Public Health England

Protecting and improving the nation's health

Adults - alcohol JSNA support pack: key data

Key data to support planning for effective alcohol harm prevention, treatment and recovery in 2017-18

Northumberland
(using latest available data)

ABOUT THIS JSNA SUPPORT PACK

The health harms associated with alcohol consumption in England are widespread, with around 10.4 million adults (Office for National Statistics, 2014) drinking at levels that pose some level of risk to their health. Due to the breadth of these problems, this pack provides a range of alcohol-related data. Firstly, in relation to different levels of alcohol-related harm in your local population and secondly data about your local alcohol treatment system.

Indicators in the first section will help you monitor the extent to which alcohol is impacting on the health of the local population. Data in this section has been taken from the Local Alcohol Profiles for England (LAPE) and comparisons to local and national benchmarks are provided. Further information on alcohol-related harm in your local area can be found on the Public Health Profiles (Health Profiles) tool at:

http://fingertips.phe.org.uk/profile/local-alcohol-profiles

To better understand how your local alcohol system is responding to these problems, additional local data can be used. Data related to the targeted alcohol prevention interventions in local areas, such as Identification and Brief Advice (IBA), are not collected nationally but should be available at a local level. A list of wider data sources is referenced at the end of the pack.

In the second section of this report there is key information about adult alcohol clients in your local alcohol treatment system during 2015-16, alongside national data for comparison. The data is taken from the National Drug Treatment Monitoring System (NDTMS) and reflects activity reported for individuals in structured alcohol treatment.

Detailed information relating to the methods used in calculating all data items in this pack is available in the supporting document 'Technical definitions for the data to support planning for effective alcohol harm prevention, treatment and recovery in 2017-18'.

DATA ON ALCOHOL - RELATED HARM IN YOUR LOCAL AREA

The following section uses data from the LAPE and makes comparisons against national and local benchmarks using a nearest neighbour approach. The nearest neighbour approach groups each local authority with 15 other areas that are similar across a range of demographic, socio-economic and geographic variables. Utilising a nearest neighbour approach allows like-for-like comparisons of areas and can reveal patterns in the data that would not otherwise be seen when making comparisons against a national benchmark. It is therefore important to consider both national and nearest neighbour comparisons when interpreting the data.

There are two types of benchmarks in this data pack. The first is at local level and demonstrates which quartile the area falls into within its nearest neighbour group, the second is at national level and shows which quartile the area falls into within all UTLAs in England. Quartile one (shown in dark green) is indicative of lower levels of alcohol-related harm compared to the benchmark. Quartiles two and three indicate increasing levels of harm respectively and areas in quartile four (shown in red), suggest the local authority has the highest levels of harm compared to the benchmark. All data is reported at Upper Tier Local Authority (UTLA), however data for other geographies including Lower Tier Local Authorities (LTLA) can be found on the Public Health Profiles (Fingertips) site.

Where cells appear with an asterisk (*) , small numbers have been suppressed to prevent disclosure or values cannot be calculated as the number of cases is too small. Please refer to the technical guidance for further information on this.

The areas identified as the 15 nearest neighbours for Northumberland are:

East Riding of Yorkshire, Sefton, Wirral, Cornwall and Isles of Scilly, North Tyneside, Shropshire, Durham, Cheshire West and Chester, North Somerset, Isle of Wight, Barnsley, Redcar and Cleveland, Calderdale, Wakefield, Stockport

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HOSPITAL ADMISSIONS DUE TO ALCOHOL

Local National

The data below reflects the general impact of alcohol on population health.

Alcohol-related hospital admissions can be due to regular alcohol use that is above lower-risk levels and are most likely to involve increasing-risk drinkers, higher-risk drinkers, dependent drinkers and binge drinkers.

Health conditions in which alcohol plays a causative role can be classified as either 'alcohol-specific' or 'alcohol-related'. The first two indicators below refer to ‘alcohol-specific’ conditions, where alcohol is causally implicated in all cases, e.g. alcohol poisoning or alcoholic liver disease. The following four indicators are for ‘alcohol-related conditions’ which include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases, for example high blood pressure, various cancers and falls.

Persons admitted to hospital for alcohol-specific conditions - under 18s section gives a crude indication of the direct health impact of alcohol on the health of that group.

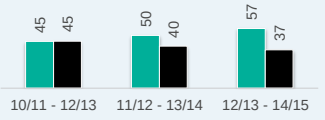
Within the four indicators relating to alcohol-related conditions, there are two types of measure; broad and narrow. For example; the third item, persons admitted to hospital for alcohol-related conditions (broad measure), is an indication of the totality of alcohol health harm in the local adult population. The fourth item, persons admitted to hospital for alcohol-related conditions (narrow measure), shows the number of admissions where an alcohol-related illness was the main reason for admission or was identified as an external cause. This definition is more responsive to change resulting from local action on alcohol and is included as an indicator in the Public Health Outcomes Framework (PHOF).

