North Tyneside
Health & Wellbeing Board Report
Date: 13 January 2022

Title: North Tyneside Strategic Alcohol Partnership: Update and action plan

Report from: North Tyneside Council

Report Author: Louise Gray, Public Health Specialty Registrar (Tel: 0191 264 1613)

Relevant Partnership Board: North Tyneside Strategic Alcohol Partnership

1. Purpose:

The purpose of this report is to provide the Board with an update on the North Tyneside Strategic Alcohol Partnership and alcohol-related harm in North Tyneside.

The partnership last provided an update to the Board in March 2019.

2. Recommendation(s):

The Board is recommended to:

a) Note the contents of this report
b) Endorse the high-level priorities to inform the action plan
c) Agree future reporting arrangements
d) Agree any further actions considered necessary to encourage partners to work in an integrated manner for the purpose of reducing harm from alcohol and reducing inequalities

3. Policy Framework

This item relates to Section 8 of the Joint Health and Wellbeing Strategy, “Equally Well: A healthier, fairer future for North Tyneside 2021- 2025”. This item relates to harmful alcohol consumption, a key health behaviour where the harms follow the social gradient.

4. Information:

4.1 Overview

Alcohol is a key public health issue and the harmful effects of excessive consumption have an effect at the individual, family and community level. Alcohol can cause acute harm if people sustain injuries whilst intoxicated or suffer the effects of alcohol poisoning, and it is also implicated in several chronic conditions such as liver failure and several types of cancer. However, the harms from alcohol are not distributed equally and there are inequalities in the groups most likely to be affected, with rates of alcohol-related deaths higher in more deprived communities, even though consumption of alcohol is often higher at a population level in less deprived communities.

Alcohol makes a significant contribution to the gross domestic product (GDP) in the UK and also provides employment opportunities in the borough. Those who drink sensibly and at levels below those which can cause harm to health can play a valuable role in North Tyneside's night-time economy. However, as above, the misuse of alcohol has a detrimental impact on the borough and contributes to social, individual and economic harm. Alcohol misuse can lead to considerable financial pressures on health, policing and other services, and issues such as anti-social behaviour and fear of crime and disorder can also have an impact on the reputation and economy of the borough or parts of the borough. The annual cost to society is estimated to be £21 billion in England, including £11 billion from alcohol-related crime, £7 billion from lost productivity and £3.5 billion to the NHS.

The reasons behind alcohol misuse and dependence are complex and therefore a range of interventions and policies are required to reduce the public health burden of alcohol and support individuals. Specialist treatment services are commissioned via the Public Health Grant to provide evidence-based clinical and psychosocial treatments to those individuals most affected by alcohol dependence. The service is currently provided by North Tyneside Recovery Partnership. There are also a range of other services in place to support people with a broad public health approach, ranging from GPs and others in primary care, Alcohol Care Teams and clinicians within secondary care to manage the acute and chronic physical health effects, and community and voluntary organisations to support those with alcohol dependency and their families.

There is no definitive figure of the number of North Tyneside residents affected by alcohol misuse. Data suggests that 25.2% of adults in North Tyneside drank more than the Chief Medical Officer's recommended limit of 14 units per week in 2015-2018, compared to an England average of 22.8% and 25.1% in the North East[1]. However, whilst there could be some negative health effects, not all these people will be dependent on alcohol or require specialist treatment. Estimates and modelling suggest the 1.63% of North Tyneside residents are dependent on alcohol, which is over 2,600 adults[2]. However, there were only 480 people accessing specialist treatment services for alcohol dependence in 2020-2021[3]. There were also 180 people accessing treatment for "non-opiate and alcohol" dependence and some of the 580 opiate clients may also have had alcohol needs, but this still represents a high degree of unmet need in the borough. It is estimated that only 24% of those in need of specialist alcohol treatment in 2019-2020 were accessing it, however this is more than the estimated figure of 18% for England.

4.2 Alcohol-related harm

Alcohol-related harm to health at a population level can be expressed and compared in terms of hospital admissions and mortality rates (e.g., the number of people who are admitted to hospital or who die where alcohol is a factor). Some of this data is available at local authority level, although there is a reporting lag for some indicators.

In 2018-2019 there were 358,000 admissions to hospital in England where the main reason was due to drinking alcohol, which was 6% higher than the year before[4]. The

[1] **Public Health England (2021).** Local Alcohol Profiles for England. Available online at Fingertips. Accessed 8 December 2021

[2] **Public Health England (2021).** Alcohol dependence prevalence in England. Available online at Alcohol dependence prevalence in England - GOV.UK (www.gov.uk)

[3] **Public Heath England (2021).** National Drug Treatment Monitoring System. Available online at https://www.ndtms.net/ViewIt/Adult . Accessed 8 December 2021

[4] **NHS Digital (2020).** Statistics on Alcohol, England 2020. Available online at https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020

number of admissions increased with age until the 55 to 64 age group, with 40% of all admissions in people aged 45-64, and 62% of admissions were male.

Data is not available at the same level of detail at a local authority level, but the most recent data[5] tells us that local admission rates were higher than England and the North East and the gap appears to be increasing. More detail is presented in Appendix 1 of this report.

Alcohol-related deaths can be measured or compared in several ways, including the number of years of life lost at a population level, and the number of deaths per 100,000 of the population e.g., the mortality rate. The mortality rate can be presented in terms of all alcohol-related deaths, or by specific conditions. The most recent data shows that, although the rates of admission to hospital due to alcohol are higher in North Tyneside than the rest of the North East, the rates of deaths are generally lower, but for both measures of harm the rates are higher than England averages. Whilst a lot of hospital admissions are due to cardiovascular disease, mortality rates are largely driven by the effects that alcohol has on the liver. Rates in men are approximately twice the rates in women.

Harm can also be measured more broadly and previously the partnership has monitored the proportion of domestic abuse where the victim or offender was under the influence of alcohol. In the most recent 3-month reporting period, there were 254 reported domestic abuse incidents in North Tyneside that involved alcohol, which is a 10.9% decrease from the previous period, although this data tends to have seasonal fluctuations, as with broader domestic abuse data overall (this fell by 12.8% overall in the same period. However, this represents 19.5% of all domestic abuse incidents in the period, which was similar to the previous 3 months, and since 2019 the proportion has ranged between 14.6 and 19.5% of all incidents.

4.3 Strategic arrangements

The purpose of the North Tyneside Strategic Alcohol Partnership is to facilitate a whole system approach to addressing the health, social and economic harms caused by alcohol to individuals, communities and families in North Tyneside. Due to the COVID-19 pandemic, the partnership was stood down and had not met since early-2020, but it has now been reconvened. The partnership is chaired by a senior member of the Public Health Team and championed by an elected member. Membership is drawn from appropriately senior staff within a range of partner agencies, including Balance, North Tyneside Council, health and criminal justice partners and community and voluntary sector agencies.

Previously, the partnership reported to the Health and Wellbeing Board however whilst place-based partnership arrangements are being developed in the context of changes to the NHS, the group will also report to the Future Care Programme Board. The revised Terms of Reference are presented as an appendix to this report.

