

The Cumulative Impact Zone in the town centre was introduced in 2015 CIP is based in areas outside the Town Centre and would, where appropriate, seek to limit the density of off-licenses in residential communities. The reasoning for this was threefold; i) the national Alcohol Strategy 2012 identifies home drinking as a key driver for the increase in alcohol related harm, ii) Academic research shows that off-license density is associated with rates of alcohol harm (see section 3 below), iii) Doncaster already has a CIP for the Town Centre to manage on-licenses.

The impact of alcohol in Doncaster is significantly worse in a number of Public Health England indicators than the England average. Looking at the alcohol harm data from Doncaster Clinical Commissioning Group over a six year period, we see alcohol related harm in all areas and Wards of Doncaster however the hospital admissions that result, are significantly higher in the most deprived parts of the borough. These high rates of hospital admissions make significant demands on the hospital, and create a major cost pressure on the local health system. Costs to the local health economy run at many millions each year.

A priority in Doncaster is to reduce health inequalities; life expectancy is 10.1 years lower for men and 7.8 years lower for women in the most deprived areas of Doncaster than in the least deprived areas. Alcohol related factors are found across all four of the domains in the current Public Health Outcomes Framework for England and, as such, tackling alcohol related harm could be a key route to reducing health inequalities in general.

Alcohol is linked with more than 60 diseases and the fifth leading contributor to the global disease burden. The risk of alcohol-related harm increases with the amount drunk on a regular basis. Short-term health risks include accidents and injuries and alcohol-related hospital admissions continue to increase. The risks are not just to those consuming alcohol, alcohol consumption has wider detrimental impacts on society, including harm caused to third-parties, crime and anti-social behaviour

Doncaster alcohol related hospital admissions

There are two measures to quantify alcohol related admissions. The **narrow** measure includes admissions where the main reason for admission is a condition which can be caused, (in full or in part), by alcohol such as alcoholic liver disease, alcohol poisoning, epilepsy, hypertension and alcohol induced pancreatitis. Some specific secondary reasons are also included, such as car accidents, assaults or falls. The **broad** measure includes admissions where the primary reason for hospital admission or a secondary diagnosis is linked to alcohol.

In Doncaster the broad measure has risen 59% since 2008/9 (Figure1) and the narrow measure has risen 35% in the same period (Figure2)

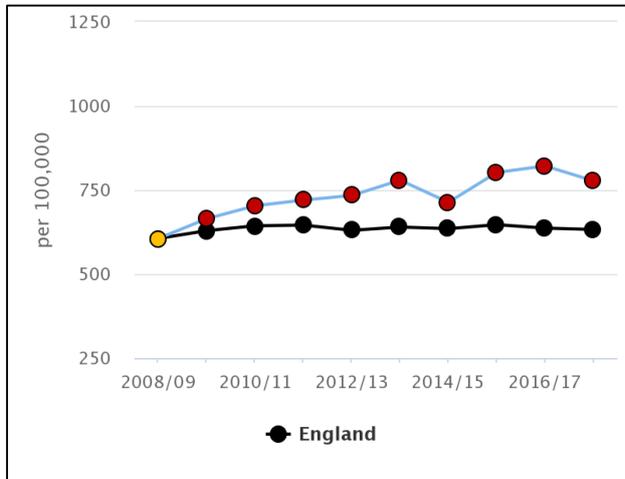


Figure 1

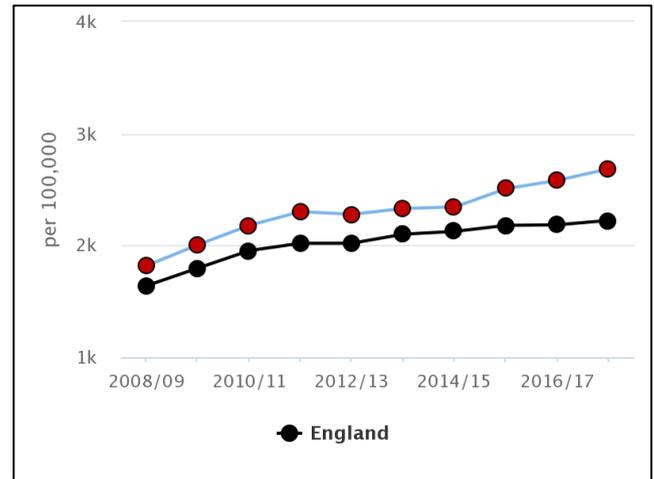


Figure 2

Certain specific alcohol related conditions have had marked increases in hospital admissions in Doncaster. Alcohol-related cardiovascular disease has seen an increase over the last 5 years of 27% and alcoholic liver disease an increase of 174%.

