

# HEALTH AND WELLBEING BOARD

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**PLYMOUTH**  
CITY COUNCIL

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## 1.0 Introduction

*Promote Responsibility, Minimise Harm, A Strategic Alcohol Plan for Plymouth 2013-18* was published in August 2013 and 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. More specifically the programme of work within the Plan seeks 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

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 key workstreams within the revised Strategic Alcohol Implementation Plan.

## 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 to hospital 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 2014/15 the admission rate (broad) was 2,351 per 100,000 population - a slight increase from 2013/14 when the rate was 2,290. This equates to 5,644 admission episodes. The rate in Plymouth is higher than the England average and is in the middle of the ONS comparator group areas.

In 2014/15 the admission rate (narrow) was 671 per 100,000 a slight increase from the 2013/14 rate of 665 per 100,000. This is higher than the England average but the gap between England and Plymouth has narrowed in recent years.

### 2.2 Levels of harmful drinking

It is notoriously difficult to accurately measure consumption levels. The 2014 Health Survey for England reported that

- 15 per cent of men and 22 per cent of women did not drink any alcohol in the last
- 63 per cent of men and 62 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 135,469 people in Plymouth**

- 17 per cent of men and 12 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 17,855 people in Plymouth.**
- 5 per cent of men and 4 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 9,765 people in Plymouth**

(The data was published prior to the new UK Chief Medical Officer alcohol unit guidelines that were issued in January 2016 to reflect new evidence about the link between alcohol and health harms, in particular cancer. The new guidelines suggest that it is safest for men and women not to drink regularly more than 14 units of alcohol a week.)

**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 2016** was carried out in 18 secondary schools with responses from 4,342 pupils in Year 8 (12/13 years) and Year 10 (ages 14-15). 50% of pupils responding to the survey have never drunk alcohol – this compares to 45% in 2014. 5% reported that they got drunk on at least one day in the last 7 days – this compares to 8% in 2014.

### **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. The ARID database has recently been installed in the Emergency Department and has improved the collection and reporting of this data – in particular intelligence about the location of assaults. Between January 2016 and June 2016 there were between 38 and 16 alcohol related assaults recorded a month.

### **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. 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-DA) recorded by the police has remained around the 400 per month level for the last 2 years. Within this the categories of violence showing increases are harassment offences and youth/family related offences. This is in line with national data and that seen in cities comparable to Plymouth. Between June 2015 and June 2016 there were an average of 109 incidents a month with the most incidents reported in December 2015 when there were 151 incidents

### **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.

Alcohol related ASB (proxy measure) has seen gradual trend of increasing incidence over last year from an average of 50 incidents a month in 2014 to 70 a month for 2015/16. Rates of alcohol related anti-social behaviour are highest in the City Centre, Stonehouse and Mutley areas.

## **2.6 Children affected by parental alcohol misuse**

Parental alcohol misuse can lead to poor outcomes for children. Parental alcohol misuse was a classification in 10% of child protection cases between July 2015 and June 2016. For the first quarter of 2016/17 there was on average 34.3 child protection cases where alcohol misuse is present which is 8 less cases per month compared to the first quarter of 2015/16.

Additionally the Health Visitor Caseload Survey is undertaken every two years and records a series of health need factors from over 12,000 families with children under 5 years across Plymouth. In 2016 parental alcohol misuse was recorded in 240 families. This compares to 262 families in 2014

## **3. Implementation Plans**

Over the last 12 months the Alcohol Programme Board has given focus to high impact areas of work which include the following.

### ***Neighbourhood Harm Mapping Resource***

This online resource brings together a number of indicators of alcohol related harm and presents them at a neighbourhood level. Using the best available evidence this provides a picture of how communities in Plymouth are affected by alcohol. The indicators shown in the mapping are

- Number of licensed premises (on and off)
- Deprivation
- Life expectancy
- Alcohol related crime
- People in treatment for alcohol misuse
- Alcohol related assaults presenting to the hospital Emergency Department
- Alcohol related hospital admissions
- Alcohol related mortality
- Domestic abuse

The intelligence provided in this mapping can be used to inform strategy, operational decisions and targeting of resources. Specifically it can be used to support the systematic assessment of alcohol licensing applications and reviews and to inform planning and development decisions across the city. In this way it can be used to support environments which address the wider determinants of health and wellbeing and support healthy lifestyles.

### ***Developing integrated responses to multiple and complex needs – including alcohol dependency***

Commissioners across Plymouth City Council Cooperative Commissioning Team, Office of the Director of Public Health and NEW Devon Clinical Commissioning Group are working to develop a whole system approach for re-commissioning mental health, homelessness, substance misuse (alcohol) treatment services and some offender services. This is focused on providing integrated responses across the system and ensuring that people's needs can be met wherever they access services. This will make a step change in how services for people with complex needs are provided in Plymouth with a new service in place for April 2018

Additionally NEW Devon CCG, together with a range of other partners, has lead work to submit a bid to the Big Lottery Commissioning Better Outcomes Fund. This is focussed on securing funds, through a Social Impact Bond, to improve responses for people who frequently use hospital and other services because of their alcohol use. The outcome of this bid should be known in November 2016.

Additionally a number of ongoing work programmes continue and include the following.

- The **Health Child Quality Mark** supports the delivery of high quality alcohol education and has focused on increasing the number of schools participating in the Programme. 72 (75%) of Plymouth Schools and 2 Higher Education colleges are now engaged. A 0-5 HCQM version is in the pilot stage. This version includes alcohol criteria, aimed at parents and staff and will hopefully be delivered in all early years settings including Children's Centre and Nurseries.
- An **alcohol Identification and Brief Advice (IBA) training programme** is commissioned by Public Health and delivered by Livewell South West. During 2015/2016 11 courses were delivered to nearly 150 staff from organisations across the city. This has built capacity across the system to deliver this intervention that is evidenced to support people in reducing their drinking to lower risk levels.
- Improving the **management of the evening and night time economy (ENTE)** - an ENTE Co-ordinator has been in post for the last year to co-ordinate delivery of community safety initiatives. Best Bar None have assessed venues to ensure standards are met and have specifically engaged with licensees on the Barbican, North Hill and Royal William Yard to increase membership. The Reducing the Strength initiative continues to encourage off-licence premises not to sell low cost high strength products.

#### 4. Next Steps

- Work programmes within the high impact and business as usual Implementation Plans will continue in 2016-17 and 2017-18.
- Supporting a collective understanding - ODPH will work with other partners to continue to build the intelligence, evidence and experience and bring clarity to the 'local story'.
- *Promoting dispersed leadership* - following discussion with Alcohol Programme Board members the Board will be replaced by a bi-annual network event. This repositioning of the existing partnership will both preserve the benefits of the current approach and energise efforts by engaging a wider audience. The network will provide an opportunity to profile the intelligence, evidence and experience. It will also provide a platform for local leaders to emerge and organise around specific responses and initiatives. This Network will run alongside a number of other forums where alcohol is a key part of the agenda including the Safer Plymouth, Evening and Night-Time Economy Group and the Integrated Commissioning Strategy System Design Groups.