

# 04

## Commissioning quality Eating Disorder services and the impact of CAMHS Transformation

**Dan Devitt**

*Joint Children's Commissioning Manager, Barnet CCG  
Commissioning Lead for CAMHS Transformation, Healthy  
London Partnership, CYP Programme*

# The Size of the Elephant/Depth of the Ocean

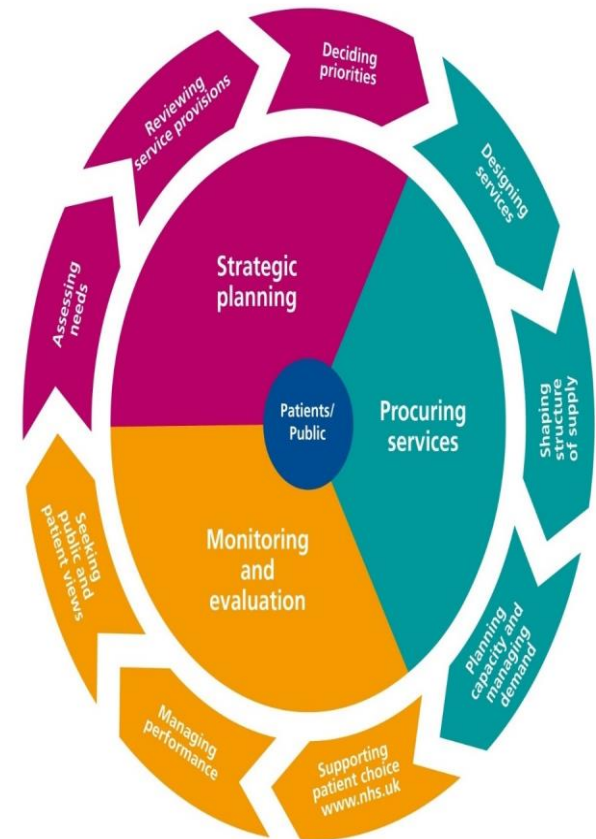
Call for “...***a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in Future in Mind...Future in Mind***’ clearly articulates the local transformation plan should cover all mental health for children and young people... *Delivering the national ambition will require local leadership and ownership. We therefore propose the ***development and agreement of Transformation Plans for Children and Young People’s Mental Health and Wellbeing*** which will clearly articulate the local offer. These Plans ***should cover the whole spectrum of services for children and young people’s mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services***’.*

Letter from Sir Bruce Keogh and Richard Barker in May 2015

# Challenges – Historic for ED

- Level of need Physical and Mental Health of UK - Difficulty in delivering in “Liberated NHS”
- Changing Context – National Policy Landscape, Economic situation
- Childrens Services - often as see the Cinderella Service
- Scale of the services /complexity of needs – coordination of services, variations in nature and quality of service offer, gaps in service reach and commissioning
- Demographic Pressures - Decreasing age range and increasing population
- Linked agendas/conditions – i.e. self harm suicide
- Pace of change required to get things done, scale of input required to deliver change

**Need for a National Strategic Approach to Transformation to address all these**



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: [www.ic.nhs.uk/commissioning](http://www.ic.nhs.uk/commissioning)

# Commissioning ED services – core challenges

- Difficulty in asserting appropriate standards - system noise and churn
- Range of responses needed – from rapid response to long term support
- Range of interventions that work – but the personal response is essential – but at massive scale for the UK
- Need to engage as an MDT response – generic CAMHS a key component but specialist are essential
- Open access to referral routes – need to get people in to the system ASAP and support them throughout
- Complexity of Tier 3, 3.5 and 4 – Complexity of needs/smoothness of pathway is hard to meet within Tiered model of service
- Complexity of understanding Quality in this context
- Commissioner support/focus , Clinical buy in, and **Money**

# ED services – core challenges

- 1.6 Million people with ED – will be a huge underestimation
- Engagement with patients over time – complex issues of disclosure, reluctance to engage with or from primary care or others – it doesn't go away
- Identification – older patients presenting alone with other issues/symptoms not the ED itself
- Early Intervention and prevention are key but hard to deliver – often too late on presentation
- Potential over reliance on BMI - not always signalling the ED issue early enough
- Impact of patient families and communities
- Inadequate liaison between Health And Social Care and Education services
- Geographical Variability/availability
- Commissioning for severity – tendency to aim for most severe – not develop preventative supportive system
- Difficulties in outcome monitoring/burden of reporting and recording
- General PH messaging on health eating – usually reduced to one strand of messaging