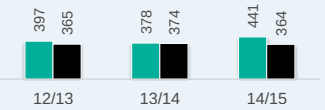
Persons admitted to hospital for alcohol-related conditions reflect the number of individuals being adversely affected by alcohol (individuals are only counted once irrespective of how many admissions they have had within a year). Admission episodes for alcohol-related conditions was developed as a measure of pressures from alcohol on health systems. For this indicator the alcohol-attributable fractions are applied in order to estimate the number of admissions, rather than the number of people (therefore individuals are counted each time they are admitted which may be more than once).

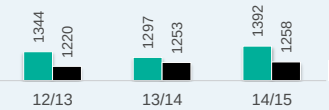
To address the harm reflected in this data, successful plans will employ what is known to work in terms of: effective prevention; health improvement interventions for those at risk; treatment and recovery services for dependent drinkers; and action to reduce binge drinking and harms associated with it.

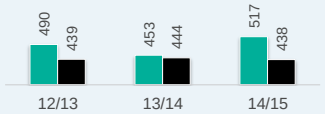
1 Lowest amount of harm 2 Lower harm levels 3 Higher harm levels 4 Highest amount of harm

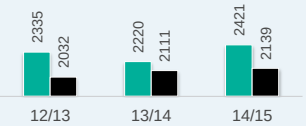
	Local rate per 100,000	LCI	UCI	Nearest Neighbour Group	National rate per 100,000	LCI	UCI	National
Persons admitted to hospital for alcohol-specific conditions Under 18s 2012/13 - 2014/15	56.8	*46.4*	*68.9*	3	36.6	*36.0*	*37.3*	4
All Ages 2014/15	441.2	*418.1*	*465.3*	3	364.4	*362.8*	*366.1*	3
Persons admitted to hospital for alcohol-related conditions Broad 2014/15	1,391.5	*1,351.5*	*1,432.4*	2	1,257.7	*1,254.6*	*1,260.7*	3
Narrow 2014/15	517.5	*492.5*	*543.4*	3	437.6	*435.8*	*439.4*	4
Admission episodes for alcohol-related conditions Broad 2014/15	2,421.3	*2,368.8*	*2,474.7*	2	2,138.7	*2,134.7*	*2,142.7*	3
Narrow 2014/15	821.6	*790.5*	*853.7*	4	640.8	*638.6*	*643.0*	4

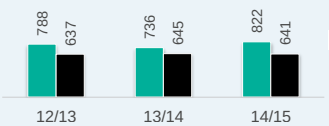












ALCOHOL-RELATED CONDITIONS

Local National

Alcohol has been identified as a causal factor in more than 60 medical conditions, including circulatory and digestive diseases, liver disease, a number of cancers and depression. These particular alcohol-related conditions have been selected because they are of particular concern for some local areas and may be the focus of wider strategic action.

Men account for the majority (65%) of alcohol-related admissions. This reflects a higher level of harmful drinking among men compared to women overall (HSCIC, 2016). The indicators here are provided by gender in order to reflect this differential harm.

1 Lowest amount of harm | 2 Lower harm levels | 3 Higher harm levels | 4 Highest amount of harm

	Local rate per 100,000	LCI	UCI	Nearest Neighbour Group	National rate per 100,000	LCI	UCI	National	
Admission episodes for alcohol-related cardiovascular disease conditions (Broad)									
Males 2014/15	1,700.4	*1,637.1*	*1,765.4*	3	1,559.8	*1,554.6*	*1,565.0*	3	Male 1700 1560
Females 2014/15	693.9	*656.3*	*733.1*	2	690.9	*687.7*	*694.1*	2	Female 694 691
Admission episodes for alcoholic liver disease condition (Broad)									
Males 2014/15	162.3	*143.4*	*182.9*	2	152.2	*150.6*	*153.7*	3	Male 162 152
Females 2014/15	75.5	*63.3*	*89.4*	2	67.9	*66.9*	*68.9*	3	Female 76 68
Admission episodes for alcohol-related unintentional injuries conditions (Narrow)									
Males 2014/15	256.8	*231.6*	*283.9*	4	212.2	*210.3*	*214.0*	4	Male 257 212
Females 2014/15	84.7	*71.1*	*100.0*	3	73.6	*72.6*	*74.6*	4	Female 85 74
Admission episodes for mental and behavioural disorders due to use of alcohol condition (Narrow)									
Males 2014/15	133.4	*115.3*	*153.5*	3	120.2	*118.8*	*121.5*	3	Male 133 120
Females 2014/15	50.8	*40.3*	*63.2*	3	49.9	*49.1*	*50.8*	3	Female 51 50
Admission episodes for intentional self-poisoning by and exposure to alcohol condition (Narrow)									
Males 2014/15	87.8	*72.9*	*104.7*	4	45.0	*44.2*	*45.8*	4	Male 88 45
Females 2014/15	98.3	*82.8*	*115.9*	4	58.6	*57.7*	*59.5*	4	Female 98 59
Incidence rate of alcohol-related cancer									
Males 2012 - 2014	38.4	*32.9*	*44.3*	2	39.5	*39.1*	*40.0*	2	Male 38 40
Females 2012 - 2014	37.1	*32.1*	*42.5*	2	37.1	*36.7*	*37.6*	2	Female 37 37

