

Buckinghamshire, Oxfordshire, Berkshire West (BOB) Children & Young People PEACE Pathway

Jo Holliday, Consultant Clinical Psychologist & Clinical Lead
Laura Marshall, Clinical Psychologist
Kim Hoffman, Clinical Psychologist

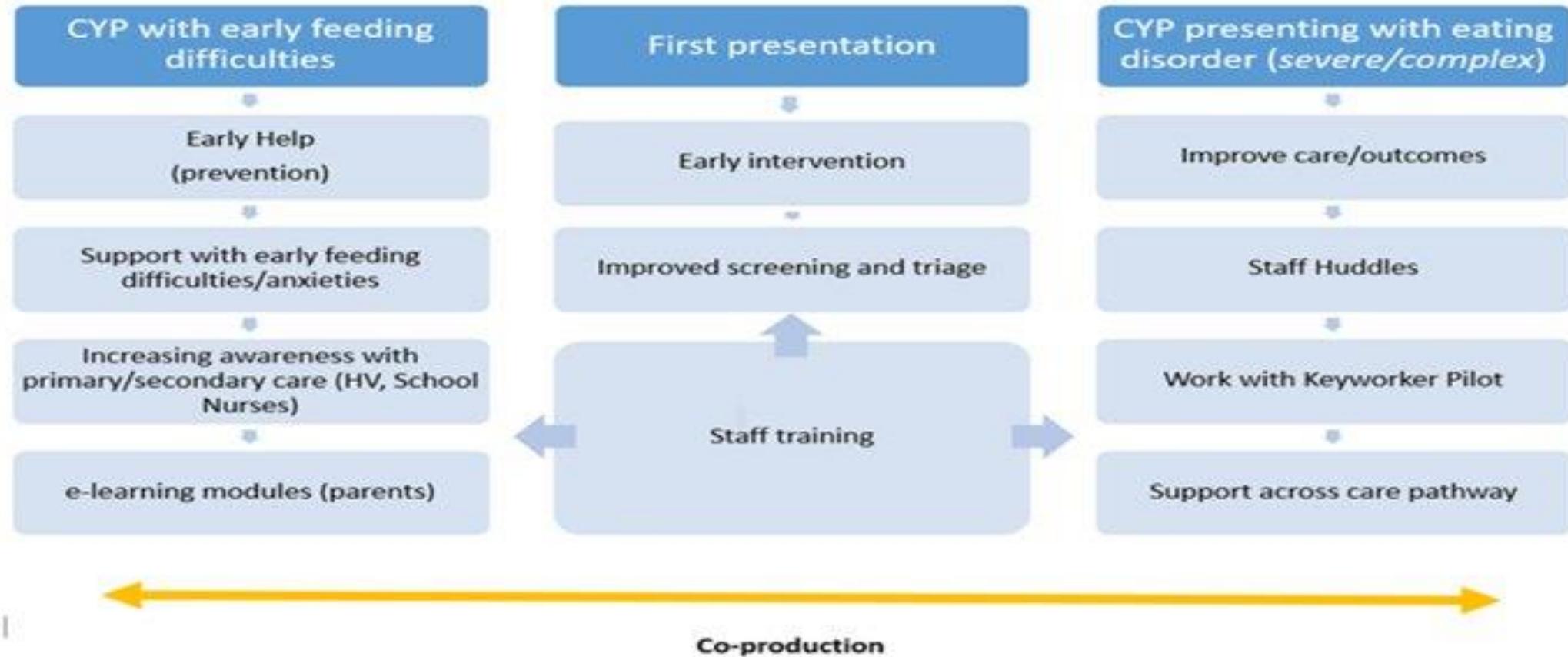
7th September 2022

Why PEACE for Young People?



