Tier 2 Weight Management (Adults);

1 - Do you provide or commission these services? Yes

2 - If 'yes' how long have these services been provided? Previously commissioned by the PCT (2005 - 2013); commissioned by the LA from 13/14.

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).
Northumbria Healthcare NHS Foundation Trust

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).
Health trainer service - no specific eligibility criteria. A tier 2 and 3 weight management service is commissioned by NHS Northumberland CCG - eligible for people with a BMI > 30 or > 28 with co-morbidities.

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).
There are no specific outcome targets relating to weight loss. The targets relating to the Health Trainer service are to provide one-to-one health trainer support to make healthier lifestyle behaviour changes to 400 people; deliver 1000 brief interventions to people in a range of settings and capture data relating to these; deliver 60 Health Trainer group work activities, of which a minimum of 30 will be full programmes with at least 4 sessions and 30 will be individual sessions per annum. Group sessions should be provided according to needs and priorities identified by communities and may include; physical activity (including active travel); healthy eating.

6 - If 'yes' what is the duration of the programme (i.e. number of weeks).
No specific duration but the service is expected to adhere to relevant guidance.

7 - How many total referrals does the service receive p.a. for each year the service has been provided?
143 patients were referred for weight management in 2016/17; this data is not held by the LA for previous years.

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided?
The 2016/17 service annual report for the Health Trainer as a whole (not just for healthy weight) states that 257 referrals were self-referral; 159 were from Sure Start Childrens' Centres; 132 were from GPs; 54 from community practice; 48 from community health and then very small numbers from 'others'. This level of detail was not provided in previous years.

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?).
Data not held by LA

10 - How many participants complete the programme for each year the service has been provided?
Data not held by LA

11 - How many participants achieve the defined outcome measures for each year the service has been provided? Data not held by LA

12 - Do you require any follow up contact at 26 weeks? No

13 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

15 - Do you require any follow up contact at 52 weeks? No

16 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

Weight Management services for Children;

1 - Do you provide or commission these services? Yes

2 - If 'yes' how long have these services been provided?
Commissioned by the PCT from 2008; commissioned by the LA from April 2013 on transfer of Public Health function.

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).

Northumbria Healthcare NHS Trust - as part of 0-19 Integrated Public Health Service (Healthy Child Programme) and Integrated Wellbeing Service

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).

- Any child noted to be overweight at 2.5 year (Health Visitor Check) will be provided with a targeted intervention.
- Any child identified as being obese through the National Child Measurement Programme (NCMP) at Reception or Year 6

Universally - Health Visitors promote healthy eating and early physical activity to parents and families from breastfeeding benefits to proactive weaning, nutrition and oral health promotion.

Universally - Roots and Shoots programme for Schools. Work with children, schools and families through gardening projects and health education to increase the consumption of fruit and veg, promote Change 4Life messages -'eat well, move more and live longer',

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).

There are no specific outcome targets relating to childrens' weight management

6 - If 'yes' what is the duration of the programme (i.e. number of weeks).

The Integrated Wellbeing Service offers a 121 support programme (rather than a group programme) for individual families (largely referred from NCMP), offering family interventions tailored to each family requirements. It gives them the opportunity to join a programme which covers nutritional information, hydration, self esteem, Change 4 Life, physical activity & practical activities i.e. cooking. Approximately 6 weeks.

7 - How many total referrals does the service receive p.a. for each year the service has been provided?
This is a new arrangement from 2017/18; we do not hold this data from previous years

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided?

See answer to Q7.

Roots and Shoots - 10 schools selected via an open application process. Decision based on several factors including obesity and deprivation levels.

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?). Data not held by LA

10 - How many participants complete the programme for each year the service has been provided? Data not held by LA

11 - How many participants achieve the defined outcome measures for each year the service has been provided? New Service - data not available

12 - Do you require any follow up contact at 26 weeks? No

13 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

15 - Do you require any follow up contact at 52 weeks? No

16 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

NHS Health Checks;

1 - Do you provide or commission these services? Yes

2 - If 'yes' how long have these services been provided?
Work began on the NHS Health Check Programme in the NHS in 2009. The responsibility for the programme transferred to local authorities in 2013.

