

Alcohol-related admissions to hospital

i) Alcohol-related conditions (broad)

Definition

Admission episodes for alcohol-related conditions (primary diagnosis or any secondary diagnosis) all ages, directly age-standardised rate per 100,000 population. Does not include attendance at Emergency Departments.

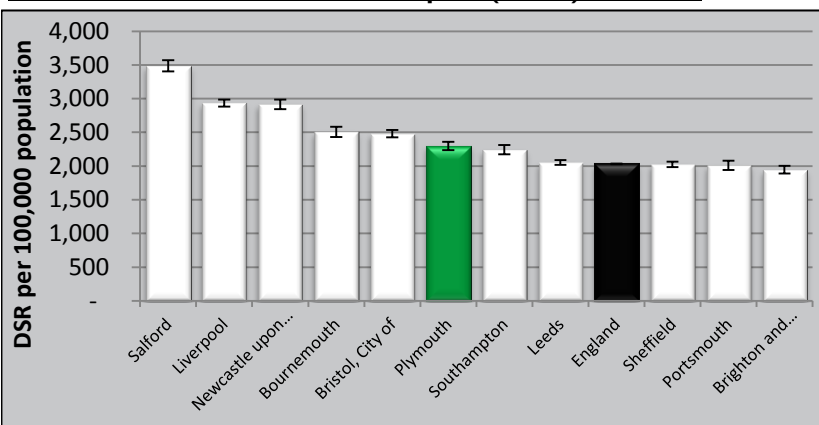
Description

Alcohol-related hospital admission episodes are used to understand and illustrate the impact of alcohol on the health of a population.

Admission episodes are calculated by applying alcohol-attributable fractions (AAF) to all admissions. AAFs calculate what proportion of a health condition is alcohol related. There are 20 conditions that are wholly attributable and have an AAF of 1 such as alcoholic liver disease. There are 32 conditions that are partially attributable - that will have an AAF of less than 1. These include cardiac arrhythmias, a number of cancers, falls and self-harm.

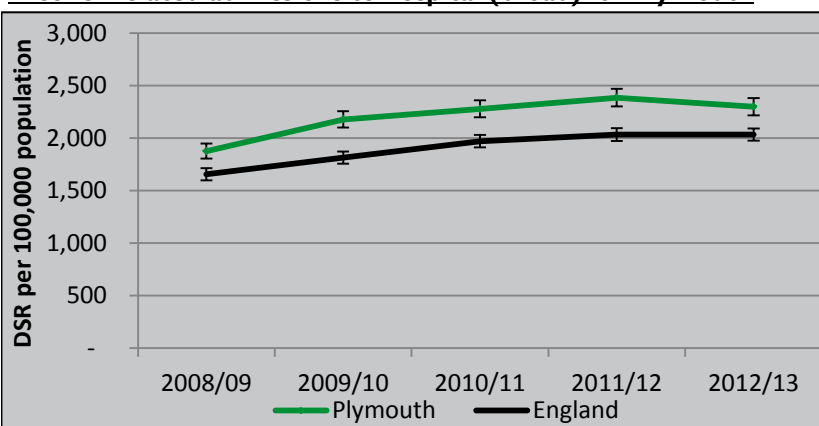
In this way the indicator is not a number of actual people or a number of actual admissions but an estimated number of admissions calculated by adding up all of the alcohol attributable fractions that have been identified.

Alcohol-related admissions to hospital (broad) - 2012/13



For admission episodes (broad) Plymouth is significantly higher than the England average. Compared to the ONS comparator local authorities listed Plymouth is higher than Leeds, Portsmouth and Sheffield but lower than Bristol, Liverpool and Newcastle upon Tyne.

Alcohol-related admissions to hospital (broad) for Plymouth



Over the last six years admission episodes to hospital (broad) have been significantly higher than the England average. Rates for 2012/13 show the first drop in rates since the start of this recording in 2008/09.

Interpretation

As far as possible this tells that whole story of hospital admission episodes and goes some way to describe the total burden of alcohol health harms. People are admitted for the more obvious reasons such as alcoholic liver disease and pancreatitis but also for a range of other conditions where alcohol has played a part such as cancer of the oesophagus, high blood pressure, self-harm and assault. For 2012/13 this equates to 5,451 admission episodes in Plymouth although by definition we know that the number of people admitted is higher than the admission episodes.

