

# East London Community Eating Disorders Service for Children and Young People Operational Policy

<b>Directorate</b>	Specialist Services
<b>Version</b>	3.0
<b>Date finalised</b>	16 <sup>th</sup> December 2022
<b>Policy Author/s:</b>	Kamel Cheradi, Joint Clinical Team Lead for CEDS-CYP Sophia Ulhaq, Joint Clinical Team Lead/ Consultant Psychiatrist for CEDS-CYP Zara Keane, Operations and Transformation Manager
<b>Name of responsible committee</b>	EL Wide Services – Senior Management Group
<b>Review date</b>	16 <sup>th</sup> December 2023

## Contents

Outline.....	4
Purpose.....	4
Aims of service .....	4
Service outline .....	4
Introduction to the team.....	7
Clinical pathways.....	7
Front door .....	7
Referrals .....	7
Assessment.....	9
Clinical offer.....	10
Therapies.....	10
Psychiatry .....	11
Paediatrics.....	11
Nursing.....	12
Dietetics .....	12
Eating Disorders Intensive Pathway (EDIP) .....	13
Admission pathways .....	13
Partnership working .....	14
Children's Social Care .....	14
Safeguarding.....	15
GPs.....	16
Education.....	16
Voluntary sector organisations.....	16
Clinical processes .....	16
Management of non-attendance .....	16
7 day follow up (7DFU).....	17
Care coordinator allocation.....	17
Care Programme Approach (CPA) framework .....	18
Transfer, review and discharge.....	18
Transition .....	18
Documentation.....	19

Governance and Quality .....	19
CEDS Governance structures .....	19
Senior Management Group .....	19
Multi-disciplinary Team Meeting .....	20
Line management & clinical supervision .....	20
ELFT Governance Structures.....	21
Service user and parent/ carer involvement & feedback .....	21
Information Governance.....	22
Quality Assurance .....	22
Incidents.....	22
Appendix.....	23

## Outline

### Purpose

This policy aims to provide clear information about the operating procedures of the East London Community Eating Disorders Service for Children & Young People (CEDS-CYP)

This policy includes:

- Outline of the team's main aim and purpose of operation
- Description of key principles involved in the delivery of care
- Explanation of how the team delivers care
- Clear information about roles
- Outline of governance and accountability of the service

### Aims of service

CEDS-CYP provides specialist assessment, treatment and clinical management for individuals who experiencing an eating disorder and their families across Newham, Tower Hamlets and City & Hackney.

The services provided are community based and focus on:

- Empowering children, young people and their families to recover from an eating disorder using evidence based treatments families
- Minimising the physical, psychological and social impact of an eating disorder on the individual and their family
- Personalised care planning
- Raising awareness and detection of eating disorders within the wider community
- Enable families and professionals to positively support children and young people with an eating disorder

### Service outline

The service is committed to providing a specialist service to CYP who have a clinically significant eating disorder, namely:

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Eating Disorder Not Otherwise Specified (EDNOS)

Although the service is not currently commissioned for Avoidant/ Restrictive Food Intake Disorder (ARFID), the team will accept referrals and provide support to CYP with ARFID who are physically compromised.

The service maintains established links and works collaboratively with other Child and Adolescent Mental Health Services (CAMHS) for the assessment and treatment of severe co-morbidity or crisis presentations. The service aims to assess and treat the majority of mild to moderate co-morbid mental illness presented by patients.

EL CEDS-CYP is a community based service. Appointments may take place in the clinic, child's home, school or children's centre. When the physical or mental health of a child or young person might be severely compromised and an admission is required, appointments may take place in hospital settings.

Two primary pathways operate within the service:

- Community Eating Disorders Service
- Community Eating Disorders Service – Intensive Pathway

EL CEDS-CYP is jointly overseen by the Joint Clinical Team Lead/ Consultant Psychiatrist, Joint Clinical Team Lead (Non-Medical) & Operations and Transformation Manager.

Areas covered

- The team will accept referrals for young people for whom North East London Integrated Care System (NEL ICS) is the responsible commissioner – namely City & Hackney, Tower Hamlets and Newham

Age range

- 0-18<sup>th</sup> birthday

Exclusion criteria:

Where a child or young person's primary presenting problem would be best supported by an alternative service, CEDS-CYP may offer assessment or consultation to support the delivery of evidence-based interventions, but will not care coordinate cases.

