

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

Report from: Brid Johnson, Director of Operations, Kent and Medway and Essex NELFT

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Summary

The Committee has asked for an update on Eating Disorders for Adults within the All-age Eating Disorder Service delivered by the North East London NHS Foundation Trust (NELFT) within Medway.

NELFT and Commissioning colleagues previously presented on the service at the Health and Adult Social Care Overview and Scrutiny Committee in March 2020.

Eating disorders continue to be a serious, often persistent, mental health disorder 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.

Although there are no mandated waiting time targets for adults to access eating disorder services, the Kent and Medway service is doing better than all other areas in our region despite an increase in the numbers and acuity of patients presenting. Adults are achieving the same waiting time standard as the children and young people target for both routine and urgent appointments. Kent and Medway also have a much lower use of tier 4 beds than other areas because of the improvements made within the community all age eating disorder service.

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1. Budget and Policy Framework

1.1 The ambitions outlined in the NHS Long Term Plan (LTP) (2019) for Mental Health and the Mental Health Implementation Plan 2019/20 -2023/24, which

expand mental health service provision, remain solid foundations to deliver mental health services in the context of Covid-19.

- 1.2 The mental health programme has ringfenced and committed funding, which is used to grow the workforce significantly and expand and transform mental health services.
- 1.3 Existing LTP requirements continue expansion and transformation of community services to ensure that in 2021/22 and beyond, at least 126,000 adults and older adults with Serious Mental Illness (SMI) can access new and integrated models of primary and community mental health, increasing to 370,000 adults and older adults per year by 2023/24 (including adult eating disorder, personality disorders and rehab pathway.) The investment of transformation funds is expected to link systems to provide an integrated model of care co-designed and co-produced with service users and their carers, designed to improve outcomes and patient experience.
- 1.4 Additional adult community mental health transformation funding for the adult eating disorder service will further transform the service through;
 - Enable better integration across pathways of care and provide support in the community in the form of an enhanced eating disorder care pathway
 - Provide liaison links with primary care networks
 - Deliver earlier intervention
 - Provide VCSE peer support services to improve recovery and prevent relapse.
- 1.5 As of the All Age service remit, links are strong across the newly refreshed Kent and Medway Local Transformation Plan for children and young peoples' mental health.

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 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: 0300 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 Medway ICP, and service user representatives.

3.2 The governance continues to focus on performance and contract management of the service, despite Covid NHS restrictions which is monitored at regular quality and performance meetings.

4. Delivery of service transformation

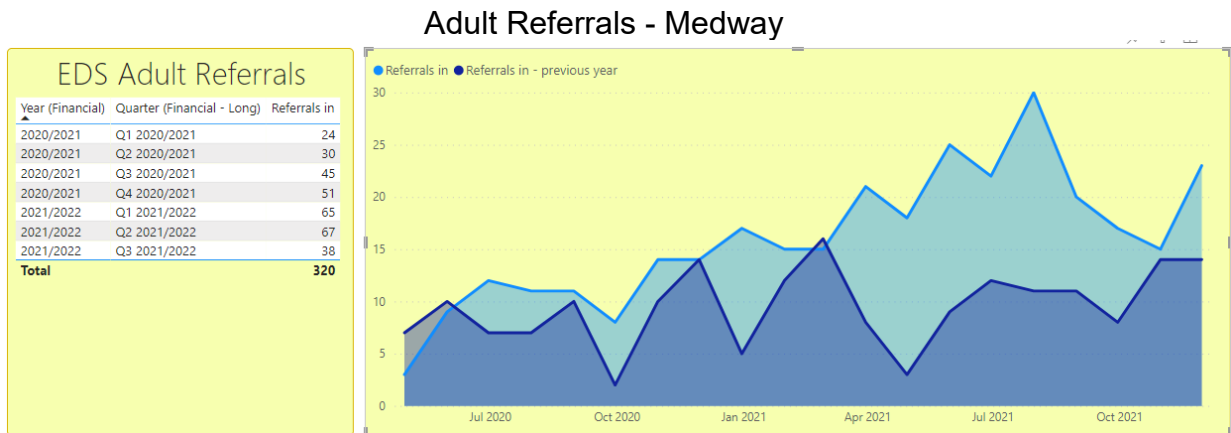
4.1 The service is currently expanding to offer a FREED (First Episode Rapid Intervention for Eating Disorders) Pathway, an Enhanced Care Pathway and planning for the pending ARFID (Avoidant Restrictive Food Intake Disorder) Pathway.

