

WORCESTERSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST

PLACEMENT BUDGET POLICY

This policy should be read in conjunction with

Worcestershire Mental Health Partnership NHS Trust Policy Data

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Search Criteria

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SERVICE SPECIFICATION

Service Specification	Out of County Placements
Period	1 st April 2009 – 31 March 2013
Name of Agency	Worcestershire Mental Health Partnership Trust
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1. Purpose

1.1 Aims

- Deliver a service to patients as close as home as possible.
- Manage out of County Placement Budget to support patients going of out county.
- Manage the timely review of all patient placed with out of county providers.
- Reduce financial impact on the Mental Health Placements Budget without compromising quality of care to patients
- Provide opportunity for future local service development in collaboration with and commissioned by the Worcestershire Joint Commissioning Unit (WJCU)

1.2 Objectives

- Provide a regular evaluation of out of county placements to ensure appropriateness of placements and facilitate repatriation to Worcestershire services.
- To ensure care plans are in place and reviewed appropriately to manage people within the most appropriate placements based on individual need
- Determine a cost effective range of treatments for service users to prevent the need for out of county admission where possible.
- Deliver treatment packages that are inclusive and sensitive to equality and diversity issues
- The views and experiences of patients and carers should be actively sought and clearly documented regarding service provision within out of county placements.
- Ensure the financial viability of service developments

- Ensure equitable mental health services for patients with severe and enduring mental health problems.

1.3 Expected Outcomes

- Equality of access to services across Worcestershire
- Reduced need for admission to independent sector out of county placements.
- Reduced length of stay for those patients in out of county placements
- Support from local services which can deliver the most appropriate treatment to prevent out of county admissions and enable patients to remain in Worcestershire.
- Improved contact with family and friends retaining their roles.

1.4 Background

1.4.1 General Overview

The Mental Health Placement Budget funds specialised out of county placements for patients with severe and enduring mental health problems (e.g. specialised rehabilitation, eating disorders, perinatal), for the provision of treatment.

The cost of specialist out of county placements is significant ranging from around £1,000 to £10,000 per week. Many placements are long term with some patients being at their placements for up to three years.

In transferring the management of the placements budget to Worcestershire Mental Health Partnership Trust colleagues, the Joint Commissioning Unit would expect to see a more effective use of resources and

potential use of savings for local service developments to reduce the need for out of county placements.

1.4.2 Expected Outcomes

Worcestershire Mental Health Partnership Trust participate in the Regional Independent Sector Placements

Project whose primary objective is to improve NHS commissioning of Mental Health and Learning

Disability services with the independent sector. The project encourages collaboration among regional health commissioners to maximise economies of scale in procurement, contracting processes, quality management, market management and service planning.

2. Scope

2.1 Description

The identification and agreement , through the funding panel, of appropriate treatment for

patients with severe and enduring mental health problems who may be deemed appropriate for out of county specialist mental health admission.

Emergency Presentations

Referrals for emergency admission to out of county placements will be managed by the Crisis Resolution and Home Treatment (CRHT) service. However, referrals for specialist perinatal services will be managed by the specialist perinatal team.

Non- Emergency Presentations

Requests for non-emergency out of county placements will be referred and managed by the Mental Health Funding Panel.

3. Discharge Criteria & Planning

3.1 Effective Discharge

In collaboration with other health care professionals, discharge plans will be developed on admission to support patients seamlessly back into local mental Health Teams . Mental Health Teams will work together to facilitate timely discharge from out of county providers back to local mental health services when appropriate in line with CPA (Care Planning Approach).

All CPA documentation, including risk assessment, will be updated throughout treatment and at reviews and a copy given to the patient and other appropriate agencies involved as part of the CPA transfer policy. A letter including the summary of care and reports will be sent to the local teams with a copy to the GP, and service user.

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

Patients registered with an NHS Worcestershire responsible General Practitioner.

4.2 Referral Criteria and prioritisation

Requests for admission will be managed through the following routes:

Emergency Referrals – all emergency referrals will be managed and agreed through the WMHPT Crisis Resolution and Home Treatment Teams

Perinatal Referrals – will take the same route as all emergency referrals, however, there is an expectation that these will have been first screened by the specialist perinatal service.

Non-Emergency Referrals – all non-emergency referrals will be managed and considered through the Worcestershire Mental Health Funding Panel.

4.3 Days/Hours of Operations

- Services will operate in full for 52 weeks per year.
- WMHPT will liaise with the Crisis Resolution Home Treatment Teams to ensure night cover arrangements are in place for priority health care purposes and ensure out of hours and emergency responses are coordinated.

4.4 Eligibility Criteria

Service users registered with a Worcestershire GP who have existing mental health issues .

4.5 Regulatory and Best Practice Principles for health professionals

- Be sensitive to issues of stigma and shame in relation to mental health problems.
- Ensure adequate systems are in place to facilitate continuity of care and effective transfer of information to reduce the need for multiple assessments.
- Follow the code of practice accompanying the Mental Capacity Act.
- WMHPT will ensure that all relevant legislative frameworks are complied with.

