

Meeting: Community Safety Partnership Board

Date: 12th December 2013

Report Title: Alcohol- Related Violence Data Sharing Protocol

Report of: Marion Morris, Drug and Alcohol Strategic Manager

Purpose: To inform the board of a new alcohol-related violence data sharing protocol (based on the 'Cardiff Model'), which has recently been agreed with the North Middlesex Hospital. The primary purpose of the ED data sharing scheme is to enable Community Safety Partnerships to have a better understanding of the extent of local violence problems. In addition it will assist Public Health in their role as 'Responsible Authorities' under the Licensing Act (2003) and identify victims of domestic violence who attend A & E.

1. Summary

- 1.1. Hospitals throughout England and Wales are sharing data on violent assaults to help reduce violent crime, cut the number of victims needing emergency treatment/and/or hospital admission and improve community safety. This in turn saves money.
- 1.2. The Cardiff Model as it is known is a process for collecting and sharing anonymised data about assaults seen in ED. It has since been endorsed by the College of Emergency Medicine.
- 1.3. It is well understood that alcohol-related violent crime is often under-recorded and that Emergency Departments are often the first to know about violent incidents. For example, research indicates that only 23% of people injured and treated in hospital as a result of violent assaults are also recorded by police.¹
- 1.4. Apart from improving our knowledge of night time economy related violence this data when collected elsewhere has also been found to be useful in identifying repeat victims of domestic violence and with being able to pinpoint if violence is associated with a particular licensed premises.
- 1.5. The full details of the protocol can be seen at appendix 1. The hospital's new database system should be in place from February 2014 when these new fields will be added.

¹ http://cs1.e-learningforhealthcare.org.uk/public/IBA/IBA_01_007/d/ELFH_Session/488/session.html?lms=n#tab_564.html

<p>1.6. The exact process by which this anonymised data will come into the Community Safety Partnership needs to be agreed and worked through.</p>
<p>2. Legal/Financial Implications</p> <p>None</p>
<p>3. Recommendations</p> <p>3.1. To note the new alcohol-related violence protocol and opportunity to increase knowledge of extent of local alcohol related violence.</p> <p>3.2. Next-steps are to set up a time-limited working group to ensure successful implementation of this protocol with the North Middlesex Hospital.</p>
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4. Background:

- 4.1. The impacts of alcohol-related harm are particularly high in Haringey for example, nationally modelled rates of alcohol related crime and alcohol-related violent crime are some of the highest in both London and England and Haringey has the highest rate of alcohol specific deaths among men in London and rates of alcohol-attributable admissions are higher than the London and England average.²
- 4.2. This data sharing protocol on alcohol-related violent crime will assist the Community Safety Partnership in being able to develop more tailored crime reduction initiatives based on analysis of local violent crime problems from data that is often not obvious in police data alone.
- 4.3. When implemented systematically with clear processes and support this data has proven to be an effective means of tracking and responding to violent incidents. The Cardiff Model as it is known is a process for collecting and sharing anonymised data about assaults seen in ED. It has since been endorsed by the College of Emergency Medicine.

² NWPFO (2012) Local Alcohol Profiles for England

Appendices

Appendix 1

Proposal for reducing alcohol related violence in Haringey – Implementing the Cardiff model

Marion Morris

Drug and Alcohol Strategy Manager Haringey Public Health

Background

Why Share Data

Emergency departments are often the first to know about violent incidents and a large number of violent crimes resulting in ED treatment are not reported to the police. Research indicates that only 23% of people injured and treated in hospital as a result of violent assaults are also recorded by police.³ The purpose of an ED data sharing scheme is to enable Community Safety Partnerships to develop tailored crime reduction initiatives based on accurate analysis of local violence problems. Analysis can identify levels of local violence not obvious from police data alone, and this information can be used to attract greater investment for violence reduction initiatives.

This health data is also crucial information for Public Health in their role as a 'Responsible Authority' under the licensing Act of 2003. Being able to pinpoint if violence is associated with a particular licensed premise means we are better placed to influence licensing decisions at a local level.

Apart from identifying violence that may be associated with the night time economy this data has also been found to be useful in identifying repeat victims of domestic violence. Reducing alcohol-related harm and associated health inequalities is a priority for Haringey Clinical Commissioning Group and Haringey Council and was the focus of this year Annual Public Health Report. In summary there is strong support for this approach from public health, police, community safety, and licensing all of whom have a need for the data.

Local Model

It is proposed that the North Middlesex ED implement a process for collecting and sharing anonymised data about assaults seen in ED in line with the College of Emergency Medicine Guidance⁴ and the Cardiff Model (see Appendix one).

