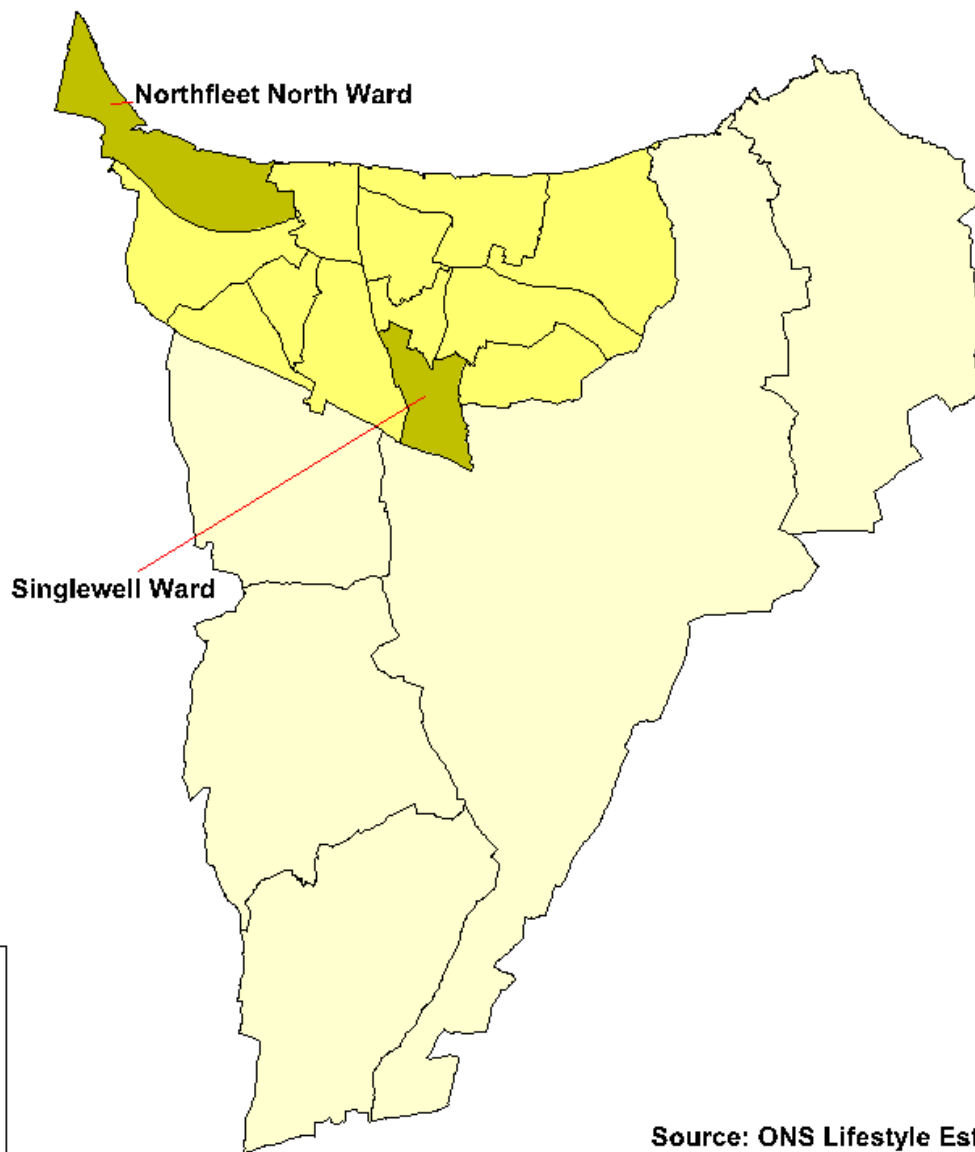


Public Health and Licensing

Colin Thompson
Public Health Specialist
Kent County Council

Modelled binge drinking prevalence estimates



Compared with benchmark

Better

Similar

Worse

Lower

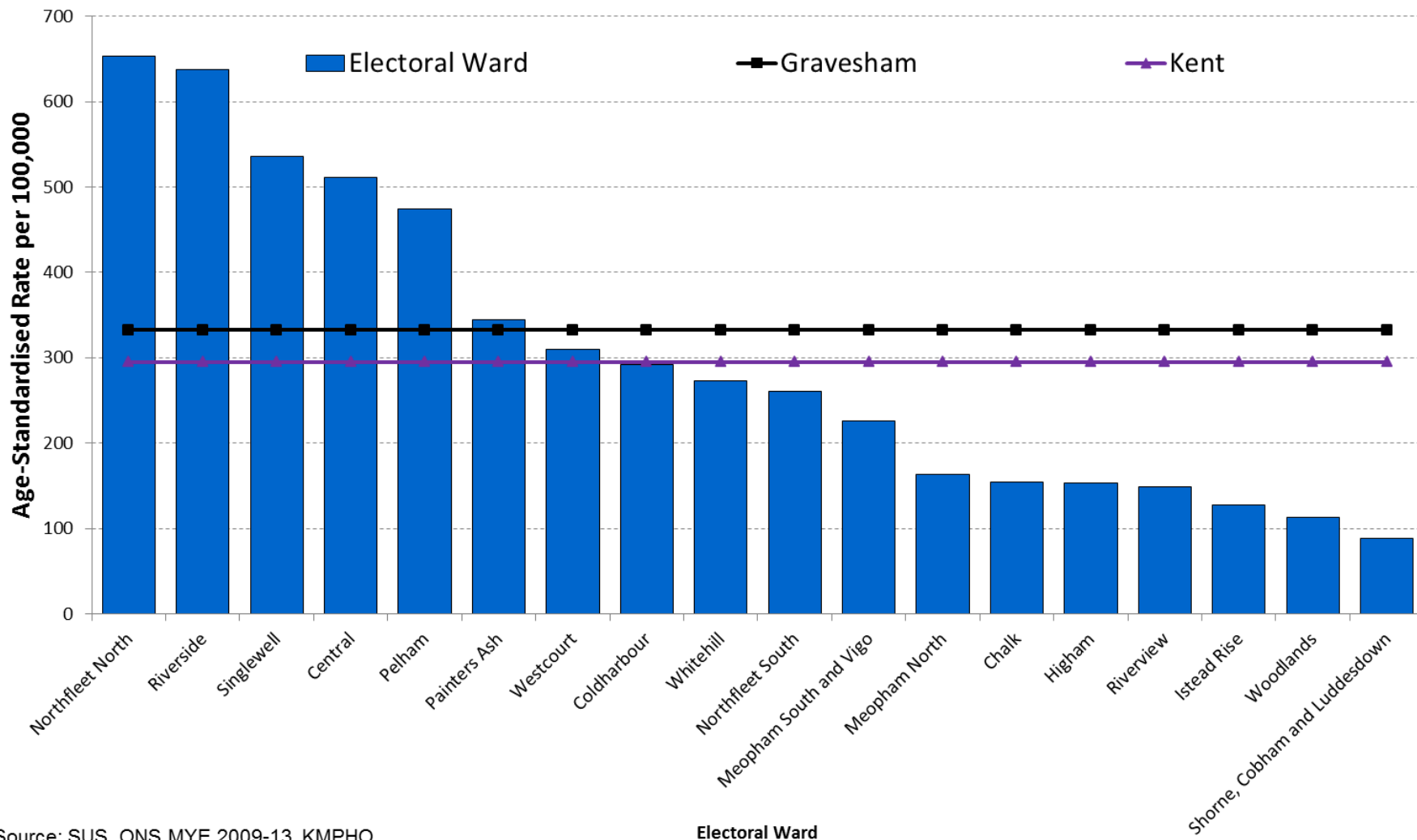
Similar

Higher

Not compared

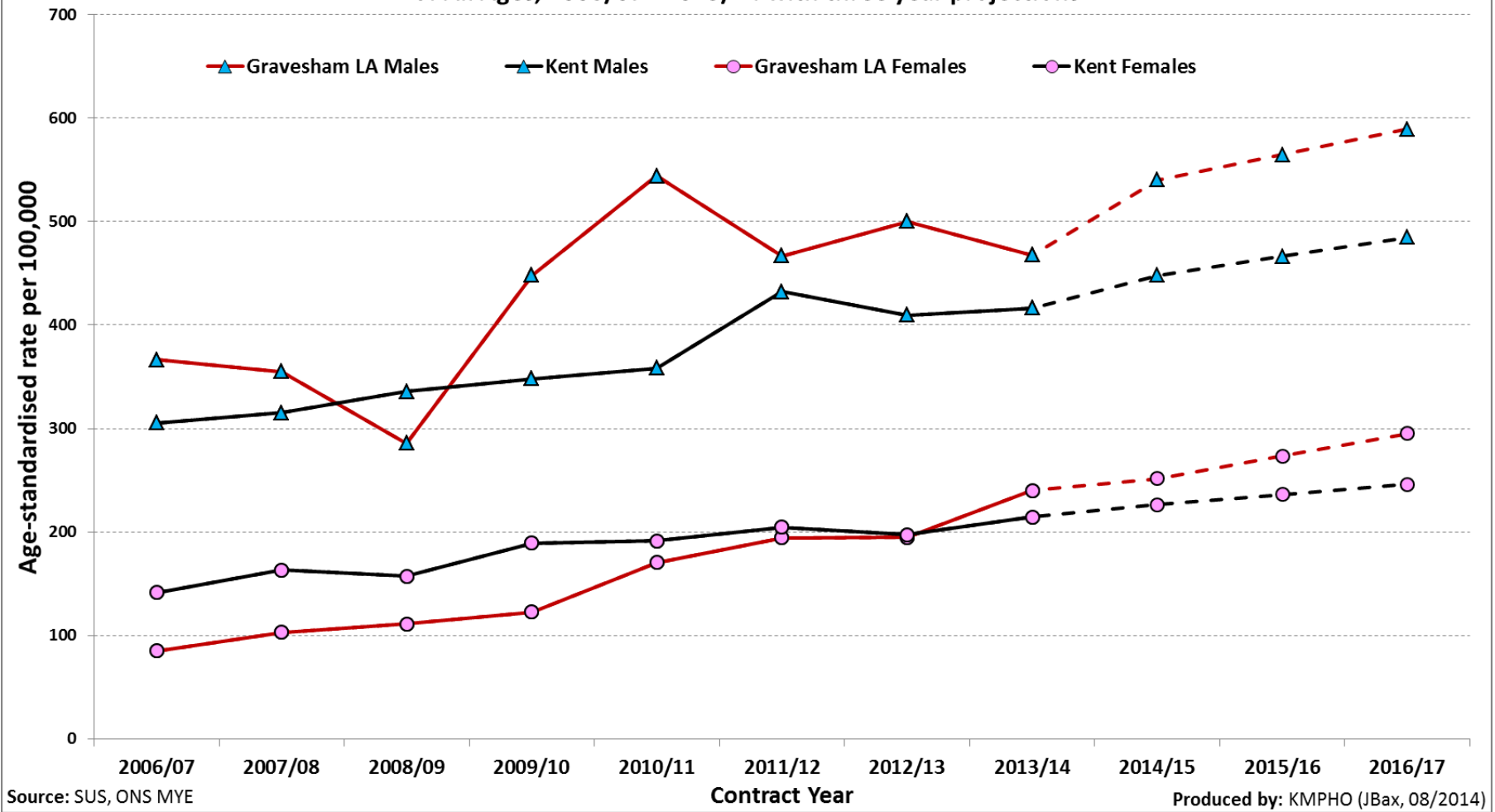
Indicator	Period		England	Kent	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge and Malling	Tunbridge Wells
2.01 - Alcohol-specific mortality	2012 - 14	◀▶	11.6	9.4	6.9	9.1	8.6	9.8	11.6	11.0	6.7	12.6	9.6	13.8	9.1	4.3
4.01 - Alcohol-related mortality	2014	◀▶	45.5	42.4	38.6	42.5	42.3	47.6	46.6	41.7	31.4	52.3	35.9	55.4	37.1	37.8
10.01 - Admission episodes for alcohol-related conditions (Narrow)	2014/15	◀▶	641	526	403	680	644	495	690	505	439	543	478	590	424	462
9.01 - Admission episodes for alcohol-related conditions (Broad)	2014/15	◀▶	2139	1702	1440	1893	2119	1623	2238	1646	1540	1714	1745	1783	1438	1455
6.01 - Persons admitted to hospital for alcohol-specific conditions	2014/15	◀▶	364	274	173	336	253	241	295	323	220	280	242	362	230	287
5.01 - Persons under 18 admitted to hospital for alcohol-specific conditions	2012/13 -14/15	◀▶	36.6	33.5	24.7	60.9	18.6	27.6	30.5	23.2	28.4	38.6	22.2	51.8	46.5	27.5

