CYP community eating disorder services - national update and curricula

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CYP Community Eating Disorder Programme and National Update

• Eating Disorder programme and plans for national curricula

• National policy oversight
  o CYP IAPT
  o CYP and parent engagement
  o Data
  o Local Transformation Plans
  o Other NHS England CYP MH work streams
  o Support for Commissioners
Recent announcements to improve access to services

Autumn Statement 2014: £30m recurrently

- Develop evidence based community Eating Disorder services for children and young people: capacity in general teams released to improve self-harm and crisis services.

Budget Announcement Spring 2015: £1.25b over the next 5 years

- Build capacity and capability across the system so that by 2020, 70,000 more children and young people are treated per year will have access to high quality mental health care when they need it.
- Roll-out and extend the Children and Young People’s Improving Access to Psychological Therapies transformation programmes (CYP IAPT)
- Improve perinatal care
- Pilot a joint mental health training programme for single points of access in specialist CAMHS and schools, testing it over 15 CCGs.

Implementation of these announcements will be via Transformation Plans
Understanding the experience of care

Current care pathway (variable across the country)

Primary care
- Identification and referral

Generic CAMHS
- Varying levels of expertise and different EB treatments available

ED “mini teams”
- Specialist-level treatment

CYP-ED service
- Specialist-level outpatient community treatment

Inpatient treatment
- Specialist ED inpatient service (mostly from private sector)
- Some offer day treatment

Current challenges

Barriers to early intervention
• problems in early identification
• inadequate understanding of eating disorders
• poor recognition of risks
• delay in referral to appropriate services
• poor awareness of local care pathways or eating disorder services
• lack of capacity to respond by existing CAMHS or eating disorder services creating delays
• lack of local eating disorder services
• lack of capacity within the service to provide the intensity of treatment needed
• lack of training of CAMHS professionals.

Barriers to identification and engagement
• AN does not seek out help. Difficult engagement
• People with ED see their health professionals for physical (gastrointestinal) symptoms, and not for mental health

Inadequate liaison
• Among healthcare providers
• Significant national variability in the effectiveness of collaboration
• Often, systems for collaboration with education or other local agencies are not in place

Transition difficulties between services
• Age between 12 and 18 is a peak period for ED difficulties, however transition from child to adult services imply a break in treatment
• Geography issues: this age also imply high numbers of patients moving out of home: lost of familial support and difficult healthcare service transition
Evidence for cost-effectiveness of the CEDS-CYP model

The **most cost-effective** treatment of AN in CYP is reported to be delivered by a **community-based eating disorder service** as opposed to generic CAMHS

- Not uniformly available throughout the country.

**Delaying access** to eating disorder treatment may **increase long-term health costs**:

- Children and young people starting treatment in **non-eating disorder CAMHS settings** have higher rates of **inpatient admission** in the next 12 months.
- The majority of CYP managed in specialist eating disorder settings receive continuous care for their eating disorder **without** the need for further referrals.
- In **areas with direct access** from primary care to CEDS-CYP there is significantly **better case identification** and therefore early referral for treatment.

**More studies underway**

- **CostED** study (a study of the costs and effects of different types of community-based care for anorexia nervosa).
- **Multicentre RCT** of the outcome, acceptability and cost-effectiveness of family therapy and multi-family **day treatment** compared with inpatient care and outpatient family therapy for adolescent anorexia nervosa.
- **Multi-centre RCT of treatments** for adolescent anorexia nervosa, including assessment of cost effectiveness and patient acceptability.
- **RCT** of the cost **effectiveness of cognitive-behavioural guided self-care** versus family therapy for adolescent **bulimia nervosa** in a catchment area-based population.

Byford et al., 2007; House et al. (2012)
Eating Disorders (CYP)
Published July 2015

NCCMH Expert Reference Group developed:

- Access and waiting time standard
- Referral to treatment pathway
- Model for delivery of dedicated community eating disorder services for children and young people (CEDS-CYP)
- Service standards align with guidance for quality improvement and accreditation network (QNCC-ED; launch on 2 Mar 16).

- **Commissioning guide with workforce calculator** published to support local commissioners with transformation.
  - **Clinical lead:** Rachel Byrant-Waugh
  - **Commissioning lead:** Andrew Roberts

www.england.nhs.uk
Eating Disorders (CYP)

Access and waiting time standard

Those referred for assessment or treatment for an eating disorder should receive *NICE* concordant treatment within **one week** for urgent cases and within **4 weeks** for every other case.

