NHS
Leeds and York Partnership
NHS Foundation Trust

Leeds Community Mental Health Transformation: Psychological Therapies Strategy

2022 - 2025

integrity | simplicity | caring

Contents

Introduction

This paper outlines the vision and plan for developing psychological provision for people with moderate to severe mental health problems in Leeds and York Partnership NHS Foundation Trust (LYPFT), in line with Community Mental Health Transformation and the LYPFT Psychological Professions Strategy. Although the focus is on the contributions of LYPFT, this work is grounded in the wider process of model development and collaboration with all stakeholders across the system, including service user and carer involvement at every level.

Through the transformational changes, there will be a completely new model of service provision with greater integration and interface with neighbouring and partnership organisations. This paper is therefore intended to be a live document that will be developed and expanded over time, to reflect the progress made and the ways in which LYPFT is collaborating and sharing service provision with partners in primary care and the Third sector. In addition, further detail will be added on the estimated demand for psychological therapies, as well as specific proposals for recruiting and training staff to meet this demand and for evaluating the impact of the work.

National context: Transformation of Community Services

Central to the Long-Term Mental Health Implementation Plan (2019/20 – 2023-24), the Five-year Forward View, and the Community Mental Health Framework for adults and older adults is an expectation that psychological therapies will form a key element of a new overall community-based offer of mental health care. This forms part of a wider objective to ensure that adults and older adults with a range of severe mental health problems can access meaningful care and support in a timely manner including National Institute for Clinical Excellence (NICE) recommended treatment within their community.

A key objective is to increase access to evidence-based (as recommended by NICE) psychological therapies. NICE guidelines recommend that everyone with psychosis, bipolar disorder, eating disorder and 'personality disorder' should have access to psychological therapies, and that every service user will have access to psychological therapies, although not all will choose to take up the offer.

Transformation of community mental health services is a national, radical programme of change. The Long-Term Plan and the NHS Mental Health Implementation Plan 2019/20-2023/24 sets out that primary and secondary care services will be integrated together with voluntary sector partners to provide a comprehensive network of support and psychologically informed care to the communities it serves. It requires that the new integrated system is trauma informed. This means that the system can acknowledge the underpinnings of people's traumatic experiences as context and cause to their psychological difficulties. It also means that the system is responsive to trauma, for individuals, families, carers, friends and communities, and cares in a way which does not serve to increase and exacerbate that trauma. Similarly, the system also needs to provide a psychologically safe and protective environment for the staff who work in it.

Contemporary psychological perspectives on distress – some relevant context

Contemporary psychological approaches to working with human suffering acknowledge the role that social, political and economic factors play. This perspective is informed by a wealth of literature (best summarised in the Power Threat Meaning Framework, Johnstone & Boyle (2018)) which articulates how mental health is influenced by what happens to us and to the environments which we grow up in and live. Informing this strategy, therefore, is a stance that working with individual intra-psychic pathology (through talking therapies) is only one way in which we best enable systems that work to effect positive change in terms of mental well-being. In addition, it is recognised that the evidence base for talking therapies is inherently biased (given that research into these therapies necessarily ignores those who are excluded from or who do not access traditional therapeutic services). Therefore, to work as effectively as possible with groups who have, typically, and for a variety of reasons, found psychological services meaningless (and to, therefore, address health inequalities) we need to utilise other skills and partnerships. It is recognised that this strategy should set out a vision not just for access to direct psychological help but also for enabling the best use of psychological skills across a diverse workforce which is well equipped to work flexibly, address various needs and enact a radical approach to mental health.

Local context

The LYPFT **Psychological Professions Strategy** describes the vision and key enablers of the psychological care delivered across the trust.

- All service user and carer contact across the organisation is psychologically informed
- All psychological practice is safe, caring and compassionate, effective, cost-effective, responsive and well led
- To focus on workforce development to ensure the sustainability of our skilled and knowledgeable staff
- We will identify and pursue strategic growth, research and innovation opportunities

This document describes how this vision will be implemented in all services that are in scope of the community mental health transformation programme, Leeds Mental Wellbeing Service (LMWS) primary mental health arm, working age adult and older people's community mental health teams and Medical Psychotherapy. It overlaps with plans for the specialist services of EMERGE (service for adults with difficulties consistent with 'personality disorder' with a personality disorder diagnosis), CONNECT eating disorder service, Assertive Outreach, and the Community Transitions team linked to the Rehabilitation and Recovery Service. There is also existing provision for people with moderate to severe mental health problems within the third sector, such as the Women's Counselling and Therapies Service, Solace for people seeking asylum, and BARCA Reclaim Counselling Service.

See Appendix 1 for an outline of current service provision and Appendix 2 for LYPFT service descriptions

Both nationally and locally in Leeds there is insufficient provision of psychological therapies to those who could/would benefit. Health Education England (HEE) have responded to this shortfall with a comprehensive training offer to upskill existing therapists, and to fully train new therapists. In Leeds, consistent with the national picture, training has been difficult to access because of the capacity of services to release staff to train, particularly within the context of the pandemic, and because the offers of training have been made with insufficient time to plan and respond.

