

# Adult Eating Disorders

## A review of services



# Background

Adult eating disorder services across the North East and North Cumbria are provided by a Provider Collaborative between our trust and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW).

Recent service data shows a sustained reduction in demand for inpatient care alongside increased use of community based and intensive alternatives.

Formal engagement process has commenced to review the pathway and model of care – to understand what is working well, what could improve, and ensure the right balance between inpatient and community-based care.

Engagement involves people with lived experience, families and carers, staff and partners through surveys, workshops, events and data review.



# Why we are reviewing our services

Demand for inpatient admissions has reduced significantly in recent years, with bed occupancy reducing from 97% in 2022/23 to 80% in 2023/24, following investment in intensive day services.

The planned closure of Ward 31A at the RVI creates an opportunity to re-evaluate the balance between inpatient, day and community services.

National guidance supports early intervention, least-restrictive care, and strengthening community-based treatment.

There is variation in access and provision across the region, particularly for Cumbria.



# The current service



## **Inpatient Services** – covers TEWV and CNTW areas

- Commissioned inpatient capacity: 20 beds
- Ward 31A – Newcastle: 5-bed ward will close on 31 July
- Birch ward – Darlington: 15 commissioned beds, of which 10 are currently operational

## **Intensive Day Services (IDS)**

We provide structured intensive day hospital programmes:

IDS Newcastle – Monday to Friday (8.30-18.00)

IDS Stockton – Monday to Friday (8.30-18.00)

These services offer therapeutic support, structured meal support, dietetics, occupational therapy and psychological treatment as an alternative to admission or as step-down from inpatient care.

## **IDS at Home (Outreach)**

We also deliver IDS at Home, an outreach model providing intensive support within people's homes.

# What we know

## Location

15 beds at Birch ward,  
Darlington  
5 Beds at 31A, Newcastle

## Intensive Daycare Services (IDS)

An investment of approximately  
£2.6 million in intensive day  
services, has coincided with  
reduced bed occupancy

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## Admissions

Admissions to hospital are  
below current commissioned  
capacity.

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## Weekend Provision

Community, day hospital and  
outreach services operate  
Monday–Friday only and service  
differences exist in Cumbria

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## Forward Planning

Work underway will help us to  
understand if the number of beds  
could be safely reduced.

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# What changes are we considering?

Rebalancing inpatient and community provision. This includes using feedback and bed modelling data from the past five years to safely reduce the number of inpatient beds.

Strengthening community and intensive home-based services, including exploring a seven-day provision.

Expanding intensive day services and intensive day services at home as effective alternatives to admission, exploring a seven-day provision.

Addressing the variation in service provision across the region.



# What are we asking as part of the engagement?

1. What matters most to you?
2. Is the balance between inpatient and community care, right?
3. To what degree would a stronger seven-day community, or intensive home-based support reduce the need for hospital admission?
4. What support would need to be in place outside hospital, to make recovery in the community feel safe and achievable
5. What would help ensure eating disorder services are fair and accessible for people across the North East and North Cumbria?

# Timeline

Listening and evidence gathering: now – Summer 2026

Development of a case for change: Summer 2026

Trust and ICB review: late Summer/Autumn 2026

Options appraisal and further decision making: Autumn 2026 onwards



# Key assurance for scrutiny committee members



No decisions on service changes have been made at this stage.

Patient safety, access to inpatient care when clinically required, and equitable services across the region remain core principles.

Committee members will be kept informed as engagement outcomes and future consultation proposals progress.

# Thank You

