



Creating a performance management framework for a minimal alcohol data set for PCTs in Cheshire and Merseyside

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Final Report ChaMPs Creating a Performance Management Framework

Introduction

An estimated 1.55 million people in England drink at harmful¹ levels and a further 6.6 million drink at hazardous² levels (LAPE, 2008). Such high levels of consumption are strongly associated with a number of related harms such as: increased health-risks (Jones et al, 2008), anti-social behaviour and crime (Richardson and Budd, 2003; Strategy Unit, 2003; Bellis et al, 2004). Thus, in 2006/07, there were 533,000 alcohol-related hospital admissions in England (NWPHO, 2007). The lives of young people and children may also be affected by alcohol, and early alcohol use has been linked with truancy (Miller and Plant, 1998), low academic achievement (Hibbell et al, 2004; Best et al, 2006), violence (Hughes et al, 2008; Miller et al, 2007; French and Maclean, 2006) risky sexual practices (Alcohol Concern, 2002), unprotected sex (Hibbell et al, 2004) and teenage pregnancy (NWPHO, 2007). It is estimated that alcohol costs the government in total between £17.7 billion and £25.1 billion annually (Cabinet Office, 2003). This includes an annual cost to the NHS of £2.7 billion (DH, 2008a). However, the impacts of alcohol are not universally experienced across the country; the North West has particularly high levels of alcohol consumption (Deacon et al, 2007; NWPHO 2007). For example, Liverpool has one of the highest levels of harmful drinkers in the country, whilst the rate of hazardous drinkers in areas such as Macclesfield and Congleton are significantly higher than the England average (NWPHO, 2007). In association with this, the North West suffers some of the highest levels of alcohol-related harm including alcohol-related mortality (Deacon et al, 2007; NWPHO 2007).

It is a Government priority to reduce inequalities and one way of achieving this is by helping people to choose healthier lifestyles (DH, 2005). Strategies to achieve this include encouraging people to drink alcohol more sensibly but also the development of research and intelligence. Thus, in 2007 the Government outlined its intended actions, including a review of NHS alcohol spending in order to direct resources more effectively (DH, 2007). As part of this, the Cheshire and Merseyside Partnerships for Health (ChaMPs) commissioned the Centre for Public Health (CPH) Research Directorate (Liverpool John Moores University) to identify possible data providers from a range of agencies who are able to provide intelligence regarding the impact of alcohol in Cheshire and Merseyside in areas such as: health, crime and justice, young people, and licensing. The overall aim of the project is to develop a performance management framework which can provide a minimal dataset to be collected on a range of alcohol-related issues across the Cheshire and Merseyside sub-region.

¹ Defined as percentage of adults aged over 16 regularly drinking over 50 units/week (men) and over 35 units/week (women).

² Defined as percentage of adults over 16 regularly drinking between 22-50 units per week (men) and 15-35 units per week (women).

Methodology

Representatives from ChaMPs supplied researchers from the CPH with a list of key areas for inclusion in the report. These were organised into the following topics:

- Health: NI39 Alcohol harm related hospital admissions, death from liver disease, accident and emergency presentations, alcohol-related ambulance call outs, and treatment.
- Crime: NI20 assault with injury, alcohol-related crime, alcohol-related anti-social behaviour, alcohol-related domestic violence, conditional cautioning.
- Young people: NI115 substance misuse in children and young people, and child protection issues where alcohol is a factor.
- Other: Health (Local Enhanced Service), licensing and enforcement (number of premises), licensing and enforcement (number of premises subject to action plans, probation, and commercial sales data).

In order to identify possible alcohol-related data providers for these areas, researchers initially contacted alcohol leads/managers at each Primary Care Trust (PCT) within the ChaMPs area either by email or telephone. These individuals were given a brief outline of the purpose of the project and were asked to complete a Data Collection Questionnaire (appendix i) wherein they could provide details of their key contacts who might have access to alcohol-related data and information on the topics described above and any others that they thought would be important to investigate. All key contacts named in the questionnaires were then subsequently either emailed or telephoned and provided with a brief outline of the project along with a request to complete a Data Provider Questionnaire (or as much of the questionnaire as possible; see appendix ii). This questionnaire asked questions such as: the type of alcohol-related data held, who made the decision to record an incident as alcohol-related, if they were the key contact for this information, and if the data could currently be supplied to ChaMPs.

A total of 44 completed questionnaires were returned, with the highest response rates for health-related data (Health – 23, Crime – 8, Young People – 6, and Other – 7). In addition, intelligence was collated internally within the CPH (see appendix iii) from the Alcohol Treatment Monitoring System, National Drug Treatment Monitoring System and from the North West Public Health Observatory (in relation to their alcohol indicators tool known as LAPE), and other ongoing research. For four of the subject areas (Accident and Emergency Department Attendances, Ambulance Call-Outs, NI 20 Assault, Domestic Violence), only one response was received per subject area. Whilst we have outlined the information received in the report, such information should be viewed with caution as it cannot represent the whole area. In addition for three of the alcohol-related subject areas (Local Enhanced Services, Conditional Cautions, and Commercial Sales), no completed questionnaires were returned; consequently researchers have been unable to report on these (see appendix iv for overview sheet).

Researchers encountered a number of problems at both stages of collecting the information: general delays in processing the information, individuals being on leave, a wish to maintain privacy of possible data providers (and not supply individual contact names), incorrect identification of possible data providers, difficulties in identifying an appropriate individual to contact, and a lack of response from a number of individuals. This has meant significant delays in the production of this report and may impact on ChaMPs' desire to produce timely intelligence reports in the future.

Findings

1. Health Indicators

Indicator: Hospital Admissions for Alcohol-Related Harm (NI39)
Number of local areas who responded: Seven
Responding areas: Halton and St Helens, Knowsley, Liverpool, Sefton, Warrington, West Cheshire, Wirral
CPH data held: via the North West Public Health Observatory (covering all areas in Cheshire and Merseyside)

The North West Public Health Observatory publishes summary information on hospital admissions for alcohol-related harm (NI39). These are published as standardised rates per 100,000 population and are also available by gender. Data are provided by Local Authority, Primary Care Trust, Government Office Region and health region. Data for NI39 are published for the years 2002/03 to 2007/08. Rates for individual areas can be monitored against other local areas, as well as regional and national averages. Projected trends are also available up to and including the years 2010/11.

Individual areas in Cheshire and Merseyside also have access to intelligence relating to hospital admissions through their Primary Care Trusts (PCTs), which is provided by CISSU (Contract Information Shared Service Unit) and which hold the SUS (Secondary Uses Service) data on behalf of PCTs. These data are sent on a regular basis to the SUS from all acute, mental, and other health providers within England. Cases are identified by ICD-10 alcohol fractions defined in NI39 and VSC26³. These data are downloaded on a monthly basis six to eight weeks in arrears. They can be presented in the form of a summary report with tables and graphs and can be provided by local authority, and postcode, and more specifically by ward, lower super output area (LSOA), age, gender, ethnicity, diagnosis, type and source of admission, and by GP practice. When asked for the date from which data were available, PCTs varied in their response, with the earliest date being 1996, but the intelligence is reported to be more robust from 2001/02 onwards.

Some PCTs reported that they would be unable to provide the CISSU data to ChaMPs if requested. One reported that they would be able provide aggregated data only. Barriers identified were analytical time and workload issues, the need to establish data sharing protocols (any release of information to a non-NHS body needs to be cleared through the Information Governance Department within each PCT), and data problems with new patient administration systems in Trusts.

Conclusion

The data available through the NWPHO and through the individual PCTs are based on the same datasets and use the same definitions. It is likely that it would be easier to use the information supplied by the NWPHO to inform a quarterly report because just one point of contact would be needed and the information is readily available online. However, the NWPHO does not currently provide data by age or smaller geographies.

³ The Vital Signs Indicator (VSC 26) for the NHS from April 2008 will measure change in the rate of alcohol admissions. This will encourage the NHS to identify at an earlier stage those patients who might be drinking too much, so they can get the help they need (DH, 2008b).

Indicator: Deaths from liver disease
Number of local areas who responded: Five
Responding areas: Halton and St Helens, Liverpool, Sefton, West Cheshire, Wirral
CPH data held: via the NWPHO (covering all areas in Cheshire and Merseyside)

The North West Public Health Observatory (NWPHO) publishes intelligence on the levels of mortality from chronic liver disease including cirrhosis (ICD-10: K70, K73-K74; all ages, male/female) directly as a standardised rate per 100,000 population (standardised to the European Standard Population; Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2004-2006 pooled). These are available by gender for each Local Authority and Primary Care Trust (PCT) in England. Rates for individual areas can be monitored against other local areas, as well as regional and national averages. The latest published data are for the years 2004-2006 (aggregated data). Trend data have not been published for this indicator. Information is readily available to the ChaMPs network as data are published online.

Individual PCTs also have access to intelligence relating to deaths from liver disease through the NHS. Where ICD-10 codes of K70 and K73-74⁴ are used to provide estimates of liver disease mortality; these codes are attached when the death is registered. The data are collated by Coroners and sent to the Office for National Statistics (ONS). One PCT reported that the data go back to 1981 and could be provided to ChaMPs. There were differing reports of frequency of publication with some PCTs reporting that this was monthly and others yearly. Data are available by postcode so could be aggregated to display levels of mortality at geographies below Local Authority level (such as ward or super output area). Furthermore, data can also be provided by age and gender. Barriers identified to providing the information to ChaMPs by PCTs include analytical time, work commitments, and the need for establishing data sharing agreements between the Public Health Mortality File.

Conclusion

The data available through the NWPHO and through the individual PCTs are based on the same datasets and use the same definitions. It is likely that it would be easier to use the information supplied by the NWPHO to inform a quarterly report because just one point of contact would be needed and information is readily available online; however, the intelligence published is not broken down by age or smaller geographies. Nor does current published information provide an indication of direction. In comparison, data relating to age and smaller geographies are available through individual areas but would be more difficult to access, and negotiations would need to be made with each area.

Indicator: Alcohol-Related Accident and Emergency (A&E) Attendances
Number of local areas who responded: Three
Responding areas: West Cheshire, Sefton, Wirral
CPH data held: via the Trauma and Injury Intelligence Group (TIIG) (covering parts of Merseyside only, and no areas in Cheshire)

Data for A&E attendances are available to PCTs through SUS. PCTs reported that whilst alcohol-related diagnoses were poorly defined using a list of 69 broad categories, these categories are determined by highly trained clinical staff. Presently, the data are not analysed in relation to being alcohol-related. Nevertheless, data are available on a monthly basis and can be examined by postcode, age, gender, diagnosis, and time of attendance.

⁴ ICD codes K70-K77 represent diseases of the liver (WHO, 2007).

Injury data from A&E departments is also published by the Trauma and Injury Intelligence Group (TIIG) at the CPH. These data are collected by some A&E departments located within Merseyside and reported to TIIG. However TIIG does not receive any data from A&E departments within Cheshire. Information is provided by attendees who are asked on arrival to complete a short questionnaire. Data include details on alcohol-related assaults and unintentional injury related to alcohol consumption. In addition, gender, age, time and date of attendance, incident location, A&E arrival mode and middle super output area of residence are recorded. The data are sent by individual hospitals to TIIG monthly. This intelligence could be made available to ChaMPs once a data-sharing protocol had been set up.

West Cheshire PCT reported that they collect yearly data from 2007/08, and this could be provided to ChaMPs. However, any release of information to a non-NHS body would need to be cleared through the Information Governance Department within each PCT.

Barriers were reported in terms of the collection of both datasets: analytical time (the data are not part of the standard data flow), and it is also not clear how an A&E attendance is defined as alcohol-related (a greater understanding of the data would be required to enable comparisons between areas). For TIIG, barriers include limited data systems, general data quality and patient willingness to disclose information relating to their injury. Furthermore, a number of hospitals in Merseyside are unable to collect information on alcohol-related attendances.

Conclusion

Alcohol-related data would appear to be unreliably coded and potentially could be inconclusive. It is therefore not recommended that A&E attendance data in their current format be included if a regular report were to be instigated by ChaMPs. However, it may be possible to investigate this intelligence as a potential source for the future.

Indicator: Ambulance call-outs Number of local areas who responded: One Responding area: Warrington

Information relating to ambulance call-outs was provided by **only one area and so cannot be said to represent Cheshire and Merseyside**. However, the information that was provided by Warrington states that data relating to ambulance call-outs in the area are owned by the North West Ambulance Service, and so should cover Cheshire and Merseyside. Here, a description of the incident is recorded but incidents are not specifically categorised as being alcohol-related. Location of incidents is captured by postcode and data collection began in 2006. Data could not be provided to ChaMPs without a formal assessment.

