

**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
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ALL AGE EATING DISORDER SERVICE UPDATE

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

Authors: Emma Block, Partnership Commissioning Programme Lead for Children and Young People's Mental Health and Emotional Wellbeing

Sharon Dosanjh, Head of Mental health Commissioning, Medway NHS CCG

Brid Johnson, Director of Operations, Kent and Essex NELFT

Summary

The Committee has asked for a further update on the Eating Disorder Service following consideration of a report and presentation at the June 2019 meeting.

Eating disorders continues to be a 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 NHS Long Term Plan (2019) renewed the national commitment to improve and widen access to care for children and adults needing mental health support. This included boosting investment over the next five years.
- 1.2 The NHS is on track to deliver the new waiting time standards for eating disorder services by 2020/21. Four fifths of children and young people with an eating disorder now receive treatment within one week in urgent cases and four weeks for non-urgent cases. As need continues to rise, the extra investment will allow maintenance of the delivery of the 95% standard beyond 2020/21.
- 1.3 As noted in previous updates, the Medway Local Transformation Plan (LTP) for Children's and Young People's Mental Health 2015/16 to 2020/21 sets out a shared commitment and priorities towards achieving a brighter future for all children and young people's emotional and mental health and wellbeing.

- 1.4 Medway's Mental Health Adult Strategy 2018-2023 also states a commitment to "improve the mental health and wellbeing outcomes for the people of Medway and ensure that there is excellent quality, safe, supportive, easily accessible and cost effective care for people with a mental health condition or who are at risk of developing one."
- 1.5 Both the LTP plan and MH Adult strategy include developments for supporting children, young people, adults and their families when experiencing eating disorders.

2. Background

- 2.1 Since 1 September 2017 Medway and Kent Clinical Commissioning Groups (CCGs) procured a 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 The All Age Eating Disorder Service continues to routinely offer:
- 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.
- 2.4 The referral process is via single telephone number for all referrals (Tel: 0800 300 1980). The minimum age for referrals to this service is 8 years old.
- 2.5 The Kent and Medway eating disorders service is based at The Courtyard in Maidstone, but all patients will be seen in their locality areas across Kent & Medway.

3. Governance

- 3.1 The mobilisation process was managed through a robust project governance structure that includes key stakeholders from the three CCG systems (East, North and West), and service user representatives. This has now moved into a governance and monitoring phase.
- 3.2 The governance is now focussed 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 commenced on 1 September 2017.

4. Delivery of service transformation

- 4.1 The current clinical model and pathway for the all age eating disorder service in Kent and Medway started its development in April 2018 and began operating in October 2018. Since then the process of transformation has included the development of evidence-based care pathways, robust systems, efficient processes and innovative technology.

5. Performance and Waiting Times

5.1 Referrals: Medway data April 2019 - Dec 2019

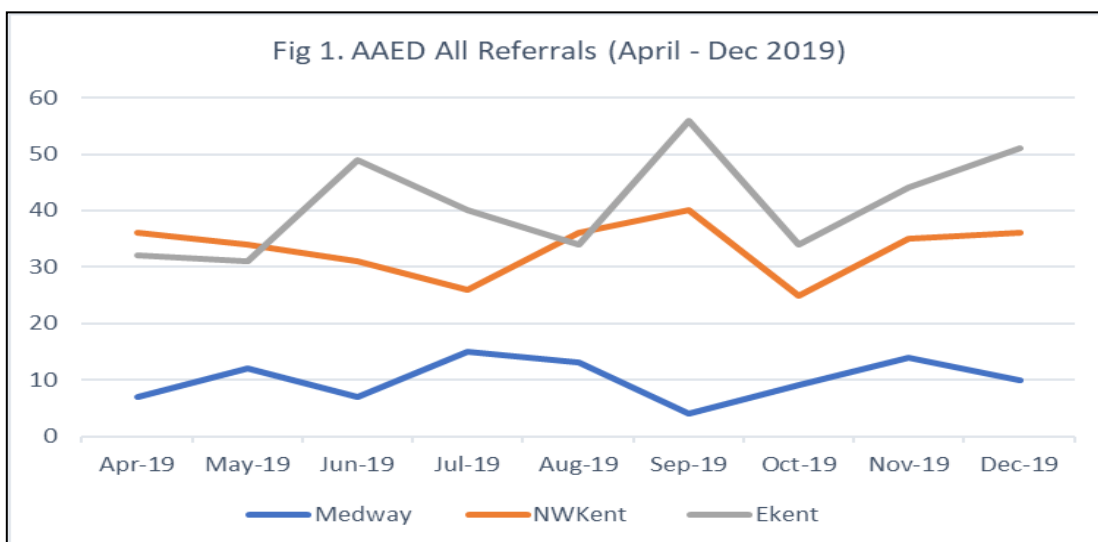
	Q1	Q2	Q3	Medway Total
Total number of referrals	26	32	34	92
Number of re-referrals within 6 months	0	1	3	4
Number of accepted referrals	17	22	19	58
Number of referrals not accepted	9	9	12	30*

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

Main sources of referrals across all ages include General Practice, internal child and adolescent team, carers and self.

