

Report to Cambridgeshire Health Committee

Agenda
Item No: 6

Eating Disorder Services - Follow-up to 12th July 2018 Report.

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| 1. | INTRODUCTION / BACKGROUND |
| | The Health Committee requested a follow up report after the July 2018 meeting where Eating Disorder services provided by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) were discussed. |
| 2. | BODY OF REPORT |
| | <p>The Committee has requested an update in the following areas:</p> <ul style="list-style-type: none"> • CPFT approach to service improvement in Eating Disorder services • Phoenix ED unit for children and young people • S3 adult in- patient ward service development progress • Eating Disorders community services update • Work with Universities • Regional Eating Disorders meetings • Complaints process • Update on Coronial process |
| 2.1 | CPFT approach to service improvement in Eating Disorder services |
| | <p>CPFT provides community and inpatient eating disorders services for both children and young people, and for adults in Cambridgeshire and Peterborough. We also provide community eating disorder services in Norfolk.</p> <p>The community-based service for children and young people was developed in recent years. The other services have been long standing. There are significant challenges in providing eating disorder services, and many of these relate to the ability to recruit and retain specialist staff. The conditions treated are complex and these services have high mortality rates compared to other mental health services. They also have a physical health component and close integration with physical health services, both general practice and secondary care, is essential.</p> <p>Within CPFT we have been seeking to address the recruitment and retention issues through redesign and development of the services. This has been undertaken with active participation of service users and their families as well as from staff.</p> <p>The sections below highlight the service development work undertaken with the Phoenix Eating Disorders Unit for children and young people, the adult in-patient ward (S3) and the adult community service for Cambridgeshire and Peterborough. The updates highlight</p> |

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| | <p>service developments which have taken place since the last report to the Committee in July 2018.</p> <p>In 2019 we are planning to commission, jointly with the CCG, a review of our Eating Disorders Services in order to assure the changes made to date; and to seek expert advice regarding the next phase of service development for both commissioning and provision.</p> |
| 2.2 | <p>Update on Phoenix Eating Disorders Unit for Children and Young People</p> <p>Following a six-month period of intense planning, recruitment, training and infrastructure modification, the Phoenix Unit reopened to young people on 8th October 2018. Phoenix Unit provides specialist eating disorder services for 13 to 18 year olds across the East of England. It is a 12 bedded ward which now includes a high dependency area and employs close to 40 members of staff.</p> <p>During the planning period between May and October, the Trust successfully recruited new staff; a new ward manager was seconded to the unit, five new nurses, an occupational therapist and seven health care assistants. In September, prior to re-opening, staff underwent a comprehensive training and development programme in support of the new treatment pathway which was being introduced in October.</p> <p>Project implementation workstreams led by the clinical staff on the Unit included:</p> <ul style="list-style-type: none"> • Redevelopment of the clinical service model • Operational development of service delivery • Workforce planning • Training and development for all staff • Infrastructure to ensure the unit is well supported <p>A phased re-opening and admission process has been undertaken since 8th October to ensure safe and sustainable services can be maintained. The plan was phased to increase admissions to 8 young people by December: Phoenix currently has 8 patients.</p> <p>An end of project review has been completed, including lessons learnt for the future, and in January, the clinical and leadership team will be reviewing the success of the model to date, the learning since the reopening and further improvements and developments for the future.</p> <p>The 'New Models of Care' proposals, led by NHS England, will be the next strategic phase of work for the both the inpatient and the community eating disorder service. This is aimed at increasing home treatment, supporting more young people in the community, shortening inpatient lengths of stay and reducing the need for inpatient beds in the future.</p> <p>It is also expected that the Phoenix Unit will relocate to the Children's Hospital as part of creating an integrated and research led physical and mental health hospital on the Biomedical Campus.</p> |
| 2.3 | <p>S3 adult in- patient ward service development progress</p> <p>S3 is a 14 bed unit and provides support with safe re-feeding and feeding regimes, medical monitoring, body image groups, psychological therapies as recommended by NICE and other psychological input such as motivational interviewing and Dialectic Behavioural Therapy (DBT).</p> |

