

LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)

Agenda Item 16

Brighton & Hove City Council

Subject: *Health Impact Assessment of Licensing – Final Report*

Date of Meeting: 26 November 2009

Report of: *Director of Environment*

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Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 A report was submitted to licensing members 27 November 2008 and 24th April 2009 relating to work funded by the PCT and commissioned by the city council to appoint consultants to undertake a health impact assessment into flexible licensing hours in Brighton and Hove.
- 1.2 It had been intended to bring the final report to this committee on 25th June 2009 but discussions with the Director of Public Health identified some additional work required before making the final report, including looking at potential indicators and baseline information to assess the effect of flexible licensing hours. The Director of Public Health requested that the Alcohol Strategy Group considered the report before the next Licensing Committee in order to make recommendations that would form part of a Management Plan for Public Health interventions. This could include recommendations for licensing policy.
- 1.3 The final HIA includes a Public Health Management Plan at Table 2. At a meeting with the Director of Public Health, 10 key indicators were extracted from the Public Health Management Plan and will be considered as indicated in the stakeholders' column.
- 1.4 The 10 key public health management aspirations identified for further consideration are listed in the table below.
- 1.5 These were chosen in the light of current position of improving alcohol related crime trends but worsening alcohol related health and domestic violence trends.
- 1.6 It should be noted that these recommendations have not been filtered in any way and the legality and resourcing would be critical issues in progressing them further. For instance, members will be aware of the limitations to discretion in the Licensing Act 2003 regarding refusal of licences and funding of some key projects like Safe Space is not guaranteed and its future is only assured in the short term.

Management Action		Stakeholders
11	To consider using section 106 to fund the provision of community facilities that promote a family friendly culture and provide alternatives to alcohol-based entertainment especially for young people.	BHCC Local Planning Authority
14	To integrate strategies for the licensing of sales of alcohol and planning.	BHCC Local Planning Authority and Licensing Committee
21	To consider establishing a limit to the number of licensed premises in Brighton & Hove, having first established what limit is appropriate.	BHCC Licensing Committee
31/32	To extend the Cumulative Impact Area (CIA) to include all locations where there are residents in the vicinity of licensed premises. To designate the London Road area as a Special Stress Area (SSA)	BHCC Licensing Committee
43	To increase enforcement of under-age sales from licensed premises.	Trading Standards, Sussex Police, BHCC Licensing Committee
52	To raise awareness and educate residents about the licensing process.	BHCC Licensing Committee
86	To roll out the concept of the Safe Space in West Street to the area around the railway station	BHCC
93	To explore the potential to encourage a diversification of the night-time economy in Brighton & Hove and increase the amount and range of non-alcohol related leisure activities available in the city e.g. arts-based activities.	BHCC
103/104	To provide education about the effects on health of alcohol consumption, particularly in a community setting and especially for children and young people. To update schools about changes in the pattern of alcohol consumption by children and young people, including the associated risks, so that teaching for PHSE is informed by the current situation in which young people find themselves.	NHS Brighton & Hove, Youth Services, voluntary sector organisations Schools in Brighton & Hove, NHS Brighton & Hove, Youth Services, voluntary sector organisations
121	For licensees to provide a 24-hour telephone number on which it is possible for people to give information on potential infringements on the premises such as under-age drinking	Licensees Licensing Committee

2. RECOMMENDATIONS:

- 2.1 That the findings from this report are considered by the relevant stakeholders and that findings are used to influence the next review of the statement of licensing policy.
- 2.2 That the Licensing Committee consider recommending reporting the health impact assessment to Planning Committee and Health Overview and Scrutiny Committee to inform other corporate policies and strategies.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Funding was granted by Brighton & Hove Primary Care Trust and City Council Directorate of Public Health to Brighton & Hove City Council and consultants chosen by competitive tender were Ben Cave Associates Ltd. who are experienced, specialist health impact assessors, recognised nationally and internationally.
- 3.2 The revised timetable is to report the final Health Impact Assessment report to the Director of Public Health via the Alcohol Strategy Group on 2 November 2009 and from there to the Licensing Committee on 26th November 2009.
- 3.3 The original indicators to be used in this study were:
 - 1. Reduce impact on acute hospital.
 - 2. Reduce public place violent crime.
 - 3. Reduce domestic violence.
 - 4. Reduce alcohol related offending.

The consultants explored other possible indicators around the licensing objectives, for instance, other crime statistics, noise statistics, enforcement activity, information held by Children's Services, occupational health and safety and further public health information.

- 3.4 The health impact assessment may be used to inform statement of licensing policy, local alcohol harm reduction strategy, community safety, transport, tourism, economic development, community development and violent crime reduction strategies.

4. CONSULTATION:

- 4.1 The steering group for the Health Impact assessment comprises:
Cllr Carol Theobald, Cllr Jeane Lepper, Adam Bates, Linda Beanlands, The Healthy City's Manager, Jean Cranford, Barbara Hardcastle (PCT), Steve Hodson (ESFRS), Peter Mills (Sussex Police), Tim Nichols, Chris Owen, Chris Parfitt, Liz Rugg, Becky Woodiwiss (PCT), Mike Taggart, Graham Stevens, Chris Wilson, Nigel Liddell (Brighton Business Forum), Sussex Ambulance Service, Paul Iggulden and Erica Ison (Ben Cave Associates).

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

The full cost of delivering this report is covered by the PCT funding of £34,000 already received by B.H.C.C.

In their report, B.C.A. Ltd have put forward many action themes and suggested management actions. Many of these suggestions will have an associated financial implication, for example the provision of free taxis or the extension of the Safe Space concept to the area around the railway station. Before any of these actions could be pursued, consideration would have to be given as to the source of additional funding to cover them, or whether they could be met from within existing budgets.

Finance Officer Consulted: Karen Brookshaw Date: 23/10/2009

5.2 Legal Implications:

There are no direct legal implications.

Lawyer Consulted: Rebecca Sidell Date: 4/11/2009

5.3 Equalities Implications:

Alcohol related crime, violent offences and sexual offences are areas of concern nationally and for the city.

5.4 Sustainability Implications:

Business tourism is the fastest growing domestic market (reference Brighton & Hove Strategy for Visitor Economy 2008 – 2018).

5.5 Crime & Disorder Implications:

40% of recorded violent crime is alcohol related and Brighton & Hove is second highest to Hastings in the South East Coast strategic health authority (reference Annual report DPH 2007). The Community Safety Strategy aims to reduce alcohol related anti-social behaviour.

5.6 Risk and Opportunity Management Implications:

No assessment has been made locally of the impact of the new licensing laws on health.

5.7 Corporate / Citywide Implications:

Alcohol related harm indicators for the city include alcohol related months of life lost, alcohol specific hospital admissions, and alcohol related crime.

SUPPORTING DOCUMENTATION

Appendices:

1. Flexible alcohol licensing hours in Brighton and Hove: Final Report.

Documents In Members' Rooms:

1. None.

Background Documents:

1. The Annual Report of the Director of Public Health 2007.
2. Report to licensing committee 27 November 2008, Agenda item 23 Health Impact Assessment of Licensing.

Final report

**Flexible alcohol licensing hours in Brighton and Hove
Health Impact Assessment**

18th October 2009

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Third	V5	Final report	18 th October 2009	Paul Iggulden Erica Ison Ben Cave

Prepared by	Ben Cave Associates Ltd
Commissioned by	Brighton and Hove City Council

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We thank all people who took part in the consultation for the benefit of their experience and insight.

Thank you to Barbara Hardcastle, NHS Brighton, for her support and collaboration.

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Abbreviations and acronyms

AUD.....	alcohol use disorders
BME.....	Black and Minority Ethnic
CDRP.....	Crime and Disorder Reduction Partnership
DAAT.....	Drug & Alcohol Action Team
DES.....	Direct Enhanced Services
GP.....	General Practitioner
HIA.....	Health Impact Assessment
HNA.....	Health Needs Assessment
HVVDs.....	High-Volume Vertical Drinking establishments
LAPE.....	Local Alcohol Profiles for England
LNE.....	late night and evening
LSOA.....	Lower Super Output Area
PCT.....	Primary Care Trust
SBI.....	Screening and Brief Interventions
SOA.....	Super Output Area
WHO.....	World Health Organization





1. Introduction and summary

- 1.1 The Licensing Act 2003 (1) allows for flexibility in the times during which premises can sell alcohol. The rate of alcohol-related admissions for Brighton and Hove residents increased markedly in the period following the introduction of the Licensing Act 2003 in November 2005; there was a 30% increase in the rate for Brighton between 2005/06 and 2006/07 compared with a 7% increase for England over the same period.
- 1.2 In Brighton and Hove the misuse of alcohol is associated with: an increase in drinking above the Government's weekly recommended amount (in the last 10 years); and increased deaths, mainly resulting from stroke, cancer, liver disease, accidental injury or suicide.
- 1.3 In May 2008 Ben Cave Associates (BCA) were commissioned by Brighton and Hove City Council and Brighton and Hove Primary Care Trust (PCT) to undertake a Health Impact Assessment (HIA) of the Introduction of Flexible Alcohol Licensing Hours in Brighton & Hove.
- 1.4 This study has drawn upon interviews and workshops with people living and working in Brighton and Hove and upon a review of local data. We provide findings of the direct and indirect health effects of increasing the availability of alcohol. We make a number of recommendations for monitoring and managing these effects.

Structure of report

- 1.5 In section 2 we provide some of the context for licensing alcohol in Brighton and Hove. We look at facts associated with alcohol consumption and health in Brighton and Hove and nationally. We also outline the legislation that has prompted this assessment.
- 1.6 In section 3 we discuss the main findings of the report: these findings come from the consultation and from the data review. We offer a Public Health Management Plan (Table 2 on page 15) for the consideration of the Alcohol Strategy Group and the Licensing Committee.
- 1.7 Sections 4 and 5 provide analysis of the consultation and the data review respectively. There is further analysis of the stakeholder consultation in Appendix B.
- 1.8 Each source of information, academic research, policy document *etc* that is referred to in the text is numbered and the full citation is provided in section 6.
- 1.9 We provide further information in the appendices. The appendices are as follows:
 - the methodology used to guide the assessment is outlined in Appendix A of this report;
 - further information on the stakeholder engagement, including methodology, is included as Appendix B to this report;
 - understanding the health and well being of the local population is a key part of a health impact assessment. An outline profile is provided in Appendix C;
 - a review of policy gives the context for Flexible Alcohol Licensing Hours and is reported in Appendix D; and
 - text of a briefing note that explains the study is provided in Appendix E.

Conclusions and recommendations

- 1.10 Some of the issues highlighted in this assessment lie outside the control of the City Council and the PCTs. Lobbying of central Government is required to encourage change.
- 1.11 The regulatory system is constructed around the issue, the policing and the enforcement of licences for individual premises. This assessment shows that the impact of Flexible Alcohol Licensing Hours has had widespread adverse effects on health and well-being. In most cases it is difficult to use routine data to attribute these effects to individual licensed premises. The majority of impacts identified by stakeholders cannot be managed directly through the regulatory system. It is clear that the regulatory system provides an important role in protecting health and wellbeing and that it can and should be used proactively to prevent harm from occurring.



- 1.12 The findings from this study show the direct and indirect effects on people living and working in Brighton and Hove of the increased availability and consumption of alcohol. The findings from this HIA are clear that the direct and indirect effects of alcohol need to be monitored so that health, wellbeing and quality of life can be enhanced. Enhancing the monitoring will also allow the different effects on population groups to be followed.
- 1.13 The Public Health Management Plan (PHMP) suggests ways to address issues arising from the introduction of flexible alcohol licensing in Brighton and Hove (Table 2 on page 15). The actions in this management plan are reproduced from the stakeholder consultation and the review of data and evidence. The actions cannot necessarily be addressed within current legislation or guidance. The steering group will refine this list with the Alcohol Strategy Group and the Licensing Committee.
- 1.14 Routinely collected information can and should be used. Local data can and should be used to support the management of local services. This could be addressed in partnership with other local authorities.
- 1.15 Indicators must be relevant to the four objectives of the Licensing Act 2003 (1). We suggest that the Licensing Committee, in partnership with the Director of Public Health, establishes explicit public health objectives for Brighton and Hove. These objectives will inform the refinement of the 'starter pack' of indicators (Table 6). Enhancing the monitoring system will also require the following issues to be considered:
 - an organisation and a named officer should be responsible for progressing this work;
 - analytical support will be required to collate data and present / publish the information; and
 - reporting arrangements.



2. Context for alcohol licensing in Brighton and Hove

- 2.1 In Brighton and Hove the misuse of alcohol is associated with:
- 200 deaths per year;
 - increased deaths, mainly resulting from stroke, cancer, liver disease, accidental injury or suicide;
 - children exposed to adverse effects;
 - an increase in drinking above the Government's weekly recommended amount (in the last 10 years);
 - a local health related behaviour survey of year 10 (age 14 -15) secondary school pupils found that: 51% had consumed at least one alcoholic drink in the past week (higher than in 2005); and 13% of boys and 9% of girls had drunk more than 14 units in the past week (the safe drinking limit for women);
- 2.2 Nationally, alcohol is associated with
- around a third of all incidents of domestic violence (2);
 - two fifths (40%) of violent crimes (2);
 - up to 17,000,000 days absent from work (in England) (2);
 - 150,000 hospital admissions each year: around 70% of A&E attendance's between midnight and 5am on weekend nights are alcohol related (2); and
 - a significant loss to the economy estimated at between £17.7 billion and £25.1 billion per year, and an annual cost to the NHS of £2.7 billion (3).
- 2.3 Alcohol misuse is associated with poor mental health: heavy drinking is implicated in 65% of suicide attempts (4); a Danish study reports that individuals registered with alcohol use disorders (AUD) are at highly increased risk of completed suicide (5).
- 2.4 Since the early 1980s, there has been a substantial decline in drinking and driving and in the number of alcohol-related deaths and injuries on the roads. Around half of drink drive casualties are of people other than the drink driver themselves. There were probably an additional 250 people killed in accidents involving drivers and riders with raised blood alcohol levels but still below the current legal limit (6).
- 2.5 In 2001, £36.6billion was spent on alcohol, equivalent to 5.8% of all consumer expenditure. UK consumers spend more of their disposable income on alcohol than on, for example, personal goods and services, fuel and power or tobacco (7).
- 2.6 Brighton and Hove City Council is the Alcohol and Entertainment Licensing Authority in Brighton and Hove. The City Council follows laws set out in the Licensing Act 2003 (1). This brought together six licensing regimes and established a single integrated scheme to issue licences to premises which are used:
- for the supply of alcohol;
 - to provide regulated entertainment¹; or
 - to provide late night refreshment.
- 2.7 The Act allows for flexibility in the times during which premises can sell alcohol and provides the potential for 24 hour opening, seven days a week. All decisions are 'subject to consideration of the impact on local residents, businesses and the expert opinion of a range of authorities in relation to licensing objectives.' The stated objectives of the Act are:
- prevention of crime and disorder;
 - public safety;
 - prevention of public nuisance; and

¹ The provision of regulated entertainment covers the provision of entertainment or of entertainment facilities. The descriptions of entertainment in the Licensing Act are: the performance of a play; an exhibition of a film; an indoor sporting event; boxing or wrestling entertainment; a performance of live music; any playing of recorded music; a performance of dance; or entertainment of a similar description to live music, recorded music or dance (8).



- protection of children from harm.
- 2.8 Each of these objectives has direct and indirect effects on the health of people living, and working in, and visiting, Brighton and Hove. The Licensing Act does not cater explicitly for public health. In 2007 the Government updated their Alcohol Harm Reduction Strategy for England (9): this includes measures to change attitudes to irresponsible drinking and alcohol-related behaviour, including:
- making the sensible drinking message easier to understand and apply;
 - targeting messages at groups such as binge drinkers and chronic drinkers;
 - providing better information for consumers, on products and at the point of sale;
 - providing more support and advice for employers.
- 2.9 It identifies the need to:
- ensure that the licensing laws protect young people from alcohol-fuelled crime and disorder;
 - sharpen the focus on under 18s, 18-24 binge drinkers and harmful drinkers;
 - promote sensible drinking through investing in better information and communication.
- 2.10 The Government had been keen to show a deregulation measure with freedom and flexibility for customers' expectations, greater choice for consumers including tourists, encouragement of family friendly premises, development of our culture of live music, dancing and theatre, regeneration and a thriving, safe night-time economy, and the necessary protection of local residents but the emphasis has changed in the Department of Culture, Media and Sports most recently issued guidance.
- 2.11 The Brighton and Hove Drug and Alcohol Action Team (DAAT) aims to reduce any further increase in alcohol related harm. The DAAT consists of senior managers from the City Council, the Police, the PCT, Probation and Treatment service providers. The DAAT has a remit to oversee the delivery at a local level of the national Alcohol Harm Reduction Strategy (9). The local delivery is taken forward by a number of groups responsible for specific areas of the strategy (10).
- 2.12 The new system began on 24th November 2005. The aim is to help build a fair and prosperous society, properly balancing the rights of people and their communities. It also intends to encourage tourism, reduce alcohol misuse, improve the self-sufficiency of local communities and reduce the burden of unnecessary regulations on businesses (11).
- 2.13 Premises must support the licensing objectives. Their licence is reviewed if the objectives are not met. This is one of the key protections for local residents. Since transition, there have been 15 reviews including five police closures for disorder. Three off-licences received licence suspensions for persistent sales to children, seven premises had the conditions of their licence modified to prevent noise nuisance or to restore order. Others were given advice or no further action. One public house licence was revoked for persistent disorder.
- 2.14 On 13th March 2008 Brighton and Hove City Council included a *Special Policy* regarding cumulative impact in their Licensing Policy for 2007-2010. This provides, along with the Act and government guidance and regulations, the basis of licensing decisions (see Figure 1 below).



Figure 1: Summary of objectives in The Licensing Act 2003 – BHCC: Statement of Licensing Policy

There are four main principles behind this system (11):

- to prevent crime and disorder;
- to prevent public nuisance;
- to protect children from harm; and
- public safety.

Prevention of crime and disorder

Applications for personal licences meeting the requirements of the Act must be granted unless the Police issue an objection (para 2.1)

The licensing authority recommends all licensees of on-licensed premises attend training programmes to raise awareness of drugs and violence in licensed premises, and suitable training is extended to all bar and door staff (para 2.2)

A designated premises supervisor needs to spend significant time on the premises, and when not there be contactable (para 2.3)

Cumulative impact is the potential impact upon the promotion of the licensing objectives of a significant number of licensed premises concentrated in one area (para 2.4.1); cumulative impact is a necessary part of the statement of Licensing Policy, adopted as a special policy on 13 March 2008 (para 2.4.2), and refers to the Cumulative Impact Area in Brighton City Centre (para 2.4.3) where the concentration of licensed premises in a small area of the city centre is causing problems of crime and disorder (para 2.4.2)

The licensing authority may receive representations from a responsible authority or interested parties that premises will give rise to a negative cumulative impact on one or more of the licensing objectives (para 2.4)

Applications for new premises licences or club premises certificates likely to add to the existing Cumulative Impact will normally be refused unless the applicant can show the application will have no negative impact (para 2.4.4)

Variation applications will potentially come within this special policy (para 2.4.5)

This special policy also applies to all new premises licences and club premises certificates (para 2.4.6)

The presumption of refusal does not relieve responsible authorities or interested parties of the need to make a relevant representation (para 2.4.7)

The special policy is not absolute; if an application is unlikely to add to the Cumulative Impact of the Area, it may be granted. Impact is expected to be different depending on the type of premises (para 2.4.8)

If an application is to be refused, the licensing authority needs to show that granting the application would undermine the promotion of one of the licensing objectives and conditions would be ineffective at preventing the problems (para 2.4.9)

Two areas of Brighton City Centre that border the Cumulative Impact Area are areas of special concern with respect to crime and disorder and nuisance experienced (para 2.4.10), known as Special Stress Areas (para 2.4.11)

New and varied applications in the Special Stress Areas will not be subject to the presumption of refusal, but operators need to ensure that their operation will not add to the problems in these areas (para 2.4.12)

Applications in Special Stress Areas will be scrutinised and the measures in the operating schedules will be compared with those considered appropriate by the licensing authority, e.g. adoption of a "Challenge 21" policy, policy on searching customers for weapons, drugs, etc., CCTV approved by Sussex police, policies for dispersal of customers (para 2.4.13 & Appendix C)

The licensing authority will keep the Cumulative Impact Area and the Special Stress Areas under review; depending on the level of crime and disorder or public nuisance (increase or decrease), the boundaries of these areas may be revised (para 2.4.14)

The licensing authority will support: diversity of premises; café bars; restaurants with outside service; geographical spread of licensed premises; care, control and supervision of premises; monitoring the management and supervision of premises after a licence has been granted; the use of door supervisors and mobile security units, following guidance and standards; and the development of codes of practice and general operating standards for security companies (para 2.5)



Figure 1 (continued): Summary of objectives in The Licensing Act 2003 – BHCC: Statement of Licensing Policy

Shops, stores and supermarkets will normally provide for the sale of alcohol at any time when the retail outlet is open (unless there are good reasons for restrictions) (para 2.6)

High-Volume Vertical Drinking establishments (HVVDs) may have conditions attached, e.g. prescribed capacity, ratio of chairs and tables to customers, SIA-registered security teams (para 2.7)

Enforcement will be considered taking into account any enforcement policies; there will be close links between enforcing authorities through intelligence sharing and strategy groups (para 2.8)

Applications for regulated entertainment (e.g. performance of dance for sexual stimulation) will be carefully scrutinised with respect to what is in the vicinity of premises (e.g. residences, schools, places of worship, community centres, youth clubs), and the cumulative effect of a number of such premises on the character of an area. Conditions could include a code of conduct for the dancers, rules of conduct for customers, procedures to ensure the conduct of pre-employment checks for all staff, and the exclusion of children and young people under 18 when such activities are taking place. Conditions may also prohibit physical contact between customers and performers (e.g. dressing room security, CCTV) (para 2.9).

