
Cumulative Impact Policy: Evidence

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Produced by Public Health
Intelligence Team, Strategic
Hub, Wirral Council

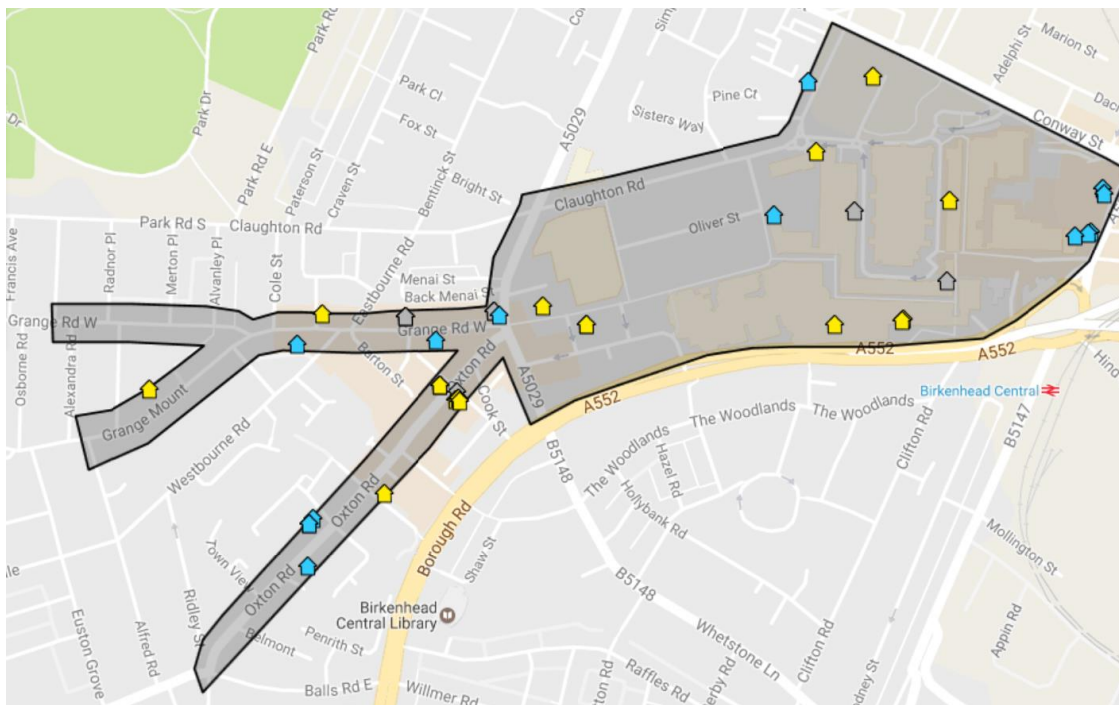


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Key messages

In the CIP area

- The proposed Cumulative Impact Policy (CIP) area is extremely deprived. The whole area was classed as being amongst the most deprived 10% of areas in England in 2015
- There were a total of 41 licensed premises in the CIP area as of December 2016. This gives a rate of 40 licensed premises per 1,000 residents in the CIP area, compared to a rate of 3 licensed premises per 1,000 residents in Wirral overall – 13 times higher than Wirral overall
- The CIP area is characterised by deprivation, worklessness, financial insecurity and hardship and vulnerability compared to Wirral overall
- Over half of the children living in the CIP were classed as living in poverty (55%), compared to the England figure of 20% and 23% in Wirral overall
- The rate of violent and sexual offences committed in the CIP area is more than 5 times higher than both England and Wirral overall
- Alcohol-related Anti-Social Behaviour (ASB) is disproportionately high in Birkenhead & Tranmere ward (ward containing the proposed CIP area). There was almost one incident per day of ASB in the CIP area (2016), which is a rate of 43 per 1,000 residents. This is almost nine times higher than Wirral overall (5 per 1,000 residents) and is increasing, unlike in England and Wirral overall, where ASB rates have remained stable
- The rate of hospital admissions for alcohol attributable conditions in the CIP area were 357% higher than in England overall and three times higher than Wirral overall
- The mortality (death) rate from alcohol-related conditions in Birkenhead & Tranmere ward was 437 between 2007-11, meaning it was 357% higher than England

In Wirral

- The total societal cost of alcohol in Wirral has been estimated to be in the region of £131million per year, or £410 per year for every man, woman and child in Wirral [7]
- Alcohol problems are more common in people from deprived backgrounds. For example, more than 2 in 3 (70%) of all those currently in drug and alcohol treatment in Wirral are from the most deprived quintile of the population, making alcohol an inequalities issue
- Public Health England estimate that there have been 1,295 alcohol-related deaths in Wirral between 2008-2014, an average of 185 deaths per year [16]
- Wirral had a significantly higher death rate due to alcohol (alcohol-related mortality) than England overall in 2014, and has done for 7 out of the 8 previous years
- Some 60% of residents identified the reduction of crime and anti-social behaviour as the issue that should be the Council's highest priority in the 2015 Residents Survey
- The answer most likely to be given when people were asked what they thought made for a good quality of life in the Residents Survey, was 'Feeling Safe' (66% of residents said this)
- The Residents' Survey also asked what factors made somewhere a good place to live, the top mention was 'low levels of crime' (57% of people said this) and more than one in four residents (27%) said that people being drunk or rowdy was a 'very big' or 'fairly big' problem in their area
- The top ranking recommendation arising from Wirral Alcohol Inquiry (2015) was to, 'limit the number of licensed premises and make it easier for the public to object to licensing applications
- Wirral residents who drank daily were more likely to say they were unhappy and dissatisfied with life (Wirral Mental Health Survey, 2013) and alcohol was a factor in many local suicides. [Wirral Suicide Audit 2015](#) found that one in three suicides had drunk alcohol prior to their death and half (48%) of men who committed suicide in 2015 had a history of alcohol misuse
- Alcohol-related digestive disease is a large cause of the gap in life expectancy between Wirral and England
- Data from Arrowe Park Hospital showed that there were over 6,000 attendances between 2013 and 2016 (3 pooled years), just for injuries that were alcohol-related. This is an average of 2,000 alcohol-related injuries per year, or 40 per week
- Between April 2011 and March 2014, half (49%) of all of assault attendees at Arrowe Park Hospital A&E department had consumed alcohol in the three hours prior to the assault

Introduction

Cumulative Impact Policies seek to limit an increase in availability in areas already suffering the adverse consequences of alcohol consumption.

Guidance issued in 2005 extended the Licensing Act to give local authorities the discretion to introduce Cumulative Impact Zones in areas where “the cumulative stress caused by existing overprovision of alcohol outlets threatens the licensing objectives”. Within these zones, any outlet applying for a new licence is required to demonstrate how they will avoid threatening the licensing objectives, which are:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

The proposed Cumulative Impact Policy (CIP) Area in Wirral falls into Birkenhead & Tranmere ward and includes the town centre and roads leading out from it (Oxton Road and Grange Road West).

Wirral Council is seeking to make this area a CIP because of the detrimental social and financial effects alcohol currently has on this area, both for residents themselves and the impact on statutory services such as Merseyside Police, the NHS and Local Authority.

There were in excess of 200 CIPs in operation in England as of July 2015, with some local authorities having more than one CIP area in place [15]. There is evidence that local authority areas that have adopted a more robust approach to alcohol licensing (including having cumulative impact policies) have seen a faster reduction in alcohol-related hospital admissions than their peers [18].

Background

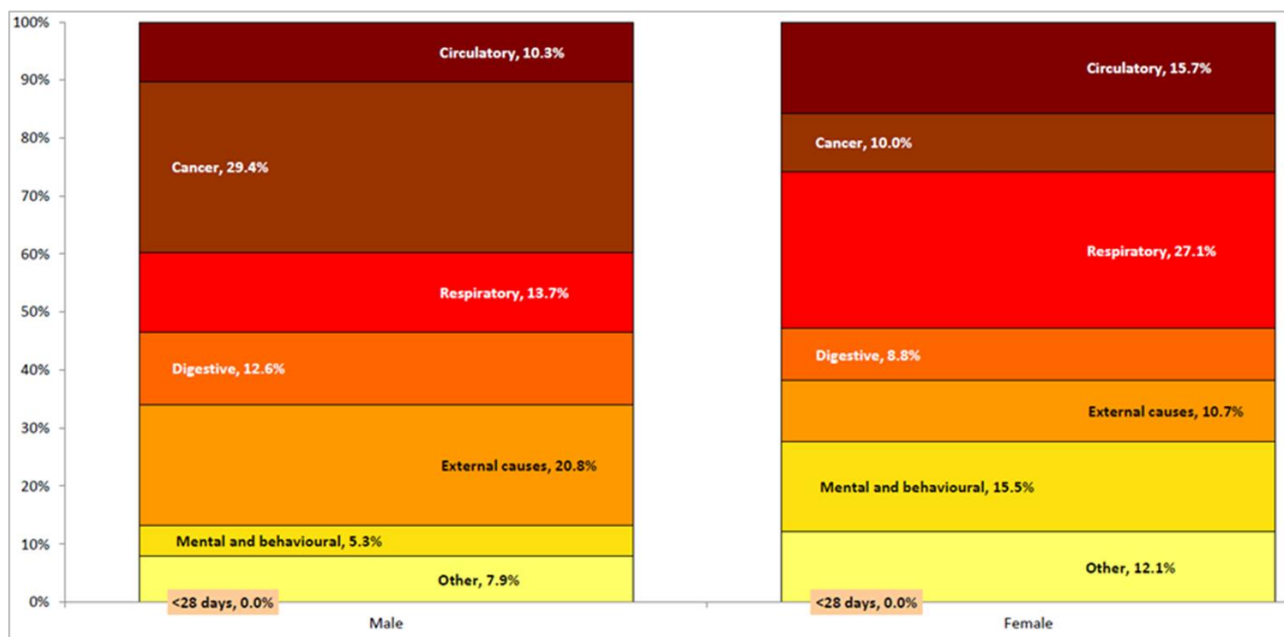
Alcohol is an inequalities issue, because along with drug issues, alcohol problems are more common in people from deprived backgrounds. For example, more than 2 in 3 (70%) of all those currently in drug and alcohol treatment in Wirral are from the most deprived quintile of the population [7].

Local modelling work calculated that alcohol was the fifth largest cause of death in Wirral and was the second largest cause of Years of Life Lost in Wirral (the first being smoking) [1].

There are wide health inequalities both within Wirral, and between Wirral and England overall and life expectancy shows these inequalities very clearly.

Figure 1 shows the causes of the gap in Life Expectancy between Wirral and England, as calculated by Public Health England for 2012-14. Digestive diseases - which includes liver disease and stomach diseases which are often caused by alcohol - was the cause of 12.6% of the life expectancy gap between Wirral and England in males, and 8.8% of the gap in females (in 2012-14). Liver cirrhosis (hardening of the liver) is the biggest individual component of the ‘Digestive’ category.

Figure 1: Causes of the gap in life expectancy between Wirral & England in 2012-14, by gender



Source: Public Health England at: <http://fingertips.phe.org.uk/profile/segment>

The societal cost to Wirral of alcohol problems is also high - an estimated **£131million per year or £410 per head of the Wirral population every year**. This comprises costs to the health and social care systems, criminal justice costs, and lost productivity. The cost to the healthcare system alone in Wirral is estimated at **£29 million** each year.

Alcohol-related hospital admissions are significantly higher in Wirral than in England overall, which is one of the reasons they are a priority area for the Wirral Health & Wellbeing Board [1].