The focus of the North Tyneside Strategic Alcohol Partnership is on reducing alcohol misuse and the resultant harm. The partnership has reviewed data and anecdotal issues in the borough, and it was agreed that there should be a focus on reducing demand and availability, reducing consumption in those that drink more than ‘lower risk’ levels and seeking assurances that services are able to respond where alcohol-related harm is identified.

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[5] **PHE (2021).** Local Alcohol Profiles for England. Available online at Fingertips *accessed 6 December 2021*

Therefore, the following high level priority areas have been identified, and this will inform the action plan:

- Reduce the proportion of adults who drink more than 14 units a week to below the best rate in the region of 20.2%
- Reduce the rate of alcohol-related and alcohol-specific admissions in adults to the same as or less than the England rate
- Reduce the rate of alcohol-related and alcohol-specific admissions in young people to the same as or less than the England rate
- Explore the scale of broader social harms linked to alcohol, such as domestic abuse and self-neglect, and consider how to address this further in North Tyneside

To support this approach, the partnership will work with service providers to ensure that there are high quality and accessible services for the treatment of alcohol dependency and that every NHS provider in North Tyneside is providing Identification and Brief Advice (IBA). The partnership will also ensure collaboration between agencies working to address issues such as domestic abuse and self-neglect and specialist alcohol services. There is also a commitment from all partners to ensure that children and young people in North Tyneside have an alcohol-free childhood and that work will be undertaken to reduce inequalities and that interventions contribute towards narrowing the gap between the most and least deprived communities. Finally, the North Tyneside Strategic Alcohol Partnership will advocate for regulatory changes for greater alcohol control.

4.4 Health inequalities

As above, there are inequalities between communities in the distribution of harm from alcohol, and much of this follows a social gradient. At a population level, people from more deprived areas are more likely to die from alcohol-related conditions and more likely to be admitted to hospital.

Many of the readily available datasets cannot be interrogated in a way that explores inequalities at a local authority level, however at an England-level the level of harm is higher in more deprived deciles compared to the less deprived deciles (where a decile represents 10% of the population) and it can be assumes that North Tyneside data would follow a similar pattern. Whilst overall consumption rates may be higher in less deprived communities, the percentage of dependent drinkers is higher in more deprived communities, as are admission rates for alcohol-related conditions and mortality rates. More detail is provided in Appendix 1 of this report.

A small number of indicators can be mapped at a MSOA level (an area smaller than a council ward) and this shows that alcohol-related harm is not evenly distributed across the borough and tends to follow the social gradient. For example, the standardised hospital admission ratio (SAR) for alcohol-related harm allows areas to be compared with each other and the England value of 100. This shows that for 2013-2018 the SAR for North Tyneside was 152.3, which is 52.3% higher than the England average. However, at MSOA level, there are some parts of the borough where the SAR is less than the England value, e.g., 93.1 in MSOA E02001740 (Whitley Sands, Monkseaton North), but other areas where it is considerably higher, with the highest being 301.8 in MSOA E02001764 (in Percy Main, Riverside)[6]. The figures below show the variation in SAR at MSOA level and the variation in deprivation in North Tyneside and show that hospital admissions are generally higher in more deprived areas.

[6] **PHE (2021)** Local Health. Available online at Fingertips. Accessed 6 December 2021

Figure 1 – Variation in hospital admission ratios for alcohol-related harm (narrow definition), 2013-2018 (source PHE and NHS Digital)

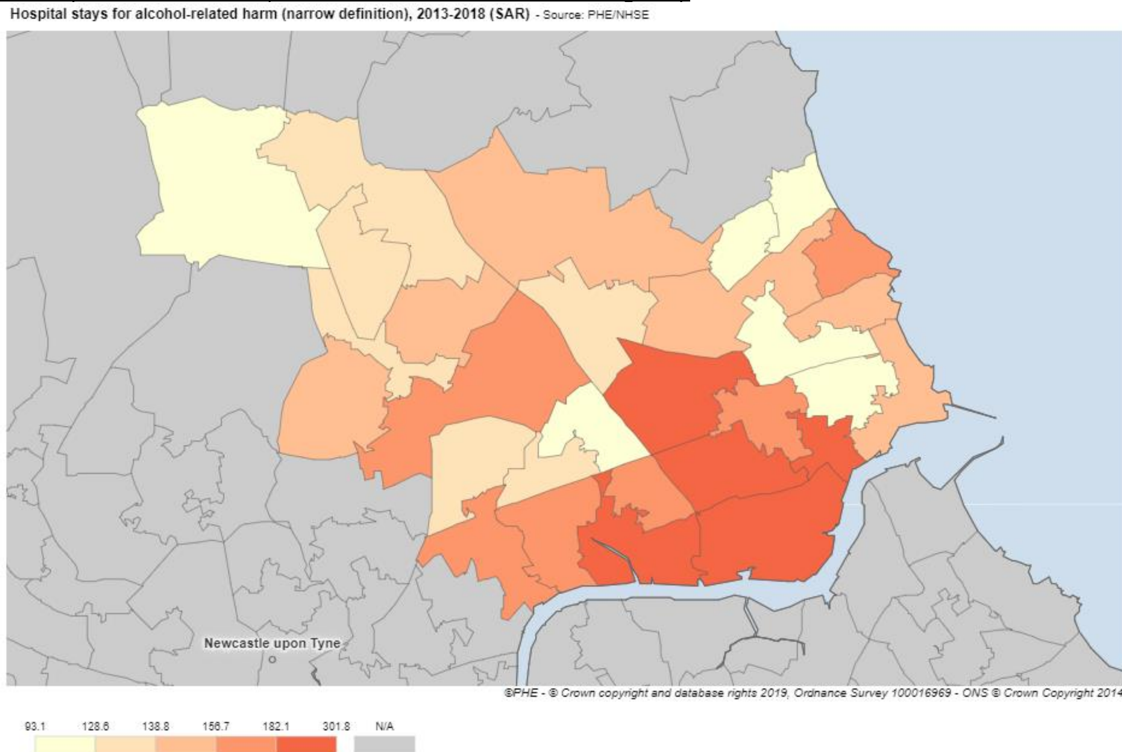
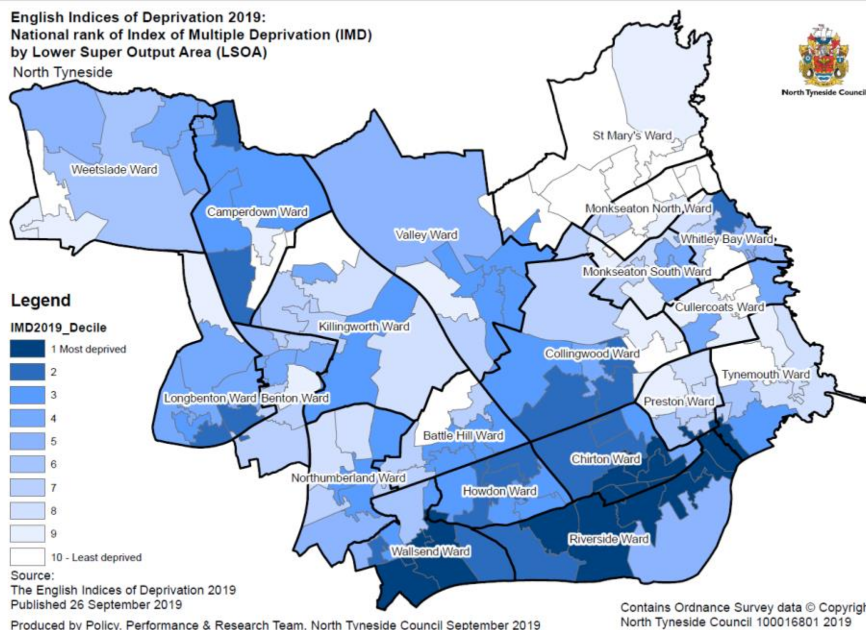


