

## Officer Decision Record – Executive Decision

**If Key Decision: Decision Ref. No.**

n/a

***If not a Key Decision write n/a above***

### OFFICER DECISION RECORD <sup>i</sup>

Officer Key Decisions are subject to the Council's Call-In Procedure (Annex 9 of the Council's Constitution <https://www.hertfordshire.gov.uk/about-the-council/freedom-of-information-and-council-data/open-data-statistics-about-hertfordshire/who-we-are-and-what-we-do/who-we-are-and-what-we-do.aspx>)

**Subject:** To direct award to First Steps ED for the provision of an Early Help Eating Disorder Service via a regulation 32 notice.

**Type of Decision:** Non-Executive

**Key Decision (Executive Functions only):** NA

#### **Executive Member/Committee Chairman:**

The commissioning of the Early Help Services was approved at the Childrens Emotional Health and Wellbeing Board the board is attended by:

HVCCG Managing Director

HCC Operations Director – Specialist Services

HCC Programme Manager - CAMHS Redesign & Implementation

HCC- Cabinet Member – Children, Young People and Families

H&WE Director of Nursing & Quality

HCT Chief Operating Officer

HPFT Exec Director of Service Delivery & Customer Experience

An update on the tender process and the proposed actions to ensure delivery of these service was discussed at the Board meeting on 28<sup>th</sup> January 2022.

**Portfolio (Executive Functions only):**N/A

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**Officer Contact:** Joella Scott - CAMHS Redesign and Implementation

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## 1. Decision

To direct award to First Steps ED for the provision of an Early Help Eating Disorder Service via a regulation 32 notice.

## 2. Reasons for the decision

Eating disorders are complex psychological problems that can cause intense distress, considerable physical risk and impairment in Children and Young People's social, occupational, and other areas of functioning. Eating disorders have the highest mortality rate of any mental health disorder. Peak onset is in adolescence and young adulthood, but they can develop before and after this too.

Since the onset of the Covid 19 pandemic the Community Eating Disorder Team have seen an increase in the number of referrals into the service. The team has gone from having zero Children and Young People (CYP) on the wait list and continually meeting their 'wait to treatment' KPIs, to now having 162 CYP (as of 11/07/22). The current pressures are also having a knock-on effect across the system as additionally, as we have a number of CYP waiting for T4 beds across Hertfordshire, some of whom are waiting in our acute beds. This unprecedented demand is not unique to Hertfordshire and is being experienced nationally.

Following on from the unprecedented demand we have seen for the Community Eating Disorder Service a task and finish group meeting was held, the group looked at different Children and Young People's journeys and if there was scope for these to have been different with the availability of some dedicated Early Help Eating Disorder services. The group came up with a plan on a page to address the themes coming from the case review. A continuing theme is the need for an Early Help Eating Disorder Service to be in place.

There was a clear sense that as a system due to not having an Early Help Eating Disorder service identification of Eating issues/disordered eating is difficult and Children and Young people are becoming more acutely unwell.

Based on this and following a procurement market engagement event we went out to competitive tender for a number of Early Help Services one of which was an Early Help Eating Disorder Service.

The tender closed on 29<sup>th</sup> November 2021, and unfortunately we didn't receive any bids for any of the lots despite significant interest at the PPME stage. Having spoken to our procurement colleagues at length, it was felt going straight back out to market for these services would not be beneficial at this current time given the pressure the system is under.

## 3. Alternative options considered and rejected

### Option 1 – do nothing.

Not commissioning any service would mean we could continue to see a rise in the number of CYP with more acute entrenched Eating disorders/issues, which in turn would result in

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pressure on an already strained health care services. Research tells us that we should try and reach someone with an eating disorder/disordered eating within the first three years of illness. People with eating disorders experience changes to their brain, body, and behaviour. In the early stages these changes are more easily reversed.

**Option 2 – We commission a dedicated Early Help Eating Disorder Service.**

Recommended Option – It is our recommendation that we commission a dedicated function/team to provide an Early Help Eating Disorder Service. The service will deliver a countywide Early Help Eating Disorder Service that is accessible to CYP at the earliest point of an emerging Eating Disorder concern, promoting resilience, positive body image and strategies that encourage coping and self-management for CYP and enabling a reduction in referrals to more specialist provision.

**Option 3- We split elements of the service**

We split elements of the service over a number of providers, we will still have the offer in its entirety but this maybe more palatable to providers at this current time due to pressures and capacity. We do however have to bear in mind with this option brings the added complexity of a possible fragmented service offer, which can be confusing and difficult to navigate.

**As we have been out to tender for the service and received no bids we are able to directly award the service to a provider who can deliver the service as per the specification. The funding for this service was agreed at the Children and Young People’s Emotional Health and Wellbeing Board, and the budget for the service comes entirely from NHS funding. On consultation with legal it was agreed we would direct award to First Steps ED via a regulation 32 notice, this has been placed and expired without any challenge.**

4. **Consultation** (*see Summary of Requirements below*)

**Was any Councillor consulted?**

Update at board given on the 28<sup>th</sup> January 2022, the meeting included the following representation from across the system:

HVCCG Manging Director

HCC Operations Director – Specialist Services

HCC Programme Manager - CAMHS Redesign & Implementation

HCC- Cabinet Member – Children, Young People and Families

H&WE Director of Nursing & Quality

HCT Chief Operating Officer

HPFT Exec Director of Service Delivery & Customer Experience

5. **Any conflict of interest declared by a councillor who has been consulted in relation to the decision**  
**NA**
6. **I am proceeding with the proposed decision.**

Signed: Joella Scott

Title: Commissioning Officer

Date: 02/08/2022

Copies of record to:

- All consultees
- hard & electronic copy (if required to be made available for public inspection) to Democratic Services Manager - Room 213 County Hall.<sup>ii</sup>

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**Summary of Requirements to Inform/Consult Councillors**

<b>Significance of Proposed Action</b>	<b>Controversial</b>	<b>Relevant Councillor(s) to be Consulted</b>
Technical/Professional/ Routine	No	No need to inform or consult councillors
Technical/Professional/ Routine	Yes	<b>Executive Functions:</b> Consult relevant Lead Executive Member and, where appropriate, Local Councillor <b>Non-Executive Functions:</b> Relevant Committee Chairman and, where appropriate, Local Councillor
Local	No	<b>Executive Functions:</b> Inform Lead Executive Member and Local Councillor <b>Non-Executive Functions:</b> Inform Local Councillor
Local	Yes	<b>Executive Functions:</b> Consult Lead Executive Member and Local Councillor <b>Non-Executive Functions:</b>

		Consult Local Councillor
General or County-wide	No	<b>Executive Functions:</b> Consult relevant Lead Executive Member (s) <b>Non-Executive Functions:</b> Consult relevant Committee Chairman
General or County-wide	Yes	<b>Executive Functions:</b> Consult relevant Lead Executive Member (s) and the Leader of the Council <b>Non-Executive Functions:</b> Consult relevant Committee Chairman/Leaders all Political Groups