

	RW537
Service	Community Eating Disorder Service (up to 19 year olds)
Commissioner Lead	NHS Blackburn with Darwen CCG
Provider Lead	LCFT All Age Eating Disorders Service
Period	
Date of Review	30th September 2017 and 31st March 2019.

1.1 Purpose, introduction and context

The purpose of this document is to specify contract variation for the provision of dedicated Children and Young People's Community Eating Disorder Service (0-19 yrs) within the already established Community Eating Disorder Service. It will describe the role, function and responsibilities of the service.

Specification aims and evidence base

Services for children and young people should place them and their parents/carers at the heart of everything they do.

1.2 National/local context and evidence base

Eating disorders (ED) are severe mental illnesses with serious psychological, physical and social consequences. Anorexia nervosa (AN) has the highest mortality amongst all psychiatric disorders¹. People with ED commonly experience additional mental health problems, particularly depression², physical illness, difficulties in intimate relationships and the interruption of educational/occupational goals.

Stigma related to ED has far-reaching effects. Children and young people may be deterred from asking for help and support for fear of being judged. Parents/carers often feel blamed or carry a huge burden of guilt. Professionals may not recognise eating disorders for the serious mental illnesses they are and attribute them incorrectly to lifestyle choice.

Over 1.6 million people in the UK are estimated to be directly affected by eating disorders³ however; this is likely to be an underestimate. These illnesses usually begin in adolescence and young adulthood with a worrying trend towards younger children developing ED which can have a devastating effect on normal development with a restriction of opportunities that can extend into adult life. The development of personal autonomy and independence can also be affected, which can have an impact on meaningful engagement with treatment and outcome.

The number of hospital admissions across the UK for young people with eating disorders is rising (959 13 to 19-year-olds in 2010/11 to 1,815 in 2013/14)⁴

The burden of ED on carers is very high. People with ED are often ambivalent about treatment even in

¹ Herzog Nielsen S, Moller-Madsen S, Isager T, Jorgensen J, Pagsberg K, Theander S. Standardized mortality in eating disorders--a quantitative summary of previously published and new evidence. *J Psychosom Res* 1998; 44(3-4):413-434.

² Herzog DB, Keller MB, Sacks NR, Yeh CJ, Lavori PW. Psychiatric comorbidity in treatment-seeking anorexics and bulimics. *J Am Acad Child Adolesc Psychiatry* 1992; 31(5):810-818.

³ BEAT (2007). *Something's got to change*.

⁴ Health and Social Care Information Centre

the face of severe illness. This places carers in a position of battling against their loved one whilst worrying that they are to blame. Caring for someone with an ED carries a high emotional and economic cost. Carers of young people with anorexia have reported similar experiences in terms of the difficulties experienced to those of carers of adults with psychosis and higher levels of psychological distress⁵.

Providers should be aware that parents/carers have an entitlement to information and support in their own right. These are covered in the Care Act (2014) and Children and Families Act (2014). Parents/carers can be caring for a child or young person eligible for mental health support or they can themselves be in need of or eligible to use CED-CYP services (young adult carers – up to age 25).

A young adult carer is someone who, unpaid, helps to look after a friend or family member due to an illness, disability, mental health illness or addiction.

Early identification and intervention with access to effective evidence based, outcome focused CED-CYP is of paramount importance to improve clinical outcome and increase cost-effectiveness. Anorexia Nervosa (AN) and other eating disorders do not improve spontaneously and the prognosis for eating disorder can worsen and recovery is less likely if untreated for more than 3-5 years⁶.

Children and young people's emotional wellbeing and mental health affect all aspects of their lives. There is a duty of cooperation placed on commissioners and services to work together to the benefit of children and young people and their families and carers. This interdependency can create risks if not properly considered but also brings with it the possibility of agencies working together to meet the needs of the populations they serve and to achieve wider system efficiencies. Services should work together in integrated ways to ensure appropriate communication, swift access to care and transitions. General Practitioners and staff in schools, including school nurses, have an important role in supporting early identification.

Clinical trials suggest that family-based therapies conducted on an outpatient basis are effective⁷, and have excellent long-term outcomes^{8,9}. These therapies are recommended in clinical guidelines¹⁰. The relapse rates for those who have responded well to outpatient family therapy are significantly lower (5-10%) than those following inpatient care¹¹.