Alcohol-related admissions to hospital

ii) Alcohol-related conditions (narrow)

Definition

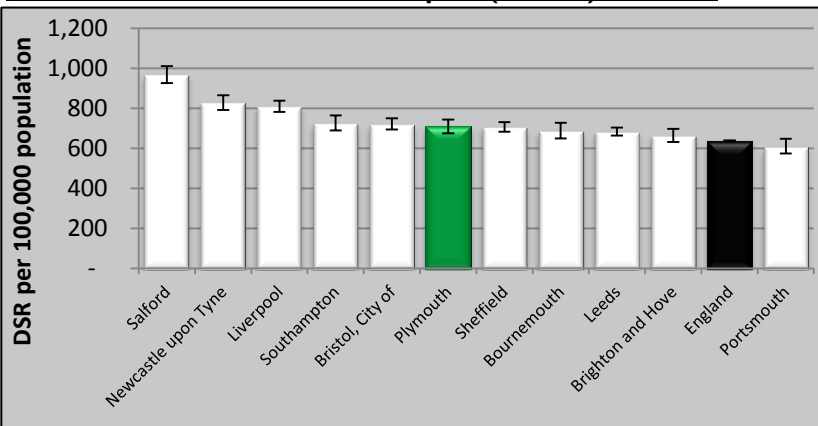
Admission episodes for alcohol-related conditions (primary diagnosis or any secondary diagnosis with an external cause) all ages, directly age-standardised rate per 100,000 population. Does not include attendance at Emergency Departments.

Description

This is a subset of alcohol related admissions (broad) measure.

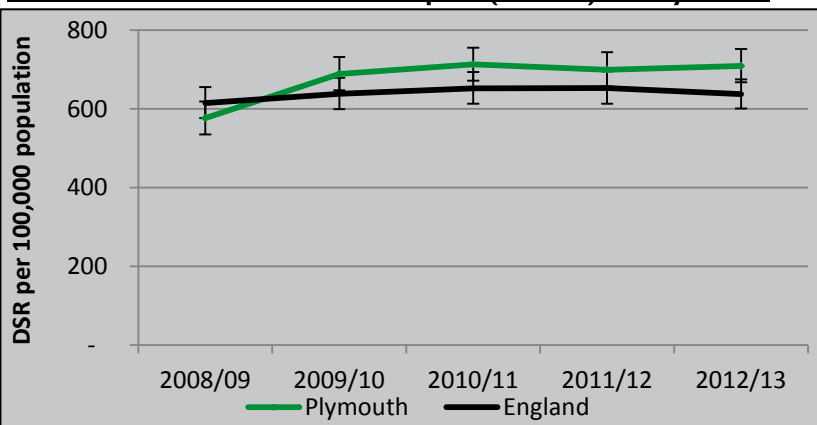
The same methodology, using the alcohol attributable fractions is applied but only to admissions where the primary diagnosis has alcohol attributable fraction and admissions where the primary diagnosis does not have an alcohol attributable fraction but the secondary diagnosis does and is an external cause – such as alcoholic poisoning, assaults and falls.

Alcohol-related admissions to hospital (narrow) - 2012/13



For admission episodes (narrow) Plymouth is significantly higher than the England average. Compared to the ONS comparator local authorities listed Plymouth is higher than Portsmouth and Leeds lower than Bristol Liverpool and Newcastle upon Tyne.

Alcohol-related admissions to hospital (narrow) for Plymouth



Admission episodes (narrow) since 2009/10 have been significantly higher than England's average, but recently in 2012/13 England's average has shown signs of reducing while the rate in Plymouth is not reducing.

Interpretation

This provides a narrower measure of alcohol harm and contains a larger proportion of acute conditions where alcohol has played a part.

It is easier to achieve a notable impact with these more acute conditions in a short period of time than it is to achieve a similar impact on chronic conditions which may take several years.

For 2012/13 this equates to 1,752 admission episodes in Plymouth.

Consumption levels

Levels of harmful drinking

Definition

Description

It is notoriously difficult to accurately measure levels of alcohol consumption. There is evidence that people under report the amount of alcohol they drink – social surveys record lower levels of consumption than would be expected from data on alcohol sales. There is currently no regular survey undertaken at a national or local level that systematically records consumption levels.

Mid 2009 synthetic estimates reported that 19.9% of over 16s in Plymouth were drinking at increasing risk levels and 7.41% of over 16s were drinking at higher risk levels.

The National Institute for Health and Clinical Excellence (NICE) population benchmarking estimates using ONS 2012 mid-year estimates suggest there are 51,518 hazardous drinkers, 8,090 harmful drinkers and 5,535 dependent drinkers (dependent is a subset of harmful) in Plymouth.

