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Date: 31 August 2016

Dear Member

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE - FRIDAY, 2 SEPTEMBER 2016**

I am now able to enclose, for consideration at next Friday, 2 September 2016 meeting of the Health Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

**Agenda Item No**

15 **All Age Eating Disorder Service in Kent and Medway (Written Briefing)**
**Appendix 1 – Draft Service Specification (Pages 3 - 12)**

Yours sincerely

**Peter Sass**
**Head of Democratic Services**

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# SCHEDULE 2 – THE SERVICES

## A. Draft Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

| | |
|---|---|
| **Service Specification No.** | TBC |
| **Service** | Kent and Medway Community Eating Disorder Service |
| **Commissioner Lead** | TBC |
| **Provider Lead** | TBC |
| **Period** | TBC |
| **Date of Review** | TBC |

| **Strategic Context** |
|---|
| National/local context and evidence base<br><br>The term 'eating disorders' encompasses a range of conditions that have overlapping psychiatric and medical symptoms. These conditions are considered to have multi-factorial aetiology with genetic as well as environmental factors. People present with complex psychological, psychiatric and medical symptoms that may involve acute and chronic complications that can be life-threatening and/or life-long.<br><br>The types of eating disorder an individual experiences may change over time and the majority of people with eating disorders fall into the following categories:<br>• Anorexia Nervosa (AN)<br>• Bulimia Nervosa (BN)<br>• EDNOS (Eating Disorders not otherwise specified)<br><br>Over 1.6 million people in the UK are estimated to be directly affected by eating disorders. This is likely to be an underestimate as it is widely recognized that there is a huge level of unmet need in the community. Statistics that reflect the potential severity of the condition include;<br>• People with eating disorders have the highest standardised mortality ratios among psychiatric disorders - 5.4 times that of their peers.<br>• Anorexia Nervosa (AN) has the highest mortality rate of any psychiatric disorder in adolescence<br>• Currently, of those surviving, 50% recover whereas 30% improve and continue to live with an eating disorder and 20% remain chronically ill and require on-going interventions.<br>• Only 46.9% of AN patients were classified as 'cured.' Early intervention results in the best possible recovery outcome (NICE). Not providing children and young people with the resources to recover means that their illness may not be cured and |

that they go into adulthood with enduring Anorexia Nervosa.

The nature of the service required by an individual with a suspected or diagnosed eating disorder is dependent on a number of factors. These include, but are not limited to, age of onset, the severity, chronicity, complexity and risk associated with the presenting symptoms and wider health and social care needs. A comprehensive range of services for this population will include primary, secondary and tertiary care, including specialist inpatient care for a minority.

This specification is for those who require a specialist community treatment service. Within this care pathway staff will provide lifespan (all age) high quality evidence based, early intervention and specialist treatment to service users with suspected or diagnosed eating disorders in Kent and Medway.

## Outcomes

NHS Outcomes Framework Domains & Indicators for 2016-17

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

### Locally defined outcomes

The specialist service will provide a full range of NICE-concordant treatments, multidisciplinary treatment and care by qualified staff for service users aged 8 and above, with no upper age limit, who have a suspected or diagnosed eating disorder.

The service will work in close collaboration with, for example, primary care, GPs, mental health services, general hospitals, specialist eating disorder inpatient services, schools, voluntary sector, and local community based services to ensure good communication across all services involved in the individual's care, to reduce dependence upon the health and social care systems by encouraging improvements in social networks and use of community systems, and to facilitate self-care, personal empowerment and responsibility.