- Inspired by original PEACE project
- Funding opportunity to improve care pathways for children with autism
- Autism more common in young people with ED than general population
- Adolescents often present with ED first
- Young people with autism and ED have poorer outcomes and experiences of care
- Increase in presentations of autism and ED since pandemic
- Aim is to improve care provision for this group with hope of avoiding chronic illness course

Adapting the PEACE pathway innovation for CYP Eating difficulties/disorder



Clinical Team



Joanna Holliday
Consultant Clinical Psychologist &
Clinical Lead



Laura Marshall
Clinical Psychologist
(Buckinghamshire)



Kim Hoffman
Clinical Psychologist
(Berkshire)



Lucie Smith
Assistant Psychologist
(Oxford)



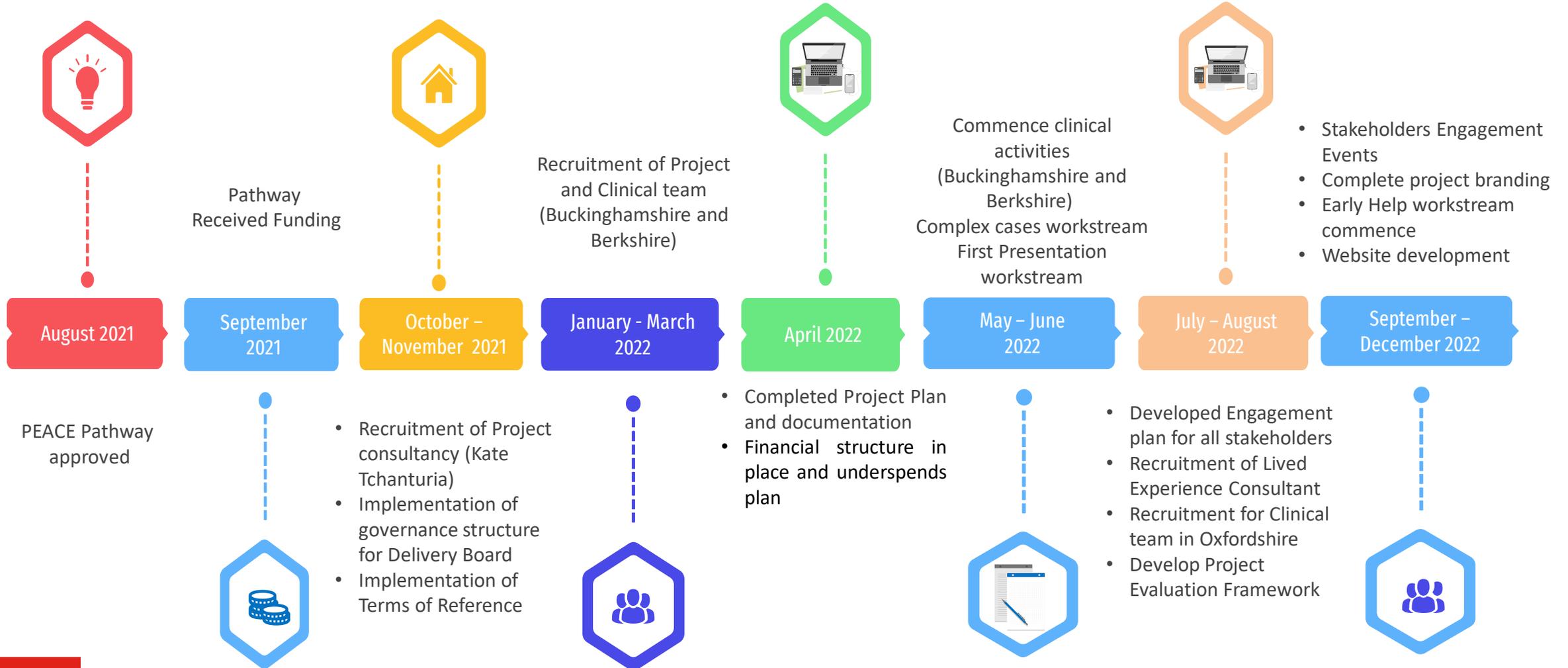
Litsa Sourla
Assistant Psychologist
(Buckinghamshire)