The NHS long term plan attempts to address this shortfall and expand the psychological professions by 60%. West Yorkshire Psychological Professions Workfoce Strategy highlights that there is already a significant gap between the ambitions set out in the NHS long-term plan and 5-year forward view and the posts that we are able to recruit to. In the coming years, the programme of large-scale transformation will require a significant increase in the psychological workforce, which presents a major recruitment challenge.

In order to expand the workforce HEE are investing in the development of new psychological practitioner roles such as Mental Health Wellbeing Practitioners (MHWPs) to work alongside accredited Psychological Therapists and Psychologists providing psychological interventions under supervision. Through the Additional Roles Reimbursement Scheme (ARRS) they have also made funding available for Primary Care networks to invest in increased psychological provision to meet the specific needs of their communities.

In order for more people to benefit from psychological help across different parts of the system, there requires major system change both in terms of the way psychological therapies and interventions are delivered, and of the structures and systems in which staff deliver this.

Vision: System change for people who use services

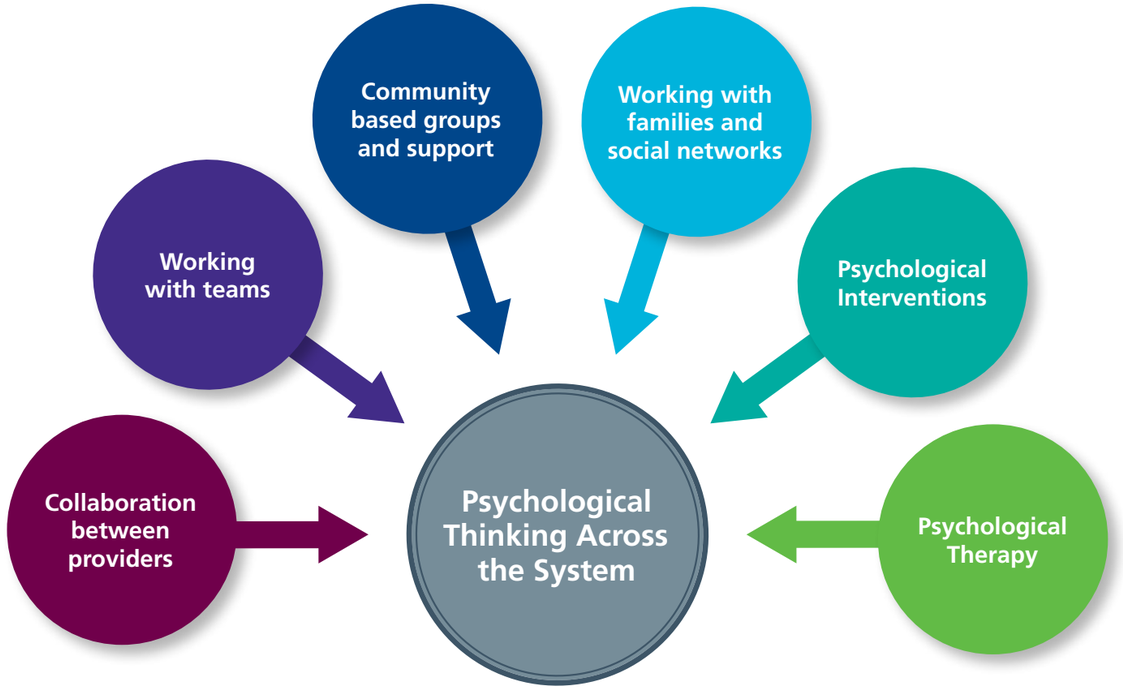
In line with the NHS long-term plan, we have a duty to improve the quality and range of therapies delivered and to increase access to them, following a philosophy of social justice and addressing health inequalities. This not only means increasing investment in therapies but also a fundamental change to the way that mental health issues are understood and treated, towards a psychological and trauma-informed understanding of distress.

The developing model for transformed services in Leeds therefore seeks to broaden the range and forms of psychological help and support, to reach a wider population, so that everybody has access to the right sort of help when, where and how this is needed. Alongside access to specific types of support, a key aim is to promote and develop a psychological understanding of distress across the whole system.

The demand for psychological therapies is always likely to outstrip supply and so we need to be thoughtful about how the psychological resource is used, so that we can ensure equity without overburdening the system or creating barriers such as long waiting lists or overly stringent acceptance criteria.

The graphic below outlines some of the key areas where psychological practitioners can make a difference, both in terms of working with the systems and networks around the person, and also working directly with them. Rather than a standardised stepped care approach, these interventions do not need to be accessed in any specific order: they provide a broad range of interventions which can be tailored to individual need. The job plans of individual practitioners can also be tailored and weighted to their own strengths and skills, as well as the needs of the population they work with. This will allow the most effective use of the available resource and will ensure that psychological therapies are better directed and utilised.

Figure 1:
Psychological Thinking Across the System



- **Collaboration between providers**

  What - No 'cliff edge' between services/ providers. Providers working together on different elements of a care plan.

  How - Psychological professionals embedded in community hubs. Practitioners collaborating with colleagues and supported to work flexibly to identify an appropriate plan within the available resource.