This specification should therefore be linked to other specifications within the local area. For example (this is not an exhaustive list):

- Children and Young Peoples Mental Health Services including specialist services and School Counselling
- Adult Eating Disorder services

⁵ Treasure J, Murphy T, Szmukler G, Todd G, Gavan K, Joyce J. The experience of caregiving for severe mental illness: a comparison between anorexia nervosa and psychosis. *Soc Psychiatry Psychiatr Epidemiol* 2001; 36(7):343-347.

⁶ Russell GF, Szmukler GI, Dare C, Eisler I. An evaluation of family therapy in anorexia nervosa and bulimia nervosa. *Arch Gen Psychiatry* 1987; 44(12):1047-1056.

⁷ Lock J, Le Grange D, Agras WS et al. Randomized clinical trial comparing family-based treatment with adolescent-focused individual therapy for adolescents with anorexia nervosa. *Arch Gen Psychiatry*. 2010 Oct; 67(10):1025-32. doi: 10.1001/archgenpsychiatry.2010.128.

⁸ Eisler I, Dare C, Russell GF et al. Family and individual therapy in anorexia nervosa. A 5-year follow-up. *Arch Gen Psychiatry*. 1997 Nov; 54(11):1025-30.

⁹ Eisler I, Simic M, Russell GF et al. A randomised controlled treatment trial of two forms of family therapy in adolescent anorexia nervosa: a five year follow-up.

¹⁰ National Institute for Clinical Excellence (2004). CG09 Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders.

¹¹ Lock J, Couturier J, Bryson S. Predictors of dropout and remission in family therapy for adolescent anorexia nervosa in a randomized clinical trial. *Int J Eat Disord*. 2006 Dec; 39(8): 639-47.

- Public Health
- Health Education
- Highly specialist services (Tier 4 inpatient or day patient CAMHS)
- Health Visiting
- School Nursing
- Community Child Health
- Acute Paediatrics
- Accident and Emergency Services
- Hospital-based Paediatric services
- Perinatal Mental Health Services
- Adult Mental Health services
- Workforce planning and education of staff
- Children's social care
- Young people's Voluntary services

It is important that children and young people, however they first present with difficulties, are supported by professionals to receive appropriate help and support as soon as possible. This specification details local integrated, multi-agency care pathways that enable the delivery of effective, accessible, holistic evidence-based care.

[Access and Waiting Time Standard for Children and Young People with an Eating Disorder](#) sets out standards and requirements for providing dedicated community-based eating disorder services for children and young people (CEDS-CYP), with related referral to treatment pathways. It describes the referral process that is required to ensure swift access to an appropriate service, the staffing and skill-mix and the commissioning arrangements needed, and how a range of services need to work together as part of a wider children and young people mental health (CYPMH) strategy.

What children, young people and parents/carers tell us they want from CYP-CEDS and other stakeholders

[Access and Waiting Time Standard for Children and Young People with an Eating Disorder](#) gives young people and parent/carer perspectives on CYP-CEDS services and experiences:

- Feeling vulnerable without interim support whilst waiting for initial appointments and assessment
- Being stuck between services – too severe for community treatment but not bad enough for inpatient treatment
- The amount of strain that families and carers are placed under including feelings of guilt and grief
- Intervention and therapy being 'too little, too late'
- A need for sufficient capacity and for consistency of provision

Children and young people have told us how they want things to change¹². They want:

¹² Future in Mind, Department of Health, (2015)

- to grow up to be confident and resilient, supported to fulfil their goals and ambitions;
- to know where to find help easily if they need it and when they do to be able to trust it;
- Choice about where to get advice and support from a welcoming place. It might be somewhere familiar such as school or the local GP; it might be a drop-in centre or access to help on line. But wherever they go, the advice and support should be based on the best evidence about what works;
- as experts in their own care, to have the opportunity to shape the services they receive;
- To only tell their story once rather than have to repeat it to lots of different people. All the services in their area should work together to deliver the right support at the right time and in the right place;
- if in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn't be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it should be on a ward with people around their age and near to home. And while children and young people are in hospital, we should ensure they can keep up with their education as much as possible

Financial cost of children and young people's eating disorders

The number of people directly affected by eating disorders in the UK increased significantly between 2000 and 2009 (Micali et al., 2013). The King's Fund report, Paying the Price: The cost of mental health care in England to 2026, stated that 'service costs for eating disorders in 2007 were estimated to be £15.7 million, with 95 per cent of this related to anorexia nervosa. Costs are projected to increase to £23.8 million by 2026. Including lost employment costs brings the total to £50.6 million in 2007 and £76.4 million in 2026. Lost employment is estimated to account for 69 per cent of total costs' (McCrone et al., 2008a).