For example, CYP with a primary presentation of:

- Loss of appetite secondary to other emotional problems
- Referrals for CYP with feeding difficulties, extreme faddiness, or pica infancy and childhood
- Learning disability including ASC

The following exclusion criteria applies to the Intensive Pathway:

- CYP with significant physical health conditions who require immediate medical stabilisation
- CYP who are on leave from an inpatient setting – unless this is agreed as part of a discharge plan
- CYP presenting with significant aggression or risk behaviours which cannot be safely managed in a community setting

#### Service bases

- The team operate a hub and spoke model across Tower Hamlets, City & Hackney and Newham. The central base is located at Emanuel Miller Centre (11 Gill St, E14 8HQ). Spoke sites are also available at Homerton Row (15 Homerton Row, E9 6ET) and Newham CAMHS (York House, 411 Barking Road, E13 8AL).
- The team aim to see children, young people and families at the relevant site within their borough.

#### Hours of operation

Normal operating hours are Monday-Friday, 09:00-17:00.

In future, Nursing and support worker staff working within the EDIP service will work a shift pattern in accordance with service needs across a 7 day a week, 08:00-20:00 service.

24/7 support is available for young people presenting in mental health crisis by the East London CAMHS Crisis Service via the emergency departments at Homerton University, Newham University and Royal London Hospitals.

The All Age Crisis lines are also available 24/7 with CAMHS call backs from 09:00-00:00 via the following numbers:

- Tower Hamlets: 0800 073 0003
- Newham: 0800 073 0066
- City and Hackney: 0800 073 0006

## Introduction to the team

EL CEDS-CYP has a multi-disciplinary team composition including:

- Nursing (Paediatric and Mental Health)
- Psychiatry
- Paediatrics
- Family Therapy
- Psychology (Clinical and Assistant Psychology)
- Dietetics
- Support Workers
- Administration and Operations

In addition, the service hosts clinical psychology trainees, student nurses (RCNs or RMNs), medical students and MSC students.

The full team structure can be viewed in Appendix A.

EL CEDS-CYP is jointly overseen by the Joint Clinical Team Lead/ Consultant Psychiatrist, Joint Clinical Team Lead (Non-Medical) & Operations and Transformation Manager.

## Clinical pathways

### Front door

#### Referrals

EL CAMHS Crisis will accept referrals for children and young people, up to the age of 18, whose responsible commissioner is North East London ICS (Tower Hamlets, Newham and City & Hackney).

The below table outlines how referrals are received into the CEDS service:

Referrer	How to refer
ELFT CAMHS (Community and Inpatient)	Completing internal CAMHS referral form for the relevant borough and send directly to <a href="mailto:elt-tr.ELCEDS-CYP@nhs.net">elt-tr.ELCEDS-CYP@nhs.net</a> (Appendix B)  The eating disorder section needs to be completed
External refers (GPs or other primary care colleagues, Schools, Social Care, Acute hospital colleagues, other professionals with	Complete the external referral form for the relevant borough and send directly to <a href="mailto:elt-tr.ELCEDS-CYP@nhs.net">elt-tr.ELCEDS-CYP@nhs.net</a> (Appendix C)

consent of patient or parent)	
Children, young person or parent/ carer	Self-referrer via the duty line 020 8125 5270, self-referrals will be facilitated by the duty worker

If referrals for EL CEDS-CYP are received into the single point of access teams in ELFT CAMHS services, they will be passed to EL CEDS-CYP on the same day of receipt (if received in hours).

Referrals are accepted via a secure team email inbox: [elt-tr.ELCEDS-CYP@nhs.net](mailto:elt-tr.ELCEDS-CYP@nhs.net) and can be discussed verbally with the Duty Clinician by calling 020 8125 5270 between 9am and 5pm.

All referrals will be screened by risk in hours on the day of receipt by the EL CEDS-CYP duty clinician.

