Adult Eating Disorder

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| **Service Specification No.** | MH_06 |
| **Service** | Adult Eating Disorders Services – Outpatient/Community |
| **Commissioner Lead** | Nicky Bromage |
| **Provider Lead** | Mel Watson |
| **Period** | 1st April 2022 to 31st March 2023 |
| **Date of Review** | By 31st March 2023 |

## 1. Population Needs

### 1.1 National/local context and evidence base

This service specification is consistent with national best practice and operational frameworks using the following policy guidance;

- MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa October 2010
- Guidance for commissioners of eating disorder services; JCP http://www.jcpmh.info/wp-content/uploads/jcpmh-eatingdisorders-guide.pdf
- Eating Disorder (NICE CG009)

**Local strategic context**

- Staffordshire and Stoke on Trent Adult Mental Health Strategy 'Mental Health is everybody's business' 2014-2019
- Staffordshire Strategic Needs Assessment – Working Together for Better Health 2012
- Up to date statistics can be found on the POPPI and PANSI HSCIC systems.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

| | | |
|---|---|---|
| **Domain 1** | **Preventing people from dying prematurely** | |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | |
| **Domain 4** | **Ensuring people have a positive experience of care** | |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | |

### 2.2 Local defined outcomes

Expected outcomes include:

- Weight restoration
- Establishing regular and balanced eating patterns
- A clarification of diagnosis
- Stable biochemistry
- Identifying and exploring underlying emotional problems
- Improved psychological functioning

Standardised measures should be used to measure outcome (e.g. Eating Disorder Examination Questionnaire, EDE-Q; CORE; HONOS; Clinical Impact Assessment Questionnaire, CIA) as well as considering other factors such as weight, BMI, menstrual status, mortality rates and recovery outcomes (e.g. returning to work/college). Patient satisfaction with services should also be evaluated.

## 3. Scope

### 3.1 Aims and objectives of service

The service aims to promote recovery and or promote optimum functioning and quality of life for those individuals whose illness runs a chronic course.

This specialist service provides treatment using a Bio/psycho/social model which is evidence based. Treatment does not only focus on weight and eating but also on the associated / under pinning, psychological issues. Medical monitoring and physical risk management are also an integral part of the treatment.

Psychological models include Cognitive Behavioural Therapy – Enhanced (CBT-E), Cognitive Analytical Therapy (CAT), Psycho-dynamic Psychotherapy, Systemic Family therapy and Interpersonal Therapy (IPT).

Many of our patients will require twenty sessions of CBT-E. A number will require treatment over a much longer duration of time some of whom may require admission to a specialist eating disorder unit for intensive treatment.

The aims of treatment are to:

- Establish regular healthy eating patterns
- For the patient to cease compensatory behaviours
- Restore / maintain a healthy weight range
- Manage/improve physical health
- To understand underlying psychological issues and facilitate positive change in these areas

When working with individuals who have more complex presentations and associated co morbidities, there will be close joint working with the CMHT, ensuring effective liaison and a shared plan of risk management. It will be clear who is Care Co-ordinator for the patient. The roles of each designated professional will be made clear within the care plan.

### 3.2 Service description/care pathway

This specialist service provides a comprehensive assessment and evidence based treatment for those people with a diagnosable eating disorder including Anorexia Nervosa, Bulimia Nervosa, EDNOS and Binge Eating Disorder.

<u>Assessment</u>
Comprehensive assessment includes a detailed account of the patient's history, their current mental health, eating disorder symptomatology and physical health incorporating ECG examination and routine blood chemistry. Bone scans will be requested where clinically indicated. Outcome measures are completed at assessment.

<u>Care Planning</u>
Programmes are based on a plan of care devised in collaboration with the patient and where appropriate their carers. Associated professionals are informed of the care plan and invited to collaborate as necessary. Patients are treated within the care co-ordination system and are regularly reviewed.

<u>Treatment and Care</u>
The service recognises the multi-casual aetiology of eating disorders and aims to offer integrated multidisciplinary assessment and treatment.
The service offers various types of treatment options, therapeutic treatments, medical monitoring, dietetic advice and support and advice for carers.

Patients are offered an intensive programme, which does not only focus on weight and eating, but also acknowledges the need to understand the underlying psychological aspects of the disorder. Individual therapy and a variety of group treatments offer our patients an opportunity for exploration of wider issues which include body image, anxiety management and assertiveness training.

Out-patient Treatment Options include:

- Evidence based, focal psychological therapies- CBT-E, IPT, CAT, Systemic Therapy
- Individual Psychotherapy
- Psycho-education
- Dietary analysis and education
- Medical monitoring
- Support for carers
- Relapse prevention

Diagnostic Criteria

*Anorexia Nervosa*

Core Features

- Weight loss with weight maintained 15% below expected for height (BMI <17.5)
- Morbid fear of weight gain and of becoming fat
- Amenorrhoea >3 months
- Loss of libido in males
- Distorted body image/self esteem unduly associated with weight and shape

Other Features

- Self induced vomiting
- Laxative abuse
- Excessive exercise
- Low self-esteem
- Depression
- Anxiety
- Social withdrawal

*Bulimia Nervosa*

Core Features

- Weight generally within normal limits
- Morbid fear of weight gain and of becoming fat
- Objective binge eating (twice a week for the last three months)
- Recurrent compensatory behaviours in order to prevent weight gain (vomiting, laxative abuse, diuretic abuse, excessive exercise)
- Self evaluation unduly influenced by weight and shape
- Dietary restriction

Other Features

- Low self-esteem
- Depression
- Anxiety

EDNOS (Eating Disorder Not Otherwise Specified)

These disorders do not meet the diagnostic criteria for a specific eating disorder, but actually make up the largest percentage of eating disorder sufferers.

Core Features

- Meeting criteria for anorexia but has regular menses
- Meeting criteria for anorexia but weight within normal limits
- Meeting criteria for bulimia but binges occur <twice a week or for a duration less than three months
- A patient with normal body weight engages in compensatory behaviours but does not binge
- A patient who repeatedly chews and spits out but does not swallow the food

Binge Eating Disorder

Core Features

- Weight generally above normal limits
- Recurrent episodes of binge eating characterised by both:
    1. Eating in a discrete period of time an amount of food that is definitely larger than most people would eat in a similar period of time
    2. A sense of lack of control over eating during the episode
- Marked distress regarding binge eating
- Binge eating occurring, on average, at least twice a week for a 6 month period
- The patient does not meet the criteria for bulimia and does not utilise compensatory behaviours in an attempt to avoid weight gain

Other Features

- Low self esteem / shame and guilt
- Depression
- Anxiety

Response Times

Response times are determined by clinical need/urgency and fall within National Guidelines for 18 weeks referral to treatment. All urgent referrals will be discussed and prioritised.

Discharge Process

In general, discharge will be a process agreed by all parties; the patient, therapist, carer and other professionals. In cases were the patient is unable to utilise treatment then the GP will be asked to take responsibility for monitoring and risk assessment. In some circumstances referrals to other services may be considered.

Once a date has been agreed for discharge, the following should be considered;

1. Any long term follow up plan to be communicated to the patient in terms of how it will be arranged and when it is likely to be carried out. The patient will be asked to complete outcome and satisfaction questionnaires. The data collected will be collated. The satisfaction questionnaires will be inputted onto The Meridian System and used to generate reports. The outcome measures are scored and compared with the measures at assessment.
2. All professionals involved in the patient's care will be informed of the discharge and the care plan.
3. Where the patient is involved with other agencies/services, a detailed summary of the treatment and relapse plan will be sent to them.
4. The patient's GP will be notified of discharge from the service.

Skill Mix

The service has a full multidisciplinary team to deliver NICE concordant care.

**3.3 Population covered**

South Staffordshire CCG populations within the localities of Stafford, Cannock Chase, East Staffs, South East Staffs and Seisdon.

**3.4 Any acceptance and exclusion criteria and thresholds**

The service provides an out-patient/community service for adult patients, both male and female who are aged 18 and over, who suffer with an eating disorder. 16-18 year old will be accepted following inpatient admission if deemed clinically appropriate to their needs. Only referrals for 17 ½ year olds who are likely to require treatment beyond 18 can be accepted.

Exclusion Criteria

- Primary substance misuse
- Weight loss due to primary depression
- Weight loss due to organic disease
- Obesity in the absence of binge eating disorder
- Abnormal eating patterns due to psychosis / learning difficulties

- Specific food phobias

Days / Hours of Operation
The service is predominantly a 9 am-5 pm service, operating Monday to Friday with flexible evening and Saturday clinics being arranged as necessary.

Referral Process
Referrals are accepted from General Practitioners and other healthcare professionals with General Practitioner approval.

All referrals are screened by senior clinicians. A decision will then be made as to both the appropriateness of the referral and, if accepted, the degree of urgency, based on clinical needs generally relating to BMI, rate of weight loss or instability of blood chemistry. A letter will then be sent to the individual asking them to contact our service to arrange an appointment that is convenient to them. A comprehensive assessment is then conducted by one of our senior clinicians, the outcome of which is discussed within the multi disciplinary team and treatment options discussed and agreed.

Local referral pathways and protocols assist in the referral process and in treatment planning.

Referral Criteria
Referral criteria includes the following features;

- Rapid and / or sustained weight loss
- Deliberate, poor nutritional intake
- Objective binge eating
- Use of compensatory behaviours in order to avoid weight gain i.e. self-induced vomiting, laxative abuse, diuretic abuse and excessive exercising
- Body image disturbance / distortion
- Drive for thinness
- Morbid fear of fatness

**3.5 Interdependence with other services/providers**
NHSE commissioned Eating Disorders Inpatient provision.

## 4. Applicable Service Standards

**4.1 Applicable national standards (eg NICE)**
All relevant NICE Guidance complied with

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**
Management of really sick patients with Anorexia Nervosa Oct 2014 Royal College of Physicians (MARSIPAN).

**4.3 Applicable local standards**

## 5. Applicable quality requirements and CQUIN goals

**5.1 Applicable Quality Requirements (See Schedule 4A-C)**

**5.2 Applicable CQUIN goals (See Schedule 4D)**

## 6. Location of Provider Premises

**The Provider's Premises are located at:**
The Eating Disorders Service is based at St Chads, St George's Hospital, Corporation Street, Stafford, ST16 3AG (Tel: 01785783120)

## 7. Individual Service User Placement

CAMHS

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|---|---|
| Service Specification No. | MH_19 |
| Service | Child and Adolescent Mental Health Services |
| Commissioner Lead | Nicola Bromage |
| Provider Lead | David Pike |
| Period | 1st April 2022 to 31st March 2023 |
| Date of Review | By 31st March 2023 |

**1. Population Needs**

All current and future legislation and guidance in relation to the delivery of child and adolescent mental health services and services children and young people.