Indicator: Treatment Number of local areas who responded: Three Responding areas: Warrington, Sefton, Wirral CPH data held: via NDTMS data (covering all areas in Cheshire and Merseyside)

The National Drug Treatment Monitoring System (NDTMS) was introduced in 2001 and was designed to collect data on people accessing structured (Tiers 3 and 4) drug treatment throughout England. From April 2008, the National Treatment Agency (NTA) expanded their data collection to include all specialist alcohol services. These are required to submit a subset of the NDTMS dataset on a monthly basis via a

secure internet portal. The data for Cheshire and Merseyside (and the North West) are owned and held by the CPH, and the NTA. The alcohol subset includes: initials, date of birth, sex, partial postcode, ethnicity, referral date and referral source, agency code, both the Drug and Alcohol Action Team (DAAT) and Primary Care Trust (PCT) of residence, first, second and third problem substance, triage date, care plan started date, discharge date and discharge reason, treatment modality, date referred to modality, date of first appointment offered for modality, modality start, modality end date and modality exit status. Drug treatment agencies are required to submit the full core dataset that includes items in addition to those listed above. Alcohol services are not required to submit Treatment Outcomes Profile (TOP) information via NDTMS. Whilst alcohol specific services have only submitted a subset of NDTMS since 2008, young peoples' (YP) drug and alcohol services have been required to submit the full NDTMS core dataset for drug and alcohol clients since the inception of NDTMS YP monitoring in 2005/06. Monthly, quarterly and annual reports are produced by the CPH.

The Alcohol Treatment Monitoring System (ATMS) in Cheshire and Merseyside was established by the CPH, Liverpool John Moores University in 2004 to develop a robust mechanism of collecting, analysing and reporting data relating to clients attending specialist (Tiers 3 and 4) alcohol intervention. Whilst the NDTMS now collects data nationally on individuals in contact with Tiers 3 and 4 alcohol treatment, the ATMS offers additional reporting to Cheshire and Merseyside PCTs because it monitors Tier 2 treatment. However, one PCT reported that a barrier to data reporting was that reporting systems were not as advanced as drug treatment systems which resulted in data collection issues.

Conclusion

Data sharing protocols could not be established between CPH and ChaMPs. However, reports on NDTMS information could be distributed to ChaMPs and used to inform a quarterly report.

2. Crime Indicators

Indicator: Alcohol-Related Crime
Number of local areas who responded: Three
Responding areas: Knowsley, Sefton, and Warrington.
CPH data held: via the NWPHO (covering all areas in Cheshire and Merseyside)

The data on all crimes are recorded and owned by the police (Merseyside and Cheshire). Here, the police call handler decides whether an incident is recorded as alcohol-related but training is provided to minimise subjectivity. The data can be provided by boroughs or wards, and potentially according to victim and offender. Data collection has been in place since 2004/05. One contact reported that they would be unable to supply ChaMPs until a data sharing agreement was in place. With regards to data-sharing protocols, Knowsley indicated that the work and provision of data falls under the working of the partnerships and the guidance set down by the Home Office in terms of the legislation set out for developing effective partnerships. In place of a completed data-provider questionnaire, Warrington Crime and Reduction Partnership (CDRP) provided a copy of their strategic assessment for 2007. This could be used to inform the ChaMPs network but further information would be required to understand whether the data are comparable to those collected elsewhere.

In addition the North West Public Health Observatory publishes intelligence on the level of alcohol-related crime, with a further breakdown available on alcohol-related violent and sexual offences. Crime incidents are recorded as a crude rate per 1,000 population. Incidents are categorised by the police (Home Office recorded crime statistics 2007/08) but the NWPHO applies attributable fractions for alcohol to each crime category to estimate the likely number that are attributable to alcohol. This is based on survey data on arrestees who tested positive for alcohol by the Strategy Unit (2003). Data are broken down by local authority or PCT, with regional and national figures also available for comparison. As data represent crime incident rather than offender, they cannot be specified by age or gender. Data are available for the years 2003/04 to 2007/08. Information is readily available to the ChaMPs network as data are published online.

Sefton reported being able to provide numbers of individuals arrested for a drug-related offence who report alcohol as a second or tertiary problem drug. These are defined by the Test on Arrest process. Time and resources were regarded as barriers to the provision of data to ChaMPs.

Conclusion

It is likely that it would be easier to use the information supplied by the NWPHO to inform a quarterly report because just one point of contact would be needed and information is readily available online. However, more details are available through the intelligence collected locally.

Indicator: Alcohol-Related Anti-Social Behaviour Number of local areas who responded: Three Responding areas: Knowsley, Sefton, and Warrington.

Cheshire and Merseyside Police own the data relating to anti-social behaviour (ASB), which is accessed by community safety teams for analysis. The data are in the form of recorded logs which are defined by a range of incident codes classed as ASB. There is also a further range of logs within these that identify young people. However there is no formal recording method of logging of the incident as alcohol-related other than searching for key words, which is done at a local level and is possibly subjective. This is because ASB incidents are a locally-defined performance measure. Data are produced monthly for the Performance Management Group (for ASB incidents rather than alcohol-related ASB). Data can be provided by boroughs, but can also be defined by specific wards. It is unclear how frequently the data are published; however one area indicated it was on an annual basis. Data go back to 2004/05.

A number of barriers were identified relating to the supply of this information to ChaMPs. Both the Sefton and Knowsley contacts reported that this information could not be supplied without a data sharing agreement. Further barriers to the provision of data were that ASB data can be difficult to analyse as there is no standard analysis. Whilst this would need further clarification with both Cheshire and Merseyside Police, it is likely that additional resources may be needed to isolate alcohol-related ASB data. With regard to existing data-sharing protocols, Knowsley indicated that the work and provision of data fall under the working of the partnerships and the guidance set down by the Home Office in terms of the legislation set out for developing effective partnerships.

Conclusion

Whilst anti-social behaviour data are collected in Cheshire and Merseyside, it may be difficult to access or analysis due to there being no standard method for recording anti-social behaviour as being alcohol-related.

Indicator: NI20 – Assault with serious injury
Number of local areas who responded: One
Responding area: Knowsley

Information relating to NI20-Assault with serious injury was provided by **only one area and so cannot represent the views from across Cheshire and Merseyside**. However, definitions for this indicator are defined nationally through a number of Home Office Classification Codes. The information that was provided by Knowsley states that NI20 data are owned by Merseyside Police and go back to 2004/05. Data can be provided at ward level and are available monthly. Data are available as raw figures but could potentially be analysed and presented to ChaMPs.

Indicator: Alcohol-related domestic violence
Number of local areas who responded: One
Responding area: Knowsley

Information relating to alcohol-related domestic violence was provided by only one area **and so cannot represent the views from across Cheshire and Merseyside**. However, information from Knowsley states that alcohol-related domestic violence data are owned by MARAC (The Multi Agency Risk Assessment Conference) and the Vulnerable Persons Unit which can be obtained through Merseyside Police. The data held go back to 2004/05.

3. Young People Indicators

Indicator: Young People and Alcohol
Number of local areas who responded: Six
Responding areas: Liverpool, St Helens, Sefton, Warrington, and Wirral.
CPH data held: Supporting data from the CPH are also available (covering all areas in Cheshire and Merseyside)

Indicator: NI 115 Substance Misuse by Young People.

Indicator description: the percentage of young people reporting either frequent misuse of drugs/volatile substances or alcohol, or both.

A large variety of data are collected relating to young people. These have been divided into individual topic areas.

Alcohol consumption

- Trading Standards conducts a survey biannually across the North West investigating alcohol consumption amongst 14-17 year olds. The analysed data are published in an annual report, which provides details of quantities of alcohol consumed and location of consumption by local authority (Ci Research, 2007). Each year, the CPH conducts further analysis on the data (for example, by assessing the relationship between method of access to alcohol and risky drinking patterns); however this is only available for the North West region as a whole for 15-16 year olds (Hughes et al. 2008).
- Warrington holds information from the CORE system (predominantly used by Connexions and some youth workers). This holds details of all young people

aged 13-19 years attending school in Warrington, providing information on the numbers of young people using substances (including alcohol), the numbers who access drug and alcohol services, and the numbers affected by someone else's substance use. Connexions own the data which have been collected since 1999 but not specifically for alcohol-related incidents. Although information sharing protocols with partners exist, the contact was unsure as to whether the data could be supplied to ChaMPs. Barriers to reporting data included a lack of consistency in data collection between different partners.

- Warrington holds data from the "Think B4U Drink" young person's survey. This collects data from students in Key stages 3 and 4 (ages 11-14 and 14-16 respectively). Data are currently being input.
- Warrington also holds data from the Healthy Schools Teen Lifestyle survey relating to year nine students. This is collected bi-annually; trend data are available but it was not reported which years would be available.

Child protection

St Helens' Local Safeguarding Children Board reported that they held data relating to the numbers of children subject to a Child Protection plan where parental alcohol misuse is a factor. These data have been collected since November 2007 and could be supplied to ChaMPs. Data are published on a monthly basis.

Hospital admission

- The Wirral currently have data for alcohol-related accident and emergency (A&E) admissions for the under 19s. This information is not presently collected or reported on a regular basis.
- The North West Public Health Observatory publishes intelligence on the levels of alcohol-specific hospital admission for young people under the age of 18. These are published as standardised rates per 100,000 population. Latest data are for the aggregated years 2004/05-2006/07. Trend data are not available. Data are not broken down by gender and do not include attendance at A&E.

School exclusions

- Warrington holds data relating to fixed and permanent exclusions, which have been collected since 1999. The contact was unsure if the data could be supplied to ChaMPs. Data are defined by age, gender and school term. In the future, a drug and alcohol incident recording system will provide a more detailed system for reporting drug and alcohol incidents using guidance from the Department for Children Schools and Families (DCSF).
- Liverpool also collects data relating to school exclusions (temporary or fixed term exclusions). This information was once supplied to researchers at the CPH, Liverpool John Moores University for the quarterly reports by Children's Services (Lightowlers et al. 2008). Data are updated on a monthly basis. However, data provided were for substance use as a whole and could not be broken down into alcohol-specific incidents.

Underage access to alcohol

- The Trading Standards survey also provides information on the proportion of 14-17 year olds reporting that they have purchased alcohol themselves by local authority (Ci Research 2007).

- In Sefton, Trading Standards hold data relating to underage sales of alcohol⁵ (via complaints alleging underage sales) and test purchasing activity. Sefton Council Environment Protection could provide data to ChaMPs going back to 2004. There are no data sharing protocols in place, although it is unclear if these would be necessary. Data cover individual boroughs and could be specified by Super Output Area and individual premises. Liverpool also collects data relating to underage test purchasing activity. This information was once supplied to researchers at the CPH, Liverpool John Moores University for the quarterly reports by Children's Services (Lightowlers et al. 2008). Data was reported on a quarterly basis. Barriers to data collection/reporting were identified as Data Protection Act restrictions, confidentiality requirements for complainants, witnesses, and intelligence sources, and also sub-judiciary issues for cases going forward for prosecution.

Young offenders

- Sefton reported that they collect data from Young Offender Institutions; however limited information was supplied on this and further details will be required if ChaMPs decide to include this in a quarterly report.
- Wirral reported that they hold data relating to the young people (aged 13-19 years) either stopped or arrested for an alcohol-related offence. This intelligence is held by the Police and has been collected since 2008. Data are defined by age and gender. Permission to access the data would need to be secured through the Police. These data have been previously supplied to the CPH, for data analysis around those being stopped or arrested (Morleo and Cook 2009), so it is likely that this could occur again.

Young people accessing alcohol services

- Warrington reported that young peoples' agencies report data to the CORE system (Clinical Outcomes for Routine Evaluation) which holds data pertaining to the number of young people accessing drug and alcohol services (see above – page 10).
- Sefton reported that they receive a TOP (Treatment Outcome Profile) report. This information relates to those aged over 16 years in treatment and is available from the NDTMS. We are advised that all areas receive their own report.
- Sefton reported holding data on the Substance Misuse Advice Support and Help (SMASH) service. Data are held from April 2007 and can be provided by postcode, age and gender. However, it is unknown as to whether any data other than that provided by the NDTMS could be made available to ChaMPs. Barriers to providing data were seen as non-compliance of some partner agencies.
- In the Wirral, those stopped or arrested (aged 13-19 years) for an alcohol-related offence, are referred to the agency Response who then attempt to make contact with the individual to provide a brief intervention (for example, a leaflet or interview). Response holds information on the individuals referred and whether individuals receive any help subsequent to the contact made. Permission to access the data would need to be secured through Response. These data have been previously supplied to the CPH, for data analysis around those being stopped or arrested (Morleo and Cook 2009), so it is likely that this could occur again.

⁵ Underage sales include sale of alcohol to someone under the age of 18 years and also sale of alcohol through an intermediary (proxy purchase).

- The NDTMS collects data on people accessing structured drug and alcohol treatment. More details of this intelligence can be found in appendix iii. However, data are also available relating to young people.

Conclusion

There is a wide variety of intelligence available surrounding young people and alcohol consumption. The most readily accessible is that provided by the CPH and Ci Research intelligence relating to indicators such as hospital admissions, treatment use and alcohol consumption. This is because consistent data are available for the whole of the Cheshire and Merseyside sub-region.

4. Other Indicators

Indicator: Licensing

Number of local areas who responded: Four

Responding areas: Liverpool, Sefton, Warrington, Wirral

Four individual councils responded to our questionnaires, and indicated that they hold different types of licensing data as described below. Whilst the following paragraphs only reflect those responses received, it is likely that licensing data are held across Cheshire and Merseyside. Further investigation may be needed to establish whether they are comparable.