Figure 2 – Variation in deprivation across North Tyneside, measured by Index of Multiple Deprivation



4.5 Alcohol consumption and harm during the COVID-19 pandemic

There were changes in the levels of consumption and alcohol-related harm during the COVID-19 pandemic. Overall, in 2020-2021 there was 1.2% less duty paid to the treasury on alcohol than the previous year. However this was despite on-trade premises being closed for a considerable part of the year and duty paid on wine and spirits increased compared to the previous year, while cider and beer decreased[7]. This means

[7] Public Health England (2021). Monitoring alcohol consumption and harm during the COVID-19 pandemic. Available online at Alcohol consumption and harm during the COVID-19 pandemic - GOV.UK (www.gov.uk)

is that overall similar volumes of alcohol were consumed during the pandemic, but much of this was at home, rather than in settings such as pubs and bars (as beer and cider are more often bought in on-trade settings).

The Office for Health Improvement and Disparities has published detailed national data[8] on alcohol consumption during the pandemic which allows comparisons of drinking patterns during the various stages of lockdowns and restrictions. There are now more people who report that they do not drink alcohol at all in England than before the pandemic, but there are also more people drinking in the more harmful drinking categories e.g., 21 to 35 units, 35 to 50 units and over 50 units, and those who reported drinking more during the pandemic tended to be heavier drinkers.

As above, alcohol-related hospital admissions can be measured in several ways, and nationally there were decreases in a lot of the categories in 2020, except for unplanned admissions for alcoholic liver disease, which increased by 13.5% with a sustained and significant increase in the rate from June 2020 onwards. In 2020 there was also a 20% increase in total alcohol-specific deaths in England, with higher rates in more deprived areas. There was variation in the rates of deaths between conditions e.g., a 15.4% increase in deaths from alcohol poisoning and 20.8% increase in deaths from alcoholic liver disease, which accounted for 80.3% of all alcohol-specific deaths in 2020. Although this can often take a decade or more to develop, most deaths occur because of acute-on-chronic liver failure due to recent alcohol intake, and this is strongly linked to heavy drinking. The rates alcohol-specific deaths were higher in more deprived areas of England and in the North East, with a greater increase in the region than any other region and a peak of 28.4 deaths per 100,000 population in July 2020, which is 79.9% higher than the baseline rate.

The evidence shows that liver mortality rates respond rapidly due to changes in drinking patterns at a population level, particularly in heavy drinkers, as seen during the pandemic, and liver disease is now the second leading disease that causes premature death among working age adults.

4.6 Partnership activity

In November 2021 members of the North Tyneside Strategic Alcohol Partnership provided updates on activity during the pandemic and planned activity for the future. Highlights include:

- Balance funded a 5 week “Alcohol Causes Cancer” campaign to be broadcast on live TV, catch up TV and radio across the North East as alcohol-related deaths are at an all-time high and alcohol-related cancers have increased over the past few years. TV advertising is known to be an effective way to reach the target population (40+, potentially from more deprived areas). Balance is also continuing the work in advocacy and lobbying
- Meadow Well Connected were able to provide 1:1 support for problematic alcohol use during the pandemic, despite disruption to some of the planned services
- Northumbria Healthcare NHS Foundation Trust have strengthened processes to identify harmful drinking in pregnant women, inpatients and people attending the Emergency Department. The Alcohol Care Team now provides 7-day cover to support the Emergency Department and other priority areas. Alcohol is also going to be a key strand of the staff health needs assessment

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[8] **Office for Health Improvement and Disparities (2021).** Wider Impacts of COVID-19 on Health (WICH) monitoring tool. Available online at WICH. Accessed 9 December 2021

- Northumbria Police have strengthened their harm reduction approach to support and signpost victims and perpetrators with alcohol needs where appropriate.
- There are several workstreams ongoing within North Tyneside Council to support the alcohol agenda, including work around licensing and domestic abuse
- The Probation Service were able to continue to provide specialist alcohol support during the pandemic. The service is working to strengthen links with treatment services and will also be part of a new national community sentencing option whereby some offenders can be made subject to electronic monitoring of their alcohol intake for up to 120 days
- PROPS continued to deliver support to families of those dependent on alcohol and were able to adapt this to the COVID-19 restrictions. Home visits have not yet resumed, and work is ongoing to raise awareness of the service as there has been a drop in referrals and requests for support.

5. Decision options:

The Board may either:

a) Note the report and take no further action; or
b) Agree to the recommendations set out in Section 2 of this report

6. Reasons for recommended option:

The Board are recommended to agree option b). The proposed high-level actions will inform the action plan and allow the North Tyneside Strategic Alcohol Partnership to work in line with the Joint Health and Wellbeing Strategy to reduce inequalities promote the conditions that will support people to address their health behaviours and reduce harmful alcohol consumption

7. Appendices:

Appendix 1 – Data relevant to alcohol and alcohol-related harm in North Tyneside
Appendix 2 – Revised Terms of Reference for North Tyneside Strategic Alcohol Partnership

8. Contact officers:

Louise Gray, Public Health Specialty Registrar, North Tyneside Council

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author: -

North Tyneside Joint Health and Wellbeing Strategy 2021-2025: Equally Well: A healthier, fairer future for North Tyneside
NHS Digital (2020). Statistics on Alcohol, England 2020
Public Health England (2021). Local Alcohol Profiles for England (online resource, accessed 8 December 2021)
Office for Health Improvement and Disparities (2021). Wider Impacts of COVID-19 on Health (WICH) monitoring tool (online resource, accessed 9 December 2021)
Office for National Statistics (2021). Alcohol-specific deaths in the UK: registered in 2020 (online resource accessed 8 December 2021).

Public Health England (2021). Local Health (online resource, accessed 6 December 2021).
Public Health England (2021). National Drug Treatment Monitoring System (online resource, accessed 8 December 2021).
Public Health England (2021). Monitoring alcohol consumption and harm during the COVID-19 pandemic

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

At this stage, there are no financial implications arising from this report. Actions may be identified by the Strategic Alcohol Partnership in future which may require a financial commitment from some partners, but there is no work currently ongoing that is beyond the remit of partners' usual activity.

11 Legal

The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

12 Consultation/community engagement

There has been no consultation with residents or community engagement to date, however alcohol-related harm and the broader prevention and inequalities agenda formed part of a workshop at the recent State of the Area event, and there will be ongoing consultation as part of the new Joint Health and Wellbeing Strategy. Any relevant findings may inform the work programme of the strategic partnership in the future. Members of the partnership and other relevant stakeholders were also consulted with as part of the re-launch and priority setting.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

Alcohol-related health harms are a key indicator of health inequalities. The North Tyneside Strategic Alcohol Partnership and partner agencies will work to reduce those inequalities. As yet, no specific issues have been identified with regards to people with protected characteristics, but if these issues were to be identified then the partnership will work to advance equality of opportunity and access to services and support.

