

Item: 6.9

Report to: Planning and Commissioning Committee

Date of Meeting: 7th September 2018

Title of Report: Adult Community Eating Disorders Service Specification

Presented by: Toni Yel, Head of Integrated Commissioning

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STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

RECOMMENDATIONS:

a That the Planning and Commissioning Committee review and approve the Adult Community Eating Disorders Service Specification

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Vulnerable people

Short summary as to how the report links to the CCG's strategic objectives

- Five Year Forward View for Mental Health, NHS England, February 2016 - *“The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services”*;
- Mental health problems are widespread, at times disabling, yet often hidden. One in four adults experiences at least one diagnosable mental health problem in any given year. People in all walks of life can be affected and at any point in their lives. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year
- Public Health England estimate the current prevalence of eating disorders within Kingston upon Hull City Council area is 6.4% (2012).

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	Procurement budget is based on the current service contract
HR	Potential TUPE of staff dependent on procurement outcome
Quality	None
Safety	None

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

- Service users
- Carers
- General public
- LMC
- GP Board members

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

There are no specific legal issues with regard to the Service Specification, although procurement decisions inherently carry a risk of legal challenge.

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)**

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	√
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The NHS Constitution, "The NHS belongs to us all" (March 2012), outlines 7 key principles which guide the NHS in all it does. These are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public.

These are:

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism
4. NHS services must reflect the needs and preferences of patients, their families and their carers'.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions.

This paper specifically supports Key Principle 6.

The Five Year Forward View for Mental Health (FYFV MH) was published in February

2016. The report sets out the vision to improve the mental health of children, young people, working age adults and older people. The majority of the recommendations are focused on commissioners and other NHS arms-length bodies (e.g. the CQC, Health Education England), but there are also recommendations that relate to the Government and local government.

The report addresses a number of areas:

- Commissioning for prevention and quality care
- Good quality care for all 7 days a week
- Innovation and research to drive change
- Strengthening the workforce
- A transparency and data revolution
- Incentives, levers and payment
- Fair regulation and inspection
- Leadership inside the NHS, Government and in a wider society

Adult Community Eating Disorders Re-Procurement

1. INTRODUCTION

The purpose of this report is to share with the Planning and Commissioning Committee the service specification for the 2018 procurement of the provision of an Adult Community Eating Disorder Service.

2. BACKGROUND

NHS Hull CCG currently holds a contract with City Health Care Partnership CIC for the provision of Community Eating Disorders Service. The contract term for the service will expire on 31 March 2019.

Following review of the service by Commissioners, and discussions with commissioning colleagues from East Riding CCG, it is proposed that the service being procured will be a Hull only service. This is acceptable to both CCGs.

The CCG published a Prior Information Notice (PIN) on 15 June 2018 to assess the market appetite for delivering these services; and to inform the market of our intention to launch a formal procurement process later in 2018. Interested parties were given a deadline of 4 July 2018 to register an interest in providing the services. Publication of the PIN resulted in two organisations expressing an interest in the service.

NHS Hull CCG proposed budget allocation will be circa £0.5m per annum. The proposed contract period will be five years with the option to extend by two further years.

3. INFORMATION

The term 'eating disorders' encompasses a range of conditions that have overlapping psychiatric and medical symptoms. These conditions are considered to have multi-factorial aetiology with genetic as well as environmental factors. People present with complex psychological, psychiatric and medical symptoms that may involve acute and chronic complications that can be life-threatening and/or life-long.

The types of eating disorder an individual experiences may change over time and the majority of people with eating disorders fall into the following categories:

- Anorexia Nervosa (AN);
- Bulimia Nervosa (BN);
- EDNOS (Eating Disorder not otherwise specified).

Over 1.6 million people in the UK are estimated to be directly affected by eating disorders. This is likely to be an underestimate as it is widely recognized that there is a huge level of unmet need in the community. Statistics that reflect the potential severity of the condition include;

- People with eating disorders have the highest standardised mortality ratios among
- psychiatric disorders - 5.4 times that of their peers.
- Anorexia Nervosa (AN) has the highest mortality rate of any psychiatric disorder in adolescence
- Currently, of those surviving, 50% recover whereas 30% improve and continue to live with an eating disorder and 20% remain chronically ill and require on-going interventions.
- Only 46.9% of AN patients were classified as 'cured.' Early intervention results in the best possible recovery outcome (NICE). Not providing children and young people with the resources to recover means that their illness may not be cured and that they go into adulthood with enduring Anorexia Nervosa.

On the 27 July the CCG Board was advised re the available procurement procedure options with a recommendation for the preferred procurement procedure for the provision of a Community Eating Disorder Service; and to seek approval to publish the tender opportunity for the CCG for the provision of a Community Eating Disorder Service, which was granted.

4. RECOMMENDATIONS

The Planning and Commissioning Committee review and approve the Adult Community Eating Disorders Service Specification.

Appendices:

Engagement Report



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Disorders Engagement

Service Specification



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Disorders Service Sen