  Delivered by - Senior psychological professionals, clinical leads and service managers working together with commissioners to establish a shared philosophy, clear pathways, and service criteria with 'no wrong door'.

- **Working with teams**

  What – Team members are able to develop their psychological thinking, formulation skills and confidence in working psychologically. Team members feel safe and supported in their work.

  How – Regular psychological supervision groups accessible to all practitioners in the hub, including primary and secondary care staff and third sector staff.

  Delivered by – Psychological Therapists / Psychologists attached to each hub, Medical Psychotherapists.

- **Community based support**

  What – Everybody accessing the system should have access to Psychoeducation and skills development to better understand and manage their difficulties and distress. Learning from the experience of others and connecting with other people experiencing their difficulties can also be both transformative and restorative.

  How – Community group offer to connect people and provide psychoeducation and coping skills resource around common behavioural and functional difficulties common to mental health difficulties (e.g. dealing with sleep, dealing with worry) common to all mental health difficulties. There are opportunities to deliver such interventions in communities where people live increasing access for people currently underrepresented within services and to work in partnership with other service providers.

  Delivered by - First line interventions will be co-produced with experts by experience, and facilitated by Assistant Psychologists, Mental Health and Wellbeing Practitioners (MHWP) and Clinical Associates in Psychology (CAPS), existing and new roles aligned to the psychological professions. Other roles such as community connectors, experts by experience and peer support workers can be used to help people to access these resources.

- **Working with Families and Social Networks**

  What – Families will be included and involved as a matter of routine.

  How – Alongside formal family therapy, the Family Therapy Team will offer more informal family network meetings, to help the family make sense of what has happened up to that point and what might need to happen in the future. These meetings are likely to be of most benefit if they occur near the start of someone's time with the service. The team will also be available as a resource for the MDT, providing consultation on how to help and support families.

  Delivered by – The family therapy team have widened their remit to work with clients presenting at across primary and secondary care services.

- **Psychological Interventions**

  What – Bespoke individual psychological interventions delivered by Psychological Practitioners driven by a psychological formulation of difficulties. Examples include behavioural activation, behavioural experiments and graded exposure.

  How – individual face to face (clinic room or community) or online sessions.

  Delivered by – Staff trained in the delivery of psychological interventions such as CAPs and MHWPs.

- **Psychological Therapies**

  What – A range of psychological therapies individual and group therapies including NICE guidance recommended therapies for adults and older adult presenting with severe mental health problems.

  How – Online and face to face methods of delivery. For some people face to face or online many not be recommended and therapies can be delivered in other contexts, for example, a walk in the park where the therapist and service user are alongside each other or whilst engaging in an activity. This is standard practice when working with people with unusual experiences who struggle with the intensity of face-to-face practice. Though currently Psychological Professionals are embedded within the community teams, a central bank of therapy resource is required to offer the full range of NICE guidance recommended treatments across the city including formal family therapy.

  Delivered by – Psychological Professionals trained in and supervised to deliver different therapy modalities (e.g. Clinical Psychologists, Counselling Psychologists, Cognitive Behaviour Therapists, Psychotherapists, Medical Psychotherapists). The long-term plan mandates increased access to NICE guidance recommended therapies for people with severe mental health problems. It is also acknowledged that people with complex presentations often require a combination of different modalities.

- **Group therapies**

  What – Group therapies provide a resource efficient way of delivering psychological therapies in a format which directly increases and improves connectivity with others. In Leeds, new group therapy provision is being piloted in those Primary Care Networks (PCNs) which are early transformation 'early implementer sites 'adopting and testing new clinical innovation before rolling out over the city as the transformation programme develops. These innovations are also examples of primary and secondary care integration which helps to address the gap which has typically existed between these parts of the system locally and nationally. For example, 'Dealing with Feelings' group which is based on the principles of cognitive behaviour therapy and compassion focussed therapy, and a Dialectical Behaviour Therapy (DBT) skills group currently running within CMHT.

  How – Currently online delivery across current primary and secondary care within the transformation early implementer sites. It is hoped that both online and face to face options will be available to increase service user choice.

  Delivered by – A group therapy team has been developed, consisting of a Psychological Therapist, a CAP, an Assistant Psychologist and a group administrator.

Workforce development and training

To support the delivery of this vision, which supports the delivery of the radical changes demanded by the community transformation programme, there needs to be a significant commitment to upskilling the existing workforce and to increase the number of Psychological Professionals. These goals pose a significant challenge for the system as nationally there are significant challenges in the recruitment and retention. The requirement for this growth is documented in the Psychological Professions Workforce Plan for England (December 2021)

a) Psychological Therapies

Currently Clinical Psychologists and Psychotherapists offer a range of therapy interventions to people with complex needs, and this includes Cognitive Behaviour Therapy (CBT), Cognitive Analytic Therapy (CAT), Eye Movement Desensitisation and Reprocessing (EMDR), Psychoanalytic and Psychodynamic approaches, and Dialectic Behaviour Therapy (DBT) informed approaches. Psychological interventions are based on a formulation-based approach and Psychological Professionals are embedded into multi-disciplinary teams also offering indirect psychological support and formulation into teams.