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| | <p>The team is multi-disciplinary and includes medical staff, psychology, nursing, dietetics, physiotherapy, occupational therapy and administrative support.</p> <p>In order to address recruitment difficulties, and to maintain safe service levels, it was agreed with NHS England (who commission the service as a specialist service), to temporarily reduce the bed occupancy to 12 beds until staffing levels improved. It is anticipated that the ward will return to full capacity in February 2019.</p> <p>In order to seek to sustainably address the staffing issues a full review of the service has been undertaken with the participation of service users and their carers.</p> <p>As a result of this work there is now a clear vision of what the ward will offer. This is a vision which has been developed with service users and now ensures a mutual expectation of the service.</p> <p>There have been changes to the environment of the ward to seek to make it a model therapeutic environment with new furniture and redecoration; there has been investment in staff training and development; there has been proactive efforts to recruit new staff and the development of new and attractive roles. Some examples of new roles include the addition of a housekeeper; an activities co-ordinator and a clinical nurse specialist post 9 currently in the process of recruitment). Additional appointments made to date include two new staff nurses, one occupational therapist, and one occupational therapy assistant.</p> <p>The staff development and training plan includes whole team training for DBT skills; multi-family therapy training, MBT (mentalisation) training for all staff; and specific additional psychological training for both nursing staff and psychology staff. Training the whole team will improve the consistency of the therapeutic environment.</p> <p>Pledges have been made to patients based on the changes they requested, and these are regularly updated in ward community meetings.</p> <p>The progress is good and we expect to be in a position to fully open all capacity by February 2019.</p> |
| 2.4 | <p>Community Eating Disorders Services Update</p> <p>The Community Eating Disorders Service (CEDS) team geographically covers Cambridge, Huntingdon and Peterborough providing community clinics and support for adults suffering from eating disorders.</p> <p>The team consists of medical staff, psychologists, nurses and a dietician. CEDS have managed to successfully recruit over the past 6 months and are up to establishment (with plans being made for upcoming maternity leave).</p> <p>The team has seen a decrease in waiting times and has successfully engaged families and carers in carer workshops, monthly carer groups and multi-family days which have received fantastic feedback.</p> <p>The consultant is also engaged in delivering GP training on eating disorders for GP's in the area.</p> <p>The team have developed weekly high-risk meetings to ensure their high-risk patients are closely monitored and weekly discussion meetings to discuss any other pressing clinical issues.</p> |

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| | <p>The biggest challenge currently facing the team is an issue with GP's declining to provide routine medical monitoring for eating disorder patients due to risk involved and this not being seen as something GPs are commissioned to do. It is also not part of the service specification for the community service and discussions are taking place with the CCG to address this.</p> <p>This is a common issue across the region and was an item debated at the recent regional Eating Disorders meetings. This is an area not sufficiently well defined in NICE guidance.</p> <p>The community eating disorder service for children and young people was established in early 2017 across Cambridgeshire and Peterborough. The service accepts up to 100 referrals per year and sees urgent referrals within 1 week and routine referrals within 4 weeks.</p> <p>The biggest challenge for the service has been recruitment and efforts continue to attract specialist staff.</p> <p>The transition of young people from a family-based therapy service to the adults service is also a key priority and work continues across children and adults services to ensure that this transition is as smooth as possible.</p> |
| 2.5 | <p>Discuss CPFT Policy regarding closer working with Universities</p> |
| | <p>It is clear that the transition to University is a time of increased challenge and risk for patients with eating disorders. In Norfolk where many students are registered with the University medical centre there is a streamlined process in place and there is a high level of expertise within the practice. The lead GP presented this approach and work at the recent learning event.</p> <p>However, the practice is variable and Universities that do not have a campus medical practice will be more variable in both expertise and closeness to the local eating disorder service.</p> <p>CPFT has protocols for supporting the transition of patients who move out of Cambridgeshire to go to University elsewhere; we also ensure liaison when students with an eating disorder move into our universities in Cambridge.</p> <p>The high level of risk, and complexity of the transitions when patients move to University – often shopping and cooking for themselves for the first time - was an item discussed in detail at the recent learning event. The advice heard from one clinician was that patients should not be advised to go to University until it is clear that their illness has reached a good level of recovery; most specifically for patients with illness so severe as to have recently required a period of admission.</p> <p>There was also an identified need for a national framework to support care planning and support for patients who are at University and therefore often spending large parts of the year with fragmented care delivered across different services and GP practices in different parts of the country.</p> <p>It was agreed that this is an area of heightened risk and is a national issue.</p> |