5. Self-Care and Patient and Carer Information Service Delivery

5.1 Patient Involvement

Service users will be fully involved wherever possible in decisions regarding their future care. Information will be provided to individuals regarding an out of county placement used,

6. Delivery

6.1 Service Model

WMHPT will be responsible for the management and agreement/authorisation of Specialist Mental Health out of county placements through the Mental Health Funding Panel.

6.2 Key relationships with other services

To provide an effective and joined up service the WMHPT must work in partnership with other agencies/providers, this will include working with:

- Local mental health provider colleagues
- Independent Sector Providers (including NHS Provider
- Statutory, voluntary and community sector support services in the community
- Worcestershire Adult Social Care

6.3 Facilities and equipment

There should be appropriate and adequate facilities provided and equipment available to

delivery an effective service

6.4 Governance Arrangements

WMHPT will ensure that governance arrangements are in place to provide the following:

- Clinical leadership is provided across the service
- The service will be included in the planned programme of WMHPT contract management review meetings
- Information pertinent to the commissioned services is shared with the JCU commissioner for Mental Health
- Information systems in place that collect management and clinical data, that evidence performance improvement and measures outcomes as well as activity
- Have in place a policy for record keeping that takes into account the principles of confidentiality and governance and management of patient records, including transfer of those records.

6.5 Workforce

WMHPT will ensure that:

- Each member of staff has a personal development plan which is reviewed at least every 12 months.
- All staff have an annual appraisal with measurable objectives.
- Staff attend appropriate education and training programmes to maintain their level of competency and comply with their professional bodies' requirements.
- Staff have, and retain, full security and CRB clearance.
- Staff update their knowledge in relation to security and personal safety requirements.
- Staff have the relevant professional registration and operate within their scope of competency, their professional body's standards, regulations and codes of conduct.
- Staff abide by WMHPT policies in privacy and dignity
- Professional leadership is provided.
- An appropriate management structure is in place that supports service delivery and development.
- Staff work to their employing organisation's Health and Safety policies

6.6 Equality and diversity

Existing equalities legislation requires Trusts to have produced a Race Equality Scheme (under the Race Relations (Amendment) Act 2000), a Disability Equality Scheme (under the

Disability Discrimination Act 2005), and an additional Gender Equality Scheme from April 2007.

7.1 Continual Service Improvement

The JCU intend to commission effective and cost-effective services where health care needs assessments have identified needs that can be addressed through health and social care interventions.

We will commission new services on the basis that they can clearly demonstrate potential to improve outcomes, appropriate engagement and representation from users, carers and the general public to develop services which are responsive to the local population's needs, equity of access based on need and developing explicit patient pathways for transfers of care between specific services enabling access for people with special needs including learning and physical disabilities

7.2 The Commissioning Process:

Commissioning is a process of securing the best possible healthcare and health outcomes, including reducing health inequalities, within the resources available. In making commissioning decisions in Worcestershire we use a set of principles to underpin the process. We will commission services on the

basis that they are:

- Effective - All interventions or treatments provided should be based on the best available evidence that they achieve what they set out to achieve, and outcomes for service users should be monitored
- Efficient - Services should offer 'Best Value' by producing the most benefit when compared to alternative similar cost options
- Equitable - Enabling similar access based on similar need
- Ethical - All treatments and interventions must be ethical and, whenever possible, based on patient consent
- Dignity focussed - service users and carers should be treated with respectful and caring attitudes

We will therefore monitor quality and performance indicators and measure outcomes and impact through robust reviews and evaluation processes based on self assessment approach within an audit and inspection framework This will ensure and drive continual improvements in the quality of the service provided

8. Quality and Performance Indicators

8.1 Monitoring

Performance Management Information pertinent to the out of county placements budget will be provided to the Joint Information Group (JIG) on a monthly basis. WMHPT will be expected to provide a monthly monitoring progress report to ensure quality, performance and outcomes are measured and reported.

Specialist Out of County Placements (Additional Templates to follow)

	Mn 1	Mn 2	Mn 3	Mn 4	Mn 5	Mn 6	Mn 7	Mn 8	Mn 9	Mn 10
No of Referrals (Funding Panel)										
No. Agreed										
No. of Admissions										
No. not agreed by Funding Panel										
Total No. OOC Inpatients										
No. of Discharges in Month										
Average LOS										
Finance 2009/10										
Spend to Date 2009/10										
Forecast Spend 2009/10										

