Public Health England

Protecting and improving the nation's health

Alcohol data: JSNA support pack

Key data to support planning for effective alcohol harm prevention, treatment and recovery in 2016-17

East Sussex
(using latest available data)

ABOUT THIS JSNA SUPPORT PACK

The health harms associated with alcohol consumption in England are widespread, with around 9 million adults (Office for National Statistics, 2009) drinking at levels that pose some level of risk to their health. Because of the breadth of the problems, this pack provides a range of alcohol-related data in relation to different levels of alcohol-related harm and data about the local alcohol-related treatment system.

Indicators in the first section describe the extent of alcohol related problems at a local level. Data in this section has been taken from the Local Alcohol Profiles for England (LAPE) and comparisons to local and national benchmarks are provided. Following the feedback from the consultation on last year's JSNA we have reported all the LAPE information 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) tool at:

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

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

Key information about adult alcohol clients in your local alcohol treatment system in 2014-15 is then presented, 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 2016-17'.

LOCAL DATA TO REDUCE ALCOHOL - RELATED HARM

The following section uses data from the LAPE to make comparisons against national and local benchmarks using a nearest neighbour approach. The nearest neighbour approach, groups each local area 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 only. It is therefore important to consider both national and nearest neighbour comparisons when interpreting data.

All data has been divided into four equal groups (quartiles) in order to allocate levels of harm. 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 areas have the highest levels of harm compared to the benchmark.

There are two benchmarks in this data pack. The first is at local level and demonstrates which quartile the area falls into within it's nearest neighbour group, the second is at national level and shows which quartile the area falls into within all UTLA's in England.

Where cells appear with “s”, small numbers have been suppressed to prevent disclosure. Please refer to the technical guidance for further information on this.

The areas identified as the 15 nearest neighbours for East Sussex are:

West Sussex, Devon, Gloucestershire, Worcestershire, Kent, Warwickshire, Dorset, Somerset, Suffolk, Essex, North Yorkshire, Norfolk, Hampshire, Lincolnshire, Cumbria

Please note: This year's nearest neighbours are based on the 2014 UTLA nearest neighbours, produced by The Chartered Institute of Public Finance & Accounting (CIPFA), and therefore may not necessarily be the same as last year's JSNA.

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 a result of regular alcohol use above lower-risk levels and are most likely to be found in 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.

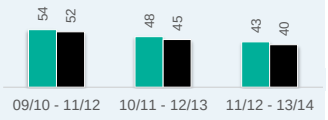
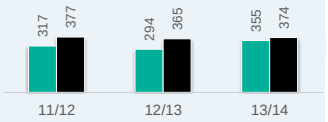
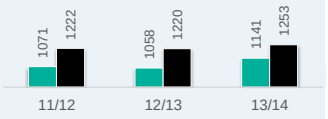
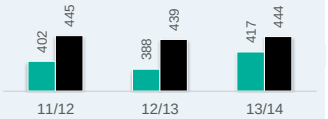
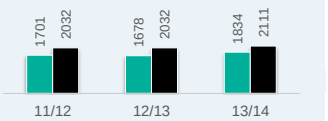
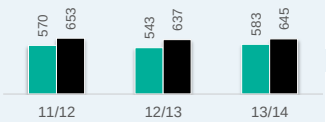
Alcohol-specific hospital admission - under 18s, gives a crude indication of the direct health impact of alcohol on that group.

Within the four indicators relating to alcohol-related conditions, there are two types of measure; broad and narrow. For example; the third item, alcohol-related hospital admissions (broad measure), is an indication of the totality of alcohol health harm in the local adult population. The fourth item, alcohol-related admissions (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).

Also Alcohol-related hospital admissions measure 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 reduce the harm caused by binge drinkers.