Public safety

Club owners and promoters are to have regard for "Safer Clubbing: guidance for licensing authorities, club managers and promoters". Licensed premises need to be designed and run to maximise the safety of customers and staff. Applicants are advised to consult all responsible authorities when operating schedules are being prepared (para 3.1)

To protect public safety, conditions may be imposed, e.g. CCTV and panic buttons, shatterproof vessels, provision of first-aiders (para 3.2)

In determining applications, late-night public transport availability (including taxis) to aid dispersal will be considered (para 3.3)

Operators whose customers contribute to night-time demand for taxis can consider providing resources to help manage queues and control potential disorder (para 3.4)

Police may support large-scale events (commercial, sporting) by using their powers of closure of licensed premises (para 3.5)

Prior to large events, licence holders will attend Safety Advisory Group meetings and be part of Event Liaison Teams (para 3.6)

Prevention of public nuisance

Planning, building control and licensing will be separated; granting of licences does not relieve applicants of the need to apply for planning permission or building control consent, which should be explored before licensing applications are submitted (para 4.1)

The location of premises, type and construction of the building and likelihood of disturbance or nuisance to residents will be taken into account when determining applications for new and varied licences (para 4.2)

If premises use amplified or live music and are in or abut residential accommodation applications for new licences or extensions in size of licensed premises will not normally be granted. For new licences, a condition may be imposed that entertainment noise is inaudible in any residence (para 4.3)

Sound-limiting equipment and insulation may be required to minimise noise disturbance to nearby residents from licensed premises (para 4.4)

Staggered closing times will not be used to manage binge drinking and antisocial behaviour. Zoning will be avoided. Later opening will be promoted. Incidents including violent attacks may be used to justify closing times (para 4.5)

Temporary activities in the open air should have a maximum closure time of 11.00pm, but in sensitive open spaces or near residential areas earlier hours may be imposed (para 4.6)

Late-night public transport availability and location of taxi ranks will be taken into account when determining new licences, extension of hours or terminal hours (para 4.7)

History or likelihood of nuisance will be taken into account. Applications for late hours in the city centre and on busy main roads will generally be considered favourably. Conditions about hours of opening may be imposed to avoid unreasonable disturbance to residents (para 4.8)

Controls are available to premises operators to minimise the impact of noise from customers outside (para 4.9)



Figure 1 (continued): Summary of objectives in The Licensing Act 2003 – BHCC: Statement of Licensing Policy

Protection of children from harm

Harm to children includes moral, psychological and physical harm which may be associated with licensed premises. It is recommended that all licenses work with a suitable “proof of age” scheme; appropriate forms of ID are considered to be passport, photo driving licence or pass ID card (para 5.1)

All staff who sell intoxicating liquor need to receive information and advice on licensing laws relating to children and young people in licensed premises, and are required to take reasonable steps to prevent under-age sales. Unless necessary for the prevention of harm to children and young people, access to licensed premises will not be limited (para 5.2)

Issues of concern with respect to children are alcohol-induced problem behaviour in under-18s, enforcing the underage drinking laws and protecting children from harm. The licensing authority supports police powers to remove alcohol from young people on the street, test purchasing of off-licence sales and age challenges at pubs and licensed venues, promotion of proof of age schemes, support for in-house mystery shopper schemes, and CRB checks for all staff at events catering for unaccompanied children (para 5.3)

Under normal circumstances, children’s access to licensed premises will be left up to the licensee. Children will normally be excluded from premises where there have been convictions for serving to minors, there is a known association with drug use or dealing, there is a strong element of gambling, adult/sexual entertainment is provided, and/or primarily or exclusively for the sale and consumption of alcohol. Options include limitations when children may be present, age limitations, limitations or exclusions when certain activities are taking place, need for an accompanying adult and full exclusion of those under 18 (para 5.4)

Arrangements need to be made by licensees of premises giving film exhibitions to restrict children from viewing age-restricted films in accordance with certificates granted by British Board of Film Classification (para 5.5)

Where children attend a public entertainment, adult supervision will be required (normally 1 adult/100 children; 2 if there is music and dancing, licensed by Security Industry Authority) to control their entry and exit and protect them from harm. Licensing Policy does not override child supervision requirements in other legislation or regulations (para 5.6)



3. Discussion

Introduction

- 3.1 Brighton and Hove City Council is the Alcohol and Entertainment Licensing Authority and as such it implements the Licensing Act 2003 (1). This is in accordance with English law. The steering group observe that the main effects of the move to flexible licensing hours appear to be longer opening (but not 24/7) and an increase in the number of convenience stores that sell alcohol. At transition in November, 2005 there were 1,025 licensed premises in Brighton and Hove. On the 31st March, 2007, there were 1,089 licensed premises.
- 3.2 This increase in the availability of alcohol in Brighton and Hove must be seen in the context of wider social trends relating to alcohol. For example:
- the real term costs of alcoholic beverages have reduced (12);
 - the increased time period over which public drinking occurs; and
 - consumption has increased across all age groups, for both males and females.
- 3.3 The increase in consumption has a number of components:
- increased alcohol consumption in public spaces (streets and open spaces), especially by lower-income groups and children and young people;
 - increased levels of binge drinking, in particular amongst younger adults;
 - the increased role of alcohol as part of the late night and evening (LNE) economy of many (urban) areas;
 - consumption of alcohol into the early hours of the morning; and
 - drinking in the home including 'front loading' (whereby people consume alcohol at home before going out either to save money or in some cases as they are not legal age to purchase alcohol).
- 3.4 These trends have been identified in national research and validated by local stakeholders during this assessment.
- 3.5 The health and well being effects of Flexible Alcohol Licensing Hours in Brighton and Hove are widespread and largely adverse and affect different stakeholders. In the next paragraphs we provide summaries of what was said in the consultation. We hear from
- residents;
 - businesses;
 - service providers; and
 - elected members.
- 3.6 These findings are reported in full in Appendix C on page 55. We then consider the implications for monitoring these effects and for managing the increased availability of alcohol.

Key issues

Public views

- 3.7 National legislation sought to change the drinking culture, the way in which people use alcohol, in England. This was implemented before investment had been made to change drinking culture by other means. The legislation has exacerbated the effects of the traditional drinking culture.
- 3.8 Increasing the hours during which alcohol is available and the ban on smoking in public places has combined to turn pubs and clubs 'inside out'. Smokers and drinkers congregate outside licensed premises. Residents who live next to licensed premises described how they are unable to open their windows because of tobacco smoke.



- 3.9 Instead of changing the drinking culture, the effect of the introduction of Flexible Alcohol Licensing Hours has been to extend the negative impacts of alcohol consumption into the early hours of the morning, in particular noise, antisocial behaviour and crime and disorder.
- 3.10 **Children and young people:** all stakeholders expressed concern about the vulnerability of children and young people to many of the various impacts of the introduction of Flexible Alcohol Licensing Hours. It was reported that a lack of investment in youth services means that many children and young people see alcohol as one of few available leisure opportunities. The absence of alcohol-free leisure opportunities for families exacerbates this situation.
- 3.11 **Residential areas with licensed premises:** for some residential areas, particularly in, or near, the city centre, residents described severe adverse impacts on their health and well-being as a result of extended licensing hours: noise and threatening, abusive and antisocial behaviour were highlighted as the main contributors to sleep interruption. Residents described loss of sleep, inability to sleep and sleep deprivation. This can have serious emotional, mental and physical consequences for exposed residents.
- 3.12 Residents stated that their main conflict is with licensees but they also expressed frustration with the council and the regulatory system.
- 3.13 Residents in the vicinity of licensed premises require support. They need to see action to address the disruption they describe. This will begin to alleviate the adverse effects on health and well-being they are experiencing.

Business

- 3.14 **Residential areas with licensed premises:** licensees do not feel that the licensing system rewards premises that are responsible, and owing to its nature residents are either intimidated when using the system to complain or make representations about individual premises or are deterred from doing so.
- 3.15 The availability of alcohol has increased through the following routes:
- extended opening hours, therefore alcohol is now available over a longer time period and into early hours of the morning;
 - increased competition among licensed premises, particularly as a result of increase in number of off-licences & supermarkets selling alcohol, which has made alcohol relatively cheap to obtain – price, promotions, etc.
- 3.16 **Licensees and their staff:** the introduction of Flexible Alcohol Licensing Hours has increased pressure on staff who run, manage and work in licensed premises, mainly as a result of competition from the off-licensed premises, reduced profit margins and changes in working practices from extended opening hours.
- 3.17 The main source of conflict was described as being with residents but there is the potential for conflict with the council, and the new regulatory system can cause stress.
- 3.18 The reduced profit margins and stress of maintaining the business' viability can have impacts on mental health, which in some cases have resulted in suicide.
- 3.19 Licensees and their employees are a group who require support.

Service providers

- 3.20 Residents & licensees highlighted the inconsistency of approach both strategically and operationally among the regulatory systems under the control of the local authority:
- licensing of premises for the sale of alcohol;
 - granting of planning permission for premises that sell alcohol; and
 - licensing of seating and tables on the public highway.
- 3.21 In some cases, this inconsistency of approach can exacerbate the negative effects of one or more of the systems. This presents difficulties for the management of effects and places increased demand on services and pressure on the staff delivering those services.



- 3.22 **Under-resourcing of services/capacity of services:** some services although having to respond to increased demand do not appear to have made adjustments to the planning and resourcing of those services to manage the changes in the pattern, location and intensity of negative impacts that have arisen as a result of the introduction of Flexible Alcohol Licensing Hours, whether for frontline services or for services dealing with longer term effects (e.g. alcohol treatment services).
- 3.23 **Dispersal of people who have been consuming alcohol:** a major difficulty with respect to the alleviation of the negative effects of the introduction of Flexible Alcohol Licensing Hours is the lack of some types of public transport, particularly rail services, in the early hours of the morning when most of the people who have consumed alcohol are leaving licensed premises. However, staff working on, and some users of, the public transport that is provided, e.g. late night bus and taxi services, can be vulnerable especially to violent assaults.
- 3.24 **Managing the impacts:** stakeholders were divided about the efficacy of the Cumulative Impact Area (CIA) and the Special Stress Areas (SSAs). Service providers felt that they served to exacerbate the problems, rather than address them, effectively establishing no-go areas and entrenching current social groupings. They also felt that their existence could contribute to a poor image and reputation for the city which might have implications for the local economy, which is heavily based on tourism.
- 3.25 By contrast, residents in communities not covered by either of these designations wanted to be included within such areas and thereby receive the benefits of "policing" and other approaches that the designated areas receive.
- 3.26 Whether a locality was included in a designated area could be a cause of conflict and resentment.

Elected members

- 3.27 Elected members identified several changes in drinking patterns and culture as outcomes of implementing the legislation:
- the consumption of alcohol over a longer period of time and into the early hours of the morning (sometimes as late as 6 a.m.) due to extended opening hours; and
 - increased availability of alcohol through price, particularly through the increase in the number of off-licensed premises, which has led to "frontloading", especially in young people and the displacement of alcohol consumption into public spaces, such as the street and open spaces (e.g. The Level).
- 3.28 Elected members identified a range of negative impacts on health and well-being particularly for residents who are experiencing sleep disturbance, anger and increased irritability as a result of repeated exposure to noise and antisocial behaviour into the early hours of the morning. This can lead not only to reduced family cohesion but also to reduced social cohesion within the community, with impacts on the amount of social contact and support that people receive. The impacts of the regulatory system, especially in relation to complaints about individual premises, were also highlighted as a source of intimidation, stress and anxiety for residents.
- 3.29 **Managing the impacts:** staff providing services involved in managing the effects of the introduction of Flexible Alcohol Licensing Hours can be exposed to threatening and abusive behaviour and are at increased risk of physical injury, which can be both intimidating and stressful.
- 3.30 **Children and young people:** elected members were particularly concerned about the effects of the introduction of flexible hours on children and young people, which has made the consumption of alcohol more visible (in both domestic and non-domestic settings, e.g. on the street outside licensed premises) and more widely available. In combination with the representation of alcohol in some sectors of the media, the consumption of alcohol may appear more attractive as a leisure pursuit. The effects of Flexible Alcohol Licensing Hours can result from children and young people being exposed to other people's consumption of alcohol or their own drinking behaviour, particularly in public spaces. However, elected members also highlighted the potential for the demonization of all young people as a result



of the drinking behaviour of some, which could lead to many young people feeling stigmatized and alienated from society.

- 3.31 **Residential areas with licensed premises:** the increase in competition among licensed premises, especially as a result of the increase in the number of off-licensed premises, can lead to the closure of public houses, particularly small local pubs or pubs on estates. This can have two effects: the loss of a social hub in a community, and the loss of business and jobs in the local economy, which eventually may affect the whole community adversely.
- 3.32 Finally, the increase in the number of off-licensed premises has reduced the diversity of the streetscape in some areas, and potentially access to food and other necessities for residential communities in those areas, particularly lower-income groups, older people and people with mobility problems (e.g. London Road).
- 3.33 **Beneficial effects:** elected members identified several positive impacts on health and well-being arising from the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove, including:
- changes in public house or “pub” culture, e.g. the provision of food, which can encourage responsible drinking and reduce drunkenness, the provision of entertainment, which can lead to the pub being a hub for the community attracting a wide range of customers, and an increase in the attractiveness of the environment, especially with the ban on smoking in public places, all of which will increase social contact and improve social cohesion and contribute to the cultural life of the city, with the potential to increase tourism in the local economy;
 - conditions on licensed premises, e.g. those requiring the premises of door supervisors, which can help to reduce antisocial behaviour and minor criminal offences;
 - the new regulatory system through which the local authority has control of complaints about licensed premises, which could provide a route for mediation rather than conflict; and
 - owing to the highly active night-time economy, increased level of passive surveillance on the streets late at night, which may increase people’s feelings of personal safety.

Developing an approach to monitoring health and well being effects

- 3.34 As part of our assessment work we reviewed local data to identify the extent to which routinely collected data about service provision includes information about alcohol consumption.
- Where knowledge of alcohol consumption is highly relevant to the delivery of the service, the recording of alcohol consumption is perceived to be more complete and of better quality: for example specialist health care treatments and hostels.
 - Conversely, where alcohol issues are held as being very much secondary to service provision, providers expressed less confidence in the quality of recording of alcohol issues if they were recorded at all: for example street cleaning and anti-vandalism.
- 3.35 The indicators we identify use data that is available locally and nationally. We look at comparator authorities. The comparator authorities are from the Office of National Statistics Local Authority Comparator areas (13) and from the Home Office’s Crime and Disorder Reduction Partnership (CDRP) families (14). It was agreed with the steering group that the ideal comparators would be common to both clusters. On this basis we used the following comparator areas:
- Bristol;
 - Southampton; and
 - Cheltenham.
- 3.36 Bristol and Southampton are in the same CDRP and the same ONS cluster group; Brighton and Hove, Bristol and Southampton are each classified as ‘regional centres’ (13). Cheltenham provides comparison with a local authority that is classified as ‘somewhat similar’ to Brighton and Hove (15). Cheltenham is not in the same CDRP family as Brighton and Hove.



- 3.37 The Licensing Committee has established a Cumulative Impact Area (CIA). Within this CIA the default position is refusal of additional licensing requests. Brighton and Hove City Council need to develop criteria against which applications are judged to ensure it works as intended and so that it can withstand legal challenge
- 3.38 Further work will be needed to develop the application process in support of those Public Health objectives. Other Local Authorities are giving consideration to this and it is suggested that links are established with other authorities seeking similar objectives.
- 3.39 Further consideration needs to be given to the development of rationale for saturation thresholds.
- 3.40 Closer working with Legal Advisors, Magistrates and with other authorities will clarify how the refusals of license applications can be upheld.
- 3.41 There are lessons from attempts to control the placement of fast food outlets. Council officers in Waltham Forest, London have developed a supplementary planning document that aims to address childhood obesity by placing limits on fast food outlets opening near schools, parks, leisure centres (16).

Conclusion and recommendations

- 3.42 Some of the issues highlighted in this assessment lie outside the control of the City Council and the PCTs. Lobbying of central Government is required to encourage change.
- 3.43 The regulatory system is constructed around the issue, the policing and the enforcement of licences for individual premises. This assessment shows that the impact of Flexible Alcohol Licensing Hours has had widespread adverse effects on health and well-being. In most cases it is difficult to use routine data to attribute these effects to individual licensed premises. The majority of impacts identified by stakeholders cannot be managed directly through the regulatory system. It is clear that the regulatory system provides an important role in protecting health and wellbeing and that it can and should be used proactively to prevent harm from occurring.
- 3.44 The findings from this study show the direct and indirect effects on people living and working in Brighton and Hove of the increased availability and consumption of alcohol. The findings from this HIA are clear that the direct and indirect effects of alcohol need to be monitored so that health, wellbeing and quality of life can be enhanced. Enhancing the monitoring will also allow the different effects on population groups to be followed.
- 3.45 The Public Health Management Plan (PHMP) suggests ways to address issues arising from the introduction of flexible alcohol licensing in Brighton and Hove. The PHMP is provided in full in Table 2 on page 15. The PHMP currently provides issues and action themes: a stakeholder, or group of stakeholders, is identified for each recommendation. The actions in this management plan are faithfully reproduced from the stakeholder consultation and the review of data and evidence. The actions cannot necessarily be addressed within current legislation or guidance. The steering group will refine this lengthy list with the Alcohol Strategy Group and the Licensing Committee. In Table 1 we show the stakeholders who are identified in the PHMP.
- 3.46 Routinely collected information can and should be used. Local data can and should be used to support the management of local services. This could be addressed in partnership with other local authorities:
 - other Local Authorities are considering, or are in the early stages of, developing CIA (or equivalents);
 - working with peer Authorities will provide comparators for indicators;
- 3.47 Indicators must be relevant to the four objectives of the Licensing Act 2003 (1). We suggest that the Licensing Committee, in partnership with the Director of Public Health, establishes explicit public health objectives for Brighton and Hove. These objectives will inform the refinement of the "starter pack" of indicators (Table 6). Enhancing the monitoring system will also require the following issues to be considered:
 - an organisation and a named officer should be responsible for progressing this work;



- analytical support will be required to collate data and present / publish the information; and
 - reporting arrangements.
- 3.48 We suggest that a panel is established to support development of the indicator set. This could include representation from key stakeholder groups covering the breadth of consultees engaged in our consultation work, including local residents. This will ensure that the indicators are supported and are considered to cover the wide spectrum of issues involved.
- 3.49 Routinely collected data may be inadequate for fully monitoring health and well being impacts. This presents the opportunity to consider local survey work using local resources. Training local residents as community researchers provides valued and valuable skills development opportunities for the community researchers and opportunities for community development and service improvement (17).



Table 1: Stakeholders named in the PHMP

1. BHCC
2. BHCC Licensing Committee
3. BHCC Licensing Committee and Trading Standards
4. BHCC Local Planning Authority
5. BHCC Local Planning Authority and Licensing Committee
6. BHCC Youth Services
7. BHCC, including Youth Services and Social Care
8. British Transport Police
9. Bus transport providers
10. Colleges and universities in Brighton & Hove
11. Community organisations and representatives
12. Elected members
13. Highways
14. Licensees
15. Licensees and staff at off-licensed premises
16. Licensing Department
17. Licensing Officers
18. Magistrates' Court
19. NHS Brighton and Hove
20. Noise Patrol
21. Parents & carers
22. Public sector
23. Public transport providers
24. Rail transport providers
25. Residents associations
26. Schools in Brighton & Hove
27. Sussex Police
28. Taxi transport providers
29. Tertiary education providers
30. Trading Standards
31. Transport providers
32. Voluntary Sector Organisations
33. Voluntary sector organisations with a focus on young people
34. Voluntary sector: service providers
35. Youth Services

This list is sorted in alphabetical order.

There is some intentional overlap between the categories of stakeholder.



Table 2: Public Health Management Plan

Issues	Action themes	Management actions*	Stakeholders
National Alcohol Harm Reduction Strategy	Lobbying national government	1. To lobby national government to increase the age of legality for alcohol consumption to 21 years	BHCC NHS Brighton and Hove
		2. To lobby national government to limit the availability of high-strength alcohol	BHCC NHS Brighton and Hove
		3. To lobby national government to increase the cost of alcohol	BHCC NHS Brighton and Hove
		4. To lobby national government to abolish promotions on alcohol, including low prices and offers such as "happy hours"	BHCC NHS Brighton and Hove
National Taxation Policy	Lobbying national government	5. To lobby national government to increase taxation on sales of containerised alcohol and sales of alcohol from off-licensed premises	BHCC NHS Brighton and Hove
		6. To lobby national government to increase the tax on alcoholic beverages, and to hypothecate the increase in revenue to fund services which have to manage the effects of alcohol consumption, i.e. police, health and social services	BHCC NHS Brighton and Hove
National Broadcasting Policy	Sporting events	7. To lobby national government to facilitate & enable more sports coverage on the BBC to avoid the development of licensed premises which provide sports coverage as entertainment and thereby expose people to the risk of irresponsible alcohol consumption	BHCC NHS Brighton and Hove
Local Planning System	Local Planning Policy	8. To control the impacts of the introduction of Flexible Alcohol Licensing Hours through the land use classifications/designations which are to be granted planning permission, and to use the test of "public amenity" to assess the burden that could be experienced by a residential community when planning permission is being considered for the types of premises that will require a licence to sell alcohol	BHCC Local Planning Authority
		9. To review Planning Policy with the aim of using the planning system to develop and maintain a balance between the establishment and extension of large chains of licensed premises and that of SMEs including small local public houses	BHCC Local Planning Authority
		10. To ensure that any change of use to an external area associated with licensed premises is subject to planning permission (e.g. waste storage area to beer garden)	BHCC Local Planning Authority
	Section 106 agreements	11. To consider using section 106 to fund the provision of community facilities that promote a family-friendly culture and provide alternatives to alcohol-based entertainment especially for young people	BHCC Local Planning Authority

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Issues	Action themes	Management actions*	Stakeholders
	Enforcement of planning permissions granted with respect to licensed premises	12. To enforce the land-use designations made in planning applications, i.e. challenging any change to implementation of land-use category A4 when the category A3 was applied for & granted planning permission	BHCC Local Planning Authority
Integrated policy and strategic approach at a local level	Integration of Licensing and Planning	13. To ensure that the Licensing and Planning Departments at BHCC work together	BHCC Local Planning Authority and Licensing Committee
		14. To integrate strategies for the licensing of sales of alcohol and planning	BHCC Local Planning Authority and Licensing Committee
		15. To integrate decision-making about licensing sales of alcohol and planning applications	BHCC Local Planning Authority and Licensing Committee
		16. To ensure planning permission is in place for premises before any application for a licence to sell alcohol is considered	BHCC Local Planning Authority and Licensing Committee
	Integration of Licensing and Highways	17. To coordinate the approach between the licensing of premises to sell alcohol and the licensing of chairs and tables outside licensed premises – the responsibility of Highways – such that any conditions placed on the licence to sell alcohol are not undermined by the licence granted by Highways	BHCC Licensing Committee Highways
		18. To review the impacts that the granting of licences for chairs and tables outside licensed premises has had on the existing conditions on the licences of premises selling alcohol	BHCC Licensing Committee Highways
	Integration of Licensing, Planning and Highways	19. To coordinate and integrate the way in which decisions are made to grant premises permission/licences with respect to planning, the sale of alcohol and the presence of tables and chairs on the highway outside premises such that the granting of one type of permission or licence does not have an adverse effect on or undermine the intended effects of another type of permission or licence	BHCC Local Planning Authority Licensing Committee Highways
Licensing of premises that sell alcohol	Licensing Policy	20. To introduce a policy of no extension to opening hours beyond 11pm (including Saturday nights) for licensed premises in residential areas, e.g. Westminster City council	BHCC Licensing Committee

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Issues	Action themes	Management actions*	Stakeholders
		21. To consider establishing a limit to the number of licensed premises in Brighton & Hove, having first established what limit is appropriate	BHCC Licensing Committee
		22. To provide appropriate and effective incentives to responsible licensed premises ² , e.g. reduce the annual cost of the licence fee, & provide support from police to reduce security costs	BHCC Licensing Committee
		23. To develop a system whereby the licensees and staff of responsible licensed premises can be praised/rewarded.	BHCC Licensing Committee
		24. To support applications for licensed premises that sell food in addition to alcohol	BHCC Licensing Committee
		25. To reduce the number of off-licensed premises, particularly retail units, licensed to sell alcohol	BHCC Licensing Committee
		26. To reduce the number of hours during which alcohol can be purchased	BHCC Licensing Committee
		27. To refuse 24-hour licenses to off-licensed premises	BHCC Licensing Committee
		28. To remove licences to sell alcohol from off-licensed premises that are late-night shops after 10pm	BHCC Licensing Committee
		29. To place the same conditions on off-licensed premises as on on-licensed premises	BHCC Licensing Committee
		30. To reduce the time taken to process minor variations to licenses for on-licensed premises	BHCC Licensing Committee
	Special Policy for Brighton & Hove	31. To extend the Cumulative Impact Area (CIA) to include all locations where there are residents in the vicinity of licensed premises	BHCC Licensing Committee
		32. To designate the London Road area as a Special Stress Area (SSA)	BHCC Licensing Committee
	Representations about licensed premises	33. To establish a mechanism whereby people are able to make representations about particular licensed premises anonymously (i.e. without their name & address being divulged to the licensee)	BHCC Licensing Committee
	Conditions on licensed premises	34. To ensure that the licensee and associated manager/other staff are able to enforce any conditions placed upon the licence for particular premises	BHCC Licensing Committee Licensees

² Criteria for responsible premises could include those that are well-ordered, and have a good record on challenging under-age drinking.