Elicia Stone
Assistant Psychologist
(Berkshire)

Project Activities & Achievements

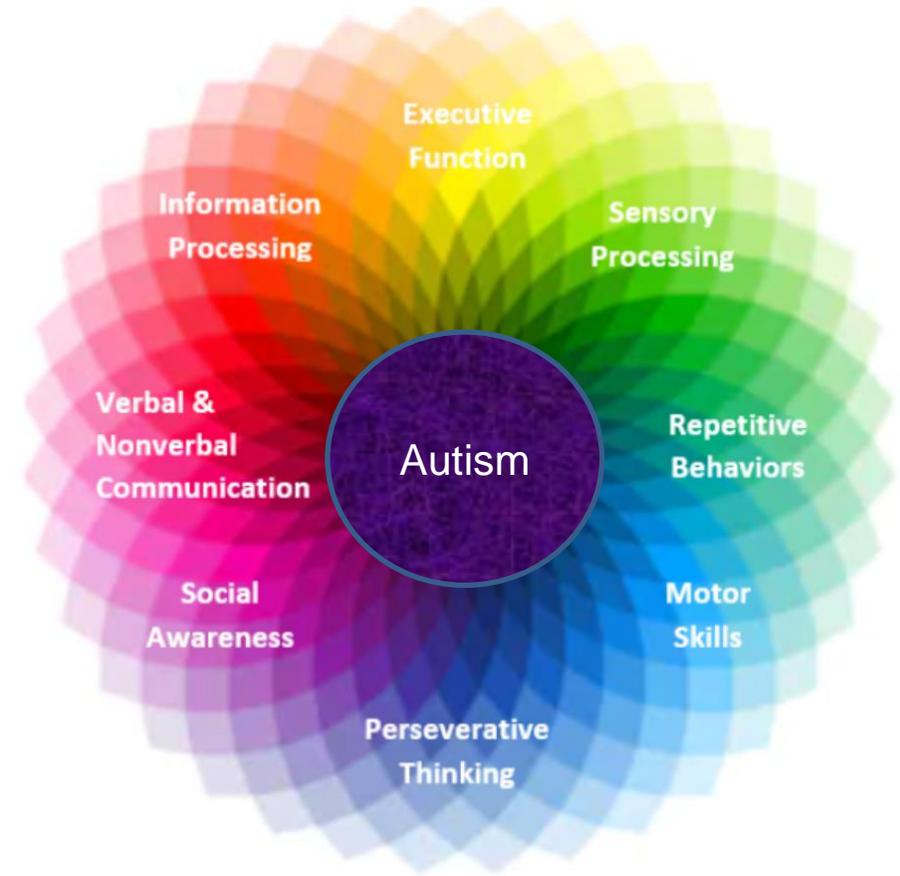
August 2021 to December 2022



How we work to develop the project

Meeting	Purpose	Frequency
BOB CYP PEACE Pathway Delivery Board	Provide leadership and direction to the programme Decision making and sign off Board	Monthly
CYP PEACE Pathway Output Meetings	Detailed discussions on developing the workstreams / project plan / Topics for each meeting forward planned	Bi-weekly
CYP PEACE Pathway Clinical Team Meetings	Clinical Team come together to discuss cases / elements of the project	Weekly
CYP PEACE Workshops	Developing pathways Bring team together for team building, reflection on project	Quarterly June Topic – Pathway Mapping Sept Topic – Reflection on project so far, what's gone well, Engagement events, Next phase
Communication and Engagement	To build collaboration with other pathways To share knowledge re: PEACE across BOB	Various communication and engagement plans are upcoming, offered in different formats