The service must deliver the following key outcomes

OUTCOME	ACTIONS	EVIDENCE
Patients will be effectively discharged.	The discharge will be discussed and planned at case conferences and pre discharge meetings and women will be discharged when assessment and / or treatment as agreed with the care coordinator is completed.	Discharge plan
WMHPT will provide an effective and joined up multi disciplinary service through effective partnership working	<p>The WMHPT will work with primary, secondary and tertiary mental health professionals and WMHPT will work with other statutory, voluntary and community sector support services in order to ensure effective care, is achieved through multi disciplinary care planning and the CPA approach.</p> <p>WMHPT will work to the guidelines set out by the Worcestershire Safeguarding Children's Board in relation to identification and referral of children who maybe at risk</p>	<p>Protocols in place</p> <p>Evidence that a written care plan was produced prior to admission.</p> <p>Referrals to Worcestershire Safeguarding Children's Board</p>
WMHPT will be fully compliant with equality and diversity requirements	WMHPT will Implement their Equality and Diversity policy and procedures	<p>Equality and Diversity policy and procedures</p> <p>Equality impact assessment (EIA)</p>
WMHPT will ensure that carers are identified assessed and supported	WMHPT will identify associated carers and assess their needs and put in place a support plan if required and define their outcomes	<p>Number of carers supported</p> <p>Support plans provided</p>

	<p>WMHPT will refer carers to the carers relevant support network</p> <p>The views and experiences of carers should be actively sought and clearly documented for any new or reviewed service.</p>	
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10. Prices & Costs

This specification is intended to provide the basis from which to manage and develop the utilisation of the mental health placements budget.

The Total Contract Value with WMHPT to manage the mental health placements budget is £2.6 million (NHS Worcestershire invokes the agreement that an additional contract variation of £400K where expenditure is between £3.6m and £4m. Transfer of the budget will be effective from 1st April 2009.

**WORCESTERSHIRE MENTAL HEALTH
PLACEMENTS BUDGET PROJECT**

EXCLUSIONS FROM MENTAL HEALTH PLACEMENTS BUDGET

MENTAL HEALTH PLACEMENTS BUDGET

The current budget allocated to fund specialist mental health out of county placements does **not** fund the following:

- People over the age of 65, either for new placements or for people reaching 65 during the lifetime of the placement **(however, those patients transferred to placement on Section 3 would be funded from placement budget until patient discharged from Section 3. People in this group will be monitored and reported on weekly to the placement budget manager)**
- Patients considered eligible for continuing health care not on Section
- Patients with a learning disability
- Tier 4 CAMHS placements (these placements are commissioned by West Midlands Specialised Services Agency (WMSSA))
- Forensic placements (low/medium/secure placements are commissioned by West Midlands Specialised Services Agency (WMSSA))
- Nursing Home Placements (Fully funded nursing care)
- Gender Re-assignment (PCT Acute Commissioning manage these patients through the complex procedure)
- Section 117 residential nursing care

**WORCESTERSHIRE HEALTH AND SOCIAL CARE
JOINT MENTAL HEALTH FUNDING PANEL**

TERMS OF REFERENCE

1.	Constitution The Health and Social Care Joint Mental Health Funding Panel is responsible for reviewing individual funding requests for health and social care provision which are either not covered by a current Service Level Agreement and/or cases which are proposed as being 'exceptional' in need.	
2.	Membership Panel members should give attendance a high priority. If a member is unable to attend, they should arrange for a suitable deputy to attend in their place.	
	Chair Locality Manager Worcestershire Mental Health Partnership Trust	<ul style="list-style-type: none"> • Prepares agenda • Liaises with the panel secretary • Writes correspondence • Ensures that service user confidentiality is protected. • Ensures that panels are followed and the documentation is complete • Contributes to decision making process
	Secretary	<ul style="list-style-type: none"> • Distributes agenda and minutes • Files documentation with respect to service user confidentiality • Collates and sends out papers seven days in advance of panel meetings • Types correspondence
	Mental Health Consultant	<ul style="list-style-type: none"> • Provides advice on clinical issues • Contributes to decision making
	Lead Occupational Therapist	<ul style="list-style-type: none"> • Provides clinical advice • Contributes to decision making
	Placement Budget Holder	<ul style="list-style-type: none"> • Provides clinical advice • Contributes to decision making
	Commissioning Representative	<ul style="list-style-type: none"> • Provides advice on resources and services level agreement issues • Contributes to decision making
	Recovery Service Manager	<ul style="list-style-type: none"> • Provides advice on clinical issues • Contributes to decision making
	Clinical Manager / Specialist Nurse	<ul style="list-style-type: none"> • Provides advice on clinical issues / issues of risk