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Issues	Action themes	Management actions*	Stakeholders
	Appeals process	35. To review the appeals process for licences in the Magistrates' Court such that it does not favour any particular group of licensees (i.e. "big players")	BHCC Licensing Committee Magistrates' Court Licensees
	Capacity for enforcement of licensing conditions	36. To ensure that the capacity and resources for enforcement of licensing conditions matches the conditions placed on licences, and there is no need to rely on members of the public	BHCC Licensing Committee
	Enforcement of licensing conditions	37. To undertake regular inspections of licensed premises	BHCC Licensing Committee Licensing Officers
		38. To "police" all licensed premises where children and young people are able to obtain alcohol, e.g. supermarkets	Trading Standards Sussex Police BHCC Licensing Committee
		39. To increase enforcement of licensing conditions but not simply through prosecution	BHCC Licensing Committee
		40. To increase policing and enforcement of licensing conditions for on-licensed premises where customers are allowed to consume alcohol irresponsibly and then participate in crime & disorder	Sussex Police BHCC Licensing Committee
		41. To establish greater accountability for licensees whose business practices encourage irresponsible alcohol consumption	Sussex Police BHCC Licensing Committee
		42. To remove licences from licensed premises where there have been 3 infringements of licensing conditions (apply a "3 strikes & you're out" rule)	BHCC Licensing Committee
		43. To increase enforcement of under-age sales from licensed premises	Trading Standards Sussex Police BHCC Licensing Committee
		44. To consider applying a policy of zero tolerance to premises found to be selling alcohol to under-age young people	BHCC Licensing Committee
		45. To review the balance of test purchases made at on-licensed premises and at off-licensed premises to ensure there is even-handed regulation of both	BHCC Licensing Committee and Trading Standards

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Issues	Action themes	Management actions*	Stakeholders
		46. To ensure that staff at off-licensed premises do not sell alcohol to people who have a dependency on alcohol	BHCC Licensing Committee and Trading Standards
	Training for staff at licensed premises	47. To provide training to staff working at off-licensed premises	Licensing Department Licensees and staff at off-licensed premises
		48. To educate staff at off-licensed premises about the potential harms of selling alcohol to customers who have a dependency on alcohol	Licensing Department Licensees and staff at off-licensed premises NHS Brighton and Hove
		49. To increase the level of understanding of the responsibilities entailed in a licensee's Duty of Care	Licensing Department Licensees
	Licensing Reviews	50. To consider low-level impacts and noise levels as a result of alcohol consumption during licensing reviews	BHCC Licensing Committee
	Licensing Committee	51. To review the Constitution of the Licensing Committee To include residents on the Licensing Committee	BHCC Licensing Committee
	Awareness raising	52. To raise awareness and educate residents about the licensing process	BHCC Licensing Committee
	Specific information needs of residents	53. To develop a mechanism to address the specific information needs of residents about the introduction of Flexible Alcohol Licensing Hours, such as: Mechanism by which it is possible to reduce the number of hours during which licensed premises can sell alcohol; Mechanism by which it is possible to revoke a licence once granted; Grounds necessary for a licence to be revoked; Whether information is publicly available about the number and nature of complaints about particular licensed premises; Action taken when nuisance from noise/light pollution is reported; Which roads/areas fall within the CIA and SSAs.	BHCC Licensing Committee
Management of on-licensed premises	Management of activity outside licensed premises	54. To nominate a person/people responsible for drinking and smoking activity outside the licensed premises	Licensees
	Security	55. To increase the level of visible security outside licensed premises	Licensees
	Family-friendly	56. To provide deals for families on pub meals	Licensees

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Issues	Action themes	Management actions*	Stakeholders
	practices	57. To restrict the alcohol consumption of adults when visiting licensed premises in the company of children	Licensees
	Safety of young people	58. To develop socially responsible procedures to ensure that young people who are drunk can get home safely	Licensees Youth Services Transport providers Sussex Police
Offer at on-licensed premises	Strength of alcohol available	59. To provide alcohol products of lower strength	Licensees
	Non-alcohol-related offer	60. To provide milk bars/cafes in association with licensed premises to encourage visits by families	Licensees
		61. To provide non-alcohol alternatives for the duration of opening hours	Licensees
Voluntary code for licensees	Marketing strategies	62. To comply with the voluntary code for licensees and in particular with respect to price promotions and the provision of free alcohol	Licensees
Ban on smoking in public places	Combined effects of introduction of Flexible Alcohol Licensing Hours and ban on smoking	63. To review and consider a controlled relaxation of the ban on smoking in public places	BHCC Licensing Committee NHS Brighton and Hove
Service provision	Management of the night-time economy	64. To align the provision of key services, including enforcement, with the change in demand as a result of the introduction of Flexible Alcohol Licensing Hours and the 24-hour economy, in particular the night-time/early hours economy	BHCC NHS Brighton and Hove Sussex Police
		65. To review the funding for services involved in the management and control of the impacts associated with the introduction of Flexible Alcohol Licensing Hours	BHCC NHS Brighton and Hove Sussex Police
	Police services	66. To increase the policing of alcohol-related violence	Sussex Police
		67. To enforce the regulations on street drinking (where the police have powers to remove any alcohol being consumed)	Sussex Police
		68. To consider applying the principle of "zero tolerance" to the enforcement of regulations on street drinking	Sussex Police
		69. To work with the Noise Patrol with respect to complaints about noise or incidents generating a disturbance from noise and to consider the balance of appropriate deployment for the police especially in outlying areas of the city	Sussex Police Noise Patrol

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Issues	Action themes	Management actions*	Stakeholders
	Public transport	70. To review the network of public transport provision for the 24-hour economy, particularly during the night-time/early hours economy, and seek to address unmet transport needs	BHCC Public transport providers
		71. To invest in the rapid and effective dispersal of people who have vacated licensed premises, particularly by taxi and bus services	BHCC Public transport providers
		72. To consider reducing the length of some night bus routes to ensure greater frequency of services and therefore faster dispersal of people who have vacated licensed premises	BHCC Bus transport providers
		73. To provide conductors on late-night buses to help manage the behaviour of some users	BHCC Bus transport providers
		74. To consider providing free taxi services for short journeys and therefore faster dispersal of people who have vacated licensed premises	BHCC Taxi transport providers
		75. To explore the potential for extending rail services over a longer time period into the night to facilitate the dispersal of people who come to Brighton & Hove for the night-time economy	BHCC Rail transport providers
		76. To consider introducing initiatives such as the "train taxi" (in use in the Netherlands) and taxi-sharing	BHCC Taxi transport providers
	Control of dispersal after people have vacated licensed premises	77. To reinstate the taxi-marshalling system	BHCC Taxi transport providers
		78. To provide CCTV in taxis	BHCC Taxi transport providers
	Noise Patrol	79. To increase the hours of operation of the noise patrol	BHCC
		80. To extend the coverage of the Noise Patrol to include special promotion nights	BHCC
		81. To extend the powers of the Noise Patrol	BHCC
		82. To render anonymous any complaints about noise when the Noise Patrol is reporting the complaint to the premises which are the source of the noise	BHCC
	Waste management	83. To provide more litter bins in the station area to help reduce littering and environmental degradation in the area	BHCC
		84. For licensees, to provide bins outside licensed premises to reduce the amount of littering and environmental degradation by people smoking and drinking outside licensed premises	Licensees

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Issues	Action themes	Management actions*	Stakeholders
	Emergency Planning	85. To review emergency planning arrangements in view of the demands associated with a 24-hour economy, and in particular an active night-time/early morning economy	BHCC NHS Brighton and Hove Sussex Police British Transport Police
	Safe Space	86. To roll-out the concept of the Safe Space in West Street to the area around the railway station	BHCC;
	Alcohol-related Services	87. To increase investment in alcohol-related services, particularly health services and including counselling	BHCC NHS Brighton and Hove service providers in voluntary sector
		88. To invest in initiatives focussing on harm reduction from alcohol consumption and associated behaviours	BHCC NHS Brighton and Hove service providers in voluntary sector
		89. To invest in the management of hidden harms of alcohol treatment particularly for children and young people	BHCC, including Youth Services and Social Care NHS Brighton and Hove service providers in voluntary sector
		90. To produce leaflets detailing the alcohol-related services available and distribute them to off-licensed premises	BHCC NHS Brighton and Hove service providers in voluntary sector licensees of off-licensed premises
	Location of leisure opportunities	91. To provide leisure opportunities in parts of Brighton & Hove other than the city centre	BHCC
		92. To identify and implement initiatives to encourage students to stay on campus to a greater extent than at present	Tertiary education providers
	Non-alcohol-related leisure opportunities	93. To explore the potential to encourage a diversification of the night-time economy in Brighton & Hove and increase the amount and range of non-alcohol-related leisure activities available in the city, e.g. arts-based activities	BHCC
		94. To apply the learning from the White Knights event, which provided entertainment for families	BHCC

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Issues	Action themes	Management actions*	Stakeholders
		95. To repeat the White Knights event	BHCC
		96. To provide a greater number of socialising settings for young people, supervised by adults, that do not involve alcohol consumption	BHCC service providers in voluntary sector
		97. To provide a greater number and range of non-alcohol-related and safe leisure opportunities for children and young people in Brighton & Hove, e.g. a skate park	BHCC service providers in voluntary sector
	Youth Services	98. To increase investment in Youth Services in Brighton & Hove	BHCC
		99. For licensees, to provide funding to BHCC to support Youth Services	BHCC licensees
		100. To provide a network of dedicated facilities for young people across the city	BHCC voluntary sector organisations with a focus on young people
		101. To develop a service level agreement that provides increased funding for voluntary youth work	BHCC voluntary sector organisations with a focus on young people
Alcohol awareness and education	For general public	102. To provide education about responsible and irresponsible drinking culture (?) 103. To provide education about the effects on health of alcohol consumption, particularly in a community setting and especially for children and young people	NHS Brighton and Hove Youth Services voluntary sector organisations
	School setting	104. To update schools about changes in the pattern of alcohol consumption by children and young people, including the associated risks, so that teaching for PHSE is informed by the current situation in which young people find themselves	Schools in Brighton & Hove NHS Brighton and Hove Youth Services voluntary sector organisations

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Issues	Action themes	Management actions*	Stakeholders
		105. To provide education, especially during PHSE, about responsible alcohol consumption and the effects of alcohol consumption, including the changes in patterns of drinking behaviour and associated risks for children and young people	Schools in Brighton & Hove NHS Brighton and Hove Youth Services voluntary sector organisations
		106. To include hard-hitting messages about the effects of irresponsible drinking	Schools in Brighton & Hove
	Tertiary education setting	107. To develop educational initiatives to reduce the harm from alcohol consumption and associated behaviours in young people	Colleges and universities in Brighton & Hove
	For parents and carers	108. To provide guidance to parents and carers on safe levels of adult alcohol consumption when in a domestic setting and when on licensed premises	NHS Brighton and Hove parents & carers
		109. To provide information, guidance and practical advice to parents and carers about how to help their children learn to consume alcohol responsibly, including in a domestic setting	NHS Brighton and Hove parents & carers Youth Services
		110. For parents and carers, to provide guidance to their children on controlled or responsible alcohol consumption/drinking behaviour in the domestic setting	NHS Brighton and Hove parents & carers Youth Services
	At licensed premises	111. For licensees, to communicate to customers the health consequences of irresponsible and harmful/hazardous alcohol consumption	Licensees NHS Brighton and Hove
	Creating positive role models	112. To create positive role models of responsible alcohol consumption and drinking behaviour, especially for children and young people	BHCC Youth Services NHS Brighton and Hove voluntary sector organisations with a focus on young people schools in Brighton & Hove colleges & universities in Brighton & Hove
Impact identification and monitoring	Good-quality information for the management of the effects of introduction of	113. To identify the potential impacts of implementing the Licensing Act 2003, including changes in the patterns of alcohol consumption and the locations in which alcohol consumption takes place	BHCC NHS Brighton and Hove
		114. To investigate the hidden harms of alcohol consumption particularly in children and young people	NHS Brighton and Hove;

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Issues	Action themes	Management actions*	Stakeholders
	Flexible Alcohol Licensing Hours	115. To consult young people about the introduction of Flexible Alcohol Licensing Hours and the effects it has upon them, and the support they need to be able to cope with those effects	BHCC Youth Services NHS Brighton and Hove voluntary sector organisations with a focus on young people schools in Brighton & Hove colleges & universities in Brighton & Hove
		116. To identify the main dispersal routes of people vacating licensed premises	BHCC
		117. To identify areas along dispersal routes where street lighting is poor	BHCC
Provision of infrastructure	Street lighting	118. To increase the level of street lighting, especially in areas where it is poor and along the main dispersal routes for people vacating licensed premises	BHCC
	Street furniture	119. To increase the amount of street furniture, especially along the main dispersal routes of people vacating licensed premises	BHCC
Communication and understanding among stakeholders	Residents' concerns	120. To understand and consider the nature of residents' concerns about the effects of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove	BHCC
	Contact between licensees and residents	121. For licensees to provide a 24-hour telephone number on which it is possible for people to give information on potential infringements on the premises such as under-age drinking	Licensees Licensing Committee
	Communication with customers	122. For licensees, to communicate with customers about behaving responsibly, and with consideration to the surrounding residents, when outside or leaving licensed premises	Licensees
	Contact between schools and licensees	123. To improve communication between schools and the licensed trade: To encourage a shared responsibility towards the health and well-being of young people with respect to alcohol consumption/drinking behaviour; To improve the content of vocational course	Schools in Brighton & Hove NHS Brighton and Hove Youth Services Voluntary Sector Organisations
	Partnership working	124. For the public sector and licensees, to work in partnership to manage and address the impacts of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove	Public sector Licensees
		125. For the public sector, licensees and communities, to establish a compulsory partnership to address the effects of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove and to establish a mechanism by which funds can be raised by partners to finance initiatives/interventions to address impacts	Public sector Licensees Community organisations and representatives

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Issues	Action themes	Management actions*	Stakeholders
	Liaison with licensees	126. To liaise closely with the larger chains that manage licensed premises, especially as in some areas small local public houses have closed	Licensees Licensing Committee Sussex Police
	Mediation	127. To consider the potential for elected members to act as mediators between residents and licensed premises where noise and other nuisance/disturbance occurs late into the night/early morning	Licensing Committee Elected members Residents associations Licensees

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4. Stakeholder consultation – key findings

- 4.1 This section summarises the findings from the stakeholder engagement activities undertaken as part of this HIA. The full report of stakeholder engagement activities is included as Appendix C on page 55. These impacts may affect residents, tourists and visitors to Brighton & Hove, licensees, employers and employees at licensed premises, other types of businesses and residential communities and in some cases the wider population of Brighton & Hove. Vulnerable groups include:
- children;
 - young people;
 - women;
 - families;
 - people with mobility problems;
 - Black and Minority Ethnic (BME) groups;
 - lesbian, gay, bisexual and transgender (LGBT) community;
 - people with alcohol use problems;
 - street drinkers; and
 - staff in frontline public and voluntary sector services, e.g. police, Accident & Emergency, public transport operatives.

Concerns

- 4.2 Stakeholder groups consulted during the HIA expressed a large number of concerns. Some are shared between the various stakeholder groups; others are specific to particular stakeholder groups. Service providers expressed the largest number of concerns, closely followed by residents.
- 4.3 All groups – residents, licensees, service providers and elected members – expressed concerns about antisocial behaviour, particularly the increase in antisocial behaviour since the introduction of Flexible Alcohol Licensing Hours and the increase in the length of time over which such behaviour takes place. Service providers were concerned about the difficulties in managing alcohol-related antisocial behaviour.
- 4.4 Residents, licensees and service providers were concerned about noise, in particular the level of noise in residential areas and the length of time during which that noise is generated (which carries on into the early morning) since the introduction of Flexible Alcohol Licensing Hours.
- residents voiced concerns about the impacts on their health and well-being arising from loss of sleep, inability to sleep and sleep deprivation as a result of disturbances due to noise and/or antisocial behaviour; and
 - residents and service providers were particularly concerned about the adverse effects of such disturbances on vulnerable groups in the community such as children, older people and families.
- 4.5 The increased availability of alcohol (by various means, e.g. 24-hour availability, increased number of venues and outlets, promotions, low prices) was of particular concern to both service providers and residents, especially as it could lead to increased or excessive consumption and drunkenness.
- residents highlighted that increased availability could also lead to the consumption of alcohol in a wider range of settings (e.g. domestic); and
 - service providers were concerned that it resulted in greater ease of access for young people with the potential for increased under-age drinking and binge drinking.
- 4.6 Service providers and elected members highlighted a range of alcohol-related health impacts as a source of concern:
- hazardous drinking;
 - alcoholism;



- alcohol-related accidents and absenteeism; and
 - use of other substances.
- 4.7 Service providers and elected members were concerned about alcohol-related crime and disorder and the associated costs, not only in terms of demand for services but to society as a whole.
- 4.8 Service providers and residents expressed concerns alcohol-related vandalism, littering and environmental degradation.
- 4.9 Licensees and service providers had concerns about the effects of competition, especially reduced profits, among licensed premises including
- the lowering of standards;
 - closure of premises (loss of business/jobs); and
 - pressure to increase sales of alcohol (thereby increasing its availability).
- 4.10 Licensees, service providers and residents had concerns about the welfare of all staff involved in the sale of alcohol, especially since the introduction of Flexible Alcohol Licensing Hours.
- 4.11 Residents had a large number of concerns about the regulatory system for licensing and the policing and enforcement of licensing conditions since the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove, some of which were echoed by service providers.
- 4.12 Service providers had concerns about the pressure on resources and demand for certain public sector services since the introduction of Flexible Alcohol Licensing Hours
- enforcement agencies;
 - police and other emergency services;
 - health services; and
 - transport.
- 4.13 Finally, elected members and service providers expressed concerns that the legislation underpinning the introduction of flexible hours is incompatible with the drinking culture currently exhibited in England and may actually encourage the continuation of, or exacerbate, such a culture. Licensees and elected members were concerned that the combination of the ban on smoking in public places and the introduction of Flexible Alcohol Licensing Hours had had several unintended and unwanted effects.

Positive expectations

- 4.14 Far fewer positive expectations than concerns were expressed by all groups of stakeholders. Service providers expressed the greatest number of positive expectations, followed by residents.
- 4.15 Both residents and elected members welcomed the potential to increase the number of family-friendly outlets (e.g. cafes, bars, public houses) and the potential for more premises to sell food in addition to alcohol.
- 4.16 Service providers and elected members saw the potential for developing a more responsible drinking culture, reflecting a continental approach.
- 4.17 Licensees felt that Flexible Alcohol Licensing Hours provided an opportunity to enrich Brighton and Hove as a city principally through strengthening the economy, and thereby was a way of contributing to the city's success. Service providers had expectations around aspects of this issue, such as increased employment opportunities in the city.
- 4.18 Residents had a relatively large number of positive expectations in relation to the regulation, policing and enforcement of licensing conditions, and of an open and responsive approach on behalf of BHCC to resolving some of the impacts of the introduction of Flexible Alcohol Licensing Hours.
- 4.19 Service providers also expressed expectations that the introduction of Flexible Alcohol Licensing Hours would reduce binge drinking, antisocial behaviour and crime and disorder,



which in turn would reduce pressure on public sector services (especially police and other Emergency Services).

Barriers to success

- 4.20 A large number of barriers to the successful introduction of Flexible Alcohol Licensing Hours were identified: service providers identified the greatest number, followed by licensees. The majority of the barriers were identified by only one stakeholder group. Just over a fifth of barriers were identified by two stakeholder groups.
- 4.21 Licensees and elected members highlighted the lack of awareness and knowledge about the Licensing Act 2003. Licensees and service providers noted not only public perceptions but also the lack of supportive residents as further barriers.
- 4.22 Residents and elected members emphasised the intimidatory nature for residents of the regulatory system for the licensing of premises that sell alcohol. Indeed, the majority of barriers identified by residents were related either to regulatory systems or to the policing and enforcement of the licensing system. These are under the control of Brighton and Hove City Council. Stakeholders noted a lack of consistency across these systems. Licensees observed that one deficiency of the regulatory system was that it was not possible to regulate people's behaviour, especially in public areas, by using a mechanism through which conditions were placed on licences for individual premises.
- 4.23 Licensees and service providers mentioned difficulties associated with measuring and monitoring the impacts of Flexible Alcohol Licensing Hours: these included problems with definitions and a lack of data. Service providers also mentioned barriers relating to service provision, such as the cost of providing services to manage the problems, the lack of investment in some services, e.g. Youth Services and alcohol treatment services, and the lack of capacity for policing and enforcement of the introduction of Flexible Alcohol Licensing Hours.
- 4.24 Residents and service providers saw the dependence of the economy in Brighton & Hove on the trade of licensed premises as a barrier, as was the relatively low price of alcohol, a combination of competition among premises (both on- and off-licensed) and increased availability.
- 4.25 Licensees identified several issues relating to a change in working practices since the introduction of Flexible Alcohol Licensing Hours as barriers, which in turn contributed to another barrier, that of the cost to licensees of introducing the policy. With respect to the effects of the introduction of Flexible Alcohol Licensing Hours, they also highlighted the exacerbation of these effects by the ban on smoking in public places as a barrier and the lack of public transport to support the dispersal of customers between 12 midnight and 4 a.m.
- 4.26 Service providers viewed the CIA as a barrier locally, in that its effect was to highlight the problems associated with the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove rather than help to address them, but the lack of investment in cultural change by central Government prior to the introduction of the Licensing Act 2003 was a significant national barrier that had had local consequences.

Conflicts

- 4.27 Of the four main stakeholder groups, service providers identified the largest number of conflicts arising from the introduction of Flexible Alcohol Licensing Hours, followed by licensees.
- 4.28 All four stakeholder groups identified two major conflicts arising from the introduction of Flexible Alcohol Licensing Hours: that between residents and licensees over issues such as noise, disturbances and antisocial behaviour of customers, and that between the unintended consequences of the ban on smoking in public places and the unintended consequences of the introduction of Flexible Alcohol Licensing Hours.
- 4.29 Two conflicts identified by licensees, service providers and elected members referred to competition among businesses: that between on- and off-licensed premises (especially over the pricing of alcohol), and that among on-licensed premises. Service providers also



mentioned the competition between large chains of licensed premises and smaller businesses.

- 4.30 Licensees and service providers noted the competition between Brighton & Hove and other leisure destinations, especially other coastal cities and towns, for visitor/tourist income.
- 4.31 Residents and service providers highlighted the potential conflicts between the unintended consequences of the introduction of Flexible Alcohol Licensing Hours and some of the aims of the Cultural Strategy and the Tourism Strategy, although it was pointed out that the Cultural Strategy can be used as a reason for granting licences.
- 4.32 Licensees and service providers noted the conflict between the aims of public health policy and some of the effects of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove. Residents and licensees highlighted the disparities between the planning system and the regulatory system for licensing, and residents also drew attention to the disparities between the regulatory system for the licensing of premises that sell alcohol and the licensing system for tables and chairs on the public highway. Licensees and service providers mentioned the potential for conflict between licensees and the various regulatory authorities.
- 4.33 Service providers highlighted the potential for conflict due to the different approach taken in the cumulative impact area (CIA) and the special stress areas (SSAs) and that taken in other areas, especially for the residents in those areas. They also noted the likelihood of conflict between employers and employees on licensed premises, whereas licensees identified the potential for conflict between staff on licensed premises and customers, especially those who had consumed excessive amounts of alcohol either on or off the premises. Residents identified the conflicts over parking between residents in an area and customers visiting licensed premises in that area.
- 4.34 Finally, service providers remarked on the conflict between centrally driven policies and the effects of their implementation and regulation at a local level.