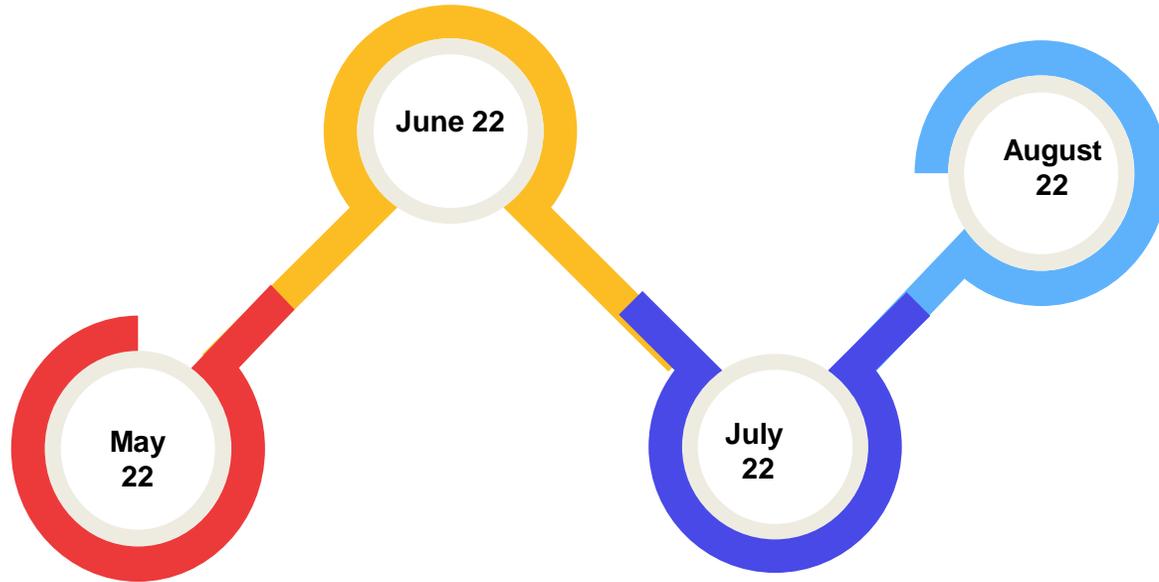
- Training needs analysis
- Introduction of screening tools
- Reasonable adjustments



Participation

Developed our Participation Strategy.
 Recruited Fiona to the team)

Ran first parents/carers parent participation group across BOB



Consultation with participation leads across BOB

Recruitment for the Participation groups

PEACE  Pathway for Eating disorders and Autism developed from Clinical Experience

PARTICIPATION GROUPS

The Thames Valley PEACE project is a new initiative that is focused on increasing understanding and promoting inclusive care for autistic or possibly autistic young people with eating disorders and their families. We work collaboratively with existing CAMHS teams in Berkshire Healthcare NHS Foundation Trust and Oxford Health NHS Foundation Trust.

- o Participation means getting involved and having a say about how the Thames Valley PEACE project supports young people and families within CAMHS services.
- o You know what you want and need from services and by listening to you and learning from your experiences we can keep young people and their families at the centre of everything we do.
- o The Participation Groups are a chance for you to share your views and ideas about how services can be improved and contribute to decisions about how services are developed.
- o We value your involvement, and all attendees are offered reimbursement for their time (£15 per hour or a voucher to the same value).

Young Person Group

For young people with lived experiences of autism and eating disorders within CAMHS services.

Date: Monday 22nd August (and then every other month)

Time: 4pm – 5:30pm

Where: Online - MS Teams

Parent / Guardian Group

For parents or guardians of young people with lived experiences of autism and eating disorders within CAMHS services.

Date: Wednesday 24th August (and then every other month)

Time: 4pm – 5:30pm

Where: Online - MS Teams

In the first session we will cover ...