	High Risk Service	<ul style="list-style-type: none"> • Contributes to decision making
3.	Frequency of Meetings	Meetings will be held on the second Tuesday of every month. The chair will cancel the meeting with seven days notice if there are no cases to consider. In urgent cases, the chair may call an extraordinary meeting. A separate process is in place for decisions which need to be made within 24 hours (e.g. cases of an emergency).
4.	Right to Appeal	All decisions of the panel will be subject to review. If anyone is unhappy with a decision made, they must email the Panel Chair who will look into the matter raised and report back.
5.	Aims of the Health and Social Care Joint Mental Health Funding Process	<ul style="list-style-type: none"> • To provide a robust process for decision making regarding mental health funding requests for service users. • To make decisions regarding funding requests based on the best available evidence. • To make recommendations for alternative provision of treatment.
6.	Reporting	The panel will report back to the Worcestershire Mental Health Partnership Trust Service Level Agreement monthly board meetings.
7.	Accountability	The Health and Social Care Joint Mental Health Funding Panel have the responsibility for decision making on individual service user requests on the basis that there is a clear process and procedure.
8.	Quorum	The required quorum for reaching a decision is four people as a minimum. If there is no quorum, decisions must not be delayed therefore, an extraordinary meeting or an email 'meeting' may be held in cases of urgency.
9.	Decision-making Panel	Applications for individual funding requests should be received from the individual with responsibility for the care of the service user.
10	Process	Operational process identified and notified to clinicians.
11.	Decision Making Criteria	<p>Decisions should be based on:</p> <ul style="list-style-type: none"> • The nature, extent and significance of the health gain • Possible adverse effects of treatment • Availability and clinical effectiveness of alternative approaches to care which are comparable and more cost effective • National Guidance (and its evidence base) (NICE) • Evidence of cost-effectiveness • Decisions made will be clinically sound and resource appropriate

	<ul style="list-style-type: none"> • Cost of intervention (including long-term costs) • Potential human right considerations and proportionality • Decisions re placements will be reviewed for clinical effectiveness to ensure that the service is compliant with national minimum standards prior to placement • Locality teams will remain engaged with the service user throughout (through face to face contacts, CPA reviews etc), review a minimum of six months, to develop exit care pathway options • Clinical appropriateness of the placement will be reviewed 3 months following commencement and 6 months thereafter by the locality teams. This is in addition to attendance at CPA meetings • WMHPT and Worcestershire Adult and Community Services will work together to monitor efficacy of the service provider and to maximise appropriate commissioning opportunities based upon clinical need and service user outcomes • Human Rights Act considerations • Financial considerations in relation to currently available mental health resources • Any overriding clinical need of the service users. • Service user and carer views • Procedural propriety is decision making, transparency and probity • Other relevant issues.
<p>12.</p>	<p>Confidentiality of Service User Information</p> <p>The Mental Health Funding Panel will protect service user confidentiality. Service user identifiable information will only be shared with the appropriate Mental Health Funding Panel members for the purposes of decision making.</p> <p>All documentation concerning the individual service user must be password protected, stored on a secure database or in a secure area.</p> <p>Minutes and agendas can be requested from the Mental Health Funding Panel Chair or secretary through the appropriate Freedom and Information procedures.</p>
<p>13.</p>	<p>Precedent</p> <p>Every individual treatment request should be assessed on its individual merits. Previously agreeing to fund a procedure is not an agreement always to fund the procedure without recourse to the Mental Health Funding Panel.</p>
<p>14.</p>	<p>Appeal Procedure</p> <p>If the supplicant wishes to appeal against any decision made by the Mental Health Panel, they may do so through the Worcestershire Mental Health Partnership Trust Appeals process . Supplicants will be advised of this and further details are available from the Mental Health Funding Panel Chair or secretary.</p>
<p>15.</p>	<p>Conflicts of Interest</p> <p>Panel members, including clinical expert advisers, should declare any potential conflict of interest with applicants and potential treatment providers and, if necessary, abstain from decision-making.</p>

**WORCESTERSHIRE HEALTH AND SOCIAL CARE JOINT
MENTAL HEALTH FUNDING PANEL**

PANEL PROCESS

	Action by	Task
1.	All	<p>All individual requests to be sent to the Health and Social Care Joint Mental Health Funding Panel Chair in the first instance (wherever it is received within the organisations).</p> <p>The Mental Health Funding Panel Chair is based at :</p> <p>Studdert Kennedy House Spring Gardens Worcester WR1 2AE</p>
2.	Funding Panel Chair / Secretary	<p>On receipt of request</p> <p>Stamp date of receipt</p> <p>Ensure that the application for funding is received from an appropriate NHS or Social Care clinician.</p> <p>The service user is registered with a NHS Worcestershire General Practitioner</p> <p>Identify if the request is covered by an existing Service Level Agreement (SLA)</p> <p>If the care can be provided under another SLA without additional funding contact clinician requesting funding to advise which Trust</p>
3.	Funding Panel Chair / Secretary	<p>Assemble evidence for Funding Panel</p> <p>Identify if additional information is required</p> <p>Request further information stating the deadline for reply.</p>
4.	Funding Panel Chair/ secretary	<p>Contact supplicant and provide date to attend panel to present case for consideration.</p>
5.	Funding Panel Meet	<p>Funding Panel meets to consider case</p> <p>Panel Decision</p>
6.	Funding Panel Chair / secretary	<p>Notify supplicant within seven working days of the Funding Panel decision via email</p> <p>Copy email to Budget holder</p> <p>The email should provide information on:</p> <ul style="list-style-type: none"> • Conditions of approval • Treatment start date (how long etc) • Supplicant informed that they must attend future panels on three monthly basis to provide update

