

# CONNECT: The West Yorkshire and Harrogate Adult Eating Disorders Service

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# New Care Models - background

- In June 2017 a partnership of regional commissioners and providers, led by LYPFT, won an NHSE bid to become a New Model of Care 2yr pilot site for Adult ED across the West Yorkshire and Harrogate (WYH) Health and Care Partnership (HCP) footprint
- As part of this pilot YCED will be expanding and tailoring its' existing service to reshape in-patient and community ED care across the region



# “A clear failure of care”



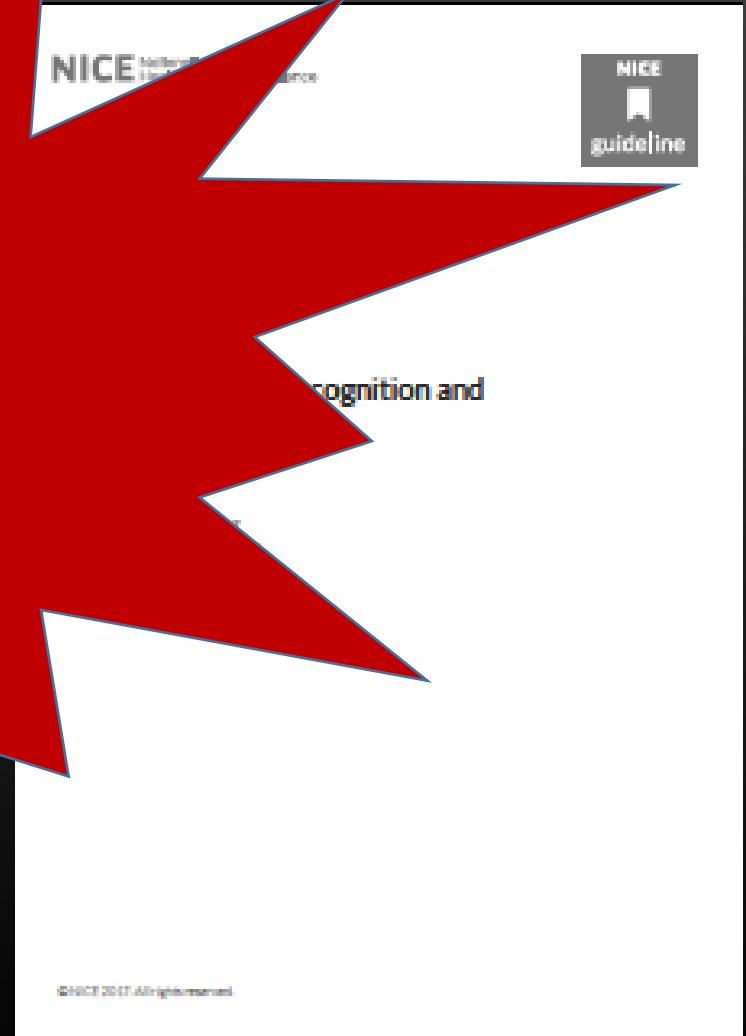
## Ombudsman recommendations

- Increased training
- Greater provision of eating disorder services
- Better coordination of care between NHS organisations treating people with eating disorders
- National support for local NHS organisations

# Why?

- Rates of ED ↑, mortality / morbidity high
- Provision of care is complex
- Community-based special clinical outcomes
- Early intervention, experience
- Multi-tie outcomes
- Community service traditional outcomes reduce the need for...
- Significant gaps/delays in service provision across the WYH footprint in keeping with national trends

## Integrated Community Care



# Leeds Community Treatment & Outreach Service

- Flexible and innovative community service which aims to meet and treat the needs of individuals with ED in their own environment.
- Promotes recovery through weight restoration, healthy eating, psychological interventions and support
- Provides tailored treatment based on care needs (e.g. early intervention, severe and enduring ED)
- ↓ED related symptoms and ↑quality of life.
- Alternative to hospital and facilitation of earlier discharge from inpatient treatment
- Link to other local services (training & support)
- Research & Evaluation

## Team includes:

- Consultant Psychiatrist
- Associate Specialist
- CTM
- Nurses
- Psychologist
- Creative therapist
- Dietician
- Health support workers
- Admin support