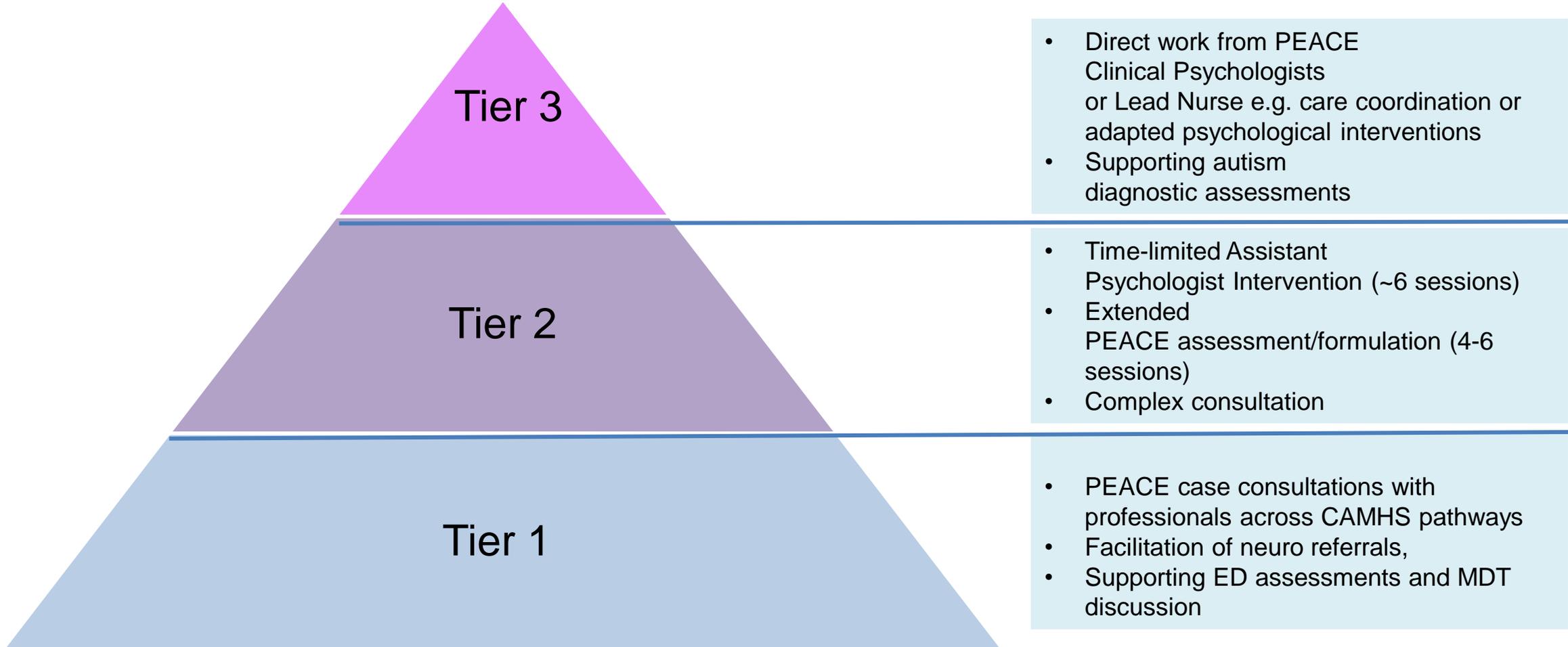
- An introduction to PEACE.
- Information about different ways you can get involved.
- Your ideas... what did you like and what would you improve about services?

If you would like to get involved, please speak to your clinician or email Kim on kim.hoffman@berkshire.nhs.uk

“carer support has been so helpful”

“it would have been good to know about the link between autism and eating disorders earlier”

“consistency in clinicians is important”



Case study – PEACE Care Coordination

- J is 13-year-old girl who presented to the local paediatric ward following a deterioration in her physical health having engaged in significant dietary restriction over the course of several three months. J was suspected to be on the autism spectrum and was already awaiting diagnostic assessment by the local Neurodevelopmental team
- PEACE clinician joined the initial Eating Disorder Assessment which took place on the ward - offered an initial PEACE consultation and agreed ongoing complex consultation initially
- J and her family struggled significantly with managing discharge from the paediatric ward and had a lengthy second admission
- Agreed with the PEACE team to take on care coordination of the case to support effective multidisciplinary working and in the hope of supporting to avoid a psychiatric admission
- Referred J for a CETR and referred to the keyworker pilot. Completed Liaison and joined assessment with the 'Hospital at home team'
- Commenced regular professionals' meetings (initially weekly) to support thinking around discharge from hospital – paediatric colleagues were instrumental in this being achieved
- Supported liaison re: neuro assessment which was expedited – have attended feedback meeting with parents now a diagnosis has been given
- Currently offering regular contact to J's parents in order to continue to support her in the community

