# WEST DUNBARTONSHIRE LICENSING BOARD

### Report by the Clerk to the Licensing Board

### 8 November 2011

**Subject:** West Dunbartonshire Health Data

# 1. Purpose

1.1 Prior to preparation of the Board's Overprovision Policy, comprehensive data was obtained for 18 areas of West Dunbartonshire in relation to alcohol related hospital admissions and alcohol related deaths. This report provides updated information on emergency admissions in 2010 and alcohol related deaths in 2008 to 2010 and compares these to figures existing when the Board made its Overprovision Policy.

# 2. Background

- 2.1 On 30 June 2010 the Board considered a report annexed to which was information provided by West Dunbartonshire Alcohol and Drugs Partnership on:-
  - Crime Rate
  - Police Incident Rate
  - Alcohol Hospital Admissions Rate
  - Alcohol Related Death Rate
  - Noise from Licensed Premises
  - Fire Statistics

across different locations in West Dunbartonshire. This data was provided in respect of 18 intermediate data zones for which Scottish Neighbourhood statistics were available. Subsequently Board made an Overprovision Policy relating to a single locality within West Dunbartonshire, comprising 15 of the intermediate data zones.

- 2.2 Greater Glasgow and Clyde NHS have now provided updated 2010 data to the Board on the alcohol related death rate 2008 to 2010 and emergency admissions 2010. The emergency admissions data is not directly comparable to the alcohol hospital admissions rate 2004/2008 which was included in the Board's Overprovision Policy, but NHS have also provided the emergency admissions 2009 for comparison purposes.
- 2.3 The Board will recall that the data provided in June 2010 was normalised to represent the number per 100,000 population to allow comparison with the West Dunbartonshire rate and the Scottish rate. West Dunbartonshire ADP have carried out a similar exercise with the data provided by NHS Greater Glasgow and Clyde. Appendix 1 therefore provides the following:-

- A comparison of emergency admissions 2009 against emergency admissions 2010.
- A comparison of emergency admission 2010 with the Scottish average rate.
- A comparison of the alcohol related death rate 2004/08 to the alcohol related death rate 2008/10.
- A comparison of the alcohol related death rate 2004/08 and 2008/10 to the Scotland 2008/10 data.
- **2.4** For information purposes the alcohol hospital admissions rate 2004/08 is also included although as previously stated, the data relating to emergency admissions is not directly comparable.

### 3. Main Issues

- 3.1 Comparing the alcohol related death rate 2008/10 to that for 2004/08 it will be seen that the death rate was static. In 7 out of the 18 intermediate data zones the death rate increased and in 11 it decreased. Inevitably there will be some fluctuations in the data where relatively small data zones are used. This probably explains some of the large fluctuations such as Whitecrook which was 316% of the Scottish average from alcohol related deaths based on 2008 data but only 88% based on the 2010 data. When viewed across the whole of the West Dunbartonshire area the figures for alcohol related deaths for 2010 is similar to that for 2008. The alcohol related death rate for 2008/10 was 144% of the Scottish average which was an increase from 129% of the Scottish average in 2004 to 2008
- 3.2 As regards emergency admissions, this data is not the same as that previously obtained for alcohol hospital admissions rate. A comparison is given between emergency admission figures 2009 to 2010. This shows that 8 of the intermediate data zones had an increasing rate of emergency admissions whereas 10 had decreasing rates. Once again the use of relatively small intermediate data zones means that a better picture is obtained by looking at West Dunbartonshire as a whole. This showed that the emergency admissions rate had increased from 2009 to 2010. The emergency admissions rate for 2010 was 133% of the Scottish average.
- 3.3 In relation to the three areas outwith the Board's Overprovision Policy, the situation was as follows:-
  - Dumbarton East/Barnhill/Crosslet/Milton/Bowling the emergency admissions rate increased from 720 to 955 and the alcohol related deaths rate compared to the Scottish average increased from 73% to 92%.
  - Duntocher the emergency admissions rate decreased from 470 to 271 but the alcohol related deaths rate increased from 38% of the Scottish average to 92% of the Scottish average.
  - Balloch North East/Gartocharn/Mill of Haldane the emergency admissions increased from 650 to 731 and the alcohol related deaths rate compared to the Scottish average increased from 89% to 200%.

3.4 As previously detailed the use of individual figures for a particular intermediate data zone may give a misleading picture as the sample is relatively small, and thus the percentage figures can swing widely from year to year. A better picture is obtained by looking at health data across West Dunbartonshire as a whole. In relation to each of the intermediate data zones a better picture is obtained by looking at a number of key data figures such as emergency admissions, alcohol related deaths, alcohol related police incidents, alcohol related crimes etc. However the general picture obtained from this new health data is fairly similar to that which informed the Board's Overprovision Policy.

### 4. People Implications

**4.1** There are no staffing or people implications for the Board in adopting the Overprovision Policy.

# 5. Financial Implications

£3.5 billion per annum, £900 for every person in Scotland. The bulk of this cost comes from health related problems. As West Dunbartonshire's alcohol related health problems are worse than the Scottish average it will follow that the cost to West Dunbartonshire of alcohol related problems is more than £900 per person per annum.

# 6. Risk Analysis

6.1 It is recommended that the Board review the data underlying its Overprovision Policy as and when new data is available. As a Board's policy should be evidence based this cuts down the chance of a successful challenge against the policy.

# 7. Equalities Impact Assessment (EIA)

7.1 Alcoholism and other alcohol related problems such as liver disease and cancer can result in disability. While this report does not itself have any impact on an equalities group, the data contained herein helps to substantiate the Board's Overprovision Policy. In turn that Overprovision Policy is aimed at reducing the level of alcohol related problems in West Dunbartonshire, resulting in equalities benefits to those with an alcohol related disability.

# 8. Strategic Assessment

8.1 As detailed in the report to the October Board, West Dunbartonshire's alcohol related problems have an impact on the area's ability to attract new business, to train a suitable workforce, on work absence rates and in the attractiveness of the area as a place to live and work. All of these issues impact on the long term regeneration of West Dunbartonshire

### 9. Conclusions and Recommendations

- 9.1 Across West Dunbartonshire the 2010 data shows an increase in emergency admissions relating to alcohol from 2009 to 2010 but a decrease in the alcohol related deaths overall. The figures do not however show any clear trend pattern either in terms of getting significantly better or significantly worse. West Dunbartonshire has 133% of the Scottish average for emergency admissions in 2010 and has 144% of the average for alcohol related deaths in 2008 to 2010. The latter is an increase from 129% in 2004 to 2008. As the Scottish average is very poor in comparison to England and Wales and other worldwide countries, this emphasises the extent of the alcohol related health problems affecting West Dunbartonshire. It also underlines the continuing need for the Board's Overprovision Policy.
- 9.2 It is recommended that the Board note the 2010 information on alcohol related emergency admissions and alcohol related deaths across the 18 intermediate data zones of West Dunbartonshire.

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**Appendices:** Appendix 1 – Health Statistics – Licensing 2010

Background Papers: None

Wards Affected: All