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The NSW Service Plan  
for People with Eating Disorders  
2013-2018

**Statewide Implementation Plan  
2014-2018**

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# Transforming the Treatment Landscape

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## Background

The release of the NSW Service Plan for People with Eating Disorders 2013-2018 (The Plan), jointly launched by the Minister for Health Jillian Skinner and the then Minister for Mental Health Kevin Humphries, began the process of transforming the treatment landscape in NSW for people with eating disorders. Over the next five years, we will develop a network of responsive evidence-based therapies within Local Health Districts (LHDs) across NSW to treat people with eating disorders promptly, equitably and, above all, effectively.

Eating disorders are a whole-of-health concern and responsibility. They are mental illnesses with multiple and often severe medical symptoms. As such, they require a collaborative, comprehensive and well-articulated response from the health system.

The Plan confirms the central role for the LHD in ensuring access to care for people with eating disorders at the local level, as well as links with general practitioners, private health providers in the community, and pathways to high-level specialist services for those most severely ill. The Plan aims to build upon existing points of strength and expertise within the system and to build new capacity, networks and services in places where they are currently limited.

The Plan incorporates three key strategic responses:

1. The establishment of local service and workforce development plans to better care for people with eating disorders in every LHD in NSW;
2. Support structures and roles to assist LHDs in developing and implementing local service and workforce plans; and
3. The targeted enhancement of existing specialist eating disorders services.

## Rationale for the Statewide Service and Implementation Plans for People with Eating Disorders

Eating disorders are a group of mental illnesses that pose a high burden to those who suffer them, their families and the health system. Eating disorders cause significant morbidity and mortality, having one of the highest mortality and suicide rates among the mental illnesses (Arcelus et al, 2011). However, evidence-based treatments are available and if delivered early in the course of illness, can have good outcomes (Lock et al, 2010). Recovery is also possible. An eating disorder is a mental illness from which the individual can fully recover, and go on to be a contributing and achieving member of the community.

Currently gaps exist in the range and effectiveness of eating disorders services. For example, regional differences exist in access to and delivery of services, particularly between urban and rural areas and between patients accessing private versus public services. Practitioner knowledge, competence, confidence and willingness to treat eating disorders within LHDs also vary.

## Scope of the Plan

While all eating disorders are relevant to The Plan, service development priorities are for the more typical eating disorders: anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), other specified feeding and eating disorders (OSFED, known in DSM IV as EDNOS) and unspecified feeding and eating disorder (UFED, also formerly housed in the DSM IV diagnosis of EDNOS).

Disorders of feeding in childhood, obesity, overweight and related non-communicable diseases are beyond the scope of The Plan. Although within the local planning context, these may need to be considered while responding to The Plan, especially where services for both groups of illnesses are delivered from the same team or location. For example, BED is often co-morbid with obesity therefore the two illness groups may need to be considered together as services are planned. Similarly, disorders of feeding in childhood can precede the onset of an eating disorder and planning for both locally may be practical.

## Staged Implementation

Building capacity at the local level will take time to train the workforce to feel competent and skilled dealing with these illnesses, develop a range of services delivering responsive evidence-based therapies, and streamline access points and pathways into hospital for the most severely ill. Therefore the implementation of The Plan will be a staged project.

The first stage, through to 2015, includes the commencement of the enhanced specialist services funded alongside The Plan, the development and dissemination of a range of service and workforce resources by CEDD and the coordinators, as well as the following priorities for LHDs:

1. Identifying current access points into services for people with eating disorders within each LHD;
2. Identifying major gaps in the service spectrum and workforce capacity to treat eating disorders within each LHD; and
3. Developing a local service plan for eating disorders to guide current and planned service provision, inclusive of a local workforce development plan.

Stage 2, through to 2018, includes the integration of the outreach and tertiary components of the enhanced specialist services, the implementation of LHD service and workforce development plans, training and capacity building within the LHD by CEDD and the coordination team and the release and dissemination of further resources and support.

Further stages after 2018 are beyond the scope of this document, but will need to be considered by the NSW Service Plan for People with Eating Disorders Implementation Steering Committee, as the implementation of the current plan is embedded into service provision, and proposals submitted to the Ministry of Health for endorsement.

For an outline of the activities of the Implementation Plan and the delivery timelines for these, see the Timeline for the Rollout of the NSW Service Plan for Eating Disorders 2013-2018 included later in this document.

