 **All District Health Boards**

**EATING DISORDER SERVICES-**

**COMMUNITY SERVICES FOR EATING DISORDERS**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE**

**SERVICE SPECIFICATION**

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| --- | --- |
| **STATUS: These service specifications may be amended to meet local agreement needs.** | NON-MANDATORY |
| Review history | Date |
| First Published on NSF Library | June 2009 |
| Amended: clarified reporting requirements | February 2013 |
| Amended: added MHE30S purchase unit code, removed standard provider monitoring reporting tables. Minor editing. | April 2017 |
| Consideration for next Service Specification Review | Within five years |

**Note:** Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library web site <http://www.nsfl.health.govt.nz>

**EATING DISORDER SERVICES –**

**COMMUNITY SERVICE FOR EATING DISORDERS**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE SERVICE SPECIFICATION**

**MHE30A, MHE30B, MHE30C, MHE30D, MHE30E, MHE30S**

This tier three service specification for Community Service for Eating Disorders (the Service) is linked to tier one Mental Health and Addiction and tier two Eating Disorders and other tier three Eating Disorders service specifications.

**1. Service Definition**

The Service provides early identification, treatment and recovery-oriented community services for people requiring support for eating disorder issues. It is recommended this Service has clear referral pathways with a clinical outpatient, inpatient and, where available, residential eating disorders service and links with primary care.

This is a community-based service for those at risk of relapse or developing more severe eating disorders, or those who are transitioning into or out of clinical eating disorders services. The Service may also provide support and resources to family and whānau, health workers and members of the community.

**2. Service Objectives**

**2.1 General**

The Service may include, but will not be limited to:

* counselling and support and regularly monitoring of progress and wellbeing
* advice around the criteria and process for referral into clinical services
* support to Service Users, including their family and whānau, who are on waiting lists for speciality services
* culturally responsive services and linkages with other health services
* attention to matters in relation to early identification and treatment, maintenance of health, relapse prevention, problem prevention and promotion of good mental health
* information about, and access to, services within the community
* liaison with other health professionals involved in the care of the individual/family
* education, support and advocacy services for family and whānau
* education, training and information to health workers, schools and others in the community about early identification and intervention, referral processes, prevention initiatives
* act as an eating disorder resource for the members of the public.

Where appropriate, care will be provided in conjunction with primary health services. There will be clear communication with any primary health providers regarding the support/therapeutic plan and progress.

For all people under the care of other services for their eating problems, there will be clear communication regarding the role of the community eating disorders service.

**2.2 Māori Health**

Refer to the tier one Mental Health and Addiction Services service specification.

**3. Service Users**

The Service Users will be eligible people of all ages.

**4. Access**

**4.1 Entry and Exit Criteria**

Referrals with be received from any source, including primary health services, clinical outpatient eating disorder services, community and inpatient mental health services and self-referral.

The Service will have clear referral processes/guidelines to support seamless transitions into clinical eating disorders services where appropriate.

**5. Service Components**

**5.1 Processes**

The processes include but are not limited to: assessment; treatment, intervention and support; review; discharge; consultation and liaison.

**5.2 Settings**

The Service is provided in community based settings.

**5.3 Key Inputs**

The Service is provided by people with skills and experience in eating disorder intervention, treatment and support, and who belong in one of the following categories:

* health professionals regulated by the Health Practitioners Competence Assurance Act 2003
* people regulated by a health or social service professional body
* people who interact with Service Users and who are not subjected to regulatory requirements under legislation or by any other means.

**6. Service Linkages**

Linkages include, but are not limited to the following:

| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| --- | --- | --- |
| Clinical outpatient, inpatient and, residential eating disorders service and primary care. | Referral pathways for referring on and receiving Service Users | Service Users will be transitioned in to other services within the continuum to support their needs appropriately |

**7. Purchase Units and Reporting Requirements**

**7.1** Purchase Unit (PU) codes are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| MHE30A | Community service for eating disorders - Senior medical staff | A community-based service for those at risk of relapse or developing more severe eating disorders, or those who are transitioning into or out of clinical eating disorders services. The service may also provide support and resources to family and whānau, health workers and members of the community. The service is provided by senior medical staff with experience in eating disorder intervention, treatment and support. | FTE |
| MHE30B | Community service for eating disorders - Junior medical staff | A community-based service for those at risk of relapse or developing more severe eating disorders, or those who are transitioning into or out of clinical eating disorders services. The service may also provide support and resources to family and whānau, health workers and members of the community. The service is provided by junior medical staff with experience in eating disorder intervention, treatment and support. | FTE |
| MHE30C | Community service for eating disorders – Nursing and/or allied health staff | A community-based service for those at risk of relapse or developing more severe eating disorders, or those who are transitioning into or out of clinical eating disorders services. The service may also provide support and resources to family and whānau, health workers and members of the community. The service is provided by nurses and/or allied health staff with experience in eating disorder intervention, treatment and support. | FTE |
| MHE30D | Community service for eating disorders - Non-clinical staff | A community-based service for those at risk of relapse or developing more severe eating disorders, or those who are transitioning into or out of clinical eating disorders services. The service may also provide support and resources to family and whānau, health workers and members of the community. The service is provided by non-clinical support staff with experience in eating disorder intervention, treatment and support. | FTE |
| MHE30E | Community service for eating disorders - Cultural staff | A community-based service for those at risk of relapse or developing more severe eating disorders, or those who are transitioning into or out of clinical eating disorders services. The service may also provide support and resources to family and whānau, health workers and members of the community. The service is provided by staff trained in culturally responsive services | FTE |
| MHE30S | Community service for eating disorders | A community-based service for those at risk of relapse or developing more severe eating disorders, or those who are transitioning into or out of clinical eating disorders services. The service may also provide support and resources to family and whānau, health workers and members of the community. | Service |

|  |  |
| --- | --- |
| **Unit of Measure** | **Unit of Measure Definition** |
| FTE | Full-time equivalent staff member (clinical or non-clinical) involved in direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions e.g. half-time coordination of a community team. |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

**7.2 Reporting**

The Provider must comply with the requirements of national data collections: PRIMHD.

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

The information required by the Funder will be sent to:

Performance Reporting

Sector Operations

Ministry of Health

Private Bag 1942

Dunedin 9054

Email [performance\_reporting@moh.govt.nz](mailto:performance_reporting@moh.govt.nz)

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications[[1]](#footnote-1) may be used for performance monitoring if specified as agreed with the Funder.

1. Performance Monitoring Reporting cluster tables for Mental Health and Addiction Services are published on the Nationwide Service Framework Library, Mental Health and Addiction Service specifications page, Downloads section www.nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services [↑](#footnote-ref-1)