The most cost-effective treatment of anorexia nervosa in children and young people is reported to be delivered by a community-based eating disorder service as opposed to generic CAMHS (Byford et al., 2007), yet these are not uniformly available throughout the country. House et al. (2012) have shown that delaying access to specialist eating disorder treatment may increase long-term health costs:

- children and young people starting treatment in non-eating disorder CAMHS settings have higher rates of inpatient admission in the subsequent 12 months than those treated in specialist eating disorder settings
- unlike those seen in non-specialist eating disorder settings, the majority of children and young people managed in specialist eating disorder settings receive continuous care for their eating disorder without the need for further referrals
- in areas with direct access from self-referral and primary care settings to CEDS-CYP there is significantly better case identification, and therefore early referral for treatment.

Further information on the financial cost of children and young people's eating disorders can be accessed in section 2.6.2 of [Access and Waiting Time Standard for Children and Young People with an Eating Disorder](#)

Specific context:

Current service

In Lancashire, current specialist eating disorder services are delivered from age 16 and up. This service will expand to include all ages.

The Service Operational Policy is currently being updated to include these changes.

Outcomes

NHS Outcomes Framework Domains & Indicators

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

Local defined outcomes

The service provider will be responsible for ensuring that work is undertaken to achieve the following outcomes:

Principal Desired Outcomes

- Young people living in Lancashire up to the age of 19, who are diagnosed with an eating disorder, will have easy and timely access to appropriate help according to their individual needs.
- People caring for those with an eating disorder will be offered help according to their needs.

Routine outcome measures (ROMS) will be administered at assessment, 6 weeks and discharge as a minimum. Training on use of all outcome measures will be provided in house. A progress review will be conducted after 6 weeks and thereafter on a regular basis throughout treatment to help guide the clinical formulation and ongoing treatment options. The following measures should be administered as a minimum as appropriate to and in agreement with each young person/their family:

Clinician Led Outcome Measures (CLOMS)

Health of the Nation Outcome Scale - children and adolescents (HoNOSCA) – clinician rated
Children's Global Assessment Scale (CGAS)

Patient Rated Outcome Measures (PROMS)

Health of the Nation Outcome Scale - children and adolescents (HoNOSCA) – patient rated
Eating Disorders Examination Questionnaire (EDE-Q)
Mood and Feelings Questionnaire (MFQ)
Goal Based Outcomes (GBOs)
University Rhode Island Change Assessment (URICA) – Motivation Questionnaire

Experience/Satisfaction Measures

Friends and Family Test
Experience of Service Questionnaire (ESQ)

Commissioning across the Lancashire footprint aims to secure high quality services that deliver clinically effective services to individuals with eating disorders and their carers, and utilise the available resources and partnerships efficiently. The quality of services for people with eating disorders will be measured by:

- Mortality among children and young people with Eating Disorders.
- Reduction in demand of resource to the acute sector including bariatric services, dentistry, orthopaedics, acute inpatient and paediatric services.
- Reduction in numbers of admissions to specialist eating disorder inpatient services
- Patient experience/satisfaction.
- Carer satisfaction and experience.
- Recovery rate, length of time of interventions and referral to treatment time.
- Demonstrable smooth transitions between the following agencies; primary care, local mental health services, specialist eating disorder inpatient services.
- Clinical audit of agreed standards of care.
- Eliciting the views of professionals within each relevant agency.
- Evidence of multidisciplinary team working.
- Appropriate outcome measures to be agreed with Children and Young people and their families.
- Weight monitoring data/BMI.
- Maintenance of employment or education held prior to referral.