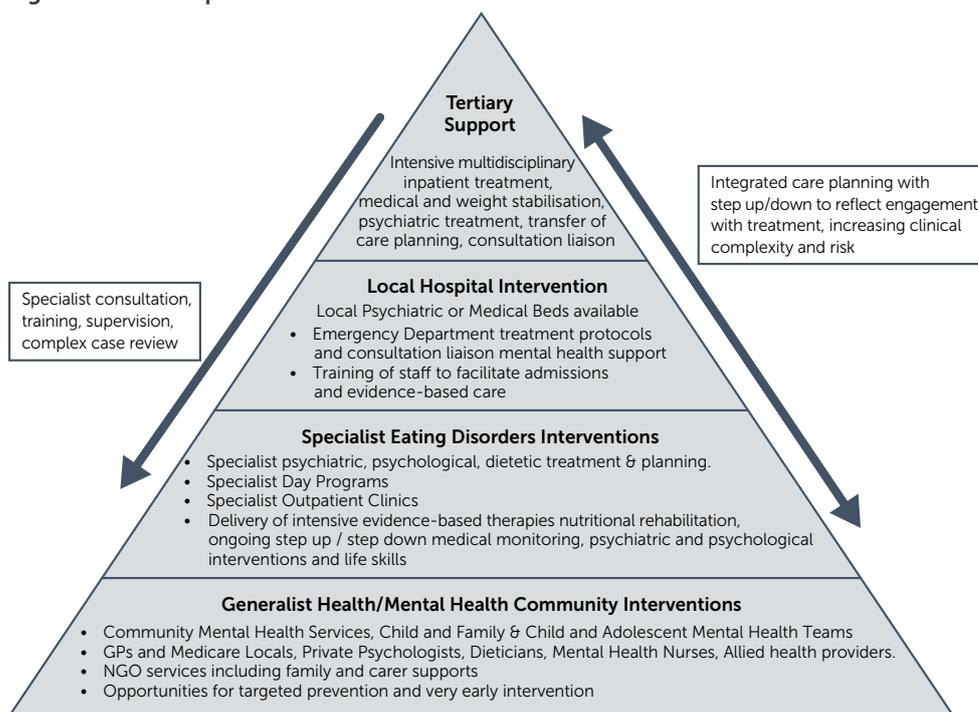
## Provision of Care for People with Eating Disorders

### Care Components and Levels of Care

While it is acknowledged that the LHD will not be responsible for the provision of services at every level of the service spectrum, The Plan identifies the LHD as the central hub for healthcare for its residents. As part of The Plan, every LHD is required to ensure clinically appropriate pathways to services that respond to all levels of need. This approach assumes that treatment should match patient need, with the most complex and severe conditions being treated by the most specialised services and cases with less severe or complex presentations being managed locally in community-based services wherever possible. At the completion of all stages of the implementation phase, every LHD will be required to provide or ensure access to each of these levels of treatment within the service spectrum.

Figure 1 below, taken from The Plan, outlines the various levels of care that need to be available to individuals with an eating disorder over the life of the illness. These levels of care reflect a similar structure recommended in the National Eating Disorders Framework (NEDC, 2012).

**Figure 1 Service Spectrum**



The first level is Generalist Health/Mental Health Community Interventions, represented by community mental health services, Child and Family, General Practitioners, Medicare Locals, private practitioners and Non-Government Organisations (NGOs). Functions performed by these services include primary detection, ongoing monitoring and support and management of less severe cases. The next is a more specialised level of care including specialist day programs and outpatient clinics, as well as specialist psychiatry, psychological and dietetic treatment and planning. This service level provides skilled, evidence based treatments, within community settings for eating disorders across the spectrum of severity, including continuum of care step-down services from more intensive levels of treatment. The third level is local hospital interventions.

This includes local psychiatric or medical beds, and Consultation-Liaison mental health support, providing treatment for people with severe eating disorders needing medical stabilisation and nutritional rehabilitation. The fourth level is tertiary support that involves intensive multidisciplinary inpatient treatment, medical and weight stabilisation, and psychiatric care, suitable for people with the most severe eating disorders and complex presentations. Clear pathways from LHDs to specialist services need to be defined, including when to use statewide support services and access telemedicine to support local clinicians.

Capacity within each level of the service spectrum does not necessitate the development of wholly new services. Much can be achieved through workforce development and capacity building within existing services to provide the requisite levels of expertise and knowledge of evidence-based treatments to address eating disorders when they present. It will be local decision making within the LHD that determines which approach, models and strategies will work best within the District to begin the process of enhancing access, identifying pathways and providing care at each of these levels.