Introduced and **monitored** in 2015-16 via MHSDS; tolerance levels to be set and **standard implemented** from 2017-18

Aim is **for 95%** of those referred for assessment or treatment receive *NICE* concordant treatment with the ED standard RTT by **2020**

The Role of Education

*Eating disorder curricula group* being convened in partnership with HEE (first meeting October 2015) **building on**:

- Systemic family practice curriculum for eating disorder
- Existing whole team training packages for multi-disciplinary community eating disorder services/teams
- Modality specific **evidence based interventions** anticipated to be in line with updated eating disorder *NICE* guideline to be published in **2017**
A new service to meet this challenges

A Community Eating Disorder Service for Children and Young People (CEDS-CYP)

- An **appropriately trained, supported and supervised** team
- Use of information **technology for teamwork** from different geographical locations
  - Eg. Following a “hub and spoke” model

### Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Detail</th>
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<tr>
<td>Receive a minimum of <strong>50 new</strong> eating disorder referrals a year</td>
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<tr>
<td>Cover a minimum general population of <strong>500,000</strong> (all ages)</td>
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<tr>
<td>Use <strong>up-to-date evidence-based interventions</strong> to treat the most common types of coexisting mental health problems (for example, depression and anxiety disorders) alongside the eating disorder</td>
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<tr>
<td>Enable <strong>direct access</strong> to community eating disorder treatment through self-referral or from primary care services (for example, GPs, schools, colleges and voluntary sector services)</td>
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<tr>
<td>Include <strong>medical and non-medical staff</strong> with significant eating disorder experience</td>
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## Community Eating Disorder Services: Staff calculator

<table>
<thead>
<tr>
<th>Number of referrals per annum</th>
<th>150</th>
<th>100</th>
<th>50</th>
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<tbody>
<tr>
<td><strong>Whole time equivalents</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Head of service</strong> (psychiatry/psychology)</td>
<td>1.9</td>
<td>1.3</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Clinical psychologists</strong></td>
<td>2.8</td>
<td>1.9</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Eating disorder therapists</strong> (SFT-ED/MSFP-ED/CBT-ED)</td>
<td>4.9</td>
<td>3.3</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Nursing staff</strong> (nursing/home treatment)</td>
<td>2.2</td>
<td>1.5</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Speciality doctors</strong> (psychiatry)</td>
<td>1.2</td>
<td>0.8</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Assistant psychologists</strong> (SFP-ED/MSFP-ED/CBT-ED support)</td>
<td>2.7</td>
<td>1.8</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Paediatricians</strong> (physical health)</td>
<td>1.9</td>
<td>1.3</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Dieticians</strong></td>
<td>1.9</td>
<td>1.3</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Administrative staff</strong></td>
<td>2.0</td>
<td>1.4</td>
<td>0.7</td>
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</table>

Whole time equivalent staff broken down by profession
### Recommended training for CEDS-CYP teams

#### Training goal

<table>
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<th>Training goal</th>
<th>Details</th>
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<tbody>
<tr>
<td>Develop multidisciplinary eating disorder teams</td>
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<tr>
<td>Understand the complex nature of eating disorders</td>
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<td>Develop a strong team culture</td>
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<tr>
<td>Develop early intensive skills training and ongoing support and supervision</td>
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<tr>
<td>Adopt core CYP-IAPT principles</td>
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<tr>
<td>Evaluate the impact of training on transformation of services</td>
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Also, CEDS-CYP will have a role in training for other professionals

- Raising awareness
  - Primary care
  - Education
  - Other children services

The relationships developed through the training can be used to provide regular support to the teams involved in improving early identification of children and young people at risk of developing an eating disorder.
## Recommendations for structuring a CEDS-CYP

When commissioning an eating disorder team or ensuring an existing service meets the Access and Waiting Time Standard requirements, commissioners need to know:

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>Size of the population served by the team</td>
</tr>
<tr>
<td>Local incidence of eating disorders in children and young people drawn from</td>
</tr>
<tr>
<td>the JSNA in Mental Health</td>
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<tr>
<td>General level of coexisting mental health problems and how these will be</td>
</tr>
<tr>
<td>managed</td>
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<tr>
<td>Capacity and effectiveness of current services</td>
</tr>
<tr>
<td>Anticipated impact of new or proposed services in meeting the need</td>
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<tr>
<td>A model that will be able to achieve the waiting times for the anticipated</td>
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<tr>
<td>level of need.</td>
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All members of the team should have experience in:

- **Treatment or assessment** of eating disorders
- **The mental health sector.**

The team’s collective membership needs to provide the following expertise:

- **Psychiatric** assessment for CYP
- **Medical** assessment and monitoring
- **Rapid response to referrals** as outlined in the care pathway
- **Trained to supervisory level** for evidence-based psychological interventions for EDs (CBT and/or family interventions)
- **Trained in the delivery of evidence-based** psychological interventions for EDs
- **Community care:** the team should have the experience to be able to provide home treatment and family support
- **Acute service and paediatric support:** support should be provided to these services 7 days a week
- **Delivery of care:** Services should consider how they can provide care and response over a 7-day week
- **Administration:** the team should have sufficient staff to provide administrative and management support; it is important to ensure that support staff are experienced and have adequate training in relevant areas including data entry.
Recommended approaches for data collection

• Why collecting data?
  • Feedback is essential to the success of the CEDS-CYP programme, both nationally and locally

• The data collected can:
  • enhance the individual therapy experience of children and young people and their families or carers
  • support the development of each practitioner’s clinical skills and development
  • support the development of teams/services.