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).
Northumberland general practices

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).
As per national guidance

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).
Offer a Health Check to 20% of the target population
6 - If 'yes' what is the duration of the programme (i.e. number of weeks). N/A

7 - How many total referrals does the service receive p.a. for each year the service has been provided?
In 2016/17, 19,730 people were offered and 7,023 people received an NHS Health Check. Data for previous years can be accessed at: https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/4/gid/1938132726/pat/6/par/E12000001/ati/102/are/E06000057/iid/91041/age/219/sex/4

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided? N/A

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?). N/A

10 - How many participants complete the programme for each year the service has been provided? N/A

11 - How many participants achieve the defined outcome measures for each year the service has been provided? N/A

12 - Do you require any follow up contact at 26 weeks? No

13 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

15 - Do you require any follow up contact at 52 weeks? No

16 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

Smoking Cessation;

1 - Do you provide or commission these services? Yes

2 - If 'yes' how long have these services been provided? Since 1999/2000; commissioned by the LA since 2013/14.

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).
Northumbria Healthcare NHS Trust, Northumberland General Practices and Northumberland Community Pharmacies

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).
Patients must be assessed via a brief intervention as being ready and motivated to quit smoking using a structured treatment and support programme. Those ready and willing to quit in this way are referred to the specialist team either by phone or referral form. Smokers can be referred to an Intermediate Advisor or a Specialist Advisor. Smokers can self-refer to the service, either to the Intermediate Advisor in their community setting or directly to the specialist team via telephone or drop-in. All health professionals and those in receipt of brief intervention training can refer to the specialist team. Health professionals can also refer to the Intermediate Advisor in their teams. Intermediate Advisors can also refer patients needing more intensive and/or specialist support to the specialist team. No appointments or referrals are necessary for drop-in sessions. The service is expected to devise new entry routes to fit with the community-centred approaches of the Wellbeing Service.

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).
Contribute to meeting the number of smokers helped to quit through the Northumberland-wide Stop Smoking Service by achieving 700 4-week quitters in 2017/18. Achieve 180 quitters who are pregnant women. Achieve 170 quitters who have a long term condition. Achieve 90 quitters who have a mental health condition. Maintain a 4-week quit rate of between 35% and 70%. Undertake and report on CO validation rate at 4-weeks of 85% or above.

6 - If 'yes' what is the duration of the programme (i.e. number of weeks).
Treatment and support is planned and stepped to enable discharge at the appropriate point (approximately 12 weeks). This may be extended under certain circumstances to no greater than 6 months

7 - How many total referrals does the service receive p.a. for each year the service has been provided?
Numbers are collected for the patients setting a quit date i.e. starting treatment programme, not total referrals.

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided?
Numbers are only collected for the patients setting a quit date i.e. starting treatment programme. In 2016/17 2306 people set a quit date with the service and 1085 remained quit at 4 weeks. The SSS has been delivered since 1999/2000. Previous years data from 2004 are available at www.digital.nhs.uk

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?).
Numbers are only collected for the patients setting a quit date i.e. starting treatment programme. In 2016/17 2306 people set a quit date with the service and 1085 remained quit at 4 weeks. The SSS has been delivered since 1999/2000. Previous years data from 2004 are available at www.digital.nhs.uk

10 - How many participants complete the programme for each year the service has been provided?
Numbers are collected for patients setting a quit date and at 4-weeks post quit date. See previous answer.

11 - How many participants achieve the defined outcome measures for each year the service has been provided?
Numbers are collected for patients setting a quit date and at 4-weeks post quit date. See previous answer.

12 - Do you require any follow up contact at 26 weeks? No

13 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

15 - Do you require any follow up contact at 52 weeks? No

16 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

Physical Activity/ Exercise on Referral;

1 - Do you provide or commission these services? Yes

2 - If 'yes' how long have these services been provided? Since 2009/10; since 2013/14 by the LA

3 - If 'yes', who provides these services? (if outsourced please state name of supplier). Active Northumberland

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).

Priority reason for referral

- Primary and secondary prevention of CVD
- Primary prevention– e.g. hypertension and raised blood cholesterol
- Secondary prevention – e.g. history of CHD, angina but no recent events
- Those appropriate for phase 4 cardiac rehabilitation
- Mental health problems such as mild to moderate depressive disorders including anxiety and depression
- Musculoskeletal conditions – e.g. arthritis, osteoporosis
- Metabolic/endocrine problems – e.g. diabetes, thyroid disease
- Respiratory conditions – e.g. asthma, COPD
- Neurological conditions – e.g. Parkinson's disease

Other reasons for referral

- Overweight (BMI ≥ 25)
- Physical inactivity

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).

Target is 1935 referrals:

- Morpeth 120 referrals
- Blyth/Cramlington/Seaton Valley 580 referrals
- Ashington/Newbiggin/ Bedlington 330 referrals
- Berwick 180 referrals

- Alnwick 180 referrals
- West Northumberland 545 referrals

Initial Assessment /Uptake of programme:
- Completion of consultation and take up of programme – **target 80%**:

12 week assessment:
- Completion of consultation -**target 50%**:

24 week assessment:
- Completion of consultation - **target 40%**:

6 - If 'yes' what is the duration of the programme (i.e. number of weeks).
6 months

7 - How many total referrals does the service receive p.a. for each year the service has been provided?