Medway referrals have represented just under 10% (9.8%) of all referrals between April – Dec 2019 into the service across Kent and Medway (Fig.1). Total referrals across all ages in Kent and Medway 761.

- 5.2 Total contract cost is approximately £2.6 million proportionate between the current 8 CCG areas. Medway CCG contributes from adults and children's mental health budgets.



5.3 Current Medway case load (Breakdown of patients seen by month quarter and by age)

	Q1	Q2	Q3	Total (April - Dec 19)
Total caseload	121	129	127	377
Age: 5 to 19yrs	34%	43%	40%	38%
Age: 19 to 64yrs	66%	57%	60%	62%
No. discharge from service	33	28	20	81

Approx. 97% of caseload are female with 3% males.

Between April and Dec 2019, the DNA rate has varied between 10-14%.

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

5.4.1 At the point of assessment, treatment will commence for all patients that are accepted within the EDS service. Assessments for children and young people are completed within 4 weeks (non-urgent) or 7 days (urgent). Currently there are fewer than 5 children or Young People waiting to be seen.

5.4.2 Adults are seen within 8 weeks to start assessment and treatment. There are currently 16 Adults (Feb 2020) in Medway who are waiting to be seen.

5.4.3 Once a referral is received by an AAEDS (All Age Eating Disorder Service) administrator via the EDS Single Point of Access, it is screened as appropriate for service. This referral is then screened by AAEDS clinicians who are allocated for Duty cover, this is screened the same working day. All referrals into the service are triaged over the telephone by the AAEDS duty clinician where information is gathered to inform decision making and a risk assessment is completed. Referrals are then screened as routine, urgent or emergency. Emergency referrals are to be seen within 72 hours and urgent referrals within one week. AAEDS are working towards seeing routine referrals within 4 weeks.

- 5.4.4 AAEDS use the MARSIPAN risk assessment tool and the Junior MARSIPAN risk assessment tool when screening referrals into the service. There are factors that determine urgency of referral based on these risk assessments. These include BMI (adults) and Weight for Height (children), rate of weight loss, physical health observations including heart rate and blood pressure, suicide risk or deliberate self-harm. All of these factors help to determine the risk identified at referral to then aid appropriate assessment time with the service.
- 5.4.5 AAEDS have strong collaborative links with MYPWS (Medway Young Person's Wellbeing Service). Should AAEDS need to refer a young person to MYPWS then this is facilitated through the Kent and Medway Single Point of Access Team. MYPWS can also refer a young person into AAEDS through the same route. In the instance of a young person being under the care of both AAEDS and MYPWS then there is collaborative working between the two teams.
- 5.4.6. AAEDS have attended MYPWS team meeting to ensure working relationships are maintained and to share our referral criteria. AAEDS also provide consultation to MYPWS should they require any advice on managing disordered eating presentations or query if a young person would meet criteria for AAEDS support.

5.5 **Crisis support access**

- 5.5.1 The Kent and Medway crisis team continue to support all young people who are referred and require crisis support. There are good links and work collaboratively with the Crisis team.
- 5.5.2 For adults who are presenting in crisis or attend A and E, they are seen by KMPT psych liaison, with whom we also link in and work collaboratively in order to support the person's Eating Disorder needs.

5.6 **Waiting times and inpatient numbers**

- 5.6.1 At any given point in time, 8-10 children and 10-12 adults from Kent and Medway are in beds. Currently there are no new admissions for Medway children or adults (Feb 2020). Referral rates generally across Kent and Medway continue to be higher than predicted and also very complex. This is having an impact on the level of early intervention work NELFT is able to do.
- 5.6.2 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).
- 5.6.3 Inpatient care:
- Woodlands Unit, Staplehurst: A non-specialist general adolescent unit, for Kent and Medway. Recently transferred to NELFT.
 - Brighton Elysium Healthcare: Child and Adolescent outpatient clinic providing treatment for children and young people aged 3 to 17 years with emotional, behavioural and mental health difficulties.

- Rhodes Wood Elysium: specialising in treating children and young people who are diagnosed with an eating disorder and require inpatient / residential, day-care or outpatient care.
- Priory Huntercombe: Huntercombe Hospital Maidenhead is a Tier 4 Child and Adolescent Mental Health (CAMHS) hospital for young people aged 12 to 18 years.
- Ellern Mede: Ellern Mede Eating Disorder Services are a specialist provider of intensive inpatient and outpatient treatment for children and young people.

5.6.4 Day care facility:

South London and the Maudsley, an Intensive Treatment Programme and National Service.

5.7 Discharge arrangements as previously reported remains as below:

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.

5.7.1 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.

5.7.2 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 before discharge for stabilisation.

5.7.3 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.