0-19 Scope

Aims and objectives of service

The LCFT Eating Disorder Service shall:

Meet the requirements of a NICE concordant treatment as described in Section 3 of the [Access and Waiting Time Standard for Children and Young People with an Eating Disorder](#) and NICE clinical guideline due to be published in 2017.

Provide all the elements of a dedicated community based eating disorder service for children and young people described in Section 4 of the [Access and Waiting Time Standard for Children and Young People with an Eating Disorder](#)

Objectives

- The general public and community agencies will have easy access to information and advice on eating disorders.
- All relevant agencies in the community (education, youth services, voluntary agencies, social services, primary health care teams) will know how to access help for someone with an eating disorder.
- The EDS will work jointly with paediatric services to develop protocols around transition and establish Junior MARSIPAN groups across the Lancashire patch.
- Relevant staff within each agency will have been offered training on early identification and intervention. Those staff will also have a basic understanding of the causes and consequences of eating disorders and on how to support families/carers.
- Establish explicit access pathways and advice for all referrers, patients and their carer's.
- Utilise high quality evidence based interventions in a timely way for an appropriate length of time.
- Provide a NICE compliant service.
- All staff will have access to specialist supervision and skill development.
- Referrals to the service will be monitored and reported monthly.
- A single point of access to the service via inbox will be established and monitored daily. Triage/signposting will be completed daily for all referrals
- The outcome of intervention will be evaluated by standardised measures of outcome that have been selected in agreement with the CYP/family and in line with their goals.
- Clinical standards will be agreed, written and audited on an annual basis, in conjunction with commissioners.
- Innovative interventions and transitional pathways will be in situ.
- Access will be increased, and waiting times reduced (in compliance with the Access and Waiting Time Standard for Children and Young People with Eating Disorders; within 4 weeks for first treatment contact for routine cases and within 1 week for urgent cases)
- Responsibility for care and management will be retained by the service, even if a client is in a

medical, or generic psychiatric inpatient environment

- Access to self-guided materials online and 'offline' will be made available to all

Service description/care pathway

This pathway complies with the recommendations in [Access and Waiting Time Standard for Children and Young People with an Eating Disorder](#)

NICE concordance

The EDS will offer a NICE compliant service to include and provide oversight, support and consultation. The EDS will maintain this role from the point of referral, through treatment in all settings and during post-treatment monitoring; additionally the EDS will manage risk and relapse by working closely with GP's and the wider support network for CYP, including inpatient treatment

Treatment should include specialised community family interventions for anorexia nervosa and specifically adapted forms of CBT for bulimia nervosa, in particular CBT-E (Fairburn, 2008¹³). Overall, current evidence for effective treatments for children and young people with an eating disorder remains limited. However, both family interventions and CBT for adolescent bulimia nervosa have some support (Fisher et al., 2010¹⁴). In addition, there is emerging evidence to suggest that a specifically adapted form of CBT may be effective in anorexia nervosa in young people (Dalle Grave et al., 2013¹⁵).

The service will have skills to work with all ages and will deliver interventions following The Maudsley model, Family Based Therapy (FBT), integrative therapy, narrative therapy, motivational enhancement therapy, the use of a therapeutic kitchen, therapeutic 'come dine' sessions and specific young people's groups. The service will aim to foster autonomy by not giving care that is overly controlling and paternalistic, using a motivational interviewing approach to roll with resistance and understanding the developmental phase of adolescence for our young people. The service will be mindful that too much control being given to parents during recovery can leave the young person feeling de-skilled and unable to manage the eating disorder themselves. The service will promote this sense of agency in recovery with young people and do so by carefully working with families to balance power and control.

In order to provide a safe effective and co-ordinated service, nutritional and dietetic skills, medical input and administrative support are required. NICE guidance for working with young people with an eating disorder in the nutritional management of children and adolescents with anorexia nervosa and carers/families should be included in any dietary education or meal planning.

Young people should expect to have access to local generic Mental Health Services and specialist provision as required. (NICE 2004).

The Eating disorders service will organise and interpret relevant investigations and ongoing physical health monitoring (e.g. Bloods, ECG, bone densitometry, weight/ height, BP/Pulse) related to eating disorders. Regular written updates to GPs regarding patients within the service will be communicated.