The below table outlines the protocol for determining referral urgency and required response:

Type of referral	Criteria	Required response (As set out in access and waiting time standards – Appendix D)
Emergency	Child or young person deemed to be at high risk. Criteria could include one or more of the following: <ul style="list-style-type: none"> <li>- High physical risk requiring in-patient medical stabilisation</li> <li>- High psychiatric risk associated with co-occurring disorder</li> <li>- Currently admitted to a paediatric or medical ward</li> </ul>	Provide rapid response and support within 24 hours
Urgent	This reflects the level of risk and severity of problems associated with the eating disorder. Criteria must include one or more of the following: <ul style="list-style-type: none"> <li>- WFH in the red (&lt;70%) and not menstruating</li> <li>- WFH in amber (70-80%) and not menstruating plus recent weight loss of 500g or more / week for at least 2 consecutive weeks</li> <li>- Rapid weight loss i.e. 1kg per week</li> <li>- Physical health investigations reveal abnormalities indicating significant risk to health (including cardiovascular and blood chemistry abnormalities – i.e. changes to U&amp;E, Cr or bone profile)</li> </ul>	Urgent assessment offered within 5 days  NICE-concordant treatment start within 1 week



	<ul style="list-style-type: none"> <li>- Severe vomiting or laxative misuse - severity is based on frequency of inappropriate compensatory behaviour - severe (8-13 episodes/week) or extreme (14+ episodes/week) would indicate urgent assessment;</li> <li>- Blood in vomit</li> </ul> <p>Inadequate fluid intake in combination with poor eating</p> <ul style="list-style-type: none"> <li>- Diabetes</li> <li>- Pregnancy</li> <li>- Recent or imminent discharge from eating disorder inpatient services</li> <li>- Recent or imminent discharge from child and adolescent services and there is a history of high psychiatric risk</li> <li>- Recent or imminent discharge from a paediatric ward or emergency department due to eating disorder related issues.</li> </ul>	
Routine	<p>Criteria could include one or more of the following:</p> <ul style="list-style-type: none"> <li>- WFH &gt;80%</li> <li>- Weight loss of up to 500g / week for over 2 consecutive weeks</li> <li>- Mild (1-3 / week) or moderate (4-7 / week) compensatory behaviour frequency</li> <li>- Medically stable</li> <li>- No concerns on blood biochemistry</li> <li>- Menstruating</li> <li>- Mild levels of uncontrolled exercise (&lt;1 hr / day)</li> </ul>	<p>Routine assessment to be offered in 15 days</p> <p>NICE-concordant treatment start within 4 weeks</p>

Where there is a need for a joint assessment with CAMHS, please note that these waiting times do not apply to core CAMHS services.

Referrals are discussed by the Joint Clinical Team Lead (Non-Medical), Duty Clinicians and Lead Administrator at the weekly referrals meeting (Tuesday, 13:00-14:00). If required, emergency or urgent referrals will be discussed at the daily duty huddle (10:30-11:00 excluding Wednesday).

## Assessment

There will be a multi-disciplinary assessment clinic that runs weekly and provides specialist assessment to newly referred cases.

The assessment includes a physical health assessment – completed by a member of the CEDS nursing team – and an assessment with the child or young person and

their family. Care plans will be collaboratively formulated with families in the assessment and discussed further at MDT assessment meeting so a NICE-concordant treatment plan can be agreed. There will then be feedback to the family in the afternoon.

Assessment will routinely take place on Wednesdays' at 09:00-10:30. Assessments should take place face to face, in the relevant spoke site for CYP and in exceptional circumstances – may be conducted remotely via MS Teams. Feedback is ordinarily given remotely.

The following documentation must be included for all new assessments:

- CEDS assessment pro-forma (Appendix E)
- CAMHS Risk assessment Tool (RiO form)
- MEED risk assessment tool (RiO form)
- CEDS-CYP outcome measures (collected via POD)

A summary of the assessment will be sent to the young person, family, GP and referring clinician following the assessment.

If a young person has been recently assessed by a member of CAMHS, a shortened eating disorder specific assessment may be appropriate.

## **Clinical offer**

Multi-disciplinary clinicians within CEDS-CYP work in a coordinated and holistic way to best support CYP experiencing an eating disorder and their families, in line with NICE guidelines.

## **Therapies**

Post referral and following an assessment and therapeutic formulation, if deemed appropriate, CEDS-CYP offers the following therapy interventions:

- Focused Systemic Family Therapies for Eating Disorders such as the NICE Concordant (FT-AN) family therapy for anorexia nervosa or (FT-BN) family therapy for bulimia nervosa. These are usually delivered for up to 20 sessions with one family but for anorexia can also be delivered on a multi-family basis.
- When FT-AN or FT-BN is not appropriate, Individual Cognitive Behaviour Therapy-Enhanced (CBT-E) is offered. This usually consists of 40 sessions over 40 weeks for anorexia and 18 sessions for bulimia.
- Other models of systemic family therapy such as Attachment Based Family Therapy or other therapeutic models such as Dialectical Behaviour Therapy may be offered and integrated into the therapy plan where FT-AN and FT-BN are not appropriate and there are specific complexities that need addressing in order to treat the eating disorder.