5.7.4 A family/carers group is available 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.

5.7.5 All patients have a discharge plan prior to discharge that includes meeting ongoing care needs and a relapse plan.

5.7.6 81 patients were discharged from the service between Apr 2019 and Dec 2019.

6. Publicising the service

6.1 Links with GPs is continued to be 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 are still being used to communicate the service including:

- Service leaflets to advertise support available
- Communication to and through GP surgeries
- Eating Disorder awareness week communication through social media and online channels e.g. blogs
- Awareness raising through tipping the balance and GP's

7. Peer Review of Kent and Medway All Age Eating Disorder Service

7.1 The Quality Network for Community Children (QNCC) & Adolescent Mental Health Services (CAMHS) undertook a comprehensive review in October 2019 to benchmark the Kent and Medway All Age Eating Disorder Service against QNCC Service Standards.

7.2 A visiting team spent a day speaking to staff and parents/carers about the service. This followed a self-review from local staff to gather a comprehensive review. The main purpose was to provoke detailed discussions on areas the service wished to target for improvement. The full report is attached as Appendix 1 and summary is given on pages 3-10.

AAED Service was scored as below against the service standards:

Section	Total Met Scores
Referral and Access	100%
Assessment and Care Planning	88%
Care and Intervention	89%
Information, Consent and Confidentiality	92%
Rights and Safeguarding	100%
Transfer of Care	96%
Multi-agency Working	95%
Staffing and Training	93%
Location, Environment and Facilities	94%
Commissioning	100%

7.3 A number of recommendations were made which could benefit the service operation and patients experience. Highlighted areas have been taken forward as areas for service development.

8. Future Developments

8.1 Additional funding identified through the NHS Long Term Plan, and further detailed in the Mental Health Implementation Plan and Mental Health Investment Standard presents an opportunity for future service development.

8.2 Current discussions between Commissioners and providers have been exploring the areas below:

- Continued support to meet the national Access and Waiting Time Standard for Children and Young People with an Eating Disorder and for adults.
- Introducing or expanding intensive day care and intensive home-based eating disorder treatment.
- Early Intervention possibilities, such as FREED.
- Digital opportunities.
- Embedding support into physical health.
- Peer support opportunities.

8.3 Physical Health check Nurses

Medway CCG will be commissioning three nurses to work directly with GP practices. The nurses will support practices in completing physical health checks for people on the Serious Mental Health (SMI) register in Medway as well as carry Dementia care reviews. The nurses will be hosted by Medway Community Health Care (MCH) but be based in GP practices.

- 8.4 Recruitment is currently underway, and we expect the nurses to be in post April/May 2020. This will help ensure that people on the SMI register receive support for their physical health earlier and are signposted to other services as necessary.

9. Risk management

- 9.1. As with all clinical services there are always particular risks inherent and such, are detailed in contract and service specifications agreed at time of procurement.
- 9.2 Oversight by the performance management group across CCG's (and as one from April 2020) ensure contractual arrangements are met and funding is allocated in a timely and effective process. These meetings are required as part of their NHS contract to provide assurances around performance and quality to the CCG.

10. Funding

- 10.1 The NHS Long Term Plan, published on 7 January 2019, commits to grow investment in mental health services faster than the overall NHS budget. This will create a new ring-fenced investment fund worth at least £2.3 billion a year by 2023/24. Further to this, the NHS made a commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- 10.2 Consolidated financial profiles for LTP and NHS Long Terms Plan released in the NHS Mental Health implementation Plan 2019/20 – 2023/24 provide an indicative breakdown of investment levels to be expected through CCG's and Central / transformation workstreams.

11. Financial Implications

- 11.1 There are no financial implications to Medway Council arising from the contents of this report.

12. Legal Implications

- 12.1 The reduction of inequalities in access and outcomes is central to the whole transformation work programme. In Medway, it has been ensured that LTP plans detailed under the Equality Act 2010 are taken into account with regard to reducing health inequalities and duties under the Health and Social Care Act 2012.
- 12.2 NHS England is committed to developing access and waiting time standards in mental health services across the whole life course. The NHS Constitution standard, Access and Waiting Time directorate details standards for waiting times for patients. NHS England publish standards of access targets for CCG's and across the Strategic Transformation Partnership footprints.
- 12.3 The LTP programme has been considered by Medway's Health and Wellbeing Board and NHS England through monitoring and review of the publicly available agreed Local Transformation Plans for Children and Young People's Mental Health and Wellbeing.

13. Recommendation

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

Lead officer contacts

Sharon Dosanjh, Head of Mental Health Commissioning, NHS Medway CCG
sharondosanjh@nhs.net

Emma Block Partnership Commissioning Programme Lead for Children and Young Peoples Mental Health and Emotional Wellbeing emma.block@medway.gov.uk

Appendices

Appendix 1 – CAMHS Quality Network for Community CAMHS Report Kent and Medway All Age Eating Disorder Service

Background papers

None.