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Deputy Mark Ward. Dail Eireann, Dublin 2.

16th March 2022

PQ Number: 12519/22 PQ Question: To ask the Minister for Health the estimated cost of each eating disorder mini hub team by CHO area; and if he will make a statement on the matter - Mark Ward

Dear Deputy Ward,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

In January 2018, the HSE published a National Model of Care for Eating Disorders (MOC) in partnership with College of Psychiatrists' of Ireland and Bodywhys. In the absence of a pre-existing dedicated eating disorder infrastructure or strategy, this Model of Care document has been developed in order to guide the provision of high quality, accessible and value for money eating disorder services in Ireland. Key recommendations include the development of a national network of dedicated eating disorder teams embedded within the mental health service, a stepped model of outpatient, day patient and inpatient care provision based on clinical need, and the development of a skilled, trained workforce. In the context of the significant physical morbidity associated with eating disorders, this Model of Care also recommends a strong integration between primary care, mental health services and medical teams, including the bridging of the acute hospital and mental health service divide through mutual clinical commitments and shared pathways.

The NCPED aims to establish an ED network (8 adult teams and 8 CAMHS teams) in accordance with the agreed Model of Care 2018. These multidisciplinary teams provide specialist eating disorder assessment and treatment in the community and are the foundations of delivering quality eating disorder care across the stepped model of care.

ED Minihub teams: These teams are located in CHO areas which have less than the recommended population of 500,000. They do not have designated inpatient ED programmes or beds, and they refer to regional centres when an inpatient treatment programme is needed. The teams are proportionately smaller, and provide Levels 2a and 3 of ED care (outpatient and day patient) on a full-time or part-time basis depending on need. Cases that require inpatient psychiatric admission have pathways to a linked inpatient unit with ED beds. However, the minihub ED teams otherwise operate independently of the hub teams, and take the lead for ED services in their own sector.

For adult services, each dedicated eating disorder team is therefore linked with the hub ED team that supports a unit with adult ED inpatient beds. For adolescent services, ED teams have direct links are through the regional adolescent units, as is currently the case for CAMHS teams. The reason that all hubs do not have psychiatric ED beds is that an adequate cohort of patients is required in order to deliver an effective eating disorder inpatient programme and to allow for inpatient staff to develop expertise.

Locations of the HSE ED hubs and minihubs have been chosen with reference to the following factors:

- Accessibility
- Size of population served
- HSE ED capacity and specialism in the CHO area
- Current referral patterns and pathways
- Geographical size and spread of the population served
- CHO area and configuration
- Acute hospital network configuration
- Presence of other independent sector providers of ED services

Minihubs will be located in – CHO1, CHO5, and CHO3.

Cost: CAMHS ED team staffing is recommended at WTE 14.4 per <u>500,000-600,000.Adult</u> ED Team staffing is recommended at WTE 13.4 per 500,000-600,000. Estimated costs for staff of a full MDT team is 1.2M – this varies as salaries change year on year. Cost of mini hub will be proportional to population size and clinical expertise already in place.

I trust this information is of assistance to you. Please do not hesitate to contact me if you have any further queries.

Yours sincerely,

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Dr Amir Niazi National Clinical Advisor & Group Lead for Mental Health Clinical Design and Innovation Health Service Executive