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

Alcohol-specific hospital admissions	Local rate	LCI	UCI	Nearest Neighbour Group	National rate	LCI	UCI	National	
Under 18s 2011/12 - 2013/14 All persons, crude rate per 100,000	42.7	*35.8*	*50.6*	3	40.1	*39.4*	*40.7*	3	
18+ 2013/14 All persons, DSR per 100,000	354.6	*338.5*	*371.3*	4	373.8	*372.2*	*375.5*	2	
Alcohol-related hospital admissions									
Broad 2013/14 All persons, DSR per 100,000	1,141.0	*1,113.1*	*1,169.4*	4	1,253.0	*1,249.9*	*1,256.1*	2	
Narrow 2013/14 All persons, DSR 100,000, PHOF indicator	417.4	*400.3*	*435.2*	4	443.7	*441.9*	*445.6*	2	
Admission episodes for alcohol-related conditions									
Broad 2013/14 All persons, DSR per 100,000	1,834.5	*1,799.2*	*1,870.3*	3	2,111.2	*2,107.1*	*2,115.2*	1	
Narrow 2013/14 All persons, DSR per 100,000	582.9	*562.5*	*603.7*	2	645.1	*642.9*	*647.3*	2	

MORTALITY AND MONTHS OF LIFE LOST

Local National

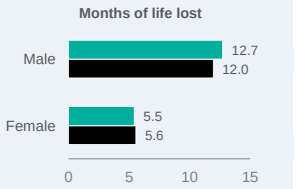
The data reflects the level of chronic heavy drinking in the population and is most likely to be found in higher risk drinkers and dependent drinkers. High rates of alcohol-specific mortality and mortality from chronic liver disease are likely to indicate a significant population who have been drinking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

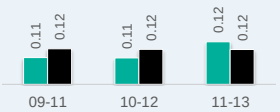
Broadly speaking alcohol-related deaths make up around 3% of all deaths. Of these, about a third are alcohol-specific deaths – e.g. from alcohol poisoning, alcoholic liver disease, alcoholic pancreatitis.

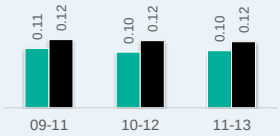
The remaining alcohol-related deaths are from conditions partially related to alcohol, roughly two thirds of which are from chronic conditions – e.g. Haemorrhagic stroke, Cardiac arrhythmias, Malignant neoplasm of oesophagus, with the remainder caused by acute consequences such as road traffic accidents or intentional self-harm.

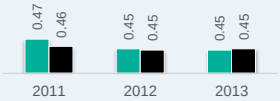
1 Lowest amount of harm | 2 Lower harm levels | 3 Higher harm levels | 4 Highest amount of harm

Months of life lost due to alcohol	Local n	LCI	UCI	Nearest Neighbour Group	National n	LCI	UCI	National
Months of life lost - males 2011-2013	12.7			4	12.0			3
Months of life lost -females 2011-2013	5.5			4	5.6			3
	Rate				**Rate**			
Alcohol-specific mortality 2011-2013 All persons, DSR per 1000	0.12	*0.11*	*0.14*	4	0.12	*0.12*	*0.12*	3
Mortality from chronic liver disease 2011-2013 All persons, DSR per 1000	0.10	*0.09*	*0.12*	3	0.12	*0.12*	*0.12*	2
Alcohol-related mortality 2013 All persons, DSR per 1000	0.45	*0.40*	*0.51*	4	0.45	*0.45*	*0.46*	3









DATA FROM YOUR LOCAL ALCOHOL TREATMENT SYSTEM

The following section provides detailed information on individuals who are in contact with structured alcohol treatment. The data has been taken from the National Drug Treatment Monitoring System (NDTMS) and refers to individuals who were in treatment during 2014-15 and cited alcohol as their only substance misuse problem.

Nationally, women make up 38% of the adults in alcohol treatment. Women presenting to treatment often experience poor mental health, domestic violence and for mothers the challenge of being a lone parent. Some of the data presented here is split by gender to help local planning consider and meet women's needs in recovery services.

VALUE FOR MONEY

Alcohol and drug dependency leads to significant harms and places a financial burden on communities. Investment in prevention, treatment and recovery interventions reduces this burden, for example, alcohol and drug users commit fewer crimes and are less prone to blood-borne viruses and other illnesses when they access substance misuse services. Furthermore, treatment can not only improve the lives of the people receiving it, but also that of their family.

To help local areas assess the benefits investment in substance misuse brings to them, the Adult Drug and Alcohol Social Return on Investment (SROI) tool produced by PHE will be available in November 2015. 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 is based on work approved by an advisory group comprising commissioners, Directors of Public Health, PHE Centre Directors, alcohol and drug policy leads, health economists and senior economists in PHE, NICE and other government departments.

