





Brighton & Hove  
City Council

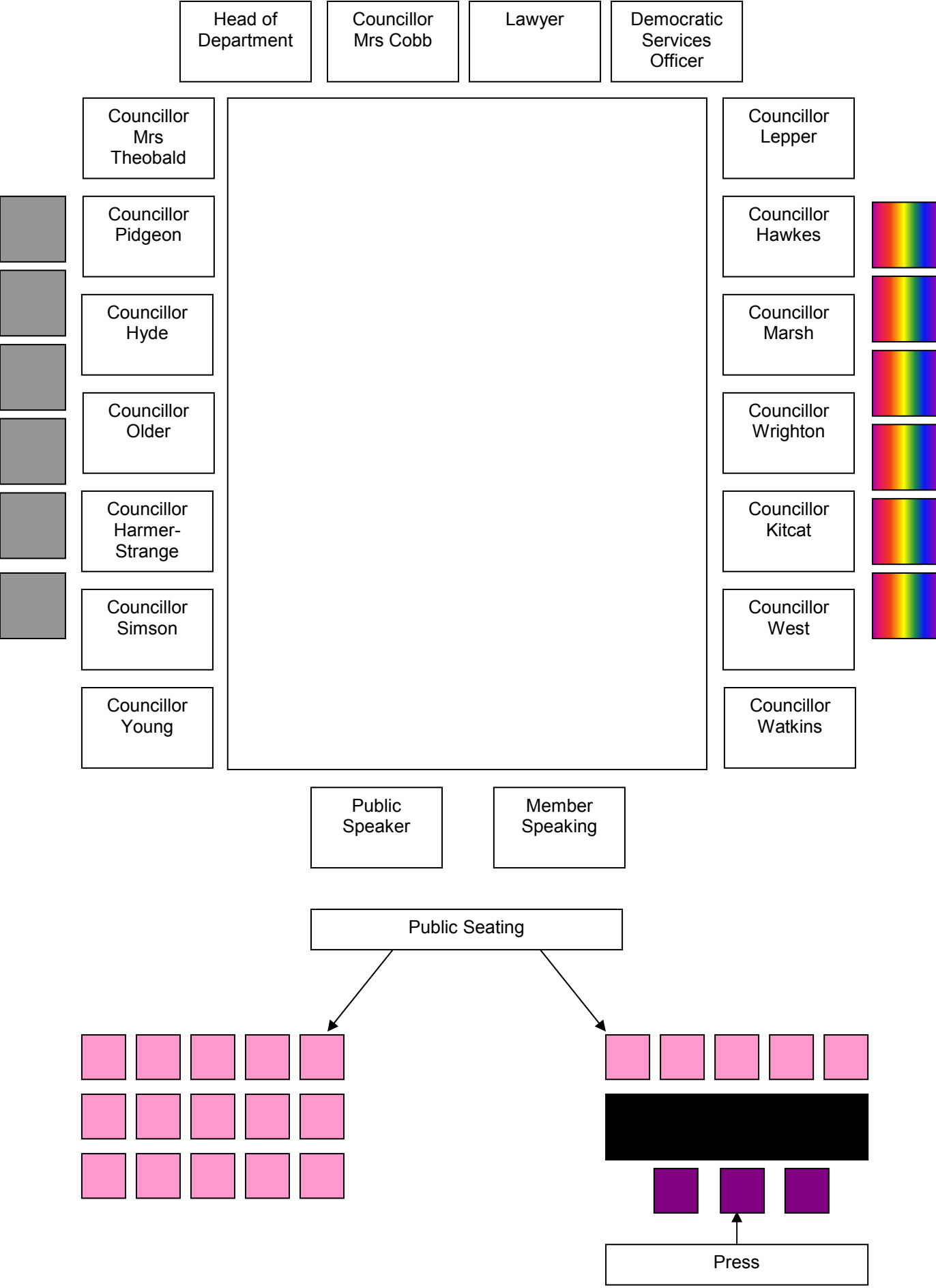
# Licensing Committee

## (Licensing Act 2003 Functions)

Title:	<b>Licensing Committee (Licensing Act 2003 Functions)</b>
Date:	<b>26 November 2009</b>
Time:	<b>3.30pm (or conclusion of Non 2003 Committee)</b>
Venue	<b>Council Chamber, Hove Town Hall</b>
Members:	<b>Councillors:</b> Cobb (Chairman), Lepper (Deputy Chair), Harmer-Strange, Hawkes, Hyde, Kitcat, Marsh, Older, Phillips, Pidgeon, Simson, C Theobald, Watkins, West and Wrighton
Contact:	<b>Jane Clarke</b> Democratic Services Officer 01273 291064 <a href="mailto:jane.clarke@brighton-hove.gov.uk">jane.clarke@brighton-hove.gov.uk</a>

	The Town Hall has facilities for wheelchair users, including lifts and toilets
	An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.
	<b>FIRE / EMERGENCY EVACUATION PROCEDURE</b>  If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions: <ul style="list-style-type: none"><li>• You should proceed calmly; do not run and do not use the lifts;</li><li>• Do not stop to collect personal belongings;</li><li>• Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and</li><li>• Do not re-enter the building until told that it is safe to do so.</li></ul>

# Democratic Services: Meeting Layout



## AGENDA

### Part One

### Page

---

#### 11. PROCEDURAL BUSINESS

- (a) Declaration of Substitutes - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- (c) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

*NOTE: Any item appearing in Part 2 of the Agenda states in its heading either that it is confidential or the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

*A list and description of the categories of exempt information is available for public inspection at Brighton and Hove Town Halls.*

#### 12. MINUTES OF THE PREVIOUS MEETING

1 - 8

