

CCG Mental Health Leads

Mental Health Clinical
Policy and Strategy Group

NHS England

8th July 2016

Dear Colleagues

Re: Children and Young People's Eating Disorders data collection (SCCI2185 Amd 25/2016).

In Autumn 2014 Government announced additional funding of £30million per year for 5 years to ensure that children and young people with an Eating Disorder (ED) get specialist help early, enabling them to be treated in their community with effective evidence based treatment.

Commissioning guidance was published in August 2015 providing guidance on how to establish and maintain a community eating disorder service (CEDS) and clearly sets out expectations for access and waits to treatment for urgent and routine referrals.

<https://www.england.nhs.uk/mentalhealth/cyp/eating-disorders>

CCG transformation plans have since described how evidence based community ED services are being established in all areas of England. NHS England has committed to collect baseline data to support an access to treatment standard in 2016/17 and start to monitor compliance to the standard from April 2017.

From January 2016 all services delivering children and young people's mental health care including CEDS were required to return data to the Mental Health Services Data Set (MHSDS). In the long term access to treatment and outcomes will be monitored using MHSDS data, however a recent assessment of coverage and data quality has shown that the data set is not sufficiently mature to provide a baseline at this early stage of development. Therefore the Standardised Committee for Care Information (SCCI) has endorsed an interim NHS England collection via UNIFY (SCCI2185 Amd 25/2016). This is a mandatory Provider quarterly collection, Q1 2016/17 data will be collected August 2016, full timetable below.

Data Period	Provider Deadline	Commissioner Deadline	Finalised
Q1 16/17	19th August 2016	26th August 2016	9th September 2016
Q2 16/17	21st October 2016	28th October 2016	11th November 2016
Q3 16/17	20th January 2017	27th January 2017	10th February 2017
Q4 16/17	21st April 2017	28th April 2017	12th April 2017

Publications Gateway Reference 05551

We understand that this data is already collected locally and ask local partnerships to put in place processes to support the central return, validation and sign off.

The submission template and guidance will be available from 1st August at

<http://nww.unify2.dh.nhs.uk/UNIFY/interface/homepage.aspx>

For questions relating to this collection contact england.mh-data@nhs.net

Background

Over 1.6 million people in the UK are estimated to be directly affected by eating disorders, with Anorexia Nervosa having the highest mortality amongst psychiatric disorders. The recent review of CAMHS T4 inpatient services (May 2014) noted that Eating Disorder was the largest category of sub-specialist beds: of 1264 CAMHS beds commissioned 232 were ED beds and with long lengths of stay. The same report also noted that the majority of children and young people with eating disorders who require admission also receive care in in the general adolescent or children's units.

Research shows that areas with dedicated community ED services (CEDs) had better identification from primary care; lower rates of admissions with non-ED generic CAMHS admitting 2.5 times those from the community ED service. Family-based therapies conducted on an outpatient basis are effective and have excellent long-term outcomes (NICE 2004). The relapse rates for those who have responded well to outpatient family therapy are significantly lower than those following inpatient care and there is some evidence that long-term inpatient admission may have a negative impact on outcome, as well as being more costly.

It is on this basis that the Autumn Statement, 2014 announced the provision of additional funding of £30million/year for 5 years, to support the training and recruitment of new staff in addition to those already within services, to ensure that children and young people with an Eating Disorder get expert help early, enabling them to be treated in their community with effective evidence based treatment. Currently the availability of evidence based community ED services is restricted to certain areas of England; the programme's aim is that by 2020 there will be the right number of teams to meet the needs of children and young people across England. This will enable: swifter access to evidence based community treatment; decrease in the use of inpatient beds by at least 50%; reduction in relapse; fewer transfers to adult services – reducing up to approximately 70% of those who need to be treated as adults.

Indicator Constructions

The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment.

Numerator: The number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral in the reporting period.

Denominator: The number of CYP with a suspected ED (urgent cases) that start treatment in the reporting period.

Indicator 2:

The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment.

Numerator: The number of CYP referred (routine cases) with suspected ED that started treatment within 4 week of referral in the reporting period.

Denominator: The number of CYP referred (routine cases) with suspected ED that start treatment in the reporting period.