FREQUENT HOSPITAL ADMISSIONS

Data on individuals who are admitted to hospital frequently for alcohol-specific conditions have been included to give an indication of the number of drinkers who place a heavy burden on health services and, very often, on social, housing and criminal justice services. The fact that these people are suffering ongoing alcohol-specific ill health suggests that they may not have had contact with treatment services, or if they have, it is likely that services have not engaged with them for long enough for them to achieve sustained abstinence. The data below shows, for those individuals who had an alcohol specific hospital admission in 2014-15, the number of previous alcohol specific admissions they had in the preceding 24 months.

Individuals with alcohol-specific hospital admissions in 2014-15 and number of admissions in the preceding 24 months	Local n	Local rate per 100,000*	LCI	UCI	National n	National rate per 100,000*	LCI	UCI
No previous admission	989	313.0	*294.1*	*333.1*	126,664	233.2	*231.9*	*234.5*
1 previous admission	198	62.7	*54.5*	*72.0*	24,531	45.2	*44.6*	*45.7*
2 or more previous admissions	189	59.8	*51.9*	*69.0*	30,639	56.4	*55.8*	*57.0*

* All person crude rate per 100,000

MORTALITY AND MONTHS OF LIFE LOST

Local National

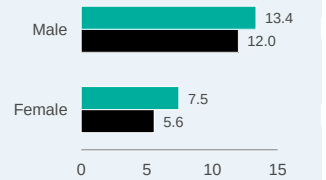
The data reflects the level of chronic heavy drinking in the population and is most likely to be found in higher risk drinkers and dependent drinkers. High rates of alcohol-specific mortality and mortality from chronic liver disease are likely to indicate a significant population who have been drinking heavily and persistently over the past 10 - 30 years (obesity is also a key factor for liver disease).

Broadly speaking alcohol-related deaths make up around 5% of all deaths (PHE, 2014). Of these, about a third are alcohol-specific deaths – e.g. from alcohol poisoning, alcoholic liver disease, alcoholic pancreatitis.

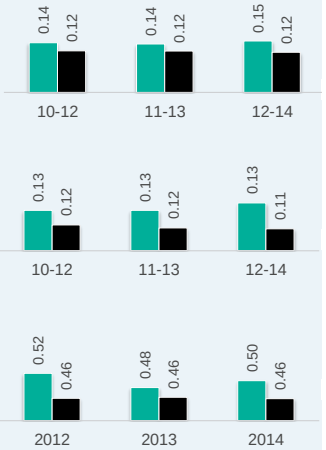
The remaining alcohol-related deaths are from conditions partially related to alcohol, roughly two thirds of which are from chronic conditions – e.g. cardiovascular diseases and cancers, with the remainder caused by acute consequences such as road traffic accidents or intentional self-harm.

1 Lowest amount of harm 2 Lower harm levels 3 Higher harm levels 4 Highest amount of harm

Months of life lost due to alcohol	Local n	Nearest Neighbour Group	National n	National
Months of life lost - males 2012-2014	13.4	3	12.0	3
Months of life lost -females 2012-2014	7.5	3	5.6	4



	Local rate per 1,000	LCI	UCI	Nearest Neighbour Group	National rate per 1,000	LCI	UCI	National
Alcohol-specific mortality 2012-2014	0.15	*0.13*	*0.17*	3	0.12	*0.11*	*0.12*	3
Mortality from chronic liver disease 2012-2014	0.13	*0.11*	*0.16*	2	0.11	*0.11*	*0.12*	3
Alcohol-related mortality 2014	0.50	*0.43*	*0.58*	3	0.46	*0.45*	*0.46*	3



DATA FROM YOUR LOCAL ALCOHOL TREATMENT SYSTEM

The following section provides detailed information on individuals who are receiving structured alcohol treatment. The National Drug Treatment Monitoring System (NDTMS) data presented in this pack covers the period 1 April 2015 to 31 March 2016 and individuals who cited alcohol as their only substance misuse problem, unless otherwise stated. Percentages are rounded and may not sum to 100%. In addition, proportions based on low numbers may also appear as 0%.

Nationally, women make up 39% of the adults in alcohol treatment. Women presenting to treatment often experience poor mental health, domestic violence and abuse which may impact upon their recovery and they are more likely to be carers of children. Some of the data presented here is split by gender to help local planning and meet women's needs in recovery services.