# Outcomes

- 40% reduction in hospital bed days
- Improved clinical outcomes (BMI, EDEQ, quality of life, CORE)
- Reduced waiting times
- Improved SU and carer satisfaction
- Promotion of early intervention (FREED)
- Improved partnerships with CAMHS, primary/secondary care, third sector and acute providers (MARSIPAN)



# Aims of the ED New Care Model

- Consistent and integrated care pathway with improved SU outcomes, experiences and transitions
- An enhanced community-based stepped model of care (tier 1 → tier 4 services)
- Equitable care across the WYH footprint
- ↓ in out of area placements and length of stay within tier 4 in-patient ED services
- Use of digital technologies to enhance service delivery
- Consistent and coordinated approach to 'Management of Really Sick Patients with Anorexia Nervosa' (MARSIPAN) across the WYH footprint
- Enhanced links with local mental health, primary care, acute providers, third sector and voluntary organisations.





CONNECT Programme Board

CONNECT Clinical Governance Council

CONNECT Activities and Finance Group

Tier 4 Adult Inpatient ED Beds (Ward 6, YCED, Leeds)

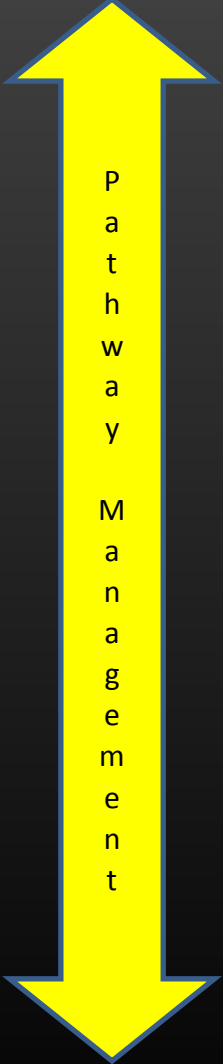
Consistent MARSIPAN arrangements across West Yorkshire & Harrogate

**West Community and Outreach Team:**  
Bradford, Airedale, Craven, Kirklees & Calderdale

**Dual Diagnosis Service**  
West Yorkshire and Harrogate region

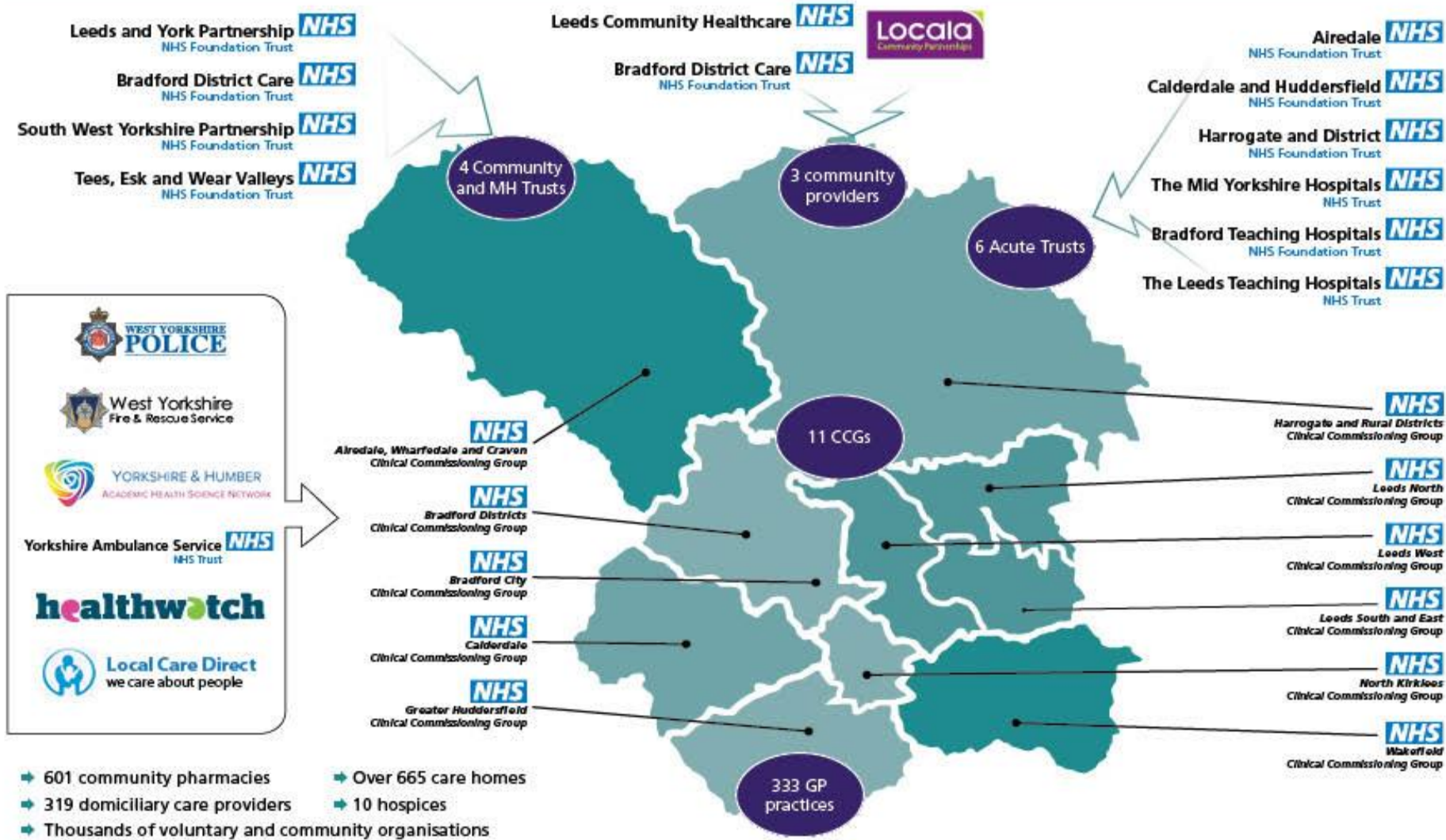
**East Community and Outreach Team:**  
Leeds, Harrogate & Wakefield