- 1) Liverpool City Council Licensing Authority collect and own data relating to premises where alcohol is sold or supplied (including temporary events); details of personal licences issued; and details of premises that have had their licences reviewed. Details of enforcement infringement are provided by the Police, but data are also provided by members of the public who have experienced alcohol-related crime or disorder associated with particular premises. These data are supported by crime statistics, reports or in the case of ASB, numbers of arrests or fixed penalty notices. Data are available from 2005 for Liverpool Local Authority. With new case management software (that is being introduced), data may be available in the future defined by ward, postcode and super output area. Data are currently presented in the form of an annual report and can be supplied to ChaMPs if required.
- 2) Sefton Council Environmental Protection Department hold data relating to the licensing of premises for the sale of alcohol including licences issued premises inspections, complaints data, and licence reviews. Data have been collected since 2005 and could be provided to the ChaMPs organisation if required. The information is presented in a report, and licences issued are held on a public register available online. Currently data are published on a monthly basis; however enforcement activity summary reports are published every six months. Data could be broken down by super output area or premises level (although data relating to individual premises may need to be handled sensitively).
- 3) In Warrington, Trading Standards hold data relating to: premises licences and enforcement and Intervention action taken. Data are defined as alcohol-related by the enforcement working group, in terms of either a review action or intervention action by individual premises within Warrington Borough Council. Data could be broken down by wards and collection has taken place since 2005. No barriers to providing this data to ChaMPs were envisaged. Additional data in the form of a list of premises and conditions on individual licences could be made available with adequate resources.

- 4) Wirral Trading Standards collect and hold data relating to: numbers of premises subject to licence review; number of off-licences receiving staff-training packages; number of advisory visits to off-licences; and training sessions for staff for both on and off-licence premises. This information is currently published in the form of a quarterly report and is available to ChaMPs. Individual areas reported that barriers to sharing the data were: Data Protection Act restrictions, confidentiality requirements for complainants, witnesses and other intelligence sources and sub judicial issues for cases going forward for prosecution. There are currently no data-sharing protocols in place.

Conclusion

As different areas collect and hold data relating to different licensing issues, a common subject area would need to be agreed upon for all areas, for example: the number of premises supplying alcohol, the number of premises being granted licences, or the number of premises subject to licence review.

Indicator: Probation

Number of local areas who responded: Two

Responding areas: Merseyside, Cheshire

CPH data held: Supporting data from the CPH are also available (covering Cheshire only)

Data are available for offenders managed by the probation service who have been assessed as having alcohol problems. Offenders are assessed either through having court reports disclosing alcohol use (these are then screened using AUDIT to determine which level of alcohol intervention they receive), or via the Offender Assessment System (OASYS). Data are held by the information services unit within each probation service and are owned by the National Offender Management Service. Data for the ChaMPs regions are split between Cheshire and Merseyside Probation Services.

- a) The data held by Cheshire Probation Service cover Halton, Warrington, and West and East Cheshire probation areas. These data are available from 2007, and are published yearly. Data can be provided by age, gender, and ethnicity and if adequate resources were available could be defined further by offence type, level of risk of harm, co-existing drug and mental health issues, and accommodation issues. The contact at Cheshire Probation was unsure if the data could currently be supplied to ChaMPs but noted that a written request would need to be submitted. Other barriers to the collection/reporting of data were data protection issues (although data are currently being shared with LJMU, see below).
- b) The data held by Merseyside Probation Service cover Liverpool, Sefton, and Knowsley, St Helens, and Wirral probation areas. Data for the last three years could be supplied. Data are currently published every 16 weeks and can be provided by postcode, age and gender. The contact reported that the data could be supplied to ChaMPs, but a data sharing agreement with the data security department at Merseyside Probation would need to be established. Barriers to the data collection/reporting process were cited as: a long data import process, and limited resources.
- c) Cheshire probation data are also reported to and held by the Inter-Agency Drug Misuse Database (IAD) at the CPH. These are reported on a monthly basis and can be provided from 2005/06 onwards. Data can be broken down

in terms of whether alcohol was a significant factor in the offending behaviour, do not specify whether alcohol was the primary drug involved. Data can be further broken down by: PCT; postcode; gender, ethnicity, offence type, and also if the offender has no fixed abode. Anonymised, aggregated data could be provided by the CPH to ChaMPs if required.

Conclusion

Information for the entire ChaMPs area is held within two Probation Services and it seems likely that data could be provided to ChaMPs following a formal written request. However as Cheshire probation data is already held at the CPH (through the IAD), it would only be necessary to obtain data from Merseyside Probation Service.

Other sources suggested by contacts

A number of other potential datasets were suggested by alcohol leads and data providers. Other than those discussed already, these included:

- Assaults on ambulance staff
- Courts
- Healthy school initiatives
- Social care organisations
- Youth Offending Teams, Youth Offending Service, Youth Offending Institutes
- The council

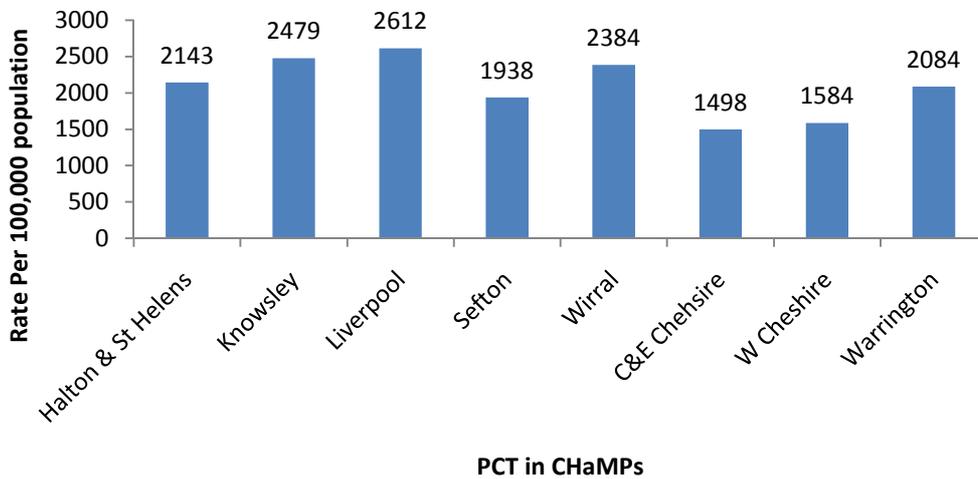
Example report showing alcohol-related data

1. Alcohol-Related Health

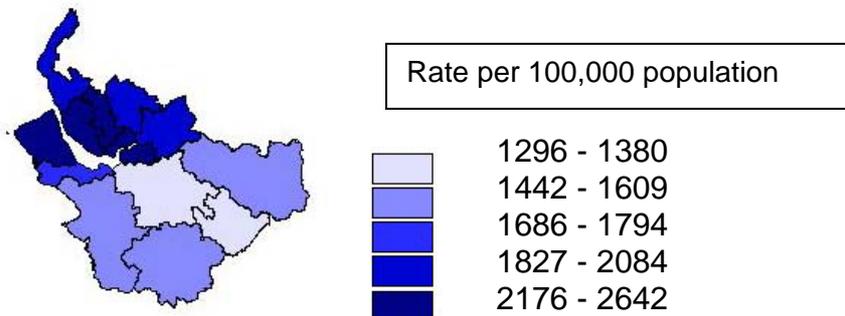
1.1 Alcohol-Related Hospital Admissions⁶

In 2007/08 the regional average rate of hospital admissions for alcohol-related harms was 1944 per 100,000 population, higher than the England average of 1473. Within Cheshire and Merseyside, Liverpool had the highest rate and Central and Eastern Cheshire, and Western Cheshire had the lowest rates. Halton and St Helens, Knowsley, Liverpool, Wirral, and Warrington all had rates higher than both the regional and England averages. The rates in Sefton, Central and Eastern Cheshire, and Western Cheshire were all higher than the England average, but lower than the regional average (see figure 1).

Figure 1: National Indicator 39 (NI39) Alcohol-Related Hospital Admissions by Primary Care Trust within Cheshire and Merseyside for 2007/08 per 100,000 population



Map 1. NI 39 Hospital Admissions for Alcohol-Related Harm by Local Authority within Cheshire and Merseyside 2007/08 per 100,000 population



⁶ NI39: Hospital Admissions for Alcohol Related Harm: directly age and sex standardised rate per 100,000 population, 2007/08. (Department of Health using Hospital Episode Statistics and Office for National Statistics mid-year population estimates).

Table 1. NI 39 Hospital Admissions for Alcohol-Related Harm by Local Authority within Cheshire and Merseyside 2007/08 per 100,000 population

Local Authority	Rate per 100,000
Knowsley	2176.77
Liverpool	2642.22
St. Helens	1827.75
Sefton	1771.35
Wirral	2196.45
Halton	2180.18
Warrington	1836.76
Chester	1500.25
Congleton	1496.77
Crewe and Nantwich	1788.16
Ellesmere Port and Neston	1686.96
Macclesfield	1471.45
Vale Royal	1379.05

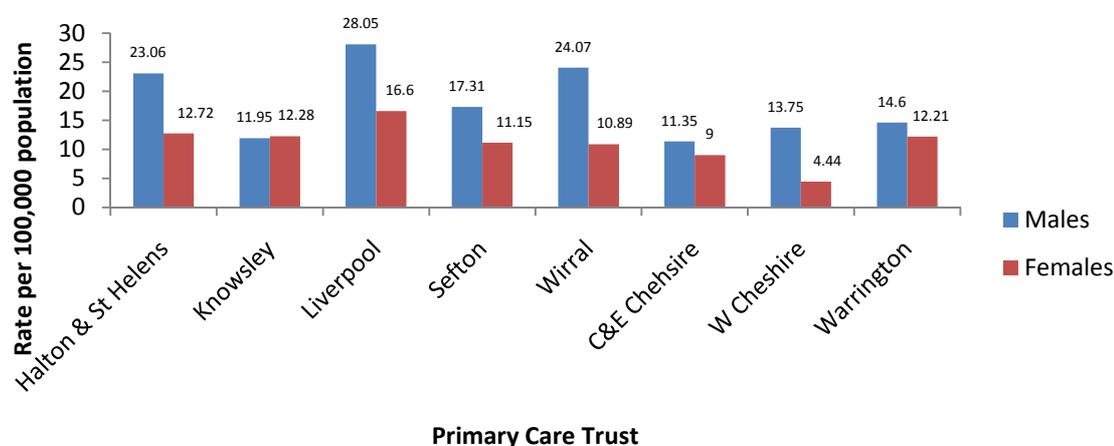
1.2 Deaths from Chronic Liver Disease⁷

For the years 2004/06 the regional average for deaths from chronic liver disease was 18.73 per 100,000 population for males and 10.85 for females, which are both higher than the England averages of 13.54 for males and 7.01 for females. For male deaths, Halton and St. Helens, Liverpool, and Wirral all had higher rates than both the regional and England averages whereas, Sefton, Western Cheshire and Warrington were lower than the regional average, but higher than the England average. Knowsley, and Central and Eastern Cheshire had lower rates than both the regional and England averages.

For females, Halton and St Helens, Knowsley, Liverpool, Sefton, Wirral and Warrington rates were all higher than both the regional and England averages. Central and Eastern Cheshire had rates lower than the regional average but higher than the England average, whilst the rate for Western Cheshire was lower than both the regional and England average. Within the Cheshire and Merseyside, Liverpool had the highest rates for both males and females, whilst Central and Easter Cheshire, and Knowsley had the lowest rates for males and Western Cheshire, and Central and Eastern Cheshire had the lowest rates for females (see figure 2).

⁷ Deaths from chronic liver disease including cirrhosis (ICD-10: K70, K73-K74) (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2004-2006 pooled).

Figure 2: Deaths from Chronic Liver Disease by Primary Care Trust within Cheshire and Merseyside aggregated for 2004/06 per 100,000 population



Map 2. Male Deaths from Chronic Liver Disease by Local Authority within Cheshire and Merseyside 2007/08 per 100,000 population

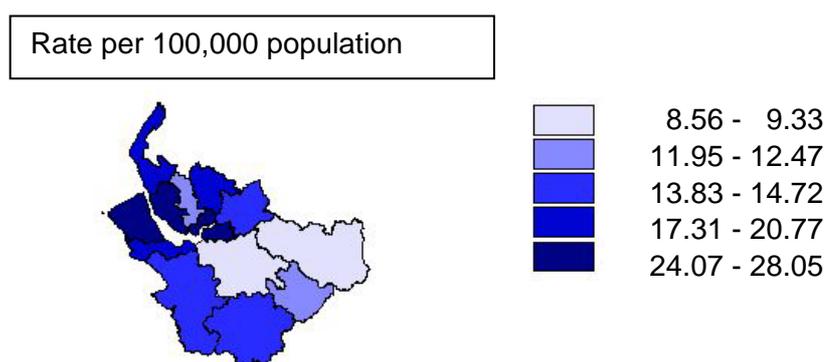


Table 2. Male Deaths from Chronic Liver Disease by Local Authority within Cheshire and Merseyside 2007/08 per 100,000 population

Local Authority	Rate per 100,000
Knowsley	11.95
Liverpool	28.05
St Helens	20.77
Sefton	17.31
Wirral	24.07
Halton	26.71
Warrington	14.6
Chester	14.72
Congleton	12.47
Crewe and Nantwich	13.83
Ellesmere Port and Neston	17.46
Macclesfield	8.56
Vale Royal	9.33

Map 3. Female Deaths from Chronic Liver Disease by Local Authority within Cheshire and Merseyside 2007/08 per 100,000 population