Cumulative Impact Policies seek to limit an increase in availability in areas already suffering the adverse consequences of alcohol consumption.

The [Wirral JSNA](#) chapter on alcohol highlighted the following key points about alcohol in Wirral:

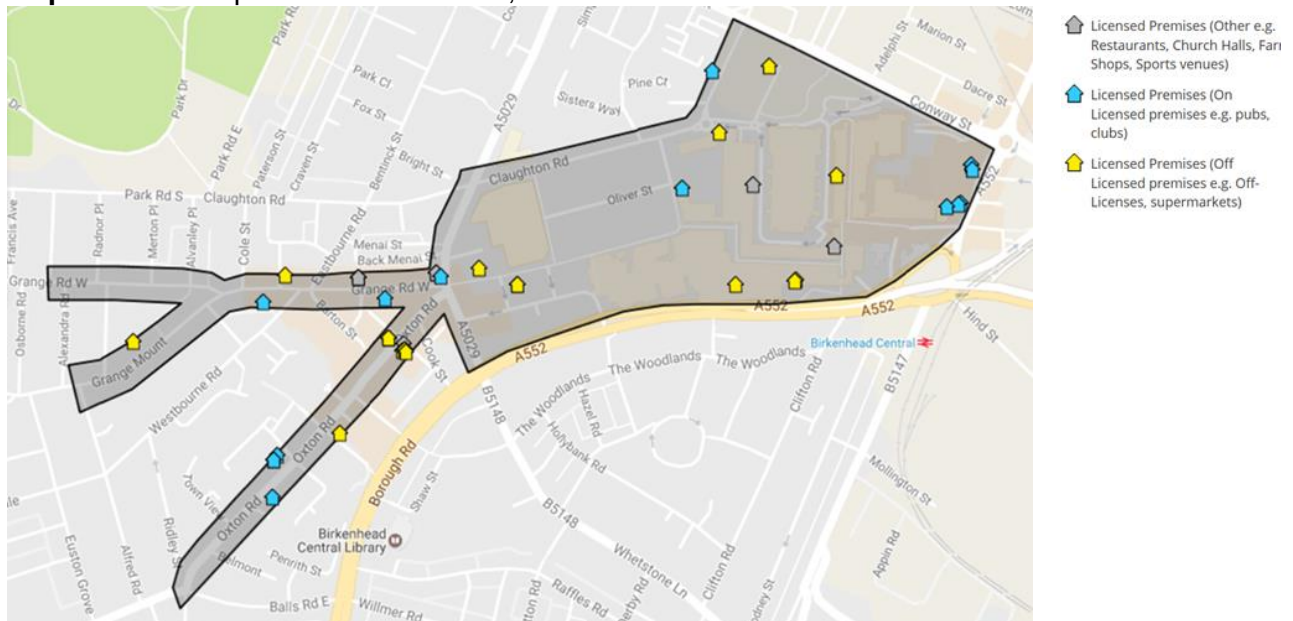
- One in four Wirral residents is estimated to be either increasing or higher risk drinkers (around 70,000 people) and this is likely to be higher now that evidence for the maximum safe level of alcohol consumption has changed in men
- Target populations for intervention are primarily areas of deprivation in Wirral
- Availability of alcohol in Wirral is highest in the areas of deprivation (where admissions related to alcohol are also highest)

Demographic information about the proposed CIP area in Wirral

Map 1 shows the geographical boundaries of the proposed CIP area in Wirral, with the different types of licensed premises overlaid (n=21). It shows that there were a total of 41 licensed premises in the CIP area as of December 2016, of which just over half (17) were off-licenses.

This gives a rate of 40 licensed premises per 1,000 residents in the CIP area, compared to a rate of 3 licensed premises per 1,000 residents in Wirral overall – this is 13 times higher than Wirral overall.

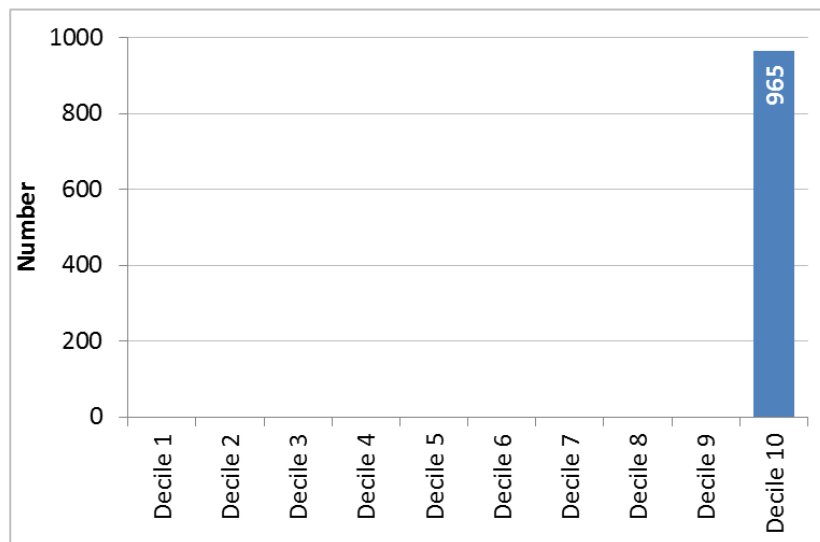
Map 1: Licensed premises in CIP area, December 2016



Source: [Local Insight Wirral](#), 2016

There were an estimated 965 people living in the CIP area in December 2016, of which 155 were children [14]. Around 170 were from BME groups, which is almost three times higher than Wirral overall (17.5% compared to 6% in Wirral overall).

Figure 2: Number of people living in CIP area, by IMD (2015) Deprivation Decile



As **Figure 2** shows, all 965 residents living in this area were classed as belonging to the most deprived 10% (or decile) of the population of England, according to the Index of Multiple Deprivation (2015). Also underlining how uniformly deprived this area is, are the high levels of worklessness (37% in the CIP compared to 11% in England). In addition, half of all families with dependent children in the CIP were lone parent families (51% versus 24% in England).

Overall, it would appear that the CIP area is characterised by deprivation, worklessness, financial insecurity and hardship, vulnerability and high crime rates compared to Wirral overall (see ‘Crime’ and ‘Economic Impacts’ section for more information on crime and worklessness in the CIP area).

This is important, because numerous studies show a clear and persistent gradient in the risks of alcohol-related death by deprivation. In other words, people with lower income, education or occupational status are much more likely to die or suffer from a disease related to their alcohol use [19].

This means that people living in the proposed CIP are at greater risk of alcohol-related harm, compared to the rest of Wirral, because it is an area of acute deprivation.

Child poverty and wider impacts on children

Problem alcohol use not only disrupts family structures and functions, it is a well evidenced contributory factor in domestic violence [19]. Parenting capacity can also be negatively affected by alcohol and children living with parental alcohol misuse may experience neglect or abuse [19]. Studies have indicated that alcohol is a factor in between 13-70% of child protection cases. **Table 1** below shows the level of child poverty in the CIP compared to Birkenhead & Tranmere ward, Wirral overall and England.

Table 1: Number and percentage of children living in poverty, 2014

Area	Number	Percentage
Cumulative Impact Policy Area	95	55%
Birkenhead & Tranmere ward	1,660	45%
Wirral	13,940	23%
England		20%

Source: [Local Insight Wirral](#) (2017), using HMRC data

Notes: Shows the proportion of children living in families in receipt of out of work benefits, or in receipt of tax credits where their reported income is less than 60% of the median income

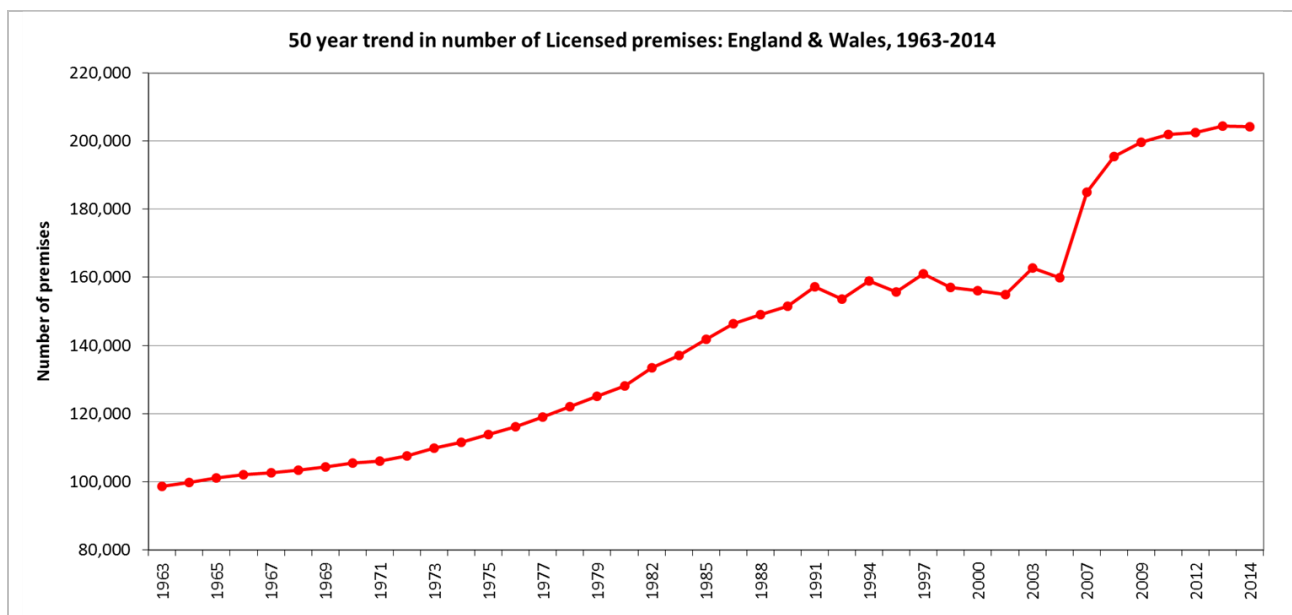
As **Table 1** shows, over half (55%) of all children living in the CIP area are classed as living in poverty - this is more than double the proportion in England (20%) and in Wirral overall (23%).

Licensed premises in Wirral

Since the alcohol market was deregulated in the 1960s, alcohol has become more affordable over time - particularly in supermarkets and off-licenses. At the same time, it has become relatively more expensive in bars and clubs [13], with the result that people now drink more alcohol at home that they have purchased off-license [13].

The number of licenced premises in England overall increased dramatically after the implementation of the Licencing Act (2003) in November 2005, and shows no sign of decreasing, although increases have been more stable over the last few years, see Figure 3 below.