### **Evidence-Based Therapies**

The Plan puts an emphasis on training the workforce in the delivery of evidence-based treatment and service models for people with eating disorders. Pathways to care providers within the community and to hospital need to be established as part of The Plan, and people seeking treatment need to receive the highest quality evidence-based care available once they have travelled those pathways and accessed treatment.

LHDs need to support the development of evidence-based treatment options wherever possible across their District. The evidence base for the treatment of eating disorders continues to evolve and National Eating Disorders Collaboration (NEDC) emphasise implementing evidence-informed and evidence-generating treatment options where the evidence base is inconclusive. Peer reviewed articles, and clinical practice guidelines reviewing the research literature along with other practical information about evidence-based treatments in eating disorders are available on the service development section of the Centre for Eating and Dieting Disorders (CEDD) website. The Coordinator assigned to your LHD will assist with the development of a workforce development plan that articulates the processes for dissemination, training and supervision across the District in evidence-based care for eating disorders.

## Strategies for Taking the Plan Forward

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The Implementation Strategy for The Plan adopts a philosophy of locally led services and workforce development, with state level support. While The Plan acknowledges that the needs of people with eating disorders must be integrated into the core business of LHDs, it also acknowledges that skill, knowledge and service support structures are limited in many areas in NSW.

### Strategy 1: Locally Led

#### **Developing Local Service and Workforce Development Plans for People with Eating Disorders**

Each LHD is responsible for planning, developing, prioritising, and delivering services to people with eating disorders. LHDs will decide how to implement the service model as part of their District and regional planning and prioritisation processes, and will take into account the need for further workforce development. Decisions about the level of funding available for eating disorders services and the provision of those services are the responsibility of each LHD. LHDs are required to identify their service and workforce issues and are encouraged to work with a CEDD Network Coordinator to develop service and workforce development plans. The Ministry of Health anticipates that LHDs will use resources provided by CEDD to guide their decisions about improvements to eating disorders services.

LHDs will be required to produce a document to demonstrate how they intend to implement the key directions of the plan by the end of 2015. This includes, outlining their plans for the development of access points, pathways to care, workforce capacity building and eating disorder treatments available within the local LHD, as well as pathways to specialist tertiary services outside of the LHD for severely ill patients who fail to respond to local options.

### Strategy 2: Integrated Support

CEDD and the Tertiary Services will work together to provide Support Structures, Resources, Consultation and Documents to Support LHDs in Developing Local Service Plans and Enhancing Local Capacity.

Implementation of The Plan by LHDs will be supported by the CEDD team and tertiary services. LHD implementation, along with new investment in treatment capacity, will deliver the foundations for improved responses to eating disorders in NSW.

The NSW Ministry of Health has funded the CEDD to support the roll-out of The Plan across NSW. CEDD is an academic and service support centre based in Sydney, resulting from collaboration between The Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders in the Charles Perkins Institute University of Sydney and Sydney LHD. CEDD is funded by the Mental Health and Drug & Alcohol Office (MHDAO), NSW Ministry of Health, specifically for the purpose of developing and implementing strategic planning for eating disorders in NSW, including both service and workforce development. The Centre also obtains competitively funded grants to support research and other activities.

The NSW Ministry of Health funds the Statewide Coordinator for Eating Disorders, housed within the CEDD, and four Network Eating Disorders Coordinators housed within four LHDs (Sydney, Sydney East, Sydney Children's Hospital Network (SCHN) and Hunter New England). Network Coordinators have supra-District responsibilities and are available to assist LHDs in developing and implementing service and workforce plans.

A CEDD representative will be assigned to the LHD to support them through the process of responding to The Plan, and in developing and implementing local service and workforce plans. A request for support link on the CEDD website can be accessed by LHDs at any time ([www.cedd.org.au](http://www.cedd.org.au)). LHDs or clinicians can also contact their Network Coordinator directly. Guidelines on how to develop a local service plan for eating disorders, as well as tools to assist the LHD in completing the first stage of implementation, are available on the CEDD website, as are workforce development tools and training programs.

LHDs that have begun their response to The Plan and convened a local working party, which can also access support when managing complex or treatment-resistant eating disorder patients. A request through CEDD for the support of an expert eating disorders coordinator can be made.

The LHD will be supported further in its endeavours to provide access to the full range of services for people with eating disorders by the enhancement and expansion of the statewide specialist tertiary services. LHDs, as part of their service plans, can articulate referral pathways to these Specialist Tertiary Services for treatment of severely ill patients that fail to respond at the local level.