The proposed process, based on the Cardiff model has six steps (Figure 1), which result in the following steps:

1. On presentation at ED the patient is clerked at reception. The minimum dataset which needs to be collected is built in to the EDIS screen and

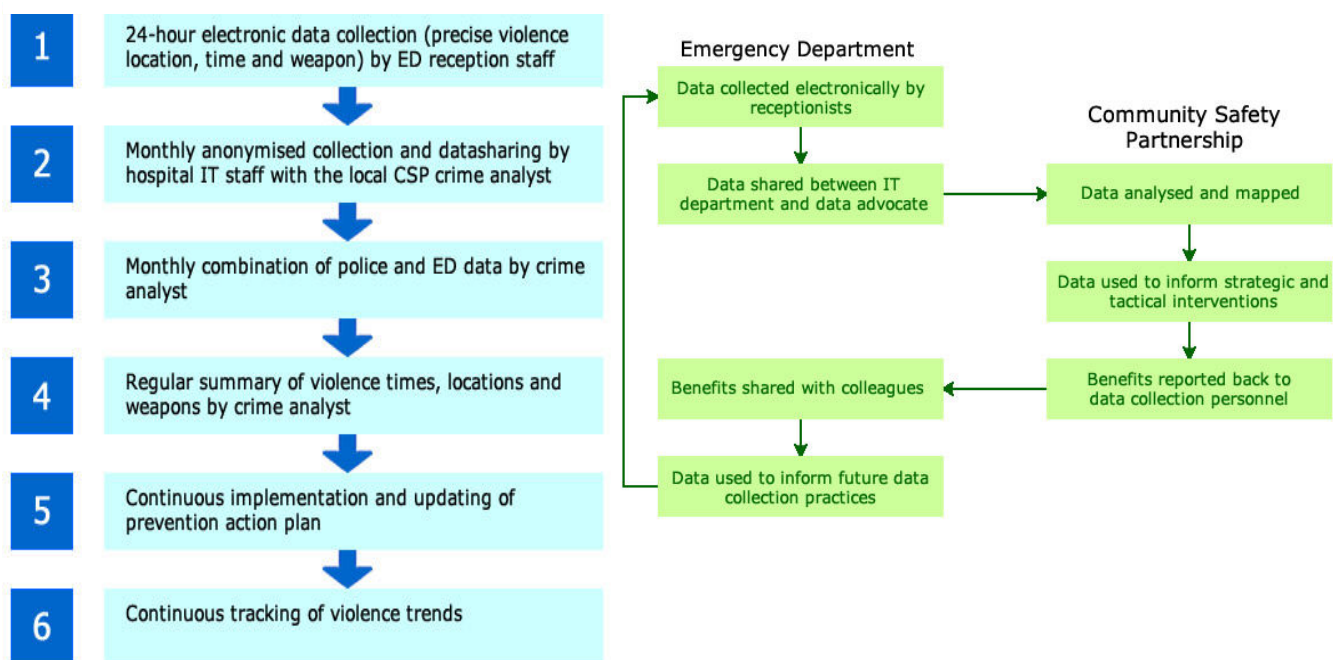
³ http://cs1.e-learningforhealthcare.org.uk/public/IBA/IBA_01_007/d/ELFH_Session/488/session.html?lms=n#tab_564.html

⁴ The College of Emergency Medicine Clinical Effectiveness Committee (2009): Guideline for Information Sharing to reduce community violence

completed by the reception staff if the patient has suffered an assault (N.B. regardless of whether alcohol is thought to be a contributing factor this information should be collated). This means busy clinical staff is not diverted from core clinical tasks. However it is essential that senior ED staff engaged to ensure processes are established and that effective working relationships are forged with local authority and police

2. NHS IT staff anonymise the data collected
3. Data is shared with the Community Safety analyst on a monthly basis. The information is shared with the police, licensing and public health
4. Data combined with other police intelligence to identify locations where violence is concentrated and to identify frequency of use of particular weapons which result in preventative initiatives. The information can also be used in representations to the licensing committee.

Figure 1 The process and pathway for collecting and sharing ED assault data



What data is collected?