• Commissioners can use the data to:
  • inform future needs assessments
  • review service provision through benchmarking and volume of service required
  • inform priorities in terms of the most effective services for the identified need
  • inform the design of services that will provide the most effective use of resources to achieve the best outcomes
  • manage contract performance
  • receive children and young people’s feedback on service provision, which will enhance their choices.

Eating disorder services can use the data to inform and support the continuous improvement of services.
Benefits for users: children, young people, their families and carers

- Improved access and reduction in waiting times
- Better knowledge of how to recognise eating disorders and how to access appropriate care when needed
- Receiving treatments for eating disorders and coexisting mental health problems from 1 team
- Continued transformation of CAMHS evidence-based, outcome-focused, working collaboratively with children, young people and families
- Less need for inpatient admission with the disruption to school and family life

Children, young people, their families and carers know how to ask for help in their local areas

Every person receiving appropriate evidence-based eating disorder treatment, based on their needs

Improved outcomes, sustained recovery, reduction in relapse, and reduced inpatient admissions

Less need for transfer to adult services and long periods of treatment

CYP and families have more involvement in commissioning services that meet their needs.
Policy context for Children and Young People's Mental Health Care
Profile of children and young people’s mental health – could it be higher?

- Health Select Committee Report
- Children and Young People’s Mental Health and Wellbeing Taskforce FUTURE IN MIND
- DfE Guidance
- YoungMinds vs .......
- Five Year Forward View and Achieving Better Access to Mental Health Services by 2020
- NHS England Mandate, Health Education England Mandate
- Intense Media interest
- Life course MH Taskforce (building on Future in Mind)
Published March 2015 – continues to set direction of travel for the new Government

- Consensus across the whole system built on principles of CYP IAPT

- A clear steer and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it.

Key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce
At the National Level

- Department of Health chaired system oversight board includes Department for Education, ‘Arms length Bodies’ plus Association of Directors of Children’s Service, Local Government Association, Association of Directors of Public Health
  - 4 subgroups:
    - **Data and Outcomes** - National metrics, MHMDS, data sharing
    - **Service Transformation** - oversight of LTP analysis, Communications, Joint work on vulnerable children, Operational group
    - **Prevention and Early Intervention**
    - **Workforce** - Audit and develop workforce strategy for new and existing staff

- Cross cutting board aims to:
  - develop effective system wide governance arrangements to support and sustain local transformation of mental health services for children and young people.
  - support work that either requires or receives significant benefit from joint approach
  - information sharing
Local Transformation Plans

- All CCGs submitted on time
- 123 plans covering 209 CCGs
- Assurance has determined monies to go out to all CCGs by End December
- Spend to be tracked in Q3 and Q4
- Funds to be made recurrent subject to demonstration at assurance of appropriate use
- Plans in user friendly format on web by 31\textsuperscript{st} December must include baseline
Data update

- **MHMDS due to flow Jan 16 – are you registered?**
- HSCIC leading work to check state of readiness for data flow with programme of support and comms
- Need to check all commissioners are aware that ALL MH services commissioned by NHS flow data and if necessary assist 3rd sector
- **Prevalence Survey** commissioned to report by 2018
- Research by DfE into MH spend in schools
- **HEE workforce mapping** – CYP MH across providers
- Further work by NHSE on Programme Funds
- Plan to test currencies next year
- **NHS Benchmarking Report 2015**
For the first time, Mandate sets out both longer-term objectives for 2020 and specific deliverables in the short-term for 2016/17, both aligned to the FYFV.

Planning guidance

- New approach to local planning: five-year Sustainability and Transformation Plans to cover all areas of NHS commissioning and integration with local authorities.
- “Place-based” – localities to determine their own footprint (by 29/1).
- Single approval process for access to Sustainability and Transformation Fund from 2017/18 – including new SR funding for mental health.
- Expectations on national challenges and questions to be considered in developing local STP.
- Further guidance in January – first draft STPs to be produced by end June.
CYP IAPT

• Continued commitment to embedding evidence based, outcome focussed collaborative service transformation with full participation

• Increased geographical coverage of service transformation programme to 100% by 2018

• Breadth and depth – ensuring enough therapists trained

• Continuing to offer training across partnerships (CBT, SFP, IPT-A, Parenting, Supervision, Service Transformational Leadership, EEBP)

• New curricula – evidence based interventions for
  • Children and young people with learning disabilities or autistic spectrum disorder
  • Working with 0-5s
  • Counselling
  • Combination - Prescribing and therapy
  • Inpatient CAMHS

• Linked to ED programme and curricula development for whole team training and modality specific curricula
Building on what we know

- Delivery of evidence-based practices
- Improving outcomes accountability
- Improving access & engagement
- Increasing MH awareness & decreasing stigmatisation
- Enhancing youth, carer and community participation
Is it working?

