no transition at 18 years old
- Staff have a greater breadth of skills and expertise for eating disorders – rather than generic mental health teams delivering this service.

3. Mobilisation

3.1 The mobilisation process has been managed through a robust project governance structure that includes key stakeholders from the three CCG systems (East, North and West), and service user representatives.

3.2 The governance is now focused on performance and contract management of the service which is monitored at regular quality and performance meetings. These arrangements have been dovetailed with similar arrangements for the new Children and Young People's mental health service which also commenced on 1 September 2017.

4. Delivery of service transformation

4.1 The new clinical model and pathway for the all age eating disorder service in Kent and Medway has been delivered since April 2018. The process of transformation has included the development of evidence based care pathways, robust systems, efficient processes and innovative technology.

4.2 We have successfully amalgamated the two separate teams (adult and children) and are delivering NICE concordant Care Pathways for Eating Disorders within our multi-disciplinary community service, which includes nurses, Cognitive Behavioural therapists, psychologists and dietitian. Our service model includes Carers groups for both children and adults with an eating disorder. Online technology is available where this is appropriate, for example, Bulimia treatment. Furthermore, we are undertaking research in collaboration with University College London. As part of NICE guidance first line treatment for under 18 years is family therapy. Therefore, a high number

of staff are trained to offer family therapy for Anorexia. Over 18 year families can receive family therapy as relevant to their treatment plan.

- 4.3 There are four whole-time equivalent vacancies (psychiatrist, paediatrician, 2 x therapists). These roles are covered by experienced clinical staff.

5. Performance and Waiting Times

5.1 Referrals

The Medway data on the attached slides shows;

Total number of referrals Apr 18 - Mar 19	98
Number of re-referrals within 6 months	12
Number of accepted referrals	72
Number of referrals not accepted	20*

*Referrals not accepted are signposted to the correct service route including tipping the balance, school services, Community Mental Health Teams and Improving Access to Psychological Therapies (IAPT).

Source of referrals include mainly General Practice, internal child and adolescent team, carers, self.

5.2 Current Medway caseload;

Total caseload	66
Male	5
Female	61
Age: 5 to 19yrs	21
Age: 19 to 65yrs	44
Age: 65yrs +	1

5.3 Referral to Assessment (RTA) and Referral to Treatment (RTT)

At the point of assessment, treatment will commence for all patients that are accepted within the EDS service.

- 5.4 There are currently no children and young people waiting for treatment within the service. Assessments for children and young people are completed within 4 weeks (non-urgent) or 7 days (urgent).
- 5.5 Adults are seen within 8 weeks to start assessment and treatment. There are currently less than 10 Adults in Medway who are waiting to be seen. All waiters are clinically risk assessed via the EDS Single Point of Access by a clinician who will triage each referral. Patients are provided with service contact details and a duty clinician is available daily to attend to any urgent calls from patients and/or their families. Where a clinical risk is identified or has escalated while waiting, the duty clinician will then re-assess the urgency ensuring that the service sees the patient within the 7 day urgent timeframe.

5.6 **Crisis support access**

The Kent and Medway crisis team supports all young people who are referred and require crisis support. We have good links and work collaboratively with the Crisis team.

- 5.7 For adults who are presenting in crisis or attend A and E, they are seen by KMPT psych liaison, who we also link in and work collaboratively in order to support the person's Eating Disorder needs.

5.8 **Waiting times and inpatient numbers**

NELFT inherited a waiting list for adults' services. They have recruited additional fixed term therapists to help them reduce waiting times. Currently children start treatment within 4 weeks and the aim is to see adults within 4 weeks. Adults are then reviewed whilst awaiting treatment. During these reviews, work is undertaken on weight and physical health stabilisation and low level therapeutic strategies.

- 5.9 At any given point in time, 8-10 children and 10-12 adults from Kent and Medway are in beds. Currently one child is a Medway patient. There are no current admissions for any Medway Adults. We understand that the figure for children is similar to Sussex but we do not have any other formalised data with which to compare the Kent and Medway admissions rate.

- 5.10 Referral rates across Kent and Medway are higher than predicted and also very complex. This is having an impact on the level of early intervention work NELFT is able to do.

- 5.11 Based on national data there is a rise in hospital admissions for both adults and children which correlates with the increase in referrals. Some reports indicate nationally that bed admissions for under 19s had doubled between 2011 and 2018 (7,260 - 16,023).

- 5.12 Inpatient care:
Woodlands Unit, Staplehurst- Non specialist, Brighton Elysium Healthcare, Rhodes wood Elysium, Priory Huntercombe, Ellern Mede

- 5.13 Day care facility:
South London and the Maudsley

5.14 **Discharge arrangements**

All service users have an individualised care plan which includes discharge. If appropriate and with consent this will be shared with family/carers. NELFT liaises with other professionals involved to ensure they are aware of any plans.

- 5.15 Often service users do not need additional follow up by any other source. In such a case, a detailed discharge letter will be sent to GP and service user. For those that may require follow up by a GP or other professional, NELFT will arrange a discharge phone call/meeting with a plan.

- 5.16 Reasons for follow up would include; ensuring weight is maintained for a period of time. More severely ill patients may attend the SEED clinic for a period of time before discharge for stabilisation.
- 5.17 The SEED clinic is for Severe and Enduring Eating disorders. Patients will attend typically once a month for physical observations, discussions on meal planning and general eating disorders support. When stable they will be discharged with a plan as per above.
- 5.18 We run a family/carers group than can be attended on an ongoing basis. We have had requests for families to attend post discharge and this can be considered if suitable.
- 5.19 All patients have a discharge plan prior to discharge that includes meeting ongoing care needs and a relapse plan.
- 5.20 **117 patients were discharged from the service between Apr 2018 and Mar 2019.**

6. Publicising the service

- 6.1 The link with GPs is ensured by the CCG clinical lead, who sits on the monitoring board for the Eating Disorder Service and advises on approaches and messaging.
- 6.2 NELFT works alongside BEAT, a national charity for Eating Disorders which offers support and advice and which produces high quality leaflets. The group is advertised to NELFT's service users and they in turn promote NELFT's service at their groups.
- 6.3 A number of methods of communication have been used including:
- Service leaflet
 - Communication with GPs
 - Eating Disorder awareness week communication, blog
 - Awareness raising through tipping the balance and GP's.

7. Risk management

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

8. Financial implications

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

9. Legal implications

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

10. Recommendation

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

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Appendices

Appendix 1 – Presentation provided by NELFT

Appendix 2 – NELFT Talks, Living with Anorexia

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