PREVALENCE ESTIMATES

At present there is no national model that estimates the prevalence of alcohol dependence reliably at a local level and best estimates of local need will be based on local intelligence. The Department of Health has commissioned Sheffield University to develop a model to estimate the number of people who would access specialist alcohol treatment services and require different treatment options in England each year at both national and local levels. The model will use national and local data to estimate the prevalence of dependent drinking in local populations by severity. Planners will be able to model changes in provision of effective treatment for each of these groups and the expected impact on health outcomes. PHE Centre teams will notify commissioners as soon as this model becomes available.

WAITING TIMES

Local National

This section provides information relating to the length of time clients waited to receive the first intervention 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 low will play a vital role in supporting recovery from alcohol dependence.

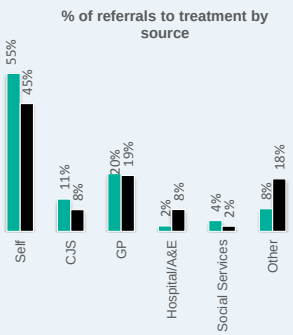
	Local		National	
	n	Proportion of all initial waits	n	Proportion of all initial waits
Adults waiting under three weeks to start treatment	584	100%	56,324	95%
Adults waiting over six weeks to start treatment	0	0%	885	1%

ROUTES INTO TREATMENT

The table below shows the routes into alcohol treatment. 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	% of referrals	M	F	n	% of referrals	M	F
Self-referral	323	55%	52%	60%	27,335	45%	43%	47%
Referred through CJS	66	11%	16%	4%	4,619	8%	10%	4%
GP	118	20%	20%	20%	11,950	19%	19%	20%
Hospital/A&E	11	2%	3%	1%	4,692	8%	8%	7%
Social Services	22	4%	2%	6%	1,104	2%	1%	3%
All other referral sources	46	8%	7%	8%	11,223	18%	18%	18%

Individuals with a missing referral source are not counted



DEMOGRAPHICS AND HEADLINE TREATMENT FIGURES

Local National

The national average age of clients in alcohol treatment is 43 and although there are more men than women in treatment, the age distribution for both genders is very similar.

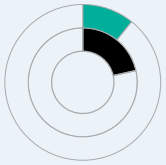
This section shows information about people who were in alcohol treatment in 2014-15. Specifically all those in treatment; those who started in the year; the age breakdown of all in treatment; the number of pregnant women and the number being treated for a co-existing mental illness.

	Local		Split by gender		National		Split by gender	
	n		M	F	n		M	F
Number of adults in alcohol treatment in 2014-15	794		60%	40%	89,107		62%	38%
		% starting treatment	Proportion by gender			% starting treatment	Proportion by gender	
			M	F			M	F
Number and proportion of adults starting alcohol treatment in 2014-15	587	74%	73%	76%	61,404	69%	70%	67%
Age and gender of all adults in alcohol treatment in 2014-15								
18-29	88		12%	10%	9,088		10%	10%
30-39	157		19%	21%	19,461		22%	22%
40-49	255		32%	32%	29,163		32%	34%
50-59	190		24%	24%	21,679		25%	23%
60-69	83		10%	10%	8,043		9%	9%
70-79	20		2%	3%	1,468		2%	2%
80+	1		0%	0%	205		0%	0%

		% of new presentations		% of new presentations
New female presentations who were pregnant	3	2%	264	1%

		Local		National	
		n	% of all in treatment	n	% of all in treatment
Client is currently receiving care from mental health services for reasons other than substance misuse:	Yes	70	9%	17,886	20%
	No	578	73%	65,261	73%
	Incomplete data	146	18%	5,960	7%

%* receiving care from mental health services



* of clients with completed data

DRINKING LEVELS

Local National

This section shows the number of people in treatment drinking at higher risk levels and the number of units consumed in the 28 days prior to treatment.

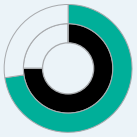
Higher risk drinking is defined here as ‘women drinking more than 140 units per month’ and ‘men drinking more than 200 units per month’ and is in line with the Government's definition of weekly higher risk consumption levels (50 units per week for men and 35 units per week for women).

Drinking at higher risk levels increases the risk of alcohol-related disease. For example, the risk of liver disease is increased by 13 times. Risk of coronary heart disease is increased by 1.7 times for men and 1.3 times for women.