The aim of the care pathway is to:

- To provide a stepped model of intervention ranging from supporting universal and targeted services to intensive home support for people with suspected or diagnosed eating disorder. This will include Consultant Psychiatry, Specialist Nursing, a Dietician, Family Therapy and Psychology. When required paediatric/medical consultant should be accessed.
- Liaise and advise GPs, other professionals and staff considering a referral or requiring support managing someone with a possible eating disorder
- Provide targeted and support interventions where a high incidence of eating disorders is identified
- Lead promotion of and support for "eating disorder champions" in education, youth and other settings

- Provide training and education about eating disorders to a range of services and organisations, including GP's, schools
- Screen for mental health co-morbidity and liaise with generic mental health teams for assessment and co-working where required
- Engage with and signpost to local networks where required including voluntary organisations
- Apply core principles of Improving Access to Psychological Therapies (IAPT)
- Provide consultation and advice about the appropriateness of referral to a range of services and organisations.
- Provide an effective specialist community based early intervention service to people with a suspected or diagnosed eating disorder.
- Provide intensive community treatment for service users presenting with acute or severe and enduring eating disorders.
- Provide an effective, high quality community service that addresses the physical, psychological and social aspects of an individual's eating disorder.
- Limit the physical and psychiatric morbidity, social disability and mortality level caused by eating disorders.
- Respond effectively to the broader needs of families and carers as well as to the person with a suspected or diagnosed eating disorder, recognising the importance of the triangle of care
- Ensure that services meet the KPIs defined in the outcomes schedule and are compliant with NHS England Access and Waiting Time Standards for Children and Young People with an Eating Disorder;

*The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.*

- Adhere to the national waiting times target for Adult Mental Health of 4 weeks to referral and 18 weeks to treatment
- Provide equitable access to community services
- Ensure services are located where they best meet the needs of the local population, being mindful of the distribution of the student population across Kent and Medway
- Provide care and support close to home
- Reduce the need for inpatient admissions and where clinically appropriate reduce the length of inpatient stay
- Work in collaboration with community health and wellbeing services and inpatient services to deliver the seamless co-ordination of care and treatment ensuring the individual receives the service they require
- Work in partnership to improve outcomes for people with a suspected or diagnosed eating disorder and support their transition between services
- Facilitate and coordinate information sharing and networking
- Carry audit to improve services and the quality of care including physical care such as weight, heart and blood pressure and medication.

## Entry, Exit and Care Transitions

The Eating Disorder Service will accept referrals from GPs using the following criteria:

- The individual's GP is within the commissioning areas of Kent and Medway.
- Any individual who is not registered with a GP is ordinarily resident in Kent and Medway.
- The individual is aged 8yrs or over, with no upper age limit.
- The individual is considered to be suffering from, or potentially suffering from, an eating disorder

Referrals will be prioritized on the basis of clinical risk. This will include the severity of the eating disorder, psychiatric risk and the presence of other physical health concerns such as diabetes and pregnancy. Referrals will be managed according to the Kent and Medway level of risk referral guideline (Appendix 1). Access to treatment times must be;

- Non-urgent referrals – Service user will be seen within 4 weeks or be offered 2 appointments within a four week time frame from receipt of referral, and receive treatment within 4 weeks of first assessment by a designated healthcare professional
- Urgent referrals – Initial specialist assessment will be undertaken and treatment commenced within 7 days. However other risks/evaluations may indicate need for more immediate care or treatment
- Emergency referrals – Initial specialist assessment will be undertaken and treatment commenced within 24 hours. However other risks/evaluations may indicate need for more immediate care or treatment

Where appropriate the category of the referral will be decided depending on the nature and the perceived degree of risk following discussion and/or written information with the referrer. However following clinician to clinician discussion if the patient should be seen more urgently this clinical decision should override the level of risk category guideline

Service user needs will be continually reviewed to ensure the provision of best and most appropriate care.

The provider will ensure seamless care arrangements for all patients, across geographical boundaries and to physical health services

## Discharge Processes

- To ensure the EDS maintains capacity to undertake new assessments and take on work with new service users there is a need to be proactive in discharging service users back to the GP
- Using a recovery focused approach, empowerment and therapeutic optimism, all service users should be actively planning for, and working towards, discharge from planned care services, with regular reviews of progress. Principles of social inclusion and support to develop supportive community networks are fundamental to this process.
- Discharge planning will form an integral part of the service users Care Plan. Liaison with other involved agencies is fundamental and will take place early in any work undertaken to ensure continuity of care.
- For many service users the criteria for discharge will be improvement in the individual's condition and their ability to maintain improvement either independently or with less specialist assistance.