Complex case consultation

- 12-year-old with diagnosed AN and autism – offered an initial consultation appointment with her CC and then joined CPAs and professionals meeting throughout her inpatient admission to support discharge planning – there is now a plan to offer direct input from PEACE following discharge from hospital

Case consultation examples

- Providing guidance on managing physical health parameters to a 15-year-old girl in outreach services with diagnosed AN and autism
- Pre-assessment consultation re: binge eating for a 17-year-old autistic young person open to the local ID team
- Advice given re: adaptations to therapy completed by trainee clinical psychologist working with a young person with diagnosed autism and anorexia nervosa in the ED team

'Great to present my case and see it through the lens of neurodiversity. sent me some good resources to look at how FBT can theoretically be adapted Resources highlighted for support back into school/sends etc'

(Oxfordshire – Eating Disorders Team)

'Just good to talk through the formulation and for the clinician to come back to me with useful resources related to ASD. There was a good and helpful sharing of knowledge'

(Buckinghamshire – Eating Disorders Team)

'Just listening to the discussions around different young people and hearing about practical support that we as an eating disorder team can provide'

(Oxfordshire – Eating Disorders Team)

'Having time to think about the YP as a team & plan the care jointly is really beneficial , knowing we had this time meant we didn't rush in without thinking when we assessed the YP but were able to say we would be in contact (a week later) so it feels calmer & planned '

(Oxfordshire – Eating Disorders Team)

Early Help workstream

Developing and offering digital resources and workshops for parents and carers of autistic or possibly autistic young people with eating difficulties who may be at risk of developing eating disorders

Extending to age 25

Offering PEACE support to young people and their families up to the age of 25 via the FREED pathway.



How?

What do we want?

Why?

Inputs

- Resources and expertise
- Consultations
- Expertise on overlap of autism and eating disorders



Activities

- Case mapping
- Case Consultation
- Implementation of screening tools
- Training for CAMHS teams



Outputs

- Implement the PEACE pathway
- Integrate PEACE activities with current provision
- Bridge and build areas of expertise



Outcomes

- Improve recognition and understanding of this patient group
- Improve clinical outcomes and experience of care



Impact

- Improving knowledge and facilitate access to better care
- Reduction in escalations where possible



Supporting consultations in OSCA, ID, Neuro and ED teams (Buckinghamshire)

Recruitment of Lived Experience Consultant

Good project documentation and process

Good engagement with teams and young people across BOB

Berkshire CYP BED are using an autism screening tool at assessment.

Direct work with complex cases started (Buckinghamshire/Berkshire)

Assistant psychologist supporting referrals for autism diagnostic assessments in the ED team (Buckinghamshire)

Recruited to all Clinical and Project roles across BOB

Case consultation commenced in May for Buckinghamshire, Berkshire, and Oxfordshire?

Identify which organisation will employ each member of BOB wide team.

Still continue to do joint interviews but employing organisation to host the interviews so the correct process can be followed

Keep the transformation project agile enough to adapt to surrounding circumstances so not to lose any engagement – started with Complex Cases

Clinical and project team understanding each other's language / roles / expectations

Keep the pace with clinical work and putting in place new systems
Clinical Team time split 60:40 project work: clinical in Year 1

Be clear on how the funding will be managed across organisations and within directorates

Being clear about project limits – recognising where we can't meet all the need e.g. early help, need for commissioned ARFID pathways

Managing different operational processes across BOB clinical teams (Neuro and all age services)

Recruitment as a risk to delivery – requires persistence and flexibility