Links to local mental health services, acute & primary care providers, and 3<sup>rd</sup> sector & voluntary *organisations*





# Our health and care economy //





Airedale,  
Wharfedale  
and Craven

Harrogate

Bradford

Leeds

Calderdale

Kirklees

Wakefield

# Staffing Model – Community & Outreach

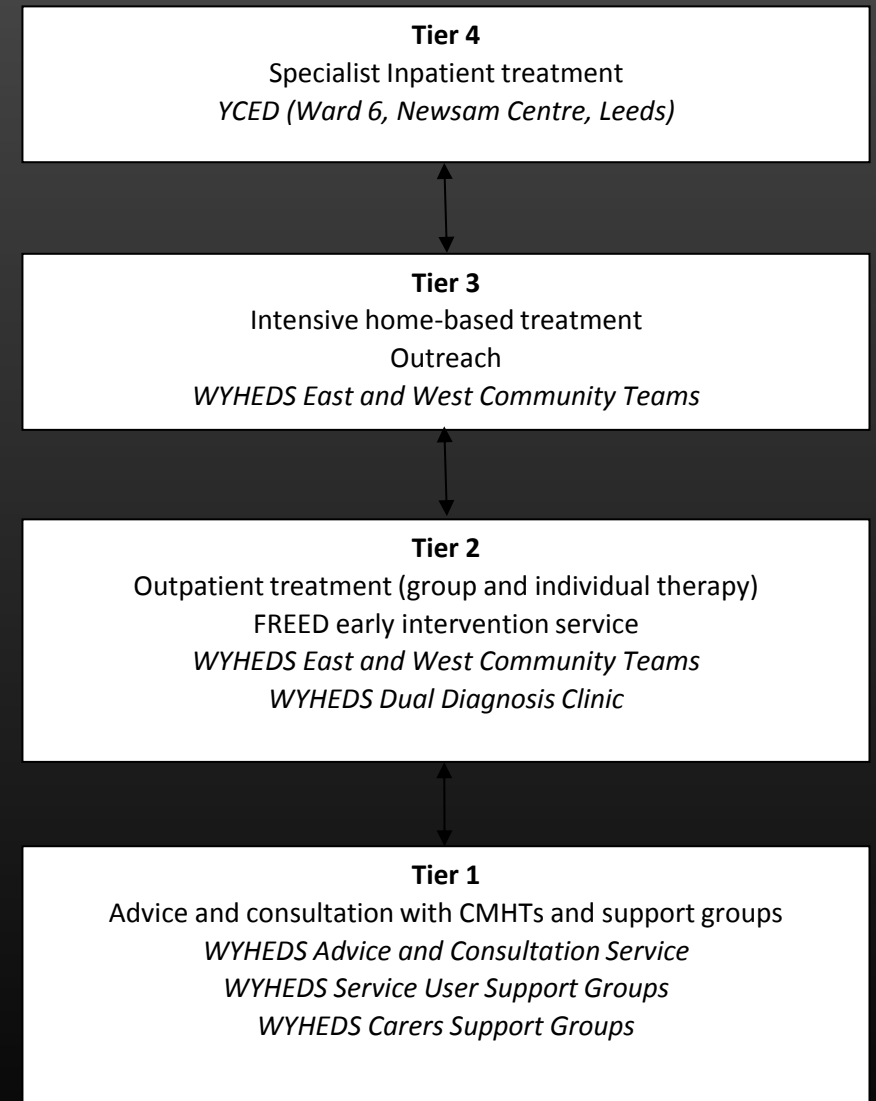
	West ( Bradford, Airedale, Craven, Kirklees, Calderdale)	East (Leeds, Wakefield, Harrogate)
Consultant psychiatrist	1.0	1.0
Specialty doctor	1.0	1.0
Consultant psychologist	0.5	0.5
Band 8a clinical nurse lead	0.5	0.5
Band 8a psychologist	1.0	1.0
Band 7 CTM	1.0	1.0
Band 7 therapist	1.0	1.0
Band 7 dietician	0.5	0.5
Band 7 social worker	0.5	0.5
Band 6 mental health practitioners	3.0	4.0
Band 6 dietician	1.0	1.0
Band 3 health support workers	2.0	3.0
Band 3 peer support workers	1.0	1.0
Band 3 admin support workers	2.0	2.0
<u>Total wte</u>	<u>16.0</u>	<u>18.0</u>

# Staffing Model – Ward 6

<b>Consultant psychiatrist</b>	<b>1.0</b>
<b>Band 8b psychologist</b>	<b>1.0</b>
<b>Junior doctor (FY2/CT) (rotation)</b>	<b>1.0</b>
<b>Band 7 CTM</b>	<b>1.0</b>
<b>Band 7 AHP lead</b>	<b>1.0</b>
<b>Advanced practitioner</b>	<b>1.0</b>
<b>Band 6 occupational therapist</b>	<b>1.0</b>
<b>Band 6 dietician</b>	<b>1.0</b>
<b>Band 6 nurses</b>	<b>4.0</b>