Days/ hours of operation

The main operating hours will cover 8am – 8pm Monday to Friday with a Saturday supported eating group and development of creative out of hours' provision, such as evening groups, access to online

¹³ Fairburn CG. Cognitive Behavior Therapy and Eating Disorders. New York: Guilford Press; 2008.

¹⁴ Fisher CA, Hetrick SE, Rushford N. Family therapy for anorexia nervosa. Cochrane Database of Systematic Reviews. 2010; 14: Art No.: CD004780. DOI: 10.1002/1465185

¹⁵ Dalle Grave R, Calugi S, Doll HA, Fairburn CG. Enhanced cognitive behaviour therapy for adolescents with anorexia nervosa: an alternative to family therapy? Behaviour Research and Therapy. 2013;51:9-12

resources (e.g. online support such as White Wall), telephone support and access to crisis team and local CAMHS team numbers. Advice/care plan will be given to young people and their families on what to do if they are worried about physical health complications should the service not be open (Out of normal service opening hours) or what to do in an emergency.

Acceptance Criteria

The CYP ED service will accept referrals of CYP up to their 19th birthday with a suspected eating disorder¹⁶. The Eating Disorder Service is all-age so for Adults over the age of 19, the service will continue to provide care and treatment with no upper age limit. Those people caring for CYP people will be supported also. The service will ensure that care offered is respectful and must not discriminate on grounds of age, gender, sexuality, ethnicity or religion. The service should be sensitive to the needs of patients whose first language is not English and those with hearing, visual or learning disabilities

There will be seamless transition from paediatric services. Any transitions between inpatient and community services will be unified and facilitated by clear pathways, policies and communication. Pathways and protocols will be developed alongside paediatric services and other inpatient services, such as the Priory Eating disorder inpatient units. Junior MARSIPAN groups will be organised and maintained by the service and will facilitate good working relationships and shared knowledge.

The service is accessible to those registered with a GP within the following CCG areas:

EL
BwD
C&SR
GP
WL
LN
F&W
BL

Care pathways (where applicable to meet each care cluster)

There will be explicit care transitions and interfaces between local, regional and National services and agencies (CAMHS, Local adult mental health services, Specialist eating disorder inpatient beds, NHS England, CCGs, GPs, Education establishments, paediatrics, acute hospitals)

The community eating disorder service will have the expertise to be able to provide:

- comprehensive psychiatric assessments to include eating disorder psychopathology
- detailed risk assessments (both psychiatric and physical)
- monitoring of physical health
- prescribing of medications to treat physical and mental health conditions
- a range of psychological therapies
- intensive community support
- family therapy/ systemic approaches
- dietetic advice/planning for young people and families/carers
- medical assessment and monitoring
- rapid response to referrals
- easy access and liaison to other mental health teams, including CAMHS and crisis teams within LCFT and across the Lancashire footprint.
- IT system ECR for communication and documentation that is shared by all mental health teams within LCFT. Use of ICE desktop for rapid evaluation of blood results.
- Service safeguarding lead
- Rapid liaison with LCFT AMHP service and trust solicitors, should the need arise to seek

¹⁶ In line with NICE <https://www.nice.org.uk/guidance/CG9> which looks at “*anorexia nervosa, bulimia nervosa, and related eating disorders, in particular, binge eating disorder. It does not look at obesity, or how to diagnose or treat an eating problem that has been caused by another physical or mental disorder*”.

support under the MHA or Children Act.

- Clear supervision structure for all staff and regular MDT meetings to review clinical cases and share expertise.
- Work together with commissioners to review the service using tested psychometrics to ensure the service is designed in line with young people and families' needs.

The community eating disorder service will co-work with local CAMHS teams in the small number of cases where an individual has co-morbidities which require CAMHS support over and above that which the service is able to offer where it is agreed that this is in the individual's best interests. This is likely to be around high levels of self-harm and/or suicide risk. In addition the community eating disorder service will offer advice, guidance and support to CAMHS colleagues who may be supporting an individual with eating issues or problems.

All Children and Young People and their families will:

- Have a designated intensive service, including home treatment and where necessary, including the offer of a supportive Saturday group.
- Young people will have the option to attend the Saturday group for 2 meals and 2 snacks and families will be invited in for one evening meal per week supported by staff and the multi-family model.

