Alcohol-related admissions to hospital i) Alcohol-related conditions (broad)

Definition

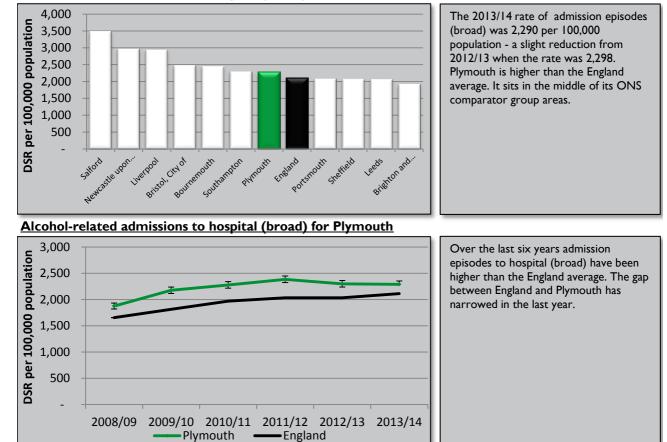
Admission episodes for alcohol-related conditions (primary diagnosis or any secondary diagnosis) all ages, directly agestandardised rate per 100,000 population. Does not include attendance at Emergency Departments that do not lead to hospital admission.

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 I such as alcoholic liver disease. There are 32 conditions that are partially attributable - that have an AFF of less than I. 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) - 2013/14

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 to hospital 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 2013/14 this equates to 5,437 admission episodes in Plymouth although by definition we know that the number of people admitted is higher than the number of admission episodes.

Alcohol-related admissions to hospital ii) Alcohol-related conditions (narrow)

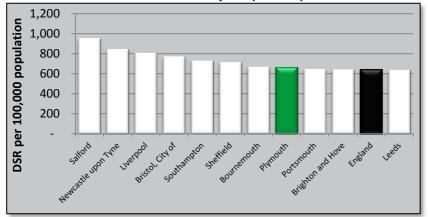
Definition

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 that do not lead to hospital admission.

Description

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

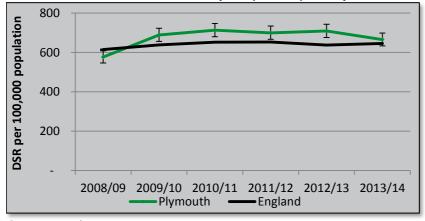
The same methodology using the alcohol attributable fractions is applied but only to admissions where the primary diagnosis has an alcohol attributable fraction and admissions where the primary diagnosis does not have an alcohol attributable fraction but the secondary diagnosis does and is an external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



Alcohol-related admissions to hospital (narrow) - 2013/14

The 2013/14 admission rate (narrow) was 665 per 100,000 a slight reduction from the 2012/13 rate of 708 per 100,000. The Plymouth rate is slightly is higher than the England average but not statistically significant. Compared to ONS comparator group local authorities Plymouth is the fourth lowest out of eleven.

Alcohol-related admissions to hospital (narrow) for Plymouth



Over the last five years admission episodes to hospital (narrow) have been higher than the England average. The gap between England and Plymouth has narrowed since last year.

Interpretation

This provides a narrower measure of alcohol harm and contains a larger proportion of acute conditions.

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 2013/14 this equates to 1,640 admission episodes in Plymouth although by definition we know that the number of people admitted is higher than the admission episodes.

Consumption levels Levels of harmful drinking

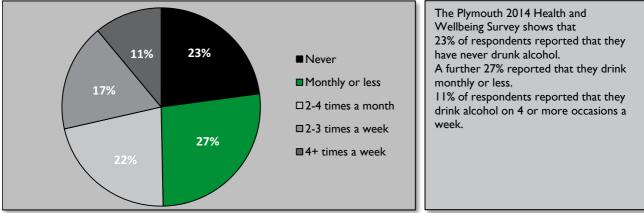
Definition

It is notoriously difficult to accurately report alcohol consumption. There is evidence that people frequent report lower levels of use than data for alcohol sales indicates.