The service is expected to comply with all local safeguarding policies and respond to any recommendations from Serious Case Reviews, learning reviews and independent Reviews

The service will adopt relevant NICE guidance as it is issued.

The service will adopt agreed pathways of care as they are developed in partnership with the service and partners.

**2. Outcomes**

**2.1 NHS Outcomes Framework Domains & Indicators**

| | | |
|---|---|---|
| **Domain 1** | **Preventing people from dying prematurely** | |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | |
| **Domain 4** | **Ensuring people have a positive experience of care** | |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | |

**2.2 Local defined outcomes**

Staffordshire's' Emotional Wellbeing and Mental Health Strategy (2014-2018) outcomes:

| | | |
|---|---|---|
| Domain 1 | Children and Young People develop emotional resilience which enhances their emotional wellbeing and mental health | X |
| Domain 2 | Reduction of demand for specialist services<br><br>More children and young people maintain good emotional wellbeing and mental health | X<br><br>X |

| | | |
|---|---|---|
| Domain 3 | Children and Young People who become emotionally and mentally unwell are supported to manage their conditions and recover quickly<br><br>Children and young people recover without recourse to medication | X<br><br>X |
| Domain 4 | Increase in seriously ill children and young people who can be cared for in their community | X |
| Domain 5 | Vulnerable groups of children and young people are able to access support quickly, and therefore manage their conditions enabling quick recovery | X |
| Domain 6 | Commissioners will have better information about need and prevalence of emotional wellbeing and mental health issues within the 18-25 age groups; in order to commission effective, evidence-based solution | X |

## 3. Scope

### 3.1 Aims and objectives of service

**Aim**

Improve and enhance the emotional wellbeing and mental health of children and young people who are experiencing emotional and mental distress.

Provide high quality, comprehensive, multi-disciplinary and multi-modal specialist child mental health provision to the children and families of South Staffordshire and support transition to adult services.

### 3.2 Service description/care pathway

The Child and Adolescent Mental Health Services (CAMHS) is a community based specialist mental health provision. The service provides direct assessment and a range of interventions with children and young people and their families (individual, family or group format); indirect consultation to professionals, families and/or carers; training programmes on relevant child mental health issues; consultative supervision by arrangement; and other activities including audit and evaluation, research, specialist projects and service development.

**Community CAMHS Services (South Staffordshire)**

The Service will:

- Provide assessment, advice, consultation and treatment for children/young people with severe, complex or persistent mental health disorders (see Appendix A for referral criteria)
- Offer multi-disciplinary services that include psychological therapists including (Child Psychology, Family Therapy, Child Psychotherapy), Allied Health Professionals (Occupational Therapy, Art Therapy), Specialist Nurses, Medical staff, effective operational leadership and administrative support, social workers (employed by Local Authority), youth workers and support workers.
- Provide direct clinical assessment of child and young people admitted to acute settings in South Staffordshire due to deliberate self-ham (provision will extend to children from South Staffordshire admitted to Royal Stoke Hospital and New Cross Hospital – when CV agreed).
- Provide daily screening of referrals to the service, this will include screening referrals to assess priority / urgency in accordance with the CAMHS criteria. Referrals that do not meet the referral criteria will be rejected and discussed with referrer for appropriate redirection. The provider will work with both public and third sector providers to explore and develop agreed care pathways that ensure the most expedient and effective care to children, young people and families.
- Accept referrals for children and young people aged 0-18 where there is a reasonable description that suggests that the child/young person may have an emotional wellbeing or mental health problem in accordance with referral criteria.

- Provide comprehensive assessment of child or young person's mental health, outcome of assessments will be shared with other services involved in the care of the service user with the informed consent of the young person and/or parent/carer.
- Ensure assessment and care planning views a child/young person holistically and within the context of their wider systems including: family; socialising/relationships; wider leisure; education/employment; housing; creativity; spirituality; self-management with the aim of optimising emotional wellbeing, mental and physical health.
- Work in a collaborative and transparent manner with parents/carers and multi-agency partners whom also may be (or may be required) to become involved within the care of any individual child or young person (this will include active involvement in Early Help Assessment, Team Around the Child, CPA)
- Ensure assessments are undertaken with due regard to obtaining appropriate and informed consents, confidentiality and child protection policies.
- According with best Child Protection practice, ensure each child/young person is given the opportunity to be seen individually as part of the assessment, should this not be possible, clear reasons for this must be recorded within the child/young person's notes
- Ensure every child/young person who receives continuing care from the service has a care plan. A written care plan will be drawn up by the key worker and will incorporate the views of the child/ young person and will involve their parents/ carers and wider family members where appropriate. All care plans must include risk management and crisis planning, where appropriate. Care plans should be regularly reviewed, where a significant change has taken place, or when there is a change in the care management plan, review should be carried out as soon as is practical.
- Ensure outcomes of assessment and care planning are conveyed in writing to referrer, GP (if different) and copied to service users (as per Trust policy). It may be copied to other agencies with consent of the child/young person and their parent/carer, taking into account requirements of child protection policies.
- Provide intervention/treatment options that are age-appropriate, in accordance with evidence-based treatment / NICE guidance. Treatment many include pharmacological and psychosocial interventions, environmental and occupational/educational interventions or provision. Interventions may also take the form of consultation to other professionals and input into multiagency planning meetings
- Any planning for children and young people with severe educational needs should take account and be part of the child or young person's Education Health and Care plan.
- Put protocols in place to ensure that transitions between services are robust and that, wherever possible, services work together with the service user and parents/carers to plan in advance for transition (this is especially critical in the transfer from CAMHS to adult mental health services and primary care or other services, e.g. voluntary/third sector). As a minimum, children/young people leaving CAMHS should have; a written and agreed care plan detailing what service they will receive post-CAMHS, at least one face-to-face meeting with a named CAMHS key worker and the key worker from the service to which they will move for further care, follow up after the transition, within six months, to ensure appropriate interventions are in place, a written and agreed plan (if no further interventions or treatment are planned) so that the young person and, where appropriate, parents/carer knows what to do if they become unwell
- Use Care Programme Approach is used when young people are discharged from in-patient care or over the age of 16 years and on transition from child and adolescent to adult services
- Ensure that discharge plans are completed with active engagement from child/young person, parent/carer and multi-agency partners. Discharge letters to be sent to General Practitioner, referrer and parent/carer and young person where appropriate

The service will also provide the following additional specialist service provision:

**That Place (East Staffordshire only)**

That Place provides a tier 2 service for 14-19 year olds; it offers assessment, 1-1 interventions and drop in events across Burton, Tamworth and Lichfield. Its focus is emotional wellbeing and offers predominantly a 6-8 session model. It has robust links with CAMHS and third sector agencies: LSTs, YESS, Paediatrics and Dove.

Provide services to Children and Young People experiencing mild to moderate emotional wellbeing and mental health problems. The service will work with children young people and parents/carers either in clinics and/or community settings such as GP practices, schools or, where appropriate, the home environment.

Children and young people will typically present with one or more of the following; family issues –having an adverse effect and the child or young person is showing signs of developing a mental health problem or disorder mild to moderate emotional and behavioural disorders, anxiety, depression, stress and or other mood disorders, e.g. low self-esteem , adjustment reactions simple phobias, self-harm – where this is mild to moderate, bereavement, bullying, anger management issues, relationship problems.

**CAMHS Early Years (Cannock and Stafford only) – see Appendix B**

The CAMHS Early Years' Service is a pre-school service and aims to support young children before they become of age to start full-time school (i.e. prior to them being eligible to start school Reception year).

The service see children with complex, persistent and/or severe emotional or behavioural difficulties, usually where interventions have already been attempted in primary or social care services. This might include presenting problems of attachment, trauma, concern over attention, and significant challenging behaviour and social dysfunction.

Additionally, the service will support other professionals in their work with young children and to offer training and consultation, as required.

**Paediatric Psychology (Cannock and Stafford only) – see Appendix C**

The Paediatric Psychology service is a specialist team offering a range of evidence-based, client-centred interventions to children, young people and families experiencing psychological distress in the context of a physical health problem or disability.

The services will provide:

- Assessment, formulation and therapeutic intervention at the level of the child or family dependent on what is indicated.
- Group based therapeutic interventions where indicated
- Neuropsychological assessment screening for functioning difficulties in situations such as acquired brain injury etc.
- Consultation to medical professionals across a range of disciplines including Paediatricians, Specialist nurses and ward staff
- Diabetes education workshops promoting psychological wellbeing around issues such as adjustment to diagnosis, transition to secondary school and coping with curiosity
- Teaching/training around psychological aspects of different physical health conditions
- Participation in research/audit projects as indicated

**Primary Care Mental Health Services (Seisdon only)**

Provides consultation and training to professionals working at a Tier 1 level. The service will provide direct clinical interventions when required, and provide a liaison role between community services and Tier 3 CAMHS.

**Lead for Participation (South Staffordshire)**

Lead on activities in relation to the engagement, involvement and participation of children, young people and their families/carers in service development, including provision of a participation worker on behalf of the CYP IAPT partnership. NB: The participation worker may be sub-contracted from other providers as part of the CAMHS partnership for CYP IAPT.

**Leadership for Improving Access for Psychological Therapies (CYP IAPT) (South Staffordshire)**

Lead the development and implementation of work streams related to the CYP IAPT programme (in conjunction with other CAMHS partners). Specific responsibilities will include:

- Developing and implementing care pathways, ensuring delivery of evidence based therapies in accordance with CYP IAPT programme
- Implementing the use of routine outcome measures to inform individual care planning and review in addition to overall service evaluation and improvement
- Improving access to psychological therapies, developing pathways and systems that support self-referral and timely access to services.
- Increasing children and young people's participation in service delivery and development (see lead for participation above)

**3.3 Population covered**

**Geographic coverage/boundaries**

The Service will be available to children and young people up to the age of 18 years who are registered with a South Staffordshire GP and/or live within South Staffordshire.

NB Young People aged between 16 and 18 years will be managed through either CAMHS or adult services, as appropriate and accepted to age appropriateness and individual need, however all young people of this age will be offered a service.

**Days/Hours of operation**

The Service will operate flexibly within normal working hours (9-5pm Monday to Friday) for the majority of its services.

Community CAMHS Services will operate out of services. Out of hours services will support acute hospital staff and relevant community professionals in providing for the mental health assessment and needs of children/young people in their care out of hours, this includes referrals from police for Section 136 assessments where there is a clearly demonstrated urgent mental health need only.

Out of hours services will operate from 5pm until 10pm on Weekday and 9am – 5pm on Weekends and Bank Holidays Outside of the hours the Adult Crisis Resolution Team will provide telephone consultation and advice for under 16s and take referrals for assessment and treatment of over 16s in accordance with Crisis Resolution referral criteria.