Year	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Total referred	1274	1841	1972	1919	1987	1803	1832	1898
Total start the prog	1046	1595	1638	1496	1519	1413	1461	1335
% of referrals starting the programme	82.1	86.6	83.1	78.0	76.4	78.4	79.7	70.3
drop out	600	812	897	755	747	701	404	769
drop out rate	57.4	50.9	54.8	50.5	49.2	49.6	27.7	57.6
complete	446	783	741	741	772	712	1057	566
% completed	42.6	49.1	45.2	49.5	50.8	50.4	72.3	42.4

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided?

Profession of Referrer	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
GP	739	1032	1075	1050	1123	1003	1051	1079
Practice Nurse	328	532	569	544	513	476	425	466
Cardiac Rehab Nurse	68	114	96	103	93	119	119	83
Physiotherapist	24	60	50	53	77	68	69	55
Nurse Practitioner	24	24	36	35	34	25	46	48
CPN	7	15	17	8	7	1	6	2
Dietician	11	1	25	0	1	1	1	0
Occupational Therapist	1	8	3	4	2	5	3	1
Not Stated	33	14	28	16	0	0	0	164
#N/A	39	41	73	106	137	105	112	0
Total	1274	1841	1972	1919	1987	1803	1832	1898

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?).

See table inserted for Q7

10 - How many participants complete the programme for each year the service has been provided?

See table inserted for Q7

11 - How many participants achieve the defined outcome measures for each year the service has been provided?

We only hold these data for the whole period 2009/10 to 2014/15.

12 - Do you require any follow up contact at 26 weeks? Yes.

13 - If 'yes' how many service users do you contact for each year the service has been provided?

See answer to question 10. The programme lasts for 6 months; therefore this is equal to the completion rate.

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

We only hold these data for the whole period 2009/10 to 2014/15.

See answer to question 11.

15 - Do you require any follow up contact at 52 weeks? Yes.

16 - If 'yes' how many service users do you contact for each year the service has been provided?

Year	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
completed	446	783	741	741	772	712	1057	566

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

37% of people who completed the scheme responded to the GLTE questionnaire at 12 months between 2009/10 - 2015/16. Data unavailable for 2016/17

Social Prescription;

1 - Do you provide or commission these services? Yes - as part of a broader community development service

2 - If 'yes' how long have these services been provided? 2017/18

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).
The Integrated Wellbeing Service - Northumbria Healthcare NHS Trust

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).

There are no specific eligibility criteria for any social prescribing functions within the wider community development programme. Community development programmes (which may include a social prescribing component) are targeted to communities and agencies working with communities and in areas identified according to need.

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).

For the Community Development Programme:

- Contact and offer support to at least 20 community groups or organisations per year of which 50% should be based in the most deprived 35% communities.
- Support the development of at least 5 new community groups or organisations per year of which 50% should be based in the most deprived 35% communities.

6 - If 'yes' what is the duration of the programme (i.e. number of weeks).
No fixed duration; these are community-led and determined

7 - How many total referrals does the service receive p.a. for each year the service has been provided? N/A

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided? N/A

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?). N/A

10 - How many participants complete the programme for each year the service has been provided? N/A

11 - How many participants achieve the defined outcome measures for each year the service has been provided? N/A

12 - Do you require any follow up contact at 26 weeks? N/A

13 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

15 - Do you require any follow up contact at 52 weeks? N/A

16 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

Behaviour-change/ Health Coaching;

1 - Do you provide or commission these services? Yes

2 - If 'yes' how long have these services been provided? See responses to questions relating to Stop Smoking Service, Health Trainers, Alcohol Brief Interventions, Drug and Alcohol Service, Childrens weight management and Integrated Wellbeing Service.

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).

See responses to questions relating to Stop Smoking Service, Health Trainers, Integrated Wellbeing Service, 0-19 Integrated Public Health Programme, Alcohol Brief Interventions and Alcohol and Drug services.

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).

See eligibility criteria for specific services. The 0-19 Programme will provide behaviour change/health coaching for any child 0-19 and up to 25 years for a child with a special educational need or disability.

