


Eating Disorder Service Mobilisation Update

March 2018

A large, abstract graphic on the left side of the page, composed of overlapping, curved shapes in various shades of blue and purple, creating a sense of movement and depth.

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 mobilisation of the Kent and Medway all age eating disorder service which commenced on 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 Mobilisation

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.

The legally required staff consultation period ended on 20 December 2017 and NELFT have now finalised the new all age service model staffing structure and are currently interviewing for the available posts. All posts will be allocated by 31 March in readiness for commencement of the new service model on 2 April 2018.

The governance is now focused on performance and contract management of the service which is monitored at monthly 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.

NELFT inherited a significant waiting list for assessments and therapy. Additional staff have been recruited to address this issue and the waiting lists have now reduced considerably.

4.0 Delivery of service transformation

The transition and transformation of eating disorder services in Kent and Medway is now underway although we anticipate that the process of transformation will take a year from contract commencement. The process of transformation includes the development of care pathways and the development of systems, processes and technology. We will continue to provide updates to key stakeholders about the progress being made.

5.0 Performance

Monthly performance reports are currently submitted through UNIFY. A comprehensive dashboard has been developed by NELFT and is presented at quality and performance meetings.

Local quality contract indicators reveal a total of 4 complaints received from Sept – Dec 2017, 2 compliments received and no incidents or Serious Incidents reported. The dashboard is to be updated in March to include some more robust quality indicators.

6.0 New Models of Care

NHS England has developed New Models of Care in an approach to cutting the number of people travelling long distances for care. This aims to bring down the number of people who receive in-patient hospital treatment and for those who do need more intensive care, that this is available closer to home.

Collaboratives made up of NHS mental health trusts, independent sector and charitable organisations will be working together, sharing a local budget, to effectively reorganise services in their area to provide the best care for patients.

Local managers and clinicians will take charge of managing budgets and providing inpatient and specialised mental health services, including eating disorders, tailoring them to their area's individual needs.

Kent and Medway CCGs now have a member who sits on the local NMC Board, Surrey and Borders collaborative.

7.0 Recommendations

Members of the Kent Health and Overview Committee are asked to

- (i) NOTE the contents of this report.

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