- Within our early intervention pathway, for C&YP who are at risk of developing an eating disorder, early intervention psychoeducation pathway modules (8 sessions), Individual CBT-T (10 sessions) for C&YP and guided self-help (8 sessions) for binge eating disorder are offered.
- The team also offer a body image and normal eating workshop, also deliverable in an individual format.
- Cognitive Behaviour Therapy-Ten (CBT-T) – primarily for adults. CBT-T is delivered as 10 sessions over 10 weeks for people with a BMI  $\geq 19$  who are binge eating.

## Psychiatry

The psychiatry offer in CEDS-CYP is:

- Diagnosis and formulation of care plans for the delivery of treatment for CYP
- Collaborative working with multi-disciplinary clinicians in CEDS and across agencies
- Psychiatric assessment of patients to establish eating disorders and other psychopathology
- Psychiatric and medical risk assessment and management
- Medication management, in line with ELFT Medicines Policy (Appendix I)
- Mental Health Act Assessments
- Physical health consultation, in line with the ELFT ED Physical Health Policy
- Management and monitoring of progress of psychiatric comorbidities among eating disorder patients – such as depression, anxiety, OCD and ASC

Psychiatry support is available within CEDS-CYP 5 days per week, with Consultant Psychiatry support being provided 4 days per week. If required, emergency and urgent care can also be provided by the duty psychiatrist on call for City & Hackney, Newham and Tower Hamlets.

The psychiatry pathways in CEDS-CYP and EDIP is overseen by the Joint Clinical Team Lead/ Consultant Psychiatrist. More information on the psychiatry offer and criteria can be found in Appendix J.

## Paediatrics

The paediatric offer in CEDS-CYP is:

- Growth/pubertal reviews
- Review of irregular periods (if associated with ED) - not for long-standing irregular periods unless relevant to treatment plan for ED
- Review of gastrointestinal symptoms if associated with ED (e.g. queries around rumination, reflux/gastritis secondary to SIV; advice on management of constipation in context of ED)

- Review of blood abnormalities thought to be related to ED (may need discussion on a case by case)
- Review/feedback on PUS/DEXA/Bone age
- Psychoeducation - ideally in collaboration with therapist/other relevant clinician to ensure linked up with ongoing therapy/management
- Review of persistently abnormal observations as per Eating Disorder Early Warning System (unless needing urgent review which may need emergency department instead)
- Liaison with speciality teams re: co-existing medical conditions

Acute concerns should always be signposted to an emergency department - eg collapse, ?seizure, etc rather than waiting for a medical review due to potential wait for appointments

## **Nursing**

The nursing offer in CEDS-CYP is:

- Physical assessment to new cases
- Ongoing management of physical health in line with the CEDS-CYP physical health policy (Appendix F)
- Intensive support as part of the Intensive Pathway which when fully established will offer interventions such as meal support at home, clinic or in school, psychosocial interventions (such as distress tolerance, emotional regulation using DBT, distraction activities) and nasogastric feeding in clinic if necessary
- CEDS-CYP are also exploring developing a phlebotomy service that will be nu

The nursing pathway is overseen by the Senior Paediatric Nurse. More information on the nursing offer and criteria can be found in Appendix G

## **Dietetics**

The dietetic offer in CEDS-CYP is:

- To use evidence based practice to dispel food myths and abnormal eating habits, behaviours – including specific thoughts about food and weight
- A thorough assessment upon initial referral which looks at clinical status, weight history, dietary history, current intake, dietary patterns and the beliefs and social aspects of CYP
- Input into collaborative care plans including setting nutrition based goals, tailored meal plans or general advice on nutrient needs, energy needs and hydration
- Assessment of risk of refeeding syndrome in those diagnosed with AN and provision of re-feeding meal plans to support staged re-introduction of foods based on UK guidelines

The dietetic pathway is overseen by the Senior Specialist Dietitian. More information on the dietetic offer and criteria can be found in Appendix H.

## **Eating Disorders Intensive Pathway (EDIP)**

EDIP provides an alternative to inpatient admission for CYP with severe eating disorders and supports CYP being stepped down from inpatient care – paediatric or inpatient CAMHS.

