



## **'To Follow' Agenda Items**

**This is a supplement to the original agenda and includes reports that were initially marked as 'to follow'**

### **Nottingham City Council Health Scrutiny Committee**

**Date:** Thursday 19 June 2025

**Time:** 9:30am

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

**Scrutiny and Audit Support Officer:** Adrian Mann

**Direct Dial:** 0115 87 64353

#### **Agenda**

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## Health Scrutiny Committee 19 June 2025

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|--|---|---|
| <b>Subject:</b>  |   | <b>Eating Disorder Support Services</b>   |
| <b>Relevant Council Plan Core Mission:</b> 1. <input type="checkbox"/> 2. <input checked="" type="checkbox"/> 3. <input type="checkbox"/>  |   |   |
| <b>1. A Renewed Council</b> <ul style="list-style-type: none"> <li>Fostering governance transparency and innovation</li> <li>Financial stewardship</li> <li>Adopting a 'One Council' approach</li> </ul> | <b>2. Delivering for Local People</b> <ul style="list-style-type: none"> <li>Empowering safe communities</li> <li>Providing safe, affordable housing</li> <li>Healthy and safe residents</li> <li>Enhancing education and skills</li> </ul> | <b>3. Leading Nottingham Forward</b> <ul style="list-style-type: none"> <li>Revitalising the economy</li> <li>Celebrating cultural heritage</li> <li>Improving infrastructure and connectivity</li> <li>Championing sustainability</li> </ul> |

### 1. Purpose

- 1.1 To scrutinise the availability and accessibility of community-based services for people with support needs in relation to eating disorders.
- 1.2 The Committee is asked:
  - 1) to make any comments or recommendations in response to the associated report from the Nottinghamshire Healthcare NHS Foundation Trust (NHT) and the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB); and
  - 2) to consider whether any further scrutiny of the issue is required (and, if so, to identify the focus and timescales).

### 2. Background

- 2.1 In 2019, the NHS Long-Term Plan identified adult eating disorders as a priority for transformation and investment. The associated guidance set out a range of priorities for improving access, experience and outcomes for patients, including removing barriers to access such as Body Mass Index (BMI) or weight thresholds, embedding an early intervention model, clear arrangements in place with Primary Care for medical monitoring, ensuring that support is available across the spectrum of severity and type of diagnosis, joint working between children's and adults' services (including transitions), embedding experts in service delivery, and accepting self, community and Primary Care referrals.

- 2.2 The Nottinghamshire All-Age Eating Disorder Service is a multi-disciplinary support offer to children, young people, families and adults in Nottingham and Nottinghamshire with for cases of Anorexia and Bulimia Nervosa. The Service is commissioned by the ICB and hosted within NHT's Children, Young People and Families Care Unit. It is aligned to a range of services and clinical pathways, including Child, Adolescent and Adult Mental Health Services. The Committee engaged with the Service previously at its meeting on 14 October 2021, with main areas of focus being around the criteria for referrals being accepted and the work being done around the transition from children's to adults' provision.
- 2.3 Referrals are reviewed by clinicians to identify whether the Service is the best placed to offer an assessment and treatment. Assessments last around 90 minutes and can be offered in person or via video link. Following assessment, the Service discusses each patient's needs collectively to develop a care plan for the individual, drawing upon the shared skills, knowledge and experience across the Service. Interventions within the Service draw on national guidelines and evidence-based therapies such as MANTRA, Compassion-Focused Therapy, Acceptance and Commitment Therapy and CBT-E. Alongside these core psychological interventions, the Service offers dietetics, psychiatry, peer support, community support and interventions based on Occupational Therapy.
- 2.4 The Service is currently scoping a pathway for Avoidant Restrictive Intake Disorder (ARFID) for over 18s. A team comprising a Clinical Psychologist, Occupational Therapist, Dietitian and Trainee Advanced Clinical Practitioner has been established for a year and is currently finalising the scoping phase of the project to review the evidence base for the needs of the pathway. The pilot phase will be for two years, initially offering assessment and CBT-E treatment to a cohort of patients that have been identified within the scoping phase.
- 2.5 Between April 2024 and March 2025, 431 patients were referred to the Service, with 164 referred by a Nottingham City Registered GP. Overall, 202 assessments were carried out during this reporting period – 117 Nottingham patients were invited to an assessment, with 102 engaging (some patients may not be ready to engage in therapy or may have made changes since their initial referral, which may make them feel they no longer need to access an assessment and support – social or economic impacts can also influence engagement). The average wait time for an assessment was 4.7 weeks, which represents an improvement from 2023/24 when the average wait was 6.5 weeks – largely due to additional assessment slots being offered by the Service. The average wait time for treatment was 13.9 weeks, in comparison to the 2023/24 average of 20.25 weeks.