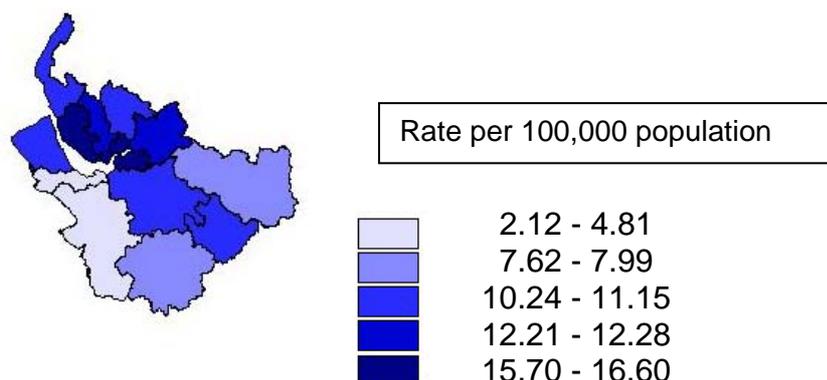


Table 3. Female Deaths from Chronic Liver Disease by Local Authority within Cheshire and Merseyside 2007/08 per 100,000 population

Local Authority	Rate per 100,000
Knowsley	12.28
Liverpool	16.6
St Helens	10.77
Sefton	11.15
Wirral	10.89
Halton	15.7
Warrington	12.21
Chester	4.81
Congleton	10.24
Crewe and Nantwich	7.62
Ellesmere Port and Neston	2.12
Macclesfield	7.99
Vale Royal	10.45

2. Alcohol-Related Crime

2.1 All Alcohol-Related Crimes⁸

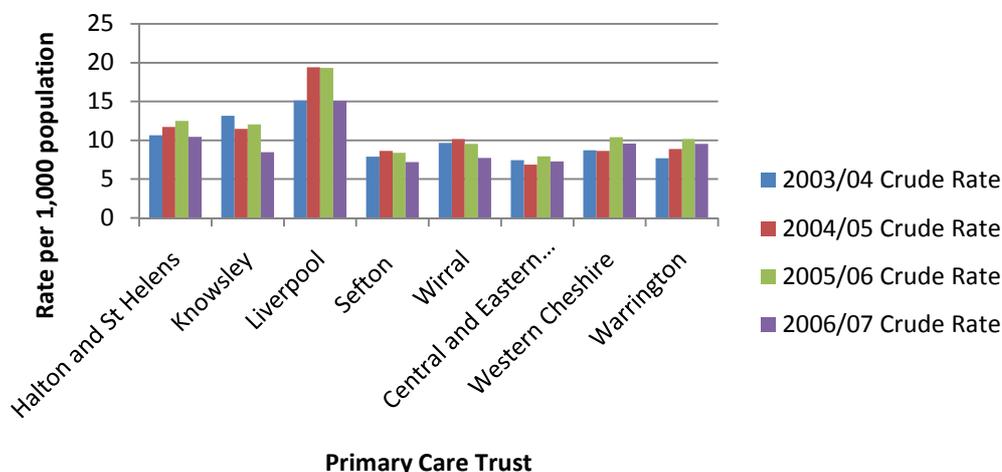
The regional rate in 2006/07 for all alcohol-related crimes was 9.72 per 1,000 population, whilst the England rate was 9.20. Within Cheshire and Merseyside, only Liverpool had a higher rate than both the regional and England averages. Sefton had the lowest rate, with Wirral, and Central and Eastern Cheshire also having low rates (see figure 3).

Trend data are available for alcohol-related crime from 2003/04 to 2006/07 (see figure 3). Since 2003/04, Knowsley, Sefton, Wirral, and Central and Eastern Cheshire

⁸ Alcohol-related recorded crimes, crude rate per 1,000 population. (NWPHO from Home Office recorded crime statistics 2007/08). Attributable fractions for alcohol for each crime category were applied, based on survey data on arrestees who tested positive for alcohol by the Strategy Unit. Primary care organisation values were estimated as a population weighted average of component local authority values.

have seen an overall decline, whilst Western Cheshire and Warrington have seen an overall increase (see appendix v for table showing rates).

Figure 3. Trend Data from 2003/04 to 2006/07 for Alcohol-Related Crime by Primary Care Trust for Cheshire and Merseyside per 1,000 population



Map 4. Alcohol-Related Crime by Local Authority within Cheshire and Merseyside 2007/08

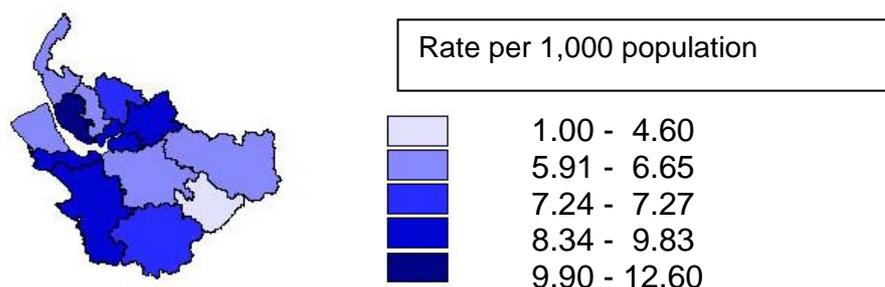


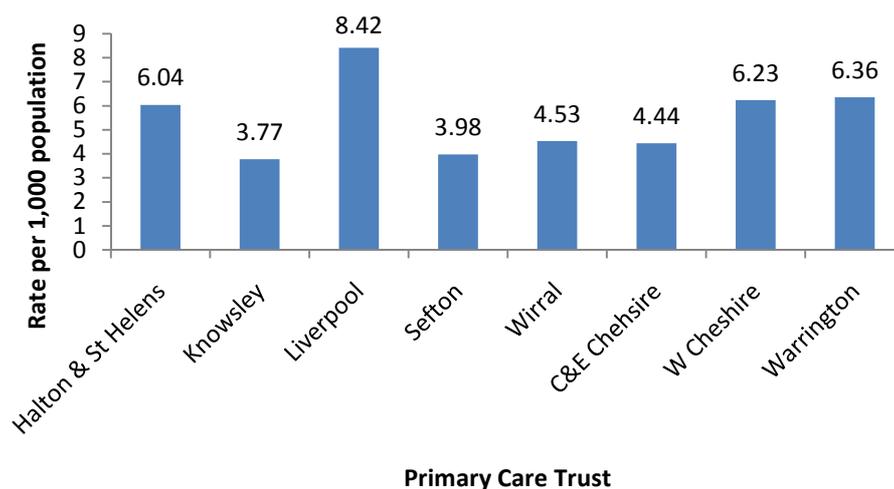
Table 4. Alcohol-Related Crime by Local Authority within Cheshire and Merseyside 2007/08 per 1,000 population

Local Authority	Rate per 1,000
Knowsley	6.59
Liverpool	12.6
St Helens	7.24
Sefton	5.91
Wirral	6.04
Halton	9.83
Warrington	8.73
Chester	8.34
Congleton	4.6
Crewe and Nantwich	7.27
Ellesmere Port and Neston	8.8
Macclesfield	6.11
Vale Royal	6.65

2.2 Alcohol-Related Violent Crime

The regional rate for alcohol-related violent crime was 6.42 per 1,000, whereas the England rate was 6.53. Again within the ChaMPs area, Liverpool was the only PCT to have a higher rate than either the regional or England rate. Knowsley had the lowest rate with Sefton, Central and Eastern Cheshire, and Wirral also having low rates (see figure 4).

Figure 4: Alcohol-Related Violent Crime by Primary Care Trust within Cheshire and Merseyside for 2006/07 per 1,000 population



Conclusion and Recommendations

A data-scoping exercise to assess how much alcohol-related information/data could be provided and used to inform a quarterly report for Cheshire and Merseyside Partnerships for Health (ChaMPs) within the Cheshire and Merseyside area was performed by researchers from the CPH for Public Health Research Directorate. This has shown that there are a number of alcohol-related issues which could readily be reported upon to enable the alcohol-leads within PCTs to fully understand the alcohol situation in their own areas in terms of trends, and comparisons with regional and England averages. Contributory data that are readily available, cover the whole of the Cheshire and Merseyside sub-region and are comparable across the sub region include:

1. Health Indicators

- Hospital Admissions for Alcohol-Related Harm (NI39) through data published by the North West Public Health Observatory (NWPHO).
- Deaths from Liver Disease through data published by the NWPHO.
- Numbers of individuals presenting to treatment for alcohol through data published by the CPH for Public Health.

2. Crime Indicators

- Alcohol-Related Crime (including violent crimes and sexual crimes) through data published by the NWPHO.

3. Young People's Indicators

- Hospital Admissions for Alcohol-Related Harm (through data published by the NWPFO).
- Numbers of young people presenting to treatment for alcohol through data published by the CPH.
- Estimates of alcohol consumption through data published by Trading Standards, supplemented by further regional analyses performed by the CPH.

Other Indicators

- Data on individuals engaged with probation services, through the Probation Services (although further intelligence may need to be gathered to fully understand the extent of comparability and negotiations may be needed to establish data sharing protocols).

Supplementary data on these topics are also available within individual PCTs or police forces, for example but here, issues of comparability and resources will need to be addressed before the data can be used. It is recommended that if ChaMPs were to instigate the production of a regular report to inform PCTs about alcohol-related issues, that this be published on a six-monthly, rather than a quarterly basis. This is because a number of the datasets available are updated on a yearly basis.

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List of Appendices

Appendix i	Example of letter and data collection questionnaire sent to alcohol leads.
Appendix ii	Example of letter and data provider questionnaire sent to key contacts.
Appendix iii	Tables showing information received from key contacts and intelligence held within CPH.
Appendix iv	Overview Sheet.
Appendix v	Table for graph showing trend data for alcohol-related crime.

Appendix i



Dear Sir/ Madam

Researchers at the Centre for Public Health, Liverpool John Moores University, are currently performing a data scoping exercise on behalf of ChaMPs to identify available alcohol-related datasets in Cheshire and Merseyside. We would greatly appreciate it if you could insert below where you currently access data relating to the following key topics and who would be the best contact to speak to about the data. If you do not currently collect this intelligence, which contact (either within the PCT or external to it) would be the best person to speak to about accessing it?

We are hoping to contact the individuals you suggest below to gain an in-depth knowledge of the intelligence collected relating to, for example, quality of the data collected, definitions used in relation to the data, frequency of reporting, and barriers to data provision. This information will then be compiled in a report, which will inform the direction of future data monitoring across Cheshire and Merseyside in order to develop an in-depth understand of the impacts of alcohol both in individual local areas and in the Cheshire and Merseyside sub-region.

If you have any questions, please do not hesitate to contact us through the details provided in the attached email.

Many thanks

Michela Morleo and Gill Elliott

Information required for ChaMPs Quarterly Report

Health-related data	
NI39 Alcohol harm related admissions	Name: Organisation: Telephone number: Email:
Deaths from liver disease	Name: Organisation: Telephone number: Email:
Accident and Emergency presentations	Name: Organisation: Telephone number: Email:
Alcohol-related ambulance call-outs	Name: Organisation: Telephone number: Email:
Treatment (Tiers 1, 2, 3 and 4)	Name: Organisation: Telephone number: Email:
Other	Name: Organisation: Telephone number: Email:

Crime and anti-social behaviour	
NI20 assault with injury	Name: Organisation: Telephone number: Email:
Alcohol-related crime	Name: Organisation: Telephone number: Email:
Alcohol-related anti-social behaviour	Name: Organisation: Telephone number: Email:
Alcohol-related domestic violence	Name: Organisation: Telephone number: Email:
Conditional cautions	Name: Organisation: Telephone number: Email:
Other	Name: Organisation: Telephone number: Email:

Young people	
NI115 Substance misuse in children and young people	Name: Organisation: Telephone number: Email:
No of child protection issues where alcohol is an factor	Name: Organisation: Telephone number: Email:
Other	Name: Organisation: Telephone number: Email:

Other	
Health (Local Enhanced Service)	Name: Organisation: Telephone number: Email:
Licensing and enforcement (no of premises)	Name: Organisation: Telephone number: Email:
Licensing and enforcement (no of premises subject to action plans)	Name: Organisation: Telephone number: Email:
Probation (no of people subject to an ASRO)	Name: Organisation: Telephone number: Email:
Commercial sales data	Name: Organisation: Telephone number: Email:
Other	Name: Organisation: Telephone number: Email:

Appendix ii



Dear Sir/ Madam

Researchers at the Centre for Public Health, Liverpool John Moores University, are currently performing a data scoping exercise on behalf of ChaMPs to identify available alcohol-related datasets in Cheshire and Merseyside. To enable us to do this we have recently contacted the alcohol leads/representatives at all the PCTs within ChaMPs and asked them to provide us with the names of key people within their area who have in-depth knowledge of specific alcohol-related issues, such as: health, crime, children and young people, and licensing. Your name has been passed onto us as one such key person.

To enable us to gain insight into what type of data intelligence is collected and held relating to, for example, quality of the data collected, definitions used in relation to the data, frequency of reporting, and barriers to data provision, we would greatly appreciate it if you could complete the following data provider questionnaire and return to us as soon as possible. This information will then be compiled in a report, which will inform the direction of future data monitoring across Cheshire and Merseyside in order to develop an in-depth understanding of the impacts of alcohol both in individual local areas and in the Cheshire and Merseyside sub-region. If you have any questions, please do not hesitate to contact us through the details provided in the attached email.

