



**West Kent
Clinical Commissioning Group**

**The all age eating disorder
service in Kent and Medway
– contract commencement
briefing**

September 2017

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

Improving support for people of any age with an eating disorder service in Kent and Medway

Summary

This paper is being submitted to the HOSC to provide a briefing regarding the commencement of the Kent and Medway all age eating disorder service from 1 September 2017.

Recommendation

Members of the 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 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

Kent and Medway 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.

The service is required to achieve the national access standard for children and young people with an eating disorder. By 2020/21, 95 per cent of children and young people will access NICE concordant treatment within four weeks for routine cases, and within one week in urgent cases.

2.0 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
- Through an all age service the issues of transitioning at 18 years old to a different provider will no longer be experienced

- Staff have a greater breadth of skills and expertise for eating disorders – rather than generic mental health teams delivering this service.

3.0 Engagement with service users and professionals

Service user and professional engagement has been undertaken across the commissioning cycle, including during the procurement and mobilisation of the new service. We have developed a person-centred approach to commissioning, which enables service users and families to maximise choice and control and enhance recovery. We will continue to engage with service users and other stakeholders throughout the duration of the contract.

4.0 Mobilisation assurance

The procurement and 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. The governance will now focus on performance and contract management of the service which commenced 1 September 2017. This will include service users and family/carer experience, any near miss or never events and delivery against the national standards.

In addition to the established governance arrangements, bi-weekly mobilisation update teleconferences have been arranged for the first two weeks of mobilisation with each CCG and representatives from NELFT. The focus of these calls is for NELFT to give assurance, seek guidance and direction and report matters for escalation. Any issues requiring escalation to CCG Directors on call will be communicated by the relevant CCG lead.

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.

5.0 Delivery of service transformation

The transition and transformation of eating disorder services in Kent and Medway will take some time to be realised. The process of transformation includes the development of care pathways, formal consultation with staff and the development of systems, processes and technology.

We will continue to provide updates to key stakeholders about the progress being made. We anticipate that the process of transformation will take a year from contract commencement.

6.0 Recommendations

Members of the Kent Health and Overview Committee are asked to

- (i) NOTE the contents of this report.

Contact:

Dave Holman
Head of Mental Health and Children's programme area
NHS West Kent CCG
Dave.holman@nhs.net

Author:

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