**Priority Referrals**

CAMHS will prioritise referrals as follows:

- Emergency/Acute* referrals/cases to be seen **same/next** working day
- Next working day access for those children/young people admitted for self-harm
- For routine referrals **(define)**, carry out initial assessment within **eight (8) weeks** of receipt of accepted referral.
- Offer to provide the agreed intervention within **eighteen (18) weeks** of the initial assessment.

*Definition of an emergency and urgent need – Children and young people presenting as emergencies or as requiring urgent assessment and intervention include those who have rapidly developed a serious or life-threatening condition, for example a young person who is psychotic or suicidal; those whose needs have become urgent as a consequence of the more routine services being unavailable to them in a timely way; and those about whom adults are urgently seeking reassurance and support. This includes children/young people who may be detained under a section 136 who have a clear mental health problem

**Referral route**

Referrals to all functions within Community CAMHS will be accepted by the following:

| Referrals to Community CAMHS Accepted from: | Referrals only accepted from the following after consultation with Tier 3 CAMHS team: |
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| • General Practitioners<br>• Acute Paediatrics | • Head teachers *<br>• SENCO's * |

| | |
|---|---|
| • Health Visitors<br>• School Nurses<br>• Child Development Centre staff<br>• Adult Mental Health Service staff<br>• Social Workers<br>• Education Welfare Officers<br>• Behavioural Support Service staff<br>• CAMHS Primary Care/Early Intervention Service<br>• Schools<br>• Self-referral | • School Counsellors *<br>• Dieticians<br>Speech and Language Therapists<br>• Educational Psychologists *<br>**referrals will be accepted by Early Years, Tier 2, Primary Mental Health Service without consultation* |

**3.4 Any acceptance and exclusion criteria and thresholds**
**Referral Criteria**

Referral criteria for Community CAMHS, CAMHS Early Years, Paediatric Psychology and That Place are included as appendices.

**Exclusion Criteria**

Children and young people may not be eligible for the service provided by SSSSFT on the basis of:

- Being aged 19 and above *
- The referred problem may be best treated in an alternative service (for example, alternative commissioned Tier 2 service, social care team)
- Children in court proceedings where intervention is not advised under Home Office guidelines
- Court assessments, unless specifically contracted
- Where the service is not commissioned including for the following clinical presentations:
    - **Psychological Service for Young Offenders** - the current Provider of this service is Midlands Psychology. Where a presentation/referral/assessment indicates that offending behaviour is occurring and is not as a result of a possible mental health condition, AND the young person has a Youth Offending Worker, the referrer should be signposted/referral should be made to Midlands Psychology.
    - **Autistic Spectrum Disorder (ASD) Service** - the current Provider of this service is Midlands Psychology. Where a presentation/referral/assessment indicates that the presenting concern is ASD the referrer must be signposted/a referral must be made to Midlands Psychology.

When a mental health condition is suspected alongside offending behaviour and ASD, from either the referral to SSSFT or to Midlands Psychology both Providers must follow the joint working protocol agreed for these cases.

For Children/Young People who are placed in South Staffordshire from another CCG area – responsible commissioner guidance will be followed and funding sought from host CCG.

**3.5 Interdependence with other services/providers**

**4. Applicable Service Standards**

**4.1 Applicable national standards (eg NICE)**
**Response time & detail and prioritization**

The Service will meet the following response times:

- Emergency/acute* referrals/cases to be seen **same/next** working day
- Next working day access for those children/young people admitted for self-harm

| | |
|---|---|
| | 18 week referral to treatment pathway will apply to all other referrals. |
| **4.2** | **Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)** |
| **4.3** | **Applicable local standards** |
| **5.** | **Applicable quality requirements and CQUIN goals** |
| | **5.2 Applicable CQUIN goals (See Schedule 4E)** |
| **6.** | **Location of Provider Premises** |
| **The Provider's Premises are located at:**<br><br>**4.2 Location(s) of Service Delivery**<br><br>Services to be available in community settings and must be accessible for clients with disabilities and/or parents/carers of young children. Practitioners will work in a variety of settings, including in-reach e.g. into acute provision, Children's Centres, Schools, Pupil Referral Units, residential care settings and family homes. | |
| **7.** | **Individual Service User Placement** |
| | |

**Appendix A.**

**Community Child and Adolescent Mental Health Services (CAMHS)**

**Referral Criteria (Tier 3)**

**Population covered**

All children and young people who are resident and/or registered with a South Staffordshire GP (who is a member of one of the 4 CCGs operating across South Staffordshire) up to their 18th birthday (young people of 16 or 17 years will be managed by either CAMHS or AMHS dependent upon referral route and/or as clinically appropriate).

If a person is residing temporarily within South Staffordshire area, but are registered with a GP elsewhere (i.e., student or child placed in the area by another authority) discussion will need take place in relation to who is best placed to meet the needs of an individual and a shared care agreement will need to be negotiated by the provider involving the person's originating area's service. Responsible Commissioner guidance will be followed and it is expected that the responsible commissioner for out of area referrals accepted will be re-charged

**Acceptance criteria**

Referrals from any professionals that work with children and young people will be accepted by the CAMHS Teams where commissioners are satisfied that this is appropriate and where these professionals understand the referral process and what constitutes an appropriate referral. Referrals that do not meet the referral

criteria will be rejected and discussed with referrer for appropriate redirection. The provider will work with both public and third sector providers to explore and develop agreed care pathways that ensure the most expedient and effective care to children, young people and families.

All referrals to be made by letter, fax (following security and confidentiality policies and followed up with written referral) or through Common Assessment Framework process. Emergency referrals can be made by phone; however these should be followed up by written referral as above.

Referrals to all functions within Community CAMHS will be accepted by the following:

| Referrals to Community CAMHS Accepted from: | Referrals only accepted from the following after consultation with Tier 3 CAMHS team: |
|---|---|
| • General Practitioners<br>• Acute Paediatrics<br>• Health Visitors<br>• School Nurses<br>• Child Development Centre staff<br>• Adult Mental Health Service staff<br>• Social Workers<br>• Education Welfare Officers<br>• Behavioural Support Service staff<br>• CAMHS Primary Care/Early Intervention Service<br>• Schools<br>• Self-referral | • Head teachers *<br>• SENCO's *<br>• School Counsellors *<br>• Dieticians<br>Speech and Language Therapists<br>• Educational Psychologists *<br><br>**referrals will be accepted by Early Years, Tier 2, Primary Mental Health Service without consultation* |

All referrals are to Community CAMHS multidisciplinary/multi-agency team and not to individual clinicians.

Referrers will be required to provide adequate information:

- Name of child/young person (including any alias)
- Ethnicity
- NHS Number
- Name of parent/carer (including who has parental responsibility)
- Current address and phone numbers
- Date of birth of child/young person
- Family composition
- School details
- Overview of current difficulties, including risk factors, duration and impacts
- Overview of interventions to date and outcomes (when/whom/outcomes)
- Any significant family history
- Contact details of other agencies involved with child/young person/family including reason for engagement
- Indication of what help is being requested

Children and young people will present to this part of the service with moderate and severe mental health problems that are causing significant impairments in their day-to-day lives. These will include acute presentations.

Children and young people will typically present with one or more of the following (but not limited to)

- Emotional and behavioural disorders (moderate to severe)

- Conduct disorder and oppositional defiant disorder
- Hyperkinetic disorders
- Psychosis
- Obsessive-compulsive disorder
- Eating disorders
- Self-harm
- Suicidal ideation
- Dual diagnosis – including comorbid drug and alcohol use
- Neuropsychiatric conditions
- Attachment disorders
- Post-traumatic stress disorders
- Development disorders
- Significant mental health problems where there is comorbidity with mild/moderate learning disabilities or comorbid physical and mental health problems
- Mood disorders
- Somatising disorders
- NB: Presentations that could be described as emerging personality disorder could be accepted under mood disorder, suicidal ideation and self-harm.

**Exclusions**

Children and young people may not be eligible for the service provided by SSSSFT on the basis of:

- Being aged 19 and above *
- The referred problem may be best treated in an alternative service (for example, alternative commissioned Tier 2 service, social care team)
- Children in court proceedings where intervention is not advised under Home Office guidelines
- Court assessments, unless specifically contracted
- Where the service is not commissioned including for the following clinical presentations:

    - Psychological Service for Young Offenders - the current Provider of this service is Midlands Psychology. Where a presentation/referral/assessment indicates that offending behaviour is occurring and is not as a result of a possible mental health condition, AND the young person has a Youth Offending Worker, the referrer should be signposted/referral should be made to Midlands Psychology.
    - Autistic Spectrum Disorder (ASD) Service - the current Provider of this service is Midlands Psychology. Where a presentation/referral/assessment indicates that the presenting concern is ASD the referrer must be signposted/a referral must be made to Midlands Psychology.

When a mental health condition is suspected alongside offending behaviour and ASD, from either the referral to SSSFT or to Midlands Psychology both Providers must follow the joint working protocol agreed for these cases.

* Young people age 16-18 years will be managed through either CAMHS or AMHS, as appropriate and receptive to age appropriateness and individual need

**APPENDIX B - CAMHS Early Years Referral Criteria**

| CAMHS EARLY YEARS SERVICE<br><br>GUIDANCE FOR REFERRERS |
|---|

| | |
|---|---|
| Service boundaries | Cannock Chase CCG and Stafford & Surrounds CCG areas |
| Age of children seen | We see children between 0 and 4 years old.<br><br>The Camhs Early Years' Service is a pre-school service and aims to support young children before they become of age to start full-time school (i.e. prior to them being eligible to start school Reception year). |
| Who can refer? | Requests for involvement are accepted from any professional working in children's health or social care services. We also accept self-referrals where the presenting problem/s meets our referral criteria. |
| Who is the service for? | We see children with complex, persistent and/or severe emotional or behavioural difficulties, usually where interventions have already been attempted in primary or social care services. This might include presenting problems of attachment, trauma, concern over attention, and significant challenging behaviour and social dysfunction. |
| What don't we do? | We do not provide assessments of, or specific interventions for, parenting capacity, custody & access issues, developmental delay or disorders such as Autistic Spectrum Disorder, or see children where their behaviour is normal for their context.<br><br>We do not see children who could be managed effectively within universal primary care services or social care services. |
| Where do we work? | We see children at our clinics at The Bridge in Stafford and at The Grove in Cannock as well as in patient's own homes and nursery settings. |
| Where to send referrals: | Camhs Early Years' Service, The Bridge, St George's Parkway, Off Crooked Bridge Road, Stafford, ST16 3NE<br><br>Or contact us on 01785 221 665 to discuss your concerns. |

It is not feasible to provide a fully comprehensive guide to suitable referrals, but we hope the information given below is a useful reference tool. However, we also want to stress that we welcome you getting in touch to discuss children you are concerned with, either to offer consultation or to discuss the usefulness of a potential referral.