### **3. List of appendices to this report**

- 3.1 Report: Adult Eating Disorders Service (All-Age Eating Disorders Pathway)

### **4. List of background papers relied upon in writing this report**

- 4.1 None

**5. List of published documents referred to in this report**

- 5.1 Reports to, and Minutes of, the Health and Adult Social Care Scrutiny Committee meeting held on [14 October 2021](#) (Adult Eating Disorder Service)

**6. Additional information**

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| <b>Contact Details:</b> | Adrian Mann, Scrutiny and Audit Support Officer<br><a href="mailto:adrian.mann@nottinghamcity.gov.uk">adrian.mann@nottinghamcity.gov.uk</a> |
| <b>Wards affected:</b>  | All   |

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**Meeting Title:** Nottingham City Council's Health Scrutiny Committee

**Date of the meeting:** Thursday 19<sup>th</sup> June 2025

**Report title:** Adult Eating Disorders Service (All-Age Eating Disorders Pathway)

**Report presented by:**

Jan Sensier, Executive Director of Partnerships & Strategy, Nottinghamshire Healthcare NHS Foundation Trust

Joseph Sullivan, Associate Director of Operations, Children, Young People & Families, Nottinghamshire Healthcare NHS Foundation Trust

Alex Julian, Senior Mental Health Commissioning Manager, Nottingham and Nottinghamshire Integrated Care Board

**Report written by:**

Joseph Sullivan, Associate Director of Operations, Children, Young People & Families, Nottinghamshire Healthcare NHS Foundation Trust

Alison Newsham-Kent, Service Manager, All-Age Eating Disorder Service, Nottinghamshire Healthcare NHS Foundation Trust

Lisa Clay, Operational Lead, All-Age Eating Disorders Service, Nottinghamshire Healthcare NHS Foundation Trust

Sarah Jones, Operational Lead, All-Age Eating Disorders Service, Nottinghamshire Healthcare NHS Foundation Trust

Alex Julian, Senior Mental Health Commissioning Manager, Nottingham and Nottinghamshire Integrated Care Board

**Action:** This paper is to provide the Health Scrutiny Committee assurance.

**Purpose of the report:** \*

The Nottingham City Council's Health Scrutiny Committee has requested Nottinghamshire Healthcare NHS Foundation Trust (NHT) provide a Report to Members to address the lines of enquiry outlined below:

- What is the current assessment of need and sufficiency of provision, in the context of what NHT has been commissioned to provide.
- To identify whether there are any potential service gaps.
- To determine who is accessing the services and why (and the level to which city residents are represented within the services).
- How the need for transition between the Child & Adolescent Mental Health Services (CAMHS) and Adult Service is managed effectively.

The Committee has requested a focus on the Adult Eating Disorders Service which forms part of the All-Age Eating Disorders Pathway.

This report follows recent dialogue between the Chair of the Nottingham Health Scrutiny Committee and Nottingham and Nottinghamshire Integrated Care Board (ICB) in the context of the access to and availability of commissioned out-patient services in relation to Eating Disorders.

### **Recommendations:**

The Committee is asked:

- To make any comments or recommendations in response to the associated report of NHT and Nottingham and Nottinghamshire ICB.
- To consider whether any further scrutiny of the issue is required and, if so, to identify the focus and timescales.

### **National Context:**

In 2019, the Long-Term Plan was published identifying adult eating disorders as a priority for transformation and investment, alongside publication of guidance for Adult Eating Disorders.

The guidance identified a range of priorities for systems to improve access, experience and outcomes for eating disorder patients including:

- No barriers to access such as BMI or weight thresholds.
- Embedding an early intervention model such as FREED (First Episode Rapid Early Intervention for Eating Disorders).
- Clear arrangements in place with primary care for medical monitoring.
- Ensuring support is available across the spectrum of severity and type of eating disorder diagnoses.
- Joint working with Children and Young People eating disorder services including transitions.
- Accept self-referrals, VCS referrals and Primary Care referrals.
- Embed experts by experience in service delivery.

### **Background Analysis:**

1. The Nottinghamshire All-Age Eating Disorder Service is a multi-disciplinary service offering support to children, young people, families and adults in Nottingham and Nottinghamshire with presentations of Anorexia Nervosa and Bulimia Nervosa. The service is open to people of all genders, races and any age. This service recognises that eating disorders can affect anyone. The service is commissioned by Nottingham and Nottinghamshire Integrated Care Board and uses DSM 5 (Diagnostic and Statistical Manual of Mental Disorders (DMS-5-TR) diagnostic criteria for Anorexia and Bulimia Nervosa.
2. Referrals are reviewed by clinicians to assess if the service is best placed to offer an assessment and potentially treatment. At assessment, patients can expect to receive a compassionate and considerate assessment of their difficulties with a highly skilled member of staff. Assessments last around 90 minutes and can be offered in person or via video link. Following assessment, the service discusses each patient's needs collectively, helping to develop a care plan for the individual drawing upon the shared skills, knowledge and experience across the service.