Tertiary centres will collaborate with the CEDD and coordination team to develop an integrated training and capacity building plan as part of the implementation strategy. Appendix A outlines the roles and responsibilities of the Network Coordinators, Statewide Coordinator and the Statewide Tertiary Services in terms of the supports they offer to LHDs for eating disorders treatment and service development.

### **Strategy 3: Hubs of Expertise**

#### **Enhancing Specialist Eating Disorder Services**

LHD eating disorders service delivery will be also be supported by statewide hubs of expertise. To support the implementation of The Plan, the NSW Ministry of Health has provided funding to enhance statewide specialist tertiary services.

Two specialist day programs funded by the NSW Ministry of Health, one for adults with eating disorders at Royal Prince Alfred Hospital (RPA) (SLHD) and one at Wyong Invitation to Health (CCLHD), have been running effectively since 2009. Evaluation data from both programs demonstrates their ability to maintain people out of hospital and bring about significant improvements in core eating disorder pathology. In 2011 recurrent funding for both projects was confirmed, along with new funding to support a day program in HNELHD.

The NSW Ministry of Health has made further enhancements to specialist capacity in NSW, targeting particularly the Child and Adolescent Specialist Tertiary Service at the Sydney Children's Hospitals Network (SCHN), and the Adult Specialist Tertiary Service at RPA. A child and adolescent day program, which is a collaboration between SCHN and the Butterfly Foundation, will be added to the inpatient and outpatient services delivered for children and adolescents with eating disorders by the SCHN. The Day Program opened in September 2014 within temporary accommodation at the Children's Hospital at Westmead. It is anticipated it will transition to the new premises at Butterfly House, Crows Nest, in late 2015. An enhancement to funding for the inpatient adult beds at RPA will see the opening of a nine bed specialist inpatient unit at RPA in early 2015. This will complement the existing day program and outpatient services.

It is planned that the enhancement to the Child and Adolescent and Adult Tertiary Centres provides for a strengthened end-point treatment option for people with an eating disorder across the state, so that when a patient reaches a level of severity of illness that the LHD can no longer deal with, or local care has proven ineffective for, there are well

developed pathways to specialist, intensive care. Further, there will be outreach capacity (via tele-psychiatry, training and supervision) back from those two centres to support local teams to treat and manage patients with eating disorders and to build local capacity and expertise.

People experiencing eating disorders in NSW already present for treatment at non-specialist hospital and community settings across the state. The consolidation of clinical expertise in statewide tertiary services or hubs with outreach capacity back to the spokes will maximise current treatment capacity, ensure best practice care, and assist in identifying and remedying gaps in the system.

It is broadly acknowledged both here and overseas (RANZCP, 2014; NEDC, 2012) that the treatment of eating disorders requires the input of specialist services. In various places around Australia and internationally (e.g. South Australia and the United Kingdom), the specific development of eating disorder 'hubs' housing both specialist tertiary service options and outreach and training capacity have been developed. NEDC advocates a hub and spoke model for eating disorder service development within Australia, and states that such an approach promotes integrated, coordinated treatment options across health regions. Generally these hubs of expertise serve two purposes: firstly, to offer tertiary treatment places to the most severely ill and/or treatment resistant clients, and secondly, to act as centralised locations of expertise to support satellite services across districts and states.

Beyond the tertiary centres it is anticipated that LHDs will also develop their own hubs of expertise in eating disorders, as several in NSW already have. For example, Illawarra, Hunter New England and Central Coast LHDs all presently have specialist outpatient teams for eating disorders, and also have established pathways to the tertiary services at SCHN and RPA for clients that are not responding to locally delivered treatment. In practical terms the networked model of service delivery for eating disorders in NSW, may be better described as a "hub to hub to spoke" model. Geographical distances, and local needs, have necessitated the development of this sort of model to date, and the service plan supports its further development across Districts.