15 Risk management

No risk assessment has taken place. Any risks identified can be managed following the Council and partners' existing risk processes.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

Whilst most episodes of alcohol pass without any crime or disorder, there is an association between alcohol misuse and violence. Alcohol is a factor in around 39% of all violent crimes in England[9], as well as contributing to anti-social behaviour and public disorder. There is also 'hidden harm' associated with alcohol and issues such as domestic abuse and child neglect.

Northumbria Police are a key member of the partnership and can provide members with an overview of the impact of harmful drinking on crime and disorder. Likewise, they will be able to challenge the partnership if any activity proposed has the potential to have any negative implications on crime and disorder.

One of the ultimate aims of strategic work around alcohol is to address the broader social harms, including crime and disorder (particularly domestic abuse). Therefore, it is hoped that any partnership working to address alcohol-related harm and inequalities could have a resultant positive impact on crime and disorder.

SIGN OFF

Chair/Deputy Chair of the Board	X
Director of Public Health	X
Director of Children's and Adult Services	X
Director of Healthwatch North Tyneside	X
CCG Chief Officer	X
Director of Resources	X
Director of Law & Governance	X

[9] **ONS (2017) –** Estimates of violent incidents where the victim believed the offender(s) to be under the influence of alcohol or drugs in England and Wales, year ending March 2006 to year ending March 2016 Crime Survey for England and Wales. Available online

APPENDIX 1

Data on level of need in North Tyneside

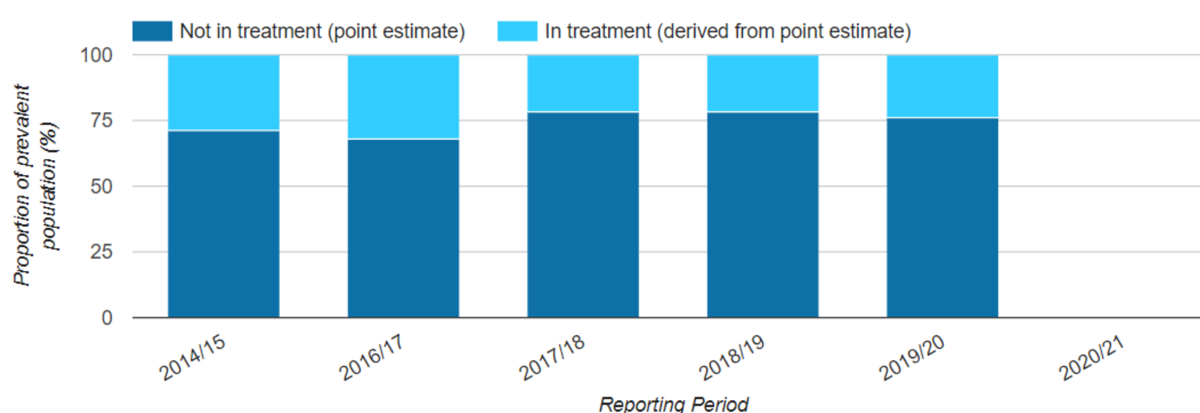
Need

Whilst data suggests that 25.2% of adults in North Tyneside could be drinking at levels greater than the CMO's recommended 14 units a week, not all of those require specialist alcohol treatment[1]. Whilst many would benefit from a brief intervention to bring their drinking down to levels less likely to cause harm to health, there are around 2,600 people who are dependent on alcohol, which is 1.6% of the adult population. This compares to an England average of 1.39% and a North East average of 1.73%[5].

In terms of alcohol consumption, this is measured in comparison to the Chief Medical Officer's (CMO's) recommended limit of 14 units a week. In 2018 the 55 to 64 age group had the highest proportions drinking over 14 units in a week, with 38% of men and 19% of women exceeding the CMO recommended limit. Across the North East, 25.1% of adults admitted to drinking over 14 units a week, compared to 22.8% in England. Whilst 20.5% of adults disclosed that they did not drink at all in 2015-2018, 19.9% disclosed that they were binge drinkers (women who drank more than 6 units on their heaviest day and men who drank more than 8 units on their heaviest day). A different data source estimates that 20.1% of North Tyneside adults were binge drinking in 2015-2018 compared to 19.9% in the North East and 15.4% in England.

Reporting data shows that there were 480 people accessing specialist treatment services for alcohol dependence in 2020-2021[3]. There were also 180 people accessing treatment for "non-opiate and alcohol" dependence and some of the 580 opiate clients may also have had alcohol needs, but this still represents a high degree of unmet need in the borough. It is estimated that only 24% of those in need of specialist alcohol treatment in 2019-2020 were accessing it, however this is higher than the estimated figure of 18% for England, meaning that unmet need is less in North Tyneside, though still considerable. This figure fluctuates year-on-year but has been largely stable for the past few years.

Figure 3 – Unmet need for alcohol users in North Tyneside, 2014-2020. Source NDTMS

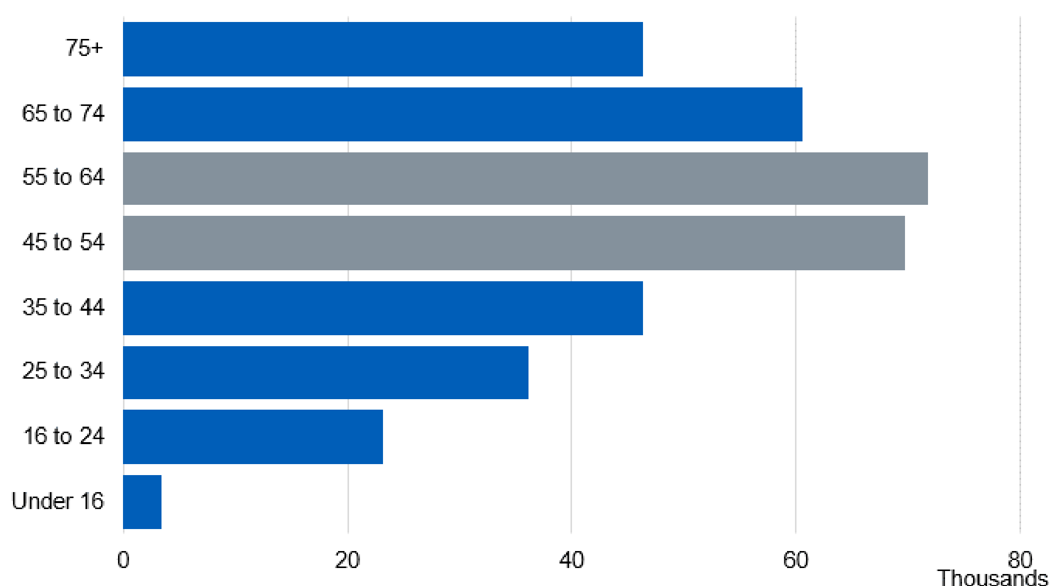


Unmet need	2014/15 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Not in treatment (point estimate)	71	68	78	78	76	-
In treatment (derived from point estimate)	29	32	22	22	24	-

Admissions

In England in 2018-2019 there were 358,000 admissions to hospital where the main reason was due to drinking alcohol, which was 6% higher than the year before[4]. The number of admissions increased with age until the 55 to 64 age group, with 40% of all admissions in people aged 45-64, and 62% of admissions were male. The figure below shows the distribution of admissions by age.