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.

	Local	% all in treatment	Proportion by gender		National	% all in treatment	Proportion by gender	
	n		M	F	n		M	F
Drinking at higher risk levels in the 28 days prior to entering treatment	577	73%	71%	75%	65,180	75%	75%	75%

% drinking at higher risk levels



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	479	315	7%	6%	22%	29%	20%	30%	24%	20%	10%	8%	8%	5%	9%	2%
National	53,656	33,238	7%	7%	18%	25%	19%	25%	20%	22%	13%	10%	10%	6%	13%	6%

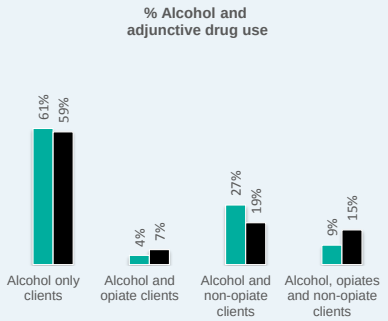
Individuals with missing units data are not included in this section

ALCOHOL DEPENDENT COHORT AND ADJUNCTIVE DRUG USE

Local National

Whilst this JSNA 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 adjunctive drug misuse problems. These clients are particularly complex and extra consideration needs to be taken of what additional support they may require. Presented here are the total numbers of clients in your treatment system who either only cited alcohol as a problematic substance or both alcohol and drugs. Following this is the number and proportion of clients who cited the most commonly used drugs alongside alcohol; 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	1,310		150,640	
Alcohol only clients	794	61%	89,107	59%
Adjunctive drug users				
Alcohol and opiate clients	54	4%	10,088	7%
Alcohol and non-opiate clients	348	27%	28,128	19%
Alcohol, opiates and non-opiate clients	114	9%	23,317	15%
Cited crack	67	5%	17,153	11%
Cited cocaine	159	12%	13,395	9%
Cited cannabis	231	18%	23,317	15%



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

INTERVENTIONS

Local National

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 in detail what treatment staff in the local treatment system do with service users, and in what settings.

	Local high level interventions							
	Pharmacological		Psychosocial		Recovery Support		Total Individuals**	
Setting:	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Community	162	79%	779	99%	511	98%	783	99%
Inpatient unit	74	36%	20	3%	17	3%	74	9%
Primary care	0	0%	0	0%	0	0%	0	0%
Residential	6	3%	43	5%	9	2%	43	5%
Recovery house	0	0%	2	0%	2	0%	3	0%
Young person setting	0	0%	0	0%	0	0%	0	0%
Missing	0	0%	0	0%	0	0%	0	0%
Total individuals*	204		787		519		791	

	Local		National	
Pharmacological Intervention Type (sub intervention):	**n**	**%**	**n**	**%**
Individuals with a pharmacological intervention where the intention is withdrawal	66	32%	7,456	37%
Individuals with a pharmacological intervention where the intention is relapse prevention	18	9%	5,314	27%

* 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 whole local 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		National	
	n	% of all in treatment	n	% of all in treatment
Number of adults who attended residential rehabilitation	46	6%	2,630	3%

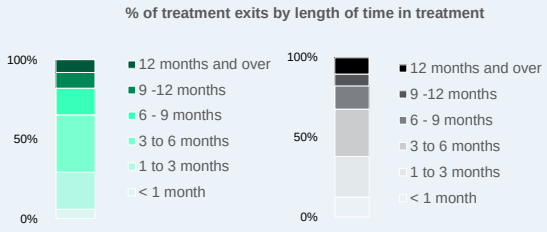
LENGTH OF TIME IN TREATMENT

Local National

NICE Clinical Guidance 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 was around 6 months, although nationally 10% 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 levels of successful treatment completion 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.

Length of time in treatment	Local n	% of all exits	National n	% of all exits
< 1 month	27	6%	7,143	12%
1 to <3 months	105	23%	14,800	26%
3 to <6 months	162	36%	17,199	30%
6 to <9 months	76	17%	8,384	15%
9 to <12 months	44	10%	4,224	7%
12 months and over	36	8%	5,999	10%
Average days in treatment	174.5		175.5	

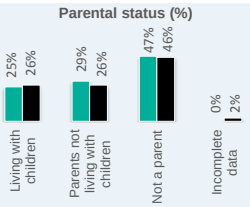


SAFEGUARDING

Local National

The data below shows the number of adults in alcohol treatment who live with children; those who are parents but do not live with children; those without children or child contact and people for whom there is incomplete data. This last item is included to help consideration of the possible hidden population(s) of alcohol-dependent parents, or those with childcare responsibilities in contact with local treatment services. Over a quarter of the alcohol treatment population has a child living with them at least some of the time.