- The criteria for discharge may be when it is unlikely that further treatment within the service will give further significant benefit.
- Some service users, because of the nature and complexity of their eating disorder, may require long-term monitoring and/or repeated treatment refreshers. In these cases liaison and discussion with the Primary Care Team, the local primary care based psychiatric services and the service user will determine who will hold primary responsibility.
- In some cases service users will be receiving services from a number of staff. As the service user recovers and is more able to manage their day to day life the level of service will reduce and finally they will only receive monitoring via an out-patient setting.
- Prior to any discharge from EDS an aftercare plan will be agreed with the service user, other involved agencies and relevant carers. This will include a contingency plan identifying risk factors, warning signs and actions to be taken in the event of any difficulty occurring after the discharge back to the GP or community services takes place.
- All service users that fail to attend an out-patient appointment will be contacted according to risk.
- Any failure to attend 2 out-patient appointments will be discussed by the multi-disciplinary team and/or the individual therapist. A decision regarding further action will be taken based upon assessed risks to self or others. If the decision is to discharge, the service user and the GP will be informed immediately.
- Should a service user refuse to engage with EDS or refuse to continue to accept services the situation will be discussed within a multi-disciplinary team meeting. Risks to self and others will be assessed and an action plan, dependent on risks and need, agreed. The GP and/or community services will be informed immediately.
- For service users who experience difficulties in engagement, the service will seek to ensure that all steps possible are taken before the multi-disciplinary team decides to discharge an individual on the basis of their inability to engage in treatment.
- Where a service user transitions into another service a formal handover will take place. This will be managed through written reports and CPA review meetings which will include the service user and their support network.
- The discharge plan will include the mechanism for re-referral to the eating disorder service should that be appropriate.

## Scope

### Aims and Objectives of Service

This service will provide lifespan (all age) evidence based early intervention and specialist treatment to service users with suspected or diagnosed eating disorders in Kent and Medway. The service will provide a recovery based approach, providing specialist interventions and supporting individuals to achieve and maintain good health and enable them to return to their full potential in their lives and in the community.

Key aims of the service include:

- Enable service users to make choices which improve their health and quality of life and promote recovery from their eating disorder.
- To treat and improve the health of those who suffer with an eating disorder.
- Prevent physical and psychological deterioration.
- Increase stability and quality of lives of service users and their carers/families.
- Improve social functioning.

- Promote the service user's participation in their own recovery.
- Assist the service user in accessing educational support and work activities.
- Assist the service user to develop coping strategies.
- Provide psychological treatment appropriate to the individual and informed by the current evidence base.

Key objectives of the service include:

- Specialist diagnostic, medical and psychological assessments of individuals believed to be suffering from an eating disorder.
- Provision of evidence based early intervention and treatment including self help
- Delivery of evidence based working practices in the effective assessment, treatment, and management of people suffering from a suspected or diagnosed eating disorder.
- Delivery of short and longer term psychological and medical interventions.
- Provision of a flexible community based treatment, giving support in the most appropriate manner and environment making full use of all community resources, including the service user's own social support.
- Provision of an integrated mental health service through liaison with other statutory and independent health service providers.
- Working in partnership with acute in-patient services, Community Mental Health Teams, physical health teams and Crisis Liaison Teams to offer an integrated service provision.
- Working with service users to support them to live in a way that they wish to live it but acknowledging that there may be times when an individual may not have capacity to make all of their own decisions, and if this includes a risk to their life ensuring that urgent appropriate action is taken according to the associated risk.
- Referring appropriately and working when required with other services including but not limited to; Home Treatment teams, In-patient services, Acute Day Treatment Units , Community Mental Health Teams, Drug and Alcohol services, Forensic Services, Accident and Emergency (A&E) Liaison Services, Live Well Community Support Services , Older Peoples Services, Community Learning Disability Teams (CLDTs), Specialist Learning Disability Services, Housing Services, Educational Establishments, Advocacy services.

## Service Description / Core Components of the Care Pathway

The service will be delivered by an intensive cohesive multidisciplinary community based team. The service will provide parity of easy access across Kent and Medway. Services will be provided within the service user's home where appropriate.