Figure 3: 50 year trend in the number of licensed premises in England & Wales, 1963-2014

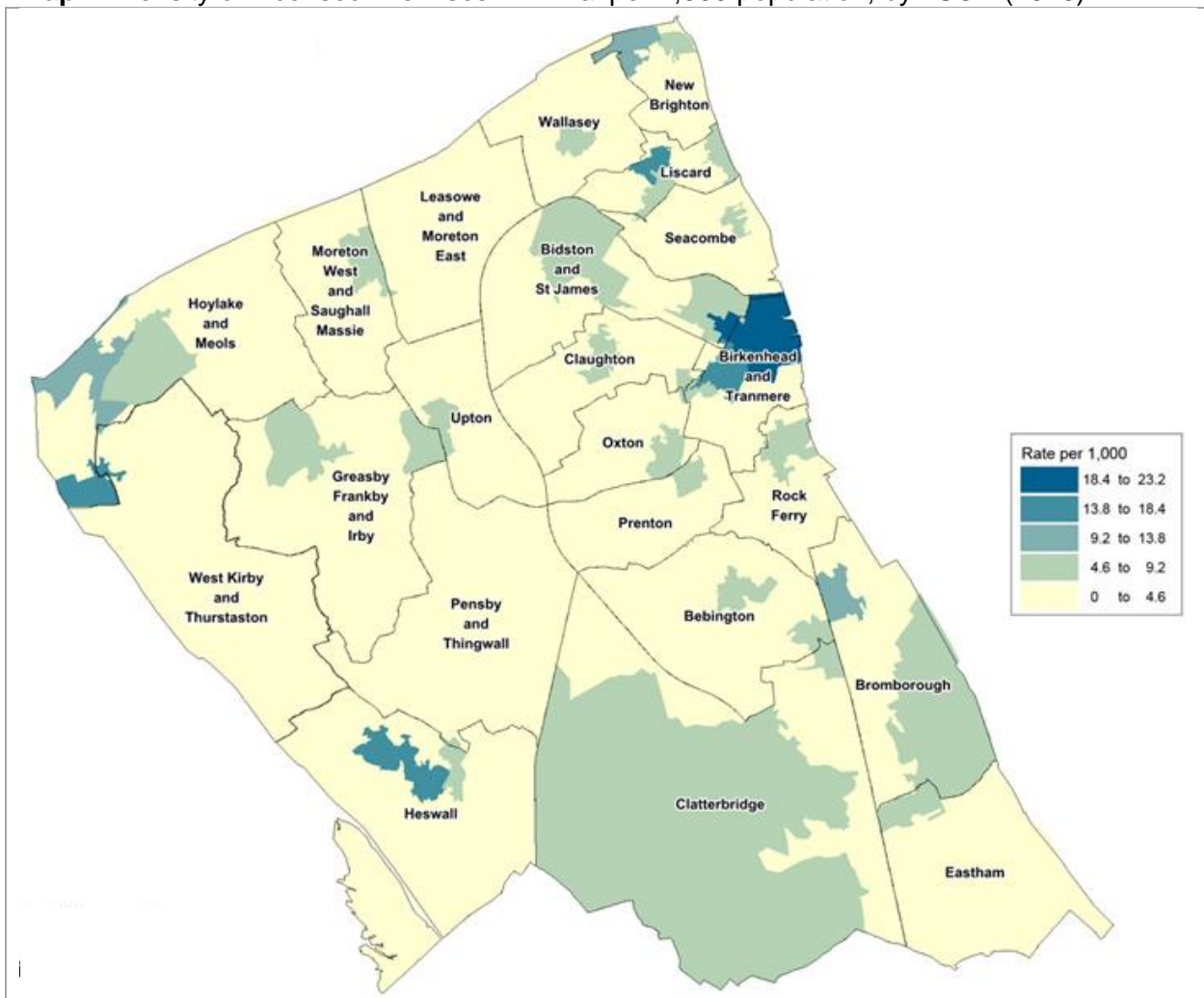


Although the chart shows national figures (unfortunately, historical local figures are not available), more recent local data shows that the density of licensed premises is higher in areas of deprivation [1]. The total number of licensed premises in Wirral as of November 2016, was 822.

Many studies confirm the impact of price and availability on alcohol consumption [6,9,10,11], with evidence also suggesting that reducing the ease with which alcohol can be bought, by reducing the number of outlets and times it can be sold is an effective way to reduce alcohol-related harm [2].

Conversely, higher density of licensed premises *increases* alcohol consumption and related harm [9,11]. The relationship (between the density of off-licensed premises and alcohol-specific hospital admissions) is also statistically significant in young people under 18 [2]. This relationship has also been confirmed in local research using Wirral data on hospital admissions (all ages) and the availability of outlets selling alcohol [10]. **Map 2** shows the density of licensed premises per 1,000 population in Wirral overall, darker shaded areas indicating a higher density of licensed premises.

Map 2: Density of Licensed Premises in Wirral per 1,000 population, by LSOA (2016)



Source: Wirral Council Licensing Team, 2016

Notes: Density rate on this map is calculated by LSOA. Hence rates – even in those LSOAs which fall into Birkenhead & Tranmere ward - are lower than those found in the much smaller CIP area, because they include areas outside of the CIP which bring the average density rates down.

As **Map 2** shows, the density of licensed premises, per head of population in Wirral shows a few hotspots, the most obvious of which is Birkenhead & Tranmere ward (which contains the CIP). The density of outlets selling alcohol in this ward is between 18 and 23 outlets for every thousand residents – these are the highest rates in Wirral. Just for comparison, the average for Wirral was 3 licensed premises per 1,000 residents. In other words - the density in parts of Birkenhead & Tranmere ward were more than 6 to 8 times higher than in Wirral as a whole.

As mentioned above (in the ‘Demography of CIP area’ section) the density rate of licensed premises in the CIP was 40 per 1,000 residents – meaning that density rates there are already 13 times higher than in Wirral overall.

Economic impact of alcohol

Societal costs

The tables below show gross level estimates of the cost of alcohol in Wirral in 2012. These figures were reproduced in the modelling of the Drug and Alcohol System in Wirral document [7].

Table 2: Estimated alcohol costs in Wirral, Cheshire & Merseyside, PHE North and England (2012)

Cost of alcohol (millions)	Wirral	Cheshire & Merseyside	PHE North Region	England
NHS	£29m	£218m	£1.3billion	£4.1billion
Crime	£31m	£276m	£1.9billion	£6.9billion
Workplace	£61m	£430m	£2.5billion	£8.9billion
Social Services	£12m	£81m	£504m	£1.7billion
Total	£131m	£994m	£6.2billion	£21.3billion

Cost per head of population	Wirral	Cheshire & Merseyside	PHE North Region	England
NHS	£91	£90	£88	£77
Crime	£96	£115	£129	£131
Workplace	£191	£178	£168	£167
Social Services	£36	£34	£34	£32
Total	£410	£412	£413	£402

Source: [Balance North-East](#)

Note: Figures may not sum exactly due to rounding

As the table shows, alcohol costs every resident of Wirral around £410 per year, and adds up to a total cost of around £131million per year.

Worklessness

Worklessness means that people have greater opportunities to drink alcohol daily and move onto becoming dependent drinkers [13]. The area of Birkenhead & Tranmere ward chosen as the Cumulative Impact Policy area pilot already has levels of worklessness that are high even for the ward of Birkenhead & Tranmere.

For example, in 2016, only a quarter (26%) of people aged 16-74 were in full-time employment in the CIP area. In addition, more than one in three (36.6%) people of working age were claiming out of work benefits, compared to around one in ten in England (11.4%). See table below for more details.

Table 3: Number and percentage of working age benefit claimants, May 2016

Area	Number	Percentage
Cumulative Impact Policy Area	250	36.6%
Birkenhead & Tranmere ward	3,520	32.7%
Wirral	32,310	16.5%
England		11.4%

Source: [Local Insight Wirral](#) (2016), using DWP data)

It is also worth noting that Wirral ranks 6th out of 23 local authorities in the North West for people on benefits with alcohol misuse listed as the main disabling condition. The rate in Wirral was 296 per 100,000, compared to 137 per 100,000 in England in 2015. In actual numbers, there were 560 claimants of working age benefits with alcohol misuse as the main disabling condition.

Health & mortality

In this section:

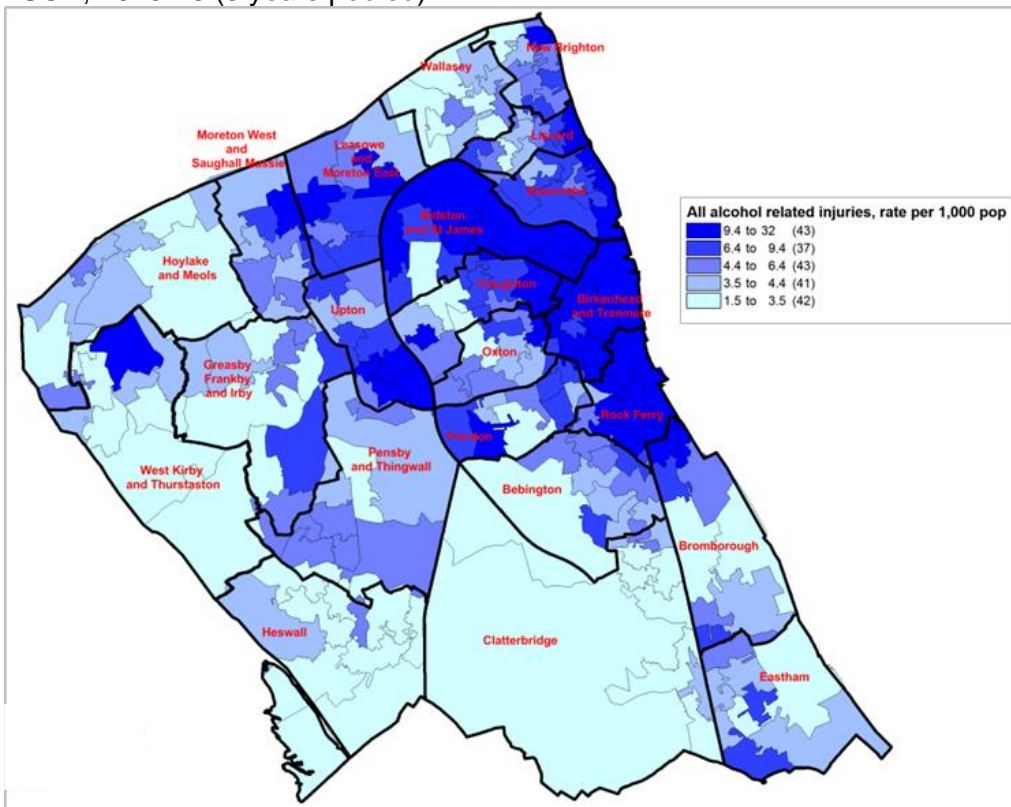
- Alcohol-related assault, injury and deliberate self harm attendances
- Alcohol-related hospital admissions
- Alcohol-related mortality
- Alcohol and suicide deaths

Alcohol-related assault attendances at hospital

Between April 2011 and March 2014, half (49%) of all of assault attendees at Arrowe Park Hospital A&E department had consumed alcohol in the three hours leading up to their assault, while 46% had not. The remaining five percent were either unable to or refused to answer. Where an attendee said that they had consumed alcohol, they were asked where they consumed their last alcoholic drink. The majority of attendees consumed their last alcohol drink in a public house (26%) or at home (20%); 17% had consumed their last drink in a nightclub [12].

The [Trauma and Injury Intelligence Group](#) analyse hospital attendance data relating specifically to injuries and trauma. TIIG data from Arrowe Park Hospital showed that there were over 6,000 attendances between 2013 and 2016 (3 pooled years), for injuries that were alcohol-related. This is an average of 2,000 alcohol-related injuries per year, or 40 per week. Alcohol-related injuries also include assaults and deliberate self-harm where alcohol was noted as a factor. This data has been mapped and is shown in **Maps 3 to 5** below.