Age-standardised emergency admission rates in Gravesham for Alcohol-specific conditions, 2009/10 - 2013/14 (5-Years), All ages, Persons



Source: SUS, ONS MYE 2009-13, KMPHO

Trends in directly age-standardised emergency alcohol specific admissions to hospital for Gravesham LA residents of All Ages, 2006/07 - 2013/14 with three year projections

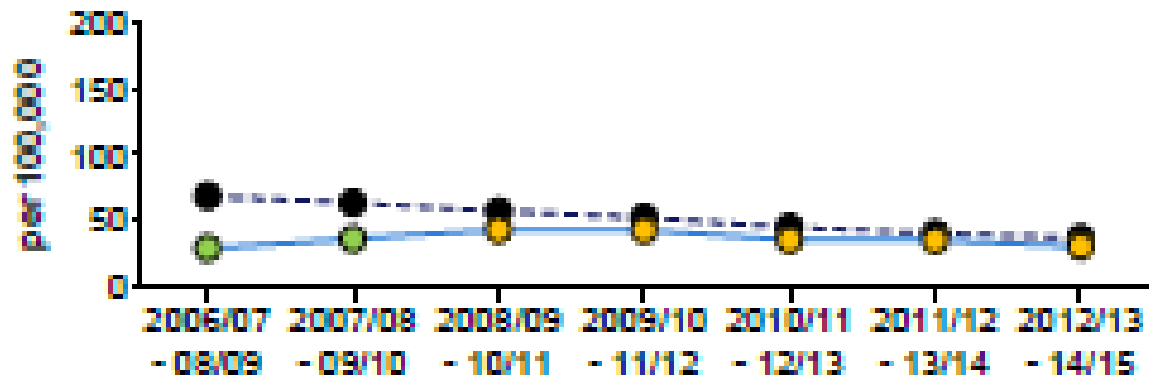


Source: SUS, ONS MYE

Produced by: KMPHO (JBax, 08/2014)

U18 alcohol specific admission trends

5.01 - Persons under 18 admitted to hospital for alcohol-specific conditions



Analysis Work we can develop

- A dashboard type product, perhaps using mapping software which would show harm to health alongside numbers/types of licensed premises.
- An exploration seeking to identify and describe any associations between access to alcohol in licensed premises and harm. Initially plan is to conduct this analysis at District level.

Limitations

- Health is not a licensing objective
- Much of our data is at population level so it makes it difficult to prove there is harm via particular premises
- Actions taken in a particular area could be cancelled out by people going elsewhere
- Individual choice, could penalise individuals who behave sensibly
- View towards night time economy development

How can we work better in the future?

- Using public health data against licensing objectives
- How relevant would committee consider health data?
- What support would licensing want from PH?
- Local Alcohol Action Area