For alcohol brief interventions the eligibility will be determined on the score using AUDIT (Alcohol Use Disorder Intervention Tool) where people scoring 0-7 will receive feedback and positive reinforcement, people scoring 8-15 will receive feedback, brief advice and a leaflet, people scoring 16+ will receive an extended conversation and possible referral to a specialist drug and alcohol service depending on the vulnerabilities and risk and those scoring 20+ receive a referral to the specialist drug and alcohol service.

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).

See responses to questions relating to Stop Smoking Service, Health Trainers, Alcohol Brief Interventions, Integrated Wellbeing Service and 0-19 Integrated Public Health Programme

6 - If 'yes' what is the duration of the programme (i.e. number of weeks)

See responses to questions relating to Stop Smoking Service, Health Trainers, Alcohol Brief Interventions, Integrated Wellbeing Service and 0-19 Integrated Public Health Programme

7 - How many total referrals does the service receive p.a. for each year the service has been provided? Due to the nature of brief interventions, people are not referred to these services.

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided? N/A

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?). N/A

10 - How many participants complete the programme for each year the service has been provided? N/A

11 - How many participants achieve the defined outcome measures for each year the service has been provided? N/A

12 - Do you require any follow up contact at 26 weeks? No

13 - If 'yes' how many service users do you contact for each year the service has been provided?

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

15 - Do you require any follow up contact at 52 weeks? No

16 - If 'yes' how many service users do you contact for each year the service has been provided?

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

Falls Prevention;

1 - Do you provide or commission these services? Yes - as part of the role of Health Trainers within the Integrated Wellbeing Service

2 - If 'yes' how long have these services been provided? IWS since 2017

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).

The Integrated Wellbeing Service - Northumbria Healthcare NHS Trust

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).

Programmes will be targeted to individuals, communities and agencies working with communities and in areas identified according to need

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).

No specific outcome targets. The Integrated Wellbeing Service encourages older people to become involved with the Wellbeing service via a train the trainers approach with people working with older adults and older people local forums.

6 - If 'yes' what is the duration of the programme (i.e. number of weeks). N/A

7 - How many total referrals does the service receive p.a. for each year the service has been provided? N/A

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided? N/A

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?). N/A

10 - How many participants complete the programme for each year the service has been provided? N/A

11 - How many participants achieve the defined outcome measures for each year the service has been provided? N/A

12 - Do you require any follow up contact at 26 weeks? N/A

13 - If 'yes' how many service users do you contact for each year the service has been provided?

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

15 - Do you require any follow up contact at 52 weeks? N/A

16 - If 'yes' how many service users do you contact for each year the service has been provided?

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

Social Isolation;

1 - Do you provide or commission these services? Yes - as part of a broader community development service

2 - If 'yes' how long have these services been provided? Since April 2017.

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).

Integrated Wellbeing Service - Northumbria NHS Trust.

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).

There are no specific eligibility criteria. The Integrated Wellbeing Service's community-based work is expected to impact social isolation although it is not specifically commissioned in the way the question suggests. Programmes will be targeted to communities and agencies working with communities and in areas identified according to need

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?). See Answer to question on Social Prescribing

6 - If 'yes' what is the duration of the programme (i.e. number of weeks). See Answer to question on Social Prescribing

7 - How many total referrals does the service receive p.a. for each year the service has been provided? N/A

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided? N/A

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?). N/A

10 - How many participants complete the programme for each year the service has been provided? N/A

11 - How many participants achieve the defined outcome measures for each year the service has been provided? N/A

12 - Do you require any follow up contact at 26 weeks? N/A

13 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

15 - Do you require any follow up contact at 52 weeks? N/A

16 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

Reducing Risk of Malnutrition;
1 - Do you provide or commission these services? Yes - as part of the 0-19 Integrated Public Health Programme
2 - If 'yes' how long have these services been provided? See response to question on weight management services for children
3 - If 'yes', who provides these services? (if outsourced please state name of supplier). See response to question on weight management services for children

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services). Any child identified as being at risk of malnutrition at any touchpoint with the service.
5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?). No specific outcome targets for this area.
6 - If 'yes' what is the duration of the programme (i.e. number of weeks). N/A
7 - How many total referrals does the service receive p.a. for each year the service has been provided? Data not held by LA
8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided? Data not held by LA
9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?). N/A
10 - How many participants complete the programme for each year the service has been provided? N/A
11 - How many participants achieve the defined outcome measures for each year the service has been provided? N/A
12 - Do you require any follow up contact at 26 weeks? N/A
13 - If 'yes' how many service users do you contact for each year the service has been provided? N/A
14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A
15 - Do you require any follow up contact at 52 weeks? N/A
16 - If 'yes' how many service users do you contact for each year the service has been provided? N/A
17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

Brief interventions (<4 hrs per participant);

1 - Do you provide or commission these services? Yes

2 - If 'yes' how long have these services been provided?