Many thanks

Michela Morleo and Gill Elliott

CHAMPS data provider questionnaire

Your contact details

Name:

Organisation:

Email address:

Telephone number

Details of the data collected

A1: What information / data relating to alcohol do you hold?

For example, alcohol-related school exclusions

A2: How are the terms defined

For example, alcohol-related school exclusions are those where the pupil was caught with alcohol on school premises. A school exclusion is defined as a permanent or temporary exclusion.

A3: Who decides whether an incident is alcohol-related?

A4. Do a large number of people contribute to providing these data?

If so...

A4. (i) Are these individuals trained or given instructions on how to classify incidents?

A5. In your opinion, how subjective is the decision to categorise the incident as being alcohol-related?

A6. In which year did this information begin to be collected?

A7. Would you be able to supply the information going back to that year?

Contacts of the main data providers

B1. Are you the key contact for this information?

B1. (i) If not, who is? What are their contact details?

B2. Who holds the data?

B3. Who owns the data?

Further details of the data

We are going to ask a number of questions based on what the data would look like if you were asked to supply it now in its current form, then we will go on to discuss about the potential of the data.

C1. How would the data / information be presented?

For example, in a report, as raw data, as a summary graph or table.

C2. What geographic area does the data cover?

For example, Liverpool local authority or West Cheshire PCT

C3. What smaller geographies can be provided?

For example, wards, postcode, super output area

C4. What is the frequency of the data being published?

For example, monthly, quarterly, yearly, less than yearly

C5. What the data can be examined according to... Age? Gender?

If adequate resources were available...

D1. What information extra to the above could you provide?

Currently,

E1. Are you currently able to supply data to ChaMPs?

E1. (i) If no, why not...

E2. What barriers are there to data collection/reporting?

E3. What protocols are in place to share the data?

E4. Are there any other agencies who you think would be useful to contribute, who also hold local/sub-regional data on alcohol?

E5. Who funds the data collection?

Appendix iii

Names have been removed for reasons of privacy.

Alcohol-related crime

Sub Classification	Alcohol-related crime, North West Public Health Observatory
Contact name	
Organisation	NWPHO at the CPH, LJMU
Contact details (respondent)	
Brief data description	Alcohol-related crime (including violent and sexual offences)
Held/owned by:	NWPHO
How terms are defined	Crime incidents are recorded as a crude rate per 1,000 population. Incidents are categorised by the police (Home Office recorded crime statistics 2007/08). The NWPHO applies attributable fractions (AAFs) for alcohol to each crime category. This is based on survey data on arrestees who tested positive for alcohol by the Strategy Unit (2003).
Year collection of information began	These data were first collected in 2003/04 and are available.
Presentation of data	Through the website – www.nwph.net/alcohol
Geographic area covered by data	Across the country covers LA or PCT, provides regional and national figures as well.
Smaller geographies	Data for smaller geographies are not currently published but postcode data are available.
Frequency of data	Yearly
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	It is important to consider the limitations to the methods used to calculate AAFs. The calculation is a function of relative risk estimates and population drinking estimates, and therefore relies on the accuracy of population estimates of alcohol consumption and the availability and quality of the relative risk estimates reported in the epidemiological literature. There is, therefore, a degree of uncertainty surrounding the estimates presented. There is a need to develop methodologies to look at confidence intervals which provide a quantitative measure of the uncertainty surrounding the AAF estimates presented.
Funding	Government Office North West (GONW)

Sub Classification	Alcohol-related crime, Sefton
Contact name	
Organisation	Sefton PCT
Contact details (respondent)	
Brief data description	<ul style="list-style-type: none"> • Alcohol-related anti-social behaviour calls for service • Alcohol-related crime data (All Crimes)
Held by:	AIM team Community Safety
Owned by:	Merseyside Police
How terms are defined	Defined by Police call handler who adds an alcohol-related qualifier. Call handlers and crime recorders are trained into how this should be done
Year collection of information began	Data are available from 2004 and can be supplied as such.
Presentation of data	Data could be provided as a report, raw data, as a summary graph or a table.
Geographic area covered by data	Sefton Borough.
Smaller geographies	Super output area.
Frequency of data	Data could be provided monthly, quarterly or yearly
Ability to supply data to Champs	No. A data sharing agreement would be needed
Barriers to data collection/reporting	A data sharing agreement would be needed
Other relevant agencies	PCT, Ambulance Service

Sub Classification	Alcohol Related Crime, Knowsley
Contact name	
Organisation	Safer Knowsley Partnership
Contact details	
Owned/Held by:	Merseyside Police hold the data, we analyse it on behalf of the Safer Knowsley Partnership
How terms are defined	Through a field/indicator that shows the presence/influence of alcohol. The data are owned and completed by Merseyside Police so it is not known how this is defined. Additional manual searches are performed to identify key words. A more specific request for victim/offender data can be made but this is not done on a regular basis.
Year collection of information began	Data go back to 2004/2005 and can be provided as such.
Presentation of data	It is usually presented within an analytical product.
Geographic area covered by data	Knowsley
Smaller geographies	Information is geo-coded for all offences and can go to ward level. Further discussions may be needed around the provision of geo-coded data for some of the crimes.
Frequency of data	These data are not published monthly as they are not a performance indicator for the Safer Knowsley Partnership.
Ability to supply data to ChaMPs	Unknown
Data sharing Protocols	The work and provision of data falls under the working of the Partnerships and the guidance set down by the Home Office in terms of the legislation set out for developing effective Partnerships.
Other relevant agencies	Health/PCT in terms of the A&E data would be beneficial to be able to develop more Partnership focused profiles on violent crime and also the wider links and impacts of alcohol-related misuse.

Sub Classification	Anti-social behaviour, Knowsley
Contact name	
Organisation	Safer Knowsley Partnership
Contact details	
Brief data description	As the analytical team for the Safer Knowsley Partnership we access anti-social behaviour (ASB) data through recorded logs from Merseyside Police.
Owned/Held by:	Merseyside Police hold the data, we analyse it on behalf of the Safer Knowsley Partnership
Definition of terms	There are a range of incident codes that are classed as ASB and a range of markers that define the presence of young people within this log. There is no formal recording method to show the presence of alcohol. To identify this, a key word search is employed and a decision is made on whether the incident is alcohol-related.
Year collection of information began	Data go back to 2004/2005 and could be supplied as such.
Presentation of data	It is usually presented within an analytical product
Geographic area covered by data	Knowsley
Smaller geographies	Information is geo-coded for all offences and can go to ward levels. Further discussions may be needed around the provision of geo-coded data for some of the crimes.
Frequency of data	ASB incidents is a locally defined performance measure and is therefore produced monthly for our Performance Management Group but alcohol-related ASB is not a formal performance measure and is at the moment produced when looking at specific ASB profiles or the development of Section 30 orders or DPPO zones.
Ability to supply data to ChaMPs	Unknown.
Barriers to data collection/reporting	ASB data can be difficult to analyse and the method adopted is not centrally defined. This would need further clarification centrally with Merseyside Police. There are resource issues.
Other relevant agencies	Health/PCT in terms of the A&E data is something that the Partnership analytical team would benefit from greatly to be able to develop more Partnership focused profiles on violent crime and also the wider links and impacts of alcohol-related misuse
Data sharing Protocols	The work and provision of data falls under the working of the Partnerships and the guidance set down by the Home Office in terms of the legislation set out for developing effective Partnerships.

Sub Classification	Anti-social behaviour, Warrington
Contact name	
Organisation	Cheshire Police
Contact details	
Brief data description	Alcohol-related anti-social behaviour (ASB) data.
Owned/Held by:	Community Safety Team / Cheshire Police
Definition of terms	Alcohol-related ASB data are defined through call handling codes allocated by Cheshire Police. Call handlers are trained / provided with instructions on how to identify alcohol-related incidents. Data may be very subjective. Data can be examined by age.
Year collection of information began	Data go back to 2007/08 and could be supplied as such.
Presentation of data	Numerical by neighbourhood area.
Geographic area covered by data	Warrington
Smaller geographies	Neighbourhood area
Frequency of data	Annually
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	Resources
Other relevant agencies	PCT hospital admissions
Data sharing Protocols	Warrington Information Exchange Protocol
Funding	Crime and Disorder Reduction Partnership / Cheshire Police

Sub Classification	Alcohol-related domestic violence, Knowsley
Contact name	
Organisation	Safer Knowsley Partnership
Contact details (respondent)	
Other suggested contact	
Brief data description	There are two potential data sources around this: through crime data via the Sigma/Vulnerable Persons Unit at Merseyside Police and through the MARAC process in terms of number of cases that are deemed alcohol-related or have an element of alcohol
Held / owned by	MARAC and Vulnerable Persons Unit through Merseyside Police
Year collection of information began	Data go back to 2004/2005.
Presentation of data	Unknown
Geographic area covered by data	Knowsley
Smaller geographies	Knowsley
Frequency of data	Knowsley
Ability to supply data to ChaMPs	Unknown
Barriers to data collection/reporting	Unknown
Data sharing Protocols	Unknown
Other relevant agencies	

Sub Classification	NI 20 – Assault with less serious injury, Knowsley
Contact name	
Organisation	Safer Knowsley Partnership
Contact details (respondent)	
Other suggested contact	
Brief data description	Information around NI 20 – Assault with Less Serious Injury. This is a national indicator and so the definitions are defined nationally through a number of set Home Office classification codes. A more specific request for victim/offender data can be made if needed. This is not done on a regular basis.
Held / owned by:	Merseyside Police
Year collection of information began	Data go back to 2004/2005 and could be supplied as such.
Presentation of data	Data are available as raw figures but it could also be analysed and presented.
Geographic area covered by data	Knowsley
Smaller geographies	Geo-coded information for all offences is available and can provide details at ward level.
Frequency of data	Monthly
Ability to supply data to ChaMPs	Unknown
Barriers to data collection/reporting	
Data sharing Protocols	Unsure on specific protocol for this as MARAC/VPU not my direct teams
Other relevant agencies	Health/PCT in terms of the A&E data is something that the Partnership analytical team would benefit from greatly to be able to develop more Partnership focused profiles on violent crime and also the wider links and impacts of alcohol-related misuse

Health tables
Accident and emergency attendance

Sub Classification	Accident and emergency attendance, Western Cheshire
Contact name	
Organisation	West Cheshire PCT
Contact details (respondent)	
Brief data description	Alcohol-related attendance to accident and emergency
Held by:	Cheshire ICT shared service
Owned by:	NHS Western Cheshire
How terms are defined	Alcohol-related A&E attendance at Countess of Chester Hospital (COCH). It is unknown how an attendance is defined as being alcohol-related. Data can be examined by age and gender, as well as time of attendance.
Year collection of information began	Information could be supplied going back to 2007/08
Presentation of data	Summary table
Geographic area covered by data	Data are not geographically based
Smaller geographies	Any derived from postcode but with variable completeness
Frequency of data	Yearly (only 2007/08 currently held by PCT)
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	Analytical time both at COCH and PCT – data are not part of standard CDS data flow. There is no clear definition of how the term alcohol-related is assigned. Further understanding of the data is needed to enable comparisons between areas.
Data sharing Protocols	
Other relevant agencies	CO-STAR
Funding	COCH

Sub Classification	Accident and emergency attendance, Sefton
Contact name	
Organisation	NHS Sefton
Contact details (respondent)	
Brief data description	Alcohol-related attendance to accident and emergency
Held by:	NHS Sefton
Owned by:	NHS
How terms are defined	Data provided by SUS via all acute, mental and other health providers. Defined by clinical staff based on 69 categories, however, diagnosis category cannot definitely identify attendances that are alcohol-related.
Year collection of information began	Data collected since 1997/98, but early data not as robust as in recent years.
Presentation of data	Data can be provided in a defined report or graph or as raw anonymised data.
Geographic area covered by data	Sefton.
Smaller geographies	Postcode, electoral wards, age, gender, diagnosis.
Frequency of data	Monthly.
Ability to supply data to ChaMPs	If known what was required then an assessment could be made. Aggregated data only.
Barriers to data collection/reporting	Any release of information to a non-NHS body would need to be cleared through the Information Governance department of NHS Sefton.
Data sharing Protocols	
Other relevant agencies	

Sub Classification	Accident and emergency attendance, Trauma and Injury Intelligence Group (TIIG)
Contact name	
Organisation	CPH, LJMU
Contact details	
Brief data description	Accident and emergency attendance
Owned by:	Hospitals.
Held by:	TIIG at the CPH, LJMU and hospitals.
Further description of data collected	Injury data from accident and emergency departments (AED) in Merseyside including Arrowe Park Hospital, Royal Liverpool University Hospital (RLUH), University Hospital, Aintree, Alder Hey Children's Hospital, Southport and Formby District General Hospital and Whiston Hospital. Arrowe Park, University Hospital Aintree and RLUH provide monthly data on alcohol-related trauma including assaults. Data include details on alcohol-related assaults and unintentional injury related to alcohol consumption. Individuals are asked upon arrival – Arrowe Park. Individuals are asked to complete a questionnaire in which they would disclose whether assault was alcohol-related – RLUH and University Hospital Aintree. Gender, age, type of trauma, time and date of attendance, incident location, A&E arrival mode and Middle Super Output Area (MSOA) of residence are collected. Arrowe Park Hospital, University Hospital Aintree and RLUH also collect further data on alcohol-related assaults: consumption prior to assault; assault location; the last venue the patient consumed/purchased alcohol (RLUH and Arrowe Park); and if the patient perceived their attacker to have consumed alcohol (Arrowe Park). If a person has sustained any injury Arrowe Park will record whether the patient has consumed alcohol. Data are held on electronic databases via TIIG. There are some differences between individual hospitals, e.g. Arrowe Park Hospital record their data on paper, whilst University Hospital Aintree and RLUH record theirs on their database.
Presentation of data	The reports are publicly available in a hard copy or electronically via the TIIG website (quarterly and annually). Analysed data are also provided to the data providers monthly to identify key trends.
Geographic area covered by data	Merseyside
Smaller geographies	By hospital
Frequency of recording	The data are sent to TIIG monthly, one month retrospectively.
Barriers to collection	Alder Hey Children's Hospital, Southport and Formby District General Hospital and Whiston Hospital are unable to collect information on alcohol related attendances. Limited data systems, general data quality and patient willingness to disclose information relating to their injury.
Protocols for data sharing	The purpose is considered and the data supplied if deemed appropriate.
Accessible to Champs	Yes
Funded by	PCTs and Crime and Disorder Reduction Partnerships (CDRPs) within Merseyside.