Psychological therapies for people with severe mental health problems (also referred to as Severe Mental Illness, SMI) are a key part of the new integrated offer for adults, as set out in the Long-Term Plan. Severe mental health problems include psychosis, bipolar disorder, *'personality disorder' and eating disorders. These diagnoses often occur alongside mood difficulties including depression, anxiety and post-traumatic stress disorder (PTSD). The objective is to improve outcomes, and these therapies are one means amongst a broader offer of psychologically informed care. The transformation programme demands an increase in the provision of NICE guided therapies and currently we have a significant shortage of therapists trained to deliver and to supervise them.

*The community transformation board have shared and agreed a position statement on the language used with reference to people with a diagnosis of personality disorder and this has also been accepted with partnership agreement across the city. The position statement is included in the reference section.

NICE recommend therapies for the specified groups are listed in the table below.

Psychosis and Bipolar disorder	Eating disorder	Personality disorder
Cognitive behaviour therapies (CBT) including CBT for psychosis/bipolar disorder	CBT therapies including CBT for eating disorder	CBT therapies including CBT therapies of personality disorder and schema focussed CBT
Family interventions	Family interventions for adolescents	Family interventions
	Mausley Model of Anorexia Nervosa Treatment in Adults (MANTRA)	Dialectical Behavioural Therapy (DBT)
		Cognitive Analytic Therapy (CAT)
		Mentalisation based therapy (MBT)

We aim to increase access to these recommended therapies, as well as specialist clinical supervision for the Psychological Professionals delivering them.

In order to increase this provision, training places on HEE training have been requested for existing therapists across Working age adult and Older peoples community mental health teams and Leeds mental wellbeing service. Additionally, 9 new 'recruit to train' therapy positions have been proposed to train new therapists in the delivery of CBT for psychosis/ bipolar disorder and eating disorder, and this training will also include a general training in cognitive behaviour therapy for anxiety and depression.

b) New Psychological Practitioner roles

The new psychological practitioner roles are described as follows

Clinical Associate in Psychology (CAPS)

This is an 18-month training course at band 5 leading to band 6 on successful completion of the end assessment. CAPS are trained to deliver psychological interventions. We have supported two CAPs who have successfully completed their training and are now working in permanent posts.

Mental Health Wellbeing Practitioner (MHWP)

This is an HEE funded training, along with first year salary at band 4 leading to band 5 on successful completion of training. MHWP are trained to deliver psychological interventions. We have requested 5 places on the September 2022 intake course, and that these will be supervised by our band 7 CBT therapists, providing a development opportunity for these roles, and preserving the supervision capacity of Clinical Psychologists to provide supervision for trainee clinical psychologists for which there is increasing demand as training provision has expanded.

Additional Roles Reimbursement Scheme (ARRS)

These roles are co funded by primary health care networks and secondary mental health care services from band 5-8a. These roles could include Psychological Professionals. We have recruited one band 8a Clinical Psychologist so far and intend to recruit a further 2 more Psychological Practitioner ARRS roles

Leeds community mental health services have capitalised on the opportunities for the creation of and training programmes for new roles, having invested in CAPs, and ARRS role and the future recruitment of MHWPs. These new roles and the training routes to them not only increases the workforce, but also provides opportunities for increasing the diversity of the workforce, along with a potential pipeline of future Psychological Therapists

Vision: System change for people who deliver services

"When undertaking complex, emotionally laden work human work, simply requiring people to be compassionate and effective will have little effect unless the systems, and the culture, within which they work, are organised and managed in ways that support the humanity of their members, their relationships with each other and the people they aim to help"

Intelligent Kindness: Rehabilitating the Welfare State. Ballatt, Campling & Maloney (2020)

The LYPFT People Plan highlights the key ambitions of:

1. Looking after our people
2. Creating a sense of belonging in the NHS

The LYPFT staff survey results showed that one of the most important issues for staff was to feel more valued and recognised in their work.

Michael West, Professor of Work and Organisational Psychology in his work for the Kings Fund on collaborative leadership highlights how positive inclusion and building enthusiastic teams generates interest and innovation. Autonomy, belonging and competence are central contributory factors to workplace wellbeing for staff.

Recruitment and retention of Psychological Professionals, and with many other disciplines represented in community services has been a challenge, worsened by the impact of covid.

People are suffering significant levels of stress and burnout. They struggle to connect adequately as teams and colleagues. This presents a situation where there are lower levels of psychological safety and resilience amongst clinicians lowering theirs, and the system's resilience. We know that staff and teams bring about better clinical outcomes when they feel valued, have a clear purpose and when their skills are recognised and developed. With good relationships, shared vision people demonstrate effective practice, which in turn leads to benefits in service users' health.

The relational aspect of the transformational programme needs to be paralleled in the structures and systems of the workforce. Structures which can provide nourishment, development, and support. This vision reinforces the aims of the People Plan and is consistent with LYPFT trust values of Caring, Integrity and Simplicity.