		<p>on patient progress.</p> <p>If decision not to fund, the supplicant will be advised and rationale for decision.</p>
7.	Funding Panel Chair / secretary	<p>Liaise with Worcestershire Mental Health Partnership Trust information and finance colleagues to ensure links with budget forecast arrangements.</p>

**WORCESTERSHIRE HEALTH AND SOCIAL CARE JOINT
MENTAL HEALTH FUNDING PANEL**

MENTAL HEALTH FUNDING GENERAL GUIDANCE

1.	<p>Introduction</p> <p>The Health and Social Care Joint Mental Health Funding Panel is responsible for considering individual applications for funding of interventions outside of usual contracted activity (e.g. Service Level Agreements). The panel will decide in each case whether funding should be approved. This document sets out the general guidance in relation the Funding Panel Process.</p>
2.	<p>General Guidance</p> <ul style="list-style-type: none"> • It is necessary for the Mental Health Funding Panel to consider the underlying reasons whether to fund an individual case. A particular healthcare intervention may not have been commissioned for a number of different reasons, such as safety, efficacy, appropriateness or cost effectiveness. • When considering an individual case for Mental Health Funding Panel should expect to see evidence that demonstrates why the patient should receive the requested treatment. • It is for the supplicant to demonstrate the need to fund treatment and the considered benefits to the patient. • The Mental Health Funding Panel does not: <ul style="list-style-type: none"> ➢ Part-fund treatment ➢ Retrospectively fund requests for treatment / care. ➢ Fund treatment or equipment ordered prior to the panel's approval ➢ Fund service development.
3.	<p>The Mental Health Funding Panel Process</p> <p>The supplicant (individual managing the care of the patient), must first consult the Chair of the Mental Health Funding panel. The Chair of the Mental Health Funding Panel will forward all relevant documentation for completion. The supplicant will be informed by letter the information required before the case is ready to go to a panel.</p> <p><i>Please note that cases will not be considered without the necessary documentation.</i></p> <p>When completing the application documentation the supplicant will need to demonstrate:</p> <ul style="list-style-type: none"> • The expected benefits and outcomes of the intervention and expected outcomes. • Why the intervention cannot be provided locally. • Alternative care / treatment available considered. • Estimated length of intervention.
4.	<p>Application Documentation</p> <p>Completion of the application documentation must be undertaken by the individual managing the care of the service user in liaison with the patient.</p> <p>The supplicant is required to discuss the funding panel request with their individual line manager to attain authorisation prior to submitting to the Funding Panel for consideration.</p>

5.	<p>Completed Application Documentation</p> <p>Completed application documentation with any supporting information should be posted, faxed or email to the address specified on the form (See Appendix 1 for a copy of the application form)</p>
6.	<p>On Receipt of Application Documentation</p> <p>When the application is received by the Mental Health Funding Panel Chair will:</p> <ul style="list-style-type: none"> • Assess if sufficient relevant information is present. Review of funding requests will be deferred until supplementary information is provided to the Mental Health Funding Panel. <p>Where the funding panel has written to the supplicant for additional information and not received a response within 4 weeks a second letter will be sent advising that the case will be closed in 14 days if no further correspondence is received after which a new application will be required.</p> <ul style="list-style-type: none"> • The Funding Panel must ensure it has adequate information upon which to base decisions. This may be information over and above that provided by the patient's managing clinician (for example, a second opinion may be requested). • Requests cannot be received directly from a patient and will not be reviewed by the funding panel without supporting application from individual managing their treatment / care. • The supplicant will receive confirmation of receipt of the application advising them of the date and time to attend the Mental Health Funding Panel to present their case. • The decision of the Mental Health Funding Panel will be communicated directly to the supplicant. • Where the panel refuses funding the supplicant is entitled to submit further relevant information for consideration by the panel in the future. Any additional information will be reviewed by the Funding Panel Chair to decide whether it is significant enough to merit reconsideration by the panel, if so the supplicant will be requested to attend a succeeding panel to present the additional information.

WORCESTERSHIRE MENTAL HEALTH PARTNERSHIP TRUST

FUNDING PANEL APPEAL PROCESS

Appeals Panel Process

In addition to the Mental Health Funding Panel, Worcestershire Mental Health Partnership Trust will establish an Appeals Panel where a referring clinician, may appeal to, if they are unhappy with the decision of the original Funding Panel.

If the referring clinician, is not happy with the original Funding Panel's decision in a particular case, they can appeal (against the Panel's decision) to the Worcestershire Mental Health Appeals Panel. This is part of the overall process (see flow chart process Appendix 1).