Ambulance Call Outs

Sub Classification	Ambulance Call Outs, Warrington
Contact name	
Organisation	NWAS
Contact details (respondent)	
Brief data description	Ambulance call outs.
Held by:	North West Ambulance Service
Owned by:	Held at NWAS
How terms are defined	A free text field is populated which includes a description of the incident. These are undefined as they are not clinically assessed but reported by the caller. They may not be reliable. Incidents are not categorised as being alcohol-related
Year collection of information began	Since 2006 depending on area and could be supplied as such.
Presentation of data	
Geographic area covered by data	Warrington PCT
Smaller geographies	The location of incidents is captured as grid reference and postcode.
Frequency of data	Not published
Ability to supply data to ChaMPs	Not without assessment
Barriers to data collection/reporting	
Data sharing Protocols	

Attacks on ambulance staff

Sub Classification	Attacks on ambulance staff, Warrington
Contact name	
Organisation	Ambulance Trust
Contact details (respondent)	
Other suggested contact	
Brief data description	Incidents of violence and aggression on ambulance staff
Held by:	IT Department & Healthcare Governance
Owned by:	NWAS
How terms are defined	If alcohol is a factor in an incident then this is generally mentioned on the incident form by the paramedic crew. Such data are not currently collected but this is being explored further.
Year collection of information began	Information on verbal abuse and assaults probably from the last two to three years could be supplied.
Ability to supply information from that year	Yes
Geographic area covered by data	Cheshire & Merseyside Area
Smaller geographies	Unknown
Frequency of data	Unknown
Ability to supply data to ChaMPs	Unknown
Barriers to data collection/reporting	
Data sharing Protocols	Information Sharing Agreement

Liver disease mortality

Sub Classification	NI 39, North West Public Health Observatory (NWPHO)
Contact name	
Organisation	NWPHO at CPH, LJMU
Contact details (respondent)	
Brief data description	Rate of liver disease mortality.
Held / owned by:	NWPHO
How terms are defined	Deaths from chronic liver disease including cirrhosis (ICD-10: K70, K73-K74) (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2004-2006 pooled). An alcohol attributable fraction (AAF) is applied to incidents of specific conditions. The condition is categorised in the individual hospitals. The AAFs applied to all subsets are those from the Jones et al. (2008) report. Cause of death may be filled in with varying levels of detail. Data are available by gender but not age.
Year collection of information began	Data are published from 2003 to 2006.
Presentation of data	Through the website – www.nwph.net/alcohol
Geographic area covered by data	Across the country covers local authority or Primary Care Trust, provides regional and national figures as well.
Smaller geographies	Data for smaller geographies are not currently published but postcode data are available.
Frequency of data	Yearly
Extra information	Alcohol-related hospital admission, alcohol specific hospital admission and alcohol-related hospital admission for under 18s is also available.
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	It is important to consider the limitations to the methods used to calculate AAFs. The calculation is a function of relative risk estimates and population drinking estimates, and therefore relies on the accuracy of population estimates of alcohol consumption and the availability and quality of the relative risk estimates reported in the epidemiological literature. There is, therefore, a degree of uncertainty surrounding the estimated presented. There is a need to develop methodologies to look at confidence intervals which provide a quantitative measure of the uncertainty surrounding the AAF estimates presented.
Data sharing Protocols	

Sub Classification	Deaths from liver disease, Halton & St Helens
Contact name	
Organisation	Public Health Evidence and Intelligence Unit, PCT
Contact details (respondent)	
Brief data description	Liver disease deaths
Held by:	Public Health Intelligence Team
Owned by:	Director of Health Strategy
How terms are defined	Deaths with the underlying code of K70, K73-K74. Definitions from NCHOD are used. Data can be examined by age and gender.
Year collection of information began	Data from NCHOD can be supplied from 1993 and from PHMF, it can be supplied from April 2004.
Presentation of data	Data can be presented as a table, graph or map.
Geographic area covered by data	NCHOD provides data from national levels down to local authority. PHMF supplies data for the boroughs of Halton and St Helens.
Smaller geographies	NCHOD can only go down to local authority but PHMF can go down to lower super output area (depending on the number of deaths).
Frequency of data	Annually. In depth analysis is performed on an ad hoc basis
Ability to supply data to ChaMPs	NCHOD: Yes PHMF: Uncertain
Barriers to data collection/reporting	
Data sharing Protocols	Contact would need to check if data sharing agreements have been set up for sharing PHMF.
Other relevant agencies	

Sub Classification	Deaths from liver disease, Sefton
Contact name	
Organisation	Sefton PCT
Contact details (respondent)	
Brief data description	Deaths from liver disease
Held by:	The PCT
Owned by:	ONS
How terms are defined	As per NCHOD definitions. Age and gender could also be supplied.
Year collection of information began	1995 and data could be provided as such.
Presentation of data	
Geographic area covered by data	Sefton Local authority
Smaller geographies	Data would be available by ward, postcode and super output area
Frequency of data	Yearly
Ability to supply data to ChaMPs	Unknown
Barriers to data collection/reporting	
Data sharing Protocols	

Sub Classification	Deaths from liver disease, West Cheshire
Contact name	
Organisation	West Cheshire PCT
Contact details (respondent)	
Brief data description	Deaths from liver disease
Held by:	Cheshire ICT shared service
Owned by:	ONS
How terms are defined	Deaths are defined via ICD10 mortality rules
Year collection of information began	
Presentation of data	Summary table
Geographic area covered by data	Western Cheshire PCT
Smaller geographies	Any derived from postcode
Frequency of data	Yearly ADDE or monthly PHMF
Ability to supply data to ChaMPs	Yes but NWPFO hold centrally
Barriers to data collection/reporting	Analytical time
Data sharing Protocols	

Sub Classification	Deaths from liver disease, Wirral
Contact name	
Organisation	NHS Wirral
Contact details (respondent)	
Brief data description	Deaths from liver disease
Held/owned by:	NHS Wirral
How terms are defined	The classification is decided by the coroner or doctor signing the death certificate. Data can be examined by age and gender.
Year collection of information began	Data are available from 1981 and could be supplied going back to that year.
Presentation of data	As a summary measure.
Geographic area covered by data	Wirral Local Authority
Smaller geographies	Data for smaller geographies are available at postcode, ward and lower super output area.
Frequency of data	Monthly
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	Other work commitments.

Sub Classification	Alcohol-related mortality, Liverpool
Contact name	
Organisation	Liverpool PCT
Contact details (respondent)	
Brief data description	Mortality data
Held by:	The Liverpool Public Health Intelligence Team
Owned by:	Office for National Statistics
How terms are defined	Alcohol related/specific deaths can be extracted. Underlying cause of death by ICD-10 code, as categorised by death registration. Information can be provided by age, gender, date of death.
Year collection of information began	Data go back to 1995.
Presentation of data	Age standardised tables/graphs
Geographic area covered by data	Liverpool district
Smaller geographies	Data is postcode level so any geographical boundary can be provided
Frequency of data	Monthly, yearly
Barriers to data collection/reporting	Tend to use pooled data to lower 95% Confidence Intervals. A data request could be built into work programme if requested subject to line manager's discretion
Other relevant agencies	
Data sharing Protocols	

Health data.

Sub Classification	Health data, Liverpool
Contact name	
Organisation	Merseycare NHS Trust
Contact details (respondent)	
Brief data description	Clinical data, HM Coroners reports, quantitative data from NDTMS
Held by:	Performance Monitoring Team
Owned by:	Merseycare NHS Trust
How terms are defined	By clinical assessment, referral information, local and national requirements. Clinical staff attribute cases as alcohol-related
Year collection of information began	1977 but data would not be able to be supplied back to that point
Presentation of data	
Geographic area covered by data	Liverpool, Sefton, Knowsley, Halton & St Helens PCTs
Smaller geographies	Not sure
Frequency of data	Monthly
Ability to supply data to ChaMPs	Further discussion required
Barriers to data collection/reporting	
Data sharing Protocols	

National indicator 39: alcohol-related hospital admission

Sub Classification	NI 39, North West Public Health Observatory
Contact name	
Organisation	NWPHO at CPH, LJMU
Contact details (respondent)	
Brief data description	Rate of alcohol-related hospital admissions per 100,000 for Alcohol Related Harm (NI 39).
Held / owned by:	NWPHO
How terms are defined	NI39: Hospital Admissions for Alcohol-Related Harm: Figures are presented as a standardised rate per 100,000 population. Intelligence relating to hospital admission is collected through the Hospital Episode Statistics and applied to mid-year population estimates from the Office for National Statistics. An alcohol attributable fraction (AAF) is applied to incidents of specific conditions. The condition is categorised in the individual hospitals. The AAFs applied to all subsets are those from the Jones et al. (2008) report. Data are published by gender
Year collection of information began	Data for NI39 are published from 2002/03 to 2007/08.
Presentation of data	Through the website – www.nwph.net/alcohol
Geographic area covered by data	Across the country covers local authority or Primary Care Trust, provides regional and national figures as well.
Smaller geographies	Data for smaller geographies are not currently published but postcode data are available.
Frequency of data	Yearly
Extra information	Alcohol-related hospital admission, alcohol specific hospital admission and alcohol-related hospital admission for under 18s is also available.
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	It is important to consider the limitations to the methods used to calculate AAFs. The calculation is a function of relative risk estimates and population drinking estimates, and therefore relies on the accuracy of population estimates of alcohol consumption and the availability and quality of the relative risk estimates reported in the epidemiological literature. There is, therefore, a degree of uncertainty surrounding the estimates presented. There is a need to develop methodologies to look at confidence intervals which provide a quantitative measure of the uncertainty surrounding the AAF estimates presented. There are limitations in the application of AAFs to hospital admissions, as this requires the assumption that the admission profile for an alcohol-related admission for a partially attributable condition is the same as the admission profile for a non alcohol-related admission.
Data sharing Protocols	

Sub Classification	NI 39, Halton & St Helens
Contact name	
Organisation	Halton & St Helen's PCT
Contact details (respondent)	
Other suggested contact	
Brief data description	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm (NI 39)
Held / owned by:	Information Team and Public Health Intelligence Team
How terms are defined	Definitions are taken from NWPHO. Data can be examined by age and gender.
Year collection of information began	Data can be provided going back to 2005/06.
Presentation of data	As a table
Geographic area covered by data	The boroughs of Halton and St Helens
Smaller geographies	Ward
Frequency of data	Monthly
What the data be examined according to...	Age Gender
Ability to supply data to ChaMPs	Yes as direct standardised rates
Barriers to data collection/reporting	
Data sharing Protocols	

Sub Classification	NI 39, Knowsley
Contact name	
Organisation	Knowsley Health and Wellbeing
Contact details (respondent)	
Other suggested contact	
Brief data description	Alcohol-related hospital admission
Held / owned by:	Policy & Performance
How terms are defined	Local figures on the rate of hospital admissions for alcohol-related harm per 100,000 population are derived from the Hospital Episode Statistics (HES) dataset and made available on the web. The rates will be published alongside: a tool for deriving the rate from figures on the relevant number of admissions and population estimates; a fuller explanation and worked example; and details of the code used to extract the admissions data from HES. The rate is calculated using data on those finished in-year admissions that are classified as ordinary or day cases and that have a specific primary or subsidiary diagnosis code shown. Each admission is assigned an attributable fraction based on the diagnosis and age and sex of the patient. Where an admission has more than one diagnosis, the highest attributable fraction is used. These values are then aggregated to obtain totals by sex and five-year age band. Incidents are diagnosed on admission. Only those alcohol-related diagnoses with a sufficiently high attributable fraction (greater than 0.2) are used. A breakdown of age and gender could be provided.
Year collection of information began	Data can be provided going back to 2000/01.
Presentation of data	As a summary graph or a table
Geographic area covered by data	Knowsley registered population or residents
Smaller geographies	Data could be provided by wards, postcode, super output area
Frequency of data	Monthly
Ability to supply data to ChaMPs	
Barriers to data collection/reporting	
Data sharing Protocols	