5. Monitoring

- 5.1 This section considers two approaches to monitoring the impacts of Flexible Alcohol Licensing Hours. The first approach responds to the request in the consultant's brief that consideration be given to monitoring progress against the following local impact parameters:
- reduce impact on acute hospital;
 - reduce public place violent crime;
 - reduce domestic violence; and
 - reduce alcohol related offending.
- 5.2 The second approach considers a developmental approach which could be followed by partners to address some of the shortcomings of the first approach.

Measuring progress against local impact parameters

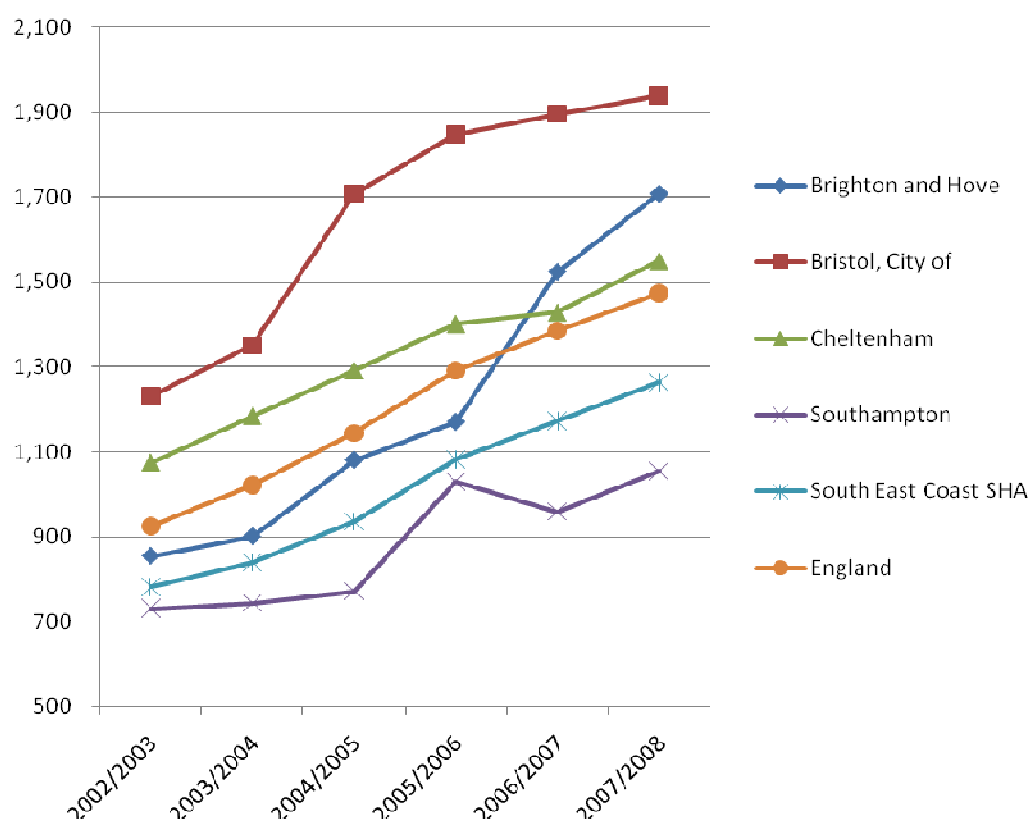
- 5.3 The indicators are a mix of local and nationally available data. Where possible we look at comparator authorities. The HIA Steering Group advised that comparators be taken from the Office of National Statistics Local Authority Comparator areas and the Home Office Crime and Disorder Reduction Partnership families. On this basis we used the following comparator areas:
- Bristol;
 - Cheltenham; and
 - Southampton.

Monitoring impact on acute hospital

- 5.4 Figure 2 shows that the rate of alcohol-related admissions for Brighton and Hove residents for 2007/08 is higher than that for England as a whole and for the South East Coast SHA. The rate is higher than the comparator areas of Cheltenham and Southampton, but lower than that for Bristol.
- 5.5 The general trend over the period shown in Figure 2 (from 2002/03 to 2007/08) is upwards with the England rate showing an average 10% yearly increase. The rate of alcohol-related admissions for Brighton and Hove residents increased markedly in the period following the introduction of the Licensing Act 2003 in November 2005; there was a 30% increase in the rate for Brighton between 2005/06 and 2006/07 compared with a 7% increase for England over the same period.



Figure 2: Rate of alcohol-related admissions per 100,000 population by Local Authority District



5.6 In the three year period 2004/05 to 2006/07, 100 Brighton and Hove residents under the age of 18 were admitted to hospital due to alcohol-specific conditions. The crude rate per 100,000 population for that period is similar to the England and Regional level. Rates for the comparator areas of Brighton and Hove, Bristol and Cheltenham are similar; the rate for Southampton is significantly higher than the other comparator areas (at the 95% confidence level) (Table 3).

Table 3: Hospital admissions due to alcohol-specific conditions for persons under 18 years

Local Authority	Hospital admissions due to alcohol-specific conditions for persons under 18 years*	Lower 95% CI	Upper 95% CI	Number of persons aged under 18y admitted with alcohol specific conditions
Brighton and Hove	72.0	58.6	87.6	100
Bristol	63.4	53.7	74.3	151
Cheltenham	61.5	44.5	82.8	43
Southampton	131.8	112.8	153.2	170
South East	62.1	60.0	64.2	3,350
England	72.5	71.6	73.5	23,991

* Crude rate per 100,000 under 18 population

Source: NWPHO Local Alcohol Profiles for England www.nwpho.net/alcohol/lape/pctProfile.aspx?req=q37 accessed 27th April 2009

5.7 The rates of alcohol related admissions in Table 3 do not include Accident and Emergency attendances. The Alcohol Needs Assessment for Brighton and Hove City PCT (May 2009 version) reports the trend for such attendances since January 2006. Local hospital

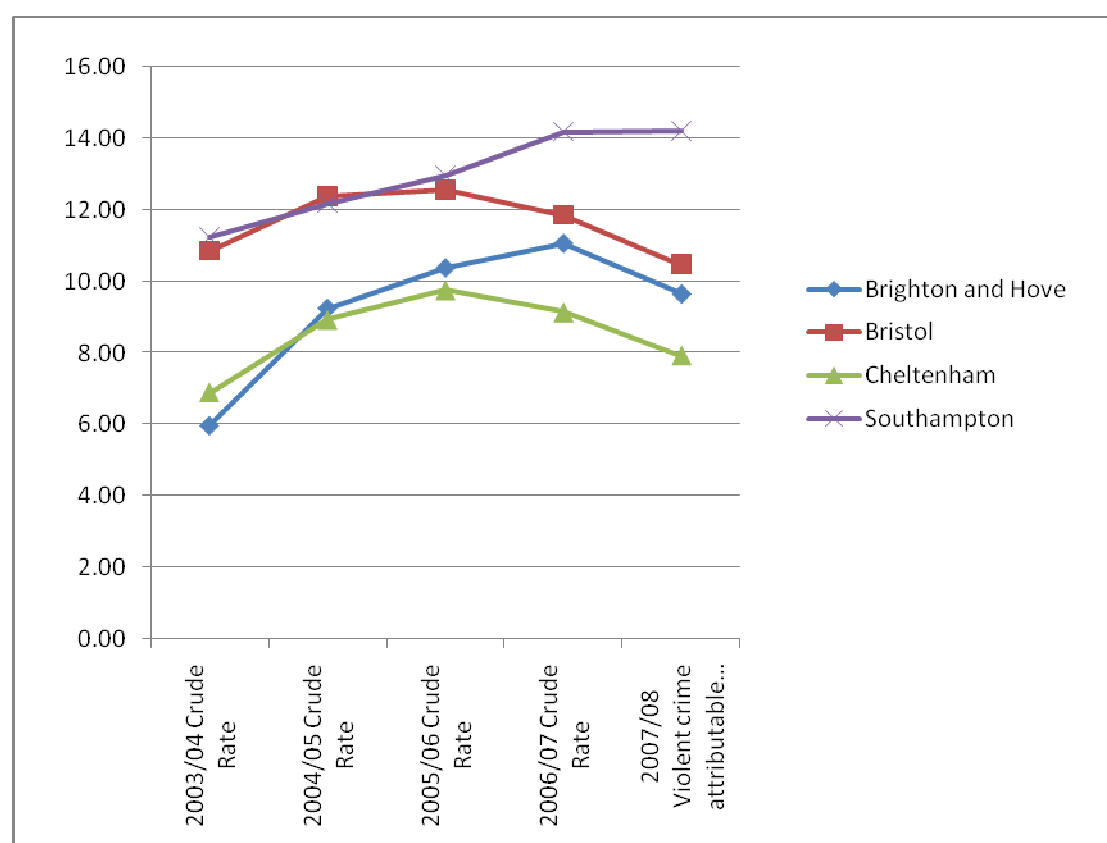


information systems did not record whether attendances were alcohol related prior to 2006 meaning we are unable ascertain a baseline for this important impact area.

Monitoring impact on public place violent crime

- 5.8 It is important to consider both measures of violent crime and indicators of the public's perception of levels of violent crime; both have the potential to impact on health and well being.
- 5.9 The Audit Commission reports Brighton as being in the 4th quartile of Local Authorities in 2005/06 for violent offences committed per 1000 population, i.e. the lowest or worst quartile.
- 5.10 More recent data published by the North West Public Health Observatory and based on Home Office recorded crime statistics shows the 2007/08 crude rate of violent crime attributable to alcohol per 1000 population for Brighton and Hove to be significantly higher than that for England and the South East region.
- 5.11 Trend data comparing the crude rate of violent crime attributable to alcohol per 1000 population for Brighton and Hove and the three comparator areas (Figure 3) shows a reduced rate in the latest period (2007/08) for Brighton and Hove, Bristol and Cheltenham. The rate for Southampton is the highest amongst the comparator areas.

Figure 3: Alcohol-related recorded crimes, crude rate per 1,000 population



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.

- 5.12 Local data provided by Sussex Police for Brighton and Hove (Table 4:) shows a sharp increase in all violent crimes committed under the influence of alcohol in 2006, the latest data for 2008 shows a fall back to 2005 levels.



Table 4: Violent crimes committed under the influence of alcohol in Brighton & Hove

Type	Year				
	2004	2005	2006	2007	2008
Robbery	64	51	63	57	135
Sexual Offences	79	77	77	71	100
Violence against the person					
105A Assault without injury	235	341	580	594	806
8G Actual bodily harm and other injury	1,419	1,455	1,391	916	1,088
9A Public fear, alarm or distress	163	602	1,057	595	312
Total violence against the person	2,219	2,868	3,558	2,563	2,668
All violent crimes committed under the influence of alcohol	2,362	2,996	3,698	2,691	2,903

Source: Sussex Police, July 2009 unpublished data

- 5.13 Public fear, alarm or distress in relation to violent crimes committed in Brighton and Hove under the influence of alcohol rose sharply between 2004 and 2006 from 163 to 1057. Since 2006 the level has declined to 312 in 2008.
- 5.14 Public perceptions of safety are recorded by the British Crime Survey. Figure 4 details the percentages of Brighton and Hove residents who say that they feel fairly safe or very safe outside. More residents feel fairly safe or very safe outside during the day than at night. At night, in 2005/06, 3 out of every 10 residents surveyed felt unsafe (not fairly or very safe) at being outside. Brighton and Hove is in the 2nd best national quartile for the percentage surveyed feeling fairly or very safe outside after dark (2005/6) and in the 1st quartile for the percentage surveyed feeling fairly or very safe outside during the day.
- 5.15 Public perception of safety is likely to lag behind – is informed by – the events and or reports that influence the perception.

Figure 4: Brighton residents' perceptions of safety

	Year			
	2003/4	2004/5	2005/6	2006/7
Residents surveyed who say that they feel fairly safe outside after dark (%)	70.4	72.6	71.7	Data not available
Ranking against national*	2 nd quartile	3 rd Quartile	2 nd Quartile	71
Residents surveyed who say that they feel fairly safe outside during the day (%)	97.3	Data not available	98.1	98.4
Ranking against national*	3 rd Quartile		1 st Quartile	1 st Quartile

* national ranking 1st quartile = 4

Source: Home Office, British Crime Survey

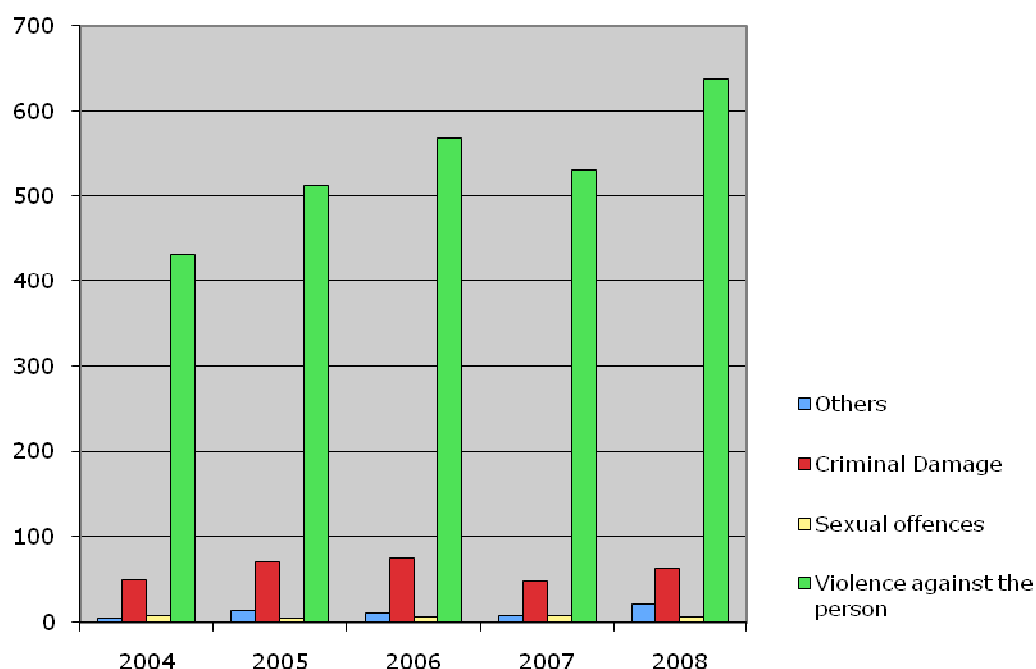
Taken from <http://www.areaprofiles.audit-commission.gov.uk>

Monitoring impact on domestic violence

- 5.16 Local crime data provided by Sussex Police identifies a range of offences recorded as domestic abuse. The two main types of offence recorded as domestic abuse are violence against the person and criminal damage.
- 5.17 Domestic abuse committed whilst under the influence of alcohol shows nearly a 50% increase over the five year period 2004 to 2008 (Figure 5).



Figure 5: Brighton and Hove domestic abuse crimes committed under the influence of alcohol

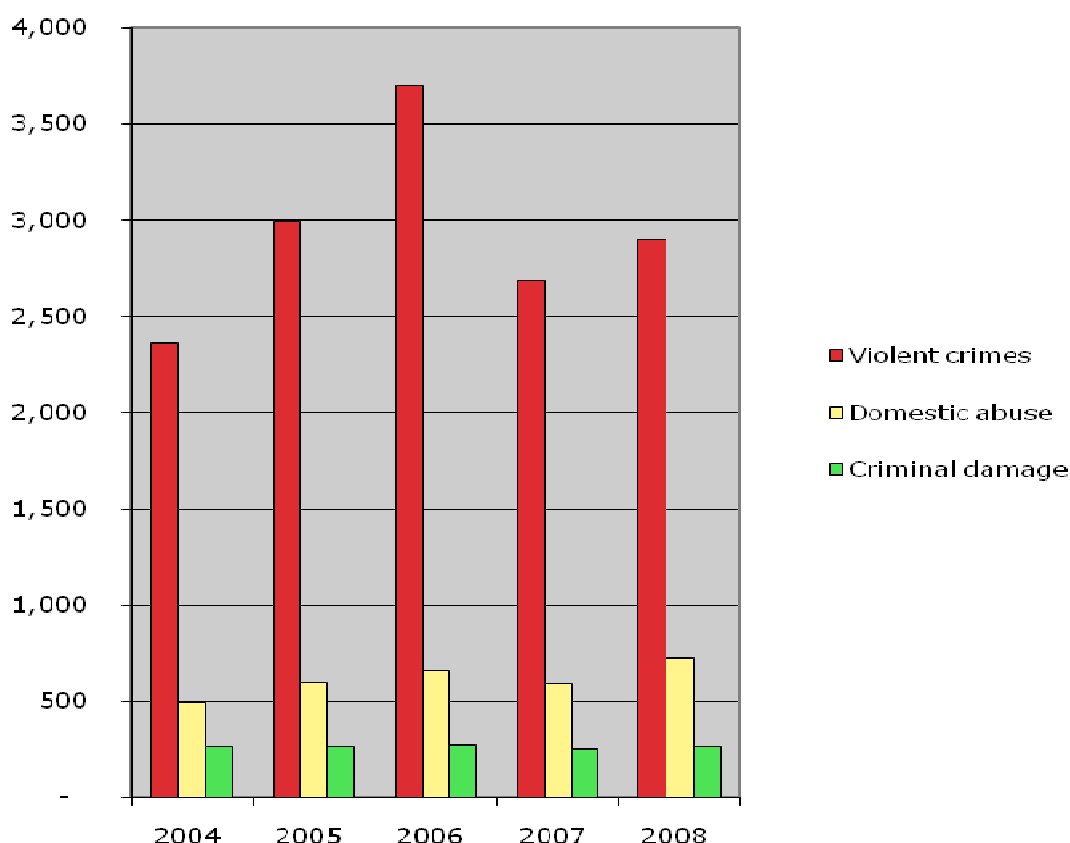


Monitoring impact on alcohol related offending

- 5.18 The 2007/08 crude rate of recorded crime attributable to alcohol per 1,000 population for Brighton and Hove is significantly higher than that for England and the South East region (18). There is no clear trend amongst the four comparator areas (Figure 3), though Brighton and Hove and Cheltenham consistently show lower rates than Bristol and Southampton.
- 5.19 Local crime data provided by Sussex Police shows violent crimes to be the major type of crime committed whilst under the influence of alcohol. Over the five year period – 2004 to 2008 – the overall level of crime under the influence of alcohol shows a sharp peak in 2006. The peak in that year related to high levels of violent crimes (Figure 6).



Figure 6: Local crimes under the influence of alcohol



5.20 Contravention of licensing requirements is an important aspect of alcohol related offending. The sale of alcoholic beverages to underage persons is a particular area of concern. Figure 7 shows a gradual decline in the percentage of failed test purchases from nearly 4 out of 10 in 2006/7 to 2.4 out of 10 in 2008/9. The increased number of test purchases conducted in 2008/9 is notable.

Figure 7: Licensing offences in Brighton and Hove

	Year		
	2006/7	2007/8	2008/9
Number of test purchases	198	124	873
Number failed	76	33	88
% failed	38.4%	26.6%	23.6%

Source: Brighton and Hove City Council Environmental Health, unpublished data.

Reflections on the indicators for measuring progress against the four prescribed impact parameters

5.21 We can see:

- alcohol-related hospital admissions are high and rising;
- alcohol-related recorded crime increased in the year after the introduction of Flexible Alcohol Licensing Hours and has decreased more recently; and
- Brighton and Hove alcohol-related recorded crime is lower than that in Bristol and Southampton but is higher than Cheltenham.

5.22 Much of the data presented above is routinely available. This has advantages in terms of the ease and low costs of obtaining data, and the potential for comparisons with other areas.



- 5.23 The local crime data provides a greater level of detail and greater potential for further analysis. It also is more time consuming to produce and analyse local data.
- 5.24 How should these indicators be interpreted? What story do they tell? What can we conclude about the impacts of flexible alcohol licensing from this information?
- 5.25 Using time trend data we may observe associations between indicators and a stimulus such as the introduction of Flexible Alcohol Licensing Hours. However, from limited analysis such as this it would be unwise to conclude that Flexible Alcohol Licensing Hours was the cause of the observation. For example, alcohol-related hospital admissions have been rising for a number of years prior to the introduction of Flexible Alcohol Licensing Hours.
- 5.26 Furthermore, these indicators consider a very limited set of parameters: the stakeholder engagement undertaken during this impact assessment identified a wide range of potential positive and adverse impacts of the introduction of flexible alcohol licensing in Brighton and Hove.
- 5.27 The following sections report on a review of local data to support monitoring across the breadth of impacts identified through our policy and literature review, and engagement activities. The review concludes with a range of suggestions for how the monitoring impacts might be progressed; we refer to this as a “developmental approach”.

A developmental approach to monitoring the impacts of Flexible Alcohol Licensing Hours in Brighton and Hove

- 5.28 We identified the potential impacts of Flexible Alcohol Licensing Hours in Brighton and Hove through literature review and discussion and engagement with local stakeholders. In addition to the evidence cited in the policy section of this report we reviewed publications that focus on data relating to the use and effects alcohol. Sources included an Association of Public Health Observatories report on alcohol (19), Local Alcohol Profiles for England (LAPE) (18), Alcohol Concern Night time economy factsheet, Local Alcohol Strategy Toolkit (20) and Home Office guidance for local partnerships on alcohol-related crime and disorder data.
- 5.29 There is significant potential overlap between this review work and the Alcohol Health Needs Assessment (HNA) work being undertaken in parallel by the PCT. We maintained close contact with the PCT about the HNA.

Conceptual framework

- 5.30 Figure 8 shows the conceptual framework used to support the data review work. Figure 8 presents potentially adverse impacts of alcohol. The diagram currently contains a mix of harm related elements and data representing alcohol related harm.



Figure 8: Alcohol related harms



Assessment of routinely available local data

5.31 Based on the framework in Figure 8 we established a long list of indicator topics and assessed what data is available locally to support production of these indicators. In the main telephone interviews were undertaken and contacts were questioned about local data. Key questions asked about local data included:

- source of data;
- geographic level of data – eg PCT / ward / Super Output Area / postcode;
- is a male/female split available;
- age breakdown; and
- how regularly produced / what period is data available for?

5.32 Table 5 summarises this review with local service providers: the information is provided by impact theme, possible indicators for monitoring and a narrative of the routinely collected local data.

Findings

5.33 This review identified potential indicators and made initial inquiries into the strengths and weaknesses of local data sources to support the monitoring of those indicators. In general, locally collected data is limited to, and is focussed on, the needs of central reporting purposes. This situation is similar to other local authorities and health service organisations. As a consequence the data rarely enables reliable monitoring of factors such as the impacts of changes in alcohol licensing.

5.34 We found that where knowledge of alcohol consumption is highly relevant to the delivery of services, the recording of alcohol consumption is perceived to be more complete and of better quality: for example in specialist health care treatments or hostels. Providers of services such as street cleaning and vandalism which see alcohol as secondary to the



services they provide tended to express less confidence in the quality of recording of alcohol issues.

- 5.35 In the following section we consider how a developmental approach to monitoring impacts might be progressed.