**Key components of the service include:**

- Focus on effective early intervention, continuity of care and effective treatment interventions.
- Specialist eating disorder services offering a range of intensity of interventions appropriate to the needs of each assessed patent.
- Specialist family interventions delivered by trained professionals, in the context of multidisciplinary services.

**Core components of the care pathway include:**

- Kent and Medway level of risk referral guideline (Appendix 1).
- Kent and Medway all age referral route pathways for eating disorders (Appendix 2)
- Anorexia care pathway
- Bulimia care pathway
- EDNOS care pathway

- Full engagement with other professionals, carers and clinical specialists as required to treat and support each patient

**The Care Pathway also includes:**

- A comprehensive assessment of physical, mental and psychological health, educational, social and motivational factors and a full risk assessment.
- Clear communication to the service user, GP and where appropriate, his or her family and carers on the outcome of the assessment which will include recommendations and advice regarding on-going clinical management.
- Offer of a prompt service to individuals, their families and carers, maximising the possibility of engagement and recovery.
- Shared care protocols between primary care, generic mental health, secondary care (including paediatrics, AE, adult medicine, gastroenterology, osteoporosis clinics) and the eating disorder service
- Services which are age-appropriate, accessible to all genders and culturally appropriate.

### Assessment

The service will provide a comprehensive assessment process for all referrals accepted, including detailed risk assessment, full history of the presenting problem, physical health history, physical examination and all necessary clinical investigations for example:

- Structured clinical interview for a suspected or diagnosed eating disorder, including history
- Social and family background
- Service user's views of their difficulties
- Service users goals for treatment
- Validated screening measures of eating disorder and general mental health
- Current weight, previous weight, percentage of recent weight loss and BMI
- Current Height previous height if applicable, (with children appropriate growth charts must be used)
- All appropriate blood tests and other clinical tests determined by the service user's condition (not including additional GP assessment)
- Blood pressure (sitting and standing) where appropriate
- Pulse test (sitting and standing) where appropriate
- Squat test (or equivalent) where appropriate
- Temperature as appropriate
- Carers view as appropriate

### Care Planning

The individual will be managed within local and national guidance frameworks. Integrated, person centered care planning, including an assessment of risk, will be agreed by the multidisciplinary team in conjunction with the individual.

Care plans will be completed in collaboration with the service user and where appropriate parents/carers and other agencies involved. The care planning process will take into account the needs of the individual, their families and carers. Care plans will take account of the intensity and frequency of treatment. The care plan will include how the individual's mental and physical health will be managed and monitored.

Care plans will be held electronically and updated as required.

### Interventions

The service will provide the appropriate level of intervention to the person with a suspected or diagnosed eating disorder. Interventions will follow current NICE guidance compliant

treatment. For under 18s priority should be given to family based treatments which can include multifamily and individual family therapy

The care pathway will offer the following potential interventions;

- Family therapy (FT-AN)
- Individual therapy (CBT, Individual Systemic)
- Multi family therapy (AN and BN)
- Intensive day treatment programme (commissioned by NHS England)
- Psychoeducation
- Medical assessment, medication and monitoring
- Physical health monitoring
- Dietetic advice and support
- High quality interventions aimed at weight restoration, where appropriate.
- Psychological and psychiatric interventions for common co-morbid conditions
- Intensive community interventions (where clinically appropriate e.g. day programmes, group programmes, enhanced care packages such as home treatment).
- Provision of support to the service user and staff within acute medical inpatients units and psychiatric inpatient units when service users with eating disorders are admitted.

The above treatments will be offered in a combination of individual sessions and in groups depending upon the treatment plan. When appropriate treatment for couples and families will be provided.

A multi-disciplinary meeting attended by a range of professionals, including the Consultant Psychiatrist, will be held weekly to discuss referrals, assessments, allocation and all high risk clients.

The service will lead in developing shared care protocols with personality disorder services, perinatal services, mental health services, non-statutory providers. Goals and treatment responsibilities will be clearly identified and allocated to reduce confusion and overlap.