| Problem | Brief Description | Referral Pathway | Additional sources of support, advice, information |
|---|---|---|---|
| Anxiety / Phobias | Some fears are quite normal and developmentally appropriate. | Information about normal range of behaviour. | |
| | **Mild:** some difficulty in a single area but generally functioning pretty well. Consistent minor difficulties, mood changes of brief duration, fears & anxieties that do not lead to gross avoidance behaviour. | Health Visitor advice.<br><br>If more severe, then Local Support Team (LST) or Barnado's | |
| | **Moderate/Severe:** if affecting child's development or level of functioning/dramatic deterioration and/or out of proportion to family situation and impacting on parent /carer/child relationship. | Refer to Camhs Early Years. | |
| Attachment | **Mild:** such as separation anxiety when starting nursery, adjustment to parental separation/divorce | Health Visitor advice<br>Barnado's | |
| | **Moderate/Severe:** where there are significant difficulties for the child arising from the disruption or lack of normal attachments to a primary care giver resulting from parental mental health problems, care issues, or bonding difficulties, or when parenting stress is very high. | Refer to Camhs Early Years<br><br>May also consider referral to Sustain+ for 'Looked After' child | |
| Autistic Spectrum Disorder (ASD) | Where you are concerned there are difficulties associated with the 'Triad of Impairment' (i.e. difficulties with social interaction, communication and imagination) or where there are specific difficulties arising directly from an already diagnosed ASD. | Midlands Psychology is the provider of assessment, diagnostic and intervention services for Autistic Spectrum Disorders.<br><br>Referrals for assessment of a potential ASD from SSSFT to Midlands Psychology should ensure a paediatric opinion has been sought. | |
| Bereavement | Normal grief reaction.<br>Grief is the normal response to the loss of a loved one and does not necessitate referral to specialist services. | Health Visitor<br>Primary care support<br>Psycho-education | http://winstonswish.org.uk<br><br>www.cruse.org.uk |
| | Prolonged normal grief responses | Possible support from 3rd sector, LST, or Barnado's | |
| | Child is experiencing significant distress following a death. This might include bereavement as a result of traumatic circumstances e.g. suicide | Refer to CAMHS Early Years | |
| | **Normal/Mild** | Health Visitor | Local Health Visitor Forum |

| Problem | Brief Description | Referral Pathway | Additional sources of support, advice, information |
|---|---|---|---|
| Behavioural problems | Refer to normal development | Primary care support | http://incredibleyears.com<br><br>SSSFT behaviour pathway |
| | **Moderate** | Increased support from Health Visitor, LST or Barnado's | |
| | **Significant/Chronic/Complex**<br>Where behaviour problems are persistent and severe following significant advice and intervention from other professionals (Health Visitors, Social Workers, Voluntary sector), or when such services are unlikely to be effective, or where additional factors are also present e.g. significant attachment need | Refer to CAMHS Early Years | |
| Family Difficulties | Emotional and behavioural difficulties in relation to family stresses, for example post-separation or divorce. | Parents should be encouraged to resolve problems before referring to CAMHS. | Relate<br><br>Family Mediation Services<br><br>https://www.cafcass.gov.uk/<br><br>http://www.understandingchildhood.net/posts/divorce-and-separation-helping-children-and-parents-cope/ |
| | Emotional and behavioural difficulties in relation to abusive relationships | If relating to past history then consider referral to NSPCC, Women's Aid.<br>Where there is an enduring impact on child's well-being then refer to Camhs Early Years.<br>If relating to current abuse then make Safeguarding referral to First Response. | |
| | If difficulties are associated with parental mental illness | Liaise with Adult services who can contact CAMHS for joint working/referral if appropriate.<br><br>Where parental mental health directly impacts on child's emotional well-being and needs cannot be met elsewhere then consider referral to LST or Camhs Early Years. | |
| | Legal issues/reports | Do not refer to CAMHS.<br>Refer to a solicitor who should commission these independently. | |
| | Where there are serious concerns about a child's welfare or safety | Safeguarding referral to First Response | |
| Feeding Difficulties | **Mild:** fussy eating but not associated with significant anxiety or distress or problems with weight gain | Health Visitor advice | |

| Problem | Brief Description | Referral Pathway | Additional sources of support, advice, information |
|---|---|---|---|
| | **Moderate:** difficulties accepting normal range or quantity of foods causing distress to child/family and impact on weight | Health Visitor advice<br>Referral to dietitian<br>Referral to Speech & Language Therapy for feeding assessment | |
| | **Severe:** significant difficulties with feeding causing concern for physical well-being | Referral to paediatrician or specialist centre | |
| Sleep Difficulties | **Mild:** | Information about normal sleep and establishing good sleep habits.<br>Health Visitor advice | http://kidssleepdr.com/ |
| | **Moderate/Severe:**<br>Where sleep problems, in combination with other behaviour difficulties, are persistent and severe following significant advice and intervention from other professionals (Health Visitors, Social Workers, Voluntary sector) AND where the problem significantly affects child's emotional well-being and parenting stress | Refer to Camhs Early Years<br><br>Support may also be available from Children's Paediatric Services in cases where a child is already known to them. | |
| Toileting | Initial toilet training advice should be offered at primary care level. | Health Visitor advice | http://www.eric.org.uk/ |
| | Where problems develop beyond what is developmentally appropriate, initial screening and treatment should be undertaken by appropriate medical professional. | GP assessment<br>Refer to paediatrician or specialist clinic or paediatrician. | http://letstalkaboutpoo.eric.org.uk/ |
| | Where toileting issues, in combination with other behaviour difficulties, are persistent and severe following significant advice and intervention from other professionals (Health Visitors, Social Workers, Voluntary sector) AND where the problem impacts significantly on child's emotional well-being or parenting stress | Refer to Camhs Early Years | http://pathways.nice.org.uk/pathways/constipation |
| Trauma | Single recent incident: | Information on normal responses to trauma.<br>Health Visitor advice | |
| | Multiple events or significant traumatic experience where symptoms of trauma are not resolving | Refer to Camhs Early Years | |
| Looked After Children | Where there is concern about placement breakdown and mental health issues are evident | Consider Sustain+ | |

**General Resources:**

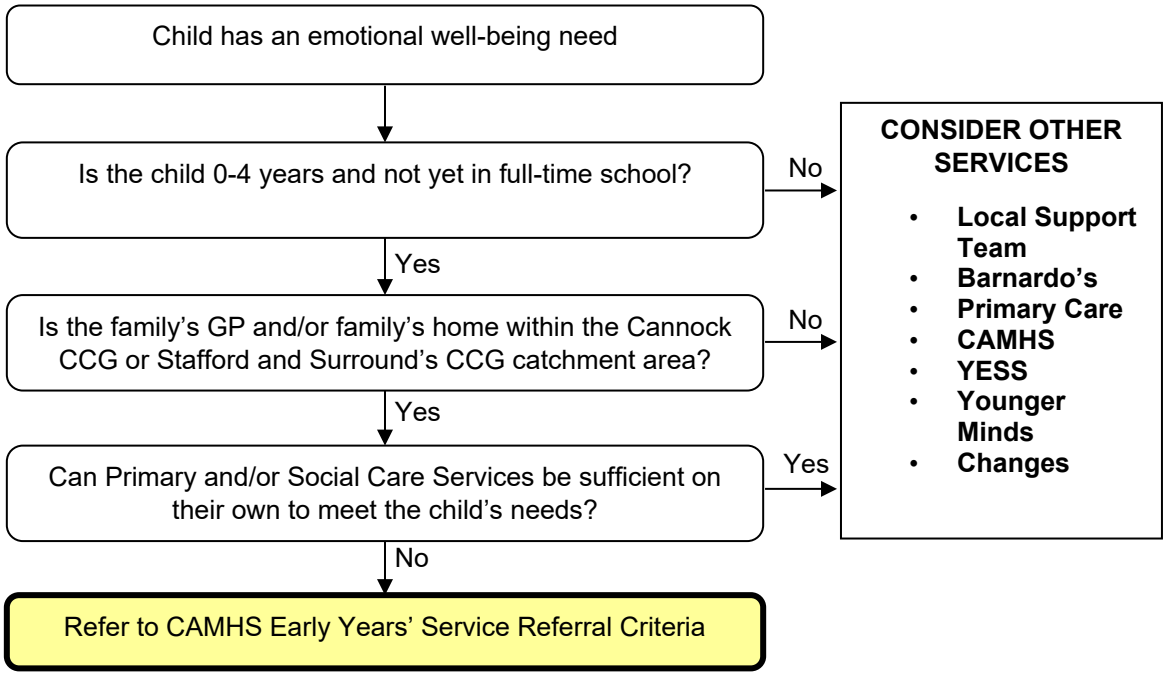
Local Health Visitor Forums hosted by Camhs Early Years which focus on training and consultation regarding the above areas with reference to information arising from current caseloads.

http://www.handsonscotland.co.uk/
This website aims to help you make a difference to children and young people's lives. It gives practical information, tools and activities to respond helpfully to troubling behaviour and to help children and young people to flourish.

http://www.familylives.org.uk/
This web-site provides a range of information for younger and older children. It includes access to an on-line parenting course, parent helpline and on-line chat as well as a range of information leaflets.

http://www.understandingchildhood.net/
A range of downloadable leaflets are available for families and professionals with the aim of helping to raise emotionally secure children. Whilst the leaflets cover 0-18years, the primary emphasis is upon early development.

**Referral Pathway for CAMHS Early Years' Service**



# Appendix C

**Paediatric Psychology**

**Referral Criteria**

**Referral pathways**

Referrals will be accepted from a range of professionals including (but not limited to) Specialist Consultants, Paediatricians, Clinical Nurse Specialists, Ward Staff, GP's, School Nurses and Physiotherapists. The team-work on the premise that the quality of the referral is more important than the title of the referrer.

Consent must be given prior to referral by the young person and family and either a referral form completed or letter with equivalent detail written. An indication should also be made as to whether consent has been sought to pass a referral to other agencies if not appropriate for the Paediatric Psychology service, thereby maximising efficiency and reducing waiting times.

Once received, all referrals will be screened for suitability. If accepted into the service, initial 'choice' appointments will be offered within 8 weeks of receiving a referral. From here, clients are either:

- Placed on the routine waiting list for therapeutic input
- Allocated an urgent appointment slot (if clinically indicated)
- Signposted to another, more appropriate service.