Six key questions have been agreed nationally:

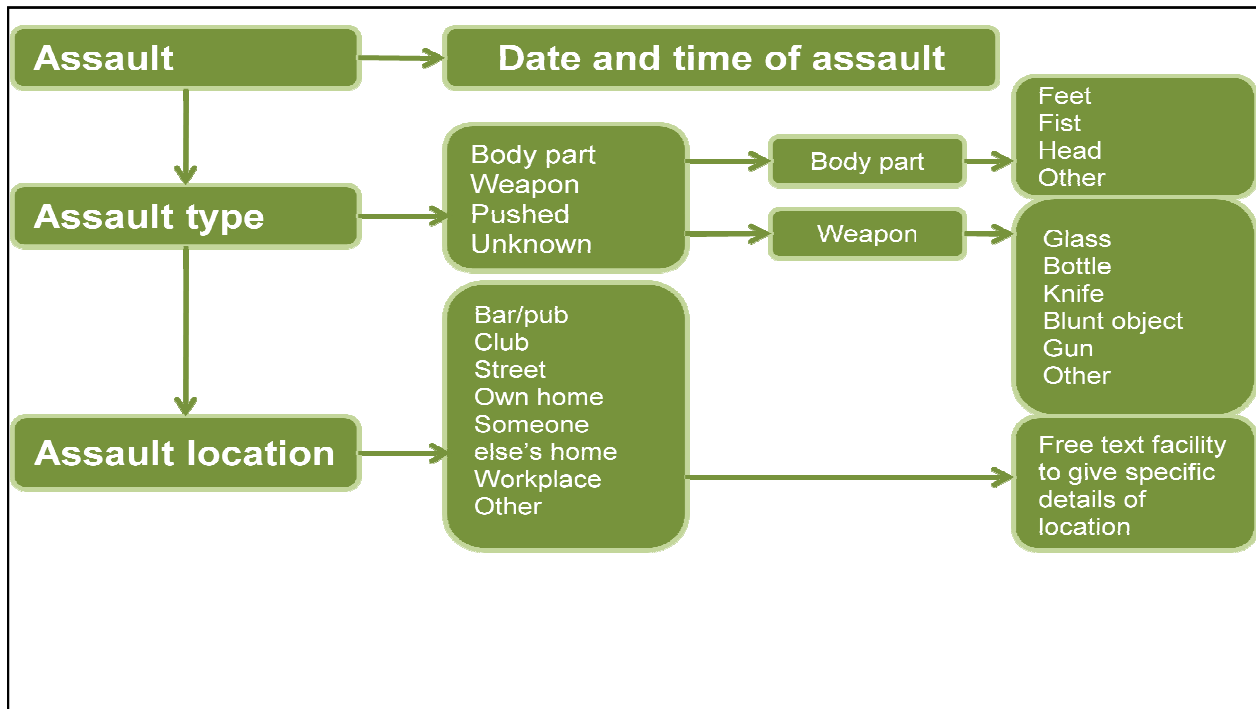
- Which street
- Which licensed premises or other location
- Which weapon (fist, feet, glass, bottle, knife, firearm or other weapon)
- How many assailants
- Was incident reported to police

- Would the patient like the incident to be reported on their behalf

These could be used as core local data set see fig 2. In addition some local partnership have added 'relationship to the assailant' field as this helps identify victims of domestic

Violence. It is proposed that this field be added to core data set in Haringey.

Figure 2 Minimum Assault data to be collected



Next Steps

If agreement can be reached with the North Middlesex Hospital to implement this model a time-limited working group would be set up with Public Health, Community Safety staff and analysts and named hospital lead(s). Haringey Public Health is working with Islington public health who is also attempting to implement a similar model at the Whittington hospital in the near future. This would mean we could share comparable data sets.

Does it work?

When done systematically, with support, commitment and clear processes, anonymised data sharing has proven to be an effective way of tracking violent incidents (including domestic and sexual violence). The approach began in Cardiff and has since been adopted by about half of ED's in England. Appendix one includes details of the Cardiff model. It is strongly recommended that given the extent of alcohol-related harm in Haringey this approach is adopted.

The Cardiff Model

The Cardiff model works by facilitating earlier and more frequent police intervention through the use of information from EDs – and keeps people out of hospital and out of prison. J, Shepherd, 2012

The Cardiff Model⁵ recognises the importance of EDs collating and passing on details of assaults (location, time, weapon and type) to Community Safety Partnerships. Anonymised ED intelligence is used to develop assault reduction initiatives in collaboration with the police and local authority partners, for instance targeting resources effectively and ultimately reducing alcohol-fuelled violence. The Department of Health have suggested a 'virtuous circle' to enable successful data sharing to tackle violent crime (Figure 3).

Figure 3 Violence in ED data sharing process



Creating a 'virtuous circle'

- To work effectively, partners should be involved at a strategic level – as a minimum, the ED, local authority, police and community safety partnership
- Data is recorded and distributed electronically, ideally at the ED
- The data is then shared and analysed, often by community safety partnerships
- To be effective, this information must inform operational policing and other crime prevention initiatives.
- Good communication is vital – all parties should be informed about the difference it is making

Source: DH – Improving community safety through data sharing

⁵ Shepherd, J. (2007): Effective NHS Contributions to violence prevention – The Cardiff model