As part of EDIP, young people will receive intensive support such as:

- Meal support at home, in clinic, in school or virtually
- Psychosocial interventions – such as distress tolerance, emotional regulation using DBT, distraction activities, motivational exercises, Positive Behaviour Support, psycho-education with CYP and families, problem solving skills, supporting symptom management
- Physical health monitoring and observation in clinic or home
- Bloods in clinic, once established as part of the service offer
- Nasogastric feeding in clinic if necessary (not under restraint), following appropriate risk assessments and intervention reviews

EDIP interventions will be between 6-8 weeks, tailoring down from 6 weeks. There will be a mid-way review at week 3 or 4.

Once fully staffed, EDIP will operate Monday-Sunday, 08:00-20:00. There will be 2 staff per shift (1 x Registered Nurse (RCN/ RMN) and 1 x Support Worker).

An internal referral form is required for EDIP (Appendix K).

## **Admission pathways**

### **Paediatrics**

As assessed using the MEED framework, if a young person requires a paediatric admission, CEDS-CYP can refer to the nominated Consultant Paediatrician as below:

- Royal London Hospital: Dr Gin Peh
- Homerton University Hospital: Dr Lucia Re Ferre
- Newham University Hospital: Dr Susan Liebescheutz

The Physical Health Policy (Appendix F) outlines when a paediatric admission referral should be considered.

In hours, CEDS-CYP will offer daily ward visits to CYP admitted to paediatric wards or, where clinically appropriate, telephone contact with the ward.

Once EDIP is fully established, clinicians working on Saturday and Sunday will support with ward visits or telephone support to the wards when CYP who are active on EDIP are admitted.

Out of hours, ward visits are supported by the EL CAMHS Crisis Service as guided by CEDS-CYP.

CEDS-CYP is required to attend the online EL CAMHS Crisis huddle (Monday, Wednesday, Friday 11:30-12:00) to update on CYP admitted to acute hospital wards, this meeting can also be used to discuss CYP who required inpatient CAMHS admission.

### **Inpatient CAMHS**

Most young people with eating disorders will be managed in community services. However, on occasion inpatient CAMHS services may be necessary. The criteria for this may be one of the following:

- Need of the Mental Health Act to facilitate management
- Ongoing weight loss despite community support
- Systemic issues necessitating admission

When CYP are admitted to inpatient CAMHS, their care coordinator in CEDS-CYP will remain the same to promote continuity of care for CYP.

Specialist inpatient services for CYP are commissioned by the North Central East London Provider Collaborative. A Form 1 (Appendix L) must be completed and submitted to the Patient Flow Team ([elft.ncelbedmanagementservice@nhs.net](mailto:elft.ncelbedmanagementservice@nhs.net)), who will lead the search for an inpatient bed or day service place.

There is currently a short term admission pathway for CYP with eating disorders being developed across NCEL. This will be added into this policy once finalised.

### **Partnership working**

#### **Children's Social Care**

See full guidance in the Trust's safeguarding policy which can be found [here](#). Referrals must be made to Children's Social Care if:

- A parent or other adult in significant contact with children has delusional thinking involving a child;
- A parent or other adult in significant contact with children has suicidal thoughts involving a child;
- There are concerns that a female under 18 has undergone or may undergo FGM;
- There are concerns a child or young person is at risk of Child Sexual Exploitation;
- There are concerns that a child or young person is at risk of radicalisation;



- There are concerns that a child may be subject of Fabricated or Induced Illness.

The process is as follows:

- Telephone the relevant Children's Social Care / MASH team;
- Follow up immediately with relevant referral form for the borough
- Agree with the recipient of the referral:
  - what the child and parents will be told
  - by whom and
  - by when
- Children's Social Care should acknowledge your referral within one working day;
- If you have not heard back within 3 working days, contact Children's Social Care again to find out if/how it is being acted upon;
- If you are not happy that the response will safeguard the child and you are unable to resolve it, discuss with your manager or clinical lead;
- The Trust's Safeguarding Children Teams are available to support staff about making a referral or if concerns need to be escalated.

Record must also be made on RiO that a safeguarding referral has been made, under Client Record > Safeguarding > Current forms > Create new

## Safeguarding

All Trust staff, whatever their role in the organisation, have a legal duty to safeguard and promote the welfare of children (unborn up to 18th birthday), in line with the [ELFT Safeguarding Children Policy](#).

Staff are also required to attend safeguarding supervision which takes place quarterly during the first half of team meeting.