Table 5: Long list of indicator topics

Impact theme	Subtopic	Findings / assessment	Geography - internal to Brighton and Hove	Geography – external to Brighton and Hove
1 cultural	1.1 mono-culture (other entertainments cannot afford rates/rents)	Would need analysis of Licensed Premises certificates; possible to do but time consuming	Should be able to postcode	Check Annual Business Inquiry ONS / NOMIS
2 crime and disorder	2.1 drink driving offences	B&H data available through police	Postcode recorded by incident address	Crime comparator data available on Home Office Atlas; exploring publication of alcohol related crime
2 crime and disorder	2.2 licensing offences	B&H data available through police	Postcode recorded by incident address	Crime comparator data available on Home Office Atlas; exploring publication of alcohol related crime
2 crime and disorder	2.3 alcohol-related public disorder offences	B&H data available through police public order sections under 1983 Act	Postcode recorded by incident address	Crime comparator data available on Home Office Atlas; exploring publication of alcohol related crime
2 crime and disorder	2.4 alcohol-related violence	B&H data available through police	Postcode recorded by incident address	Crime comparator data available on Home Office Atlas; exploring publication of alcohol related crime
2 crime and disorder	2.5 fear of crime	Collected as part of annual community safety audit	LAT matrix reports provide local area intelligence	Local Area Agreement National Indicator list
2 crime and disorder	2.6 confiscation of alcohol from young adults	B&H data available through police	Postcode recorded by incident address	Crime comparator data available on Home Office Atlas; exploring publication of alcohol related crime
2 crime and disorder	2.7 alcohol-related anti-social behaviour	B&H data available through police	Postcode recorded by incident address	Crime comparator data available on Home Office Atlas; exploring publication of alcohol related crime
2 crime and disorder	2.8 alcohol-related vandalism	B&H data available through police	Postcode recorded by incident address	Crime comparator data available on Home Office Atlas; exploring publication of alcohol related crime



Impact theme	Subtopic	Findings / assessment	Geography - internal to Brighton and Hove	Geography – external to Brighton and Hove
3 education	3.1 fixed exclusions	Sarah Oxenbury: fixed and permanent exclusions from LA schools for children up to 16.	Reasons for exclusion are coded by school (single main reason). Drug and alcohol related category; though may not be seen by school as main reason - issues with completeness of data and can't breakdown category to alcohol	Available from: http://www.dcsf.gov.uk/rsgateway/nat-stats.shtml
3 education	3.2 attainment	Research findings indicate correlation but insufficient routine data to monitor	link to (family) alcohol use	
3 education	3.3 childhood development	Research findings indicate correlation but insufficient routine data to monitor	link to (family) alcohol use	
4 employment	4.1 alcohol-related sickness / absence	NWPHO published data came from DWP – not collected by local offices	Further investigation / follow up with DWP required	Published by NWPHO
4 employment	4.2 alcohol-related loss of employment	NWPHO published data came from DWP – not collected by local offices	Further investigation / follow up with DWP required	Published by NWPHO
4 employment	4.3 loss of income due to alcohol-related vandalism	Unable to locate national or local routine data on this		
5 environment	5.1 noise nuisance complaints	EH collected data – time trending should be possible	Concerns over completeness; complainant has to give name for official complaint	Recent move to new CIEH codes plus concerns over completeness of records
5 environment	5.2 fires where alcohol a factor		No meaningful local data collected	Needs further research
5 environment	5.3 street cleaning related to alcohol		Local "intelligence" but lack of data capture	Needs further research
5 environment	5.4 waste from licensed premises / in vicinity of		Local "intelligence" but lack of data capture	Needs further research
6 families	6.1 children in problem drinking households	No response from local key contact (3 attempts made)	Unable to ascertain	Needs further research
6 families	6.2 domestic violence	No response from local key contact (3 attempts made)	Unable to ascertain	Needs further research
6 families	6.3 drinking during pregnancy	No response from local key contact (3 attempts made)	Unable to ascertain	Needs further research



Impact theme	Subtopic	Findings / assessment	Geography - internal to Brighton and Hove	Geography – external to Brighton and Hove
6 families	6.4 children accessing child specific support - alcohol related	No response from local key contact (3 attempts made)	Unable to ascertain	Needs further research
6 families	6.5 parents / carers referred to treatment / support services	No response from local key contact (3 attempts made)	Unable to ascertain	Needs further research
7 health services	7.1 primary care	Data should be recorded by GPs; accessing this may be problematic	Post coded patient level data should be regularly collected	
7 health services	7.2 hospital admissions	Routinely collected by NHS and Foundation Trusts	Postcoded data should be available locally	NI39 available at Local Authority level from http://www.nwph.net/alcohol/lape/
7 health services	7.3 A&E attendances	Routinely collected by NHS and Foundation Trusts	Postcoded data should be available locally	Local Authority / PCT comparisons available http://www.nwph.net/alcohol/lape/
7 health services	7.4 ambulance callouts	Routinely collected by NHS and Foundation Trusts	Postcoded data should be available locally	Will need further investigation
8 housing	8.1 homeless/rough sleepers with alcohol problems	Contact now made with local service: local includes alcohol issues Local data collected, reporting / access needs to be explored		Will need further investigation
8 housing	8.2 housed tenants with alcohol problems			Will need further investigation
8 housing	8.3 tenancies lost where alcohol is a factor			Will need further investigation
9 individual health and well being	9.1 lifestyle - alcohol consumption		Local Health Counts Survey every 10 years	Local Authority / PCT comparisons available http://www.nwph.net/alcohol/lape/
9 individual health and well being	9.2 stress and mental well being (as result of environmental problems)	Will need further investigation		
9 individual health and well being	9.3 alcohol-related mortality	Routinely available information	Postcode level data held by PCT	Local Authority / PCT comparisons available http://www.nwph.net/alcohol/lape/



Impact theme	Subtopic	Findings / assessment	Geography - internal to Brighton and Hove	Geography – external to Brighton and Hove
9 individual health and well being	9.4 risk-taking sexual activity	Local Authority / PCT comparisons available (http://www.nwph.net/alcohol/lape/)		
9 individual health and well being	9.5 risk of accidents	Will need further investigation	Will need further investigation	Local Authority / PCT comparisons available http://www.nwph.net/alcohol/lape/
9 individual health and well being	9.6 road traffic accidents		Available from local Police data	Local Authority / PCT comparisons available http://www.nwph.net/alcohol/lape/



Considerations for next steps towards monitoring the health and well being impacts of Flexible Alcohol Licensing Hours

- 5.36 Table 5 on page 40 identifies a number of issues regarding the locally available data. These should be considered as caveats when using information rather than reasons for not developing the use of that data.

Developing a baseline

- 5.37 In this section we report initial suggestions for such a set of indicators. We also raise a range of issues which we recommend be addressed before additional work is undertaken to develop a baseline and begin monitoring using such indicators.

Links with other local activities

- 5.38 There are many requirements placed on the City Council and PCT to monitor performance. Where possible, re-use of already published data is preferable.
- 5.39 The National Indicator set available for Local Strategic Partnerships provides one example of a source of information from which re-use of data may be possible. PCT activities such as local lifestyle surveys and Health Needs Assessment (HNA) work are other examples.
- 5.40 Detailed investigation of such links has not been possible as part of this assessment; we recommend that these potential links are reviewed as part of the next steps in developing the indicator set.

Developing the local management culture

- 5.41 Our review work of local data involved interviews with a mix of service managers and 'data custodians'.
- 5.42 Our interviews have suggested that there is scope for developing the role of data in the management of local services.
- 5.43 In common with many other local services we have worked with, national data requirements for central monitoring have become the focus of local data collection. We suggest that these central requirements should be seen as a minimum requirement and consideration be given to what data is required locally to inform management of services.
- 5.44 Our review found a number of instances in which local managers were unable to recall having seen reports based on the data. Data custodians also were unaware of regular or ad hoc reporting of information.
- 5.45 We suggest that there is scope for local exploitation of routinely collected information. Whilst we emphasise the use of local data to support management of local services, we anticipate this is a development need shared with other local authorities and as such could be addressed collaboratively.

An objectives based approach

- 5.46 Indicators for monitoring are typically developed in the context of stated objectives. The Licensing Act 2003 has four stated objectives:
- to prevent crime and disorder;
 - to prevent public nuisance;
 - to protect children from harm; and
 - public safety.
- 5.47 Whilst the national Act is explicit that the Licensing Act 2003 cannot be used for Public Health objectives, Brighton and Hove City Council is not alone in wishing to see this changed at review. We suggest Brighton and Hove collaborate with others, nationally, regionally and at local levels to lobby for this change in the Act.
- 5.48 Given the commitment of local partners in Brighton and Hove to Public Health aims, it will be instructive for the City Council to consider what Public Health objectives it might wish to



adopt in due course as / when the Licensing Act is amended. In Table 6 we suggest possible indicators for monitoring. These are presented by theme / objectives of the Licensing Act 2003. Indicators are suggested on the basis of a combination of considerations:

- addressing stakeholder issues identified during our engagement activities (reported in section 5);
- creating a balanced portfolio of process and outcomes;
- the of availability of data; and
- scale of the health and well being impacts.

5.49 The "starter pack" of indicators will need refinement and development. The following issues will need to be considered:

- an organisation and a named officer should be responsible for progressing this work;
- analytical support will be required to collate data and present / publish the information; and
- reporting arrangements will need to be agreed.

5.50 We suggest that a panel is established to support development of the indicator set. This could include representation from key stakeholder groups covering the breadth of consultees engaged in our consultation work, including local residents.. This will ensure that the indicators are supported and are considered to cover the wide spectrum of issues involved.

Developing the indicator set

5.51 During this review work a number of issues have arisen which provide useful 'pointers' or considerations for developing an indicator set for monitoring the health and well being impacts of flexible alcohol licensing. These are discussed in the following points.

5.52 As introduced above, the Licensing Act 2003 provides four objectives for which monitoring indicators can be considered. The local aspiration to consider Public Health impacts is welcomed; we suggest the Licensing Committee in partnership with the DPH, establish an explicit local objective. Health and well being indicators to support that objective can then be identified. We anticipate many of these will have been considered in the local Alcohol HNA work.

5.53 Discussions within the impact assessment team and with key officers in the City Council suggest that developing criteria against which applications are judged is an important next step which the indicator development work can inform.

5.54 There is an important legal aspect to supporting Licensing Committee decisions. We are not in a position to advise on legal aspects but recognise the importance of a detailed understanding of the law to enable Committee decisions to withstand legal challenge.

5.55 We recommend that the City Council develops its approach to monitoring in collaboration with other local authorities. The rationale for this is as follows:

- other Local Authorities are considering or are in the early stages of developing CIA (or equivalents);
- working with peer authorities will provide comparators for indicators;

5.56 Crime & Disorder Reduction Partnership (CDRP) Families have been established by the Home Office to facilitate comparisons. Each CDRP is joined by its 14 most similar CDRPs (based on criteria defined by the Home Office) to form a family group consisting of 15 CDRPs. Brighton and Hove CDRP family includes neighbouring South Coast cities of Portsmouth and Southampton.

5.57 Routinely collected data may be inadequate for fully monitoring health and well being impacts. This presents the opportunity to consider local survey work using local resources; there are examples of residents being trained as community researchers to survey their local population. This provides valued and valuable skills development opportunities for the community researchers and an important community development opportunity.



Table 6: Indicator 'starter pack' for monitoring the impacts of Flexible Alcohol Licensing Hours

Theme / Objective	Commentary / notes	Suggested indicators
To prevent crime and disorder	Crime and disorder data is collected by the Police. This is a relatively well developed local data area. Local data will support area based and time trend analysis. Home Office publications enable comparison with other Local Authorities.	1.1 Social disorder incidents where alcohol is a recorded factor (by youth and non-youth) by location and time of day 1.2 Street nuisance incidents 1.3 Analysis of police (LAT) matrix questionnaires 1.4 Number of licensing offences 1.5 Level of ASBOs <i>Note: the spread of incidents over a longer time period is an improved scenario for Police but not for local residents.</i>
To prevent public nuisance	There is an interaction between the Licensing Act and the smoking ban. Concerns have been raised regarding the interpretation of local noise complaints data. Residents are uncomfortable with the process and so an improved process may initially lead to an rise in number of complaints.	2.1 Number of noise nuisance complaints by location and time of day 2.2 Proportion of noise nuisance complaints resolved 2.3 Levels of street cleansing call outs 2.4 Level of conditions placed on licensees 2.5 Number of enforcement visits per 100 licensees 2.6 Ratio of conditions: enforcement visits 2.7 Number of homeless with alcohol problems 2.8 Numbers of tenants with alcohol related support needs
To protect children from harm		3.1 Number of children on child protection register in problem drinking households 3.2 Rate of fixed term school exclusions where drugs / alcohol a factor 3.3 Rate of permanent school exclusions where drugs / alcohol a factor 3.4 Rate of young people accessing specialist alcohol treatment services 3.5 Number of test purchases carried out 3.6 Failed tested purchases as proportion of tests 3.7 Ratio of failed test purchases: premise reviews



Theme / Objective	Commentary / notes	Suggested indicators
Public Safety	There is a link with Health and Safety legislation	4.1 Fear of alcohol related violence and disorder 4.2 Analysis of police (LAT) matrix questionnaires 4.3 Number and rate of employee accidents in licensed premises 4.4 Levels of employee and DPS training sessions attended 4.5 Number (percentage) of motorists failing breath test
Public Health	This theme contains a range of health and well being related indicators. There will almost certainly be overlap between these and Alcohol HNA monitoring data	5.1 Levels of ambulance call outs for alcohol related assaults 5.2 A&E attendances for alcohol related injury 5.3 Alcohol consumption levels by age and sex 5.4 Alcohol related sickness / absence from work 5.5 Mix of licensed premise types (are local community pubs declining? Is there an increased in the number of family friendly licensed premises)



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Appendix A: Methodology

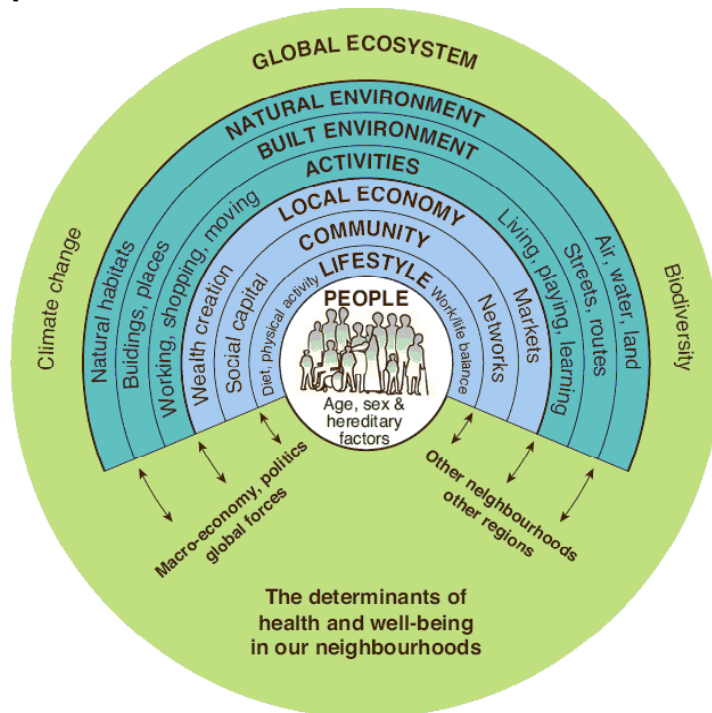
7.1 HIA is based upon a socio-ecological model of health. The HIA framework moves beyond analysing healthcare services, which help people when they are ill, to assessing the effects of development upon major health 'assets', which help people stay healthy (21).

7.2 Health Impact Assessment (HIA) may be defined as (21)

... a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, programme or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.

7.3 HIA is guided by the World Health Organization (WHO) definition of health as not just the absence of sickness but the attainment of a complete state of mental and physical well being. Thus, the emphasis is upon factors that make people healthy and prevent them from becoming sick (health assets) rather than on those that help them once they are ill (healthcare). This socio-ecological model is based on individuals and society as co-producers of health (see Figure 9).

Figure 9: Health map of the human habitat



See Barton and Grant (22)

7.4 The outline proposal for the assessment identified four key stages as:

- First stage: project start up;
- Second stage: Literature review - scoping and review of key documents and evidence;
- Third stage: Stakeholder consultation; and
- Fourth stage: Appraisal and analysis and preparation and presentation of final report.

7.5 Key outputs for each stage were identified and agreed at an inception meeting (14th July 2008). The outputs are included as Appendix A to this report.



- 7.6 This is the final report of the assessment work, building on the report of the second stage (September 2008) and the interim report to the April 2009 Brighton and Hove Licensing Committee.

HIA Steering Group

- 7.7 The HIA has been supported by a multi disciplinary Steering Group and a HIA Management Team comprised of key PCT and City Council Officers.
- 7.8 The Steering Group have provided quality assurance input to this final report. A face to face meeting has been held with the HIA Management Team (May 2009) to discuss key findings and recommendations.
- 7.9 A briefing for the Brighton and Hove Council press team has been prepared (Tim Nichols, see Appendix A on page 52) and the press team advised of the need to consider a communications strategy around this agenda.

Stakeholder consultation

- 7.10 A series of six interactive consultation events was undertaken as part of the health impact assessment (HIA) of the introduction of Flexible Alcohol Licensing Hours in Brighton and Hove commissioned by Brighton and Hove City Teaching Primary Care Trust (PCT) and managed by Licensing in BHCC.
- 7.11 Four main groups of stakeholders were agreed with the Steering Group and consulted with:
- General public, including residents associations/networks;
 - Licensees and other business interests and associations;
 - Service providers including Public sector staff on "frontline" – ambulance, A&E, police & fire & rescue, including dedicated team for West Street and Drug and Alcohol Action Team & their extended networks, e.g. Community Safety Partnership, Crime & Disorder Reduction Partnership, Magistrates Court, and Services for Children and Young People;
 - Elected members.
- 7.12 Apart from service providers, who were consulted using a workshop format, stakeholders were consulted using focus groups (two for residents, two for licensees and their staff, and one for elected members of BHCC).
- 7.13 All stakeholders were asked the following questions.
- What are your concerns about the introduction of Flexible Alcohol Licensing Hours in Brighton and Hove?
 - What are your positive expectations about the introduction of Flexible Alcohol Licensing Hours in Brighton and Hove?
 - What do think are the impacts on health and well-being (positive and negative) of the introduction of Flexible Alcohol Licensing Hours in Brighton and Hove?
 - What can be done to address the impacts of the introduction of Flexible Alcohol Licensing Hours in Brighton and Hove?

Data and monitoring

- 7.14 Based on the framework in Figure 8 we established a long list of indicator topics and assessed what data is available locally to support production of these indicators. In the main telephone interviews were undertaken and contacts were questioned about local data. Key questions asked about local data included:
- source of data;
 - geographic level of data – *eg* PCT / ward / Super Output Area / postcode;
 - is a male/female split available;
 - age breakdown; and
 - how regularly produced / what period is data available for?



- 7.15 Table 5 summarises this review with local service providers: the information is provided by impact theme, possible indicators for monitoring and a narrative of the routinely collected local data.
- 7.16 We consider two approaches to monitoring the impacts of Flexible Alcohol Licensing Hours. The first approach responds to the request in the consultant's brief that consideration be given to monitoring progress against the following local impact parameters:
- reduce impact on acute hospital;
 - reduce public place violent crime;
 - reduce domestic violence; and
 - reduce alcohol related offending.
- 7.17 The second approach considers a developmental approach to be followed by partners to address shortcomings of the first approach.
- 7.18 The indicators are a mix of local and nationally available data. Where possible we look at comparator authorities. The HIA Steering Group advised that comparators be taken from the Office of National Statistics Local Authority Comparator areas and the Home Office Crime and Disorder Reduction Partnership families. On this basis we used the following comparator areas:
- Bristol;
 - Cheltenham; and
 - Southampton.



Appendix B: Detailed analysis of stakeholder consultation

- 7.19 In this appendix we look at the impacts that people identified in the consultation events. We show the findings in tables: for each theme we show whether the identified impact is positive or adverse, shorter or longer term, and who is affected.
- 7.20 One of the main outcomes of the introduction of Flexible Alcohol Licensing Hours has been the increase in the availability of alcohol through several routes including extended opening hours at licensed premises, an increase in the number and range of off-licensed outlets and increased competition among different types of licensed premises leading to lower prices. This has had a range of effects and subsequent impacts on health and well-being.
- 7.21 Suggestions to enhance any positive effects and to minimize adverse effects are in the Public Health Management Plan in Table 2 on page 15.

Impacts identified by residents

- 7.22 The negative impacts of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove on the health and well-being of residents are shown in Table 7. The inter-relationship of these effects is shown in Figure 12 on page 72.
- 7.23 Major negative impacts on the health and well-being of residents are related to sleep disturbance, loss of sleep and sleep deprivation, as a result of exposure to noise, especially during the early hours of the morning. The effects of sleep loss can be serious, with implications for not only the home life (e.g. irritability, lack of patience, anger, frustration, increased risk of accidents) but also the working life of the residents affected (poor performance at work). These impacts on mental health can lead to stress, anxiety and depression.
- 7.24 Another group of negative impacts on the health and well-being of residents are the feelings of fear, intimidation and lack of safety as a result of exposure to antisocial, threatening and abusive behaviour, vandalism and crime and disorder. All of which have a considerable effect on the emotional, mental and physical quality of life of residents, but in particular on families with children and older people, including increased social isolation and reduced social contact and support. It may also affect levels of exercise and physical activity taken, particularly in open spaces frequented by street drinkers and especially for women, children and people with mobility problems.
- 7.25 The combined effects of noise and antisocial behaviour on residents can also lead to reduced social cohesion in residential communities.
- 7.26 Residents also described how the negative impacts of the introduction of Flexible Alcohol Licensing Hours had been exacerbated by the introduction of a ban on smoking in public places and the licensing of seating and tables by Highways, both of which encourage the congregation of smokers and drinkers outside licensed premises.
- 7.27 In addition to the negative impacts on health and well-being of the introduction of Flexible Alcohol Licensing Hours, residents also identified negative impacts on their health and well-being as a result of the new regulatory system for licensing premises for the sale of alcohol. The main difficulty is the lack of anonymity when residents wish to make representations or complaints about individual premises. This can lead to a difficult relationship with the landlord or premises owner, which has sometimes resulted in the intimidation of the residents involved by the premises owner, landlord or their associates.
- 7.28 The intimidation of residents can result in fear and depression, and a feeling of powerlessness, especially with respect to the regulatory system. Fear may also lead to under-reporting of nuisance and/or infringements of licensing conditions which will present regulators with a distorted view of situation/conditions for residents. Overall, there can be a feeling that justice is not done which leads to resentment and disempowerment.
- 7.29 Finally, residents also mentioned the negative impacts on the health of people consuming alcohol to excess, especially for under-age drinkers.



Table 7: Negative impacts on health and well-being - identified by residents

Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Extended opening hours for licensed premises	<i>Availability of alcohol over longer time period</i> Increased: consumption of alcohol; levels of drunkenness; binge drinking; antisocial behaviour into early hours of morning; noise into early hours of morning; vandalism to private and public property; environmental degradation (litter, vomit, urine); crime and disorder, including violence.	Sleep disturbance Sleep loss Inability to sleep Sleep deprivation Increased irritability Lack of patience Anger Frustration Intimidation Fear of crime Fear of antisocial behaviour Reduced feelings of personal safety Increased social isolation Decreased social cohesion Stress and anxiety Depression Poor performance at work Increased risk of accidents	Residents Residential communities <u><i>Vulnerable groups:</i></u> Families; Children; Older people, especially those already socially isolated
Increased number and range of outlets selling alcohol	<i>Increased availability of alcohol through price</i> Increased competition among licensed premises leading to pressure on licensed premises: to reduce price of alcohol; to offer promotions on alcohol; to stay open longer (<i>see above for impacts</i>); to offer entertainment (potential source of noise – <i>see above for impacts</i>). Alcohol consumption in public spaces by street drinkers and under-age drinkers	Intimidation Fear of crime Fear of antisocial behaviour Reduced feelings of personal safety Increased social isolation Reduced social contact Reduced levels of social support Reduced levels of physical activity and/or exercise	Residents <u><i>Vulnerable groups:</i></u> Women Older people Children Young people Families People with mobility problems
Combination of introduction of Flexible Alcohol Licensing Hours, licensing of seating/tables on highways and ban on smoking in public places	Infringement of licensing conditions Congregation of smokers and drinkers outside licensed premises Exacerbation of noise levels Obstruction to pavements and highways	Intimidation Fear of antisocial behaviour Reduced feelings of personal safety Increased social isolation Reduced social contact Reduced levels of social support Reduced levels of physical activity and/or exercise Increased risk of accidents	Residents Residential communities <u><i>Vulnerable groups:</i></u> Families; Children; Older people, especially those already socially isolated People with mobility problems



Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
New regulatory system for the licensing of premises to sell alcohol	Lack of anonymity for residents who wish to make representations or a complaint about individual premises Under-reporting by residents of infringements of licensing conditions Failure to make representations	Intimidation Stress & anxiety Exposure to abusive or threatening behaviour Fear Depression Powerlessness Resentment Disempowerment	Residents

- 7.30 Residents identified very few positive impacts on health and well-being as a result of the introduction of Flexible Alcohol Licensing Hours, and the positive impacts they identified were associated with the increase in the number of licensed premises that sell food, which they felt could encourage the consumption of food with alcohol and may ameliorate the effect of alcohol consumption.