VALUE FOR MONEY

Later this year, we will be publishing an updated Commissioning Tool containing data from 2015-16. The Tool will comprise an improved Cost Calculator and Cost Effectiveness Analysis (CEA) to support areas in estimating local spend on treatment interventions and cost-effectiveness. For the first time, the Tool will include alcohol and drugs prevalence data and a scenario planning function. Local Authorities are encouraged to use the Commissioning Tool to consider how well they are meeting need, to help improve cost effectiveness and to plan service provision going forward.

The Value for Money Team will also be releasing the 2015/16 Social Return on Investment (SROI) Tool. Focusing on SROI can help local authorities make informed decisions about how to spend their money effectively on services that improve lives, opportunities, health and wellbeing. SROI analysis is also in keeping with The Public Services (Social Value) Act 2012, which recommends that all public bodies, including local authorities, consider how their commissioning decisions benefit society. The SROI Tool will contain information on the impact of treatment on offending, health and quality of life to help local authorities make the case for treatment locally.

WAITING TIMES

Local National

This section provides information relating to the length of time clients waited to receive all first interventions in their package of alcohol treatment. People who need alcohol treatment need prompt help if they are to recover from dependence and keeping waiting times short will play a vital role in supporting recovery from alcohol dependence.

	Local		National	
	n	Proportion of all initial waits	n	Proportion of all initial waits
Initial waits under three weeks to start treatment	393	100%	57,886	96%
Initial waits over six weeks to start treatment	0	0%	954	2%

% of initial waits under 3 weeks to access treatment

ROUTES INTO TREATMENT

Local National

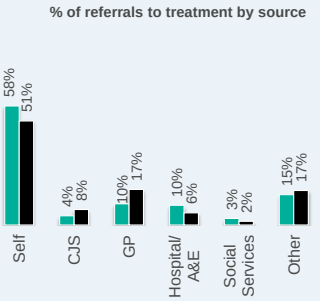
The table below shows the routes into alcohol treatment in 2015-16. Understanding these gives an indication of the levels of referrals from various settings into specialist treatment. Criminal Justice System (CJS) means referred through an arrest referral scheme, via an Alcohol Treatment Requirement (ATR), prison or the probation service.

Source of referral into treatment

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of referrals	M	F	n	Proportion of referrals	M	F
Self-referral	236	58%	55%	61%	29,094	51%	50%	52%
Referred through CJS	18	4%	7%	2%	4,352	8%	10%	4%
Referred by GP	42	10%	12%	9%	9,952	17%	17%	18%
Hospital/A&E	39	10%	9%	10%	3,407	6%	6%	6%
Social Services	13	3%	3%	4%	1,041	2%	1%	3%
All other referral sources	60	15%	15%	15%	9,671	17%	16%	17%

Individuals with a missing referral source are not counted

% of referrals to treatment by source



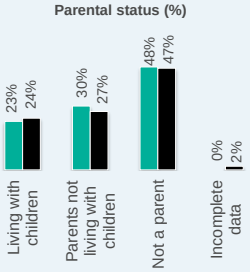
SAFEGUARDING

Local National

The data below shows the number of alcohol clients who entered treatment in 2015-16 who live with children and the stated number of children who live with them. Alcohol clients who are parents but do not live with children and users for whom there is incomplete data are also included.

	Local		Proportion by gender		National		Proportion by gender	
	n	Proportion of new presentations	M	F	n	Proportion of new presentations	M	F
Living with children (own or other)	92	23%	16%	31%	13,845	24%	18%	33%
Parents not living with children	121	30%	34%	25%	15,657	27%	29%	23%
Not a parent/no child contact	195	48%	51%	44%	27,247	47%	50%	42%
Incomplete data	0	0%	0%	0%	974	2%	2%	2%

Parental status (%)



	Local	Proportion of children by client gender		National	Proportion of children by client gender	
	n	M	F	n	M	F
Number of children living with alcohol clients entering treatment in 2015-16	170	38%	62%	24,919	49%	51%

DEMOGRAPHICS AND HEADLINE TREATMENT FIGURES

Local National

This section shows information about people who were in alcohol treatment in 2015-16. Specifically all those in treatment; those who started in the year; the age breakdown of all in treatment and the number of pregnant women.

The national average age of clients in alcohol treatment is 45 and the age distribution for both genders is very similar.

The data below also shows the number of individuals who entered alcohol treatment in 2015-16 and received care from a mental health service for reasons other than substance misuse. It is included to help you to identify the prevalence of co-occurring mental health conditions among your alcohol treatment population, and should be considered alongside other relevant data sources. Please note that data completeness for this item is variable, with variation across partnerships in how this field is defined in practice.