Interpretation

The Wellbeing Survey currently being undertaken in Plymouth will provide a baseline on reported levels of consumption in the adult population. Further editions of the survey will allow recording of trends in consumption over time and provide a measure of progress in this area. **The Board is asked to financially to support further editions of the survey.**

The Lifestyle Survey currently being undertaken in all secondary schools with Year 8/10 children will provide intelligence of alcohol use among this population. This survey will be repeated every two years and will allow recording of trends in consumption over time.

Alcohol related violence

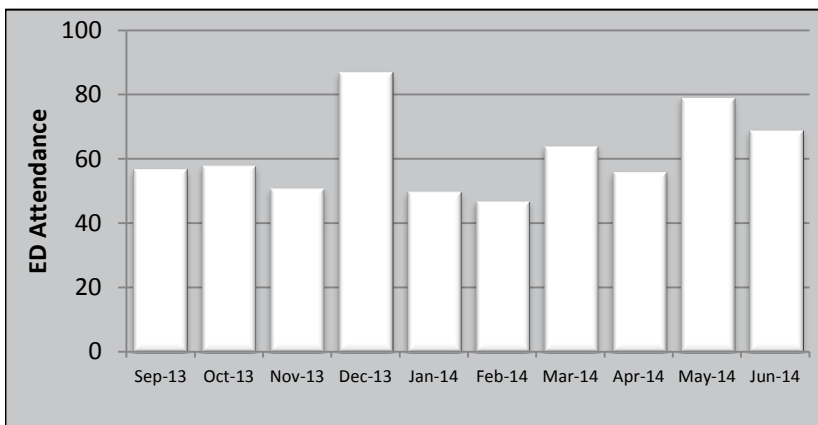
i) Assaults not reported to the police

Definition

Hospital Emergency Department assault data - this is sometimes referred to as the Cardiff Model or ARID data. The College of Emergency Medicine recommends a minimum dataset to include time of assault, assault type and location of assault.

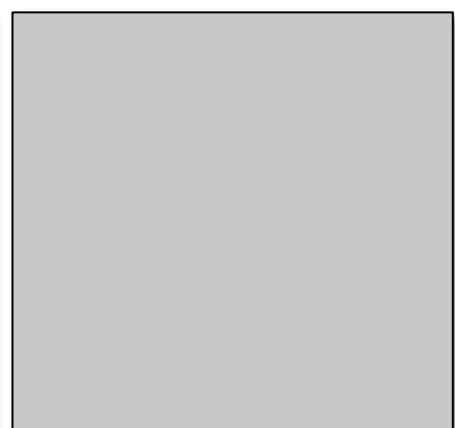
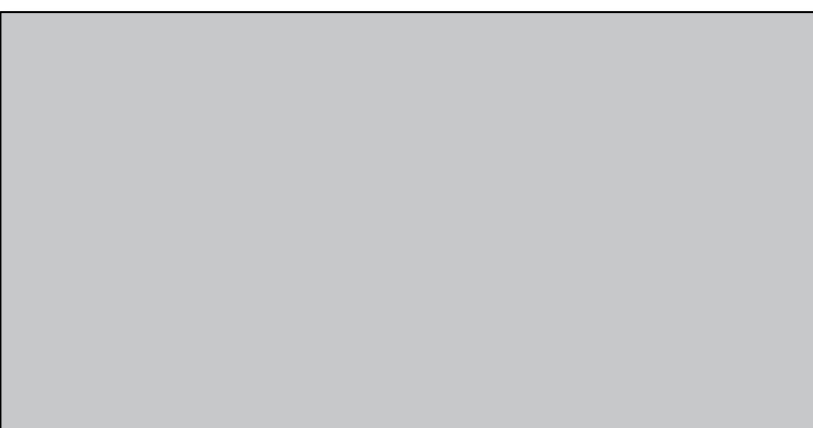
Description

Emergency Departments (EDs) can contribute to violence prevention by working with local partners to simple anonymised data about precise location of violence, weapon use, assailants and day/time of violence. A significant number of violent offences which result in hospital treatment are not reported to the police. Information about location and time of assaults, which can easily be collected in EDs can help police and local authorities target their resources much more effectively.



ED has sees a spike in alcohol related violence attendance in December then a drop in January and February before picking up again in March. This could indicate a seasonal variation.

More data is needed to increase our understanding in this area.



Interpretation

Derriford is currently collecting this data but does not adequately record information about location so the data is not viable for mapping purposes or for targeting response and resources. Work is currently underway to establish data collection and sharing systems with the Minor Injuries Unit at the Cumberland Centre .