Intensive home treatment aimed at young people as an alternative to admission, or to reduce length of stay on an eating disorders unit.

- The intensive service will be made up of input from all staff, including psychology, dietetics and nursing. The Saturday group will be full and varied, both with group interventions and 1-1 support. Our aim is to provide a holistic package of care, not solely focusing on the eating disorder but developing a wide range of social and emotional skills to enable the young person to move forwards with recovery.
- Groups – the service will offer successful motivational, psychoeducational, and compassion focused therapy groups. In addition we have some DBT trained members of staff. Therefore groups available to 0-19 year olds will cover all of these therapies, as well as elements of CBT as per NICE guidelines.
- All 0-19 year olds and their families and carers will have the option of family therapy in the eating disorders family therapy team clinic based at various locations across the Lancashire patch.
- All families of 0-19 year olds will be offered support in line with consent from the young person
- Families and carers will be offered one of our carers groups. These are already offered on a rolling basis.
- Children and young people will have access to a specialist doctor within the service for medical review and the EDS will have links with paediatric wards.
- Young people will also have access to a consultant psychiatrist for psychiatric review as and when needed. Prescribing will be carried out by this psychiatrist to speed up medication usage when necessary.
- Appointments will be offered around school, college or 6th form hours to ensure that the young person's education is minimally affected during this crucial developmental stage. Therefore, before or after education appointments will be offered and if the young person would prefer, staff will meet with them at school/ college/ 6th form between lessons or in free

periods.

- Staff members will offer young people multiple opportunities to practice eating outside the clinic and can also work intensively with the young person at home if required. In addition, clinicians will look at activity planning and exposure work to help confidence and mastery skills. We would also offer in reach supported meals in the home environment to help transfer skills in mealtime management and support carer's in this context.

Discharge process

Discharge planning will include discussion about relapse prevention, crisis planning, after-care, re-referral routes etc.

- In general for non-CPA (Care Programme Approach) cases: discharge will involve a review with therapist, discussion in multi-disciplinary team as appropriate which is led by our Clinical Leads, liaison with GP and discharge to GP care with explicit written discharge plans including ongoing care strategies on anticipated outcomes for progress/recovery, and advice on how to deal with any diversions from recovery plan, contact details and routes for re-referral.
- For CPA cases: MDT CPA meeting which will include reviews of the care needs experienced, further monitoring/ support needs, liaison with and discharge to identified team or primary care as appropriate and routes for re-access.

Accessibility

The Eating Disorder Service will:

- Provide written assessments, care plans, etc. that are easy to understand and jargon free; any technical terms in these assessments/care plans should be defined. Consideration will have to be given to ensuring that those with particular communication needs, e.g. hearing/sight impairment, speakers of other languages, have access to information in a suitable format.
- Ensure that the service is accessible and provided in an appropriate setting that creates a safe physical environment. This will take into account issues such as stigma and, where appropriate, gang violence.
- Use venues to deliver treatments that are fully accessible in terms of mobility and other impairments and that have good access to public transport and parking.
- Ensure that services have age-appropriate physical settings.
- Ensure services are available to all children and young people without regard to gender, sexuality, religion, ethnicity, social, or cultural determinants. However, where it is deemed clinically appropriate, alternative services may be established that meet the specific needs of one or more groups within a community. Such services will enhance rather than detract from the existing provision.
- Offer children, young people and parents/carers age and developmentally appropriate, co-produced information for children/young people, parents/carers and referrers about the services provided and how they are accessed and about their care.
- The service will collect and monitor activity data regarding protected characteristics and in particular age, gender, ethnicity and sexual orientation, in line with the equality impact and

risk assessment.

Training/ Education/ Research activities

Training and consultation on assessing and managing Eating Disorders will be important within the community. Awareness, screening and community support for local services, schools, and colleges, universities, and youth organisations will assist in early intervention and reaching vulnerable groups.

Patient participation

The service will work with patients in ways that foster partnerships and include patient view on:

- Location, design and access to services
- recruitment of new staff members
- treatment and outcome
- support received around self-management
- information provided regarding their condition
- overall satisfaction

The service will demonstrate a variety of patient partnership approaches including working with 3rd sector and local communities, PALS, NCompass and establishing service user groups. Patient/carer feedback will form an important part of continuing service improvement.