Impacts identified by licensees

- 7.31 The negative impacts on health and well-being from the introduction of Flexible Alcohol Licensing Hours as identified by licensees are shown in Table 8.
- 7.32 One of the main outcomes of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove identified by licensees has been a change in drinking behaviour and culture, resulting from the longer time period over which people are able to drink and the increased availability of alcohol through price, which has led to "frontloading" (the consumption of alcohol at home or in other private settings before going out to drink later). The main effect of these changes is to displace and extend the negative effects of drunkenness into the early hours of the morning, which has implications not only for residents but also for service providers in the public sector including the police and transport operatives. It is also possible that the negative impacts of drunkenness will affect tourists and visitors and, if they cease to visit Brighton & Hove, the city's economy.
- 7.33 In addition, the increased availability of alcohol through an increased number and greater range of outlets has led to the consumption and increased consumption of alcohol in different settings, such as the domestic setting or in public spaces. Consumption of alcohol in a domestic setting may have "hidden" effects such as an increase in domestic violence, reduced family cohesion and a breakdown in family structure. By comparison the consumption of alcohol in public places exacerbates other outcomes of the introduction of Flexible Alcohol Licensing Hours, e.g. increased antisocial behaviour.
- 7.34 Licensees also identified the impacts of the introduction of Flexible Alcohol Licensing Hours on people working at licensed premises, most of which resulted in stress including the increasing amount of legislation and regulation, the changes in working patterns associated with extended licensing hours and the conflict with residents and the local authority as regulatory agency.
- 7.35 Furthermore, licensees highlighted the stress from trying to maintain the viability of their businesses, including the cost of compliance, increased overheads (from longer opening hours) and reduced profits (as a result of competition from a greater number of outlets including off-licences and particularly supermarkets). This stress can be so great some licensees have committed suicide.
- 7.36 Finally, licensees identified the stress of becoming a social pariah and scapegoated for the effects of increased availability of alcohol, even though the majority of licensees work hard to fulfill the conditions of their licences.



Table 8: Negative impacts on health and well-being - identified by licensees

Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Extension of opening hours	<i>Change in patterns of drinking behaviour</i> Consumption of alcohol over a longer period of time leading to: increased levels of drunkenness; displacement & extension of impacts – noise, antisocial behaviour & crime – into early hours of morning	Sleep disturbance Loss of sleep Stress	Residents Tourists Visitors <u><i>In addition:</i></u> Stress will also affect police on duty
Increased number and range of outlets selling alcohol giving rise to competition and a relatively low price for alcohol	<i>Change in patterns of drinking behaviour</i> "Frontloading" – consumption of alcohol at home or in other private setting before going out later leading to: Increased levels of drunkenness; Displacement & extension of impacts – noise, antisocial behaviour & crime – into early hours of morning	Sleep disturbance Loss of sleep Stress	Residents Tourists Visitors
Increased number and range of outlets selling alcohol giving rise to competition and a relatively low price for alcohol	<i>Change in patterns of drinking behaviour</i> Increased alcohol consumption in a domestic setting	Reduced family cohesion Breakdown of family structure Increased risk of domestic violence	Families <u><i>Vulnerable groups:</i></u> Women Children
Increased number and range of outlets selling alcohol giving rise to competition and a relatively low price for alcohol	<i>Change in patterns of drinking behaviour</i> Increased alcohol consumption in public spaces leading to: Increased drunkenness; Increased antisocial behaviour; Threatening and abusive behaviour	<u><i>For those subject to behaviour of drinkers:</i></u> Intimidation Fear of antisocial behaviour Social isolation Reduced social contact & support <u><i>For those drinking alcohol:</i></u> Increase in risk of: alcoholism; alcoholic liver disease; misuse of other substances, e.g. illicit drugs; mental health problems.	Residents <u><i>Groups vulnerable to effects of alcohol consumption:</i></u> Street drinkers Children Young people <u><i>In addition:</i></u> Parents, carers and families of young people who drink will experience stress



Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Increased availability of alcohol	Potential increase in underage drinking	Harm to health during physical development Increase in risk of risk-taking behaviour, which could lead to: substance misuse; sexually transmitted diseases; unwanted pregnancy.	Children Young people <i>In addition:</i> Parents, carers and families of young people who drink will experience stress
Extension of opening hours	Changes to working patterns: later opening hours; different shifts;	Loss of sleep Stress and anxiety Irritability Short temper "Burn out" Lack of capacity to plan: reduced leisure opportunities; less social contact and support.	Licensees Employees at licensed premises, including designated premises supervisor (DPS)
Increased number and range of outlets selling alcohol giving rise to competition & changes in drinking behaviour	Increased overheads from longer opening hours Reduced profit margins for licensed premises Closure of licensed premises Loss of jobs Reduced amount of money in local economy	Stress & anxiety Increased risk of suicide Reduced level of disposable income	Licensees Employees at licensed premises, including DPS
New regulatory system	Cost of compliance (financial and human) Risks of non-compliance Reduced profit margins Conflict with residents Potential conflict with regulatory authority	Stress & anxiety Reduced level of disposable income Increased risks of health impacts from: loss of business; loss of jobs.	Licensees Employees at licensed premises, including DPS
Residents exposed to negative effects of introduction of Flexible Alcohol Licensing Hours	Stigma attached to certain aspects of and jobs in the leisure industry	Loss of social status and respect Feelings of injustice Stress & anxiety	Licensees Employees at licensed premises, including DPS
Tourists and visitors exposed to negative effects of introduction of Flexible Alcohol Licensing Hours	Poor image and reputation of Brighton & Hove Reduced tourist & visitor numbers	Reduced amount of money in local economy Loss of jobs Closure of businesses Reduced family cohesion Stress & anxiety Increased demand for some public and voluntary sector services	Residents Employers Employees Public sector providers Voluntary sector providers



- 7.37 Licensees were able to identify several positive impacts on health and well-being following the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove, particularly with respect to boosting the local economy as follows: increasing the number of tourists, increasing the job opportunities available, increasing the retention of money in the local economy through increased income and contributing to the retention of graduates in the city, thereby improving the quality of the workforce, due to its night-time economy.
- 7.38 Other potential positive impacts of the introduction of Flexible Alcohol Licensing Hours identified by licensees are a reduction in some types of crime in Brighton & Hove as a result of greater security and policing in the city centre. It is also possible that increased security arrangements at licensed premises have reduced stress on police services. Both these effects may reduce the number of people becoming victims of crime and suffering the mental and/or physical impacts of crime.
- 7.39 Finally, with the staggered closing times now in operation there may be two further positive effects: the potential to reduce binge drinking due to a reduced imperative to "drink up" and a reduction in "flashpoints" for crime and disorder as customers are no longer vacating premises all at the same time.

Impacts identified by service providers

- 7.40 The identification of impacts on health and well-being of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove was discussed by service providers in relation to the four objectives in the Licensing Act 2003: the prevention of crime and disorder; public safety; the prevention of public nuisance; the protection of children from harm.

The prevention of crime and disorder

- 7.41 The service providers discussing the objective of the prevention of crime and disorder in relation to the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove also identified changes in drinking patterns and culture as one of the main outcomes of implementing the legislation. These changes are the consumption of alcohol over a longer period of time and into the early hours of the morning (but sometimes as late as 6 a.m.) and increased consumption of alcohol in the domestic setting.
- 7.42 The negative impacts on health and well-being of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove identified by service providers discussing the prevention of crime and disorder are shown in Table 9.
- 7.43 The consumption of alcohol into the early hours of the morning has led to the extension of crime and antisocial behaviour into the early hours of the morning, leading to intimidation, fear and the potential for social isolation in residents, and to a reduced social cohesion in communities.
- 7.44 Indiscriminate violence was of particular concern, and those at increased risk, especially of physical injury, were police officers, public transport operatives, A&E staff and people with alcohol use problems. The lesbian, gay, bisexual and transgender community were thought to be at increased risk of hate crime.
- 7.45 The increased consumption of alcohol in a domestic setting could lead to reduced family cohesion, a breakdown in family structure and an increased risk of domestic violence.
- 7.46 If tourists and visitors to Brighton & Hove are exposed to the negative effects of the introduction of Flexible Alcohol Licensing Hours this could mar the image and reputation of the city and have adverse effects on the local economy eventually affecting the entire population. The establishment of the CIA and SSAs might contribute to a poor image and reputation for the city, and they may also mean that some of the community avoid these areas, thereby reducing social cohesion further.
- 7.47 Finally, the development of a 24-hour economy with a highly active night-time economy, which led to changes in patterns of drinking behaviour, has increased demand for certain public services during the early hours of the morning, especially police services, health services and the noise patrol. However, a lack of resources and capacity to respond to the changes in demand may have reduced the quality and effectiveness of those services



during the early hours, which not only has impacts on service provider and service users but also concomitant effects on the community.

Table 9: Negative impacts on health and well-being - identified by service providers focussing on the prevention of crime and disorder

Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Extension of opening hours	<i>Change in patterns of drinking behaviour</i> Consumption of alcohol over a longer period of time leading to extension into early hours of morning of: antisocial behaviour; violence; other crimes, e.g. damage to property; potential for hate crime.	Intimidation Fear of crime Fear of antisocial behaviour Social isolation Reduced social contact & support Reduced social cohesion Physical injury Stress & anxiety <u>For public sector workers:</u> Loss of employment through incapacity Reduced disposable income	Residents <u>Vulnerable groups with respect to violent crime:</u> Police officers Taxi drivers Bus drivers Staff in Accident & Emergency People with alcohol or drug use problems <u>Vulnerable groups with respect to hate crime:</u> Lesbian, gay, bisexual and transgender community
Increased availability of alcohol	<i>Changes in patterns of drinking behaviour</i> Increased consumption of alcohol particularly in a domestic setting	Reduced family cohesion Breakdown of family structure Increased risk of domestic violence	Families <u>Vulnerable groups:</u> Women Children
Increase in number of off-licences selling alcohol	Increase in antisocial behaviour	Intimidation Fear of antisocial behaviour Social isolation Reduced social contact and support Reduced social cohesion	Residents <u>Vulnerable groups:</u> Children Older people Women
Tourists and visitors exposed to negative effects of introduction of Flexible Alcohol Licensing Hours	Poor image and reputation of Brighton & Hove Reduced tourist & visitor numbers	Reduced amount of money in local economy Loss of jobs Closure of businesses Reduced family cohesion Stress & anxiety Increased demand for some public and voluntary sector services	Residents Employers Employees Public sector providers Voluntary sector providers



Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Introduction of CIA and SSAs	Poor image and reputation of Brighton & Hove Reduced tourist & visitor numbers	Reduced amount of money in local economy Loss of jobs Closure of businesses Reduced family cohesion Stress & anxiety Increased demand for some public and voluntary sector services	Residents Employers Employees Public sector providers Voluntary sector providers
Introduction of CIA and SSAs	Avoidance of CIA and SSAs	Reinforcement of existing social groupings Reduced social contact and support Reduced social cohesion	Population of Brighton & Hove
Development of a 24-hour economy with a highly active night-time economy	Changes to drinking behaviour and culture Changes to pattern of crime and disorder Increased demand for public services especially into early hours of morning	Lack of capacity and resources to respond to demand Reduced quality and effectiveness of services <u>Public service staff:</u> Stress & anxiety	Public services including: Police services; NHS services; Noise patrol. <u>In addition:</u> Some service users may experience poor outcomes

7.48 Service providers discussing the prevention of crime and disorder did not identify any positive impacts on health and well-being arising from the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove.

Public safety

- 7.49 The service providers discussing the objective of public safety in relation to the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove identified a further aspect of the change in drinking behaviour and culture since the implementation of the legislation: the displacement of lower-income groups to the street and other public spaces to consume alcohol due to the increased cost of drinking in licensed premises.
- 7.50 The negative impacts on health and well-being of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove identified by service providers discussing the prevention of crime and disorder are shown in Table 10.
- 7.51 The displacement of lower-income groups to the street and other public spaces to consume alcohol exposes residents and others to antisocial and threatening behaviour and the people who are drinking to an increased risk of being a victim of crime and to other substances including illicit drugs.
- 7.52 Other negative impacts identified were associated with the "hotspots" of noise, antisocial behaviour and crime and disorder, including violence and damage to property, that have developed as a result of the combined effects of the introduction of Flexible Alcohol Licensing Hours and the ban on smoking in public places where smokers and drinkers congregate on the street outside licensed premises. These can become "no go" areas, and are difficult to manage due to their transience. The effects are experienced mainly by residents, with some groups at greater risk of social exclusion. In addition, children and young people can be exposed to a model of drinking behaviour, which if followed could harm their health and well-being in future.



Table 10: Negative impacts on health and well-being - identified by service providers focussing on public safety

Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Greater cost of drinking at licensed premises compared with cost of purchasing alcohol from off-licensed premises	<i>Changes in drinking culture</i> Lower income groups drink on street or in public spaces	Intimidation Fear of antisocial behaviour Fear of crime Social isolation Reduced social contact & support Stress & anxiety <u>For people drinking in public places:</u> Increased risk of exposure to other substances, e.g. illicit drugs Increased risk of being a victim of crime	Residents <u>Groups vulnerable to effects of alcohol consumption:</u> Street drinkers Children Young people
Combined effect of Licensing Act 2003 and ban on smoking in public places	<i>Changes in drinking culture</i> Large groups of smokers & drinkers on street outside licensed premises	"Drinking" schools a model for future behaviour patterns	Residents <u>Vulnerable groups:</u> Children Young people
Combined effect of Licensing Act 2003 and ban on smoking in public places	Increase in number of "hotspots" of noise, antisocial behaviour and crime & disorder including violence and damage to property Transience of "hotspots" Difficulties managing "hotspots"	Intimidation Fear of antisocial behaviour Fear of crime Social isolation Reduced social contact & support Stress & anxiety Increased risk of accidents Physical injury	Residents <u>Vulnerable groups:</u> Families Children Older people <u>Groups vulnerable to violence:</u> Taxi drivers

7.53 Service providers discussing public safety did not identify any positive impacts on health and well-being arising from the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove.

The prevention of public nuisance

7.54 The service providers discussing the objective of the prevention of public nuisance in relation to the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove identified changes in drinking behaviour, including "frontloading".

7.55 The negative impacts on health and well-being of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove identified by service providers discussing the prevention of public nuisance are shown in Table 11.

7.56 Service providers focusing on the prevention of public nuisance highlighted the negative impact of noise, especially into the early hours of the morning, on the quality of life and mental health of residents. Antisocial behaviour was also noted as a source of negative effects including the potential for social isolation and reduced social contact through fear and feeling unsafe particularly in older people and women. At a community level, this could also lead to a lack of social cohesion. Those who become socially isolated may also increase their consumption of alcohol at home.

7.57 The negative effects of Flexible Alcohol Licensing Hours on staff working at licensed premises were also identified resulting from a change in working patterns which could also lead to social isolation and reduced leisure opportunities.



- 7.58 The increased competition as a result of the increase in the number and range of outlets selling alcohol could result in the closure of businesses especially small local public houses unable to compete with larger chains. The loss of income not only will affect the mental health of employers and employees but will also affect the local economy.
- 7.59 Other negative effects of the introduction of Flexible Alcohol Licensing Hours include an increase in the number of fast food outlets, reducing the quality of people's diets, an increase in littering, which can increase the risk of accidents, and the congregation of smokers and drinkers outside licensed premises (a result of the smoking ban in public places), which can obstruct pavements and highways and thereby increase the risk of accidents, particularly road traffic accidents.
- 7.60 Apart from the nuisance from the noise and antisocial behaviour in the early hours of the morning, the potential for crime, particularly violence, during the dispersal of people who have been drinking is a further negative effect, particularly for people operating, waiting for or using public transport.
- 7.61 Finally, the image and reputation of Brighton & Hove might suffer as a result of the negative effects of the introduction of Flexible Alcohol Licensing Hours, which in turn might harm the local economy including business and job opportunities for local people.

Table 11: Negative impacts on health and well-being - identified by service providers focussing on the prevention of public nuisance

Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Extended opening hours for licensed premises	<i>Availability of alcohol over longer time period</i> Noise into early hours of morning Antisocial behaviour into early hours of morning	Poorer quality of life Reduced mental health Fear of crime Fear of antisocial behaviour Reduced feelings of personal safety Increased social isolation Reduced social contact & support Reduced social cohesion	Residents <u><i>Vulnerable groups:</i></u> Families Children Older people Black and minority ethnic (BME) groups Lesbian, gay, bisexual and transgender (LGBT) community
Increased number and range of outlets selling alcohol	<i>Increased availability of alcohol through price</i> "Frontloading" Noise into early hours of morning Antisocial behaviour into early hours of morning	Fear of crime Fear of antisocial behaviour Reduced feelings of personal safety Increased social isolation Reduced social contact & support Reduced social cohesion	Residents <u><i>Vulnerable groups:</i></u> Families Children Older people BME groups LGBT community
Residents exposed to negative effects of introduction of Flexible Alcohol Licensing Hours	Increased social isolation Reduced mental health	Potential for increased consumption of alcohol in domestic setting Increased risk of: alcoholism; alcoholic liver disease.	<u><i>Vulnerable groups:</i></u> Women Older people Other people already socially isolated



Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Extension of opening hours	Changes to working patterns: later opening hours; different shifts.	Potential for social isolation Reduced social contact & support	Licensees Employees at licensed premises, including designated premises supervisor (DPS)
Increased number and range of outlets selling alcohol giving rise to competition	Increased overheads from longer opening hours Reduced profit margins for licensed premises Closure of licensed premises, especially small local public houses Loss of jobs Reduced amount of money in local economy	Stress & anxiety Increased risk of suicide Reduced level of disposable income	Licensees Employees at licensed premises, including DPS
Combined effect of Licensing Act 2003 and ban on smoking in public places	Large groups of smokers & drinkers on street outside licensed premises Obstruction of pavements and highways Littering & other hazards e.g. broken glass	Increased risk of accidents, including road traffic accidents Physical injury Increased exposure to vermin	Residents People smoking/drinking outside Drivers Cyclists Pedestrians <u>Vulnerable groups:</u> Young people People with mobility problems
Dispersal of people who have been drinking into early hours of morning	Increase in violence	Physical injury	Users of public transport Public transport operatives
Increased activity in night-time economy	Increase in number of fast food outlets	Increased intake of energy-dense foods Increased risk of overweight & obesity	People who purchase food from fast food outlets
Increased activity in night-time economy	Increase in number of fast food outlets Increased littering	Increased risk of accidents Increased exposure to vermin	Residents <u>Vulnerable groups:</u> People with mobility problems
Tourists and visitors exposed to negative effects of introduction of Flexible Alcohol Licensing Hours	Poor image and reputation of Brighton & Hove Reduced tourist & visitor numbers	Reduced amount of money in local economy Loss of jobs Closure of businesses Reduced family cohesion Stress & anxiety Increased demand for some public and voluntary sector services	Residents Employers Employees Public sector providers Voluntary sector providers

7.62 Service providers discussing the prevention of public nuisance identified a few positive impacts on health and well-being arising from the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove. Staggered closing times meant that people drinking on licensed premises can phase their alcohol consumption over a longer period of time and there are no longer flashpoints for crime and disorder at 11 p.m., the previous closing time. Owing to increased activity in the night-time economy, the greater number of people in the city



centre could reduce fear of crime and antisocial behaviour. Finally, some consumer groups, e.g. people who work in the evenings, can now have access to alcohol in their leisure hours

The protection of children from harm

- 7.63 The service providers discussing the objective of the protection of children from harm in relation to the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove identified changes in drinking behaviour relating to increased consumption in a domestic setting as a result of the increased availability of alcohol through an increase in the number and range of outlets selling alcohol leading to lower prices.
- 7.64 The negative impacts on health and well-being of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove identified by service providers discussing the protection of children from harm are shown in Table 12.
- 7.65 The negative impacts identified are the harms to children and young people when their parents or carers consume increased amounts of alcohol in a domestic setting as a result of off-sales. Not only does this provide a model for drinking behaviour in children and young people but the children and young people could experience a range of hidden harms including a poor diet, lack of nurturing and an interrupted education, which could result in a failure to thrive and may affect a child's life-course.

Table 12: Negative impacts on health and well-being - identified by service providers focussing on the protection of children from harm

Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Increased number and range of outlets selling alcohol	<i>Increased availability of alcohol through price</i> Increased consumption of alcohol in a domestic setting Open use of alcohol by parents & carers	Use of alcohol by parents & carers a model for future behaviour patterns "Hidden" harms including: poor diet; poor dental health; lack of or interrupted education; missed health checks; reduced levels or lack of nurturing. Failure to thrive Potential for binge drinking	Children Young people <u><i>Particularly vulnerable groups:</i></u> Children & young people with pre-existing disadvantage, including health & other inequalities

- 7.66 Service providers discussing the protection of children from harm did not identify any positive impacts on health and well-being arising from the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove.

Impacts identified by elected members

- 7.67 Elected members identified several changes in drinking patterns and culture as outcomes of implementing the legislation. These changes are the consumption of alcohol over a longer period of time and into the early hours of the morning (sometimes as late as 6 a.m.) due to extended opening hours and increased availability of alcohol through price, particularly through the increase in the number of off-licensed premises, which has led to "frontloading", especially in young people and the displacement of alcohol consumption into public spaces, such as the street and open spaces (e.g. The Level).
- 7.68 The negative impacts on health and well-being of the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove identified by elected members are shown in Table 13.
- 7.69 Elected members identified a range of negative impacts on health and well-being particularly for residents who are experiencing sleep disturbance, anger and increased



irritability as a result of repeated exposure to noise and antisocial behaviour into the early hours of the morning. This can lead not only to reduced family cohesion but also to reduced social cohesion within the community, with impacts on the amount of social contact and support that people receive. The impacts of the regulatory system, especially in relation to complaints about individual premises, were also highlighted as a source of intimidation, stress and anxiety for residents.

- 7.70 Staff providing services involved in managing the effects of the introduction of Flexible Alcohol Licensing Hours can be exposed to threatening and abusive behaviour and are at increased risk of physical injury, which can be both intimidating and stressful.
- 7.71 Elected members were particularly concerned about the effects of the introduction of flexible hours on children and young people, which has made the consumption of alcohol more visible (in both domestic and non-domestic settings, e.g. on the street outside licensed premises) and more widely available. In combination with the representation of alcohol in some sectors of the media, the consumption of alcohol may appear more attractive as a leisure pursuit. The effects of Flexible Alcohol Licensing Hours can result from children and young people being exposed to other people's consumption of alcohol or their own drinking behaviour, particularly in public spaces. However, elected members also highlighted the potential for the demonization of all young people as a result of the drinking behaviour of some, which could lead to many young people feeling stigmatized and alienated from society.
- 7.72 The increase in competition among licensed premises, especially as a result of the increase in the number of off-licensed premises, can lead to the closure of public houses, particularly small local pubs or pubs on estates. This can have two effects: the loss of a social hub in a community, and the loss of business and jobs in the local economy, which eventually may affect the whole community adversely.
- 7.73 Finally, the increase in the number of off-licensed premises has reduced the diversity of the streetscape in some areas, and potentially access to food and other necessities for residential communities in those areas, particularly lower-income groups, older people and people with mobility problems (e.g. London Road).