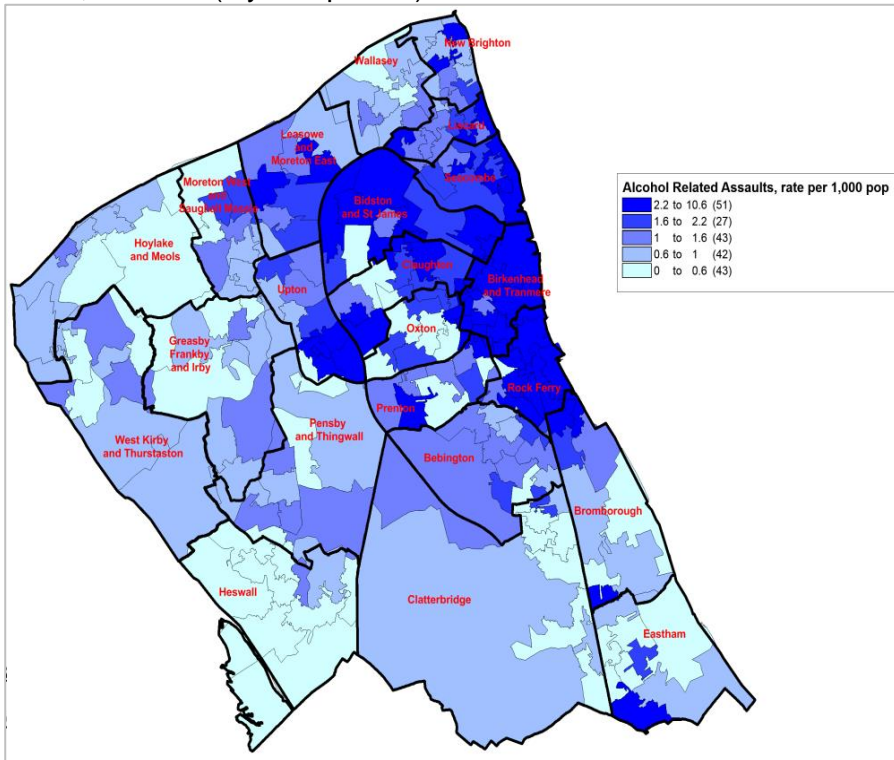
Map 3: Alcohol-related attendances to Arrowe Park Hospital (for all injuries), rate per 1,000 by LSOA, 2013-16 (3 years pooled)



Source: [TIIG, 2017](#)

Map 3 shows that the rate of alcohol-related injury attendances at Arrowe Park Hospital is very clearly associated with deprivation. The most deprived, eastern wards in Wirral (including Birkenhead & Tranmere, where the proposed CIP is sited), have rates of alcohol related injury attendances which are more than 10 times higher than the more affluent areas of Wirral. Note: these figures relate to the home postcode of attendees, NOT the location where they sustained the presenting injury.

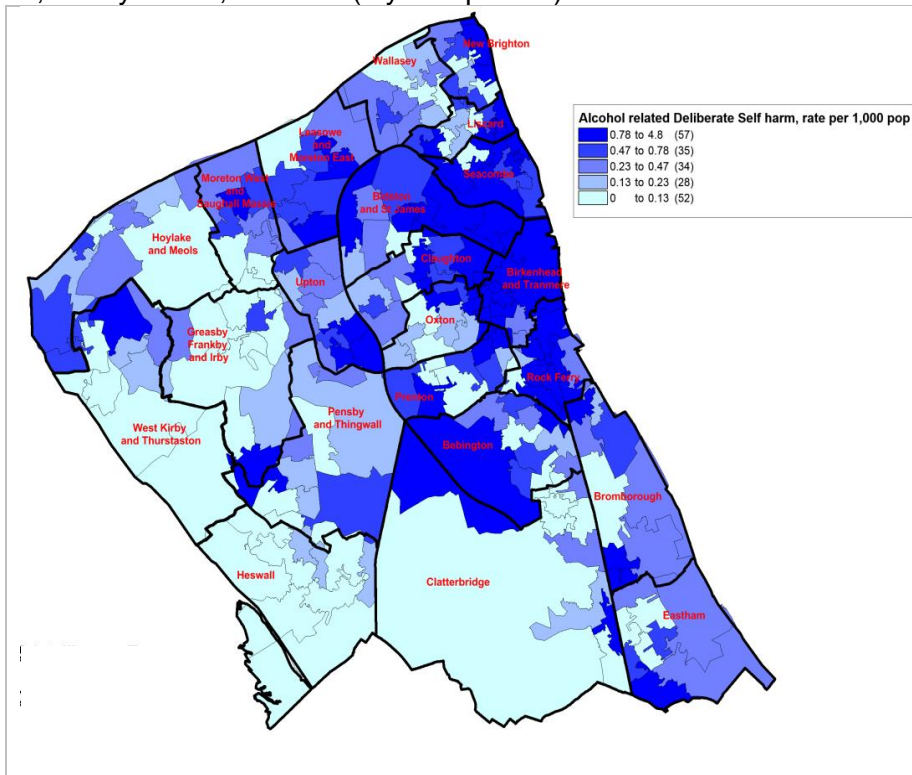
Map 4: Alcohol-related attendances to Arrowe Park Hospital (for assaults), rate per 1,000 by LSOA, 2013-16 (3 years pooled)



Map 4 showing alcohol-related assault attendances, shows a broadly similar pattern to the map above (showing all injuries). Specifically, the pattern of assaults appears to correlate with deprivation very well, with the most deprived wards in the east of Wirral showing the highest rates. Some exceptions are the Acre Lane area of Bromborough and the Townfield Lane area of Eastham. An exception in the Birkenhead area is Oxton, where rates are low compared to the surrounding area, although Oxton is the most affluent ward in Birkenhead Constituency.

Source: [TIIG, 2017](#)

Map 5: Alcohol-related attendances to Arrowe Park Hospital (for deliberate self-harm), rate per 1,000 by LSOA, 2013-16 (3 years pooled)



Alcohol-related deliberate self-harm attendances to A&E show the same broad pattern as other injuries and assaults, but with some slight differences. For example, in addition to the high rates seen in the most deprived Wirral wards – areas in the wards of Bebington, Clatterbridge and West Kirby areas also appear to have high rates of attendances. Although deprivation still appears to be having an affect, this issue appears to have a wider spread than assaults and injuries in general.

Source: [TIIG, 2017](#)

Alcohol-related admissions to hospital

The estimated cost of alcohol-specific admissions in Wirral was around £4.3million per year for each of the years (2013/14, 2014/15, 2015/16). In actual numbers, there were 3,486 admissions due specifically to alcohol in Wirral.

The table below shows admission rates (5 pooled years, in order for results to be more robust, due to the small geography of the CIP). The table shows standardised admission rates (or SARs, standardised with England, to enable valid comparison).

Table 4: Rate of admissions (Standardised Admission Ratio or SAR) to hospital for alcohol-attributable conditions, 2010-2014

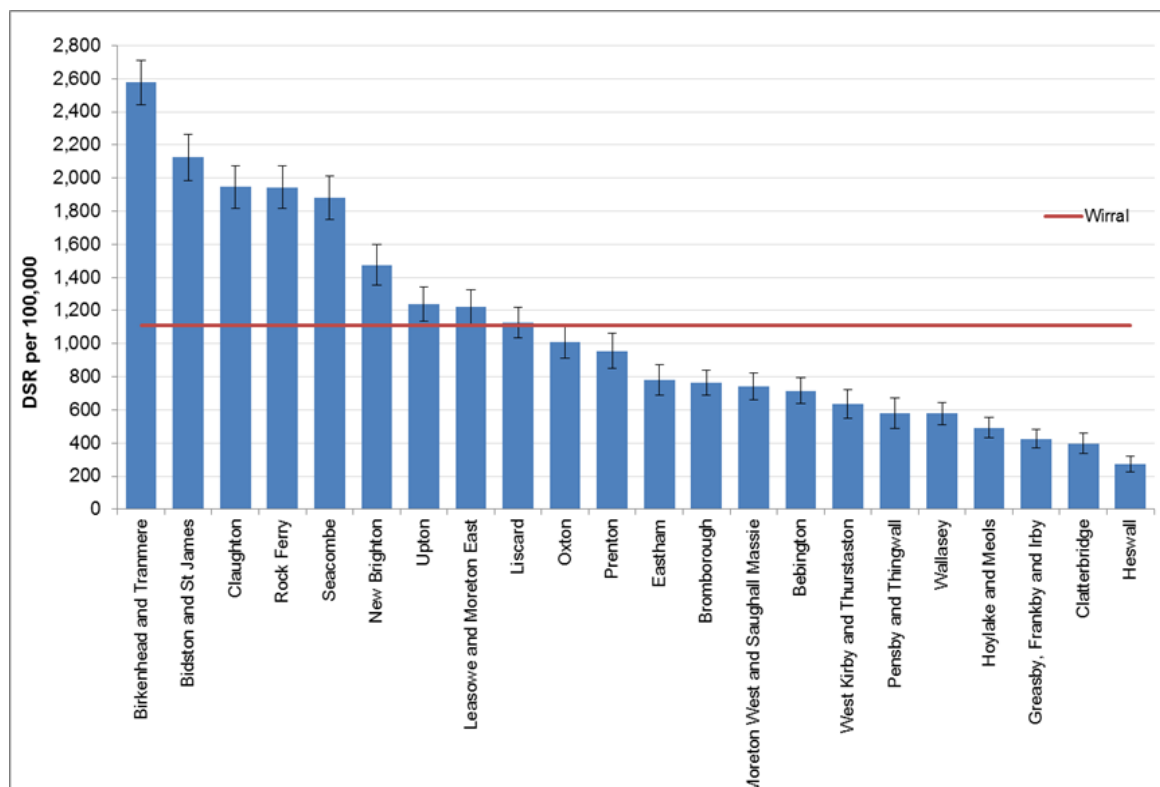
Area	Number	Rate (SAR) per 100,000
Cumulative Impact Policy area	137	457
Birkenhead and Tranmere ward	1,363	302
Wirral Local Authority	13,605	132
England	1,617,761	100

Source: [Local Insight Wirral](#), 2016

Table 4 shows that with a rate of 132, Wirral overall had 32% higher admissions for alcohol attributable conditions than England in 2010-14. Birkenhead & Tranmere ward had a rate which is 202% higher than England. The rate of hospital admissions for alcohol-attributable conditions in the CIP area were **357% higher than in England overall** and three times higher than Wirral overall.

Figure 4 reinforces the data in this table, by showing the rate of alcohol-specific admissions by Wirral ward. Birkenhead & Tranmere ward (location of the CIP) had by far the highest rates of any Wirral ward.