Figure 4 – Alcohol-related hospital admissions by age group (narrow measure), England 2018-2019 (source, NHS Digital)



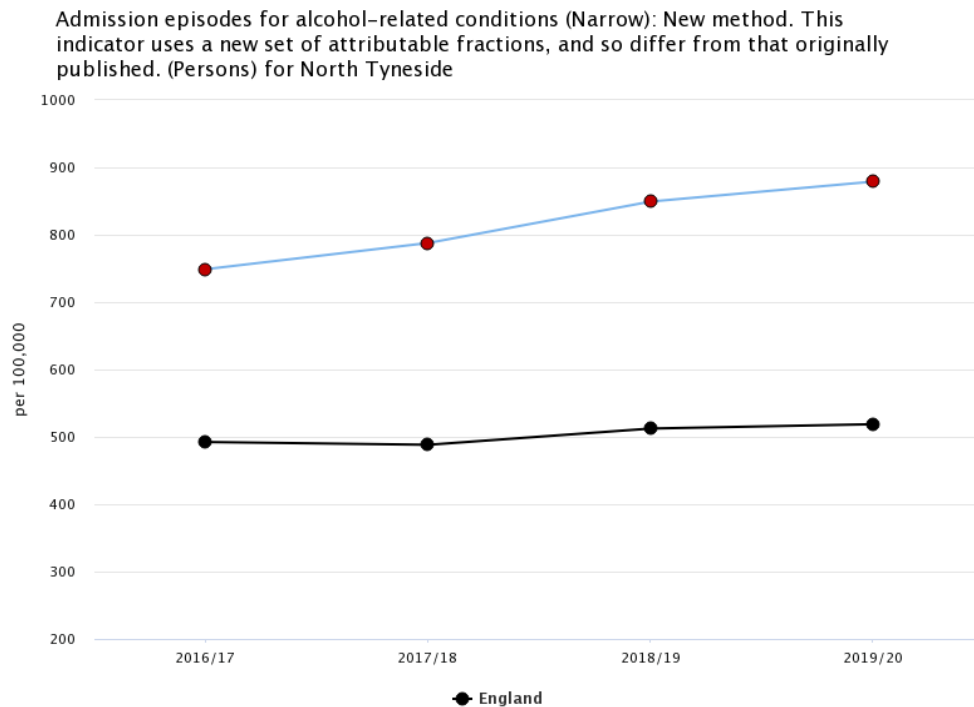
Data is not available at the same level of detail at a local authority level, but the most recent data tells us that local admission rates were higher than England and the North East, as shown in the table below[5].

Table 1: Hospital admission rates where episodes were linked to alcohol (source PHE)

Indicator (admissions per 100,000 population)	Reporting period	North Tyneside rate	England rate	North East rate	Comments
Admissions for alcohol-specific conditions (narrow measure)	2019-2020	879	492	689	Higher for men than women, but rates for both genders higher than regional and England averages
Admissions for alcohol-related conditions (broad measure)	2019-2020	2,493	1,815	2,288	Higher for men than women, but rates for both genders higher than regional and England averages
Admission episodes for alcohol-specific conditions in Under 18s	2017/18 – 19/20	76.6	30.7	55.4	Higher for females than males, but rates for both genders higher than regional and England averages
Admissions for mental and behavioural disorders due to use of alcohol (narrow definition)	2019-20	170.3	74	113.3	Higher for men than women, but rates for both genders higher than regional and England averages
Admissions for mental and behavioural disorders due to use of alcohol (broad definition)	2019-20	690	412	573	Higher for men than women, but rates for both genders higher than regional and England averages
Admissions for alcohol-related unintentional injuries (broad definition)	2019-20	67	53.8	61,1	Higher for men than women, but rates for both genders higher than regional and England averages
Admissions for alcoholic liver disease (broad definition)	2019-20	232.2	139	219.1	Higher for men than women, but rates for both genders higher than regional and England averages
Admissions for intentional self-poisoning and exposure to alcohol	2019-20	108.5	46.1	69.3	Higher for women than men, but rates for both genders higher than regional and England averages
Admissions for alcohol-related cardiovascular disease	2019-20	939	811	887	Higher for men than women, but rates for both genders higher than regional and England averages

The figure below shows that the rate of admissions for alcohol-related conditions is higher in North Tyneside than England, and this gap appears to be increasing.

Figure 5 – Trends of admission episodes for alcohol-related conditions (narrow) in England and North Tyneside. Source: PHE



The same data source also shows that the incidence of alcohol-related cancer was 39.4 per 100,000 of the population in 2016-2018, which was higher than the England rate of 37.77 and regional rate of 39.67. The rates were higher in men than women, and rates for women were below the national average.

Alcohol-related deaths

The are several ways in which alcohol-related deaths can be measured or compared. One indicator is the number of years of life lost due to alcohol related conditions and in 2018 there were 891 years lost per 100,000 people in North Tyneside due to alcohol related condition compared to 637 in England and 947 in the North East[5]. This data, and the data below, shows that although the rates of admission to hospital due to alcohol are higher in North Tyneside than the rest of the North East, the rates of deaths are generally lower, but for both measures of harm the rates are higher than England averages.

Whilst a lot of hospital admissions are due to cardiovascular disease, mortality rates are largely driven by the effects that alcohol has on the liver. The table below sets out mortality rates in more detail.