Table 13: Negative impacts on health and well-being - identified by elected members

Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Extended opening hours for licensed premises	<i>Availability of alcohol over longer time period</i> Increased: consumption of alcohol; levels of drunkenness; noise into early hours of morning; antisocial behaviour into early hours of morning; disorder including vandalism.	<u><i>For residents:</i></u> Sleep disturbance/interrupted sleep patterns Increased irritability Anger/shortness of temper Tension Reduced family cohesion Breakdown in family structure Poor performance at work <u><i>For staff in public & voluntary sectors:</i></u> Exposure to threatening & abusive behaviour Intimidation Stress Increased risk of physical injury	Residents Residential communities Staff in public & voluntary sectors, e.g. police, A&E and transport operatives <u><i>Vulnerable groups:</i></u> Families Children Older people



Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Increased number and range of outlets selling alcohol	<i>Increased availability of alcohol through price</i> "Frontloading" Increased number of off-licensed premises Reduced diversity in the streetscape Noise into early hours of morning Antisocial behaviour into early hours of morning Vandalism Littering People consuming alcohol in public spaces	Exposure to abusive and threatening behaviour Intimidation Reduced feelings of personal safety Fear of crime Fear of antisocial behaviour Increased social isolation Reduced social contact & support Reduced social cohesion Stress & anxiety <u>For people drinking in public places:</u> Increased risk of exposure to other substances, e.g. illicit drugs Increased risk of being a victim of crime	Residents <u>Vulnerable groups:</u> Families Children Older people especially those already socially isolated <u>Groups vulnerable to effects of alcohol consumption:</u> Street drinkers Children Young people
Increased number and range of outlets selling alcohol leading to increased competition among outlets selling alcohol	Increased availability of alcohol through price Closure of local public houses, especially on estates Potential to displace alcohol consumption into the domestic setting	Loss of business Loss of jobs Reduced level of disposable income Reduced amount of money in local economy Reduced social cohesion	Residential communities Licensees Employers Employees <u>Vulnerable groups:</u> Families with children
Increased number and range of outlets selling alcohol	Reduced diversity in the streetscape Reduced number of outlets for food and other necessities Reduced number of facilities for community	Reduced access to food and other necessities Reduced access to community facilities	Residents <u>Vulnerable groups:</u> Lower-income groups Older people People with mobility problems
Combined effect of Licensing Act 2003 and ban on smoking in public places	Large groups of smokers & drinkers on street outside licensed premises	Intimidation Reduced feelings of personal safety Fear of antisocial behaviour Fear of crime Social isolation Reduced social contact & support Increased risk of accidents Physical injury	Residents <u>Vulnerable groups:</u> Children Young people
New regulatory system for the licensing of premises to sell alcohol	Lack of anonymity for residents who wish to make representations or a complaint about individual premises	Intimidation Stress & anxiety	Residents



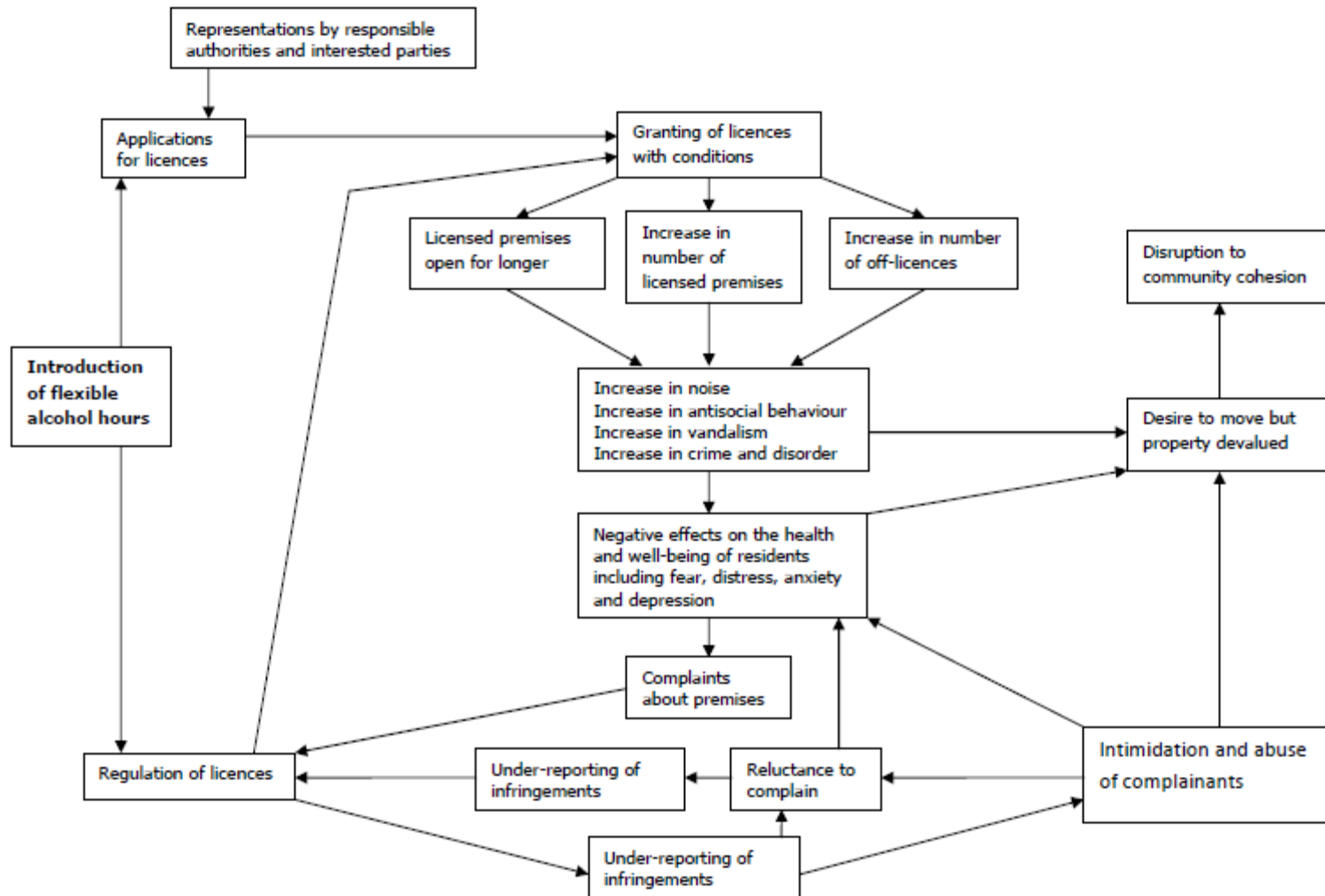
Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Combined effect of Licensing Act 2003 and representation of alcohol and leisure in some sectors of the media	Promotion of drinking culture, especially to young people	<p><u>For children & young people:</u> Potential to encourage underage drinking, particularly in public spaces Increased risk of being a victim of crime Physical injury Increased risk of exposure to other substance use, e.g. illicit drugs</p> <p><u>For parents & carers:</u> Stress & anxiety Fear</p> <p><u>For families:</u> Reduced family cohesion Potential for breakdown of family structure</p>	Children Young people Parents Carers Families
Residents exposed to negative effects of underage drinking	Poor reputation of young people in relation to alcohol consumption	<p>Demonisation of all young people Stigma Feelings of alienation from society</p>	Young people

7.74 Elected members identified several positive impacts on health and well-being arising from the introduction of Flexible Alcohol Licensing Hours in Brighton & Hove, including:

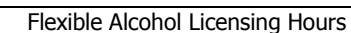
- changes in public house or “pub” culture, e.g. the provision of food, which can encourage responsible drinking and reduce drunkenness, the provision of entertainment, which can lead to the pub being a hub for the community attracting a wide range of customers, and an increase in the attractiveness of the environment, especially with the ban on smoking in public places, all of which will increase social contact and improve social cohesion and contribute to the cultural life of the city, with the potential to increase tourism in the local economy;
- conditions on licensed premises, e.g. those requiring the premises of door supervisors, which can help to reduce antisocial behaviour and minor criminal offences;
- the new regulatory system through which the local authority has control of complaints about licensed premises, which could provide a route for mediation rather than conflict; and
- owing to the highly active night-time economy, increased level of passive surveillance on the streets late at night, which may increase people’s feelings of personal safety.



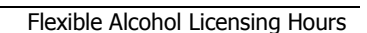
Figure 10: Impacts of regulating system on residents



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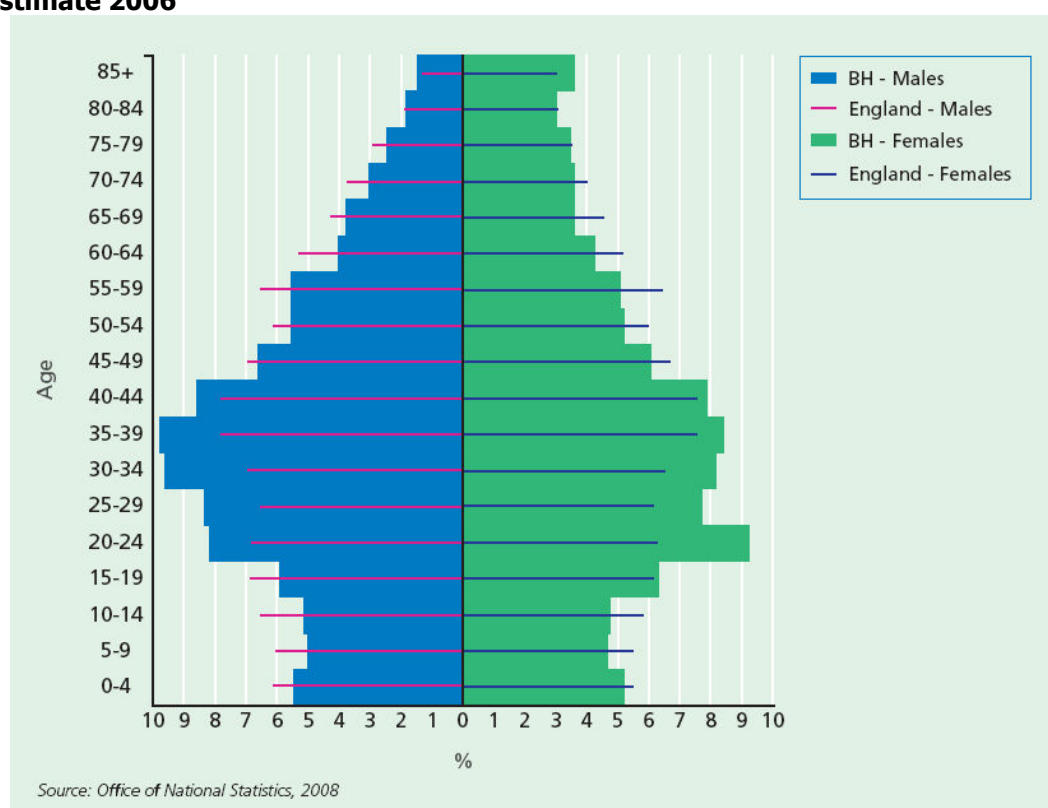


Appendix C: Population health profile for Brighton and Hove

Key demographic data

- 7.75 The population of Brighton and Hove City differs from the national population by having a higher proportion of young adults and fewer children. This is particularly the case among the more deprived parts of the city (23;24).
- 7.76 The resident population for Brighton and Hove City in 2001 was recorded as 247,817. Compared with the national picture there is a higher proportion of young adults (aged 16 to 44 years) and elderly (over 75 years) compared with England and Wales and relatively fewer children (under 16 years) and older working age adults (aged 45 to 64 years). Between the 1991 and 2001 Censuses, the growth rate of Brighton and Hove was similar to the national growth rate (2%), but lower than the average growth in the South East (4%) (25;26). Estimates for mid-2005 indicated that there were 255,022 people living in Brighton and Hove (27).
- 7.77 Figure 13 shows the population age and sex structure for Brighton and Hove in comparison with England as a whole. Brighton and Hove have a relatively young population compared with England, though this is not because of an above average proportion of children. The proportion of children less than 16 years of age (16.65%) is substantially less than the rest of the South East (19.93%), and England and Wales (20.16%). However, the city has a relatively high proportion of 16-44 year olds. This may be partly attributed to the high proportion of university students who live in Brighton and Hove (27).
- 7.78 The proportion of children aged 15-19 years is projected to decrease over the next ten years whereas the population aged 10–14 years, 5–9 years and particularly 0–4 years is set to increase. This has obvious implications for services such as maternity services, health visiting services, primary school services, and in later years, services for teenagers and adolescents including secondary school services (27).
- 7.79 There are more females (51.6%) than males (48.4%) in Brighton and Hove (25). Women generally have greater morbidity, but longer life expectancy than males.

Figure 13: Population of Brighton and Hove compared with England mid-year estimate 2006

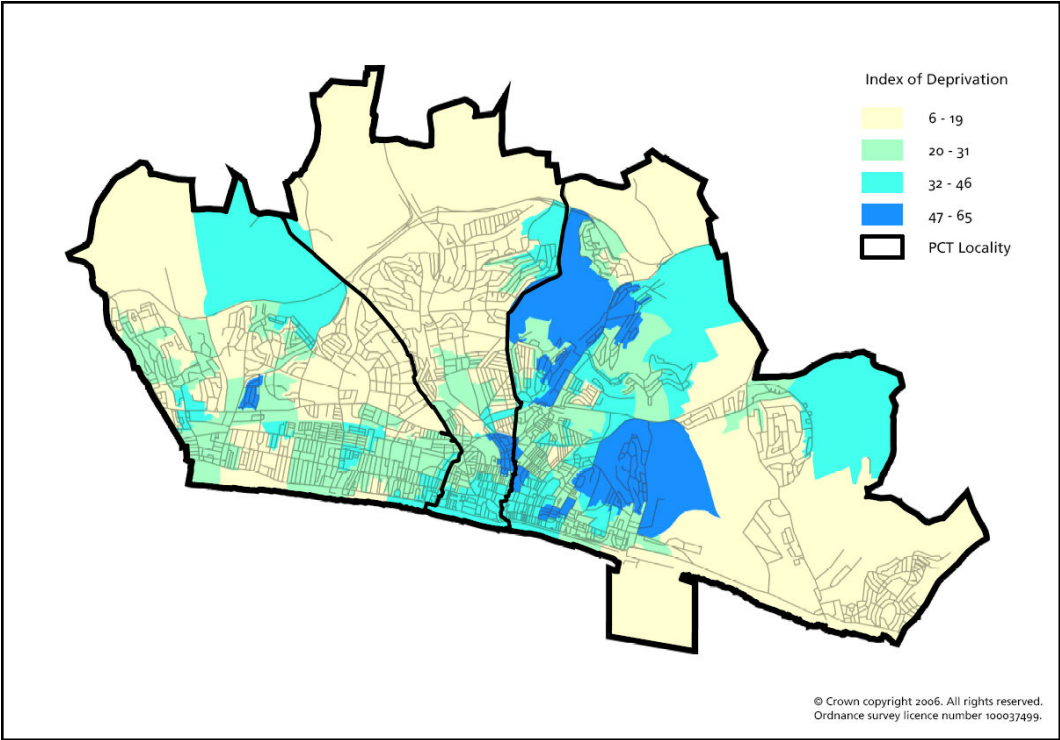


- 7.80 Eighteen percent of the population of the city (or 44,893 people) were migrants in 2001 (25), placing Brighton and Hove as the area with the highest percentage of migrants in the South East and the 15th highest percentage nationally. A migrant is defined as a person whose address one year before the census was different from their address on census day. Migrants are people who either moved into the area, out of the area or within the area in the year before the census was undertaken. The city had a net in-migration of 5,139 people over this period (26).
- 7.81 Among Black and Minority Ethnic (BME) groups, nearly a third (29.8%) were migrants, compared with 18% for the city on average (25). This is higher than the percentage of all people in BME groups who are migrants in the South East and considerably higher than the percentage for England and Wales. This means that BME groups are far more likely to move, either within the city or in or out of the city, than people of white ethnic background. There was a net in-migration of 885 people belonging to a BME community (26).
- 7.82 Approximately 10% of the total population in Brighton and Hove belong to a BME group. However, among 16-24 year olds this figure is much higher (17.5%). This may be influenced by the high student population, although even in the younger 0-15 year age range there are more children and young people from BME groups than there are among adults. The BME population in Brighton and Hove is very diverse and there are no outstanding groups (27). BME populations often experience poorer health and have unequal access to health services compared with the general population.
- 7.83 The white non-British population is larger overall than the non-white population in the city. Over one quarter of white non-British residents were born in Ireland and the remainder in other EU countries, with an estimated 1000 white residents originating from Eastern Europe (27). Eastern European migrant workers have unique health needs, compared with the White British population.

Key health indicators

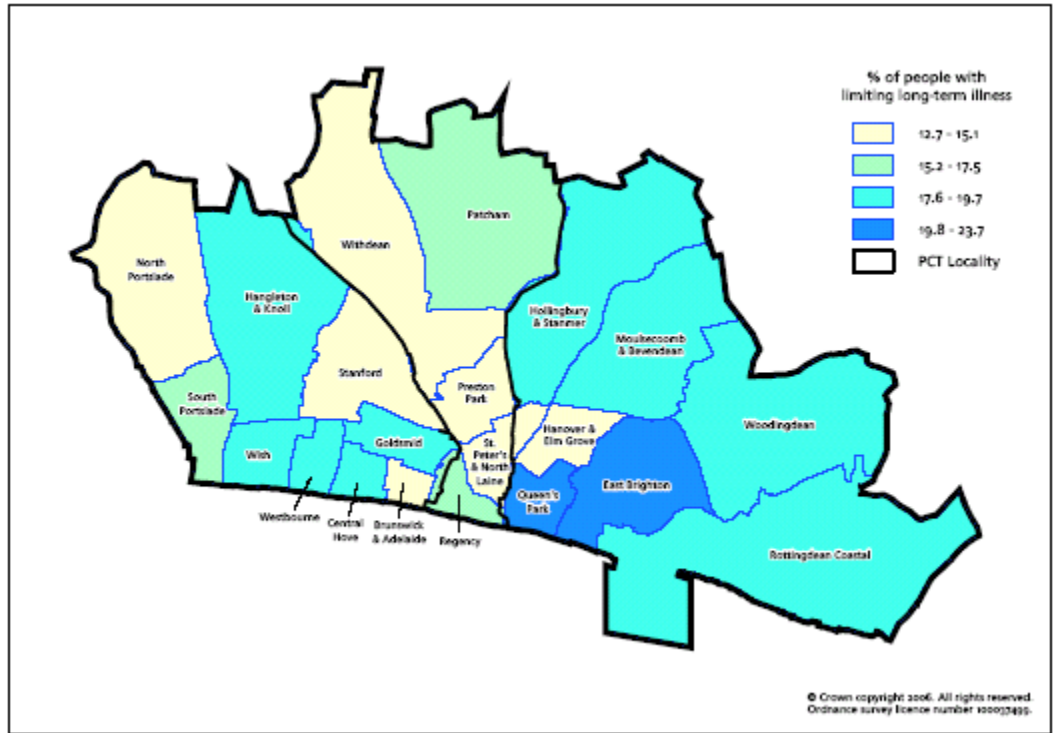
- 7.84 On the average, residents of Brighton and Hove do not enjoy the same level of health as the population of England. Although all-cause mortality and stroke and heart disease deaths have decreased for both men and women over the last 10 years, life expectancy in men, infant deaths and early deaths from cancer are worse than the England average (28).
- 7.85 The percentage of people with a limiting long-term illness in the city was estimated to be 18.3% at the 2001 Census. Limiting long-term illness includes any long-term illness, health problems or disability, which limits daily activities or work. At that time, the percentage was similar to the national average for England and Wales, though greater than the 15.5% in the South East. Among those of working age, 13% of Brighton and Hove residents had a limiting long-term illness compared with 10.6% in the South East generally (25;26).
- 7.86 When asked about their health, the majority of residents responded that they were in good health (68%), which is similar to the average of England and Wales. The proportion of those who were not of good health (9%) was also similar to the national average (25;26).
- 7.87 People in Brighton and Hove engage in several adverse health-related behaviours. More than 1 in 4 adults are estimated to smoke which is higher than the England average. The rate of hospital stays related to alcohol is high with 1,200 admissions a year. Drug misuse is more common than in England, though binge drinking is similar. The level of people recorded with diabetes, however, is better than the England average. Also lower than average, an estimated 1 in 5 adults are obese. The percentage of children in Reception classified as obese is again lower than the England average (28).
- 7.88 Brighton and Hove has relatively high levels of deprivation compared with regional and national averages. Fifteen of the 164 lower layer super output areas (LSOAs) in the city are in the 10% most deprived across England and 35 (21%) LSOAs are among the 20% most deprived in England (see Figure 14). Children with multiple needs, children with disability and children of lone parents are heavily concentrated in the most deprived areas of the city. More than half of lone parents and carers in the city are out of work and 30% of all Brighton and Hove's children and young people live in a lone parent household where the parent is out of work (27).
- 7.89 Location, gender and deprivation contribute to health inequalities in Brighton and Hove. Life expectancy for men is reduced by seven years for those living in deprived areas and by four years for women. Child poverty is on the average significantly worse than in the England population (27).
- 7.90 The pattern of self-reported limiting long-term illness in Brighton and Hove is shown in Figure 15.

Figure 14: Index of multiple deprivation (2004) by super output area in Brighton and Hove



Source: Public Health Directorate, Brighton and Hove City PCT

Figure 15: Limiting long-term illness in Brighton and Hove



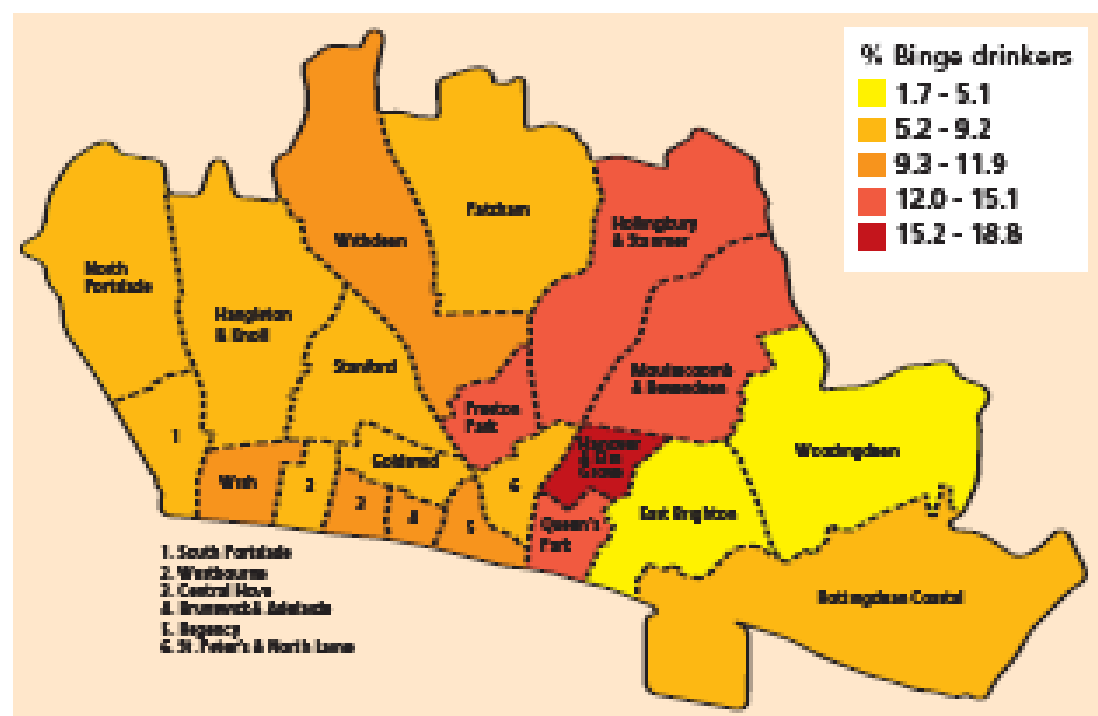
Source: Citystats, Census 2001.