3. Interventions within the service draw on national guidelines and evidence-based therapies such as MANTRA, Compassion Focused Therapy, Acceptance and Commitment Therapy and CBT-E. Alongside these core psychological interventions, the service offers, dietetics, psychiatry, peer support, community support and interventions based on Occupational Therapy. Every patient is considered as an individual with their own unique needs, and all care plans are discussed and agreed.
4. The All-Age Eating Disorder Service is hosted within the Children, Young People & Families Care Unit of NHT and is aligned to a range of Services and Clinical Pathways, including the Child and Adolescent Mental Health Services and Adult Mental Health Services. The Service is rated “Good” by the Care Quality Commission (CQC).
5. The All-Age Eating Disorder Service are currently scoping a pathway for Avoidant Restrictive Intake Disorder (ARFID) for over 18’s. A team comprising of a Clinical Psychologist, Occupational Therapist, Dietitian and Trainee Advanced Clinical Practitioner has been established for a year and they are currently finalising the scoping phase of the project in which they have reviewed the evidence base for the needs of the service and conducted professionals-only consultations. The pilot phase will be for two years, initially offering assessment and CBT-E treatment to a cohort of patients that have been identified within the scoping phase.
6. It should be noted that Inpatient Beds are commissioned via the Provider Collaborative arrangements who also commission Water Lily.

**Quality:**

7. The All-Age Eating Disorders Service is rated “Good” Overall along with “Good” for Safe, Effective, Caring, Responsive and Well-Led by the Care Quality Commission (CQC).
8. The All-Age Eating Disorders Service was last visited on 18 June 2024. This was an unannounced assessment. Therefore, the Trust was not told an assessment was going to be starting beforehand.

**Service Update (April 2024 to March 2025)**

9. Between April 2024 - March 2025, 431 patients were referred to the service with 164 patients within Nottingham City (Nottingham City Registered GP). 202 assessments were facilitated during the reporting period.
10. 117 patients within the City were invited to an assessment with 102 patients engaging. Patients may not be ready to engage in therapy or may have made changes since their initial referral, which may make them feel they no longer need to access an assessment and support. Social or economic impacts can also influence engagement.
11. Any assessments that are not attended are brought back to the All-Age Eating Disorders Multi-Disciplinary Team for discussion, this Forum will seek to assess risk whilst considering liaison with any other services that may already have a relationship with the Patient. The Service will offer two assessments then send an opt in letter to the patient, if they still do not engage, the Service will send a discharge letter to their primary care provider to alert them to this, with the option to re-refer. This is in line with the Trust Policy 01.08 for Patients who did not attend/ was not brought to a first assessment.

12. 75 City patients were offered treatment which includes CBT-E, ACT, BAM, Formulation, Community Support, Peer Support, MANTRA, NVR, and SSCM. Clinicians will offer face-to-face appointments at the Mandala Centre to facilitate therapy, however some patients may prefer to engage in online support (Microsoft Teams) as this may be more accessible to them and will take in to account factors such as work arrangements, parental responsibilities and travel.
13. 4780 patient contacts were facilitated: this included face-to-face contact (62.5%), video (21%), telephone (9.6%) and contacts that were classified as other (6.7%).
14. 70 patients with mild/moderate presentation referred on to VCS (First Steps/Freed Beeches). First Steps have not yet submitted their Performance Report for this period, but by way of example we can share a snapshot of data collected by First Steps during October 2023 – December 2023:
  - a) The Nottinghamshire Eating Disorder Service referred 26 patients to First Steps during this timeframe. 20 patients were accepted for CBT-T of which 18 took up this offer of support. 2 patients declined support as they felt it was no longer required. 6 patients were accepted for workshop support, all of whom signed up to this offer.
  - b) 1 patient was escalated back to the Nottinghamshire Eating Disorder Service during this time as their presentation declined whilst working with First Steps and required more intensive risk management and treatment.
  - c) 11 patients were discharged during this period; 8 having completed their treatment cycle, 1 disengaged from treatment and 1 no longer felt they needed support.
  - d) Patients waited an average of 22 days to be allocated a worker on the CBT-T pathway.
  - e) 6 patients completed outcome measures (EDE-Q) following the end of their treatment cycle. 51% reported a reduction in their average pre-treatment score; average pre-treatment scores being 4.367, average post-treatment scores being 2.119.