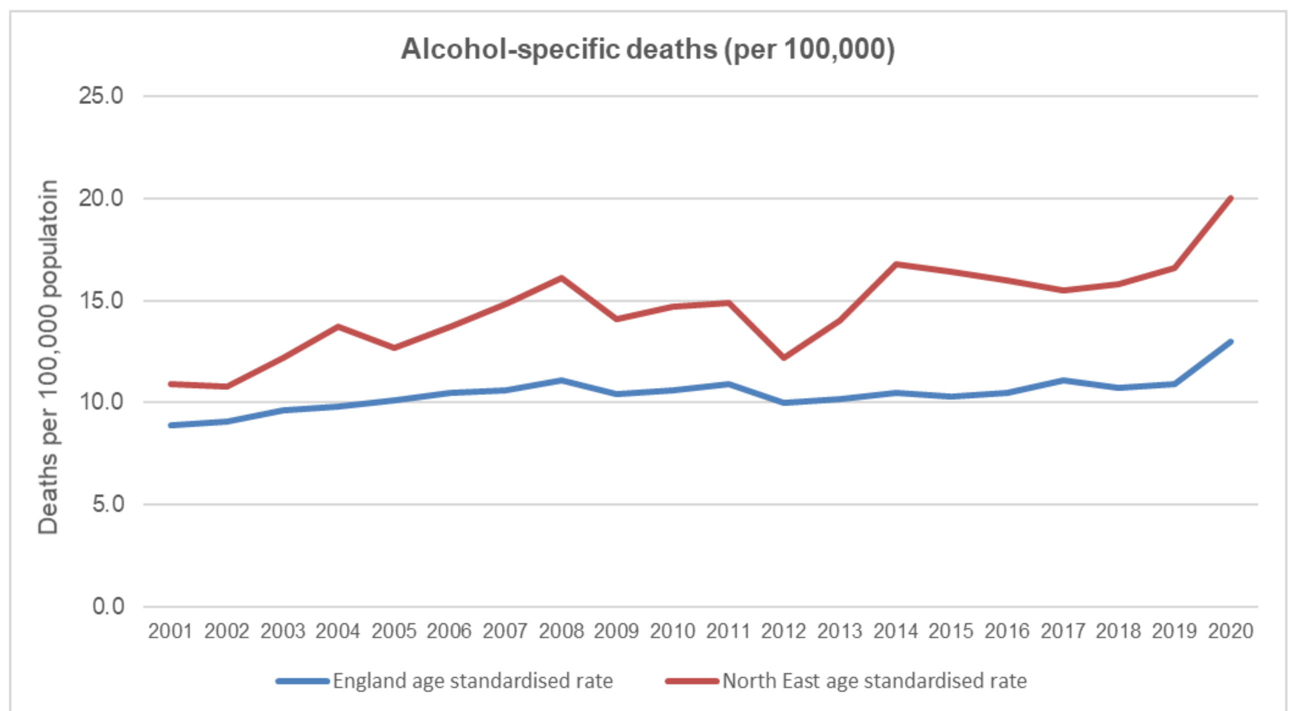
There is no data available on the mortality rates for alcohol-related cancer, but in 2020 the under 75 mortality rate for cancers considered preventable was 77.7 per 100,000, which was higher than the England and North East values. However, some of this will be driven by smoking and other causes.

Table 2: Mortality rates where episodes were linked to alcohol (source PHE)

Indicator (deaths per 100,000 population)	Reporting period	North Tyneside rate	England rate	North East rate	Comments
Alcohol-related mortality	2020	46.2	37.8	49	Higher for men than women, but rates for both genders higher England averages. Women higher than the regional average
Alcohol-specific mortality	2017-19	14.8	10.9	16.0	Higher for men than women, but rates for both genders higher England averages. Men higher than the regional average
Mortality from chronic liver disease	2017-19	16.8	12.2	18.7	Higher for men than women, but rates for both genders higher England averages. Men higher than the regional average
Under 75 mortality from alcoholic liver disease	2017-19	12.3	9.1	14.1	Higher for men than women, but rates for both genders higher England averages. Men higher than the regional average

The figure below shows the trends in alcohol-specific deaths over time in England and the North East and shows that the rate is consistently higher in the North East and there has been a sharp increase recently.

Figure 6 – Trends in alcohol-specific deaths per 100,000 (source ONS)



Inequalities

As above, there are inequalities between communities in the distribution of harm from alcohol, and much of this follows a social gradient. At a population level, people from more deprived areas are more likely to die from alcohol-related conditions and more likely to be admitted to hospital.

Many of the readily available datasets cannot be interrogated in a way that explores inequalities at a local authority level, however at an England-level the level of harm is higher in more deprived deciles compared to the less deprived deciles[5] (where a decile represents 10% of the population) and it can be assumed that North Tyneside date would follow a similar pattern. For example:

- Whilst overall consumption rates may be higher in less deprived communities, the percentage of dependent drinkers is higher in more deprived communities e.g., 1.39% in England overall, but 2.13% in the most deprived areas and 0.93% in the least deprived areas
- Admission rates for alcohol-related conditions (narrow definition) in 2019-2020 were 519 per 100,000 overall, but this ranged from 398 per 100,000 in the least deprived areas and 627 per 100,000 in the most deprived areas
- Admission rates for alcohol-related cardiovascular disease were 811 per 100,000 in 2019-2020 overall, but ranged from 709 in the least deprived decile to 993 in the most deprived decile
- Admission rates for alcoholic liver disease (broad measure) were 139 per 100,000 in 2019-2020, but this ranged from 107.2 in the lease deprived decile to 207.0 in the most deprived decile
- The incidence of alcohol-related cancer was 37.77 per 100,000 overall in England in 2016-2018, but this rose to 41.44 per 100,000 in the most deprived communities and was 36.33 per 100,000 in the least deprived communities
- In 2019 the rate of alcohol-related mortality was 35.7 per 100,000 in England, but this ranged from 29.0 per 100,000 in the least deprived communities to 46.8 per 100,000 in the most deprived communities, as shown in the figure below

Figure 7 – Variation in admission episodes for alcoholic liver disease by deprivation in England in 2019-2020