- Young people seen more quickly-time between referral and assessment decreased by 73%
- YP achieved significant clinical improvement over fewer sessions - number of days between assessment and discharge decreased by 21%

Improved access through self-referral routes, single point of access, outreach services, evening and weekend appointments.
Greater involvement of children, young people and their parents or carers:

- Staff appraisal and training
- Website and information design
- Planning and delivery of mental health awareness
- Mystery shopped service evaluation
- Environmental changes
- Speaking with clinical directors
- Recruitment and interview panels
- Throughout treatment and every aspect of their care
- New feedback systems ‘you said, we did’

CYP agreed they had recovered sufficiently to be discharged - percentage of closed cases by mutual agreement increased

Pre CYP-IAPT2: 34%
With CYP-IAPT: 56%

Is it working?
CYP and parent/carer engagement

• Young People’s Health Select Committee Report launched November
  Proposals include - parity of funding, joined up system, statutory level of attainment for MH in schools, training for teachers and GPs as well as MH workforce focused work cyberbullying and exam stress

• Time to Change anti stigma campaign
  www.time-to-change.org.uk
My Mental Health Services Passport
www.england.nhs.uk/mentalhealth/2015/10/15/passport-brief-yp-mh

Developed by young people and parents/carers with NHS England as part of the CYP IAPT programme

The aim of the passport is to help young people using services **to own and communicate their story** when moving between different services.

The passport provides a summary of young person’s **time in a service**, for the information will be **owned by the young person**, and for it to be shared with any future services **if the young person wishes**.
• **New online resource** created for and with parents and carers to help improve mental health care for children and young people

• **Over 900 parents/carers** identified 5 key areas:
  • access, equality and diversity
  • communication
  • service leadership and delivery
  • methods of engagement
  • workforce development

• **Best practice case studies, videos, resource directory**

[www.youngminds.org.uk](http://www.youngminds.org.uk)
Resources

MindEd is a free educational resource on children and young people’s mental health for all adults.

Follow @MindEdUK

GIFT

Sign up for www.myapt.org.uk;
see video clips
https://www.youtube.com/user/CernisLimited/videos

DATA:

Chimat and CAMHS ebulletin – http://www.chimat.org.uk/camhs
CORC: http://www.corc.uk.net/
NHS Benchmarking Report 2015
MHSDS-to flow from Jan 2016

Resource for all adults to increase awareness and understanding
Includes free e-learning sessions for all those working with CYP (incl. ED sessions)
Currently developing sessions with parents for parents

https://www.minded.org.uk/
Key challenges for us all

• Workforce planning and capacity - across all sectors
• Variable leadership, commissioning and collaboration
• Joint commissioning
• Understanding of Future in Mind
• IT planning for MHSDS - need to comply with requirements to be able to flow data and use outcomes in the room
• Working across the life course – how and when
• Anxiety about spending the money in the best possible way
Things to celebrate

- Complete focus from many local areas with clear leadership
- Joined up approach
- Focus of strategic players supporting local areas
- Raised profile of CYP MH locally and nationally
- Creative ideas and energy

Next steps for ED

- Identifying and delivering support to areas as required via extra resources in SCNs for CYP MH including ED
- Analysis of
  - Declared baselines-spend, workforce
  - Key themes e.g. crisis, vulnerable young people
  - KPIs selected – will help inform national KPI development for ED and CYP MH
- Review and learn from each other
- Establish peer-review and support network (QNCC-CED) – shared learning
Other relevant work streams in NHS England

- Inpatient tier 4 procurement and further improvements to access beds in a timely fashion including bed management system
- Transforming Care - Case managers to support CTRs and EHC plan
- DfE schools link launched: 22 sites, 255 schools
- Further support for Health and Justice commissioning and liaison and diversion
- Eating Disorders - work on training specification for whole team training
- Crisis, liaison and urgent care – joining whole life groups
Direct support for commissioners and providers

- System Dynamic model
- Scope commissioning support training
- Refresh specifications published last year
- Deliver service specification for Eating Disorders based on commissioning guidance
- Each access and waiting time standard will include commissioner guidelines
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