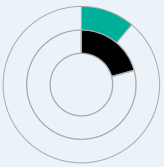
	Local		Split by gender		National		Split by gender	
	n		M	F	n		M	F
Number of adults in alcohol treatment in 2015-16	766		57%	43%	85,035		61%	39%

			Proportion of all clients	Proportion by gender			Proportion of all clients	Proportion by gender	
				M	F			M	F
Number and proportion of adults starting alcohol treatment in 2015-16		408	53%	52%	55%	57,723	68%	68%	67%
Age of all adults in alcohol treatment in 2015-16	18-29	76	10%	12%	7%	8,137	10%	9%	10%
	30-39	152	20%	20%	20%	18,691	22%	22%	22%
	40-49	261	34%	35%	33%	27,328	32%	32%	33%
	50-59	200	26%	24%	28%	21,428	25%	25%	25%
	60-69	68	9%	9%	9%	7,867	9%	9%	9%
	70-79	9	1%	0%	2%	1,462	2%	2%	2%
	80+	0	0%	0%	0%	122	0%	0%	0%

	Local	Proportion of new presentations	National	Proportion of new presentations
New female presentations who were pregnant	4	2%	280	1%
Incomplete data	0	0%	1331	6%

		Local		National	
		n	Proportion of new presentations	n	Proportion of new presentations
Client is currently receiving care from mental health services for reasons other than substance misuse	Yes	45	11%	11,365	20%
	No	360	88%	43,336	75%
	Incomplete data	3	1%	3,022	5%

%* receiving care from mental health services



* of clients with completed data

DRINKING LEVELS

This section shows the number of units consumed by people in treatment in the 28 days prior to commencing treatment. Most people who require structured treatment for alcohol dependence will be drinking at higher risk levels. There is no direct correlation between regular consumption levels and dependence, but this may give some indication of the severity of dependency and potential harm among the treatment population. Having an indication of drinking levels may be useful in understanding which clients treatment services are targeting and how well they are engaging with those in the most severe need and experiencing the greatest harm.

The 2016 CMOs' consumption guidelines advise a single low risk consumption level for men and women of 14 units per week. In general however, as consumption rises women are likely to become dependent and experience health and social harms at lower consumption levels than men. Below are the drinking levels of both men and women when they start treatment.

Although the majority of clients cite using alcohol in the month prior to treatment, 7% nationally cite no alcohol use. There are several reasons why this could be the case: they may have been referred to treatment directly from the criminal justice system or they may be in treatment to maintain abstinence and prevent relapse.

Units consumed in the 28 days prior to entering treatment:

	Male	Female	Proportion by gender													
			0 units		1-199		200-399		400-599		600-799		800-999		1000+	
	n	n	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Local	435	330	9%	8%	14%	26%	16%	26%	20%	20%	16%	12%	10%	3%	15%	3%
National	51,089	32,749	7%	7%	18%	24%	20%	25%	21%	22%	13%	10%	9%	6%	12%	6%

Individuals with missing units data are not included in this section

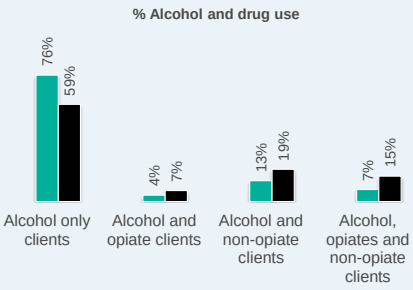
ALCOHOL DEPENDENT COHORT AND DRUG USE

Local National

Whilst the NDTMS data in this pack focuses specifically on those individuals who are in treatment for alcohol misuse only, it is important to take into account the wider cohort of alcohol users who also have drug misuse problems. The needs of these clients are particularly complex and extra consideration needs to be given to what additional support they may require.

Presented first here is the number and proportion of clients in your treatment system who have a problem with alcohol only. This is followed by the number and proportion of individuals who have a problem with both alcohol and drugs and then the most commonly cited drugs by these individuals; crack, cocaine and cannabis.

	Local	% of all clients receiving alcohol treatment	National	% of all clients receiving alcohol treatment
	n		n	
All alcohol clients in your treatment system	1,004		144,908	
Alcohol only clients	766	76%	85,035	59%
Alcohol and drug users				
Alcohol and opiate clients	39	4%	9,552	7%
Alcohol and non-opiate clients	126	13%	28,187	19%
Alcohol, opiates and non-opiate clients	73	7%	22,134	15%
Cited crack*	13	1%	16,530	11%
Cited cocaine*	48	5%	13,848	10%
Cited cannabis*	101	10%	22,091	15%



* Note: clients may cite more than one additional substance and are counted once under each relevant category

INTERVENTIONS

We know that the types of intervention delivered to service users will have an impact on their achievement of recovery outcomes. The table below shows what interventions are delivered locally and in what setting. The last item focuses on those who receive pharmacological intervention and whether it was for withdrawal or relapse prevention. This has been separated in this way so as to distinguish between prescription for initial medically assisted withdrawal and that to reduce craving and maintain sustained abstinence.