#### **Assessment and Treatment Waiting Times (April 2024 to March 2025)**

15. Average wait to assessment for the last financial year was 4.7 weeks. This is an improvement from 2023/24 when the average wait was 6.5 weeks. This can be attributed to additional assessment slots being offered by the service.
16. Average wait to treatment for the last financial year was 13.9 weeks in comparison to 23/24 when the average was 20.25 weeks. The improvement in these waiting times is partially attributed to the implementation of the First Steps mild to moderate treatment offer (below), which in the initial wave saw a proportion of patients being offered First Steps intervention. The service anticipate that these improvements are unlikely to be sustained in the longer term as now all patients receiving treatment from the service are classified as high-end moderate to severe and therefore length of treatment is anticipated to be longer.
17. Patients awaiting assessment and treatment will be supported whilst waiting. "Waiting Well" is a term and initiative used across the NHS to encourage patients to support their own health and well-being while awaiting assessment and/or treatment. This approach acknowledges that the time spent waiting can be stressful and emphasises the importance of proactive self-care and preparation.

### **VCSE & First Steps Offer:**

18. In April 2025 Nottingham & Nottinghamshire ICB commissioned First Steps to provide early intervention eating disorder support for patients living within Nottingham City and South Nottinghamshire. The service is available via referral and self-referral providing a range of evidence based 1:1 and group interventions working closely with the clinical eating disorder services delivered by NHT. The service also provides free training for anyone who may come into contact with people with an eating disorder or disordered eating.
19. First Steps are a Charity Incorporated Organisation, who are contracted to deliver assessment and treatment to adult patients presenting with a mild to moderate eating disorder. The current commissioning arrangements are for 120 referrals per year.
20. Appropriateness for access to First Steps is determined at initial referral triage or following assessment with the Nottinghamshire Eating Disorder Service. First Steps would not be appropriate if a patient met any of the following criteria; rapid weight loss, <BMI 16, nutritional deficiencies, self-harm and suicidality, co-morbid physical health diagnosis (e.g. unmanaged diabetes). In this instance they would remain under the care of the Nottinghamshire Eating Disorder Service for treatment. Consent calls are undertaken with patients prior to their details being shared with First Steps, to allow for patient choice and those who do not consent will remain on our waiting list for treatment.
21. There is a weekly link meeting between First Steps and the Service, where new referrals and transitions of care are discussed. This also creates a forum for risk and escalations to be considered and when clinically indicated Patients can be stepped back up to the Nottinghamshire Eating Disorder Service for ongoing treatment.
22. The treatment offer from First Steps is: 10 Sessions of CBT-T/ CBT-E and access to groups and workshops. The Service Specification requires both virtual and face to face provision.

### **Transitions:**

23. The leadership and management (including Clinical, Quality and Operational) is integrated across the All-Age Pathway. This ensures a coherent, integrated and seamless pathway coproduced with patients.
24. The Medical Monitoring Team sits across the All-Age Pathway, this provides oversight of physical health monitoring, requesting bloods, ECG and providing interpretation to patients to support risk management alongside psychological interventions.
25. A Consultant Psychiatrist for 16- to 25-year-olds which support and lead transitions. This continues to ensure a coherent, integrated and seamless pathway.
26. The service facilitates flexible patient centred transitions. Transitions can occur prior and/or post 18 years dependant on need. This is planned together with the young person and family.
27. Transitions are facilitated through planned handovers of care, developed together with the young person and family.

**Service Developments:**

28. Medical monitoring pathway – currently piloting provision of ‘in house’ Phlebotomy with CYP ARFID (Avoidant Restrictive Intake Disorder for young people aged 12-18) for patients accessing treatment within this pathway. The service have also broadened the scope of the pilot to include patients accessing the CYP or Adult pathway without a GP signed up to the LES. To support in timely access to phlebotomy services for a patient group that often have a range of physical health co-morbidities.
29. Occupational Therapy/Long-standing Eating Disorder Lead appointed to develop both pathways. This post will lead on developing a co-produced treatment pathway taking feedback from patients who have Long Standing Eating Disorders to understand what treatment would look like to aid their recovery journey, this is led by a Specialist Occupational Therapist in collaboration with the wider MDT, with support of an Occupational Therapy Assistant.
30. Adult ARFID Scoping – seeking to understand local and national picture, seek service user views, offer professional consultation. Planning pilot of assessment and treatment modelling.
31. MEED (Medical Emergencies in Eating Disorders) internal weekly and local hospital quarterly meetings to manage high risk patients.
32. Eating Disorder Specialist posts within the Adult Local Mental Health Teams to support clinical care for patients who present with eating difficulties.
33. The Waterlily Programme is 12-week intensive day care programme of psychological therapy, meal support and occupational therapy, with the aim of preventing inpatient admissions. This is currently provided by Leicestershire and Northamptonshire with early indications of positive outcomes.
34. Recruitment of Peer Support.

**Supporting Documentation:**

<https://www.cqc.org.uk/provider/RHA/reports/AP4191/specialist-eating-disorder-services>