See responses to questions relating to Stop Smoking Service, Health Trainers, Alcohol Brief Interventions, Drug and Alcohol Service and Integrated Wellbeing Service

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).

See responses to questions relating to Stop Smoking Service, Health Trainers, Integrated Wellbeing Service, 0-19 Integrated Public Health Programme, Alcohol Brief Interventions and Alcohol and Drug services.

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).

For alcohol brief interventions the eligibility will be determined on the score using AUDIT (Alcohol Use Disorder Intervention Tool) where people scoring 0-7 will receive feedback and positive reinforcement, people scoring 8-15 will receive feedback, brief advice and a leaflet, people scoring 16+ will receive an extended conversation and possible referral to a specialist drug and alcohol service depending on the vulnerabilities and risk and those scoring 20+ receive a referral to the specialist drug and alcohol service.

There are no set eligibility criteria for other services; the receipt of a brief intervention is based on need.

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).

Health Trainers - Deliver 1000 brief interventions to people in a range of settings and capture data relating to these. The Alcohol Screening and Brief Intervention Service have a target to provide interventions to 99% of the people screened who score 8 and above using AUDIT and there is a target to undertake 6000 screens per year.

6 - If 'yes' what is the duration of the programme (i.e. number of weeks). N/A

7 - How many total referrals does the service receive p.a. for each year the service has been provided?
See outcome targets

The Alcohol Screening Service does not receive referrals but routinely screen all patients within the designated wards.

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided? N/A

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?). N/A

10 - How many participants complete the programme for each year the service has been provided? N/A

11 - How many participants achieve the defined outcome measures for each year the service has been provided? N/A

12 - Do you require any follow up contact at 26 weeks? N/A

13 - If 'yes' how many service users do you contact for each year the service has been provided?

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

15 - Do you require any follow up contact at 52 weeks? N/A

16 - If 'yes' how many service users do you contact for each year the service has been provided?

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

High touch interventions (>4 hrs per participant);

1 - Do you provide or commission these services? Yes - as part of wider service provision

2 - If 'yes' how long have these services been provided?

Refer to answers for specific services - these interventions may amount to >4hrs per patient

3 - If 'yes', who provides these services? (if outsourced please state name of supplier). See previous responses
4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services). See previous responses
5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?). See previous responses
6 - If 'yes' what is the duration of the programme (i.e. number of weeks). See previous responses
7 - How many total referrals does the service receive p.a. for each year the service has been provided? See previous responses
8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided? See previous responses

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?). See previous responses
10 - How many participants complete the programme for each year the service has been provided? See previous responses
11 - How many participants achieve the defined outcome measures for each year the service has been provided? See previous responses
12 - Do you require any follow up contact at 26 weeks?
13 - If 'yes' how many service users do you contact for each year the service has been provided? See previous responses
14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? See previous responses
15 - Do you require any follow up contact at 52 weeks? See previous responses
16 - If 'yes' how many service users do you contact for each year the service has been provided? See previous responses
17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? See previous responses

Onward referral (to third party providers including Community & Voluntary Sector);

1 - Do you provide or commission these services? Not specifically but we would expect all commissioned providers to refer to a third party or the VCS if appropriate
2 - If 'yes' how long have these services been provided?
3 - If 'yes', who provides these services? (if outsourced please state name of supplier).
4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).
5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).
6 - If 'yes' what is the duration of the programme (i.e. number of weeks).
7 - How many total referrals does the service receive p.a. for each year the service has been provided?
8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided?
9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?).
10 - How many participants complete the programme for each year the service has been provided?
11 - How many participants achieve the defined outcome measures for each year the service has been provided?
12 - Do you require any follow up contact at 26 weeks?
13 - If 'yes' how many service users do you contact for each year the service has been provided?
14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?
15 - Do you require any follow up contact at 52 weeks?
16 - If 'yes' how many service users do you contact for each year the service has been provided?

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

Advice, Information & Guidance;

1 - Do you provide or commission these services? Yes - but not as a specific service. The provision of advice, information and guidance would follow the same principles as the provision of brief interventions and is embedded into PH commissioned services

2 - If 'yes' how long have these services been provided?

See responses to previous questions

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).

See responses to previous questions

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).

There are no set eligibility criteria for this area of activity in the context of the service we commission; the provision of advice, information and guidance is based on need.

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).

There are no specific outcome targets for advice information and guidance in the context of the services we commission other than those already articulated for Health Trainers and Alcohol Brief Interventions.