Upstream offer

The service will offer support to carers regardless of whether their loved ones are under the service. The service will offer a drop in carers meeting running monthly that rotates across the Lancashire patch. This will provide valuable peer support and guidance from trained staff. This will also provide opportunity to find out how to refer to the service for further support.

The service will work alongside CYP and families to co-produce further peer support and what that will look like. The young people who access the Saturday group currently report that social contact with others experiencing the same issues and having the opportunity to talk about their 'eating disordered voice' and swapping ideas on how to manage emotions, has been invaluable and key to feeling hopeful that things can feel different. The service provider will further build on this.

Building on Future in Mind, the THRIVE model will be adopted in order to wrap services around children and young people allowing access to the correct level of support at the time that it is needed using a multiagency model. The ED service will be functioning primarily within 3rd and 4th quadrants, however, as movement between the quadrants can be fluid, the team will have a role in each as described below:

- i) Getting Advice
 - Offer one off telephone consultation to potential referrers regarding the suitability of referral to the service
 - Provide self-management and signposting advice via website or as one off telephone consultation
 - Provide standardised training to Universal, third sector and primary care agencies across Lancashire regarding early detection of eating disorders

- ii) Getting Help
 - Support specialist CAMHS and AMH services in therapeutic work for YP with eating difficulties not meeting criteria for specialist ED service as appropriate including:
 - Consultation and clinical supervision
 - Joint working
 - Training
 - Liaison with relevant services as part of step down from level 3 and 4 interventions as appropriate

- iii) Getting More Help
 - Provide extensive treatment for YP eligible for the service in line with national and local guidelines/standards including:
 - Evidence based psychological intervention
 - Outcome informed intervention
 - Adherence to waiting time standard

- iv) Getting Risk Support
 - Liaise with appropriate providers regarding inpatient assessment/ treatment and/or support to young people and their families where current risk is high (e.g. MARSIPAN RED category) including:
 - Implementation of intensive treatment including out of hours offer to high risk (but stable) YP
 - Liaison with paediatrics or appropriate medical wards regarding physical stabilisation as advised by MARSIPAN guidelines and local protocols
 - Referral to appropriate inpatient provider in conjunction with relevant commissioners
 - Liaison and joint working with crisis teams as appropriate
 - Ongoing support to YP following admission in line with local protocols

Training

The service will offer training to GP's and other professionals to raise awareness and speed up identification.

Applicable Service Standards

Applicable national standards (eg NICE)

The service should adhere to NICE Guidance, Clinical Guideline 9, (NICE 2004): Eating Disorders - Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. The NICE guidance is due to be revised in 2017 and the service will ensure guidelines are adhered to when changes happen.

The service should adhere to the Access & Waiting Times Standard for Children and Young People with an Eating Disorder and the (July 2015, NHSE) and the Guidance for reporting against access and waiting time standard: Children and Young People with Eating Disorders (February 2016, NHSE)

The service will be required to adhere to any further relevant standards, guidelines and local formulary. The service should notify commissioners should any benchmarking against these standards identify gaps in commissioned services.

Information Management & Technology:

The service will utilise centralised IT systems used across the provider organisation for patient records, enabling the Eating Disorders Service to link in with wider systems. The ED service will include within its operational website CYP and age specific information. All referrals to the ED service will come to a centralised single point of access for screening and processing.

Human Resources and statutory and NHS employment regulations:

The HR requirement is to seek assurance that the provider will employ sufficiently qualified and appropriately trained staff to work to the service specification and within current statutory and NHS employment regulations.

Safeguarding:

The Service Provider shall devise, implement and maintain a procedure for its staff which ensures compliance with pan-Lancashire procedures for Safeguarding Children and Safeguarding Vulnerable Adults, and shall supply a copy of its procedure to the Commissioner before commencement of the service.