4.2 The service has successfully recruited 21 posts within the newly funded FREED and Enhanced Care pathways. Levels of staffing within this cohort include leadership and senior clinical roles, clinical support workers and administrators.

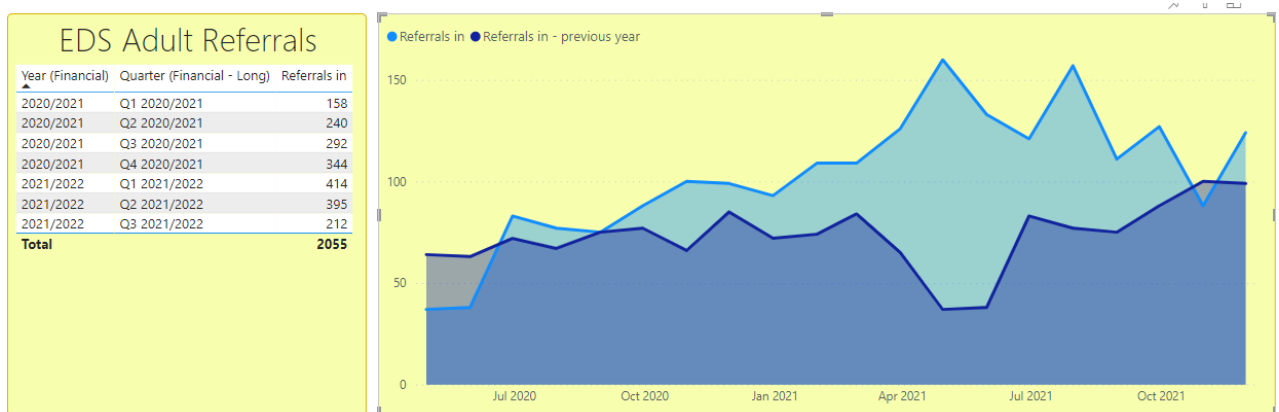
4.3 During the course of the pandemic AAEDS introduced additional physical health monitoring clinics and increased digital offers to patients in Medway. With the introduction of digital offers, feedback from patients has been that the service is more accessible to patients and appointments easier to fit into work/school timetables.

5. Performance and Waiting Times

5.1 Adult Referrals: Medway data April 2020 – Nov 2021

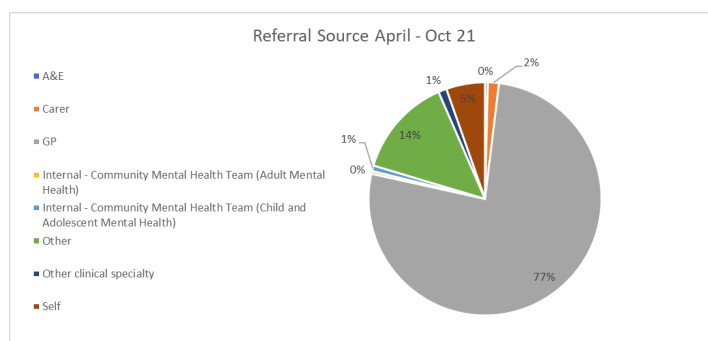


Adult Referrals – Kent and Medway service-wide



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

Referral Source – Kent and Medway service-wide



Main sources of referrals across all ages include General Practice, other and self referral.