Local high level interventions

	Pharmacological		Psychosocial		Recovery Support		Total Individuals**	
Setting:	n	%	n	%	n	%	n	%
Community	8	62%	763	100%	661	100%	764	100%
Inpatient unit	4	31%	0	0%	2	0%	4	1%
Primary care	0	0%	0	0%	1	0%	1	0%
Residential	1	8%	1	0%	0	0%	1	0%
Recovery house	0	0%	0	0%	0	0%	0	0%
Young person setting	0	0%	0	0%	0	0%	0	0%
Missing	0	0%	0	0%	0	0%	0	0%
Total individuals*	13		764		662		766	

	Local		National	
Pharmacological Intervention Type (sub intervention):	n	%	n	%
Individuals with a pharmacological intervention where the intention is withdrawal	5	38%	6,254	34%
Individuals with a pharmacological intervention where the intention is relapse prevention	3	23%	5,723	31%

* This is the total number of individuals receiving each intervention type and not a summation of the setting the intervention was delivered in.
** This is the total number of individuals receiving any intervention type in each setting and not a summation of the pharmacological, psychosocial and recovery support columns.

RESIDENTIAL REHABILITATION

Local National

The data below shows the number of adult alcohol users in the local area who have been to residential rehabilitation during their latest period of treatment (as a proportion of the local alcohol treatment population and against the national proportion). Structured alcohol treatment mostly takes place in the community, near to users' families and support networks. However, in line with NICE recommendations, a stay in residential rehabilitation is appropriate for the most serious cases, and local areas are encouraged to provide this option as part of an integrated recovery-orientated system.

	Local	Proportion of treatment population	National	Proportion of treatment population
	n		n	
Number of adults who attended residential rehabilitation	2	0%	2,492	3%

LENGTH OF TIME IN TREATMENT

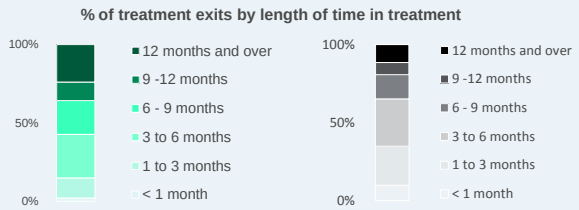
Local National

NICE Clinical Guideline CG115 suggests that harmful drinkers and those with mild alcohol dependence might benefit from a package of care lasting three months while those with moderate dependence might need a six month package and those with severe dependence or those with complex needs may need a package of care lasting up to a year.

The length of a typical treatment period is around 6 months, although nationally 11% of clients remained in treatment for at least a year. Retaining clients for their full course of treatment is important in order to increase the chances of recovery and reduce rates of early treatment drop out. Conversely, having a high proportion of clients in treatment for more than a year may indicate that they are not moving effectively through and out of the treatment system.

Also the information below shows the proportion of adults that entered treatment in your area in 2015-16 and left before 12 weeks - commonly referred to as early unplanned exits.

Length of time in treatment	Local n	Local % of all exits	National n	National % of all exits
< 1 month	10	2%	5,257	10%
1 to <3 months	64	13%	13,447	25%
3 to <6 months	138	28%	16,346	30%
6 to <9 months	108	22%	8,379	16%
9 to <12 months	59	12%	4,197	8%
12 months and over	119	24%	6,177	11%
Average days in treatment	279.2		186.7	



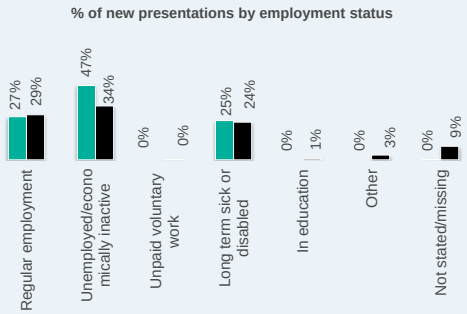
	Local n	Local Proportion of new presentations	Local Proportion by gender M	Local Proportion by gender F	National n	National Proportion of new presentations	National Proportion by gender M	National Proportion by gender F
Early unplanned exits in 2015-16	30	7%	9%	5%	7,915	14%	15%	12%

EMPLOYMENT

Local National

The data below shows self-reported employment status at the start of treatment in 2015-16. Improving job outcomes is key to sustaining recovery and requires improved multi-agency responses with Jobcentre Plus and Work Programme providers.

Employment status at the start of treatment	Local n	Local Proportion of new presentations	National n	National Proportion of new presentations
Regular employment	112	27%	16,562	29%
Unemployed/economically inactive	193	47%	19,839	34%
Unpaid voluntary work	0	0%	220	0%
Long term sick or disabled	102	25%	13,864	24%
In education	0	0%	451	1%
Other	0	0%	1,781	3%
Not stated/missing	1	0%	5,006	9%

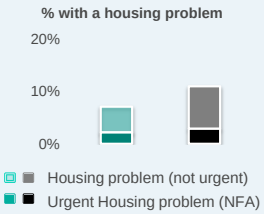


HOUSING AND HOMELESSNESS

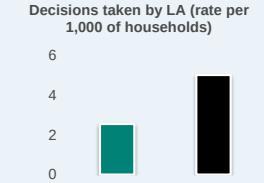
Local National

The first data item below shows self-reported housing status of adults when they started in your treatment services. The second, the overall number of homelessness decisions made in your area for alcohol and drug users is presented to give a sense of wider housing need in your area. A safe, stable home environment enables people to sustain their recovery. Engaging with local housing and homelessness agencies can help ensure that the full spectrum of homelessness is understood and picked up: from statutorily homeless, single homeless people, rough sleepers to those at risk of homelessness.