The Board is asked to support further improvements in the quality of data from Derriford ED and receive a full report of this data in September 2015 with an interim progress report being presented to the Alcohol Programme Board in six months.

Alcohol related violence

ii) Alcohol-related violence (local measure)

Definition

Description

The Local Alcohol Profiles for England provide a measure of alcohol related violence (crude rate per 1,000 population) however the methodology for this is dated and incomplete and is likely to significantly underestimate levels of alcohol related violence.

Devon and Cornwall Police are working to improve the recording and reporting of alcohol related violence. In April 2013 they introduced a new alcohol related flag for recorded offences. There have been some difficulties in operationalising this so reliable data is not yet available. Further refinements of this new system have been made. The definition of 'alcohol related' is proposed as the victim or offender is under the influence of alcohol or the location indicates it was alcohol related. Secondly a 3 month improvement plan has been agreed. This will mean that from early 2015 the police will be able to provide trend information and neighbourhood breakdown or alcohol related violence.

Interpretation

The Board is asked to take note of the proposal to use the Devon and Cornwall police 'flagging' system and receive a full report of this data in September 2015 with an interim progress report being presented to the Alcohol Programme Board in six months.

Alcohol related Anti-Social Behaviour

Issued alcohol related ASB

Definition

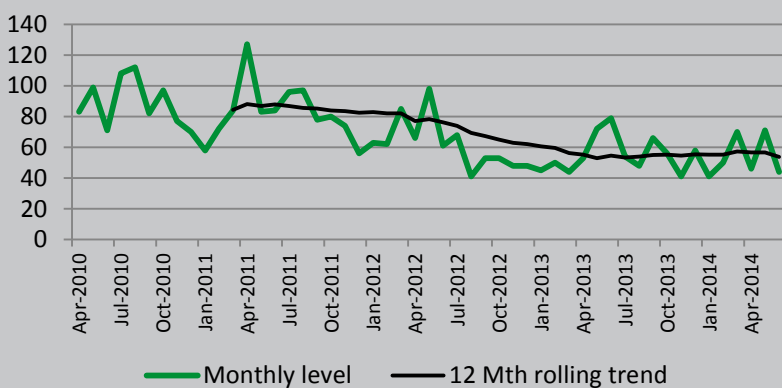
This is a proxy measure to be used until fuller alcohol-related ASB information is available.

Description

Two data sets are combined to give these figures – ASB incidents recorded by the police as street drinking (either with or without rowdy behaviour) and non-notifiable offences¹ recorded by the police which are relating to drunk behaviour, failure to comply with police direction/designated area and breach of drink banning order.

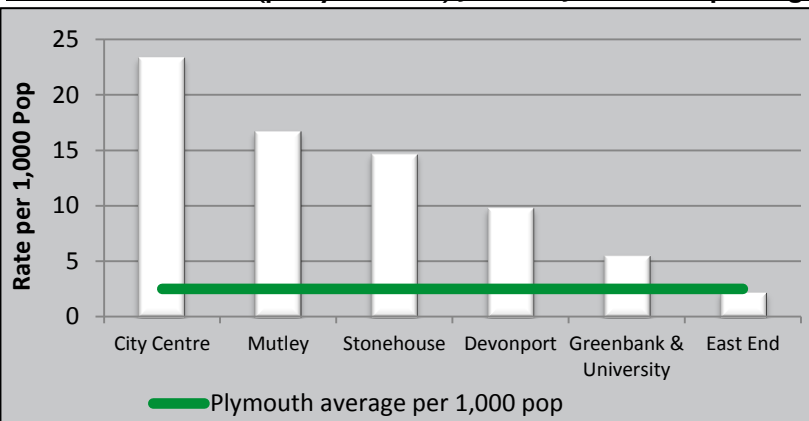
This proxy measure can be monitored monthly/quarterly. It can be broken down to show neighbourhood rates and trends. It could also be analysed at by key locations/premises/times etc to give focus for police and partnership intervention. The aim is to move towards a fuller measure which would cover all alcohol-related ASB recorded by the police and other agencies. Further work both within the police and in other agencies will be required to move this forward.

Alcohol related ASB (proxy measure) Trend from April 2010 to June 2014



Alcohol related ASB (proxy measure) has seen significant trend down from average of over 80 a month for 2010/2011 to just below 60 a month for 2013/2014 and now a stable trend. This proxy measure is likely to be only a small part of the actual alcohol related ASB for the city but gives an indication of longer term trends.