## Timeline for rollout of NSW Service Plan for Eating Disorders 2013-2018

YEAR	2013	2014
STAGE	Stage 1 — Developing Local Service Plans and Responses for People with Eating Disorders	Stage 1 — Developing Local Service Plans and Responses for People with Eating Disorders
MONTH	Oct-Dec	Jan-Mar      April-June      July-Sept      Oct-Dec
<b>LHD</b>	<p>Plan Launched</p> <p>Correspondence with LHDs initiated</p>	<p>Engagement with LHD Mental Health Directors</p> <p>Convene Local Working Parties</p> <p>Local Engagement consultation and forums</p>
<b>CEDD Coordination Team</b>	<p>Establish Coordination Team and work plan</p> <p>LHD request for support platform online</p>	<p>Monthly coordination meetings</p> <p>Development of Resources to Support LHDs</p> <p>Online Learning Program Development</p> <p>Coordinator assigned to support each LHD working party</p> <p>2015 NSW Service Planning Forum Organisation</p> <p>Formal launch</p> <p>Clinical Management Support</p>
<b>Tertiary Services</b>	<p>Funding for SCHN and Butterfly Foundation C&amp;A Day Program announced</p> <p>Enhancement funding for statewide adult beds at RPA announced</p>	<p>Project summaries, KPIs and 50% Year 1 funding issued</p> <p>Set-up and recruitment</p> <p>SCHN/Butterfly Day Program Open</p> <p>RPA Adult Inpatient Unit Open</p>

YEAR	2015				2016			
STAGE	Stage 1 – Developing Local Service Plans and Responses for People with Eating Disorders				Stage 2 – Implementation of Local Services Plans			
MONTH	Jan-Mar	April-June	July-Sept	Oct-Dec	Jan-Mar	April-June	July-Sept	Oct-Dec
<b>LHD</b>	Working Parties Convened Local Engagement/ Consultation & Forums Developing Local Service Plans			<b>LHD Service &amp; Workforce Plans finalised</b>	Implementation of Local Service Plan Establishing Local Pathways to care Establishment of Local Service Models for Care Implementing Standardised Policies and Procedures Local Workforce Development and Training			
<b>CEDD Coordination Team</b>	Monthly coordination meetings Development of Resources to Support LHDs Online Learning Program Development Coordinator assigned to each LHD working party Develop Integrated Training and Outreach Strategy				Monthly coordination meetings Training and capacity building activities in LHDs Support implementing local models of care Base documents for standard Policies & Procedures Respond to Integrated Training and Outreach Strategy			
<b>Tertiary Services</b>	SCHN/Butterfly Day Program Capacity Increasing RPA Adult Inpatient Unit Capacity Increasing Collaborate on Integrated Training and Outreach Strategy			SCHN/Butterfly Day Program Fully Operational RPA Adult Inpatient Unit Fully Operational	Delivery of clinical services Respond to Integrated Training and Outreach Strategy			

YEAR	2017	2018
STAGE	Stage 2 – Implementation of Local Services Plans	
MONTH	Jan-Mar	April-June
	July-Sept	Oct-Dec
<b>LHD</b>	<p>Implementation of Local Service Plan</p> <p>Establishing Local Pathways to care</p> <p>Establishment of Local Service Models for Care</p> <p>Implementing Standardised Policies and Procedures</p> <p>Local Workforce Development and Training</p>	<p>Implementation of Local Service Plan</p> <p>Establishing Local Pathways to care</p> <p>Establishment of Local Service Models for Care</p> <p>Implementing Standardised Policies and Procedures</p> <p>Local Workforce Development and Training</p>
<b>CEDD Coordination Team</b>	<p>Monthly coordination meetings</p> <p>Training and capacity building activities in LHDs</p> <p>Support implementing local models of care</p> <p>Respond to Integrated Training and Outreach Strategy</p> <p>NSW Service Plan Forum February</p>	<p>Monthly coordination meetings</p> <p>Training and capacity building activities in LHDs</p> <p>Support implementing local models of care</p> <p>Respond to Integrated Training and Outreach Strategy</p> <p>NSW Service Plan Forum February</p>
<b>Tertiary Services</b>	<p>Delivery of clinical services</p> <p>Respond to Integrated Training and Outreach Strategy</p>	<p>Delivery of clinical services</p> <p>Respond to Integrated Training and Outreach Strategy</p>

## Evaluating Outcomes

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The impact of the implementation of The Plan will be monitored and evaluated using a number reporting mechanisms. The Ministry for Health alongside the NSW Service Plan for People with Eating Disorders Implementation Steering Committee and the Centre for Eating and Dieting Disorders, will play a key roles in monitoring the reporting activities associated with the implementation of the service plan across NSW.

### Monitoring and Reporting Mechanism 1: Formal Reporting on Enhancements and Funded Positions

All funded positions and enhancements associated with the Service Plan report to MHDAO against to Key Performance Indicators (KPIs) communicated in the project summaries distributed to the relevant LHDs. This includes the Network Eating Disorder Coordinators, the enhanced Eating Disorder Day Programs at RPA and Central Coast, the New Adult Day Program at Hunter New England LHD, the enhancement to the Adult Tertiary Service at SLHD, and the SCHN/Butterfly Child & Adolescent Day Program.