Accommodation status at the start of treatment	Local n	Local Proportion of new presentations	National n	National Proportion of new presentations
Urgent housing problem (NFA)	9	2%	1,680	3%
Housing Problem	20	5%	4,672	8%
No housing problem	378	93%	50,029	87%
Other	1	0%	212	0%
Not stated / Missing	0	0%	1,130	2%



	Local n	Local Rate per 1,000 households	National n	National Rate per 1,000 households
Overall number of decisions taken by the local authority on homelessness applications*	359	2.5	114,790	5.0



* Source - https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

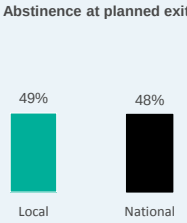
IN TREATMENT OUTCOMES

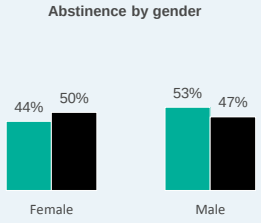
Local National

The data below is drawn from the Treatment Outcomes Profile (TOP) and Alcohol Outcomes Record (AOR), which track the progress alcohol users make in treatment. This includes information on rates of abstinence from alcohol and changes in average days use, secure housing at planned exit as well as employment status at planned and unplanned exit. This is useful as these recovery assets are predictors of continued recovery.

Abstinence rates at planned exit

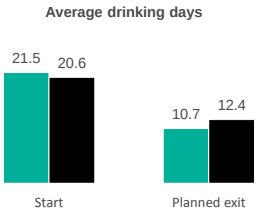
	No. of individuals	Proportion	Proportion by gender M	Proportion by gender F
Local	116	49%	53%	44%
National	12,400	48%	47%	50%





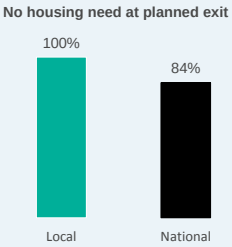
Change in drinking days between start and planned exit

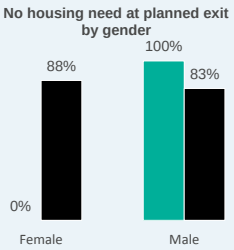
	No. of individuals	Average days at start	Average days at exit
Local	263	21.5	10.7
National	28,425	20.6	12.4



No longer reporting a housing need at planned exit

	No. of individuals	Proportion	Proportion by gender M	Proportion by gender F
Local	7	100%	100%	0%
National	1,464	84%	83%	88%





Adult employment status at the start of treatment and treatment exit

Local

	Start n	Start %	Planned exit n	Planned exit %	Start n	Start %	Unplanned exit n	Unplanned exit %
Irregular (1-7 days)	3	1%	1	0%	0	0%	0	0%
Part-time(8-15 days)	14	5%	8	3%	0	0%	0	0%
Full time (16 + days)	47	18%	59	22%	1	6%	1	6%
Not working	199	76%	195	74%	17	94%	17	94%

National

	Start n	Start %	Planned exit n	Planned exit %	Start n	Start %	Unplanned exit n	Unplanned exit %
Irregular (1-7 days)	553	2%	437	2%	36	1%	32	1%
Part-time(8-15 days)	1,433	5%	1,239	5%	109	4%	73	3%
Full time (16 + days)	5,911	22%	6,660	25%	395	14%	342	12%
Not working	18,697	70%	18,258	69%	2,217	80%	2,310	84%

Please note that all data is displayed here, regardless of TOP/AOR compliance in the local area

SUCCESSFUL COMPLETIONS

Local National

The following section relates to clients completing their period of treatment in 2015-16, and whether they completed successfully and did not return within 6 months.

The Government's alcohol strategy states that increasing effective treatment for dependent drinkers will offer the most immediate opportunity to reduce alcohol-related hospital admissions and costs to the NHS. Although there is no single measure of effective treatment for alcohol dependence, the following data gives an indication of how well the current system is working in treating those who are receiving structured treatment.

The successful completions data provides an indication of the effectiveness of the treatment system in your area. A high proportion of successful completions and a low number of representations to treatment indicate that treatment services are responding well to the needs of those in treatment.