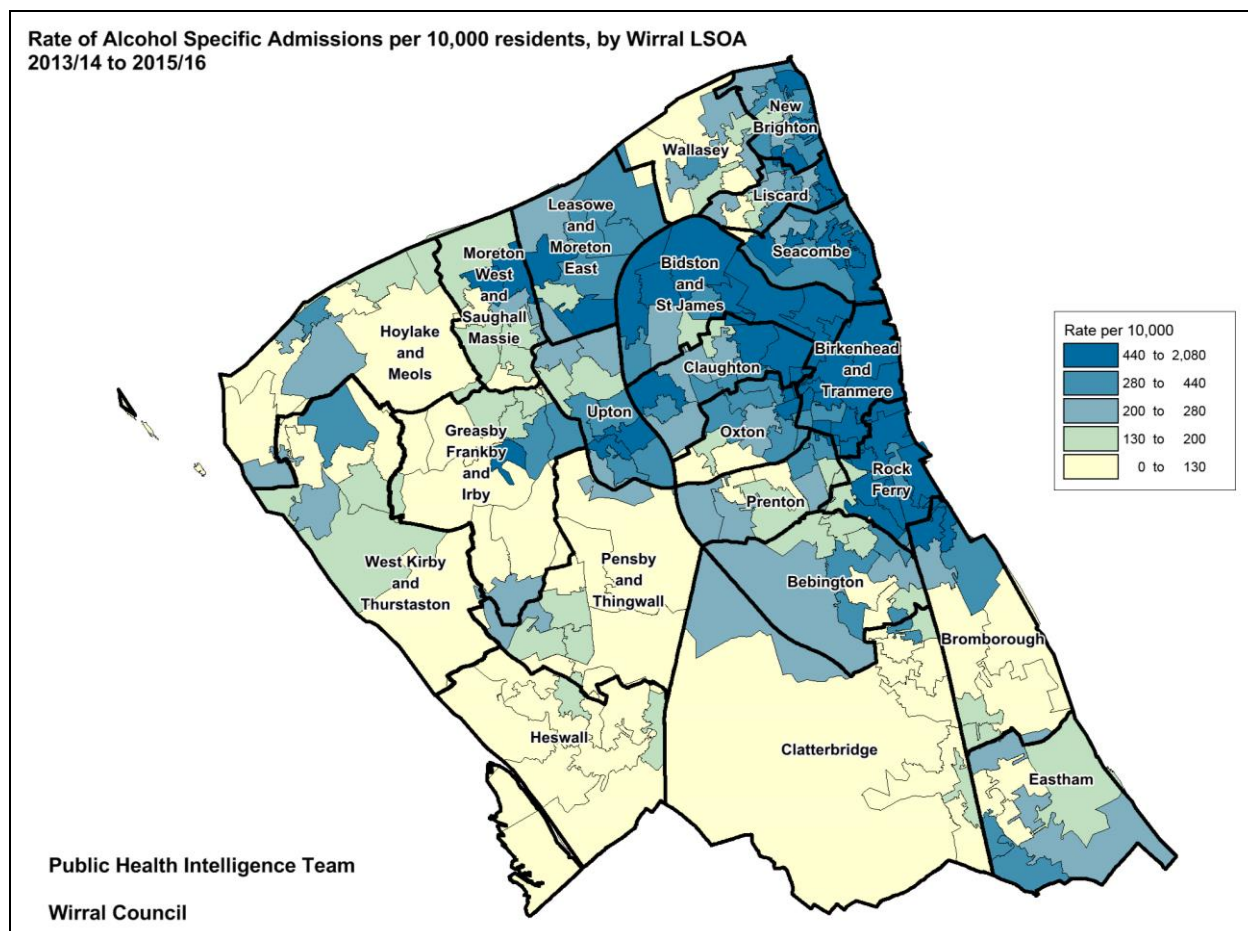
Figure 4: Alcohol Specific Hospital Admissions, Directly Standardised Rate per 100,000, by ward in Wirral, 2013/14 to 2015/16 (3-years pooled)



Source: Drug & Alcohol Modelling Report, Wirral Public Health Intelligence Team 2016 (awaiting publication, data from Hospital Episode Statistics)

As the chart shows, Birkenhead & Tranmere had an admission rate (for alcohol-specific conditions) of 2,578 per 100,000 residents. This was almost ten times the rate in Heswall - and more than double the Wirral rate.

Map 6: Rate of alcohol-related admissions in Wirral, 2013-4 to 2015-16 (3-years pooled)



Source: HES, 2016

Map 6 also shows rates of alcohol specific admissions in Wirral, but does so on a map for clarity. Rates are by LSOA (with ward boundaries overlaid).

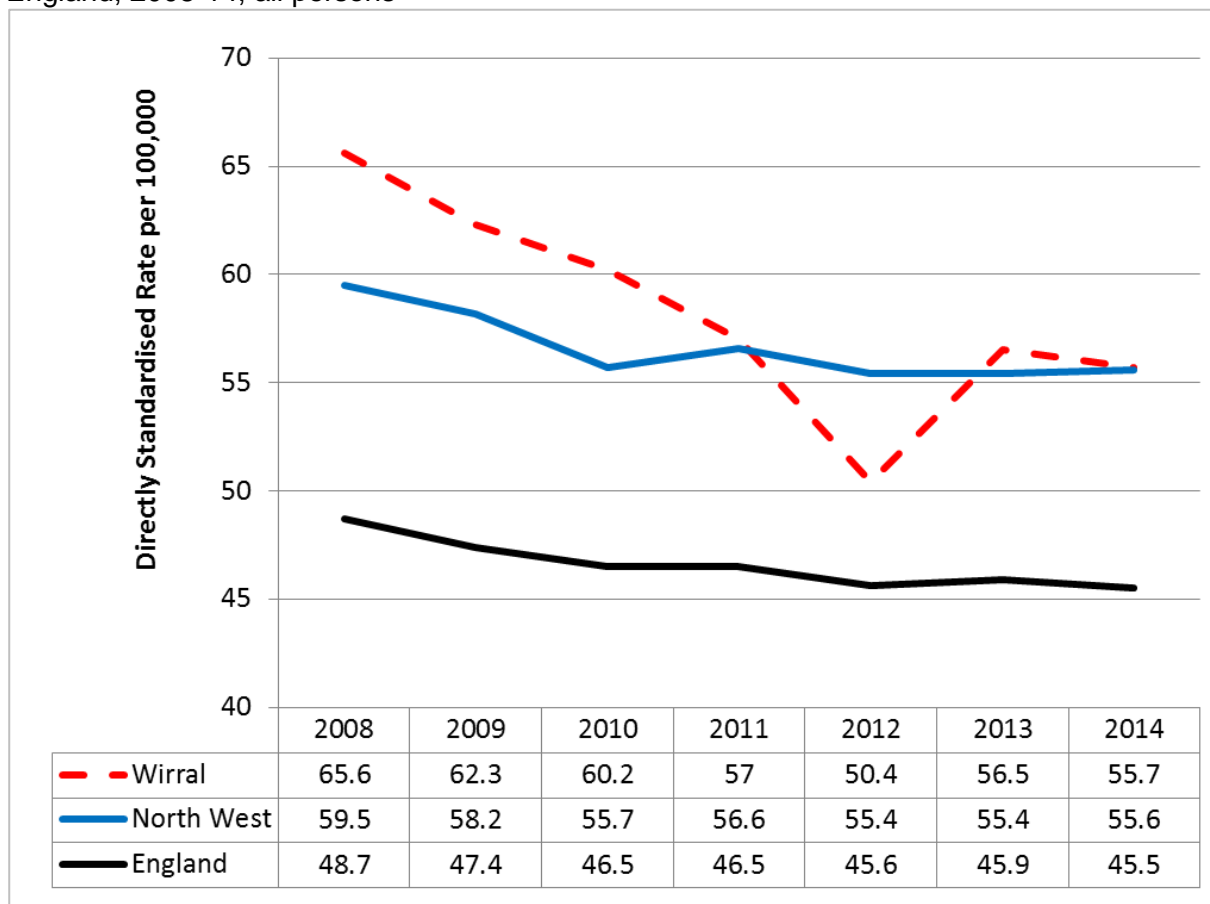
It is clear that the east and more deprived areas of Wirral had higher rates of alcohol-specific admissions, with some small clusters in West Wirral (notably the Woodchurch estate in Upton) and the Mill Park estate in Eastham in South Wirral. This correlates with the level of deprivation in these areas

Alcohol-related mortality (deaths)

Public Health England estimate that there have been 1,305 alcohol-related deaths in Wirral between 2008-2014, an average of 186 per year [16]. In 2014 (the most recent year for which figures are available), the number was 183.

This number of deaths translates into a mortality rate which is significantly higher than England (see **Figure 5** below). Wirral also has a high rate of premature deaths from liver disease (premature defined as deaths in those aged under 75).

Figure 5: Trend in alcohol related mortality rate (DSR per 100,000) in Wirral, North-West and England, 2008-14, all persons



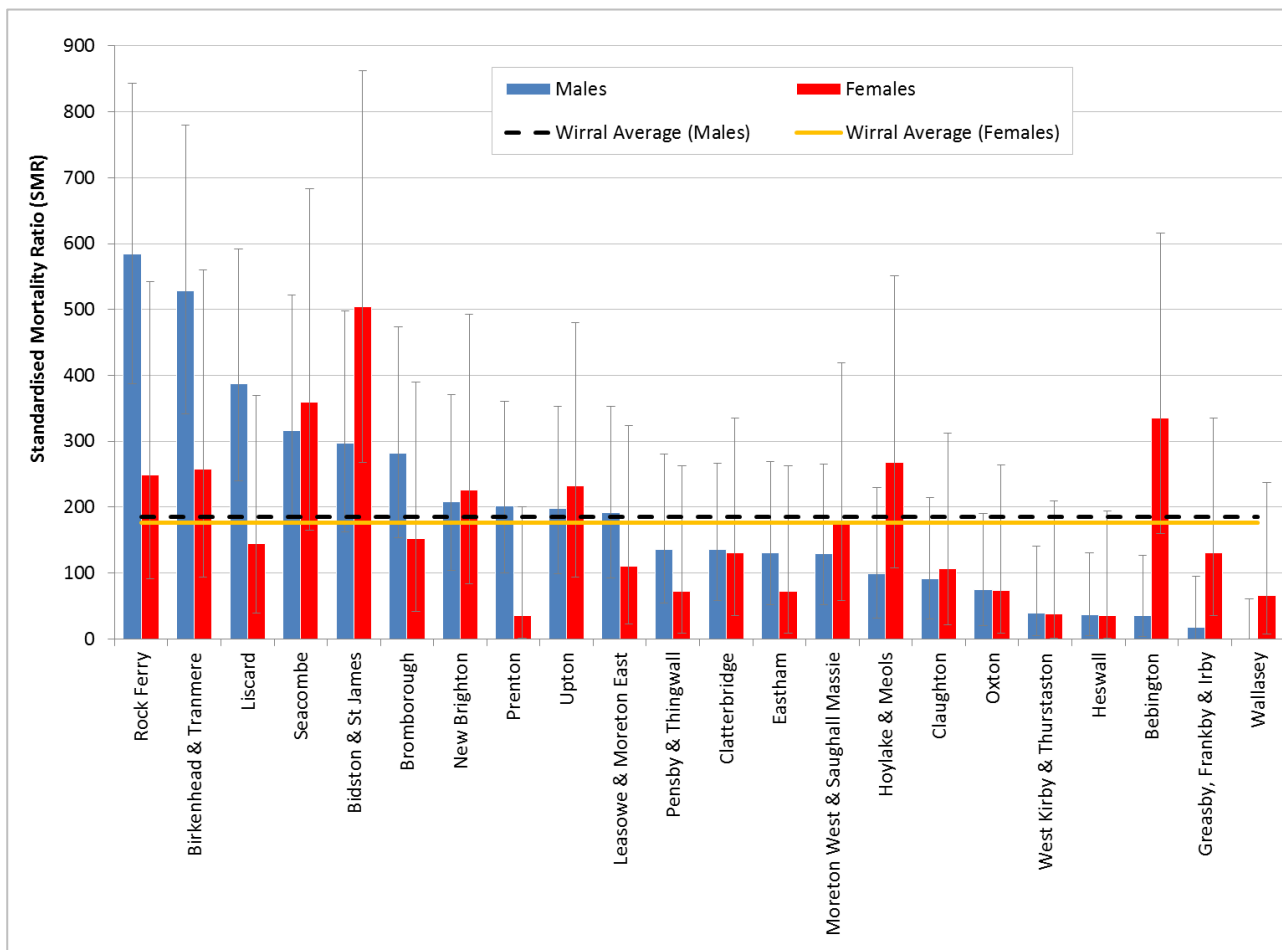
The chart shows that there has generally been a downward trend in alcohol-related mortality in Wirral, the North-West and England since 2008. It is still the case however, that Wirral has a significantly higher death rate than England overall, and has done for 7 out of the 8 previous years (with the exception of 2012, when it was higher, but the difference was not statistically significant).