6 - If 'yes' what is the duration of the programme (i.e. number of weeks). N/A

7 - How many total referrals does the service receive p.a. for each year the service has been provided? N/A

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided? N/A

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?). N/A

10 - How many participants complete the programme for each year the service has been provided? N/A

11 - How many participants achieve the defined outcome measures for each year the service has been provided? N/A

12 - Do you require any follow up contact at 26 weeks? N/A

13 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

15 - Do you require any follow up contact at 52 weeks? N/A

16 - If 'yes' how many service users do you contact for each year the service has been provided? N/A

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided? N/A

Dementia Services;.

1 - Do you provide or commission these services? No
2 - If 'yes' how long have these services been provided?
3 - If 'yes', who provides these services? (if outsourced please state name of supplier).
4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).
5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).
6 - If 'yes' what is the duration of the programme (i.e. number of weeks).
7 - How many total referrals does the service receive p.a. for each year the service has been provided?
8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided?
9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?).
10 - How many participants complete the programme for each year the service has been provided?
11 - How many participants achieve the defined outcome measures for each year the service has been provided?
12 - Do you require any follow up contact at 26 weeks?
13 - If 'yes' how many service users do you contact for each year the service has been provided?
14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?
15 - Do you require any follow up contact at 52 weeks?
16 - If 'yes' how many service users do you contact for each year the service has been provided?
17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

Alcohol reduction;

1 - Do you provide or commission these services? Yes (also see section on alcohol brief interventions)

2 - If 'yes' how long have these services been provided?

Since 2008 for Balance North East; since April 2013 for the Northumberland Recovery Partnership. We do not have information as to when SORTED (young person drug and alcohol service) started.

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).

- Balance the North East Alcohol Office who is part of County Durham and Darlington NHS Foundation Trust and commissioned jointly by 11 out of 12 of the NE local authorities.
- NRP is a partnership comprising Northumberland Tyne and Wear NHS Foundation Trust, Changing Lives and Turning Point.
- SORTED is an inhouse substance misuse service for children and young people under the age of 18,

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).

- Balance deliver a region wide, alcohol social denormalization program comprising advocacy, mass media campaigns, policy development around the affordability, availability and advertising of alcohol with a view to reducing alcohol consumption. These are therefore population level interventions and therefore not delivered as services for individuals.
- We also commission NRP a substance misuse service which includes alcohol. To access the service an individual must be resident in Northumberland, or be registered with a Northumberland GP. They must also also score 20+ on The Alcohol Use Disorder Identification Tool or 16+ if there are additional vulnerabilities.
- SORTED provides services for young people misusing alcohol who are either resident in Northumberland or registered with a Northumberland GP. There are no specific eligibility criteria. Anyone with concerns about a child or young person can seek advice from the service.

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).

- The contract with Balance is not measured on the behaviour change of individuals.
- NRP is measured on the Number of alcohol users that left treatment successfully who do not re-present to treatment within six months as a percentage of the alcohol treatment population. Current target is 38% for 17/18
- SORTED is measured by the number of young people leaving specialist substance misuse interventions in a planned way and the proportion of those leaving in a planned way as a percentage of all exits. No targets.

6 - If 'yes' what is the duration of the programme (i.e. number of weeks).

- N/A for Balance as it does not provide services directly to individuals,
- There is no fixed duration of the programme for NRP or SORTED.

7 - How many total referrals does the service receive p.a. for each year the service has been provided?

- Balance do not receive individual referrals.
- NRP received 1063 referrals for alcohol in 2016/17. Not all of these went on to receive structured treatment, but those who did not move onto structured treatment would have received brief interventions and signposting. In 2013/14 488 alcohol users were referred for treatment and went into structured treatment, in 2014/15 397 alcohol users were referred for treatment and went into structured treatment, in 2015/16 378 alcohol users were referred for treatment and went into structured treatment, and in 2016/17 318 alcohol users were referred for treatment and went into structured treatment.
- SORTED received 267 referrals in 16/17, we do not hold information for preceding years. Not all of these went on to receive structured treatment but would have received brief interventions, signposting and harm reduction advice.

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided?