In addition LHDs will receive formal correspondence and reporting requests from the Ministry of Health across the implementation timeframe and will be required to report on their activities.

### Monitoring and Reporting Mechanism 2: Statewide Service Usage Data

InforMH have been producing annual reports for CEDD and the Statewide Eating Disorder Coordinator on occasions of service, for individuals where the primary or secondary diagnosis is one of an eating disorder, in both hospital and community settings within each NSW LHD for the past five years.

This same dataset will continue to be produced monitoring occasions of service within each LHD and other service usage variables, including length of stay, readmission within 28 days and one year, stays under seven-10 days, contact with CMHS, patients staying over 60 days, and change in HONOS.

### Monitoring and Reporting Mechanism 3: The Coordination Network

The Coordination team meets monthly at which meeting the Network Coordinators report on the progress of the LHDs they are responsible for according to the KPI's for local implementation of the service plan. Those being, the identification of a local lead officer to progress the service plan, the convening of a local working party, a local service mapping and gaps analysis, and the development of a local service and workforce development plan.

The meeting minutes of the Coordination team are submitted for review by the NSW Service Plan for People with Eating Disorders Implementation Steering Committee and progress of each LHD against the key activities of the Stage 1 implementation of the plan will be monitored.

In addition Network Coordinators submit via the Statewide Coordinator to the Mental Health Drug and Alcohol Office an annual report addressing a number of key outcomes relating the service plan. As part of that reporting procedure, Network Coordinators will monitor and report on contact and activities with LHDs relating to the service plan. These annual reports will be submitted to the NSW Service Plan for People with Eating Disorders Implementation Steering Committee for review.

## **Monitoring and Reporting Mechanism 4: Local Service and Workforce Development Plans**

All LHDs in NSW are to produce a local Service Plan for Eating Disorders, inclusive of a workforce development plan by the end of 2015. A copy of these plans are to be provided to the Ministry for Health and will be tabled for review at the meeting of the NSW Service Plan for People with Eating Disorders Implementation Steering Committee.

## **Monitoring and Reporting Mechanism 5: Consumer and Carer Feedback**

As outlined in the template Eating Disorder Service Plan for LHDs, consumer and carer feedback on the development of access pathways and treatment services for eating disorders within each LHD should form part of the local reporting mechanisms to monitor both the progress and outcomes of the development and implementation of local service plans for eating disorders. The steering committee will request annual feedback from 2016 onwards from LHDs on strategies employed to incorporate consumer and carer feedback in local plans.

### **References Utilised**

Arcelus J, Mitchell AJ, Wales J, Nielsen S. **Mortality Rates in Patients With Anorexia Nervosa and Other Eating Disorders A Meta-analysis of 36 Studies.** Archives of General Psychiatry. 2011;68(7):724-31.

Lock J, Le Grange D, Agras WS, Moye A, Bryson SW, Jo B. **Randomized Clinical Trial Comparing Family-Based Treatment with Adolescent-Focused Individual Therapy for Adolescents with Anorexia Nervosa.** Archives of General Psychiatry. 2010; 67(10): 1025–32.

National Eating Disorders Collaboration. **An Integrated Response to Complexity National Eating Disorders Framework.** 2012. Accessed 22.12.14 at <http://www.nedc.com.au/files/pdfs/National%20Framework%20An%20integrated%20Response%20to%20Complexity%202012%20-%20Final.pdf>.

Appendix A: Table 1 - Roles and Responsibilities of the Network Coordinators, Statewide Coordinator and Tertiary Services Under The Plan

Network Coordinator	Statewide Coordinator	Tertiary Services
Assisting LHDs to implement The Plan	Facilitating implementation of The Plan in consultation with Network Coordinators and LHDs	Adult specialist clinical hub
Service development		Child and adolescent specialist clinical hub
Training and education	Coordinating escalated case consultation and providing management guidance	Complex case consultation
Network-wide case consultation		Coordinated care planning
Escalation of cases		Responding to escalated cases
Provision of local direct clinical services	Knowledge management and dissemination	Training and outreach
	Service system development and support including:	Direct clinical tertiary services
	— Resource development	
	— Workforce development	

Appendix B: Roles Of Key Structures and Services in NSW Related to the Activities of the Service Plan.