The contacts for the ELFT safeguarding children team are below

Secure e-mail: [elft.safeguardingchildrenteam@nhs.net](mailto:elft.safeguardingchildrenteam@nhs.net)

Designated safeguarding leads for CYP:

Newham – Maura Hubbard

Tower Hamlets – Gurinder Lall

City & Hackney – Bev Heredge

## **GPs**

CEDS-CYP will liaise with GPs as per guidance laid out in Access and Waiting Times standards (Appendix D). CEDS-CYP will work to improve understanding of eating disorders, provide better education and increasing awareness of identification amongst primary care teams.

GPs can play a vital role in supporting CYP when treatment is declined or CYP have not been successfully engaged in treatment.

## **Education**

CEDS-CYP will liaise with education staff as per guidance laid out in Access and Waiting Time standards (Appendix D). They will work together to share information in line with policies so that consistent messages and management approaches can be taken to better support CYP.

CEDS-CYP will work to improve understanding of eating disorders, provide better education and increasing awareness of identification amongst primary care teams.

## **Voluntary sector organisations**

CEDS-CYP will work with voluntary sector organisations who work specifically with individuals with an eating disorder – such as [BEAT](#) or [Safa Place](#) – as appropriate. The team will remain up to date on support available via the voluntary sector and signpost CYP and families as appropriate.

## **Clinical processes**

### **Management of non-attendance**

CEDS-CYP manages non-attendance at appointments in line with the Was Not Brought/ Did Not Attend Policy (Appendix M) and ELFT Safeguarding Children Policy (Appendix N).

In accordance to clinical or safeguarding risk, appropriate action will be taken by the clinician who was due to see the CYP to:

- Contact the child, young person or parent/ carer to determine if there is an immediate risk of harm, escalating as appropriate
- Identify risk factors, escalating as appropriate



- Share information with other relevant professionals, such as GPs, referrers or Children's Social Care

## 7 day follow up (7DFU)

7DFU are in place to re-assess risk in the community when CYP have presented to emergency department services with risk of self-harm or suicidal ideation.

It includes:

- Review of risk and mental state
- Review of safety and coping plan
- Identifying goals for treatment

CEDS-CYP will provide 7DFU for CYP as below

CYP category	7DFU process
Open to CEDS-CYP with allocated care coordinator	The allocated care coordinator will complete the 7DFU
Open to CEDS-CYP with no allocated care coordinator	The relevant duty worker for the day will complete the 7DFU
Case is currently closed to CEDS-CYP	EL CAMHS Crisis will complete 7DFU and re-refer to CEDS if needed, cases within a year of discharge can also self-refer for review meeting without new referral

## Care coordinator allocation

Care coordinators are allocated after an assessment has been completed as part of MDT assessment meeting, this is overseen by the Joint Clinical Team Lead (Non-Medical).

Care coordinators in CEDS-CYP will be clinical staff employed at Band 6 or above.

Care coordinators are responsible for liaison and attendance at key meetings arranged by the team and other agencies. Where the care coordinator is not available, they are responsible for ensuring that another team member can attend in their place.

CEDS-CYP may consult on or provide adjunctive clinical input (e.g. access to groups, short-term CBT) to young people in generic CAMHS. CEDS-CYP will not care coordinate cases where the eating disorder is not the primary presenting

problem and in such cases, care coordination will remain with the CAMHS care coordinator.

In complex cases requiring input from CEDS-CYP and another ELFT CAMHS team, there will be a single care coordinator, which will be decided on a case by case basis according to clinical need.

### **Care Programme Approach (CPA) framework**

CEDS-CYP operates within the [ELFT CPA Policy](#) and use of the CPA as a framework to support the engagement, coordination and risk management of CYP will be decided on a case by case basis in accordance with this policy.

### **Transfer, review and discharge**

Treatment and clinical management is reviewed on a regular basis within clinical supervision sessions or team meetings considering the needs of the service user, carer and assessment of risk. Discharge should be planned for at the start of treatment.

Discharge from the service is confirmed by letter summarising the treatment and outcomes to the patient with copies to their GP and any other relevant agencies. Clinicians will complete a discharge notification form and send this to the relevant administration teams alongside completed outcome measures in order for the case to be closed on RiO.

Discharge occurs when treatment has been completed, the service user actively disengages in treatment and cannot be re-engaged, there is no significant progress with treatment and the risks are low or the patient requests discharge.