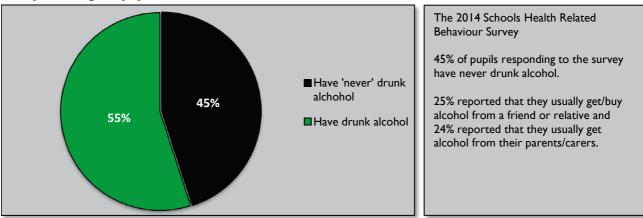
Description

The 2013 Health Survey for England monitors trends in the nations health. In 2013 a total of 8,795 adults were interviewed as part of the survey that included questions about drinking behaviours and patterns. The 2014 Wellbeing Survey was sent to 6,327 people (r.1,647) and asked a series of questions about drinking behaviours The Schools Health Related Behaviour Survey 2014 was carried out in 15 secondary schools with responses from 3,749 pupils in Year 8 (12/13 years) and Year 10 (ages 14-15)

How often Plymouth residents have a drink containing alcohol



The percentage of pupils that have tried alcohol



Interpretation

The 2013 Health Survey for England reported that

15% of men and 20% of women did not drink any alcohol in the last year

63% of men and 64% of women drank at levels indicating lower risk of harm (up to 21 units per week for men and up to 14 units a week for women). This equates to an estimated 136,952 people in Plymouth

18% of men and 13% of women drank at an increased risk of harm (between 21 and 50 units per week for men and 14-35 units per week for women). This equates to an estimated 33,362 people in Plymouth.

5% of men and 3% of women drank at higher risk levels (more than 50 units per week for men and more than 35 units per week for women). This equates to an estimated 8,601 people in Plymouth

The Plymouth 2014 Wellbeing Survey (1,647 respondents) indicated that over 50% of respondents either never drink or drink monthly or less. 11% drink on four or more occasions. Further editions of the survey will allow recording of trends in consumption over time and provide a measure of progress in this area.

The Schools Health Related Behaviour Survey 2014 reported that 45% of year 8 and 10 have never used alcohol. 24% who have used alcohol usually get it from their parents/carers. This survey will be repeated every two years and will allow recording of trends in drinking behaviours over time.

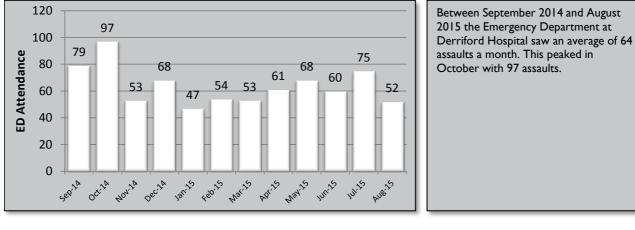
Alcohol related violence i) Assaults not reported to the police

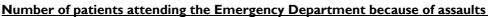
Definition

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 collect 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.







Interpretation

The ARID database is currently being installed at Derriford Hospital Emergency Department. This will improve intelligence around the location of assaults and support improved targeting of response and resources. The data will also be compatible with that collected in other Emergency Departments and Minor Injuries Units in the Peninsula and will contribute to police-force wide intelligence

Alcohol related violence ii) Alcohol-related violence (local measure)

Definition

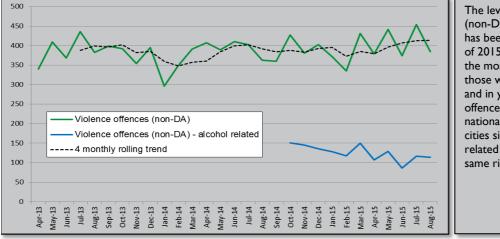
This measure is based on violence offences recorded by the police, excluding any domestic abuse offences. It includes 3 offence groups: violence with injury, violence without injury and public order offences. A new 'alcohol related flag' has been recorded for violent crimes since April 2014 and there is a high level of confidence in the data from Oct 2014.

Description

To provide context the overall violence offences (non-DA) trend has been provided for last two and a half years. The graph shows the monthly levels which tend to vary and then the rolling 4 month trend line. The graph also shows 11 months of alcohol related violence data.

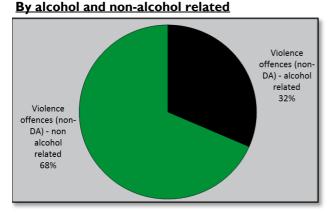
The pie charts show the % of violence which is recorded as alcohol related and the types of offences making up the alcohol related violence.

Plymouth Violence offences (excl. domestic abuse) monthly trend (April 2013 to August 2015)

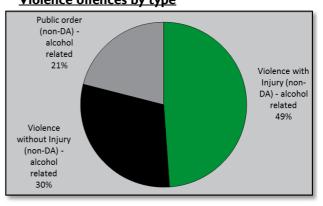


The level of **all** violence offences (non-DA) recorded by the police has been rising since the beginning of 2015. The recent rise is not in the most serious crimes but in those with no or minor injuries and in youth/family related offences. This rise is in line with national data and that seen in cities similar to Plymouth. Alcohol related violence has not seen the same rise during this timeframe.