**Referral types accepted**

The team will accept a referral for any child aged 0-18 where there is psychological distress for the individual or family occurring in the context of a physical health problem or disability. This includes but is not limited to:

- Adjustment to chronic health conditions
- Coping with invasive procedures or taking medicines
- Preparing for surgery
- Managing difficult life transitions
- Coping with visible difference
- Pain and chronic fatigue management *
- Complex feeding problems **

*** Chronic pain pathway**

In the event of a referral for chronic fatigue or chronic pain, a pathway exists offering a time limited pain management programme in the first instance. In order for a young person to qualify for this pathway, all medical investigations must first be complete with medical causes ruled out. Prior to referral, the medical team are expected to fully explain the reason for referral to Paediatric Psychology to ensure consent has been received Following the pain programme, if another type of therapeutic intervention e.g. family work is indicated, this will be discussed with families. There may be a further wait for this service.

**** Complex feeding pathway**

A one off feeding consultation will be offered to children who are living with highly restrictive diets where there is a risk of this impacting on their physical health. This service is available to children school age and above. Referrals should only be made to this service once Dietician and School Nurse input has been tried and any possible medical conditions e.g. swallowing problems have been ruled out. Following consultation, clients may be signposted elsewhere for further input if indicated. In rare circumstances such as weaning off nasogastric feeds or where there is ongoing compromise to physical health, ongoing appointments in Paediatric Psychology may be offered.

**Geographic coverage/boundaries**

Stafford & Surrounds and Cannock CCG areas

Location(s) of Service Delivery

- Cannock hospital
- County hospital
- The Bridge, Stafford

Community Mental Health Teams (CMHT)

| | |
|---|---|
| **Service Specification No.** | MH04 |
| **Service** | Adult Community Mental Health and Social Care Team Service (CMHTs) |
| **Commissioner Lead** | Nicky Bromage |
| **Provider Lead** | Lisa Agell |
| **Period** | 1st April 2022 to 31st March 2023 |
| **Date of Review** | By 31st March 2023 |

## 1. Population Needs

### 1.1 National/local context and evidence base

Policy context

- Policy Implementation Guidance CMHT DH 2002
- Refocusing the Care Programme Approach DOH 2008
- No health without mental health. A cross government mental health outcomes strategy for people of all ages (2011)

Local strategic context

- Staffordshire and Stoke on Trent Adult Mental Health Strategy 'Mental Health is everybody's business' 2014-2019
- Staffordshire Strategic Needs Assessment – Working Together for Better Health 2012
- Up to date statistics can be found on the POPPI and PANSI HSCIC systems.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

| | | |
|---|---|---|
| **Domain 1** | **Preventing people from dying prematurely** | |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | |
| **Domain 4** | **Ensuring people have a positive experience of care** | |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | |

### 2.2 Local defined outcomes

- First contact after receipt of referral is made with the service user within 24 hours (urgent), 3 working days (Non urgent), either face to face or other form of communication to make formal arrangements for an assessment to commence.
- Assessments will be completed within 4 weeks from first face to face contact. Assessments will be made from 4 weeks off initial referral date.
- All assessments, Treatment / interventions commenced within eighteen weeks of referral.
- The need for hospital admissions will be reduced through early detection and providers working with service users and carers to develop effective relapse prevention plans.
- Out of area placements repatriated following review

- Transition service users to primary care resulting in the reduction of secondary care need.
- Reduction of inequalities in health care.
- Service users have access to accommodation suitable for their needs.
- Service users supported to maximise income.
- Service users are supported to retain and gain paid employment
- Service user's carers and families are well informed.
- A whole family approach is taken when working with service users.
- Service users are seen as partners in care and care plans are co-produced.
- To prevent crisis where possible
- To use of outcome measures, including user defined outcomes, to measure success

## 3. Scope

### 3.1 Aims and objectives of service

The team provides an integrated whole systems assessment and treatment service for individuals within the individuals home or a community setting close to home, including nursing and residential homes, that is person-centred and recovery focussed.
The Service objectives are to:

- Provide prompt and expert assessment of needs for people referred to the service.
- Provide effective, evidence-based treatments to reduce and shorten distress and suffering.
- Provide support to CR/HT services to ensure people are supported in the community.
- To provide multi-disciplinary team approach to support the users in the community.
- Ensure that inappropriate or unnecessary treatments are avoided
- Ensure the care is delivered in the least restrictive and disruptive manner possible.
- Assist service users and carers in accessing support, both to reduce distress but also to maximise personal development and fulfilment.
- To provide a comprehensive community Mental Health Service to older people presenting with functional disorders such as depression, bi-polar disorder, psychosis
- Provide advice and support to service users, families and carers.
- Stabilise and improve social functioning and protect community tenure.
- Establish a detailed understanding of all local resources relevant to support of individuals with mental health issues and promote effective interagency working.
- Provide a culturally competent service, including ready access to interpreter services for minority languages and British Sign language.
- Gain a detailed understanding of the local population, its mental health needs and priorities, and provide a service that is sensitive to this and religious and gender needs.
- Provide support and advice to primary care through collaborative working.
- Reduce the stigma associated with mental health care
- Establish effective liaison with local general practice, IAPT Teams, Acute Care, Early Intervention teams and other internal and external referring agents to establish processes to manage complex cases
- To ensure services users are supported to access appropriate physical health care and healthy lifestyles interventions/advice
- To work in partnership with other providers eg third sector to avoid duplication of provision and maximise the opportunities for 'Recovery' for the individual

### 3.2 Service description/care pathway

To deliver interventions underpinned by the principles of 'Recovery' and anti-discriminatory Practice whilst promoting Social Inclusion.

**Care Pathways – See Documents to be Relied on Schedule 5A**

Pathway

Referral ⟹ Assessment ⟹ Care Plan ⟹ Care &Treatment ⟹ Review ⟹ Discharge in accordance with CPA

The service will have the appropriate multi-disciplinary workforce and have the adequate skills mix to provide the relevant interventions and meet the required service objectives and outcomes.

**3.3 Population covered**

South Staffordshire CCG populations within the localities of Stafford and surrounds, Cannock Chase, East Staffordshire, South East Staffordshire, and Seisdon.

**3.4 Any acceptance and exclusion criteria and thresholds**

CMHT Service user groups covered

- Adults and Older adults (age 16 and above) presenting with moderate to severe and/or enduring mental illness, including Care clusters 4 to 8 and 10 to 17 and with provision for joint working with IAPT services for 'step up and step down'.
- The service also provides assessment and support for carers of the above service users**.**

CMHT Exclusion criteria

Those whose needs are best met elsewhere include:

- Individuals under the age of 16 years
- Individuals with organic disorders
- Individuals with a primary diagnosis (non-dual diagnosis) of learning disability, substance misuse,
- Individuals presenting with mental health needs at step 2 or below (stepped care model)

Days/ hours of operation

CMHT = Monday –Friday- 9.00 – 1700
(Excluding Bank Holidays)

CMHT Referral processes

Referrals are accepted from any source through a Single Point of Access via phone, fax, post or in person

**3.5 Interdependence with other services/providers**

This is not an exhaustive list but demonstrates the breadth of relationships required to provide an effective service:
Public Health, Health Protection, Health Promotion, Primary Care, Education, Community Development, Housing, Welfare Rights, Employment, Secondary Care Mental Health, CR &HT, CMHT's. Safeguarding, Mental Capacity Act, Alcohol Services and Substance Misuse. Criminal Justice System. BME communities. Staffordshire and Stoke on Trent Partnership Trust, Social Inclusion and Recovery Services e.g. Life Links, Changes

## 4. Applicable Service Standards

**4.1 Applicable national standards (eg NICE)**

All relevant NICE Guidance complied with.

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

**4.3 Applicable local standards**

This is not intended as a non-exhaustive list:

- A seamless approach to mental health care in conjunction with other providers and other specialist mental health providers will be delivered.
- A coordinated interface between primary and secondary care delivery will be maintained.
- An integrated approach will be taken to the interface between physical and mental health care.

- A positive coordinated approach to all physical long term conditions care is required. This service will offer emotional and psychological support/interventions where appropriate.
- Consideration should be given to undertaking an assessment regarding safeguarding issues.
- Where necessary specialist advice and support should be sought such as for substance misuse, housing support and criminal justice agencies

## 5. Applicable quality requirements and CQUIN goals

**5.3 Applicable Quality Requirements (See Schedule 4A-C)**

**5.4 Applicable CQUIN goals (See Schedule 4D)**

## 6. Location of Provider Premises

**The Provider's Premises are located at:**

Stafford & Surrounds CMHT
Foundation House
Stafford ST15 3AG
Tel: 01785 783033

Cannock Chase CMHT
Park House
12 Park Road
Cannock
WS11 1JU0
Tel: 01543 431580

Burton and Uttoxeter CMHT
Horninglow Clinic
Carlton Street
Burton
DE13 0TF
Tel: 01283 538030

Tamworth CMHT
Andrew Ward,
Sir Robert Peel hospital
Plantation Lane
Mile Oak
Tamworth
Staffs B78 3 NG.
Tel: 01827 308820

South Staffs (Seisdon) CMHT
Codsall Lodge
Histons Hill
Wolverhampton
WV8 1AA
Tel: 01785 783030

Burntwood and Lichfield CMHT
St Michael's Hospital
15 Trent Valley Rd
Lichfield
WS13 6EF
Tel: 01543 414555

| 7. Individual Service User Placement |
| --- |
| |

Service Specifications – North Staffordshire Combined Healthcare NHS Trust

Adult Community MH Teams

| | |
|---|---|
| **Service Specification No.** | A05 |
| **Service** | Adult Community Mental Health Team |
| **Commissioner Lead** | Nicola Bucknall, Commissioning Manager – North Division, CCG |
| **Provider Lead** | Jane Munton-Davies, Associate Director, Stoke Community Mental Health Services<br><br>Josey Povey, Associate Director, North Staffordshire Community Directorate |
| **Period** | 01 April 2022 – 31 March 2023 |
| **Date of Review** | As Required |

## 1. Population Needs

**National/local context and evidence base**

- The Recovery-based model of care
- "No Health Without Mental Health" – national mental health strategy
- 'Mental Health is Everybody's Business' Staffordshire and Stoke on Trent Mental Health Strategy
- 2014 Care Act

## 2. Outcomes

**2.1 NHS Outcomes Framework Domains & Indicators**

| | | |
|---|---|---|
| **Domain 1** | **Preventing people from dying prematurely** | **Y** |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **Y** |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **Y** |
| **Domain 4** | **Ensuring people have a positive experience of care** | **Y** |

| | | |
|---|---|---|
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **Y** |

**2.2 Local defined outcomes**

- Reduction in acute in-patient admissions
- People supported to access groups, activities, employment and universal services
- Service user's progress measured through the use of outcome tools (WAP Plans, Recovery Stars etc.)