Not only does Wirral have a higher rate of alcohol-related mortality than England overall, there are extremely wide inequalities *within* Wirral – these deaths are not evenly distributed across the population. Locally produced analysis (see **Figure 6** below), of alcohol-attributable mortality rates by Wirral ward (using Standardised Mortality Ratios or SMRs), showed that alcohol deaths disproportionately affect the more deprived wards in Wirral.

So for example, in Bidston & St. James, the SMR for alcohol deaths was 507 for women and in Birkenhead & Tranmere ward (where the CIP is located) the SMR for alcohol deaths in men was 521. This means that the death rate from alcohol in those wards was **more than five times the England average**.

Figure 6 (over page), uses five years' worth of pooled data, in order for the data to be robust enough to show at ward level.

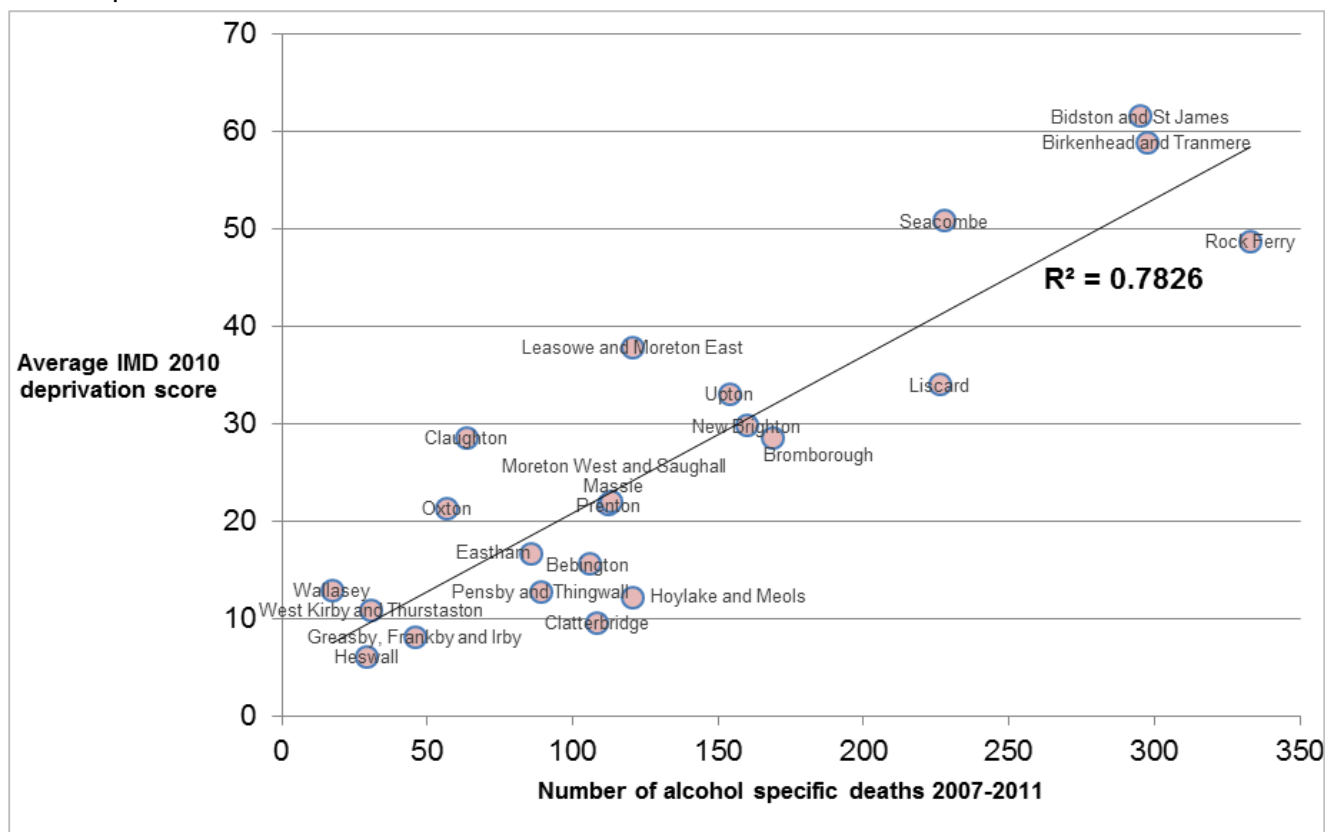
Figure 6: Mortality rate (SMR) for wholly attributable alcohol deaths, by Wirral ward, 2007-11



The four wards with the highest rates of death for men from causes which are only caused by alcohol, are also the four most deprived wards in Wirral. This clearly shows that alcohol disproportionately affects the most deprived populations in Wirral. The relationship is slightly more mixed for women, with the most deprived wards having high death rates, but some other more affluent wards are also quite high (e.g. Bebington, Hoylake & Meols) although it should be noted that the total number of deaths in women is less than for men, and this is shown by the higher confidence intervals around the data for women.

The relationship between deprivation and alcohol specific deaths (in both genders) is reinforced by **Figure 7** (over page), showing the clear and linear association between alcohol mortality and deprivation.

Figure 7: Correlation between the number of alcohol-specific deaths, 2007-2011 vs. average IMD 2010 deprivation score for Wirral wards



The chart shows very clearly, that as deprivation increases, alcohol deaths also increase. The top right corner of the chart shows a cluster of wards that have both the highest deprivation and highest number of alcohol-specific deaths in Wirral. **Birkenhead & Tranmere ward** – which contains the CIP area – is one of these wards.

Alcohol and suicide deaths in Wirral

Alcohol is also a factor in many Wirral suicide deaths. [Wirral Suicide Audit 2015](#) reports that post-mortem findings indicate that one in three suicides had drunk alcohol prior to their deaths. In addition, half (48%) of all the men who committed suicide in Wirral in 2015 had a history of alcohol misuse (the equivalent figure for women was 13%, but men make up a much larger proportion of suicide cases than women, three-quarters of suicide cases are men).

Crime

In this section:

- *Anti-social Behaviour (ASB)*
- *Violent crime and sexual offences*

The Institute of Alcohol Studies reported evidence which indicates that there is a correlation between the density of outlets licensed to sell alcohol and the occurrence of alcohol-related crime and anti-social behaviour [2]. It is estimated that 1 in 9 crimes on the Wirral are alcohol-related [2].

Anti-social behaviour (ASB)

This indicator shows neighbourhood-level incidents of anti-social behaviour as a rate per 1,000 residents. The incidents were located to the point at which they occurred.

Table 5: Incidents of ASB (number and rate per 1,000 residents), May 2016 (monthly data)

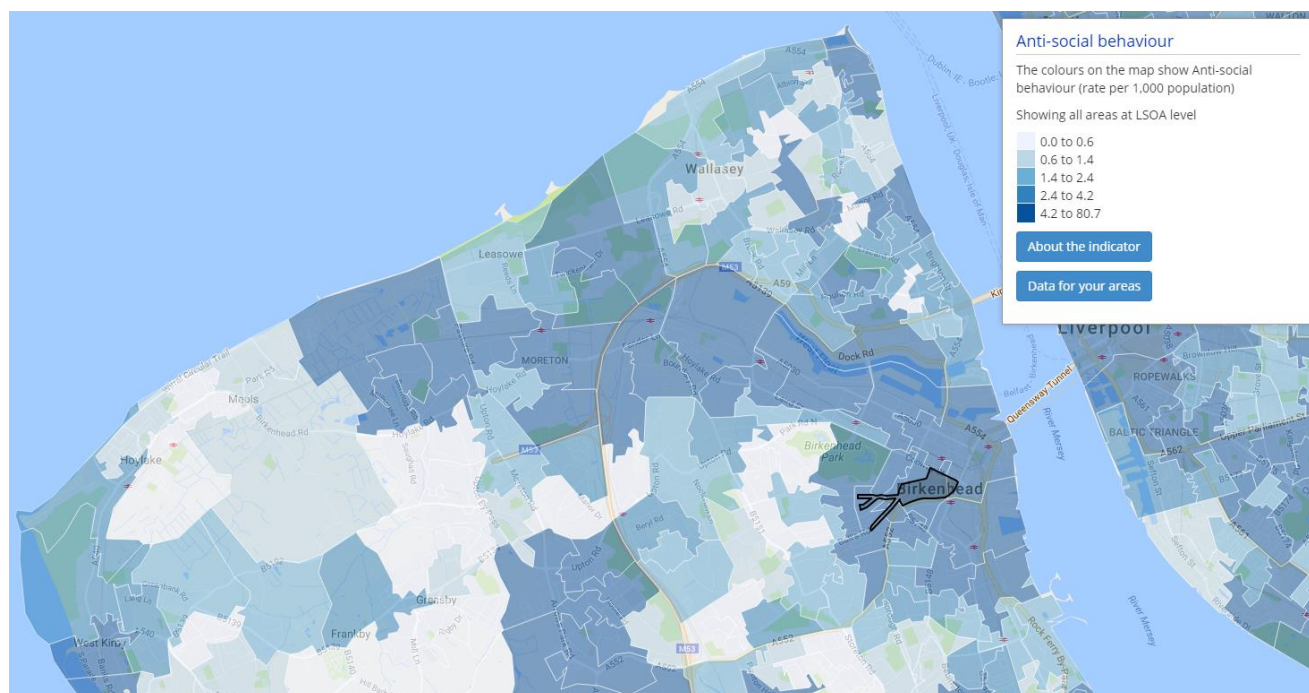
Area	Number	Rate per 1,000
Cumulative Impact Policy area	29	43
Birkenhead & Tranmere ward	151	14
Wirral	974	5
England	155,307	3

Source: [Local Insight Wirral](#) (2016), using www.police.co.uk data

As the table shows, there was almost one incident per day of ASB reported to Merseyside Police in the CIP area in the month of May 2016. This gives a rate of 43 per 1,000 residents, which is nine times higher than Wirral overall, and 3 times higher than Birkenhead & Tranmere ward. It is 14 times higher than in England overall.

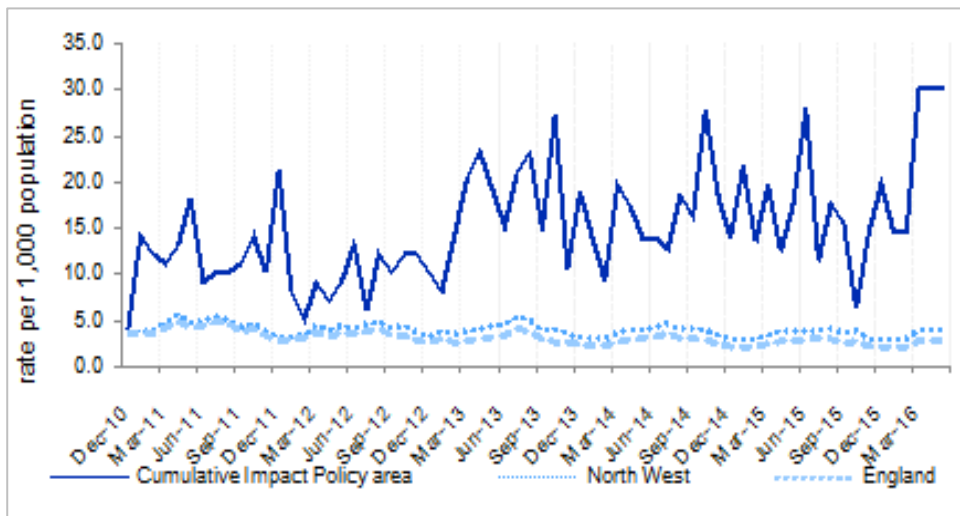
Map 7 below shows the same information but visually in map form and highlights the location of the proposed CIP area. The map shows that it is located squarely in an area with some of the highest rates of ASB in Wirral.