<b>Band 5 occupational therapist (rotation)</b>	<b>1.0</b>
<b>Band 5 nurses</b>	<b>9.5</b>
<b>Band 3 health support workers</b>	<b>11.0</b>
<b>Band 4 admin lead</b>	<b>0.8</b>
<b>Band 3 dietetic assistant</b>	<b>1.0</b>
<b>Band 2 admin support workers</b>	<b>0.8</b>
<b><u>Total wte</u></b>	<b><u>36.1</u></b>

## Stepped Model of Care

- Tier 4 = ward 6
- Tier 3 = Community home-based treatment, Outreach
- Tier 2 = Outpatient treatment, FREED
- Tier 1 = Advice and consultation service (link workers for primary/secondary care, supervision, training, guided self-help), support groups



# Bradford, Airedale and Craven

- Access to adult ED community services (previously unavailable except in Craven)
- Development of MARSIPAN
- Community CAMHS/Adult ED service pathway
- Shorter admissions of inpatient treatment required
- Covered by the CONNECT West community and outreach team
- Hub (main site) based at the Dales in Halifax with clinics in Bradford, Skipton, Huddersfield and Halifax

FIRE:ED

FIRST EPISODE & RAPID EARLY  
INTERVENTION FOR EATING DISORDERS

- Early intervention service:
  - 18-25
  - <3 years duration
  - Assess within 2-4 weeks
- Well established in Leeds and will be upscaled across the region
- Offer evidence-based treatment within 2-4 weeks following assessment



# Questions and Discussion