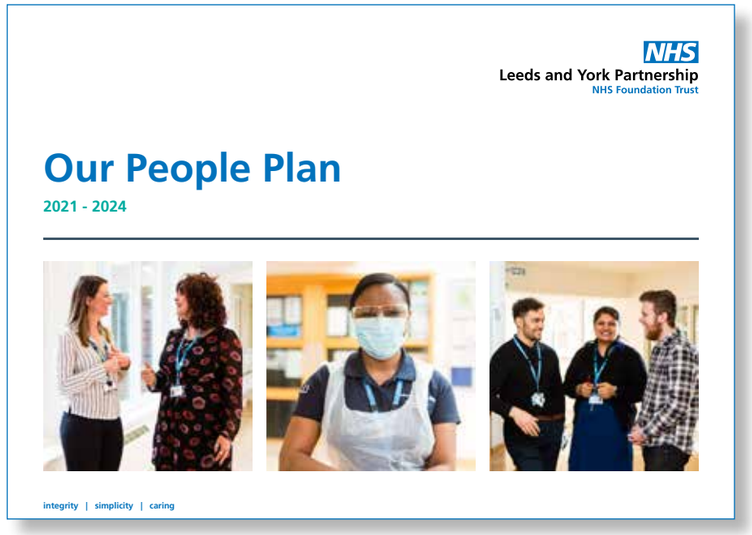
- A compassionate and inclusive culture that makes people's lives at work better
- People are the best they can be at work, contributing to the delivery of excellent care
- Learning from everything we do to develop our people for the future

- **LYPFT People Plan, 2022**

  What – Provision of clinical supervision structures, continuing professional development opportunities; teaching and learning forums. This will facilitate staff to connect and through partnership networks, to develop shared interests and service development and innovation opportunities. Examples include leading on continuing professional development training and special interest groups. There is also a 'Psychology Board' being developed with stakeholders from primary, secondary and third sectors with one focus on the delivery of therapies across the city.

  How – Consistent, well governed and accessible structures to be created and developed across the city, with third sector partners and across the Integrated Care System (ICS) which can provide forums within which people can connect, receive support and supervision, and develop their interests and innovate practice for the benefit of service delivery.

  Delivered by – it is anticipated that there will be opportunities for all members of staff to be involved in the delivery of this plan, creating opportunities for development and clinical leadership, through leading on CPD development and delivery, or involvement with the psychology board and its activity.



Service user / Carer experience principles and commitments

Within the local psychological professions strategy there is commitment to progress from consulting with service users and carers to involving them in individual pieces of work, to working with service users and carers. The ladder of co-production describes a series of stapes towards full co-production in health and social care.

www.thinklocalactpersonal.org.uk/_assets/COPRODUCTION/Ladder-of-coproduction.pdf

Co-production with service users and carers is a fundamental principle that the transformation programme is keen to aspire to and is developing roles for people who are experts by experience along with people with lived experience and carers being involved in many aspects of the model design and development work. This is all context to the system in which psychological therapies are being delivered.

Reporting and clinical outcomes

In order to report access and outcome of psychological therapies for people with severe mental health problems within current working age adult and older people's community services accurately the following data is needed:

- **Reported mental health difficulty / Mental health cluster**

  Current situation – Diagnoses are not routinely recorded on patient records across the service

- **Modality of therapy offered.**

  Current situation – Therapies delivery is not recorded by modality, but work is ongoing to improve this

- **Therapy waiting times**

  Current situation – Systems are being created with informatics to improve the reporting on accurate waiting times which are currently inaccurate

- **Outcome data**

  Current situation – Outcome measures will be mandated by NHSE for all people receiving care in community services. Systems change will be required to collect and report on Patient Reported Outcome Measures (PROM). The outcome measures likely to be mandated are ReQol, Dialog, and the Goal Based Outcome (GBO).

Currently there are significant difficulties in reporting and collecting this data within working age adult and older adults' community services. Improving this will enable reporting on service quality and efficiency. We know that when outcome data is collected, this improves clinical outcomes for people who use the service.

Next steps:

Work is ongoing within these services to improve systems of collecting and reporting data that can be reported to LYPFT Quality Committee. This includes: waiting times for therapies and psychological interventions; modality of therapy offered; and clinical outcomes. This requires a whole system response to the collection and reporting of this data.

Projections of therapy demand across the city is being determined city wide in collaboration with Public Health data analysts.

Summary and conclusions

In conclusion, a new system is not in which provides psychologically informed care to communities in Leeds in a meaningful, appropriate and inclusive way. There will be a broad range of different approaches including psychological therapies. The system changes proposed in terms of the development of psychological interventions provision, systems of team support, supervision and provides leadership opportunities to generate, coordinate and deliver a bespoke offer. It is envisaged that an improved system of in-house development will improve staff retention and add to Leeds being an employer of choice, thus improving recruitment and retention of staff. This vision aligns with the Trust People Plan and Trust values.