- N/A for Balance as it does not provide services directly to individuals. We do not routinely receive a breakdown of the source of all referrals.
- For NRP we only receive a breakdown of the source of referrals when the person then goes on to access structured treatment. The breakdown for the years of data we have is:

Referral source	2013/14	2014/15	2015/16	2016/17
Self, family and friends	52.7%	62.7%	61.4%	63.5%
Criminal justice	5.9%	3.8%	4.2%	5.7%
GP	19.3%	14.1%	10.3%	10.1%
Community based care	3.3%	2.3%	3.2%	3.8%
Children & families	0.0%	0.0%	0.0%	0.0%
Accident & emergency	0.2%	0.0%	0.8%	0.0%
Hospital	4.7%	7.1%	8.7%	7.2%
Other health & mental health	4.3%	6.3%	5.6%	5.0%
Substance misuse services	2.9%	0.3%	0.8%	0.6%
Other	6.8%	3.5%	5.0%	4.1%
Inconsistent/missing data	0.0%	0.0%	0.0%	0.0%

- Likewise for SORTED, we know the source of referral only for those who actually start treatment which is 25% from youth justice, 14% education, 11% self, family and friends, 35% children and family services, 3% other substance misuse services, 12%

health and mental health. These proportions have not changed significantly over the last three years.

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?).

- N/A for Balance as they do not provide services to individuals
- For NRP we have data for the years that NRP have been operational - 2013/14 491, 2014/15 403, 2015/16 380, 2016/17 321
- For SORTED, we only have data for two years - numbers of children and young people entering structured treatment 2015/2016 65, 2016/2017 77.

10 - How many participants complete the programme for each year the service has been provided?

- N/A for Balance
- For NRP we have data for the years that NRP have been operational - 2013/14 122, 2014/15 154, 2015/16 267, 2016/17 221.
- For SORTED, we have numbers of children and young people in structured treatment for the last three years 2014/15 142, 2015/2016 126, 2016/2017 129. For those who complete treatment see the response to the question below.

11 - How many participants achieve the defined outcome measures for each year the service has been provided?

- N/A for Balance
- For NRP we have data for the years that NRP have been operational (please note however that the data is only produced at a Northumberland level and not at the NRP level) - 2013/14 137, 2014/15 171, 2015/16 230, 2016/17 236. Please note that because the timeframe for the data in this indicator is different from the timeframe for the data in question 10 (the timeframe for this data is one year of people leaving treatment and then six months to see if any of those people then re-present for treatment, whereas the data in Q10 is for the financial year in question) then it is isn't possible to compare the data in Q10 with the data in Q11.
- SORTED are measured on the number of young people who exit treatment in a planned way. The numbers achieving this were 80 in 2014/2015, 55 in 2015/2016 and 51 in 2016/2017.

12 - Do you require any follow up contact at 26 weeks?

- N/A for Balance
- For NRP, an individual is invited to attend reviews every six months against their care plan whilst in treatment, but once the patient has completed treatment a final exit review is completed within two weeks of treatment completion and no subsequent follow-up is required. A *de facto* follow up contact is in place due to the service monitoring whether any patients re-present for treatment within six months of successfully completing treatment - any re-presentation is defined as a treatment failure.

- For SORTED, a follow up is not specifically required at 26 weeks, a young person remains in regular contact with the service until they leave.

13 - If 'yes' how many service users do you contact for each year the service has been provided?

- N/A for Balance.
- N/A for NRP.
- N/A for SORTED**.**

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

- N/A for Balance
- The response to this question for NRP is the same response as for question 11 because built into the outcomes measure identified in question 5 is the element that those individuals who re-present for treatment within six months of completing treatment are not subsequently identified as having successfully completed treatment
- N/A for SORTED

15 - Do you require any follow up contact at 52 weeks?

- N/A for Balance,
- No for NRP
- For SORTED, a follow up is not specifically required at 52 weeks, a young person remains in regular contact with the service until they leave.

16 - If 'yes' how many service users do you contact for each year the service has been provided?

- N/A for Balance,
- N/A for NRP
- N/A for Sorted

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

- N/A for Balance,
- N/A for NRP
- N/A for Sorted

Drug and substance misuse.

1 - Do you provide or commission these services? Y/N. Yes

2 - If 'yes' how long have these services been provided?

- The current adult substance misuse service has been commissioned since April 2013, elements of this service were provided pre 2013, but we do not have access to this information.
- There is a substance misuse service for under 18's (SORTED); we do not hold information as to when this service started.

3 - If 'yes', who provides these services? (if outsourced please state name of supplier).

Northumberland Recovery Partnership (NRP) has delivered the service since April 2013 comprising Northumberland Tyne and Wear NHS Foundation Trust, Changing Lives and Turning Point. SORTED delivers the service for under 18's and they are part of the Council's in house adolescence service.

4 - If 'yes', What are your eligibility criteria? (i.e. how do you determine who can access services).

To access the service an individual must be resident in Northumberland, or be registered with a Northumberland GP and be using drugs problematically. SORTED provides services for young people misusing drugs and alcohol who are either resident in Northumberland or registered with a Northumberland GP. There are no specific eligibility criteria. Anyone with concerns about a child or young person can seek advice from the service.