Sub Classification	NI 39, Liverpool
Contact name	
Organisation	Liverpool PCT
Contact details (respondent)	
Brief data description	Admissions to hospital related to alcohol
Held / owned by:	Liverpool PCT
How terms are defined	Identifying a list of alcohol-related admissions using ICD10 codes. Incidents are decided on as being alcohol-related through clinical decisions based on diagnosis. Information could be provided by age, gender, ethnicity diagnosis, type and source of admission.
Year collection of information began	PCT holds data from 2004 and could be supplied as such.
Presentation of data	Summary Report with tables and graphs.
Geographic area covered by data	Liverpool Local Authority
Smaller geographies	Postcodes, wards
Frequency of data	Data are available monthly, but would be reported 6- 8 weeks in arrears.
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	Data problems with new patient administration systems in Trusts.
Data sharing Protocols	Information sharing agreements with partner organisations
Other relevant agencies	CISSU (Contract Information Shared Service Unit) Supports PCTs across Cheshire and Merseyside. They hold the SUS data for the PCTs and analysis can be shared.
Funding	DOH

Sub Classification	NI 39, Sefton
Contact name	
Organisation	Sefton PCT
Contact details (respondent)	
Brief data description	Alcohol-related admissions to hospital
Held / owned by:	The PCT
How terms are defined	As per NWPHO and NI39 definitions. CISSU providing extraction routines to give raw data – admissions with attributable fraction attached. Data could be supplied by age and gender.
Year collection of information began	CISSU go back to 2006/07
Presentation of data	As a summary graph or a table
Geographic area covered by data	Sefton LA residents and registered patients
Smaller geographies	Raw data – so theoretically any, including GP Practice
Frequency of data	Monthly
Ability to supply data to ChaMPs	Unknown
Barriers to data collection/reporting	
Data sharing Protocols	

Sub Classification	NI 39, Sefton
Contact name	
Organisation	NHS Sefton
Contact details (respondent)	
Brief data description	Alcohol-related hospital admissions
Held / owned by:	
How terms are defined	Based on V10 (ICD10). Data source is SUS and consists of patient demographics, diagnosis, procedures, GP practice.
Year collection of information began	Data go back 1997/98, but early years are not as robust as later years.
Presentation of data	As a defined report, graph or as anonymised raw data
Geographic area covered by data	Sefton PCT
Smaller geographies	Postcode, electoral wards, age, gender, diagnosis.
Frequency of data	Monthly
Ability to supply data to ChaMPs	If known what was required then an assessment could be made. Aggregated data only.
Barriers to data collection/reporting	Any release of information to a non-NHS body would need to be cleared through the Information Governance department of NHS Sefton.
Data sharing Protocols	See above.

Sub Classification	NI 39, Warrington
Contact name	
Organisation	Warrington PCT
Contact details (respondent)	
Brief data description	Hospital Activity Data
Held / owned by:	NHS Warrington Data Warehouse
How terms are defined	As per the VSC26 (NI39) technical guidelines. National definitions are used but the attributable fractions used are based on a literature search almost 10 years out of date. Newer more recent evidence is not available
Year collection of information began	2007/08 and could be provided as such.
Presentation of data	As required
Geographic area covered by data	Warrington PCT/LA Boundary
Smaller geographies	Any geography
Frequency of data	Quarterly
Ability to supply data to ChaMPs	No. Data sharing issues
Barriers to data collection/reporting	Concerns relating to duplication of work and lack of resources for a small public health team with a huge work agenda. No more time would be able to be dedicated to this.
Data sharing Protocols	A data-sharing protocol would need to be established. NWPHO is the safe haven for data and has access to regional HES data however CISSU have been commissioned to look at alcohol admissions and produce quarterly rates for the PCTs.
Funding	NHS Warrington

Sub Classification	NI 39, West Cheshire
Contact name	
Organisation	West Cheshire PCT
Contact details (respondent)	
Brief data description	Alcohol-related hospital admissions
Held / owned by:	
How terms are defined	ICD 10 alcohol attributable fractions defined in NI39 / VSC26. Codes are assigned from patient notes, and fractions then assigned to codes. Data can be assigned by age or gender.
Year collection of information began	Data go back to 2006/07
Presentation of data	As a summary table
Geographic area covered by data	West Cheshire PCT
Smaller geographies	Any – derived from postcode
Frequency of data	Monthly
Ability to supply data to ChaMPs	No.
Barriers to data collection/reporting	Tables need to be finalised. Analytical time.
Data sharing Protocols	

Sub Classification	NI 39, Wirral
Contact name	
Organisation	NHS Wirral
Contact details (respondent)	
Brief data description	Alcohol-related hospital admissions
Held / owned by:	
How terms are defined	Using NI39 data definitions within the LAA.
Year collection of information began	Data collected since 1996 but data is more robust from 2001/02
Presentation of data	As a summary graph or table
Geographic area covered by data	Wirral PCT
Smaller geographies	Post code, Ward, Lower Super Output Area, Age, Gender
Frequency of data	Monthly
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	Other work commitments
Data sharing Protocols	The data can only be shared at an aggregate level.

Sub Classification	NI 39, Wirral
Contact name	
Organisation	Wirral Drug & Alcohol Action Team
Contact details (respondent)	
Brief data description	Alcohol-related hospital admissions
Held / owned by:	
How terms are defined	Not specified
Year collection of information began	Not specified
Presentation of data	
Geographic area covered by data	Wirral PCT
Smaller geographies	Post code, Ward, Lower Super Output Area, Age Gender
Frequency of data	Monthly
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	Other work commitments
Data sharing Protocols	The data can only be shared at an aggregate level.

Treatment

Sub Classification	Treatment, Warrington
Contact name	
Organisation	Addiction Dependency Solutions
Contact details	
Other suggested contacts	ADS Head Office.
Brief data description	Treatment data
Owned/Held by:	Head of Performance Management. Orion Case Management on behalf of ADS
Definition of terms	Full NDTMS data for Tiers 3 and 4. Data items are defined according to the National Treatment Agency.
Year collection of information began	Variable.
Presentation of data	Would need to be negotiated
Geographic area covered by data	Warrington PCT
Smaller geographies	On provision of the relevant excel with macros, ADS may negotiate super output area feedback on specific items only
Frequency of data	Quarterly but this is currently being reviewed
Ability to supply data to ChaMPs	No
Barriers to data collection/reporting	Specific data sharing protocols and added team capacity would be needed.
Other relevant agencies	PCT hospital admissions
Data sharing Protocols	Warrington Information Exchange Protocol
Funding	Crime and Disorder Reduction Partnership / Cheshire Police

Sub Classification	Treatment, Sefton
Contact name	
Organisation	Sefton Drug Action Team
Contact details	
Other suggested contacts	ADS Head Office.
Brief data description	Treatment data
Owned/Held by:	Head of Performance Management. Orion Case Management on behalf of ADS
Definition of terms	Full NDTMS data for Tiers 3 and 4. Data items are defined according to the National Treatment Agency.
Year collection of information began	Variable.
Presentation of data	Would need to be negotiated
Geographic area covered by data	Warrington PCT
Smaller geographies	On provision of the relevant excel with macros, ADS may negotiate super output area feedback on specific items only
Frequency of data	Quarterly but this is currently being reviewed
Ability to supply data to ChaMPs	No
Barriers to data collection/reporting	Specific data sharing protocols and added team capacity would be needed.
Other relevant agencies	PCT hospital admissions
Data sharing Protocols	Warrington Information Exchange Protocol
Funding	Crime and Disorder Reduction Partnership / Cheshire Police

Sub Classification	Alcohol treatment for adults, Wirral
Contact name	
Organisation	Wirral Drug and Alcohol Action Team
Contact details (respondent)	
Brief data description	Alcohol treatment
Held/owned by:	Data are held and owned by the NTA and Liverpool John Moores University.
How terms are defined	Full NDTMS data for Tiers 3 and 4. Data items are defined according to the National Treatment Agency.
Year collection of information began	
Presentation of data	In a report.
Geographic area covered by data	Wirral PCT
Smaller geographies	Data can be provided at ward level but this intelligence is currently not very accurate (only first part postcode plus one digit is collected).
Frequency of data	Monthly
Ability to supply data to ChaMPs	Not known
Barriers to data collection/reporting	Reporting systems are not as advanced as those for drug treatment which is resulting in data collection issues.

Sub Classification	Alcohol Treatment, Sefton
Contact name	
Organisation	Sefton Drug Action Team
Contact details (respondent)	
Brief data description	Numbers of patients in alcohol treatment for Tiers 2,3 and 4..
Held/owned by:	NDTMS (Tiers 3 and 4) data are held and owned by the NTA and Liverpool John Moores University. ATMS (Tier 2) data held and owned by Liverpool John Moores University
How terms are defined	The data refer to those who are in treatment for alcohol and who have either been recorded via the Alcohol Treatment Monitoring System (ATMS) Tier 2, or through the NDTMS for Tiers 3 or 4. Demographic breakdowns can be provided.
Year collection of information began	ATMS records are available from 2003, whereas NDTMS records are available from 2008
Presentation of data	As tables or charts.
Geographic area covered by data	Sefton
Smaller geographies	Data for smaller geographies are available at ward level.
Frequency of data	Monthly for NDTMS and ATMS.
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	Time and resources.
Protocols in place	NDTMS is bound by a national consent process. All other information sharing protocols will have been established by the team at NHS Sefton.

Sub Classification	Referrals to the Community Alcohol Team, Sefton
Contact name	
Organisation	NHS Sefton
Contact details (respondent)	
Brief data description	Patient referrals to and contacts with Community Alcohol Team
Held/owned by:	Data are held by Aintree Hospital but are owned by Sefton Primary Care Trust
How terms are defined	The classification is of alcohol-related is defined through an assessment by the Alcohol Specialist Nurse (ASN), who are trained to do so. Data can be supplied by age and gender. Additional information that could be provided includes: source of referral, weekly drink units, drinking days, primary drink, GP practice, ethnicity, disadvantage, audit scores, severity of alcohol dependence questionnaires, medication, route of referral, diagnosis, discharges, and destination on discharge.
Year collection of information began	Data are available from 2006 and could be supplied from 2007.
Presentation of data	As a summary measure.
Geographic area covered by data	Wirral Local Authority
Smaller geographies	Data for smaller geographies are available at wards, three digit postcode and Neighbourhood Renewal Fund area levels.
Frequency of data	Monthly
Ability to supply data to ChaMPs	Not known
Barriers to data collection/reporting	System development and requirement to submit data to the National Drug Treatment Monitoring System.
Protocols in place	Data are currently shared with LJMU.
Funding	Sefton PCT

Sub Classification	Treatment, Centre for Public Health
Contact name	
Organisation	CPH at LJMU
Contact details	
Brief data description	The National Drug Treatment Monitoring System (NDTMS)
Owned / held by:	NWPHO at the CPH
Further description of data collected	<p>NDTMS collects data on people accessing structured drug treatment. From April 2008, the National Treatment Agency (NTA) expanded their data collection to include data from all specialist alcohol services. All specialist alcohol services are required to submit a subset of the NDTMS dataset on a monthly basis via a secure internet portal. Data items recorded in the alcohol subset include: initials, sex, date of birth, postcode (partial), ethnicity; referral date and source; agency code, Drug (and Alcohol) Action Team (D(A)AT) of residence; (PCT) of residence; first, second and third problem substance; triage date; care plan started date; discharge date and reason; treatment modality; date referred to modality; date of first appointment offered for modality; modality start and end date and modality exit status. Drug treatment agencies are required to submit a core data set that includes further items in addition to those listed above. All agencies are required to submit data via a secure internet portal known as the Drug and Alcohol Monitoring System (DAMS). In order to submit data, all data must reach a high threshold of data quality, with the ability to amend data prior to submission.</p>
Frequency of data	Monthly, quarterly and annual reports are produced by the CPH. Latest annual report is for 2007/08 (drug treatment only). Data are provided to NTA and NDEC for performance reporting to the D(A)ATs. Data Quality Reports are provided to all North West agencies to monitor the quality of the data that are provided to the NDTMS by each agency.
Accessible to Champs?	Data not accessible to ChaMPs although reports based on NDTMS data would be available to ChaMPs.
Barriers to collection	
Protocols for data sharing	Data are provided to NTA and NDEC for national monitoring, shared with other teams in the CPH for research and other purposes.
Funding	NTA

**Young people
Child protection**

Sub Classification	Child Protection, St Helens
Contact name	
Organisation	St Helens Council
Contact details	
Brief data description	Numbers of children subject to a Child Protection plan when parental alcohol misuse is a factor
Owned / held by:	St Helens LSCB
How terms are defined	Parental alcohol misuse is recorded as a professional judgement by a youth worker. A whole range of professionals can be involved. No training or instructions are given as to the assignment of alcohol as a factor.
Year collection of information began	Data began to be collected in November 2007 and is available from then
Presentation of data	As a summary graph or a table
Geographic area covered by data	St Helens MBC
Smaller geographies	Postcode
Frequency of data	Quarterly
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	
Data sharing protocols	

Connexions data

Sub Classification	Alcohol Misuse Amongst Young People, Knowsley
Contact name	
Organisation	Connexions
Contact details	
Brief data description	Numbers of young people who are using substances, numbers of young people who use substances, numbers of young people who are affected by someone else's substance use.
Owned / held by:	Connexions
How terms are defined	Involvement with alcohol is agreed by client and personal advisor or youth worked. Around 60 members of staff work with clients. CORE users have to attend a mandatory two day comprehensive training course. This does not specifically cover how to classify alcohol related incidents but rather how to navigate and to input in the system. Data can be provided by age and gender.
Year collection of information began	Data began to be collected in 1999 but the information was not specifically related to alcohol.
Presentation of data	In a table.
Geographic area covered by data	Warrington
Smaller geographies	Postcode
Frequency of data	Monthly
Ability to supply data to ChaMPs	Unsure
Barriers to data collection/reporting	Difficulties in gathering the same information type across partners.
Other relevant agencies	Warrington Healthy Schools, Accident and Emergency and Social Care
Data sharing protocols	Information sharing protocols are in place with partners, this is agreed through Partnership Agreements.