Map 7: Anti-social behaviour in Wirral by MSOA, rate per 1,000 population (CIP area marked)



Source: [Local Insight Wirral](#) (2016), using www.police.co.uk data

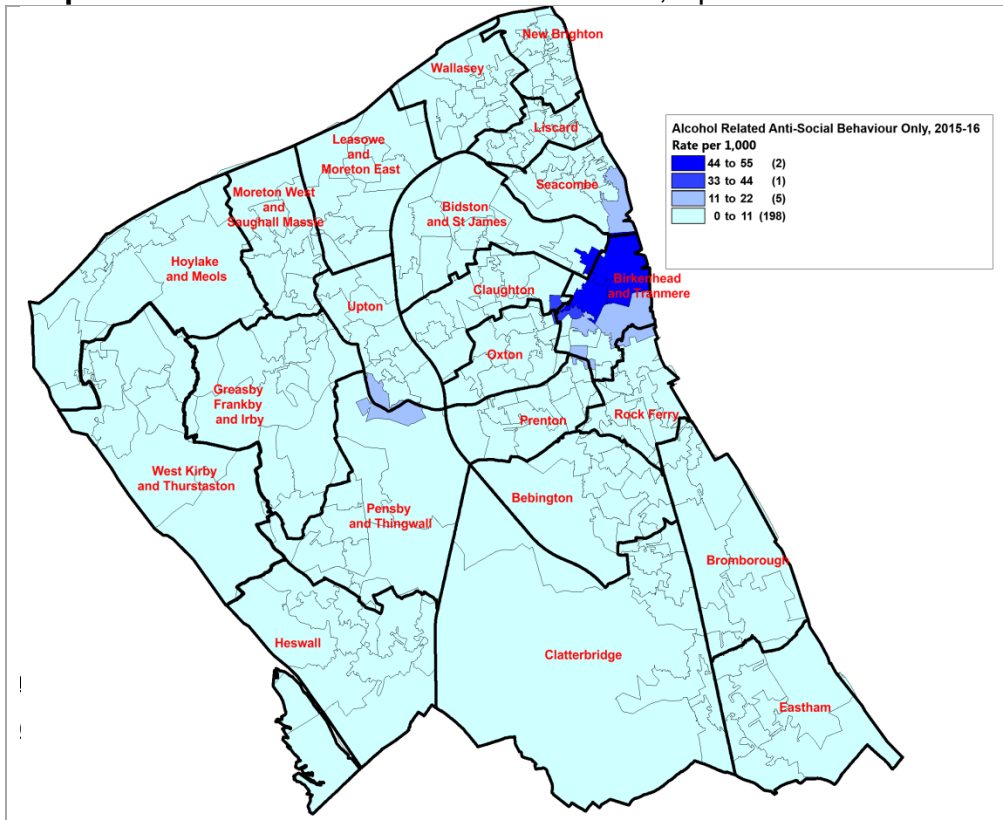
Figure 8: Trend in the rate (per 1,000) of ASB in CIP, North-West & England, December 2010-March 2016



As the chart shows, despite the fluctuation which generally characterises smaller datasets, there has been an upward trend in the rate of ASB in the CIP area. This is against a backdrop of rates which have reduced slightly in the North-West and England.

Of course, not all ASB will be alcohol related, but Map 8 below, shows only those incidents which were alcohol-related (between 2013 and 2016).

Map 8: Rate of alcohol related ASB incidents, April 2013-March 2016,



As **Map 8** shows, the rate of ASB that was alcohol-related shows a very clear picture in Wirral. Birkenhead & Tranmere ward is disproportionately affected by this issue, with the highest rates in Wirral over the three year period shown here. There were other pockets of slightly higher rates such as Seacombe and Upton/Pensby & Thingwall border, but the pattern clearly shows the greatest issue is in the ward where the proposed CIP is sited.

Source: [TIIG, 2017](#)

Violent Crime and Sexual Offences

This indicator shows neighbourhood-level incidents of violent crime recorded by police, as a rate per 1,000 residents. Violent crime and sexual offences includes incidents where the offence is directly against a person, but excludes offences like cruelty/neglect or abandonment of a child. The incidents were located to the point at which they occurred.

Table 6: Incidents of Violent Crime & Sexual Offences (number and rate per 1,000 residents), May 2016 (monthly data)

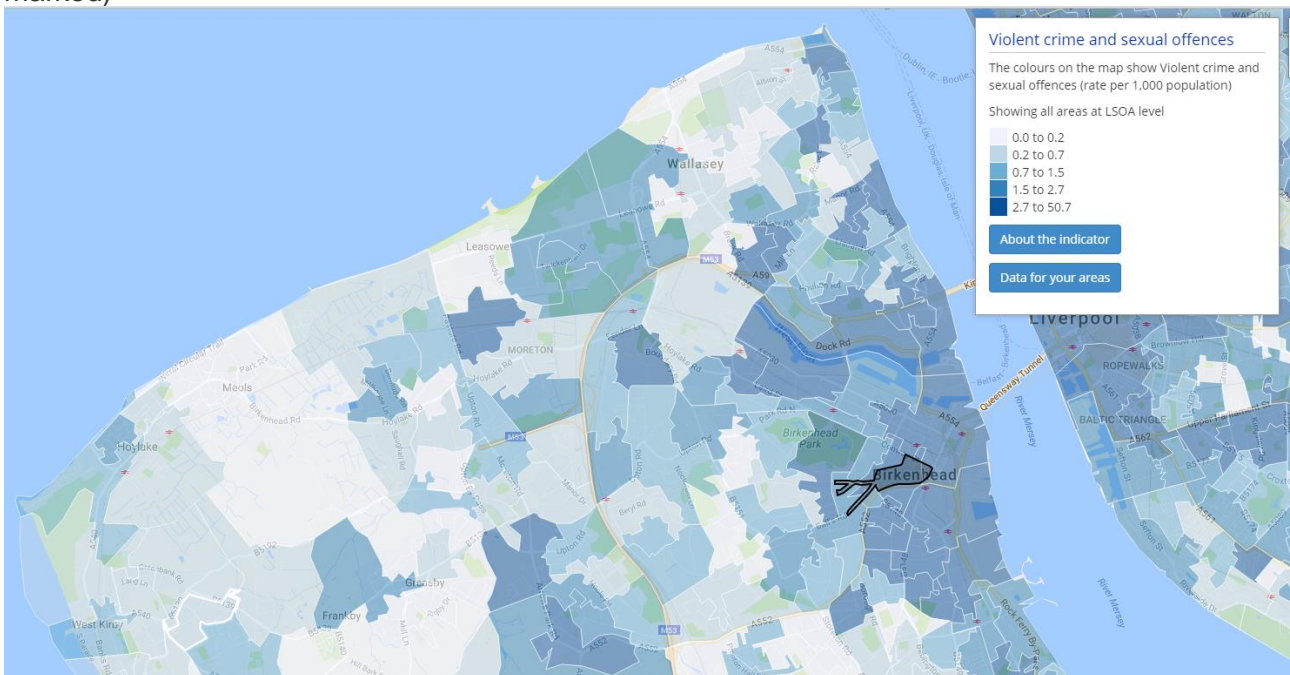
Area	Number	Rate per 1,000
Cumulative Impact Policy area	10	10.4
Birkenhead & Tranmere Ward	84	5.1
Wirral	505	1.6
England	95,652	1.8

As **Table 6** shows, Wirral overall actually has a lower rate of violent and sexual crimes than England overall (rate of 1.6 per 1,000 compared to 1.8 per 1,000 in England overall), but the rate in the CIP area is more than 5 times higher than both England and Wirral overall.

The rate in the ward of Birkenhead & Tranmere is more than double the England and Wirral rate. Note that this data is for one month only – over a whole year, it indicates that there would be in the region of 120 violent and/or sexual crimes in the proposed CIP area.

Map 9 below, shows the same information as in **Table 6**, but shows this visually in map form and highlights the location of the proposed CIP area.

Map 9: Violent Crime & Sexual Offences in Wirral by MSOA, rate per 1,000 population (CIP area marked)

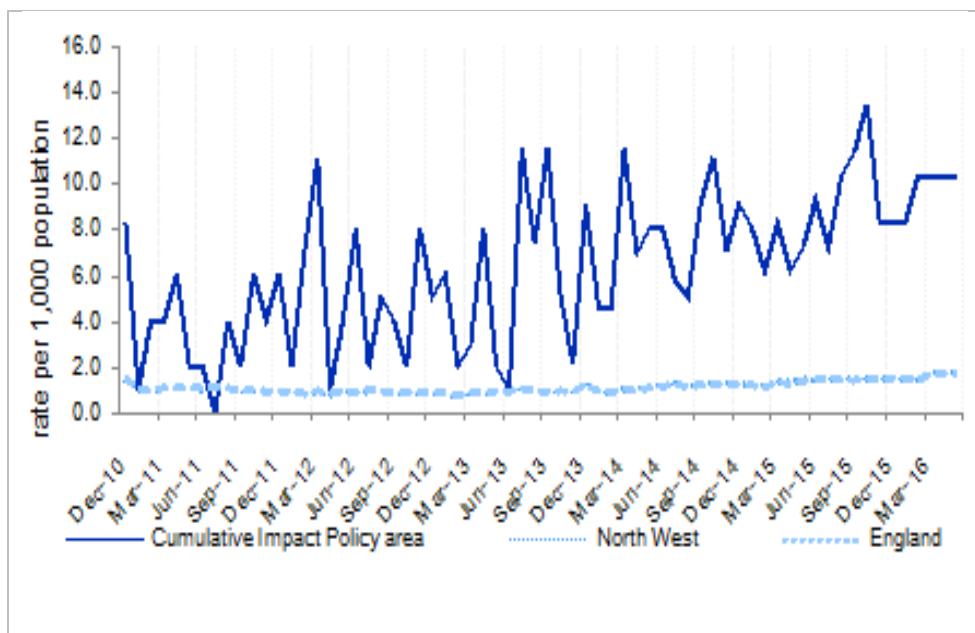


Source: [Local Insight Wirral](#) (2016), using www.police.co.uk data

The map shows that although there are pockets of Wirral where offences rates are high, the proposed CIP is located in an area where rates of violent and sexual offences appear concentrated.

Figure 9 (over page) shows the trend in rates of violent crime in the proposed CIP, the North West overall and England between December 2010 and March 2016.

Figure 9: Trend in the rate (per 1,000) of violent crime in CIP, North-West & England, December 2010-March 2016



As the chart shows, despite the fluctuation which always characterises smaller datasets, there has been a steady increase in the rate of violent crime in the CIP area. This is against a backdrop of rates which have remained fairly stable in the North-West and England overall

Source: [Local Insight Wirral](#) (2016), using www.police.co.uk data

Views of local residents

Wirral Alcohol Inquiry

The Wirral Alcohol Inquiry was commissioned by Wirral Council in 2015 to ensure that the new alcohol strategy for Wirral included the views of a representative cross-section of the Wirral population [8]. The Inquiry initiated discussion and debate about alcohol and the problems it causes, as a way of deepening people’s understanding and appreciation of the issues before reaching informed conclusions about how these might be tackled at different levels (personally, community-wide and nationally). **Availability was named as one of the top barriers that make it difficult for people to have a healthier relationship with alcohol by Wirral residents included in the Inquiry [8].**

“Easy availability; It seems to be everywhere we go, petrol stations, corner shops, restaurants, supermarkets we are surrounded by alcohol. It is not hidden behind screens, there are multiple aisles in shops, corner shops, off licences, bars, opening times”
(Wirral Resident, respondent to the Wirral Alcohol Inquiry)

In addition, the **top ranking recommendation arising from the Inquiry** was to:

“Limit the number of licensed premises and make it easier for the public to object to licensing applications. Educate the public that you can have a say on local licensing. Explore how we can make it easier for the public to have their say on local licensing”.