5 - If 'yes', What are your outcome targets? (e.g. do you measure numbers of people completing programmes? People achieving specific targets e.g. % weight loss?).

- NRP is measured on the Number of opiate and non opiate users that left treatment successfully who do not re-present to treatment within six months as a percentage of the drug treatment population. For opiate users - not below 3%; for non-opiate users, 22%.
- There are no set targets for SORTED.

6 - If 'yes' what is the duration of the programme (i.e. number of weeks).

No fixed duration for either service.

7 - How many total referrals does the service receive p.a. for each year the service has been provided?

- In 2013/14 303 drug users were referred for treatment and went into structured treatment, in 2014/15 337 drug users were referred for treatment and went into structured treatment, in 2015/16 313 drug users were referred for treatment and went into structured treatment, and in 2016/17 335 drug users were referred for treatment and went into structured treatment.
- SORTED - see previous response on alcohol reduction.

8 - How many referrals does the service receive by channel (e.g. GP, self-referral etc) p.a. for each year the service has been provided?

- For NRP we only receive a breakdown of the source of referrals when the person then goes on to access structured treatment. The breakdown for the years of data we have is:

Referral source	2013/14	2014/15	2015/16	2016/17
Self, family and friends	54.1%	58.5%	51.8%	61.2%
Criminal justice	13.5%	13.1%	19.8%	14.0%
GP	10.6%	7.4%	6.4%	5.1%
Community based care	3.3%	2.7%	2.3%	2.1%
Children & families	0.0%	0.0%	0.0%	0.0%
Accident & emergency	0.3%	0.0%	0.0%	0.0%
Hospital	1.0%	2.4%	3.8%	1.8%
Other health & mental health	5.9%	5.0%	6.1%	4.2%
Substance misuse services	5.6%	3.9%	6.7%	9.6%
Other	5.3%	6.5%	3.2%	2.1%
Inconsistent/missing data	0.0%	0.6%	0.0%	0.0%

- SORTED - see previous response on alcohol reduction.

9 - How many participants start the programme for each year the service has been provided? (i.e. what is the 'drop-off' between referral and programme start?).

- For NRP we have data for the years that NRP have been operational - 2013/14 304, 2014/15 341, 2015/16 314, 2016/17 336
- SORTED - see previous response on alcohol reduction.

10 - How many participants complete the programme for each year the service has been provided?

- For NRP we have data for the years that NRP have been operational - 2013/14 76, 2014/15 98, 2015/16 104, 2016/17 101.
- SORTED - see previous response on alcohol reduction.

11 - How many participants achieve the defined outcome measures for each year the service has been provided?

- For NRP we have data for the years that NRP have been operational (please note however that the data is only produced at a Northumberland level and not at the NRP level) - 2013/14 107, 2014/15 93, 2015/16 106, 2016/17 97. Please note that because the timeframe for the data in this indicator is different from the timeframe for the data in question 10 (the timeframe for this data is one year of people leaving treatment and then six months to see if any of those people then re-present for treatment, whereas the data in Q10 is for the financial year in question) then it is isn't possible to compare the data in Q10 with the data in Q11.
- SORTED - see previous response on alcohol reduction.

12 - Do you require any follow up contact at 26 weeks?

- For NRP, an individual is invited to attend reviews every six months against their care plan whilst in treatment, but once the patient has completed treatment a final exit review is completed within two weeks of treatment completion and no subsequent follow-up is required. A *de facto* follow up contact is in place due to the service monitoring whether any patients re-present for treatment within six months of successfully completing treatment - any re-presentation is defined as a treatment failure.
- SORTED - see previous response on alcohol reduction.

13 - If 'yes' how many service users do you contact for each year the service has been provided?

- N/A for NRP
- SORTED - see previous response on alcohol reduction.

14 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

- The response to this question for NRP is the same response as for question 11 because built into the outcomes measure identified in question 5 is the element that those individuals who re-present for treatment within six months of completing treatment are not subsequently identified as having successfully completed treatment
- SORTED - see previous response on alcohol reduction.

15 - Do you require any follow up contact at 52 weeks?

- No for NRP
- SORTED - see previous response on alcohol reduction.

16 - If 'yes' how many service users do you contact for each year the service has been provided?

- N/A for NRP
- SORTED - see previous response on alcohol reduction.

17 - If 'yes', how many service users maintain the desired outcomes for each year the service has been provided?

- N/A for NRP
- SORTED - see previous response on alcohol reduction.