## 3. Scope

### 3.1 Aims and objectives of service

Adult Community Mental Health and Social Care Teams will support and provide opportunities for service users to maximise their potential and support their wellbeing and recovery including consideration of the responsibilities set out in the 2014 Care Act. This is demonstrated in the aims and objectives of the teams which are:

<u>Aims</u>

i. Recognise and promote the personal dignity of service users, carers and their families

ii. Provide effective, evidence-based treatments to reduce and shorten distress and suffering.

iii. Work collaboratively with functional teams to ensure people are supported in the community.

iv. Provide services provided via the multidisciplinary team.

v. Ensure the care is delivered in the least restrictive and disruptive manner possible.

vi. Assist service users and carers in accessing support, both to reduce distress but also to maximise personal development and fulfilment.

vii. Provide advice and support to service users, families and carers.

viii. Establish a detailed understanding of all local resources relevant to support individuals with mental health issues and promote effective interagency working.

ix. Provide a culturally competent service, including ready access to interpreter services for

x. minority languages and British Sign language.

xi. Demonstrate a detailed understanding of the local population, and provide accessible, locally based services that recognize and support diversity and deliver service parity to both urban and rural areas.

xii. Provide support and advice to Primary Care through collaborative working.

xiii. Establish effective liaison with Primary Care.

xiv. Protect service users and carers from abuse or neglect and recognize and respond appropriately to adult protection and clinical protection issues and act within clearly defined policy and procedures.

xv. Recognising risk and being proactive within defined risk management tools. For limiting self-harm and harm to others.

xvi. Staff will operate within a system that promotes inclusion in all aspects of service delivery.

Objectives

i. providing a range of structured, evidence based psychological and therapeutic interventions via care pathways

ii. providing accessible, locally based services

iii. maximise individual choice and promoting independence and recovery realizing the individual's contribution to society

iv. ensure the physical health, mental health and emotional well-being of service users is met

v. offering flexible, responsive and proactive services that are of a consistently high standard and quality

vi. providing a supportive environment for people with long-term mental health problems and for those who are acutely ill

vii. offering a range of evidence based interventions on both an individual and group basis in accordance with the appropriate care pathway

viii. promoting Service user and carer choice and involvement in all aspects of planning and service development

ix. working collaboratively with private voluntary sector partners.

x. promoting meaningful activity, employment and 'lifelong learning' to improve social and economic well-being.

xi. promoting social inclusion by developing opportunities for service users to participate in mainstream services in integrated community setting

Expected Outcomes for Service Users

- All service users will have an individual care plan based on a needs assessment and an allocated care co-ordinator working to the principles of CPA.

- The need for hospital admissions will be reduced through early detection and providers working with service users and carers to develop effective relapse prevention plans.

- A well trained workforce working with service users and carers promoting recovery models.

- Care plans will be formulated to promote service users recovery, discharge and transition into primary services.

- Care plans will detail the reasons for the use of medication and provide comprehensive information of there use to service users and inform them of other treatments and interventions in exploring ways to manage and treat mental health symptoms.

- Care plans will address physical health needs resulting in the reduction of inequalities in health care.

- Care plans will reduce the need for services by promoting self advocacy, enabling service users to move to less intensive service interventions or away from Secondary Care.

- Service users will be aware of and be able to access services including use of the Staffordshire Cares website: www.staffordshirecares.info

- Service users and carers will actively engage in assessments and reviews required to meet

- NHS Continuing Healthcare Criteria and Community Care assessment.

- Service users will be enabled to access or maintain vocational and educational activities and suitable accommodation appropriate to their needs, this will be reflected in care plans and where appropriate vocational/educational and accommodate providers will be active participants in care teams

- Care plans will reflect service users hobbies and interests improving activities of daily living and social functioning

- HONOS assessment will be applied.

- Carers and families will be assisted in gaining knowledge with regard to service user's mental health diagnosis and who to contact should a crisis arise.

- Providers will ensure that the welfare of children deemed at risk is addressed and referrals are made to the appropriate sources to meet the needs of children affected by their carer's mental health issues.

- Service users will be active participants in their care process determining interventions and contact with provider services.

- Care Plans will detail the role of carers, including their entitlement to a carers assessment, and they will be active participants in the reviewing process.

- Care plans will detail the responsibilities of partner agencies and they will be active participants in the reviewing process.

- Care co-ordinators will review care plans on an on-going basis by liaising with service users and others involved in the delivery of services and support.

- All Service users receiving support from specialist mental health services will be given the opportunity to engage in a documented review of their care plan, at minimum, every six months.

- If a service user does not engage in their documented review the Care Co-ordinator/Lead Professional will record the reasons why the service user did not engage.

- The outcomes of reviews will be communicated to all relevant parties and records will be amended to reflect their content.

- Outcomes for Service Users are central to the content of this service specification.

**3.2 Service description/care pathway**

This service specification includes a range of services provided by the CMHT to people who are recovering from or living with mental health problems.

There are two, geographically based CMHTs currently delivered from four resource centres covering North Staffordshire and Stoke on Trent.

Services are configured around an Access Service, Community CPN Service and other functional and/or Specialist Services provided by North Staffordshire Combined Healthcare.

CHMTs are multidisciplinary teams and include staff from the following disciplines:

- Mental Health Nursing
- Occupational Therapists
- Social Workers
- Approved Mental Health Professionals
- Input from Medical Staff
- Psychologists
- Administrative Support Staff

Community Mental Health and Social Care interventions should be sensitive to the different needs of the local population, ensuring equity of access and service delivery for all potential service users.

Operational accountability on a day to day basis will be to the Senior Team Leader who in turn reports to the Joint Head of Service.

All staff will be accountable for their professional conduct within the frameworks set down by their relevant professional body.

<u>Payment by Results (PBR) Care Clusters</u>

Service users will follow a pathway through services in accordance with their needs. Interventions along pathways will be provided by a skilled, multi-disciplinary workforce.

Each service user supported by a CHMT will be allocated to a Care Cluster, according to the nature and severity of their condition. Each care cluster has a range of recommended interventions or support services that may be offered to the service user. Some of these interventions will be generally delivered by CHMTs.

Care Clusters that the CHMTs will work with on a regular basis include:

*Acute non psychotic (high severity)*

This group will be severely depressed and/or anxious and/or other. They will not present with hallucinations or delusions but may have some unreasonable beliefs. They may often be at high risk for suicide and they may present child protection and engagement issues.

*Non-psychotic chaotic & challenging disorder*

This group will have a wide range of symptoms and chaotic and challenging lifestyles. They are characterised by moderate to severe repeat deliberate self-harm and chaotic, over dependent engagement with services.

*First episode psychosis*

This group will be presenting to the service for the first or second time with mild to moderate psychotic symptoms. They may also have depressed mood and/or anxiety or other behaviours. Drinking or drug-taking may be present but will not be a major problem. There may be some impairment of role functioning especially around relationships.

*Chronic severe mental illness group (High symptoms)*

This group will have a history of psychiatric symptoms and be in receipt of ongoing support from the service, i.e. intensive home support or residential accommodation. They will present with moderate psychotic symptoms and some neurosis and are likely to have poor role functioning.

*Severe psychotic episode*

This group will generally have been known to the service for a long period of time. They will be experiencing an acute psychotic episode with severe symptoms that cause severe disruption to role functioning. They may present a risk to others or be vulnerable themselves.

*Severe depression*

This group will be suffering from an acute episode of moderate to severe depressive symptoms. Hallucinations and delusions may be present. It is likely that this group will present a risk of suicide and have disruption in many areas of their lives.

*Dual diagnosis*

This group has chronic, moderate to severe psychotic symptoms with unstable, chaotic lifestyles and drug or alcohol abuse. They may present a risk to others and engage poorly with services. Role functioning is often globally impaired.

This group also represents individuals with mental health and learning disability. The 'Green Light for Mental Health' is a framework and self audit toolkit for improving mental health support services for people with learning disabilities. The teams use the checklist to establish what services are in place and working well for people with mental health and learning disability needs forms the basis of the subsequent action planning process.

Referrals

Referrals will be made and screened via the Access Service for potential service users from both North Staffordshire and Stoke on Trent.

The Access Service will screen referrals, ensuring that there is sufficient information on which to base a decision for acceptance or non-acceptance. The Access Service will also determine, with the referrer, the urgency of the response required and so determine whether the referral will be treated as an urgent or routine referral.

Response Times

Local response times are to ensure that a first appointment is offered within 6 weeks of the receipt of a referral.

New referrals received from Acute In-patient Services will be allocated a Care Co-ordinator within 7 days.

Appointments for new referrals will be prioritised on urgency.

All service users discharged from acute in-patient care will receive follow up from the relevant CMHT within 7 days of their discharge, or within 48 hours in cases with an identified risk.

Self-Care

The aim of the service is to improve the quality of services and clinical outcomes for people affected by mental ill health following the principles of the Recovery Model. The service aims to assist service users in developing self management techniques which maximise their resilience and reduce their vulnerability to mental illness.

Promotion of Recovery and Education for Service Users and Their Carers

The CMHT will work with service users in ways which assist them in developing self management techniques which maximise their strengths

The CMHT will supply resources that promote self management, such as Wellness Action Plans (WAP) or Making My Wishes Known for advance decisions.

Service users and their carers/family members will be given an explanation of their condition and advice about all management options which will be discussed with service users and carers during the CPA process.

Service User Participation

The CMHT will work with service users in ways which foster partnerships, including:

- Views on location of services
- Service user participation groups
- Work with the local Patient Advice and Liaison Service
- Service user surveys
- Local complaints processes and annual review
- Promoting self-care including Expert Patient Programmes

Combined Healthcare will make arrangements to carry out service user and carer/family member surveys in relation to the service and will co-operate with such surveys that may be carried out by the Commissioner.

Combined Healthcare will have regard to any Department of Health guidance relating to satisfaction surveys and will be expected to demonstrate evidence of having used survey results to make improvements in service delivery.

Information

Service users and their carers/family members shall be provided with the following information as a minimum:

- A description of the service, range of interventions provided and what to expect
- The name and contact details of their Care Co-ordinator/Lead Professional and other relevant members of the team
- Contact details for out of hours advice and help
- A Care Plan via the CPA process which includes a safety Plan, Relapse Prevention Plan and Crisis Intervention Plan
- Comprehensive information about medication
- A Discharge Summary including information on how to re-refer in the event of a relapse
- How to express views on the service.

**3.3 Population covered**

The CMHTs provide specialist secondary mental health and social care services for adults aged 18+ who are registered with either a Stoke on Trent or North Staffordshire GP.

**3.4 Any acceptance and exclusion criteria and thresholds**

The service excludes people whose primary diagnosis is catered for by an existing specialist team. These include Children's and Adolescent Mental Health Services, Substance Misuse services, Neuropsychiatry, Learning Disabilities and where identified needs can be met through other existing services.

Social Care services offered by the CMHT will be subject to the application of Fair Access to Care Services criteria (FACS) currently in operation by either Staffordshire County Council or Stoke on Trent City Council. Social Care will also be delivered taking account of the 2014 Care Act.

The service will not generally work with people who are aged under 18 years.