At case closure or transfer a letter will be sent to the GP/referrer/family, meeting the criteria laid out in the CAMHS paperwork standards. There is the option for CYP, families or professionals to re-refer to CEDS within 1 year of discharge for a check in – without needing to repeat assessment processes if not necessary.

### **Transition**

In line with the [CAMHS Transitions Policy](#), the process of transition from CEDS-CYP to Adult Mental Health Services (AMHS) should commence 6 months before a CYP's 18<sup>th</sup> birthday.

CYP who are within 6 months of their 18<sup>th</sup> birthday will be identified within the weekly team meeting for discussion on the best service that meets their needs.

A formal transfer of care letter summarising treatment, outcome and remaining needs is sent to the team receiving care copied to CYP, their GP and any other relevant agencies.

More information on CEDS-CYP transition specific information can be found [here](#) .

## **Documentation**

For each CYP known to the service, there must be a completed:

- Referral form
- Assessment paperwork and documentation
- Multi-disciplinary care plan (including safety and coping plan), made in collaboration with CYP, their parents/ carers and others in the professional network
- Risk assessment form (on RiO, completed at assessment and then every 6 months or as new information arises)
- Weight for Height chart, at each weighing
- MEED risk assessment (weekly for red cases, monthly for amber cases and 3 monthly for green cases)
- Outcome measures (a minimum of one young person, one parent/ carer and one clinician rated outcome measure at initial assessment and then at 3 monthly intervals for CEDS and at mid-point review for EDIP)
- Experience of service questionnaire (ESQ) – at 6 monthly review and discharge

Clinical staff are responsible for entering RiO progress notes following direct and indirect contact with CYP or their parents/ carers. They are also responsible for recording appointment activity on RiO. The CEDS-CYP administration team are responsible for recording direct initial contacts the referral and assessment and indirect contacts for cases discussed in duty huddle, MDT assessment meeting and MDT meeting.

## **Governance and Quality**

### **CEDS Governance structures**

#### **Senior Management Group**

The Senior Management Group of CEDS-CYP is comprised of the Joint Clinical Team Lead/ Consultant Psychiatrist for CEDS-CYP, Joint Clinical Team Lead for CEDS-CYP (Non-Medical) and Operations and Transformation Manager for CEDS-CYP, CAMHS Crisis and Intensive Community Crisis

There is a monthly Senior Management Group meeting across CEDS-CYP, EL CAMHS Crisis and EL CAMHS Intensive Community Crisis. This meeting is also attended by representatives from the CAMHS Executive, namely the Deputy Clinical Director for EL CAMHS and SCYPS and the Associate Director for EL CAMHS.

During this meeting, the following is reviewed for each service:

- Monitoring of team activity and performance against relevant standards and Key Performance Indicators
- Workforce updates (including vacancy and sickness reports)
- Service governance (including review of PALS, formal complaints, incidents, service user feedback and risk register review)
- Service developments

### **Multi-disciplinary Team Meeting**

CEDS-CYP MDT meeting takes place weekly, on a Wednesday at 14:00-16:00. This meeting is chaired and minuted by team members on a rotational basis. All CEDS-CYP staff are expected to attend MDT meeting and in when exceptional circumstances prevent their attendance, need to give apologies in advance.

The weekly standing agenda for this meeting is:

- Review of meeting action log
- Clinical case discussion (red/ high risk cases are discussed weekly, amber/ medium risk cases are discussed monthly, green/ low risk cases will be discussed every 3 months)
- Cases on request, as requested by care coordinator or relevant clinician
- Business agenda (e.g. service updates – such as staffing or service development, governance – such as risk register review and service performance updates, feedback – such as from CYP and families, incidents, research, audit or Quality Improvement)

Discussions and decisions made in MDT meeting must be documented clearly on RiO.

The team are currently reviewing the incorporation of the following into MDT Team Meeting, which once confirmed, will be added to this policy:

- Facilitated whole team reflective space
- Review of transition cases
- CPD
- Complex case review
- Formulation meeting for cases that need a more considered approach

### **Line management & clinical supervision**

Staff receive monthly management in line with the ELFT Supervision policy and CAMHS supervision policy (Appendix O) from their relevant line manager. Staff will also receive individual clinical supervision for each of the evidence based treatments

All CEDS-CYP staff are required to report to the Lead Administrator the dates for their monthly line management and clinical supervision.