Any Acceptance and exclusion criteria and thresholds
Referrals will be accepted from GP's within Kent and Medway.

The service will not provide a service for individuals who are overweight or obese without symptoms of an eating disorder.

The EDS will have a strong link with inpatient services, the purpose of which will be to allow for brief admissions, with subsequent care to be delivered by the EDS

The service will work with commissioners closely with developments and changes regarding commissioning of tier 4 services.

Referrals will not be accepted for solitary binge eating unless associated with an underlying psychiatric disorder

Interdependencies with other services / providers, including but not limited to;

- Providers of ED inpatient service
- Providers of generic mental health services (acute and community)
- Acute hospitals

- Paediatricians
- Dentists
- Dieticians
- Occupational Therapists
- Vocational support services
- Social Care services
- Local voluntary groups
- Public Health School Services
- Primary care (e.g. general practice, health visitors, practice nurses)
- Drug and alcohol services
- Osteoporosis clinic/pathways

The commissioner expects the provider to work with commissioners and relevant health providers to;

- establish and clarify pathways for osteoporosis and
- ensure whole system sign up to the MARSIPAN and junior MARSIPAN protocol

**Applicable Service Standards set out in guidance and/or issued by a competent body (e.g Royal Colleges)**

The service needs to be delivered in line with current evidence based practice and national guidelines. These currently include:

- NICE guideline for Eating Disorders 2004- this is currently under review and due for publication in 2017 and it is likely that the update will contain new treatment recommendations. The provider must be able to adapt service delivery to take account of any revised recommendations
- MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa - Royal College of Psychiatrists 2014
- Junior MARSIPAN – Management of Really Sick Patients Under 18 with Anorexia Nervosa (CR162) – Royal College of Psychiatrists 2012
- The provider must be a member of a national quality improvement and accreditation network
- The provider must have knowledge of the Mental Health Act 2007 and its application to inpatients, Mental Capacity Act 2005.

Applicable local standards

- Service users/carer involvement mechanisms must be established and will formally report their activities and findings to the commissioners
- Service users satisfaction with the service will be measured which must be reported to commissioners on an annual basis.
- Eating disorder symptoms measured using the short evaluation in eating disorders (SEED)

**Applicable quality requirements standards eg Nice, Royal College**

Workforce capabilities

- The workforce will have the appropriate level of skills and competencies to deliver high-quality, evidence-based care
- The workforce will receive continued training and supervision of staff in the provision of evidence-based NICE-concordant treatment
- The workforce will provide a comprehensive training programme for non-clinicians that includes awareness raising in primary care and early support
- The workforce will provide comprehensive training programme for all staff to

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| improve the management and service delivery for all those involved in the provision of service |
| **Location of Provider Premises** |
| The service will be delivered by an intensive multidisciplinary community based team. The service will provide parity of easy access across Kent and Medway. Services will be provided within the service users home where appropriate. |

**Audits to include;**

- Audit against national guidance for NICE compliance/ other national guidance for example the waiting time standard appropriate for the individual, treatment modalities offered
- Number of referrals not accepted and rationale

**Data to be submitted monthly to include per CCG;**

- number of cases meeting the NHS England Access and Waiting Time Standards for Children and Young People with an Eating Disorder
- number of cases not meeting the NHS England Access and Waiting Time Standards for Children and Young People with an Eating Disorder and rationale
- number of cases not adhering to the national waiting times target for Adult Mental Health of 4 weeks to referral and 18 weeks to treatment and rationale
- numbers of referrals received
- number of re referrals
- numbers of accepted referrals
- number of service users completing treatment in period
- source of referrals
- age of referrals
- ethnicity
- numbers of assessment
- numbers of treatment
- numbers of discharges
- numbers per ED diagnosis including mild/moderate/severe and un/diagnosed
- comorbid conditions (mental and physical) – type and number
- numbers of inpatient admissions to general acute and mental health and specialist
- length of inpatient stay
- routine outcome measure reporting
- pre and post discharge percentage expected weight
- number of complaints
- number of Plaudits