	Local n	% of all in treatment	Proportion by gender M	Proportion by gender F	National n	% of all in treatment	Proportion by gender M	Proportion by gender F
Living with children (own or other)	196	25%	18%	35%	23,127	26%	21%	35%
Parents not living with children	228	29%	31%	25%	23,068	26%	28%	23%
Not a parent/no child contact	370	47%	51%	40%	40,828	46%	49%	40%
Incomplete data	0	0%	0%	0%	2,084	2%	2%	2%

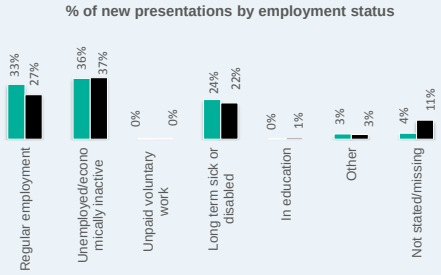


EMPLOYMENT AND BENEFITS

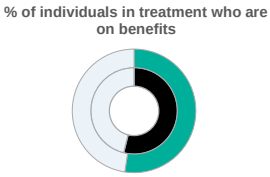
Local National

The first data item below shows self-reported employment status at the start of treatment in 2014-15. All subsequent items show the benefit profile of your in-treatment population on 31 March 2012 (from a match between NDTMS and DWP data). Improving job outcomes for this group is key to sustaining recovery and requires improved multi-agency responses with Jobcentre Plus and Work Programme providers. An updated data match is planned later in the year, following which more recent local authority data will be released.

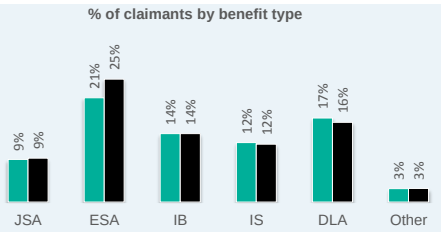
Employment status at the start of treatment	Local n	% of new starts	National n	% of new starts
Regular employment	192	33%	16,312	27%
Unemployed/economically inactive	213	36%	22,490	37%
Unpaid voluntary work	2	0%	216	0%
Long term sick or disabled	139	24%	13,276	22%
In education	2	0%	464	1%
Other	18	3%	1,686	3%
Not stated/missing	21	4%	6,960	11%



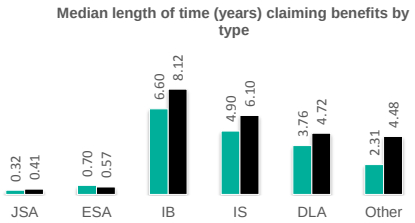
Benefit profile of the treatment population	Local n	% of all in treatment on 31/03/12	National n	% of all in treatment on 31/03/12
Number of individuals in alcohol treatment on 31st March 2012	439		41,996	
Number of individuals in alcohol treatment on 31st March 2012 recorded as being on benefits (of any type) on the 31st March 2012	230	52%	22,625	54%



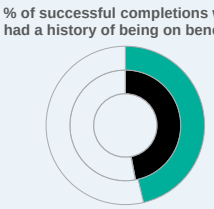
Number of individuals in treatment recorded as being on benefits on 31st March 2012 (by type)*:				
Jobseekers Allowance (JSA)	38	9%	3,741	9%
Employment Support Allowance (ESA)	93	21%	10,493	25%
Incapacity Benefit (IB)	61	14%	5,834	14%
Income Support (IS)	53	12%	4,932	12%
Disability Living Allowance (DLA)	75	17%	6,809	16%
Other	12	3%	1,159	3%



Median length of time (years) claiming benefits between the start of benefit claim and 31st March 2012 (by type)*,**:				
Jobseekers Allowance (JSA)	0.32		0.41	
Employment Support Allowance (ESA)	0.70		0.57	
Incapacity Benefit (IB)	6.60		8.12	
Income Support (IS)	4.90		6.10	
Disability Living Allowance (DLA)	3.76		4.72	
Other	2.31		4.48	