5.2 Total contract cost is £4,283,222 split proportionately between the four ICP areas. We are hoping for an additional £1.3 million of transformation funding from NHSE during 2022/23.

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

Age (by seen)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
08 to 11	0	1	1	1	1	1	1
12 to 18	22	29	25	24	27	25	27
19 to 25	9	7	11	6	6	8	6
26 to 64	20	22	27	21	22	24	22
65+	0	0	1	0	1	0	0
Total	51	59	65	52	57	58	56

5.4 Approx. 93% of caseload is female with 7% males. It is noted that there is an increase in males referring into the service which is a positive trajectory. The Kent and Medway All Age Eating Disorder Service will continue to monitor this with the aim of increasing more awareness of eating disorders in males.

5.5 Between April and November 2021, DNA (Do not attend) rates have significantly improved and show an average of 4% DNA rate across the period, this compares to an average of 10% DNA rate in the previous year.

5.6 **Referral to Assessment (RTA) and Referral to Treatment (RTT)**

Access and Waiting time data for April – October 21

Access and Waiting Time KPI - Medway 2021-2022				
KEY PERFORMANCE INDICATOR	Unit	QTR 1	QTR 2	QTR 3
Non-Urgent Referrals b.1) Adults will be seen by an appropriate clinician within 4 weeks of referral,	Number	18	15	2
	Total	19	16	2
	Percentage	94.74%	93.75%	100.00%
Urgent Referrals c) Urgent referrals – Initial specialist assessment will be undertaken and appropriate treatment commenced within 7 days. Adults	Number	3	4	0
	Total	4	4	0
	Percentage	75.00%	100.00%	N/A
Emergency referrals Provider to clinically assess and facilitate triage of emergency referrals within 24 hours (CYP and Adults together)	Number	0	0	0
	Total	0	0	0
	Percentage	N/A	N/A	N/A

5.6.1 Once a referral is received by the EDS Single Point of Access (SPA), it is screened and clinically triaged by a clinician as appropriate for service and clinical urgency, i.e. routine, urgent or emergency. Routine Assessments are completed within 4 weeks and Urgent Assessments are completed within 7 days. Emergency referrals are to be seen within 24 hours and urgent referrals within one week. The Kent and Medway All Age Eating Disorder Service duty team will triage referrals and signpost onto appropriate services if they do not meet criteria. An example of this is the high prevalence of disordered eating presentations referred into the service and therefore appropriate signposting would be supported at this stage so that an assessment with the appropriate team was completed to avoid multiple assessment processes for the patient.

5.6.2 Adults are seen within 4 weeks to start assessment and treatment. There are currently no adults waiting to be seen.

5.6.3 Given the increase in acuity into the service as a result of the pandemic, AAEDS gate-keep commissioned BEAT (Beateatingdisorders.org.uk) services for access to a 12 week waiting list group intervention (MOTIVATE), an 8

week individual Binge Eating Disorder Intervention (MOMENTUM) and a 6 week carers intervention for carers supporting those with an eating disorder. AAEDS have had very positive feedback from patients, especially around the MOMENTUM intervention. AAEDS have plans to develop the working relationship with BEAT to include the development of a Senior CBT Therapist within AAEDS to consult with facilitators of the MOTIVATE programme to increase treatment effectiveness with formulations and treatment goals.

5.7 Crisis support access

- 5.7.1 The Kent and Medway crisis support for adults is provided by the Kent and Medway Partnership Trust. AAEDS have established links with the Crisis Team and adult psychiatric liaison for people with co-morbid mental health disorder who presents in crisis.
- 5.7.2 Adults who are presenting in crisis or attend A and E are seen by the Kent and Medway NHS and Social Care Partnership Trust (KMPT) psychiatric liaison team, who we also link in and work collaboratively in order to support the person's Eating Disorder needs.
- 5.7.3 AAEDS have supported with training the KMPT psychiatric liaison team to aid understanding and ability to recognise those presenting with an eating disorder.