## **ELFT Governance Structures**

### **Service user and parent/ carer involvement & feedback**

#### Participation in treatment

CYP, parents and carers will be placed at the centre of their treatment. On assessment, NICE concordant treatment options will be given and the pros and cons of each approach discussed. The young person and their family will be able to choose the treatment that they feel best suits their needs. Treatment will be reviewed regularly in line with treatment manuals and CYP, parents and carers will be able to feedback their experience of care and how treatment is progressing. Each young person will be encouraged to identify their own specific treatment goals and these will be worked towards in parallel with the evidence based treatment offered.

#### Participation in service development:

The Trust actively encourages and seeks out the involvement and participation of service users in line with Trust policy and welcomes feedback from service users and carers both verbally and in written form (via CHI-ESQ that will be submitted to the outcome measures team and participation lead). This participation will enable CYP CEDS to learn and develop the service from feedback obtained and will help the team to reflect the changing needs of the population we serve. CYP CEDS will actively seek the input from the user participation programme when developing resources and training materials.

Service users who are physically well enough, and carers, will be actively encouraged to register their interest with the dedicated participation team. This will enable them to contribute to interview panels, support groups, training, research and development. This in turn can benefit the young person in enabling them to gain social support, work experience and encouraging a life outside of their illness.

The service operates a non-discriminatory approach to recruitment believing that those who have suffered and recovered from an eating disorder should be considered equally for employment with the team. Appropriate support is offered in these circumstances recognising the importance of de-stigmatising mental ill health.

## Feedback

Information about how to make comments, compliments or complaints is part of the service leaflet sent to all families when they come to an initial assessment.

In particular, the Patient Advice and Liaison Service (PALS) is available to all CYP and parents/ carers. It can provide confidential advice to:

- Help CYP and parents/ carers address any problems or issues they may have had with a Trust service
- Enable CYP and parents/ carers make decisions about their care and treatment

Any informal and formal complaints received by the CEDS-CYP will be responded to in accordance to the ELFT PALS & Complaints policy that can be found here, by a member of the CEDS-CYP Senior Management Team. Informal and formal complaints will also be recorded on the CAMHS central governance tracker.

## **Information Governance**

CEDS-CYP operates in line with ELFT Information Governance policies.

‘Your data and you’ leaflets are available to CYP and families

All staff will complete information governance training as part of mandatory training and are responsible for working with personal information in adherence with the trust information governance policy.

## **Quality Assurance**











### **Incidents**







All incidents must be reported via Datix in line with the ELFT Incident Policy, to ensure:

- Incidents are managed effectively and immediate action/ learning takes place
- Staff follow the correct procedures when an incident occurs
- Investigations are conducted in a timely manner and are of high quality
- ELFT learns from incidents to improve the safety and quality of services
- Staff, CYP, their parents/ carers, families and members of the public are provided with appropriate support throughout the process

Guidance on how to complete a Datix can be found in Appendix P

## Appendix

Appendix reference number	Description	Link
Appendix A	EL CEDS – Team structure	 EL CEDS-CYP - Establishment 22/23
Appendix B	EL CEDS – Internal CAMHS referral form	 EL CEDS - Internal referral form
Appendix C	EL CEDS – External referral form	 TH CAMHS - External referral form   NH CAMHS - External referral form   CH CAMHS - External referral form
Appendix D	NHS England Access and Waiting Time Standard for Children and Young People with an Eating Disorder	<a href="#">Link to view</a>
Appendix E	Assessment template	 Assessment clinic template
Appendix F	Physical Health Policy for Eating Disorders	 Physical health policy for ED
Appendix G	Nursing criteria	 EL CEDS - Nursing criteria
Appendix H	Dietetic offer outline	 EL CEDS - Dietetic offer
Appendix I	ELFT Medicines Policy	<a href="#">Link to view</a>
Appendix J	EL CEDS Psychiatry criteria	 EL CEDS - Psychiatry role, referral and crite

Appendix K	EL CEDS – EDIP referral form	 EL CEDS - EDIP referral form
Appendix L	NCEL Provider Collaborative – Form 1	 NCEL PC - Form 1
Appendix M	SCYPS/ CAMHS Was Not Brought or Did Not Attend Policy	 CAMHS & SCYPS - WNB/ DNA policy   DNA/ WNB - Flowchart
Appendix N	ELFT Safeguarding Children Policy	<a href="#">Link to view</a>
Appendix O	CAMHS Supervision guidance & Templates	 CAMHS Supervision guidance
Appendix P	Datix – Reporting an incident guidance	 Datix - Reporting an incident guidance