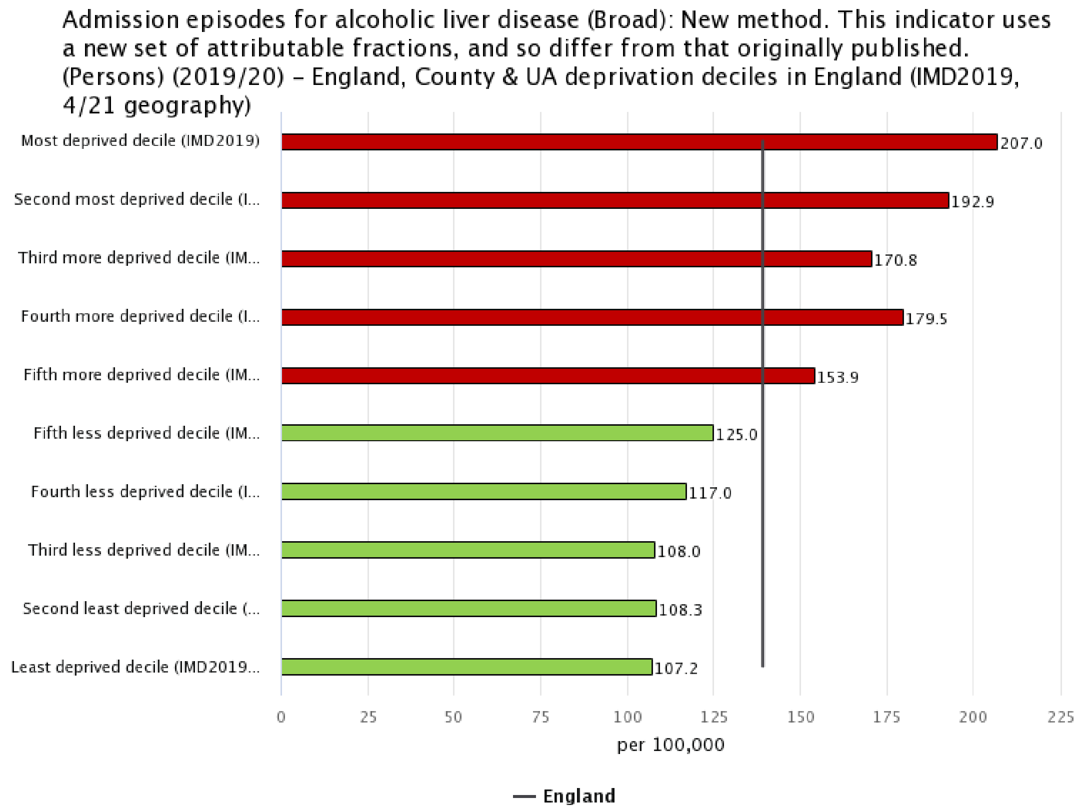
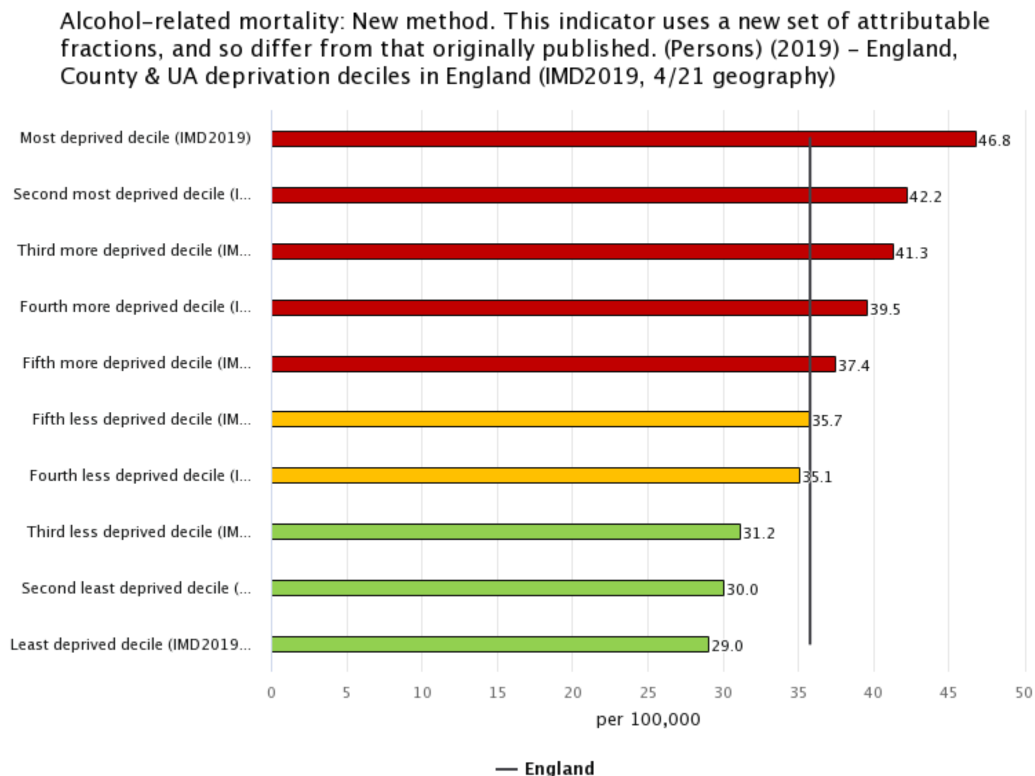
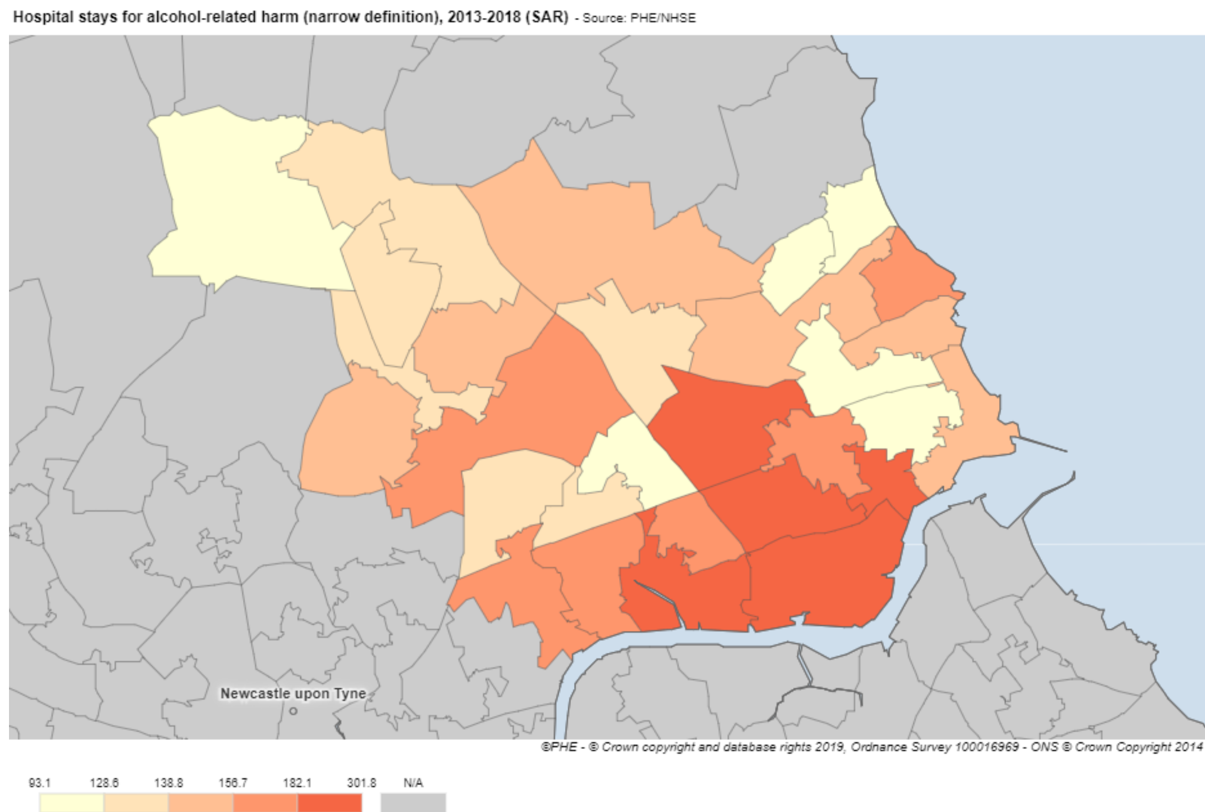


Figure 8 – Variation in alcohol-related mortality by deprivation in England in 2019 (source: PHE)



Within North Tyneside, a small number of indicators can be mapped at a MSOA level (an area smaller than a council ward) to see that alcohol-related harm is not evenly distributed across the borough and tends to follow the social gradient. For example, the standardised hospital admission ratio (SAR) for alcohol-related harm allows areas to be compared with each other and the England value of 100. When admissions for 2013-2018 were age standardised, North Tyneside had a SAR of 152.3, which is 52.3% higher than the England average[6]. When this is interrogated at a MSOA level, the ratios range less than the England value, with 93.1 in MSOA E02001740 (Whitley Sands, Monkseaton North) to 301.8 in MSOA E02001764 (in Percy Main, Riverside). The figure below shows the variation at MSOA level in North Tyneside.