References

West Yorkshire & Harrogate Psychological professions strategy

www.ppn.nhs.uk/north-east-and-yorkshire/resources/52-psychological-professions-workforce-strategy/file

Michael West

www.kingsfund.org.uk/blog/2019/03/nhs-crisis-caring?page=1

LYPFT people plan

www.leedsandyorkpft.nhs.uk/about-us/wp-content/uploads/sites/8/2022/03/LYPFT_People_Plan_@_14Feb2022.pdf

Position statement LYPFT transformation board, 2022

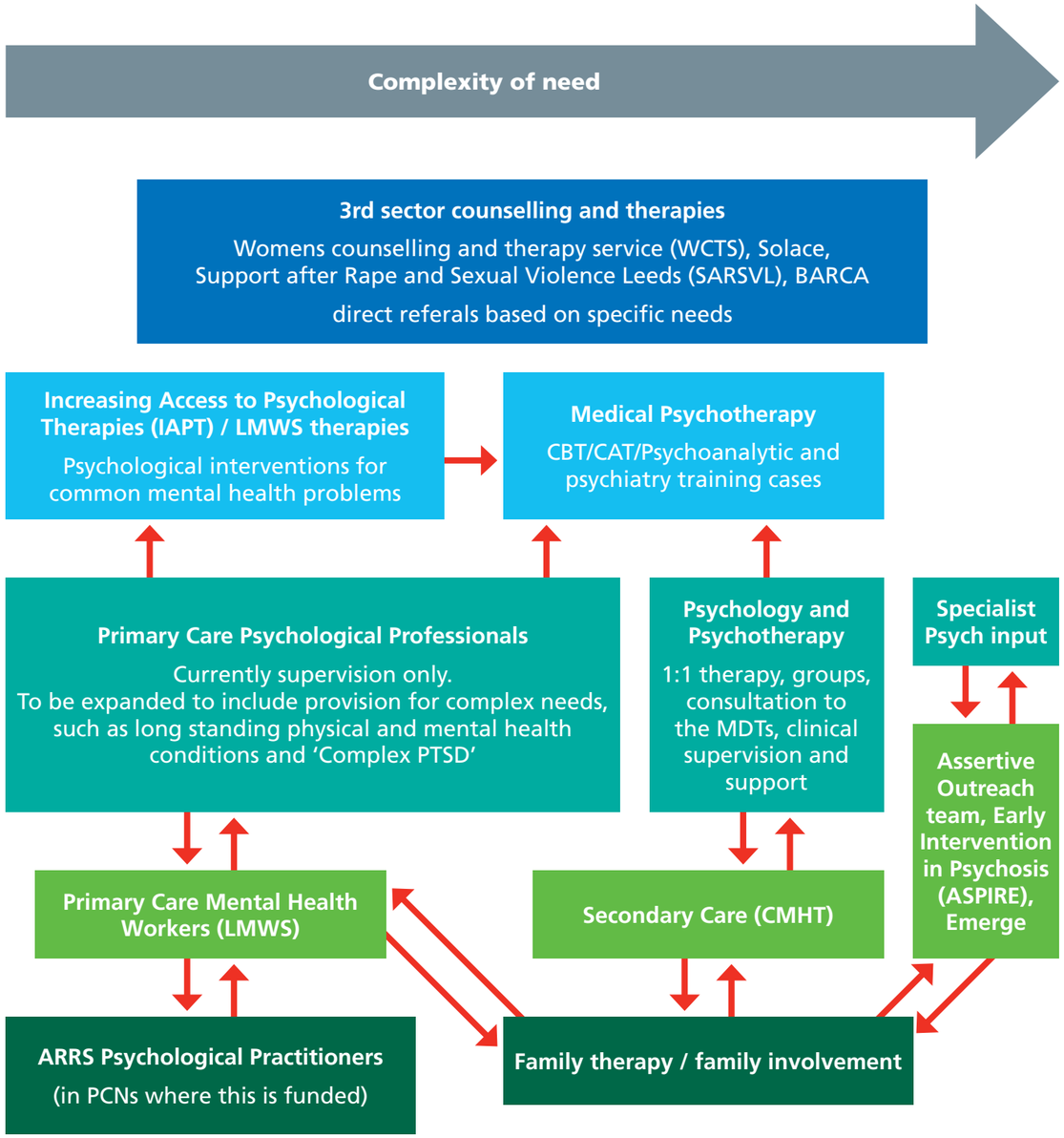
The board recognises that the term 'personality disorder' is greatly offensive to many people who both receive and deliver services. We recognise that the term is often weaponised and that its use can be experienced as abusive. We recognise that it fails to account for trauma and to situate behaviour as intelligible responses to adverse life events and the misuse of power. We recognise that it can be used to justify various forms of social control and that, as a contested term within psychiatry, it lacks scientific validity.

Despite this, we also recognise that the term is welcomed by some people who receive the diagnosis and that, as a psychiatric classification, it 'opens doors' to therapeutic interventions, support and other forms of service.

In addition, the board recognises the complexities associated with replacing the term 'personality disorder' with another label. In particular, the board acknowledges that replacing the term could be disingenuous while we continue to rely on diagnostic terms to define eligibility for services. We also believe that, until services are transformed and become genuinely trauma informed, other terms will be weaponised.