School exclusions data

Sub Classification	School Exclusions, Warrington
Contact name	
Organisation	Healthy Schools Team, Warrington Council
Contact details	
Brief data description	School exclusions for drugs, alcohol and/or tobacco.
Owned / held by:	
How terms are defined	Data sent to school effectiveness team on pupils fixed or permanently excluded for drugs, alcohol and tobacco. A more detailed reporting system on drug & alcohol incidents using Department for Children Schools and Families (DCSF) guidance is planned. Involvement of substances is decided by the school using local and national guidance. Initial training and guidance are provided to schools on identifying and dealing with substance misuse incidents in school. Further training is planned to provide better identification and support for those affected by drug, alcohol and tobacco incidents. Data can be provided by age and gender.
Year collection of information began	Collection for exclusions started in 1999
Presentation of data	Spread sheet format.
Geographic area covered by data	Warrington
Smaller geographies	Wards, Postcode, Super output area
Frequency of data	By school term
Additional information	
Ability to supply data to ChaMPs	Permission would need to be sought from Senior Managers.
Barriers to data collection/reporting	
Data sharing protocols	

Surveys

Sub Classification	Young People Survey Data, Warrington
Contact name	
Organisation	Healthy Schools Team, Warrington Council
Contact details	
Brief data description	Think B4U Drink Young Person's survey, Healthy Schools' Teen Lifestyle Survey, North West Trading Standards survey
Owned by:	
Held by:	
How terms are defined	<p>Think B4U Drink questionnaire: data currently being inputted to be analysed as a starting point for the next steps alcohol strategy. Surveys pupils from KS3 and KS4.</p> <p>Healthy Schools Lifestyles Questionnaire: Data collected bi-annually to inform lifestyle prevalence with year 9 pupils.</p> <p>North West Trading Standards survey: Bi-annual survey with year 11 pupils to establish purchasing and supply patterns of alcohol and tobacco.</p> <p>Information can be provided by age and gender.</p>
Year collection of information began	
Geographic area covered by data	Warrington
Smaller geographies	Wards, Postcode, Super output area
Frequency of data	Bi-annually for two of the surveys
Additional information	
Ability to supply data to ChaMPs	Permission would need to be sought from senior managers.
Barriers to data collection/reporting	
Data sharing protocols	

Treatment and service data

Sub Classification	Alcohol Misuse Amongst Young People, Sefton
Contact name	
Organisation	Connexions
Contact details	
Other suggested contacts	
Brief data description	Alcohol misuse data from Treatment Outcome Profiles (TOP), Substance Misuse Advice Support and Help (SMASH) service and Young Offender Institutions
Owned / held by:	JMU, NTA, SMASH, NDTMS
How terms are defined	Alcohol is attributed to individual cases by the referring agent, substance misuse worker and/or data manager. Data can be examined by age and sex. Other information could also be supplied on sexual activity and mental health issues.
Year collection of information began	SMASH database started in April 2007 and data would be available from then.
Presentation of data	Raw data and charts/tables
Geographic area covered by data	Sefton MBC (North and South)
Smaller geographies	Postcode
Frequency of data	Quarterly
Ability to supply data to ChaMPs	Unsure. Some will be accessed through NDTMS. NDTMS data not accessible to ChaMPs although reports based on NDTMS data would be available to ChaMPs. Any other information will need to be negotiated with data manager.
Barriers to data collection/reporting	Non-compliance across some partner agencies.
Other relevant agencies	Youth Offending Team
Data sharing protocols	YOIS, NDTMS, NTA
Funding	Sefton DAAT, NTA

Treatment in Young People

Sub Classification	Young People NDTMS Data (Tiers 3&4), Wirral
Contact name	
Organisation	Wirral Drug & Alcohol Action Team
Contact details	
Brief data description	Young people in contact with Tiers 3 and 4, listed in NDTMS data
Owned / held by:	LJMU
How terms are defined	Terms are defined as per NDTMS technical definitions, and alcohol is assigned as a factor in individual cases by substance misuse workers (of which there are five). Individuals are trained / given instructions on classification. Data can be examined according to age and gender. Further information could also be supplied surrounding secondary substances, referral sources, agency involved.
Year collection of information began	NDTMS YP records are available from 2005 (YP NDTMS for drug and alcohol has been available since 2005)..
Presentation of data	In a report
Geographic area covered by data	Wirral
Smaller geographies	Ward level- NDTMS data not available at ward level as full postcode not collected.
Frequency of data	Monthly
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	
Data sharing protocols	

Young People's arrests

Sub Classification	Young People Arrested/Stopped for an Alcohol-Related Offence Aged 13 – 19yrs inclusive, Wirral
Contact name	
Organisation	Wirral Council
Contact details	
Brief data description	Young offenders and presentations to Accident and Emergency (A&E)
Owned / held by:	Police and Response
How terms are defined	Young people who have been arrested or stopped for an alcohol-related offence (13-19 years) and some alcohol-related admissions under 19 years. Alcohol's involvement is decided by the police on the ground for the former and individual doctors by the latter. Data could be broken down by age and gender. Further information could be provided on whether the young person took up the offer of support via Response (individuals stopped or arrested are referred to Response for a brief intervention).
Year collection of information began	2008
Presentation of data	Summary graph or table
Geographic area covered by data	Wirral
Smaller geographies	Police alpha areas
Frequency of data	Data from crimes are not published. A&E data are not regular
Ability to supply data to ChaMPs	No
Barriers to data collection/reporting	Would need to talk to police
Data sharing protocols	Council information sharing
Other relevant agencies	Youth Offending Service
Funding	Police

Underage sales

Sub Classification	Underage Sales, Trading Standards, Sefton
Contact name	
Organisation	Environmental Protection Department, Sefton MBC
Contact details	
Brief data description	Data relating to underage sales
Owned / held by:	Sefton Council Environmental Protection Department
How terms are defined	Complaints alleging underage sales, information on test purchasing activity reports from Trading Standards on alcohol consumption and access.
Year collection of information began	Data are available from 2004.
Presentation of data	Report
Geographic area covered by data	Sefton
Smaller geographies	Individual premises or geography
Frequency of data	Yearly (survey biannually)
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	Data Protection Act restrictions, confidentiality requirements for complainants, witnesses, intelligence sources etc. and sub-judiciary issue for cases going forward for prosecution
Data sharing protocols	None.
Other relevant agencies	Police, Courts, Primary Care Trust, Accident and Emergency departments
Funding	Local Authority (complaints and Test Purchase data) and Trading Standards North West (survey)

**Other
General Practitioner data**

Sub Classification	General Practitioner Data, Western Cheshire
Contact name	
Organisation	Western Cheshire PCT
Contact details (respondent)	
Brief data description	Number of GP Practice clinicians trained in delivering brief interventions
Held / owned by:	West Cheshire Health Consortium (and GP practices within that)
How terms are defined	As defined in MoCAM (2006).
Year collection of information began	Information can be supplied from March 2009.
Presentation of data	A total number
Geographic area covered by data	West Cheshire
Ability to supply data to ChaMPs	No because it is not yet available.

Licensing

Sub Classification	Licensing, Liverpool
Contact name	
Organisation	Liverpool City Council Licensing Authority.
Contact details (respondent)	
Brief data description	Licensing data
Held/owned by:	Liverpool City Council Licensing Authority.
How terms are defined	1) Number of premises, club premises and temporary events where alcohol is sold or supplied. 2) Details of personal licences issued. 3) Details of premises / club premises that have had their licences reviewed. For the latter, data may be gleaned from the police or members of the public.
Year collection of information began	Data are available from 24 November 2005 (when the Licensing Act was implemented)
Presentation of data	They are currently installing a licensing case management software application. Hopefully this will be able to run reports. However, most requests for data are usually in the form of a report.
Geographic area covered by data	Liverpool
Smaller geographies	Wards and postcodes will be supported by the new software.
Frequency of data	Yearly
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	Data Protection legislation.
Other relevant agencies	Merseyside Police Licensing Unit
Data sharing protocol	<ol style="list-style-type: none"> 1. Annual reports for the information of the Council's Licensing & Gambling Committee on licensing enforcement activity by the police, environmental health, and trading standards are completed for the period 24 November – 23 November of each year. Data is also collated on the numbers of applications for premises, personal licences, temporary events, reviews for the information of the National Audit Office and the Department for Culture Media and Sport (DCMS).

Sub Classification	Licensing, Warrington
Contact name	
Organisation	Warrington Licensing Authority.
Contact details (respondent)	
Brief data description	Licensing data
Held/owned by:	Warrington Licensing Department
How terms are defined	1) Number of premises, club premises and temporary events where alcohol is sold or supplied. 2) Enforcement and Intervention action taken. With adequate resources, lists of conditions could be supplied by premises.
Year collection of information began	Data are available from 24 November 2005 (when the Licensing Act was implemented)
Presentation of data	Report
Geographic area covered by data	Warrington
Smaller geographies	Wards
Frequency of data	Quarterly and yearly
Ability to supply data to ChaMPs	Yes
Barriers to data collection/reporting	
Data sharing protocol	

Probation

Sub Classification	Probation, Cheshire
Contact name	
Organisation	Cheshire Probation
Contact details (respondent)	
Brief data description	Cheshire Probation holds the data and the National Offender Management Service owns the data.
Held/owned by:	
How terms are defined	Two approaches are adopted: 1) All offenders having court reports who disclose alcohol use will be screened using AUDIT. The score will determine the intervention employed (brief or extended intervention). 2) Offender Assessment System (OASys) assessment will be completed which asks questions on alcohol-related offending to determine interventions to address behaviour associated with offending. Offender managers and offenders together decide how a classification occurs. Offender managers are provided with appropriate training to do so. Age, gender and ethnicity breakdowns can be provided. With additional resources, information could be provided on offence type, risk of harm, co-existing drug and mental health issues, accommodation issues.
Year collection of information began	Data are available from 2007 but it is unknown as to whether they could be supplied from that year.
Presentation of data	Raw data. Although a report is also available from 2007 on the nature of alcohol-related offending at pre-sentence.
Geographic area covered by data	Halton, Warrington, West and East Cheshire Probation areas.
Smaller geographies	Not applicable.
Frequency of data	Yearly
Ability to supply data to ChaMPs	Unknown – a request would need to be submitted in writing.
Barriers to data collection/reporting	Data protection
Protocols in place	Data are currently supplied to Liverpool John Moores University.

Sub Classification	Probation, Merseyside
Contact name	
Organisation	Probation Service, Sefton
Contact details (respondent)	
Brief data description	
Held/owned by:	Merseyside Probation Trust
How terms are defined	Offender Assessment System (OASys) defines the terms. Terms are defined as alcohol-related by the offender manager and individual offender. Offender managers receive appropriate training to do so. Variables can be supplied by age and gender.
Year collection of information began	Unknown but could go back three years.
Presentation of data	Raw data
Geographic area covered by data	Liverpool, Sefton, Knowsley, St Helens, Wirral
Smaller geographies	Postcode
Frequency of data	16 weekly by offender
Ability to supply data to ChaMPs	Yes, time allowing
Barriers to data collection/reporting	There is a long data import process and limited resources.
Protocols in place	A data sharing agreement would need to be completed with the data security department at Merseyside Probation Trust

Appendix iv Overview

	Central and Eastern Cheshire	Halton and St Helens	Knowsley	Liverpool	Sefton	Warrington	Western Cheshire	Wirral	CPH	Status
NI39 hospital admission		✓	✓	✓	✓	✓	✓	✓	✓	7 + CPH
Deaths from liver disease		✓		✓	✓		✓	✓	✓	5+ CPH
A&E attendance					✓		✓	✓	✓	3+CPH
Ambulance				✓		✓				2
Treatment					✓	✓		✓	✓	3+ CPH
NI20 assault			✓							1
Crime			✓		✓	✓			✓	3+ CPH
Anti-social behaviour			✓		✓	✓				3
Domestic violence			✓							1
Conditional cautioning										0
NI115 young people and substance use					✓	✓		✓		3
Child protection issues					✓					1
LES										0
Licensing				✓	✓	✓		✓		4
Probation	✓	✓	✓	✓	✓	✓	✓	✓	✓	2 ⁹ + CPH
Commercial sales										0

⁹ Probation data for all eight PCTs are provided by two probation services (Merseyside and Cheshire).

Appendix v

Table showing trends for rates of alcohol-related crimes for Primary Care Trusts in Cheshire and Merseyside per 1,000 population

	2003/04 Crude Rate	2004/05 Crude Rate	2005/06 Crude Rate	2006/07 Crude Rate
Halton and St Helens	10.66	11.71	12.49	10.43
Knowsley	13.16	11.49	12.03	8.47
Liverpool	15.15	19.41	19.32	15.07
Sefton	7.88	8.65	8.4	7.18
Wirral	9.65	10.16	9.55	7.71
Central and Eastern Cheshire	7.45	6.85	7.94	7.26
Western Cheshire	8.73	8.63	10.39	9.57
Warrington	7.7	8.89	10.17	9.56