An appeal regarding low priorities, limited clinical value must be submitted in writing by the referring clinician for the attention of the TBC usually within 28 days of receipt of the original Panel's decision, any further supporting clinical evidence available should also be submitted in the appeal.

In the interests of natural justice, the members of the Appeals Panel will be different to that of the original Panel (see section TBC below for membership of the Appeal Panel)

Worcestershire Mental Health Partnership Trust TBC will co-ordinate the documentation for the Appeals Panel. This is to ensure that the appeal process is independent of the original Panel.

In addition, to reviewing the case and the evidence available, the Appeal Panel will need to ensure the due process was following by the original Panel and that all relevant factors were taken into account.

The Appeals Panel will consider each case against the following:

1. That the correct process was followed by the original panel
2. That the original panel acted reasonably
3. In light of new evidence being provided

The Appeals Panel will be convened and will review the case within 7 days of the appeal being submitted (with full documentation). TBC will communicate the appeals decisions to all relevant parties within 3 working days of the appeal being heard by the Appeals Panel.

The referrer would be entitled to complain about the decision reached by the Appeal Panel in line with NHS complaints procedures. Information on this process will be included in the communication on the decision.

There will be one Appeals Panel for appeals made against the decision of the original Panels.

The Appeals Panel will only meet when an appeal is to be considered

Appeals Panel Membership and Quorum

The Appeals Panel membership is proposed as follows:

- Worcestershire Mental Health Partnership Trust Chair (or nominated deputy)
- Chief Executive, or a Director (or nominated deputy)

- Director of Patient & Public Involvement and Corporate Affairs
- WMHPT Consultant Psychiatrist

(The representatives above will not have been a party of the actual original Panel which made the original decision which is subject to the Appeal).

The Appeals Panel will also seek specialist advice (as necessary and appropriate).

The above Appeals Panel will only be quorate when the 4 Representatives shown above are represented at the Appeals Panel decision making process.

Panel Frequency

The Appeals Panel will not meet regularly, but will meet when an appeal is lodged, in certain instances a virtual process may be used.

**EMERGENCY
EXTRA CONTRACTUAL REFERRAL (ECR)
EATING DISORDERS ADMISSIONS
GUIDELINES**

Referral process for out of county admissions

- Access to out of county beds will generally be via the specialist eating disorder service and the funding panel, however, in emergency situations, access to a bed must be requested via the placement budget manager. It is essential, that wherever possible, the Crisis/Home Treatment service be offered the opportunity to assess and provide treatment.
- When the patient is not in contact with local mental health services, health professionals (e.g. General Practitioners and Consultant Physicians) should seek assessment and advice from the appropriate Community Mental Health Team (CMHT) or the local eating disorders team in the first instance.
- Referrals to out of county units are only to be made by the relevant local NHS clinician after assessment of the patient's needs, following initial clinical management by an appropriate member(s) of the mental health team.
- Admission to a local NHS paediatric, medical or psychiatric ward might sometimes be necessary to deal with an immediate physical or psychiatric crisis and to provide adequate time to consider any plans for an out of county admission.
- When approval for funding is required, the referring clinician should contact the commissioning organisation to discuss the case, providing details of the rationale for the referral and any relevant documentation to enable an informed decision.

**Eating Disorders Admissions
Possible ECR/Out of Area Treatment Locations**

Hospital Address	Telephone No.
Birmingham and Solihull Mental Health NHS Trust Queen Elizabeth Psychiatric Hospital Eating Disorders Unit The Barberry 25 Vincent Drive Birmingham	Tel : 0121 627 2808
South Staffordshire Mental Health Trust Kinver Centre for Eating Disorders South Staffordshire Healthcare NHS Foundation Trust The Elms Corporation Street Stafford ST16 3AG	Tel : -1785 221331 Fax 01785 221323
International Eating Disorders Centre 119 – 121 Wendover Road Aylesbury Bucks HP21 9LW	Tel : 01296 330557 Fax : 01296 339209

FLOWCHART FOR OUT OF COUNTY EATING DISORDERS ADMISSIONS

In-patient clinical management is usually indicated in the following circumstances:

- Body Mass Index below 13.5 kg/m² (below 65% average expected weight) or a rapid, continuing rate of weight loss, above 20% decrease in 6 months.
- Circulatory failure (pulse rate < 60, blood pressure < 90/60, unable to sleep flat, breathless at night).
- Syncope (fainting).
- Proximal myopathy (muscle weakness - inability to stand from a squat without help)
- Hypoglycaemia (low blood sugar causing faint, confusion or coma).
- Electrolyte imbalance. Potassium < 2.5mmol/l, low sodium or phosphate (body salt disturbance causing weakness, dizziness, confusion).
- Petechial rash and platelet suppression (poor blood clotting with measles like rash).
- Other physical complications.
- Severe behavioural disturbance.
- Risk of suicide.