Oct 2014 to Aug 2015 - Violence offences



Oct 2014 to Aug 2015 - Alcohol related Violence offences by type



Interpretation

The first pie chart shows that for the 11 month period Oct 2014 to August 2015 32% of all reported offences for violence were recorded as alcohol related. The second pie chart shows the breakdown of alcohol related violence offences from October 2014 to August 2015, where 49% were violence with injury, 30% violence without injury and 21% public order offences.

Alcohol related Anti-Social Behaviour

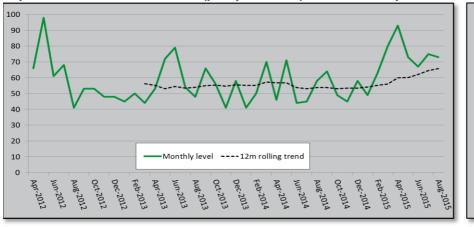
Issued alcohol related ASB

Definition

This is a proxy measure being used until fuller alcohol-related ASB information is available. 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 breaches of drink banning order.

Description

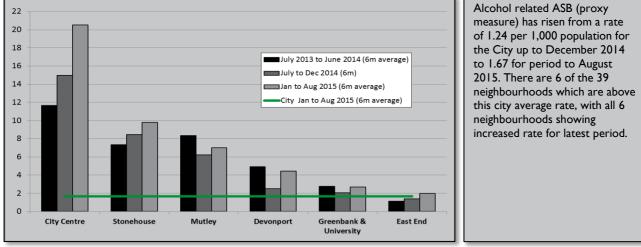
This proxy measure provides a city trend and highlights which neighbourhoods have higher rates of alcohol-related ASB or increasing trend. The aim is to move towards a fuller measure which would cover all alcohol-related ASB recorded by the police and other agencies.



Plymouth Alcohol related ASB (proxy measure) Trend from April 2012 to August 2015

Alcohol related ASB (proxy measure) has seen significant trend down from average of over 80 a month in 2011 to around 55 a month for 2013 and 2014, with slight increase in 2015 to average of 65 a month. 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.

Plymouth Alcohol related ASB (proxy measure) per 1,000 populationJan to Aug 2015 (average 6 months) compared to previous 6 months for top 6 neighbourhoods against City average



Interpretation

The trend for recorded alcohol related anti-social behaviour incidents (proxy measure) has increased over the last 12 months. Rates of alcohol related anti-social behaviour are highest in the City Centre, Stonehouse and Mutley areas.

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

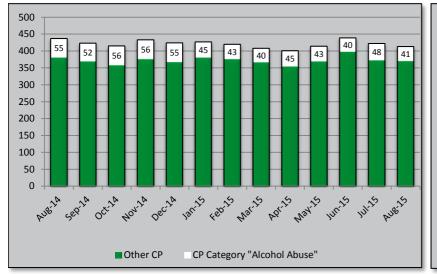
Children affected by parental alcohol misuse Parent(s) alcohol misuse

Definition

The number of children with a Child Protection Plan where parental alcohol misuse has been identified as one of the parental classifications presented as a proportion of the total number child protection cases.

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.



Number of children with a CP plan with parental alcohol misuse

The number of children with a child protection plan due to parental alcohol misuse has remained fairly static throughout 2014/2015. This shows that on average (Aug14 - Aug15) there were 421 cases a month and of those 48 where parental alcohol misuse was a classification. This is an overall reduction in the number of children with a child protection plan due to parental alcohol misuse compared to 2013/14



Interpretation

Parental alcohol misuse was a classification in 11% of child protection cases between August 2014 and August 2015. For the first 5 months of 2015/16 there was on average 43.4 child protection cases where alcohol misuse is present which is a around 10 less case per month compared to the first 5 months of 2014/15.

A further indicator is currently being developed. This will record the number of cases where parental alcohol misuse is identified through continuing assessment for families that are below the level of child protection.

Additionally the Health Visitor Caseload Survey is undertaken every two years and records a series of health need factors from over 13,000 families with children under 5 years across Plymouth. In 2014 parental alcohol misuse was recorded in 262 families.