Alcohol-related Harm in Brighton and Hove

"Pubs and clubs play an important role in our city's culture and economy but alcohol is a factor in at least 40% of violent crime... Through Operation Athlete almost 200 parents of children who have had alcohol confiscated have been sent information about alcohol, young people and risks ... Brighton & Hove is known as a good place to enjoy pubs and clubs but people want to be confident drunken behaviour won't spoil their enjoyment." (29).

- 7.91 The alcohol-related harm profile is significantly worse in Brighton and Hove compared with the national average. Among men, there are significantly greater alcohol-specific mortality and hospital admission rates. Among women, hospital admission rates are higher compared with the England population (30).
- 7.92 Compared with regional averages, residents of Brighton and Hove have:
- lost more months of life due to alcohol
 - greater alcohol-specific mortality, alcohol attributable mortality and mortality from chronic liver disease
 - been admitted to hospital more frequently due to alcohol-related harm or other alcohol-specific or alcohol-attributable reasons
 - committed more alcohol related crimes, including violent crimes and sexual offences
 - more frequently made alcohol related claims for incapacity benefits among working-age people
 - been more likely to engage in hazardous, harmful and binge drinking
 - more employees that work in bars
 - fewer alcohol attributed land-transport accidents
 - fewer alcohol-specific hospital admissions for under 18s (30)
- 7.93 The Sustainable Community Strategy for Brighton and Hove plans to address the city's alcohol problems by educating residents, especially children and young people, about sensible drinking; developing an Alcohol Harm Reduction Strategy; and by increasing the availability of drug and alcohol treatment (31).

Figure 16: Percentage of residents reporting binge drinking in previous 7 days



From Brighton and Hove PCT (24)

Note: The definition of binge drinking is drinking over twice the daily guidelines in one day (8+ units for men and 6+ for women) (2).

Appendix D: Policy context

National Context

Health and wellbeing

- 7.94 In 2004, the Government published *the Alcohol Harm Reduction Strategy for England* (32). It was the first cross-government statement on the harm caused by alcohol, which included a shared analysis of the problem and the programme of action to respond. In June 2007, the Department of Health and the Home Office jointly launched an updated government alcohol strategy, *Safe Sensible Social: The next steps in the National Alcohol Strategy* (9), setting out clear goals and actions to promote sensible drinking and reduce the harm that alcohol can cause. The strategy outlines a coordinated response across a wide range of areas including local communities, the police, local authorities, the NHS, voluntary organisations, the alcohol industry, the wider business community and the media.
- 7.95 The *Choosing Health White Paper* (33) stresses the role of the individual in improving and maintaining health:
- 'Interventions and policies designed to improve health and reduce health disadvantage should provide the opportunity, support and information for individuals to want to improve their health and well-being and adopt healthier lifestyles. Policy cannot – and should not – pretend it can 'make' the population healthy. But it can – and should – support people in making better choices for their health and the health of their families. It is for people to make the healthy choice if they wish to'.*
- 7.96 The *Wanless review* (34) outlines the rights and responsibilities between the individual and government:
- "... people need to be supported more actively to make better decisions about their own health and welfare because there are widespread, systematic failures that influence the decisions individuals currently make ... These failures can be tackled not only by individuals but by wide ranging action by health and care services, government – national and local, media, businesses, society at large, families and the voluntary and community sector. The main levers for Government Action include taxes, subsidies, service provision, regulation and information".*
- 7.97 The *Commissioning Framework for Health and Well-being* (35) builds on the White Paper *Our health, our care, our say* (36), which promised to help people stay healthy and independent, to give people choice in their care services, to deliver services closer to home and to tackle inequalities. The Framework identified alcohol-related disease to be a major contributor to health inequalities. It also emphasized the need for the education of children and young people about alcohol. The Framework will include an interactive web-based commissioning tool; a web-based local alcohol profile; data on the contribution of alcohol to different types of health and crime harm; guidance on developing local indicators; and guidance on the Commissioning Framework for Health and Wellbeing and alcohol.
- 7.98 The Department of Health has stated in *Alcohol Misuse Interventions: Guidance on developing a local programme of improvement* (37) that it will provide guidance on developing local programmes for screening and brief interventions of hazardous and harmful drinkers, together with guidance on treatment for dependent drinkers. The Department of Health will also work with the regulatory bodies to support local health and social care organisations in responding to the findings of any reports produced by the regulatory bodies.
- 7.99 *Alcohol Needs Assessment Research Project* (38) was commissioned by the Department of Health. It presents information at a national and regional level to highlight the range of alcohol use disorders in the population and the range of services currently available to offer treatment for alcohol problems. The report identifies gaps in services and the regional variations in access to current treatment.

- 7.100 The report, *Indications of Public Health in the English Regions 8: Alcohol (19)*, produced alongside the national strategy, contains 84 separate measures (comprising 36 different indicators) relating to individual, community and population implications of alcohol use, with various measures of the effects this has on health and wellbeing, focusing on the nine English regions. Where possible, the situation in England has been put into a wider European context with comparators across the rest of the UK and other EU countries.
- 7.101 The *Local Government and Public Involvement in Health Act 2007* (39) requires PCTs and local authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community. As of April 2008, PCTs will also be required to include alcohol in their JSNAs (40).
- 7.102 The Department of Health launched a *National Alcohol Harm Reduction Campaign* on May 19, 2008 to raise awareness of alcohol units and the health risks of regularly exceeding Government 'lower-risk' drinking levels (41).
- 7.103 A new NHS guidance document has been released, *Clinical directed enhanced services (DES) guidance for GMS contract 2008/09* (42), to support the delivery of clinical directed enhanced services, alcohol being one of the five key health and service priorities. The DES allows specific funding for GPs to deliver Screening and Brief Interventions (SBIs) to newly registered patients. The DESs began in April 2008 and are scheduled to run for 2 years (40).
- 7.104 The launch of the *Prison Service Alcohol Strategy* (43) for prisoners was in response to the wider Government policy, *Alcohol Harm Reduction Strategy for England* (32). The Strategy provides a framework for addressing prisoners' alcohol problems balancing treatment and support with supply reduction measures. The focus of the Strategy is to improve consistency and build on good practice for the delivery of services within existing resources.

Community Safety

- 7.105 *The Police and Justice Act 2006* (44) has helped to build safer communities by making sure key elements of the government's police reform programme and the Respect Action Plan are implemented. The Act is also helping to sustain further improvements in police performance at neighbourhood, force, national and international levels. Notably, the Act has already helped to amend the Crime and Disorder Act 1998 to make Crime and Disorder Reduction Partnerships (CDRPs) and Community Safety Partnerships (CSPs) more effective at tackling crime, anti-social behaviour and substance misuse in their communities.
- 7.106 In addition, the Home Office '*Guide to Effective Partnership Working*' (45) provides new statutory requirements and recommended best practice for CDRPs in the form of 'Hallmarks for Effective Partnership Working', including the role of PCTs and Local Health Boards in tackling drug and alcohol misuse. From April 2008, Home Office declared a statutory duty for CDRP to have a local alcohol strategy (40).
- 7.107 *The Tackling Violent Crime Programme* (TVCP) (46) focuses on alcohol-related and domestic violence because together these make up the majority of violent crime incidents. Research shows that domestic violence accounts for 16-25% of all violent crime, and that approximately half of violent crime incidents are alcohol-related. Geographically the programme focuses on a relatively small number of areas, in which research has shown a significant percentage of violent crime to occur. The aim is that targeting activity in these areas should produce a reduction in the national level of violent crime. Partnership working is a key focus of the TVCP.
- 7.108 The National Probation Service has an important part to play in tackling alcohol misuse within its wider role of protecting the public and preventing further offending by rehabilitating offenders. A great deal of good work is already being done. *Working with Alcohol Misusing Offenders – A Strategy for Delivery* (47) aims to develop more consistent and co-ordinated delivery.
- 7.109 Under the *Criminal Justice Act 2003* (48), a caution with specific conditions attached to it may be given where there is sufficient evidence to charge a suspect with an offence which he or she admits, and the suspect agrees to the caution. The Act also stipulates that the courts can make an alcohol treatment requirement (ATR) one of the possible requirements.

The court may not impose an alcohol treatment requirement unless the offender expresses willingness to comply with its requirements.

- 7.110 *Arrest Referral* (9) is one of a growing number of initiatives intended to disrupt the link between substance misuse and offending. It aims to do so by improving the uptake of substance misuse treatment and care services among arrestees whose offending may be related to drug use or drug and alcohol use.
- 7.111 The National Probation Service (NPS) has two substance misuse group work programmes, which address alcohol-related offending behaviour: 1) the *Drink Impaired Drivers* (DID) scheme, which is aimed at drink drivers with no other criminogenic need; and 2) the *Lower Intensity Alcohol Module* (LIAM) for those offenders whose alcohol misuse and offending needs might require referral to another programme (e.g. tackling violent behaviour), but where there is still a need for alcohol-related offending to be addressed (9).

Licensing

- 7.112 The *Rogers Review* (49) identified alcohol licensing as one of the five main national enforcement priorities. Alcohol licensing seeks to prevent risks, such as anti-social behaviour and violence, that could affect all parts of society particularly the young and vulnerable.
- 7.113 The Department for Culture, Media and Sport are responsible for alcohol and entertainment licensing policy. The *Licensing Act 2003* (1) was created to provide a new system of licensing for the sale and supply of alcohol, the provision of regulated entertainment and the provision of late night refreshment. The Act does not prescribe days or opening hours when alcohol can be sold, rather it aims to promote four fundamental objectives:
- the prevention of crime and disorder;
 - public safety;
 - the prevention of public nuisance; and
 - the protection of children from harm.
- 7.114 The measures in the *Licensing Act* will be complemented by provisions in the *Violent Crime Reduction Act 2006*, sections 21–22 of which will allow licensing authorities to fast-track licence conditions, on the application of a senior police officer, in cases of serious crime and disorder (9).

Industry Voluntary Codes and Campaigns

- 7.115 The Portman Group's Code of *Practice on the Naming, Packaging and Promotion of Alcoholic Drinks* (50) was introduced in 1996 following a public consultation. The Code, which is supported throughout the industry, seeks to ensure that drinks are marketed in a socially responsible way and to an adult audience only. The Code has an open and accessible complaints system. Complaints under the Code are ruled on by an *Independent Complaints Panel* (50). If a product is found in breach of the Code, a Retailer Alert Bulletin is issued, asking retailers not to stock the offending product unless and until it has been amended to comply with the Code.
- 7.116 *Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK* (51) were launched in November 2005. The Standards were drawn up by the Wine and Spirit Trade Association, the British Beer and Pub Association and the Scotch Whisky Association and have had full support and input from thirteen other trade bodies and several Government departments. The Standards set out best practice for the promotion of sensible drinking, responsible marketing and promotions and responsible retailing of alcoholic drinks. They are based on a set of social responsibility principles around the promotion of responsible drinking and the avoidance of promoting or condoning illegal, irresponsible or immoderate drinking.
- 7.117 In April 2007, the alcohol industry agreed with the Department of Health additions to labelling to support sensible drinking. During 2008, the Government will continue to consult on the extent to which these additions – along with a pregnancy message – have been implemented. It will also consider consultation on possible legislative options should insufficient progress have been made by then (9).

- 7.118 On November 16, 2007 Ofcom and Advertising Standards Authority (ASA) jointly published a research report on the impact of alcohol advertising on young people following the tightening of the Advertising Codes in October 2005. The new rules were designed to make alcohol advertisements less appealing to the under 18s and, in particular, to prevent alcohol advertisements from being associated with or reflecting youth culture (9).
- 7.119 For over two years, the *British Beer & Pub Association's Challenge 21* campaign (52) has been raising awareness of the underage sales issue among publicans, their staff and pub goers alike. The BBPA and its members have now issued over 350,000 Challenge 21 posters to British pubs. The Challenge 21 message - that if you look 21 or under you should expect to be asked for ID if you try to buy alcohol - now has a strong and visible presence right across the country.

Children and Young People

- 7.120 *Every Child Matters: Change for Children* (53) is a new approach to the well-being of children and young people from birth to age 19. The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to: Be healthy; Stay safe; Enjoy and achieve; Make a positive contribution and; Achieve economic well-being.
- 7.121 With respect to alcohol, young people were first introduced as a priority in the updated Alcohol Strategy: *Safe. Sensible. Social* (9). Following this, a *Youth Alcohol Action Plan* (54) was developed to take further actions on reducing young people's drinking and related anti-social behaviour and health harms. This Action Plan sets out how the Government will address youth problems with alcohol through a strong partnership with parents, industry, criminal justice and law enforcement agencies and communities.
- 7.122 In July 2005 the government launched its green paper *Youth Matters* setting out proposals designed to improve outcomes for 13-19-year-olds. A consultation on Youth Matters was run from July to November 2005. With over 19,000 responses from young people, this is one of the largest responses to a government consultation from any one group. The government's response to the consultation, *Youth Matters: Next Steps* (55), set out the vision for empowering young people, giving them "somewhere to go, something to do and someone to talk to". Acknowledging the hardships and risks that can limit the opportunities available to youth, the government has dedicated several programmes of work to help limit the problems associated with substance misuse, offending, teenage pregnancy and homelessness.
- 7.123 The *NICE guidance on community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people* (56) calls for anyone who works with young people to identify those who are vulnerable to drug problems and intervene at the earliest opportunity. It gives advice on stepping in and helping young people access the right support and services and outlines effective individual, family and group-based support which can improve motivation, family interaction and parenting skills.
- 7.124 The *NICE guidance on school based interventions to prevent and reduce alcohol use* (57) is aimed at anyone who works with children and young people in schools and other education settings. It gives advice on incorporating alcohol education into the national science and personal, social and health education (PSHE) curricula, and helping children and young people access the right support. It also looks at how to link these interventions with community initiatives, including those run by children's services. There are no national guidelines on what constitutes safe and sensible alcohol consumption for children and young people, so the recommendations focus on: encouraging children not to drink, delaying the age at which young people start drinking and reducing the harm it can cause among those who do drink.
- 7.125 Since 2006 the Department of Health and Home Office have jointly worked on the advertising campaign, *Know Your Limits* (58), which urges young drinkers to know their limits and to stay within them. It is aimed at 18 to 24 year olds, although it also reaches out to younger, illegal drinkers.

South East Regional Context

- 7.126 At the regional level, the South East of England is following the strategies outlined at the national level, namely *The Alcohol Harm Reduction Strategy for England* and *Safe, Sensible, Social. The next steps in the National Alcohol Strategy* (59).
- 7.127 The *National Alcohol Strategy Implementation Toolkit* is a resource provided by the national authority to help regional and local teams develop strategies to address alcohol-related crime, ill health and other harm in line with the National Alcohol Strategy. It has been written specifically to help alcohol leads and others within local authorities, primary care trust (PCTs), children's services and delivery partnerships such as Crime and Disorder Reduction Partnerships (CDRPs) and Drug and Alcohol Action Teams (DAATs) (59).
- 7.128 *The Vision for the South East* is to reduce the excessive drinking of the minority who drink in a way that is a nuisance or a danger to others and themselves to a level that is safe, sensible and social. Specifically they are targeting: under age drinking, binge drinking, and harmful drinkers. They are currently working on supporting South East partnerships with the implementation of their Alcohol Strategies, sharing good practice and co-ordinating the delivery of the updated National Alcohol Strategy across the South East through a new strategic regional programme board (59).
- 7.129 Work is currently underway to address alcohol misuse by (59):
- Producing a GOSE statement of priorities on Alcohol
 - Organising a regional Alcohol event
 - Ensuring that a cross-cutting alcohol strategy and plan that is fit for purpose is produced in each upper tier/unitary authority
 - To maintain the networking forum of alcohol practitioners in the region
 - To set up an internal committee to scrutinise current and future Local Authority alcohol strategies/action plans ensuring they are fit for purpose
 - To ensure cross-cutting targets are embedded in the Local Area Agreements as appropriate
- 7.130 The Regional Public Health Group in GOSE is also developing a *Regional Alcohol Manager* function which will be used to (59):
- Support LAA NI39 target setting and delivery by local partnerships
 - Support SHA performance management of LAA NI39 NHS Indicator targets
 - Influence the development and support delivery of local PCT targets related to NI39
 - Enable regional co-ordination and joint working with CSIP for targeted and enabling support commissioned by DH to reduce alcohol-related admissions
 - Co-ordinate and target action to support local social marketing initiatives

Brighton and Hove Local Context

- 7.131 *Local Area Agreements* set out the priorities for the local area. LAAs are agreements between central government, local authorities and their partners, through the Local Strategic Partnership, to improve services and the quality of life in a particular place. The 35 targets for the period 2008-11 in the Brighton & Hove Local Area Agreement include targets around alcohol harm, drugs misuse, perceptions of anti-social behaviour, first time entrants to the youth justice system, domestic violence and prolific offenders (60).
- 7.132 Brighton & Hove's *Sustainable Community Strategy* (31) sets out the vision and plans of the agencies, organisations and communities who work together through the *2020 Community Partnership* to improve the quality of life of local residents. The Strategy has eight priority themes, three of which have specific goals related to alcohol: 'Reducing Crime and Improving Safety', 'Children and Young People', and 'Improving health and well-being'. The Strategy plans to:
- Educate residents, especially children and young people, about sensible drinking
 - Develop an Alcohol Harm Reduction Strategy

- Increase the availability of drug and alcohol treatment, partly through establishing a treatment centre targeting parents and carers and recognising many people have joint alcohol and drug misuse issues
 - Increase enforcement against alcohol sales to under-18s and improve alcohol advice and treatment options;
 - Reduce harmful levels of drinking and continue high visibility policing at recognised hotspots;
 - Use planning policy to prevent over-concentration of super-pubs; and
 - Involve the Licensees' Association and the Business Crime Reduction Partnership to promote good practice in pubs and clubs and help prolific offenders with drug and alcohol problems into treatment.
 - Reduce the number of alcohol-related criminal offenses
- 7.133 In April of this year the Crime and Disorder Reduction Partnership (CDRP) of Brighton and Hove published its *Brighton & Hove Community Safety, Crime Reduction and Drugs Strategy 2008-11 (60)*. This strategy aims to make the city safer by
- reducing crime, disorder and anti-social behaviour;
 - reducing fear of crime;
 - reducing harm from drugs and alcohol; and
 - improving community safety
- 7.134 Brighton and Hove Drug & Alcohol Action Team (DAAT) has a membership consisting of senior managers from the City Council, the Police, the PCT, Probation and from Treatment service providers. The DAAT has a remit to oversee the delivery at a local level of the Government's National Alcohol Harm Reduction Strategy (2004). The local delivery is taken forward by a number of groups responsible for specific areas of the strategy (10).
- 7.135 One of DAAT's initiatives, *Sussed about Drink*, is a website designed to engage a younger audience by highlighting immediate, rather than long term, impacts of drinking to excess. There is also an over-18s section where people can learn about sensible drinking, take on-line drink tests and find out where to get help in Brighton & Hove (10).
- 7.136 The City Council is the Alcohol and Entertainment Licensing Authority in Brighton and Hove. It follows laws sent out in the national *2003 Licensing Act*; however, on 13 March 2008 Council included in the Licensing Policy for 2007-2010 a *Special Policy* regarding cumulative impact which provides, along with the Act and government guidance & regulations, the basis of licensing decisions. There are four main principles behind this system (11):
- to prevent crime and disorder
 - to prevent public nuisance
 - to protect children from harm
 - public safety
- 7.137 The new system began on 24 November 2005. The aim is to help build a fair and prosperous society, properly balancing the rights of people and their communities by following the above principles. It also intends to encourage tourism, reduce alcohol misuse, improve the self-sufficiency of local communities and reduce the burden of unnecessary regulations on businesses (11).

Appendix E: HIA Press briefing

Health Impact Assessment of the Introduction of Flexible Alcohol Licensing Hours in Brighton & Hove

BHCC has been granted funding by Brighton & Hove Primary Care Trust and City Council Directorate of Public Health. Consultants chosen by competitive tender are Ben Cave Associates Ltd. who are experienced, specialist health impact assessors, recognised nationally and internationally.

The Licensing Act 2003 establishes a single integrated scheme for licensing premises, which are used for the supply of alcohol, to provide regulated entertainment or to provide late night refreshment. The Act contains measures to provide more flexible opening hours for premises, with the potential for up to 24 hour opening, seven days a week, subject to representations from local residents, businesses and responsible authorities.

The stated objectives of the Act are: Prevention of Crime and Disorder, Public Safety, Prevention of Public Nuisance and Protection of Children from Harm.

The Government's Alcohol Harm Reduction Strategy includes measures to change attitudes to irresponsible drinking and behaviour, including:

- making the sensible drinking message easier to understand and apply;
- targeting messages at groups such as binge drinkers and chronic drinkers;
- providing better information for consumers, on products and at the point of sale;
- providing more support and advice for employers.

Safe. Sensible. Social – the next step in the National Alcohol Strategy (DH, 2007) identifies the need to:

- Ensure that the licensing laws protect young people from alcohol-fuelled crime and disorder;
- Sharpen the focus on under 18s, 18-24 binge drinkers and harmful drinkers;
- Promote sensible drinking through investing in better information and communication.

The Public Health White Paper, Choosing Health, includes measures to work with the alcohol industry to promote sensible drinking.

At the 31/3/2007, there were 1089 licensed premises and there were 1025 at transition in November 2005. The main effects of the new Act appear to be longer opening hours (but not 24/7) and more convenience stores becoming "off-licences". One of the key protections for local residents for premises not supporting licensing objectives (crime prevention, public safety, public nuisance and protecting children) is the review process where a licence can be reviewed. Since transition, there have been over 20 reviews including five police closures for disorder. The results were that two licences have been revoked (a violent pub and an off licence persistently selling to young people – u 18s) three off licences received licence suspensions for persistent sales to children, many licences had conditions modified to either prevent noise nuisance or restore order, others were given advice or no further action.

The Director of Public Health reported last year that our city was in the worst quintile in England for alcohol related months of life lost, alcohol specific hospital admission, alcohol related violent and sexual offences and an estimate of binge drinking (adults consuming > double daily recommended level in one sitting). Recent trends of violent crime show decline. As at end of June 2008 violent crime in a public place is down 32% compared to same time last year (source – Paul Knight, Crime Reduction Officer, John Street Police Station, Brighton).

Indicators to be used in this study are:

1. Reduce impact on acute hospital
2. Reduce public place violent crime
3. Reduce domestic violence
4. Reduce alcohol related offending

Impacts that can also be measured, indirectly impacting on health, include enforcement outputs like reviews, fixed penalty notices, legal action etc. plus alcohol linked suicide and noise complaint and enforcement statistics.

The time scale is for an interim report in October (literature review) and final report in this financial year).

The health impact assessment may be used to inform statement of licensing policy, local alcohol harm reduction strategy, community safety, transport, tourism, economic development, community development and violent crime reduction strategies.

Tim Nichols, Head of Environmental Health & Licensing.