	Local	Proportion of treatment population	Proportion by gender		National	Proportion of treatment population	Proportion by gender	
	n		M	F	n		M	F
Total individuals leaving alcohol treatment in 2015-16	498	65%	64%	66%	53,803	63%	64%	61%
Individuals leaving alcohol treatment successfully in 2015-16	265	35%	32%	38%	33,203	39%	39%	39%
Individuals leaving alcohol treatment successfully in 2015-16, as a proportion of all exits		Proportion of all exits 53%	49%	58%		Proportion of all exits 62%	60%	64%
Individuals leaving alcohol treatment successfully (between 1 Jan 2015 and 31 Dec 2015) and not returning within 6 months*	249	Proportion of treatment population in 2015* 32%	30%	34%	33,026	Proportion of treatment population in 2015* 38%	38%	39%

* Note that in order to allow for a 6 month re-presentation period, the in treatment population time period refers to the calendar year rather than the financial year. Therefore figures will differ from other sections of the report.

Please note that the percentages given in this pack are rounded to the nearest per cent. Totals may not add up to 100 due to rounding.

ADDITIONAL DATA TO REDUCE WIDER ALCOHOL - RELATED HARM

The following links provide information regarding additional data sources relating to wider alcohol-related harm which may be available to you either locally or via national surveys or data collection systems.

Primary and Secondary Care Data

NHS Health Check

Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes. Data is available on a quarterly basis on the number of people eligible for the NHS health check, and on appointments offered and received by Local authorities since 2011-12.

http://www.healthcheck.nhs.uk/commissioners_and_providers/data/

Alcohol-related risk reduction in primary care

The GP Extraction Service (GPES) can be used to monitor how many newly registered patients in a practice have been offered alcohol-related risk reduction screening and interventions or referral. To find out how to access data in your area, contact your local CCG, or NHS England area team. For a list of relevant read codes to extract, please refer to the 2013-14 Enhanced Services guidance.

http://www.nhsemployers.org/~/media/Employers/Documents/Primary%20care%20contracts/V%20and%20I/Shingles/Enhanced_services_guidance_13-14_v3_ja022014.pIG

Hospital Episodes Statistics (HES)

HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. It contains admitted patient care data from 1989 onwards, outpatient attendance data from 2003 onwards and A&E data from 2007 onwards. To find out how to access data in your area contact your local CCG.

http://www.hscic.gov.uk/hes

Wider Public Health Data

Public Health Outcomes Framework

A collection of outcomes indicators covering the full spectrum of public health. Data is presented under four domains: 'wider determinants of health', 'health improvement', 'health protection' and 'healthcare and premature mortality'. Comparisons with a benchmark and trend data are provided and information is updated on a quarterly basis.

http://www.phoutcomes.info/

Health and Social Care Information Centre, Statistics on Alcohol in England, 2015

An annual report acting as a reference point for health issues relating to alcohol use and misuse. Combines the results from several national surveys including: the 'Opinions and Lifestyle Survey' and 'Smoking drinking and drug use among young people in England'.

http://www.hscic.gov.uk/catalogue/PUB17712/alc-eng-2015-rep.pdf

Health Profiles

Summary health information to support local authority members, officers and community partners to lead for health improvement. Updated annually and available in a data tool or as a summary PIG document.

http://www.apho.org.uk/resource/view.aspx?RID=142075

Local Alcohol Profiles for England (LAPE)

Contained within the Fingertips data tool. Profiles containing 26 alcohol-related indicators for every local authority. The majority are also available for all Public Health England (PHE) centres in England and former government office regions.

http://fingertips.phe.org.uk/profile/local-alcohol-profiles

ONS Alcohol-related deaths in the United Kingdom 2014

Latest figures for alcohol-related deaths in the UK, its four constituent countries and regions of England for 2014.

http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2014

Further Alcohol Treatment Data

National Drug Treatment Monitoring System Performance Reports

A collection of reports available on a monthly, quarterly and annual basis, providing detailed information on clients in structured alcohol and drug treatment from the NDTMS. Access is partially restricted and granted to PHE staff, commissioners and local authorities.

https://www.ndtms.net/Reports.aspx#

RESTRICTED STATISTICS - INFORMATION DISCLOSURE GUIDELINES

You are reminded that the data provided in this document are official statistics to which you have privileged access in advance of release. Such access is carefully controlled and is provided for management, quality assurance, and briefing purposes only. Release into the public domain or any public comment on these statistics prior to official publication planned for late October 2016 would undermine the integrity of official statistics. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including descriptions such as "favourable" or "unfavourable". If in doubt you should consult EvidenceApplicationTeam@phe.gov.uk , who can advise. Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others who have not been given prior access and use it only for the purposes for which it has been provided. If you intend to publish figures from this JSNA pack after official publication you must restrict all figures under 5 and any associated figures to prevent deductive disclosure. For further information please refer to the JSNA disclosure control document entitled "How to apply disclosure control (JSNA)" available on the NDTMS.Net Report Viewer.
https://www.ndtms.net/phereportviewer.aspx

For additional guidance please refer to the NHS Digital Anonymisation standard, ISB 1523 entitled "Anonymisation Standard for Publishing Health and Social Care Data".
http://digital.nhs.uk/isce/publication/isb1523

The restricted status of this data will be lifted after the release of the annual report planned for late October 2016.