For these reasons, the board will continue to use the term "personality disorder" with full awareness of how offensive and disempowering the label is for many people. We will, however, work as swiftly as possible to transform services with the expectation that the term will become meaningless within an integrated care landscape which appreciates the impact of complex trauma on individual lives. In addition, we expect that our work in transforming services will create the conditions for language which is meaningful and empowering for individuals. Under these conditions we expect the 'personality disorder' term (which is often a source of power for organisations and services ill equipped to work effectively with the impact of trauma) to become redundant.

Appendix 1:
Structure and scope of services



Red arrows denote direction of referral and collaborative working

Appendix 2:
LYPFT service descriptions

People with distressing unusual experiences (psychosis)

Rehabilitation & Recovery service (R&R)

The Recovery Centre is the community transitions team within the R&R service. It provides support and care coordination to service users during their mental health rehab inpatient admission and then works with them post - discharge for up to 6 months in the community. R&R utilises the recovery model to enhance biological, social and psychological recovery for people who present with a serious and complex mental health problem. The Recovery Centre is a partnership model with Recovery centre staff being employed by third sector organisations (MIND, Community Links and Touchstone) or by the NHS Trust. The Recovery Centre is an MDT including care coordinators, peer recovery workers, dietetics, healthy living advisors, psychology, psychiatry, Occupational therapists, speech and language therapy and provides specialist support for service users and family during inpatient admission and in the community following discharge.

The community transitions team will become a community rehab team as outlined in NICE guidance, following the ongoing service review. This will allow the Recovery centre MDT to work with service users for longer, delivering a range of therapeutic interventions. It is proposed that the team will accept referrals from community teams directly rather than only from acute inpatient services

Assertive Outreach service (AO)

Assertive Outreach is a citywide service comprising two clinical community teams and is one of a small number of services nationally that remain as a specialist service for people with a primary diagnosis of psychosis. The service works to engage service users who have disengaged with mental health services and have severe and enduring mental health problems, long term needs and cannot or do not wish to engage with services. The assertive outreach model has been developed over the past 20 years to provide safe and effective services to this small but significant group of people on a long - term basis with the emphasis on delivery of interventions within the team to reduce the need to engage with multiple services for different needs.

A key initial aspect of psychological interventions and therapies is assertive engagement and an outreach approach with an emphasis on working with people where they want to be seen. This may mean that psychological interventions and therapies may be delivered at home, in the community (cafes) or while engaging in other activities like walking. The engagement phase of any psychological work is intensive and may constitute the significant part of any intervention or therapy. A flexible approach to delivering NICE guidance psychological interventions/therapies is required, with psychological practitioners working with a floating caseload with periods of engagement and disengagement with psychological interventions/therapies. It is important to have the capacity to be able to take advantage of windows of opportunities for engagement and not discharge service users if they do not attend appointments and provide consistent relationships.

People with eating disorder

CONNECT Service

CONNECT: The West Yorkshire Adult Eating Disorders Service was developed and launched in April 2018 through a New Care Models initiative for Adult Eating Disorders in partnership with Bradford District Care Trust (BDCFT) and Southwest Yorkshire Partnership NHS Foundation Trust (SWYFT). CONNECT became the Lead Provider within the West Yorkshire Adult Eating Disorders Provider Collaborative from the 1st October 2020.

CONNECT provides community, intensive home-based and inpatient treatment for adults with eating disorders from West Yorkshire who:

- Have moderate to severe anorexia nervosa (BMI ≤17)
- Have severe bulimia nervosa (daily bingeing and purging)
- Meet the FREED (First Episode Rapid Early Intervention for Eating Disorders) criteria - mild anorexia nervosa (BMI 17-18.5) or mild to moderate bulimia nervosa (weekly bingeing and purging)
- Have an atypical eating disorder and are pregnant or have type 1 diabetes mellitus

We aim to provide psychologically informed treatments as recommended by NICE (2017) and based on MDT formulation, including group MANTRA and CBT-E as first line treatments. We also offer a range of other psychological therapies on an individual basis.

Our open access pathway is available to all, with no referral required. Support is offered via our weekly 'Hub' online support group, and via our Instagram account @lypft_connect.

The team also provides an Enrichment pathway specifically designed to support individuals who present with severe eating disorders but do not currently feel able to work towards recovery. This pathway aims to support individuals to maximise their quality of life, including both psychological and physical health, and allow them where possible to remain in their own homes, without the need for hospital admission.

CONNECT also covers our 14 bedded inpatient unit, The Yorkshire Centre for Eating Disorders which provide more intensive support to work towards physical and psychological recovery for those who struggle to make changes in the community. We have close relationships with local acute hospitals to support the needs of individuals who require admissions to stabilise physical health under the medical emergencies in eating disorders (MEED) guidelines.

Our existing staffing model allows delivery of NICE recommended psychological therapies for eating disorders as described above. In line with the NHS long term plan to increase access to psychological therapies for individuals with eating disorders we are pursuing further training opportunities supported by HEE and have recognised the need to develop further psychological resources so that we can continue to meet the needs of individuals with eating disorders across West Yorkshire.