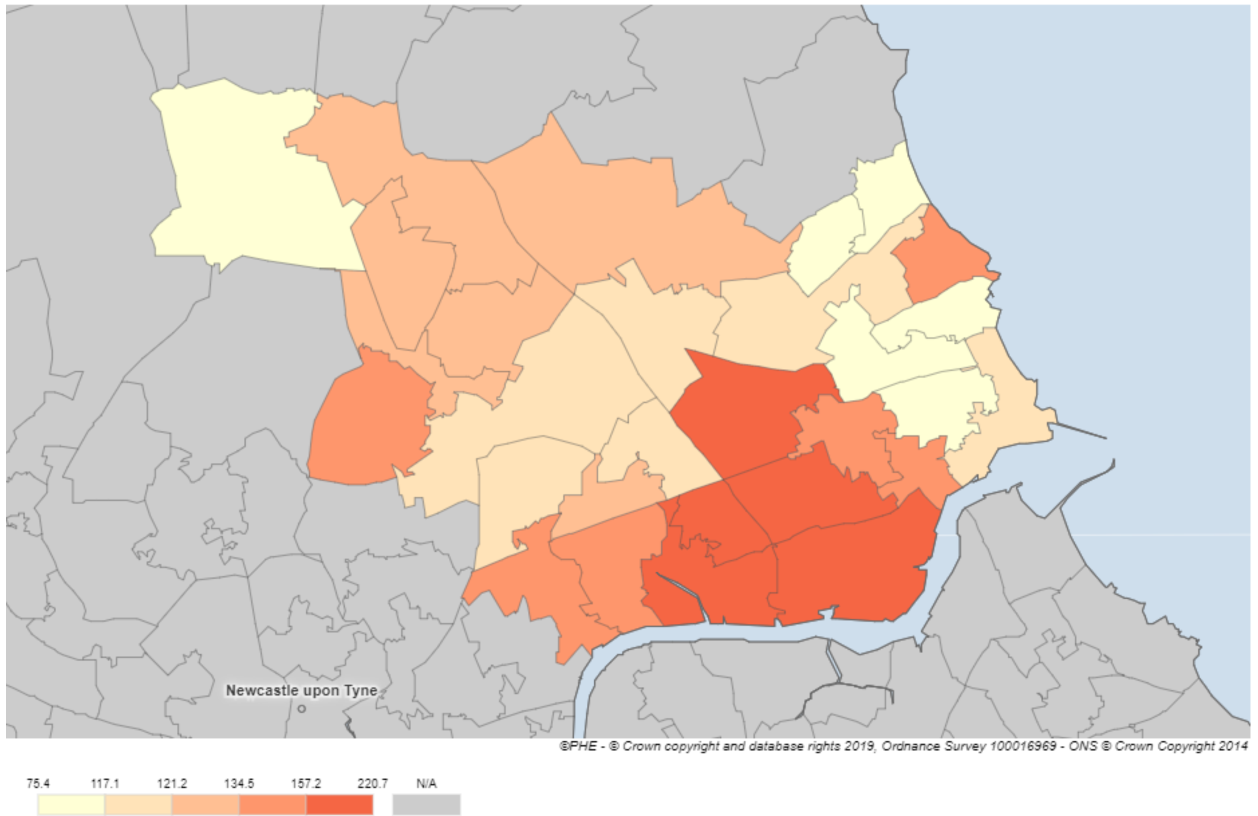
Figure 9 – Variation in hospital admission ratios for alcohol related harm (narrow definition), 2013-2018 (source PHE and NHS Digital)



The variation is similar when a broader definition is used for alcohol attributable admissions, as shown in the figure below, with the lowest admission ratio again seen in Whitley Sands (SAR of 75.4) and the highest in Percy Main (SAR of 220.7)

Figure 10 – Variation in hospital admission ratios for alcohol related harm (broad definition), 2013-2018 (source PHE and NHS Digital)

Hospital stays for alcohol-related harm (broad defintion), 2013-2018 (SAR) - Source: PHE/NHS Digital



APPENDIX 2

North Tyneside Alcohol Strategic Partnership
DRAFT Terms of Reference 2021-2023

Purpose & Aim:	The purpose of the North Tyneside Alcohol Strategic Partnership is to facilitate a whole-system approach to addressing the health, social and economic harms caused by alcohol to individuals, communities and families in North Tyneside. **The focus is on reducing alcohol misuse, this will be achieved via the following actions:** • Reducing demand and availability • Alcohol treatment for adults and older people • Alcohol treatment for young people • Reducing consumption in those that drink at above lower risk • Raising awareness of the broader social harms from alcohol, such as domestic abuse and self-neglect and processes in place to support those affected **The North Tyneside Alcohol Strategic Partnership will contribute to the following North Tyneside Joint Health and Wellbeing board objectives:** • Reduce the proportion adults who drink more than 14 units of alcohol per week in North Tyneside to below the best rate in the region 20.2% • Reduction in alcohol related and specific admissions in adults from to same or less than England rate • Reduction in alcohol admission for young people to same or less than England rate • Explore the scale of broader social harms linked to alcohol, such as domestic abuse and self-neglect, and consider how to address this further in North Tyneside.
Responsibilities	**The following responsibilities will support the alliance to deliver on its purpose:** Provide strategic leadership to develop a whole system approach to reducing the harms to health and well-being associated with alcohol with commitment from all partners to enable the following: • Develop, deliver and assess the progress of the North Tyneside alcohol strategic partnership action plan. • Embed high quality and accessible services for an all-ages treatment of alcohol dependency • Ensure that every NHS provider in North Tyneside is providing IBA • Ensure children and young people in North Tyneside have an alcohol-free childhood • Ensure collaboration between agencies working to address issues such as domestic abuse and self-neglect and specialist alcohol services • Reduce existing health inequalities and ensure that all interventions are contributing to narrowing the gap between our most and least affluent communities • Advocate for regulatory changes for greater alcohol control

<table>
<tr><td>Membership:</td><td>North Tyneside Council
Public Health
0-19 Children’s Public Health Service
Environmental Health
Trading Standards
Active North Tyneside
Children and Young People’s Services
Communications and Marketing
Cultural Services
Housing
School Improvement
Other Strategic Partners
North Tyneside Recovery Partnership
Balance
Northumbria Healthcare NHS Foundation Trust
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Voluntary and Community Sector
Northumbria Police
North Tyneside Clinical Commissioning Group
Tyne and Wear Fire and Rescue
National Probation Service
Schools and colleges
Primary Care/General Practice representation to be discussed further</td></tr>
<tr><td>Chair:</td><td>Louise Gray - Senior Specialty Registrar in Public Health, North Tyneside Council</td></tr>
<tr><td>Convening</td><td>North Tyneside Council – Public Health will convene and administer the partnership</td></tr>
<tr><td>Meeting Frequency</td><td>3 times per year – these sessions may be business focused or themed.

A further ½ day session to assess annual progress and consider future priorities

Task and finish groups may be established to oversee time limited pieces of work that contribute to the alliance delivery plan</td></tr>
<tr><td>Accountability & Reporting:
To be discussed further</td><td>The partnership will report to:
North Tyneside Future Care Programme Board
The partnership will provide updates to the:
North Tyneside Joint Health and Wellbeing Board (annual update)
North East Association of Directors of Public Health (ADsPH) (as appropriate)
The North East Drug & Alcohol Network
Balance Networks (as appropriate)
Alcohol Champions
Alcohol Crime and Disorder
These terms of reference do not remove the accountability and governance arrangements already in place for individual organisations</td></tr>
</table>

These terms of reference were agreed at the partnership meeting on ________________ and will be reviewed annually.

North Tyneside Alcohol Strategic Partnership
GOVERNANCE & REPORTING ARANGEMENTS