▪ Intolerable family situation?
 · Extreme social isolation?
 · Failure of out-patient treatment? (Particularly relevant when a child is failing to make expected weight and height increases and puberty is delayed).

NO

Referring clinical team need to reassess risk, management, and treatment interventions / plans.

YES

Can the patient be managed on any other in-patient resource?

NO

Request for out of county Eating Disorders Admission

Yes

What extra resources/services need to be in place?

Clinical rationale for extra resources or service demands appropriate to the patients needs

Other NHS Providers or Private Out of County Provision (Non - Contract Activity)

NHS Provision from Birmingham and Solihull Mental Health Trust (Contract Activity)

Prior approval required

No prior approval required

Describe what resources are needed to meet clinical and patients needs. What services can the proposed unit / placement deliver that local services cannot. Illustrate clinical benefits of the proposed transfer. Provide exit strategy.

Provide documentation to commissioning organisation for approval. Referring clinician to maintain regular with Out of Area provider and facilitate transfer back to local services when clinically appropriate.

**EMERGENCY
EXTRA CONTRACTUAL REFERRAL (ECR)
MOTHER AND BABY (PERINATAL) ADMISSIONS
GUIDELINES**

If a Mother has been assessed to have Mental Health problems which warrant admission to a psychiatric unit, it will be necessary to locate a suitable facility outside of Worcestershire. However, every effort should be made to locate a NHS specialist bed in the first instance.

The process below should be followed:

- **Monday to Friday – 9am – 5pm (in office hours)**

The relevant commissioning organisation should be contacted to gain authorisation to access an ECR bed.

Out of Hours

The relevant Service Manager(s) On Call should be contacted to gain authorisation from the Director On Call to access an ECR Bed.

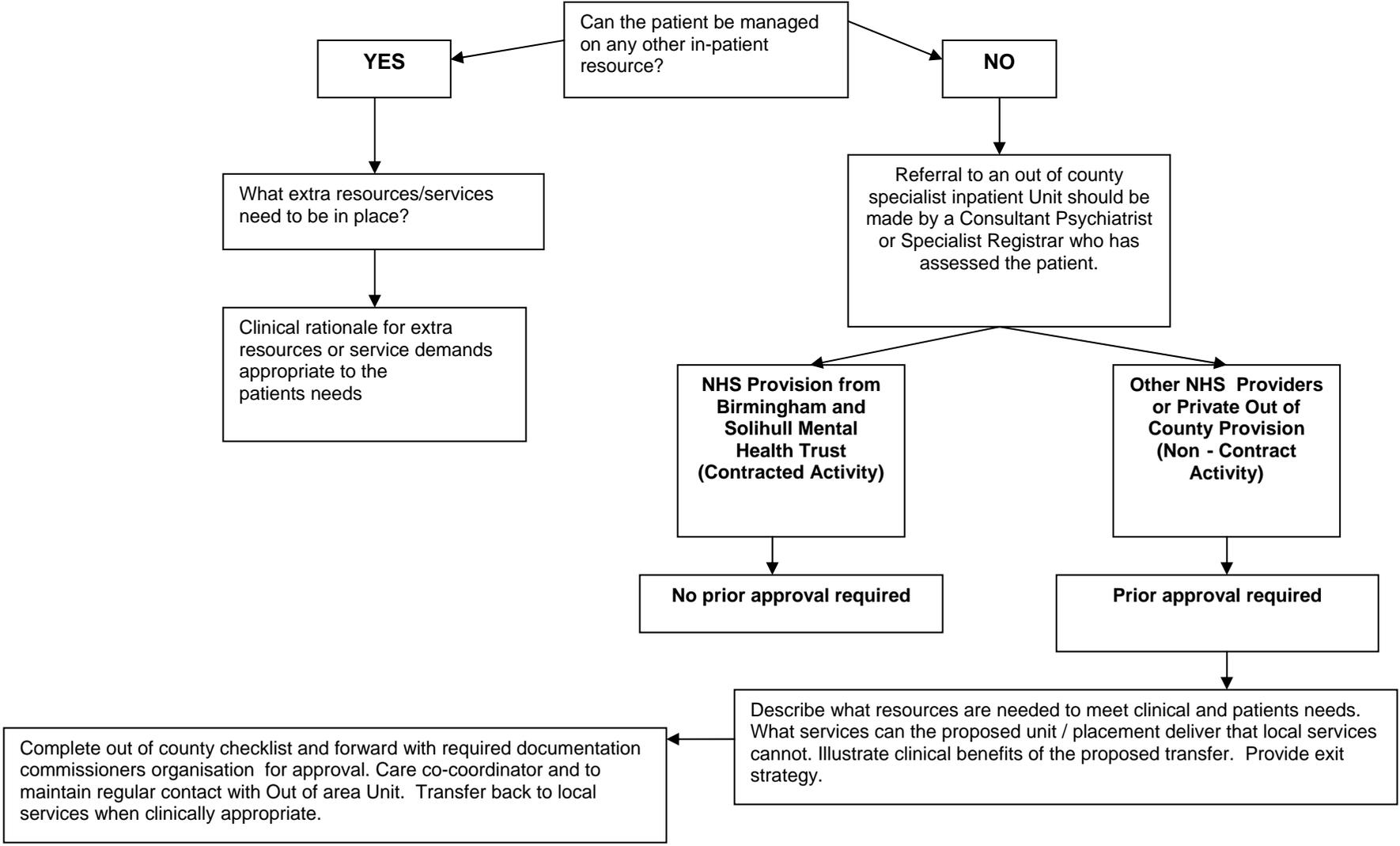
- The Duty Co-Ordinator will make contact with the ECR receiving unit to arrange transfer of the Patient.
- Every effort should be made to have the transferred patients returned to Worcestershire as soon as possible as financial responsibility for any delay will be passed to Worcestershire Mental Health Partnership NHS Trust.
- In the event of the patient having to remain at an out of county Unit for some time, as a minimum a weekly dialogue regarding the patient will take place between the Consultants at both ends. This should also consider the return of the patient to Worcestershire as soon as clinically appropriate.