People with difficulties associated with personality disorder

EMERGE Leeds: Complex Emotional Needs Service

EMERGE Leeds: Complex Emotional Needs Service is the new name for the service previously known as the Leeds Personality Disorder Managed Clinical Network.

We are a city-wide, multi-agency and multidisciplinary service that aims to work effectively with people who have complex emotional and interpersonal difficulties. We see people who may, as a result of complex trauma and adverse life experiences, have developed ways of coping and surviving that can cause them harm and distress.

Our services include:

Care Coordination

Young Adults Pathway

A service for young adults aged 18-25 in Leeds with complex emotional needs or with a diagnosis of personality disorder. This service is delivered in partnership with the Leeds Community Mental Health Teams (CMHTs) and a range of Third Sector Services (The Market Place, Community Links, Touchstone, Dial House and Common Room).

Over 25s Pathway

A service for adults aged over 25 years old, who are at risk of long-term hospital admission, or who are being discharged from (or within) long-term hospital placements.

Group Work Programmes

City Wide Groups

These can be accessed as standalone interventions or as part of care coordination for service users over the age of 18.

- Journey Programme: helps people to develop a better understanding of what they do in their daily lives, and how their life experiences might affect this. It helps people to take part in purposeful activity and gives people a chance to learn about themselves and others in a different way. The programme is led by our occupational therapists.
- Dialectical Behaviour Therapy (DBT) Skills: designed to help people learn new skills to help them cope when they feel suicidal or want to use self-harming or life-threatening behaviours to manage distress.

Primary Care Groups

These are delivered in partnership with Leeds Mental Wellbeing Service (LMWS) within primary care.

There are two pilot groups currently being offered:

- Skills for Life Group (adapted version of Dialectical Behaviour Therapy (DBT) skills groups for 18 – 25 year olds).
- Adapted version of the Journey Programme.

Case Consultation

For professionals working in Leeds, including those in the NHS and voluntary sector: an offer of up to 4 sessions to support colleagues working with individuals with complex emotional and interpersonal needs or those with a diagnosis of "personality disorder".

EMERGE Leeds is a psychologically informed service. In practice this means that our offer across care coordination, group work programmes and consultation is informed by psychologically theory and knowledge and supported by the psychological therapists within the service. Within care coordination, the care is formulation based. The work is relationally and inherently trauma informed, which means that through the use of supervision and training, the team is supported to use their therapeutic relationship with service users to both understand current difficulties, develop reflective capacity, and to support alternative ways of relating and coping. Given risk and complexity within care coordination, not all service users want or need more "formal" psychological therapy. However, this can be accessed as appropriate, and the service provides a range of NICE guidance therapies including CBT, MBT, CAT and DBT.

Medical Psychotherapy Service

The citywide Medical Psychotherapy Service is based at South wing, St. Mary's House. The service has a tripartite structure; clinical, education and training, and non-clinical (including management and leadership). The team consists of 3 consultant psychiatrists in Medical Psychotherapy specialising in their respective modalities of therapy: Dr Anne Cooper (Cognitive Behavioural Therapy), Dr Vikram Luthra (Psychoanalytic Psychotherapy) and Dr Harriet Fletcher (Cognitive Analytic Therapy). In addition to the consultant team, there are 3 core trainees in psychiatry allocated to the service every 6 months. Due to the training nature of the service, there are also 50-70 foundation year and core trainees attending the department during the week. Higher trainees are also often based within the department delivering therapy and attending psychotherapy groups as part of their training requirements.

The Consultant Psychiatrists are all registered with the General Medical Council. The consultants maintain membership with the Royal College of Psychiatrists. The consultants adhere to the annual appraisal standards of the LYPFT. The consultant psychiatrists report in the first instance to our immediate Line Manager and ultimately to Dr Hosker (Medical Director). We also have contact with the Professional Lead and the Responsible Officer in the LYPFT, as necessary. Each consultant holds a dual Certification of Completion of Training in Medical Psychotherapy and General Adult Psychiatry and is on the GMC Specialist Register. The individual consultants are registered and accredited within their respective therapy modalities (ACAT, BABCP and BPC) external to the trust and therefore maintain additional regulatory standards to maintain and deliver a high quality, credible and safe service.

In terms of the delivery of therapy, we continue to offer Face to Face therapy across all three modalities (described above) as a default position from our base at South Wing, St Mary's House. Since the Covid-19 pandemic the service has adapted to continue to offer remote therapy on an individual patient-needs basis, if appropriate for that modality of therapy.

Although the service is part of the Leeds care group, we are open to accept referrals from professionals across LYPFT along with the Leeds Mental and Wellbeing Service. We have developed our own referral guidelines accessible if requested and have our own referral pathway on Care Director. We do not have any absolute specific exclusion criteria

In addition to the patients seen within LYPFT, the service provides a significant clinical and leadership input into The Take Time service, (confidential service that provides psychotherapy consultations and psychiatric assessments to doctors and dentists in training who are experiencing difficulties).

In terms of our training and education function alongside allocating and supervising training cases, we offer Balint groups to variety of grades of doctors across the trust.

Notes

integrity

simplicity

caring