Alcohol related ASB (proxy measure) Jul 13 to Jun 14 for top 6 neighbourhoods against City average



Alcohol related ASB (proxy measure) for the 12 months to June 2014 shows rate of 2.5 per 1,000 population for the city. There are 5 of the 39 neighbourhoods which are above this city average rate, neighbourhoods having rates between 2 and zero. All of these 6 top neighbourhoods are also in the top 10 neighbourhoods as per the city Partnership narrowing the crime gap performance target.

Interpretation

The Board is asked to support the further development of this indicator with an interim progress report being presented to the Alcohol Programme Board in six months.

¹ Non-notifiable crimes are crimes that are recorded by the police but do not have to be notified to the Home Office and therefore do not get included in the national crime statistics

Children affected by parental alcohol misuse

Parent(s) misuse alcohol

Definition

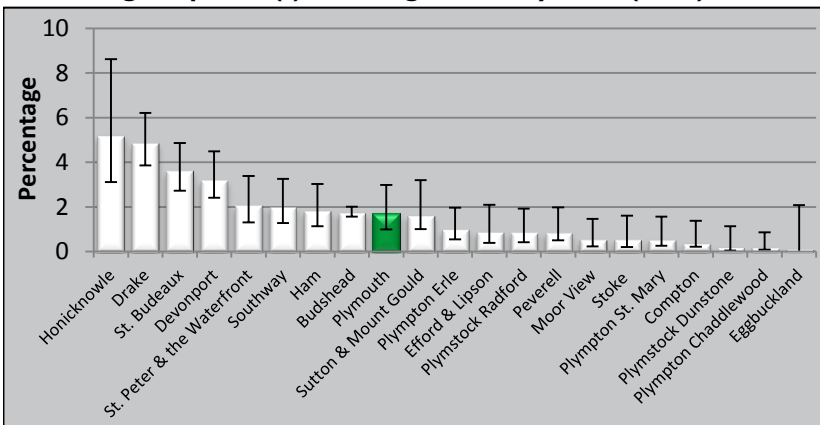
The number of families from the Health Visitor Caseload Survey with a parent(s) misusing alcohol.

Description

Parental alcohol misuse can lead to poor outcomes for children. The prevalence of parental alcohol misuse is not widely understood. There is currently no national recording or reporting of parental alcohol misuse.

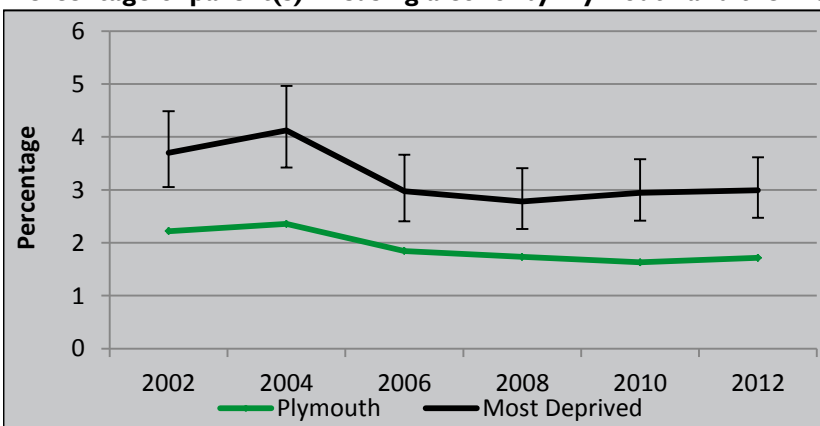
The Health Visitor Caseload Survey is undertaken every two years and records a series of health needs factors from over 11,000 families with children under 5 years across Plymouth. The information is subjective and based on the judgement of the health visitor and their observations of the family in question. Some families may not have been included in the health visitor caseloads at the time of the survey.

Percentage of parent(s) misusing alcohol by ward (2012)



The Health Visitor Caseload survey shows there is variation across the city of the number of parents misusing alcohol, due to the size of the confidence intervals it is hard to draw any conclusions. It is worth bearing in mind for the whole of Plymouth there was 261 families where the parents were judged to be misusing alcohol out of 13,000 families surveyed.

Percentage of parent(s) misusing alcohol by Plymouth and the most deprived neighbourhoods



The Health Visitor Caseload Survey shows that the percentage of parents misusing alcohol has decreased between 2002 and 2012. However the gap between Plymouth overall and the most deprived neighbourhoods (8 neighbourhoods in Plymouth with the highest IMD 2010 ranking) remains.

Interpretation

To improve understanding in this area consideration could be given to the number of child protection cases where parental alcohol misuse is a factor. **The Board is asked to consider this measure for inclusion in future progress reports.**