During the last 6-year period, there have been 11,075 Wholly Attributable Alcohol Diagnosis admissions to DRI showing an increase of 20% (Figure 3). When broken down by age and gender, the highest rate of admissions (per 100,000 of the population) for males is 65 years+, while for females the highest admission rate is between 40-64 years.

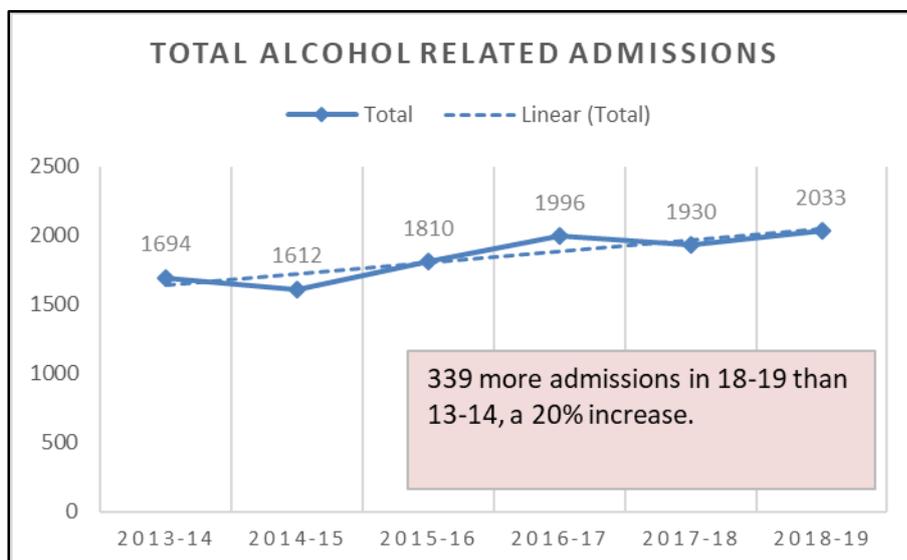


Figure 3

Using the six years of Wholly Attributable Alcohol Diagnosis data, a breakdown of where people were discharged to from Doncaster Royal Infirmary (DRI) was compiled. Figure 4 shows the ten areas with the highest number of WAAD admissions.

Alcohol Related Admissions in Doncaster 2013-14 to 2018-19

LSOA aggregated into Areas

data source HES CCG

Area	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	Total	Rank
Grand Total	1694	1612	1810	1996	1930	2033	11075	
Balby	217	169	181	184	174	227	1152	1
Mexborough	111	84	121	128	147	124	715	2
L Wheatley	90	114	84	85	86	82	541	3
Bentley	64	88	96	81	65	143	537	4
Armthorpe	93	67	95	75	86	78	494	5
Conisbrough	50	64	64	85	103	85	451	6
Town	55	57	55	74	72	71	384	7
Intake	42	28	45	77	84	88	364	8
Edlington	48	55	57	77	53	73	363	9
Thorne	33	53	54	81	49	79	349	10

Figure 4

In the 6 year period 2013-14 to 2018-19 the data shows that 74% (three quarters) of all admissions related to alcohol involve people from areas within the most deprived 40% of the Borough (Deciles 1 to 4). In Doncaster, there are 194 Lower Super Output Areas (LSOA's), these are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households. One in five of the Lower Super Output Areas in Doncaster are in the most deprived 10% nationally.

Using the Doncaster LSOA codes, we can identify the neighbourhood areas within the Wards that have the most admissions directly caused by alcohol (Figure 5). Lower Wheatley/Highfield Road over the 6 years has the most admissions however has a decreasing trend since the CIZ was implemented in 2015. Lower Wheatley/North Bridge and town centre also show a decreasing trend. These areas are all within walking distance of the CIZ that was implemented to help reduce the impact of alcohol on the health of the population.

Alcohol Related Admissions in Doncaster 2013-14 to 2018-19

data source HES CCG

Name-LSOA	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	Grand Total	Rank
Total	1694	1612	1810	1996	1930	2033	11075	
Lower Wheatley Highfield Road	36	43	46	47	39	33	244	1
Balby Bridge	34	34	33	42	34	48	225	2
Lower Wheatley North Bridge	27	40	25	27	28	38	185	3
Denaby Main	23	18	21	47	49	19	177	4
Balby Carr Bank	40	21	26	26	20	30	163	5
Hexthorpe & St Sepulchre Gate West	33	27	32	27	19	22	160	6
Intake Heather Wood	9	8	18	27	43	49	154	7
Town Centre Chequer Road	33	27	23	21	20	20	144	8
Unknown	42	34	12	28	7	3	126	9
Hexthorpe	18	29	17	18	29	13	124	10

Figure 5