Pan Lancashire safeguarding children policies and procedures can be accessed at:

<http://panlancashirescb.proceduresonline.com/index.htm>

Pan Lancashire safeguarding adult policies and procedures can be accessed at:

<http://plcsab.proceduresonline.com/>

The service provider will comply with the lead commissioner's standards for safeguarding as detailed in the CCGs safeguarding policy and will provide evidence of their safeguarding arrangements on request, at a minimum this will be annually. Monitoring of on-going compliance will be on a regular basis in year determined by the commissioner.

Applicable quality requirements and CQUIN goals

Applicable quality requirements

- Mortality among people with Eating disorders in CCG areas.
- Reduction in demand of resource to the acute sector including bariatric services, dentistry, orthopaedics, acute inpatient.
- Reduction in numbers of admissions to specialist eating disorder inpatient services Patient experience/satisfaction.
- Carer satisfaction and experience.
- Recovery rate and length of time of interventions.
- Referral to treatment time.
- Demonstrable smooth transitions between the following agencies; primary care, local mental health services, specialist eating disorder inpatient services.
- Clinical audit of agreed standards of care.
- Eliciting the views of professionals within each relevant agency.
- Evidence of multidisciplinary team working.
- Health of the Nation Outcome Scales (HONOS) and other Outcome measures specific to individualised CYP and their families and carers
- Weight monitoring data/BMI
- Maintenance of employment or education held prior to referral.
- Safeguarding

Legal and regulatory framework

The Eating disorder Service will:

- ensure it is registered with the Care Quality Commission.
- ensure that all professionals remain compliant with their relevant professional standards and bodies and be revalidated as required.
- will have an indemnity scheme.
- have a governance system to manage and learn from complaints and incidents and to meet the training and supervision needs of its staff.
- Independent Advocacy Services to support children and young people to gain access to information, to fully explore and understand their options, and to make their views and wishes known will be made available.
- register for and work towards accreditation with the Quality Network for Community Eating Disorder Services (QNCC).

The service will operate according to relevant legislation and guidance, with particular reference to:

- Mental Health Act 1983 (amended 2007) and Code of Practice, including protocols for

emergency assessment under Section 136

- Mental Capacity Act 2005
- Children's and Families Act • Equality Act 2010
- National Service Framework, 2004
- Care Act 2014
- The Human Medicines Regulations 2012
- Public Services (Social Value) Act 2012
- Safeguarding procedures (e.g. Working Together to Safeguard Children 2013)
- The findings from serious case reviews in particular the requirements to share information in a timely manner.
- Promoting the health of looked after children
- NHS Choice of Provider initiative

Performance and Reporting

Number of urgent cases commencing NICE concordant treatment within 1 week from referral
Number of routine cases commencing NICE concordant treatment within 4 weeks from referral
The provider will be expected to report this quarterly to Unify, following commissioner sign off.

The service is expected to provide quality and outcome data to support the following:

- Information about the severity of eating disorder features, general mental health problems, general functioning and wellbeing, physical health, as well as coexisting mental health problems such as depression and anxiety disorders. This can include long-term follow-up data (provided by PROMs and CLOMs)
- information about the attitudes and experiences of the child or young person and family towards the treatments and service being provided (provided by PROMs)
- care pathway, clinical practice and service development, design and usage information, including clock starts and stops, referral pathways
- improved access and reduction in waiting times (% of cases that received NICE concordant treatment within the standard's timeframes- see above)
- increase in young people receiving evidence based treatment
- reduction in inpatient admissions/reduced length of stay (Tier 4/Paediatrics)
- numbers accessing and, collated evaluation feedback, from training for universal services evidence of production, and dissemination, of training materials to School staff, GPs and VCFS

Location of Provider Premises

The Provider's Premises will be located across the Lancashire patch listed in the boxes below, however we will also access CAMHS sites for our Children and Young People

East team

Pendle House
Leeds Road
Nelson
Lancs
BB9 9TG

Central Team

Tudor House,
Euxton Lane
Chorley
PR7 1PS

The Oxford Annex,
Oxford Street,
Preston,

	Lancashire PR1 3SG	
<u>North Team</u> Blackpool football stadium The Stadium Seasiders Way Blackpool FY1 6JX Lancaster 734 Cameron House, White Cross Business Park, South Road , Lancaster, LA1 4XQ	<u>West Team</u> Bickerstaffe House Ormskirk District General Hospital Wigan Road Ormskirk Lancashire L39 2JW	