Wirral Residents Survey 2015

In 2015, Wirral Council commissioned Ipsos Mori to conduct a survey of Wirral residents. Around 1,200 residents responded to the survey, which asked a variety of questions on topics such as satisfaction with local services, what people thought should be the Council’s top priorities and their own health and wellbeing.

One of the clearest finding from the survey was that a **majority of residents identified the reduction of crime and anti-social behaviour as the issue that should be the Council’s**

highest priority (60% of people said this). The next most commonly identified issue was street cleanliness and road maintenance which was identified by one in three (35%) residents. Linked to this, the most common answer people gave for what they thought made for a good quality of life, was 'Feeling Safe' - some 66% of residents chose this option.

In addition, levels of **satisfaction with the local area** varied considerably across the four Wirral constituencies, with residents of Birkenhead - the area containing the CIP - being significantly more dissatisfied with their local area than Wirral West (20% of Birkenhead residents were dissatisfied with their local area, compared to just 5% of Wirral West residents).

When asked what factors made somewhere a good place to live, the top mention was **low levels of crime** (57% of people said this).

Another question in the survey asked what people thought the major problems in their area were. The top answer was dog fouling, with 'People being drunk or rowdy in public places' also featuring highly, with more than one in four residents (27%) agreeing that this was a 'Very big' or 'Fairly big' problem in their area.

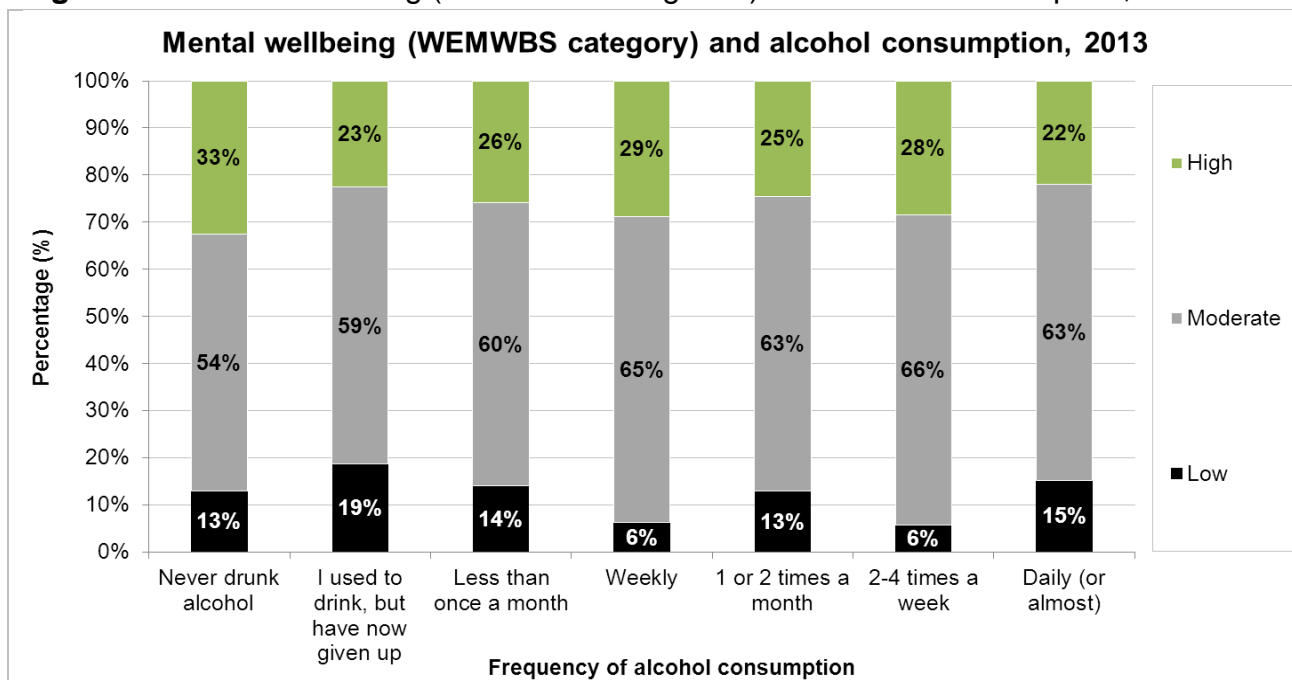
Mental well-being and alcohol consumption in Wirral

The North West Mental Well-being Survey (2013) surveyed 1,000 Wirral residents and contained questions on alcohol consumption, other lifestyle behaviours and health and well-being factors. There was a strong relationship between people who said they were dissatisfied with their personal relationships and hazardous levels of alcohol use [17].

Those who had low levels of life satisfaction, low levels of happiness, or high levels of anxiety, also reported drinking more. The survey results appeared to show that those most likely to report high wellbeing were people who had never drunk or who only drank weekly [17].

Those most likely to report low wellbeing (as determined by their score on WEMWBS) were people who drank daily or who used to drink but currently abstain [17]. Although it is difficult to say whether low life satisfaction causes people to drink more or vice versa, it remains that alcohol and unhappiness and dissatisfaction with life often go hand in hand. See **Figure 10** below.

Figure 10: Mental wellbeing (WEMWBS categories) and alcohol consumption, Wirral



Conclusion

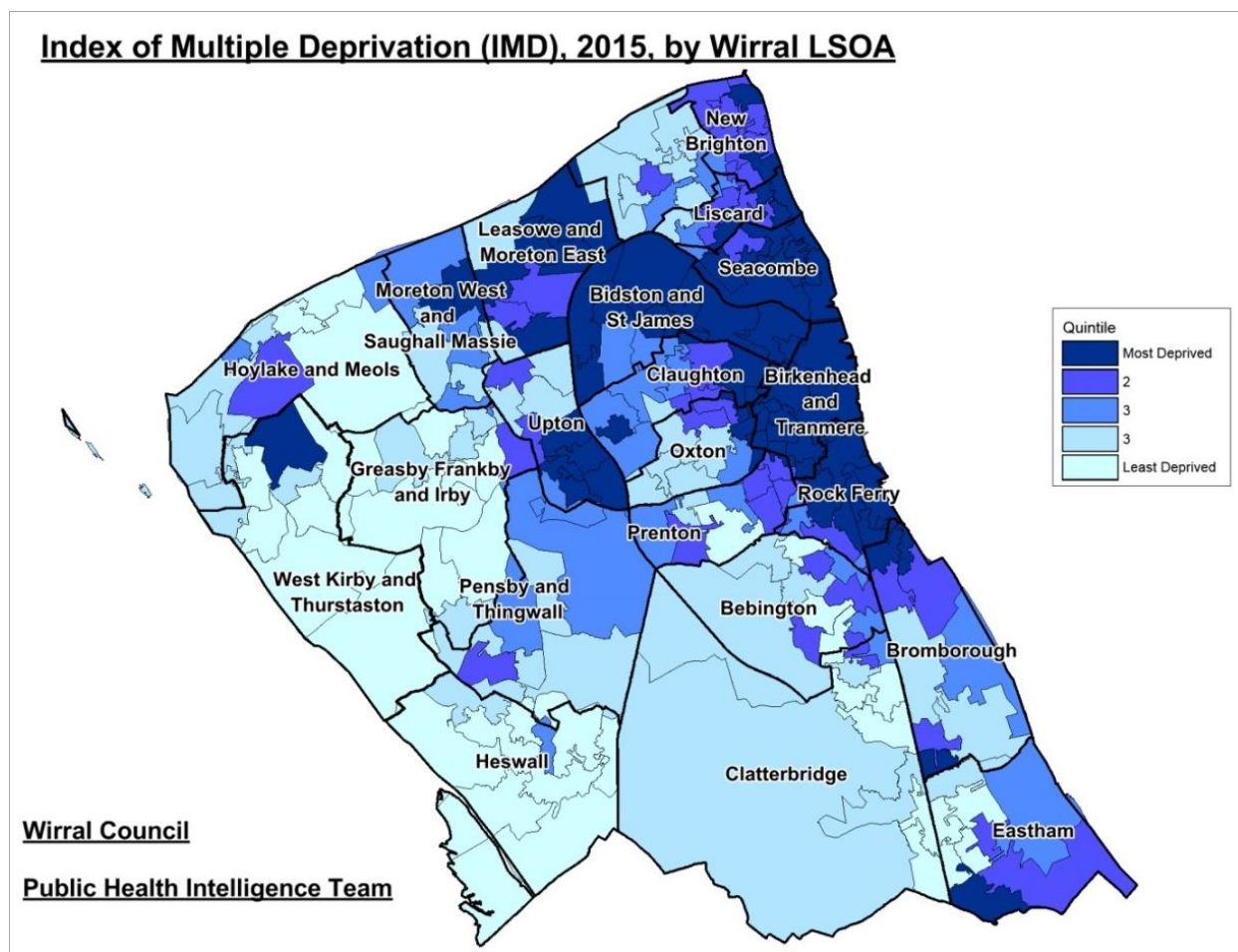
This report has outlined the evidence as to why the proposed area could be considered an appropriate choice for a CIP. The evidence has showed high rates of worklessness, alcohol-related health problems and alcohol-related crime and ASB in this area. This area is an urban hub where people come from outside to shop, dine, and drink alcohol, but regardless, has a disproportionate burden of alcohol-related problems. This report has demonstrated how we can combine routine and ad hoc data sources to produce a 'hyperlocal' analysis to really understand in depth the issues in a small area and drive evidence based decision making.

Please see the attached [Local Insight](#) 52 page report, which contains in-depth information about the CIP area, including many indicators which are not shown in this report, but may still be relevant, such as indicators related to poor housing and car and transport access.

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Appendices



List of postcodes in the CIP area

All of the below postcodes appear in the proposed CIP area. Each postcode however, may also include addresses which fall just outside of the proposed CIP, as the area cuts across many postcode boundaries.

CH41 2PF	CH41 2TL	CH41 2YE	CH41 4PF	CH41 6HH
CH41 2PH	CH41 2TN	CH41 2YR	CH41 6AG	CH41 6HY
CH41 2QH	CH41 2TP	CH41 2YW	CH41 6DY	CH41 6NZ
CH41 2QJ	CH41 2TW	CH41 2ZL	CH41 6EA	CH41 6RR
CH41 2QQ	CH41 2XU	CH41 4AP	CH41 6EB	CH41 6RT
CH41 2QR	CH41 2XX	CH41 4BY	CH41 6ED	CH43 4XB
CH41 2RA	CH41 2XY	CH41 4BZ	CH41 6EJ	CH43 4XF
CH41 2RD	CH41 2XZ	CH41 4DA	CH41 6EN	CH43 4XG
CH41 2RH	CH41 2YA	CH41 4DB	CH41 6ES	CH43 4XW
CH41 2RL	CH41 2YB	CH41 4FN	CH41 6HG	

Glossary

IMD: Index of Multiple Deprivation

LSOA: Lower Super Output Area