

HEALTH AND WELLBEING BOARD

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PLYMOUTH
CITY COUNCIL

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1.0 Introduction

The Alcohol Dashboard is the agreed mechanism for reporting the position and progress of the overall objectives in the Strategic Alcohol Plan. This report updates the Alcohol Dashboard and provides details of the revised Strategic Alcohol Implementation Plan.

Promote Responsibility, Minimise Harm, A Strategic Alcohol Plan for Plymouth 2013-18 was published in August 2013. This defines the first whole systems approach to addressing alcohol in the city.

The Plan defines a coherent and shared strategic approach to tackling alcohol related harm whilst at the same time contributing toward Plymouth's ambition of being 'one of Europe's finest, most vibrant waterfront cities where an outstanding quality of life can be enjoyed by everyone.'

The overall ambition of the Plan is to reduce alcohol related harm in Plymouth.

Specifically the strategy aims to;

- Change attitudes towards alcohol
- Provide support for children, young people and parents in need
- Support individual need
- Create a safer more vibrant Plymouth

In doing so we are seeking to

- Reduce the rate of alcohol attributable hospital admissions
- Reduce levels of harmful drinking by adults and young people
- Reduce alcohol related violence
- Reduce alcohol related anti-social behaviour
- Reduce the number of children affected by parental alcohol misuse

2.0 Update of the reporting framework – the Alcohol Dashboard

The Alcohol Dashboard reports on each of the above indicators. A full update of the Dashboard is shown in Appendix I and a summary of main points is provided below.

2.1 Alcohol related admissions to hospital (broad and narrow)

This indicator provides a measure of the burden of health harms and the impact of alcohol related disease and injury at Derriford Hospital. It does not count number of people admitted but rather uses alcohol attributable fractions to calculate the estimated number of admission episodes. These indicators do not include attendances at the Emergency Department that do not lead to admission to hospital.

In 2013/14 the admission rate (broad) was 2,290 per 100,000 population - a slight reduction from 2012/13 when the rate was 2,298. This equates to 5,437 admission episodes. The rate in Plymouth is higher than the England average. It is in the middle of its ONS comparator group areas.

In 2013/14 the admission rate (narrow) was 665 per 100,000 a slight reduction from the 2012/13 rate of 708 per 100,000. This is higher than the England average but the gap between England and Plymouth has narrowed in the last year.

2.2 Levels of harmful drinking

It is notoriously difficult to accurately measure consumption levels. The 2013 Health Survey for England reported that

- 15 per cent of men and 20 per cent of women did not drink any alcohol in the last

- 63 per cent of men and 64 per cent 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 per cent of men and 13 per cent 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 per cent of men and 3 per cent 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 was sent to 6,327 over 18 year olds (r. 1,647) and asked a series of questions about drinking behaviours. 23% of respondents reported they have never drunk alcohol. A further 27% reported that they drink monthly or less. 11% of respondents reported that they drink alcohol on 4 or more occasions a week

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). 45% of pupils responding to the survey have never drunk alcohol. 25% reported that they usually get/buy alcohol from a friend or relative and 24% reported that they usually get it from their parents/carers

2.3 Alcohol related violence – assaults not reported to the police

This data is captured at the Emergency Department at Derriford Hospital and records assaults not reported to the police – a high proportion of which are alcohol related. Between September 2014 and August 2015 there were between 47 and 97 assaults recorded a month. The ARID database is currently being installed in the Emergency Department to improve intelligence on the location of assaults.

2.4 Alcohol related violence – local measure

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 where there has been an incident where one or more people's behaviour has caused alarm or distress to others. A new 'alcohol related flag' has been recorded for violent crimes since April 2014. The definition of an alcohol related offence is '*the victim or offender was under the influence of alcohol or the location indicates it was*'.

The level of **all** violence offences (non-domestic abuse) 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.

2.5 Alcohol related anti-social behaviour (proxy measure)

This measure combines two datasets – anti-social behaviour (ASB) incidents recorded by the police as street drinking (either with or without rowdy behaviour) and non-notifiable offences recorded by the police which are relating to drunk behaviour, failure to comply with police direction/designated area and breaches of drink banning order.

Between 2011 and 2014 there was a significant reduction in the number of alcohol related ASB cases. There has been an increase in number of cases per month between January 2015 and

August 2015 to an average of 65 cases a month. Rates of ASB are higher in the City Centre, Devonport and Mutley neighbourhoods.

2.6 Children affected by parental alcohol misuse

Parental alcohol misuse can lead to poor outcomes for children. Between August 2014 and August 2015 there were an average of 421 child protection 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.

A further indicator is being developed to enhance local understanding of the scale and impact of parental alcohol misuse. 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.

3.0 2015/16 Implementation Plan

A review of the current Implementation Plan focusing on how we escalate our efforts in reducing alcohol related harm has recently taken place. Two clear themes have emerged from these discussions.

Narrative and key messages

There is a need to articulate a clearer definition of the city's vision re alcohol. We need to develop our narrative around key issues such as the role of alcohol in growth and economic development, the role of alcohol in the evening and night time economy and our messages to Plymouth resident's re sensible/acceptable levels of drinking.

Key to this is having a cost benefit analysis of alcohol in Plymouth. This will provide a better understanding of the value of alcohol to the city and the costs in terms of impact on individuals, families, communities and public services. This in turn will allow us to shape our vision and narrative and inform our conversations with various audiences.

Leadership and influence

As well as clearer messages there are opportunities for more visible leadership around alcohol. This includes a number of conversations to ensure strategic coherence re alcohol across key policy and service areas in the city. These conversations will themselves further shape and refine our key messages and on-going narrative.

Key audiences for conversations are

- Local politicians and leaders
- Key strategic partners – in particular Plymouth University and Plymouth Hospitals NHS Trust
- The public
- National politicians and policy makers

Next Steps

- Public Health will lead work on a cost benefit analysis of alcohol in Plymouth. This will require input from a number of partners including the Police, Plymouth City Council Economic Development and Public Protection Services. This will be completed by November 2015.
- Public Health will lead work to develop and collate a series of info graphics and narratives to improve communications and inform conversations.

- The Alcohol Programme Board will use the outputs from the cost benefit analysis work and other key intelligence sources to refine a vision and key messages (Alcohol Programme Board meeting 10th December 2015).
- Alcohol Programme Board members will define and lead a series of strategic conversations.
- The Alcohol Programme Board will define an approach to engagement and conversations with Plymouth residents.
- The implementation of the current Strategic Alcohol Plan will continue to be led by the Alcohol Programme Board and Accountable Leads.