**3.5 Interdependence with other services/providers**

The CMHT will ensure that they establish good and effective working relationships with other teams and agencies to achieve socially inclusive outcomes for service users. This will include, but not be exclusive, to Primary Care, including IAPT, police, housing and employment services.

Adult Community Mental Health and Social Care services will be provided through close collaboration with Care Co-ordinators to deliver a holistic, recovery focused care plan for service users.

Internally, the CMHT will work closely with other teams operated by North Staffordshire Combined Healthcare including:

- Access Service
- Assertive Outreach Services
- Early Intervention Services
- Inpatient Services
- Outpatient and Day Services
- Criminal Justice Mental Health Service
- Urgent and Emergency Mental Health Liaison Service
- Psychology Service

The operation of the service will be organised to promote and facilitate social inclusion and greater independence utilising established close links with local community based resources.

The service will work closely with partners providing education/employment support and opportunities for people with mental health problems.

The CMHT will have regular interface with functional teams, inpatient services and specialist services to discuss referrals, maintain positive relationships and support effective two way communication between all areas of mental health services.

**4. Applicable Service Standards**

| |
|---|
| **4.1 Applicable national standards (e.g. NICE)**<br><br>**4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**<br><br>**4.3 Applicable local standards** |
| **5. Applicable quality requirements and CQUIN goals** |
| **5.1 Applicable Quality Requirements (See Schedule 4)**<br><br>**5.2 Applicable CQUIN goals (See Schedule 3)** |

Adult Eating Disorder Service

| | |
|---|---|
| **Service Specification No.** | A21 |
| **Service** | Adult Eating Disorders Services – Outpatient/Community |
| **Commissioner Lead** | Nicola Bucknall |
| **Provider Lead** | Sam Mortimer |
| **Period** | 01 April 2022 – 31 March 2023 |
| **Date of Review** | As required |
| **1. Population Needs** | |

**1.1 National/local context and evidence base**

*This service specification is consistent with national best practice and operational frameworks using the following policy guidance;*

- *MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa October 2010*
- *Guidance for commissioners of eating disorder services;*
- *http://www.jcpmh.info/wp-content/uploads/jcpmh-eatingdisorders-guide.pdf*
- *Eating Disorder (NICE CG69) Revised May 2017*

Eating disorders (ED) are severe mental illnesses with serious psychological, physical and social consequences. They are characterised by a preoccupation with food and/or weight and body shape and harmful eating habits.

The three most common ED are anorexia nervosa (AN), bulimia nervosa (BN) and binge eating disorder (BED)

.

Anorexia nervosa (AN) has the highest mortality amongst all psychiatric disorders.

There is a critical window for intervention for people with ED. Recovery is less likely if an ED has remained untreated for more than 3-5 years. Early identification and intervention with access to effective stepped care pathways is of paramount importance to improve clinical outcome and increase cost-effectiveness.

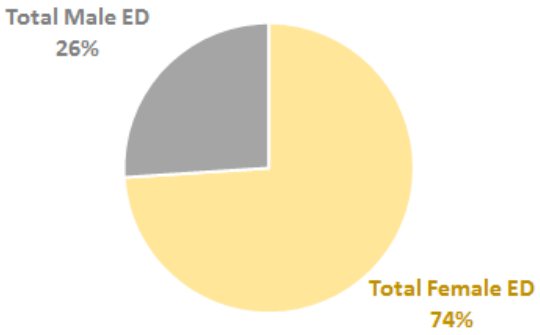
**Local strategic context**

New care models will see the creation of regional hubs to manage and monitor access to specialist eating disorder inpatient beds. These will be supported by community eating disorder services which will aim to reduce length of stay and out of area placements.

North Staffordshire and Stoke-on-Trent CCGs have identified that there is a gap in services for adults either transitioning from CAMHS services or for adults newly diagnosed with an eating disorder. This has led to admissions to acute hospitals which are unable to fully meet the needs of this patient group or to prolonged and costly OOA placements with limited / no support on discharge.

The new care models for specialist eating disorders will see a shift in resource over time from inpatient to community care.

**Estimated Eating Disorder Prevalence in North Staffs & Stoke on Trent Female / Male 18+**




| Female ED | % of Total | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| Anorexia | 75% | 263 | 263 | 264 | 264 | 263 | 263 | 262 | 262 | 263 |
| Bulimia | 70% | 1,496 | 1,497 | 1,497 | 1,496 | 1,493 | 1,489 | 1,486 | 1,485 | 1,483 |
| EDNOS | 75% | 4,308 | 4,320 | 4,326 | 4,330 | 4,326 | 4,320 | 4,316 | 4,315 | 4,317 |
| **Total Female ED** | **74%** | **6,066** | **6,080** | **6,087** | **6,090** | **6,082** | **6,072** | **6,065** | **6,062** | **6,063** |

| Male ED | % of Total | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|---|
| Anorexia | 25% | 88 | 89 | 89 | 89 | 89 | 89 | 89 | 89 | 89 |
| Bulimia | 30% | 636 | 638 | 641 | 643 | 645 | 647 | 649 | 651 | 653 |
| EDNOS | 25% | 1,411 | 1,416 | 1,421 | 1,422 | 1,422 | 1,421 | 1,420 | 1,421 | 1,420 |
| **Total Male ED** | **26%** | **2,135** | **2,143** | **2,151** | **2,154** | **2,156** | **2,157** | **2,158** | **2,161** | **2,162** |

https://www.beateatingdisorders.org.uk/how-many-people-eating-disorder-uk

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

| | | |
|---|---|---|
| **Domain 1** | **Preventing people from dying prematurely** | **ü** |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **ü** |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | |
| **Domain 4** | **Ensuring people have a positive experience of care** | **ü** |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | |

### 2.2 Local defined outcomes

- Ensure no gap between children's and adult services.
- Promote early identification and specialist treatment
- Promote early intervention through education and seamless pathways
- Improve care and recovery rates
- Provision of NICE compliant interventions

Expected patient outcomes include:

- Weight restoration
- Establishing regular and balanced eating patterns
- Stable biochemistry
- Identifying and exploring underlying emotional problems
- Improved psychological functioning

## 3. Scope

### 3.1 Aims and objectives of service

The service aims to promote recovery and or promote optimum functioning and quality of life for those individuals whose illness runs a chronic course.

This specialist service provides treatment using a Bio/psycho/social model which is evidence based. Treatment does not only focus on weight and eating but also on the associated / under pinning, psychological issues. Medical monitoring and physical risk management are also an integral part of the treatment.

Psychological models include Cognitive Behavioural Therapy – Enhanced (CBT-E), Cognitive Analytical Therapy (CAT), Psycho-dynamic Psychotherapy, Systemic Family therapy and Interpersonal Therapy (IPT).

The evidence base suggests that the delivery of treatment for most will be through time limited sessions of CBT-E. A number however will require more intensive treatment over a longer period of time, whilst admission avoidance is paramount, for some people due to their complexity, an admission to a specialist eating disorder unit for intensive treatment will be unavoidable.

The aims of treatment are to:

- Establish regular healthy eating patterns
- For the patient to cease compensatory behaviours
- Restore / maintain a healthy weight range
- Manage/improve physical health
- To understand underlying psychological issues and facilitate positive change in these areas

Individuals with less complex presentations will receive care from the locality CMHT. When working with individuals who have more complex presentations and associated co morbidities, there will be close joint working with the Community Mental Health Team (CMHT), ensuring effective liaison and a shared plan of risk management. It will be clear who is Care Coordinator for the patient.

**3.2 Service description/care pathway**

This specialist service provides a comprehensive assessment and evidence based treatment for those people with a diagnosable eating disorder including Anorexia Nervosa, Bulimia Nervosa, EDNOS and Binge Eating Disorder.

The service will comprise a team of mental health professionals with training in the assessment, risk management and treatment of individuals with eating disorders. The team will be multidisciplinary and will include doctors, nurses, dietician and practitioners with the skills and competencies to deliver NICE approved psychological therapies.

Specialist services for ED work closely with general mental health services for both children and adults, primary care, voluntary sector organisations, and physical healthcare specialists.

The service will provide an agile locality based service model that will work into the existing community teams and primary care, providing education, early intervention and ongoing therapeutic support within localities, offering assessment and intervention for complex eating disorders to include CBT -e, Psychodynamic therapy and guided self-help.

The specialist service will provide psychological time limited interventions with an expectation that once stability has been achieved the service user will, on a needs led basis either be discharged or be supported by generic community mental health teams.

Practitioners within generic community mental health teams will be trained to deliver manualised CBT-e to those individuals with less complex ED presentations and will where

deemed clinically appropriate be responsible for the maintenance of underpinning psychological issues.

A community ED service will provide the following:

• Comprehensive psychiatric assessment to include ED psychopathology and identify comorbid mental health and physical conditions. Diagnosis should be discussed with patient, carer and referrer.

• Risk assessment, both psychiatric and physical. This will include organising relevant investigations (e.g. blood tests, ECG, bone densitometry). Clear arrangements should be made with a patient's GP agreeing responsibility for ongoing physical health monitoring.

• Advice and education to the referrer and other teams including when to refer to CEDS.

• A patient-centred, non-judgemental approach utilising motivational interviewing in order to maximise engagement of patients where ambivalence or denial of the difficult aspects of ED are known to influence patients experience of care and outcomes.

• High quality evidence-based psychological therapies for BN and BED (guided self-help-BN/BED; Cognitive Behavioural Therapy CBT-BN, CBT-BED). In the absence of a strong evidence base for specific psychological therapies for AN, services should be able to provide a range of psychological therapies in line with best practice (e.g. SSCM, CBT, Cognitive Analytic Therapy, psychodynamic psychotherapy). Family-focused psychological interventions should also be widely available.

• Intensive community treatment for patients whose condition is deteriorating or not progressing.

• Collaboration with carers/family with careful consideration of patient confidentiality. Carers' needs assessment should be offered, and appropriate advice and support available in addition to family-based interventions such as carers' support groups and family therapy delivered both to individual families and multi-family therapy.

• Nutritional counselling and psychoeducation with the aim of restoring healthy, balanced eating.

Assessment

Comprehensive assessment includes a detailed account of the patient's history, their current mental health, eating disorder symptomatology and physical health incorporating ECG examination and routine blood chemistry. Bone scans will be requested where clinically indicated. Outcome measures are completed at assessment.

A physical health review is undertaken by a specialist with ED knowledge and takes place as part of the initial assessment. The review includes but is not limited to:

- Medical complications of an eating disorder;

- Details of past medical history;

- Current physical health medication, including side effects and compliance with medication regime;

- Lifestyle factors.

The service should have the capacity to provide the following as part of the physical health assessment and ongoing review:

- Height and weight;

- Blood pressure and pulse;

- Skin and mouth condition;

- Squat (SUSS) test;

- ECG;

- Blood test.