5.7 Waiting times and inpatient numbers

- 5.7.1 Referral rates generally across Kent and Medway continue to be higher than predicted and also very complex, with an increase of comorbid mental health difficulties. This is having an impact on the level of early intervention work NELFT is able to do. There are currently 7 adult patients in a Tier 4 Specialist Eating Disorder bed. This is considerably lower than other regions. The split of tier 4 adult eating disorder bed use between Sussex and Kent and Medway is 70% Sussex and 30% Kent and Medway.
- 5.7.2 Over the last year AAEDS have seen an increase as high as 100% some months on admissions to acute medical wards. As a result of this increase AAEDS introduced the role of a Paediatric liaison nurse to aid collaborative working links between services and improve the patient journey. This role also allows or specific eating disorder training to be delivered to acute care colleagues and support offered in the form of de-briefs and reflective spaces given the increase in acuity and challenges acute care colleagues are experiencing with eating disorder patients admitted to the wards.
- 5.7.3 AAEDS have also introduced 'RED board' meetings twice a week which are MDT meetings between AAEDS, Acute medical wards and the Provider Collaborative if indicated. These meetings allow for prompt, safe discharge from acute medical wards, given bed pressures being experienced. Where there are children and adults awaiting Tier 4 admission, RED board meetings allow for exploration of other options to free up medical beds such as collaborative working with the local HEN teams for Nasal Gastric Feeding at home if the patient meets the criterion for this to be facilitated (Protocol developed this year between services).

5.7.4 Inpatient care: The Kent and Medway Eating Disorder Service work very closely with the Provider Collaborative, particularly with the allocated Kent Case Manager to enable smooth transition to Tier 4 services and discussion of complex cases when appropriate to improve patient experience. The Provider Collaborative is using the following services for adult eating disorder beds.

- Priory Group - Specialist Eating Disorder Units to include, Priory Hayes Grove, Bristol, Roehampton and Chelmsford
- Bethlem Royal Hospital
- Springfield University Hospital
- Cygnet Ealing
- Vincent Square Eating Disorder Service
- St Ann's Hospital

5.7.5 Day care facility:
South London and the Maudsley, an Intensive Treatment Programme and National Service.

5.8 Discharge arrangements

5.8.1 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.

5.8.2 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.

5.8.3 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.

5.8.4 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.

5.8.5 We run a family/carers group that can be attended on an ongoing basis. We have had requests for families to attend post discharge and this can be considered if suitable. AAEDS as mentioned above have also been referring families to SOLACE, provided by BEAT.

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

5.8.7 237 patients were discharged from the service between April and October 2021.

6. Publicising the service

6.1 Links with GPs continues 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:

- Communication plan 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
- Increase in training being offered to referrers

7. Future Developments

7.1 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.

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

- Additional investment secured to support meeting waiting times and access standards
- Embed FREED pathway within the service
- Explore intensive day care and intensive home-based eating disorder treatment.
- Explore and implement digital offers.
- Strengthen physical health monitoring offers and support.
- Continue to seek peer support opportunities.

7.3 Physical Health check Nurses

7.3.1 Kent and 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 register in Medway as well as carrying out Dementia care reviews. The nurses will be hosted by Medway Community Health Care (MCH) but be based in GP practices.

7.3.2 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.

8. Risk management

- 8.1. 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.
- 8.2 Oversight by the performance management group across CCG's ensures 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.

9. Funding

- 9.1 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.
- 9.2 Consolidated financial profiles for LTP and NHS Long Terms Plan released in the NHS Mental Health implementation Plan 2019/20 – 2023/24 provides an indicative breakdown of investment levels to be expected through CCG's and Central / transformation workstreams.

10. Financial Implications

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

11. Legal Implications

- 11.1 The reduction of inequalities in access and outcomes is central to the whole transformation work programme and takes into account the duties placed on us under the Equality Act 2010 and with regard to reducing health inequalities, under the Health and Social Care Act 2012.

12. Recommendation

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

Lead officer contact

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Appendices: None

Background papers: None