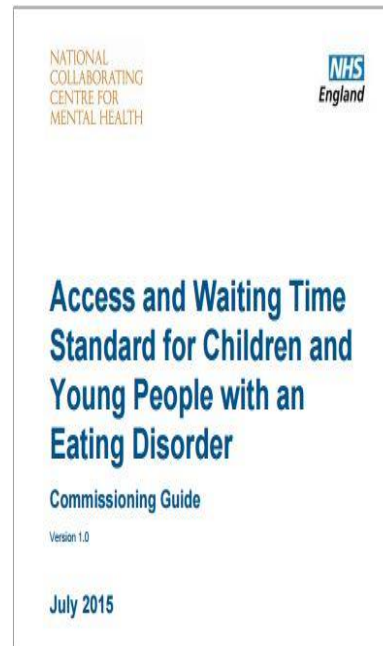
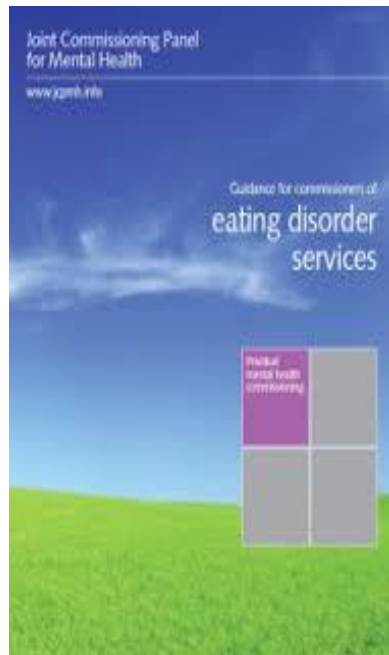
# CAMHS Transformation – a once in a lifetime chance

- Based on Future in Mind – a Department of Health strategy to improve mental health services for Children and Young People.
- Sets out a 5 year plan for transforming CAMHS services.
- Boroughs submitted Transformation plans to NHS England in 2015 – **all now assured**
- Will move away from the tiered approach and providing a needs based service.
- Has **funding** to get things rolling

For ED ( and other conditions) *this is a sea change*

# CAMHS Transformation available guidance - levers

<https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>



NICE National Institute for Health and Care Excellence



Eating disorders in over 8s: management

Clinical guideline  
Published: 28 January 2004  
[nice.org.uk/guidance/cg9](http://nice.org.uk/guidance/cg9)

<http://www.jcpmh.info/wp-content/uploads/jcpmh-eatingdisorders-guide.pdf>

<https://www.nice.org.uk/guidance/cg9/chapter/guidance>

# Information, informatics and digital to support ED services

- Need data/outcomes/KPIs analysis (in real time) to allow benchmarking & gap/variation analysis – local and national; e.g. Use of Mental Health Services Data Set (MHSDS)
- Need to include all specialised commissioning activity
- Digital
  - Developing a self-help website
  - Online consultations/support
  - Mobile working
  - Commissioning effectiveness of on-line care
- Need to harness IT to support ED services



# CAMHS Transformation – Key messages from the July 2015 Guidance

## Key Messages for Commissioners

Eating disorders are serious mental health problems. They can have severe psychological, physical and social consequences. Children and young people with eating disorders often have other mental health problems (for example, anxiety or depression), which also need to be treated in order to get the best outcomes.

Children and young people with eating disorders, and their families and carers, should be involved at every stage of the commissioning process as well as service delivery and design to ensure services are developed that meet their immediate and future needs.

It is vital that children and young people with eating disorders, and their families and carers, can access effective help quickly. Offering evidence-based, high-quality care and support as soon as possible can improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions.

The availability of dedicated, community eating-disorder services has been shown to improve outcomes and cost effectiveness. If a child or young person starts their treatment in a general child and adolescent mental health service (CAMHS), they are more likely to be admitted to an inpatient service than those treated in community eating-disorder settings within the following year.

The sooner someone with an eating disorder starts an evidence-based NICE-concordant treatment the better the outcome. The standard is for treatment to be received within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. In cases of emergency, the eating disorder service should be contacted to provide support within 24 hours.

Services need to be able to respond to the broader needs of families and carers as well as the child or young person with an eating disorder. This might include supporting the family with techniques to help manage eating disorders in young people, and information about additional support services or expert advice.

Providers of eating disorder services will be required to demonstrate that they deliver evidence-based, high-quality care. This can be supported through the membership of a national quality improvement and accreditation network to produce transparent and accessible data for all stakeholders, including the general public. This will enable providers to assess and continue to improve the quality of care they provide, and ultimately become accredited services.

Training commissioned at a national level will be offered to improve clinical and management skills specifically to meet the needs of children and young people with an eating disorder, and the needs of their family where appropriate. This is vital to providing a viable service that focuses on continuous improvement.

It is the responsibility of commissioners to specify and contract for services that have the right numbers of staff with the appropriate level of skills and competencies. It is then the responsibility of the provider to ensure that the service meets the specification with appropriately qualified and supervised staff to deliver high-quality, evidence-based care. A workforce calculator has been provided to guide these decisions for dedicated, community eating-disorder services for children and young people (CEDS-CYP).

NHS England, clinical commissioning groups (CCGs), local authorities, education providers and other eating disorder services (including adult mental health) should work in partnership to improve outcomes for children and young people with eating disorders and support their transition between services. This is an effective way to increase capacity and share resources to deliver better care.

£30 million of recurrent funding (announced in the Autumn Budget 2014) is available to transform services in England for the treatment of children and young people with eating disorders up to the age of 18 years. This funding is to support the commissioning of CEDS-CYP; any capacity created is to be redeployed to support general CAMHS response for those who self-harm or present in crisis.

An excellent starting point.....

until the next NICE guidance in 2017

# Thank you to.....

- The Team I inherited
- The Royal Free ED service
- The NCL Commissioners

And.....You for listening