	Local n		National n	
Number of individuals in alcohol treatment who left successfully in 2011-12	460		38,025	
Of those successful completions, those who at the point of discharge:	**Local n**	**% successful completions**	**National n**	**% successful completions**
were on benefits	213	46%	17,904	47%
were not on benefits	247	54%	20,121	53%



* individuals are counted once under each type of benefit they received, as such percentages may sum to more than one hundred
** length of time on benefits counted as the length of the benefits spell from the start until 31st March 2012, regardless of the length of time spent in treatment

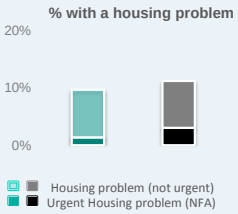
HOUSING AND HOMELESSNESS

Local National

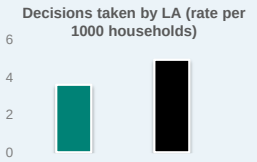
The first data item below shows self-reported housing status of adults when they started treatment. The second, the overall number of homelessness decisions made, to give a sense of housing need in your area. A safe, stable home environment enables people to sustain their recovery; insecure housing or homelessness threatens it. People experiencing both addiction and homelessness are likely to have a range of needs cutting across health and social care, substance use and criminal justice. The JSNA and Joint Health and Wellbeing Strategy (JHWS) can be used to identify and commission across these interdependencies. 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 and those at risk of homelessness.

Accommodation status at the start of treatment

	Local n	% of new starts	National n	% of new starts
Urgent housing problem (NFA)	8	1%	1,867	3%
Housing Problem	49	8%	5,036	8%
No housing problem	530	90%	52,253	85%
Other	0	0%	180	0%
Not stated / Missing	0	0%	2,068	3%



	Local n	Rate per 1000	National n	Rate per 1000
Overall number of decisions taken by the local authority on homelessness applications	861	3.6	112,340	4.9



TREATMENT OUTCOMES

Local National

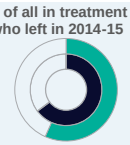
The following section relates to clients completing their period in treatment in 2014-15, and whether they completed successfully and did not return within 6 months.

The Government's alcohol strategy states that increasing effective treatment for dependent drinkers will offer the most immediate opportunity to reduce alcohol-related admissions and costs to the NHS. Although there is no single measure of effective treatment for alcohol dependency, 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 number 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.

Reduction in consumption would also be a valuable outcome for some clients, particularly those who are very severely dependent and resistant to treatment. This information is recorded by the Alcohol Outcome Record (AOR) and where this is in consistent local use commissioners may wish to consider this data when measuring treatment delivery. However, reporting to NDTMS of the AOR is currently insufficiently consistent nationally to be reported here.

	Local n	% of all in treatment	Proportion by gender M	Proportion by gender F	National n	% of all in treatment	Proportion by gender M	Proportion by gender F
Total individuals leaving alcohol treatment in 2014-15	450	57%	58%	55%	57,749	64.81%	66%	63%
Individuals leaving alcohol treatment successfully in 2014-15	238	30%	30%	30%	35,153	39%	39%	40%
Individuals leaving alcohol treatment successfully in 2014-15, as a proportion of all exits		% of all exits 53%	52%	55%		% of all exits 61%	60%	63%
Individuals leaving alcohol treatment successfully (between 1st Jan 2014 and 31st Dec 2014) and not returning within 6 months *	292	% of all in treatment in 2014* 34%	33%	35%	34,342	% of all in treatment in 2014* 38%	38%	39%



*Note that in order to allow for a 6 month representation 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 health check, and on appointments offered and received by Local authorities since 2011/12.

http://www.healthcheck.nhs.uk/interactive_map/

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.pdf

Hospital Episode 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 (PHOF)

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 for England, 2015

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 PDF document.

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

Local Alcohol Profiles for England (LAPE)

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. Updated annually.

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

ONS Alcohol-related deaths in the United Kingdom 2013

latest figures for alcohol-related deaths in the UK, its four constituent countries and regions of England for 2013.

http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Alcohol-related+Deaths

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#