Care Planning

Programmes are based on a plan of care devised in collaboration with the patient and where appropriate their carers'. Associated professionals are informed of the care plan and invited to collaborate as necessary. Patients are treated within the care co-ordination system and are regularly reviewed.

Patients have a documented risk assessment and management plan which is co-produced and shared where necessary with relevant agencies

The service will have clear processes around managing risk and safety as well as unattended appointments (including clear follow-up protocols to engage a person and prevent inappropriate discharge)

Treatment and Care

The service recognises the multi-casual aetiology of eating disorders and aims to offer integrated multidisciplinary assessment and treatment.

The service offers various types of treatment options, therapeutic treatments, medical monitoring, dietetic advice and support and advice for carers.

Patients are offered an intensive programme, which does not only focus on weight and eating, but also acknowledges the need to understand the underlying psychological aspects of the disorder. Individual therapy and a variety of group treatments offer our patients an opportunity for exploration of wider issues which include body image, anxiety management and assertiveness training.

Out-patient Treatment Options include:

- Evidence based, focal psychological therapies- CBT-E, IPT, CAT, Systemic Therapy
- Individual Psychotherapy
- Psycho-education
- Dietary analysis and education - The use of micronutrient supplements is recommended in outpatient weight restoration.
- Medical monitoring - A CED service must be equipped to conduct a full medical assessment, including blood tests and ECGs, and receive same-day results to facilitate same-day clinical decision-making.
- The service has the capacity to provide at least weekly blood tests and physical health reviews from an eating disorder specialist for patients at high risk, as defined by MaRSiPAN (Management of Really Sick Patients with Anorexia Nervosa).
- Support for carers
- Relapse prevention

Diagnostic Criteria

- Individuals with eating disorders that significantly affect their physical health and/or their mental and social functioning.

- Moderate/severe eating disorders with high clinical risk.

- A diagnosis of Anorexia Nervosa, regardless of severity as there is little evidence for the treatment of this disorder in primary care. Most patients with Anorexia Nervosa should be managed on an outpatient basis with psychological treatment provided by a service competent in the treatment and assessment of physical risk

- Severe and enduring eating disorders with complex needs requiring continuing care from multiple agencies e.g. drug and alcohol, community mental health, social care.

- Discharged from inpatient treatment should receive psychological/ psychiatric treatment for at least 12 months post- hospitalisation.

- Rapidly losing weight, such as more than 1 kg a week for 1 month or whom are consistently losing weight but over a longer period of time e.g.<0.5kg a week over 3 months.

- Bingeing and/or vomiting/ and or laxatives use/ and or compulsive exercise at least 5 times a week, for 3 months or more.

- Eating disorder and co-morbid depression, and or are at risk of self-harm or suicide
  .
- Failure to respond to evidence based psychological therapies e.g. online CBT-e for mild Bulimia, Binge Eating Disorder, Atypical Eating Disorder or Other Specified Eating Disorder

<u>Response Times</u>

Response times are determined by clinical need/urgency, urgent referrals will be discussed within 5 working day and prioritized for assessment.

Response times are determined by clinical need/urgency and all referrals will be screened. Accepted referrals will then receive treatment within 11 weeks. Priority will be given based on clinical need (those patients who are transferring from CAMH's services, have an early onset of their eating disorder with short illness duration, are pregnant or have type 1 diabetes and those patients with a BMI of less than 14 with rapid weight loss).

Patients who are discharged from hospital to the care of the community team are followed up within 48 hours of discharge

Discharge Process

In general, discharge will be a process agreed through collaborative discharge planning In some circumstances referrals to other services may be considered.

Once a date has been agreed for discharge, the following should be considered;

1. Any long term follow up plan to be communicated to the patient in terms of how it will be arranged and when it is likely to be carried out. The patient will be asked to complete outcome and satisfaction questionnaires. The data collected will be collated. The satisfaction questionnaires will be inputted onto The Meridian System and used to generate reports. The outcome measures are scored and compared with the measures at assessment.
2. The SU will be supported by the community generic mental health team on discharge from the ED SERVICE if the need is clinically appropriate
3. In cases were the patient is unable to effectively engage in treatment and the physical risks are low then the GP will be asked to take responsibility for monitoring and risk assessment. In some circumstances referrals to other services may be considered.
4. All professionals involved in the patient's care will be informed of the discharge and the care plan. Where the patient is involved with other agencies/services, a detailed summary of the treatment and relapse plan will be sent to them.
5. The patient's GP will be notified of discharge from the service.

Skill Mix

The service has a full multidisciplinary team to deliver NICE concordant care.

**3.3 Population covered**

Patients over the age of 18 registered with a GP within North Staffordshire and Stoke on Trent CCGs.

When working with university students, the local and home service should work together to ensure seamless continuity of care both in and outside of term time.

**3.4 Any acceptance and exclusion criteria and thresholds**

The service provides a person centered needs led out-patient/community service for adult patients, both male and female who are predominately aged 18 and over, who suffer with an eating disorder.

However transitional protocols from Childrens ED service will determine the most appropriate team to deliver the required care based on need and not led by age

Inclusion criteria

- Individuals with eating disorders that significantly affect their physical health and/or their mental and social functioning
- Referrals for people with diabetes or pregnant women are accepted into the service with a lower threshold of eating disorder severity
- Moderate/severe eating disorders with high clinical risk.
- A diagnosis of Anorexia Nervosa, regardless of severity as there is little evidence for the treatment of this disorder in primary care.
- Severe and enduring eating disorders with complex needs requiring continuing care from multiple agencies e.g. drug and alcohol, community mental health, social care.
- Individuals discharged from inpatient treatment should receive psychological/ psychiatric treatment for at least 12 months post- hospitalisation.
- Rapidly losing weight, such as more than 1 kg a week for 1 month or whom are consistently losing weight but over a longer period of time e.g.<0.5kg a week over 3 months.
- Bingeing and/or vomiting/ and or laxatives use/ and or compulsive exercise at least 5 times a week, for 3 months or more.
- Eating disorder and co-morbid depression, and or are at risk of self-harm or suicide
- Failure to respond to evidence based psychological therapies e.g. online CBT-e for mild Bulimia, Binge Eating Disorder, Atypical Eating Disorder or Other Specified Eating Disorder

Exclusion Criteria

- Mild eating disorders which do not cause significant distress, considerable physical risk or impairment in the service user's social, occupational and other important areas of functioning. These individuals would be most appropriately referred to initially try online guided CBT-e and supported by generic community mental health teams.

- Loss of appetite, psychogenic disturbance of appetite or other conditions that involve significant weight loss but which are due to physical illness or other psychiatric conditions such as anxiety disorder.

- Morbid obesity (i.e. in the absence of an additional diagnosis of an eating disorder such as Binge Eating Disorder or Bulimia Nervosa).

  - Primary substance misuse
  - Weight loss due to primary depression
  - Weight loss due to organic disease
  - Obesity in the absence of binge eating disorder
  - Abnormal eating patterns due to psychosis / learning difficulties
  - Specific food phobias

Days / Hours of Operation

The service is predominantly a 9 am-5 pm service, operating Monday to Friday **However this will be developed through a staged approach over next 3 years to support intensive home support and out of hours support to prevent admissions to specialist care**

Referral Process

Referrals will be accepted through a single point of access and will be accepted from General Practitioners and other healthcare professionals with General Practitioner approval.

All referrals are screened by senior clinicians. A decision will then be made as to both the appropriateness of the referral and, if accepted, the degree of urgency, based on clinical needs generally relating to BMI, rate of weight loss or instability of blood chemistry.

Local referral pathways and protocols assist in the referral process and in treatment planning.

Referral criteria includes the following features;

- Rapid and / or sustained weight loss
- Deliberate, poor nutritional intake
- Objective binge eating
- Use of compensatory behaviours in order to avoid weight gain i.e. self-induced vomiting, laxative abuse, diuretic abuse and excessive exercising
- Body image disturbance / distortion
- Drive for thinness
- Morbid fear of fatness
- Persistent failure to meet appropriate nutritional /energy needs / significant nutritional deficiency

**3.5 Interdependence with other services/providers**

- NHSE commissioned Eating Disorders Inpatient provision
- CMHT – will provide support for people with Eating Disorders

## 4. Applicable Service Standards

**4.1 Applicable national standards (eg NICE)**

- Eating Disorder (NICE CG009)
- Eating Disorders Quality Standard (QS175)

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

- Management of really sick patients with Anorexia Nervosa Oct 2014 Royal College of Physicians (MARSIPAN).

- Guidance for commissioners of eating disorder services; Joint Commissioning Panel for Mental Health http://www.jcpmh.info/wp-content/uploads/jcpmh-eatingdisorders-guide.pdf

- CCQI Quality Standards for Adult Community Eating Disorder Services, First Edition, May 2019, Royal College of Psychiatrists

https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/eating-disorders-qed/qed-community-standards---first-edition.pdf?sfvrsn=63c956ba_2

- Adult eating disorders: community, inpatient and intensive day patient care - Guidance for commissioners and providers, National Collaborating Centre for Mental Health, August 2019
- Transition from children's to adults' services (2016) NICE quality standard 140.

**4.3 Applicable local standards**

- Inpatient case conference / referral process / protocol
- Risk assessment and management
- CPA policy
- Local transition protocol from CYP to adult services

## 5. Applicable quality requirements and CQUIN goals

**5.1 Applicable Quality Requirements (See Schedule 4)**

- Standardised measures should be used to measure outcome (e.g. Eating Disorder Examination Questionnaire, EDE-Q; CORE; HONOS; Clinical Impact Assessment Questionnaire, CIA) recovery outcomes (e.g. returning to work/college).

- Patient satisfaction with services should also be evaluated.

- A clinical audit of compliance with NICE quality standards will be undertaken in the first year of service delivery
    - Statement 1 People with suspected eating disorders who are referred to an eating disorder service start assessment and treatment within 4 weeks for children and young people or a locally agreed timeframe for adults.
    - Statement 2 People with eating disorders have a discussion with a healthcare professional about their options for psychological treatment.
    - Statement 3 People with binge eating disorder participate in a guided self-help programme as first-line psychological treatment.
    - Statement 5 People with eating disorders who are being supported by more than one service have a care plan that explains how the services will work together.
    - Statement 6 People with eating disorders who are moving between services have their risks assessed.

**Quality network for eating disorders (QED)**

This is an initiative of the College Centre for Quality Improvement. A quality assurance framework has been developed to provide a set of both core and specific standards.

The standards can be found at:
www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/eatingdisorderservices/qed.aspx

**5.2 Applicable CQUIN goals (See Schedule 3)**

## 6. Location of Provider Premises

**The Provider's Premises are located at:** within the locality premises of the Trust with a HUB available in the North and the City for team and MDT meetings