**Mother and Baby (Perinatal)
Possible ECR/Out of Area Treatment Locations**

Hospital Address	Telephone No.
Birmingham and Solihull Mental Health NHS Trust Queen Elizabeth Psychiatric Hospital Mother and Baby Unit 25 Vincent Drive Birmingham	Tel : 0121 627 2808
South Staffordshire and Shropshire Healthcare NHS Foundation Trust Brockington Mother and Baby Unit Sr Chads House Corporation Street Stafford ST16 3AG	Tel : 01785 221554 (Secretary) Tel : 01785 221560 (Ward) Fax : 01785 221597
Nottinghamshire Healthcare NHS Trust Queens Medical Centre Campus Derby Road Nottinghamshire	Tel : 0115 924 9924 Ext : 64479
The Beeches Mother and Baby Unit, The Psychiatric Unit, Derby City General Hospital, Uttoxeter Road, Derby. DE22 3NE	Tel : 01332 623911

FLOWCHART FOR EMERGENCY ECR MOTHER AND BABY ADMISSIONS

Mother has been assessed to have current Mental Health problems which warrant admission to a psychiatric unit. This could be when Community staff and family cannot provide adequate support for mother and baby to meet their needs.



**EMERGENCY
EXTRA CONTRACTUAL REFERRAL (ECR)
PSYCHIATRIC INTENSIVE CARE UNIT (PICU)
GUIDELINES**

If a bed is required for a patient, but every effort to locate a bed at the local PICU unit has failed, it may be necessary to transfer a patient to a facility which is outside of Worcestershire county. If this is the case follow the process below:

- Out of county PICU beds can only be accessed via the Crisis Resolution and Home Treatment service
- The relevant commissioning organisation should be contacted to gain authorisation to access an ECR bed and agreement to fund.
- The relevant Service Manager on Call should be contacted to gain authorisation from the Director On Call to access an ECR Bed.
- Every effort should be made to have the transferred patients returned to Worcestershire as soon as possible.
- In the event of the patient having to remain at an out of county Unit for some time, as a minimum, a weekly dialogue regarding the patient will take place between the Consultants at both ends. This should also consider the return of the patient to Worcestershire as soon as clinically appropriate or else when a bed is available at the local PICU.

**Psychiatric Intensive Care Units (PICU)
ECR/Out of Area Treatment Locations**

Hospital Address	Telephone No.
Birmingham and Solihull Mental Health NHS Trust B1 50 Summerhill Road Birmingham B1 3RB	Tel : 0121 301 1194 Fax : 0121 301 1199
WEST LONDON MENTAL HEALTH NHS TRUST Trust Headquarters Magnolia Lodge St Bernards Wing, Uxbridge Road, Southall Middlesex UB1 3EU	Tel : 020 8354 8853
Cygnets Hospitals	Central Bed Booking (24 Hour access) Tel : 0845 0704170
St Andrews Group of Hospitals	Admission Office Tel : 0800 434 6690

FLOWCHART FOR PSYCHIATRIC INTENSIVE CARE (PICU) REFERRALS

Criteria for PICU admission:

The patient is detained under an appropriate section of the MHA 1983 prior to admission. The patient will only be accepted for PICU admission if their clinical presentation includes one or more of the following.

- a) Serious and significant risk of harm to others.
- b) Serious and significant risk of harm to self.
- c) Risk of absconding which could result in risk of harm to others, self or deterioration in mental state.
- d) Unpredictability in the patient's presentation which makes it difficult to accurately assess mental state.
- e) Mutual agreement between referrer and PICU regarding positive clinical benefits expected to be gained from PICU admission.

Does the Patient fit the PICU Criteria?