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| 2.6 | Regional Eating Disorders meetings |
| | <p>There have been two regional eating disorders events to raise awareness of best practice in eating disorders services; and to seek commitment to action across the east of England to improve the commissioning and provision of services for this vulnerable and high risk patient group.</p> <p>The first event was advertised as a learning event for the NHS and was held on 13th November 2018, hosted by CPFT. It was co-chaired by myself and Keith Grimwade, Chair of Governors at CPFT and Chair of the Regional Eating Disorders Network. The event was for NHS commissioners and providers, and over 100 people attended. The agenda covered the recommendations from the Parliamentary Health Services Ombudsman's Report into eating disorders titled 'Ignoring the alarms; how eating disorders services are failing patients' ; it then considered integration of services between primary and secondary care, with particular regard to establishment of medical monitoring arrangements; we heard how the University of East Anglia medical practice works with the Norfolk community eating disorders service; and discussed the challenges facing patients and eating disorder services when young people are in university; we considered acute hospital management of patients when they become physically unwell, and heard about the development of good practice in Norwich and Ipswich; and finally we heard about mechanisms which need to be established to ensure system learning from serious incidents; and how we need to organise serious incident investigations when care is delivered across a number of organisations.</p> <p>We concluded the event with the development of a set of commitments made across the east of England. These summary slides are attached in Appendix 1.</p> <p>The East of England Clinical Network held its first Eating Disorders Conference on 4th December which was attended by 100 delegates representing the full range of people who encounter people with an eating disorder and included a combination of presentations and workshops. Dr Dasha Nicholls, who chairs the Eating Disorders Faculty of the Royal College of Psychiatrists, gave the keynote presentation drawing attention to the significant progress that had been made with children and young people, whilst recognising the many challenges ahead, including parity for adult services. Presentations were given from the perspectives of schools, primary care, the voluntary sector, community services, inpatient provision and acute provision. A panel of service users and carers spoke powerfully about what most matters to them. Primary care medical monitoring was a key feature of the day as well as the need for schools and colleges to be better informed on how to recognise and support CYP with an eating disorder. The Eating Disorder Clinical Network has committed to setting up a Primary Care Medical Monitoring sub group to develop and agree options for Primary Care Medical Monitoring in the East of England. The network will also ensure that upskilling staff in schools and colleges on how to support CYP with an Eating Disorder is an integral part of the Mental Health Support Team offer, being rolled out as part of the Green Paper.</p> <p>The east of England will have a new regional director in April 2018. She will be accountable to both NHS England and NHS Improvement. Keith Grimwade and I have asked to meet with her to share our work and to ensure her oversight of this priority area of patient safety.</p> |
| 2.8 | Complaints Process |
| | <p>The complaints process in CPFT has been reviewed over the summer in order to reduce the time it is taking for complaints to be investigated and responded to. Turnover of staff had led</p> |

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| | <p>to a backlog of responses. This has now been cleared. The average response time is not yet within the expected 30 days, and work led by the Director of Nursing and Quality continues to seek to ensure we respond on average, within this timescale.</p> <p>The trust receives approximately 17 complaints per month. Given the complexity of some of the services the trust provides, undertaking thorough investigations can take significant time if there are many staff to be interviewed; however the ambition is to meet this average response time standard before the end of FY19.</p> |
| 2.9 | Inquests regarding Eating Disorder deaths |
| | <p>The Cambridgeshire Coroner's Office has held pre-inquest review hearings for five deaths which include a diagnosis of eating disorder. The five cases include one case from 2012, one case from 2017 and three cases from 2018. It is expected that the Coroner will hear the cases in 2019.</p> |
| 3.0 | Conclusions |
| | <p>CPFT continues to actively develop the eating disorders services which we provide. We are leading the development of shared best practice across the east of England, and are committed to ensuring that the recommendations in the PHSO report are implemented in our region.</p> <p>It is clear from our learning and network events that the challenges we face are common. There is a need to continue to reduce the fragmentation in service delivery, especially regarding medical monitoring, and to ensure clear protocols in acute hospitals for the treatment of eating disorder patients when they become physically unwell. Work with Universities is important given the increased risk potential during this transition.</p> <p>We continue to work with our commissioners to address these issues, and to raise awareness at the regional level to ensure that the commitments made in our learning event are delivered.</p> |

Author: Tracy Dowling
Title: Chief Executive
Date: 18th December 2018