#### 13. CHAIRMAN'S COMMUNICATIONS

#### 14. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on Thursday 19 November 2009).

No public questions received by date of publication.

#### 15. ALCOHOL DISORDER ZONES

9 - 20

Report of the Director of Environment (copy attached).

Contact Officer: Tim Nichols

Tel: 29-2163

Ward Affected: All Wards;

## LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)

### **16. HEALTH IMPACT ASSESSMENT OF LICENSING** **21 - 120**

Report of the Director of Environment (copy attached).

*Contact Officer:*     *Jean Cranford*                                     *Tel: 29-2550*

*Tim Nichols*                                     *Tel: 29-2163*

*Ward Affected:*        *All Wards*

### **17. REDUCING ALCOHOL RELATED HARM TO CHILDREN AND YOUNG PEOPLE - CYPOSC REFERRAL** **121 - 192**

Referral from Children and Young People's Overview & Scrutiny Committee (CYPOSC).

*Contact Officer:*     *Sharmini Williams*                                     *Tel: 29-0451*

*Ward Affected:*        *All Wards*

### **18. GAMBLING ACT 2005 - REVISED POLICY** **193 - 216**

Report of the Director of Environment (copy attached).

*Contact Officer:*     *Tim Nichols*                                     *Tel: 29-2163*

*Ward Affected:*        *All Wards*

### **19. SCHEDULE OF LICENSING APPEALS** **217 - 218**

(Copy attached).

### **20. SCHEDULE OF LICENSING REVIEWS** **219 - 220**

(Copy attached).

### **21. ITEMS TO GO FORWARD TO COUNCIL**

To consider items to be submitted to the 10 December 2009 Council meeting for information.

In accordance with Procedural Rule 24.3a the Committee may determine that any item is to be included in its report to Council. In addition each Minority Group may specify one further item to be included by notifying the Chief Executive by 10.00am on 30 November 2009.

## LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk). Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Jane Clarke, (01273 291064, email [jane.clarke@brighton-hove.gov.uk](mailto:jane.clarke@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

Date of Publication - Wednesday, 18 November 2009



# **LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)**

## **Agenda Item 12**

Brighton & Hove City Council

### **BRIGHTON & HOVE CITY COUNCIL**

### **LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)**

**3.30PM 25 JUNE 2009**

### **COUNCIL CHAMBER, HOVE TOWN HALL**

### **MINUTES**

**Present:** Councillors Mrs Cobb (Chairman), Fallon-Khan, Fryer, Hawkes, Kitcat, Marsh, Pidgeon, Simson, C Theobald, Watkins, West and Young

**Apologies:** Councillors Lepper, Harmer-Strange, Hyde, Older and Wrighton

### **PART ONE**

#### **1. PROCEDURAL BUSINESS**

##### **1a Declarations of Substitutes**

- 1.1 Councillor Fryer declared that she was substituting for Councillor Wrighton.
- 1.2 Councillor Fallon-Khan declared that he was substituting for Councillor Older.

##### **1b Declarations of Interests**

- 1.3 There were none.

##### **1c Exclusion of the Press and Public**

- 1.4 In accordance with section 100A of the Local Government Act 1972 ('the Act'), the Licensing Committee (Licensing Act 2003 Functions) considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press or public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A(3) of the Act) or exempt information (as defined in section 100(1) of the Act).
- 1.5 **RESOLVED** – That the press and public be not excluded.

## **2. MINUTES OF THE PREVIOUS MEETING**

- 2.1 **RESOLVED** – That the minutes of the previous meeting held on 24 April 2009 are signed by the Chairman as a correct record.

## **3. CHAIRMAN'S COMMUNICATIONS**

- 3.1 The Chairman advised Members that the full report for the Health Impact Assessment will be reported to the Alcohol Strategy Group on 4 August 2009 and will be submitted to the Licensing Committee (Licensing Act 2003 Functions) at 26 November 2009 meeting. Additional work had been identified including looking at potential indicators and baseline information to assess the effects of flexible licensing hours.

## **4. CALL OVER**

- 4.1 **RESOLVED** – That all items are called over.

## **5. PUBLIC QUESTIONS**

- 5.1 Mr Pennington asked the following question at the Committee meeting:

“I ask this question on behalf of Sussex Aphasia Self-Help, and Speakability, the national charity.

Aphasia is the communication problems which sometimes follow a stroke, head injury, brain tumour or other neurological condition.

We know what we want to say, but we just have trouble finding the right words. We can enjoy social activities just like everyone else if communication tools are available.

What steps can the Council, as a Licensing Authority, take to advise coffee shop and café owners to provide such communication tools, such as illustrated/photo hand-held menus?”

- 5.2 The Chairman responded with the following answer:

“The Council welcomes its general duty to promote disability equality. It also uses its influence with partners to further diversity principals beyond its own operations.

Unfortunately, as a Licensing Authority, the Council is subject to limitations. It can only regulate licensable activities and cafes are only subject to premises licensing if selling alcohol or providing regulated entertainment or late night refreshment. The Council's decisions must also be grounded on one or more of the licensing objectives.

The Council, as a matter of policy, will remind applicants of the requirements of disability discrimination legislation although there are no powers to provide additional communication tools.



Where citizens feel they have been subject to discrimination in the provision of services, it is recommended that they consider seeking independent legal advice.”

5.3 Mr Pennington asked the following supplementary question:

“If this is the case, could I ask that this question be asked at the Full Council meeting or with the Cabinet?”

5.4 The Solicitor to the Committee referred to the Constitution of Brighton & Hove City Council and stated that the Chief Executive may reject a question if it is substantially the same as a question that has been put at a meeting of the Council, the Cabinet, a Cabinet Member Meeting, a Committee Meeting or a Sub-Committee Meeting in the past six months.

5.5 Councillor Hawkes stated that it was unfortunate that the question could not be asked at another Committee meeting if the Licensing Committee (Licensing Act 2003 Functions) could not give a satisfactory answer.

5.6 Councillor Marsh agreed and fully supported the issues that had been raised by Mr Pennington, which she felt were particularly applicable to licensed premises. She did not believe that the question had been answered satisfactorily by the Council, and warranted further investigation. She stated that the Committee should press the issue forward on behalf of Mr Pennington, and was disappointed that there seemed to be no avenue for this within the Constitution.

5.7 Councillor Watkins agreed and did not feel there was a problem with taking the question to another Committee meeting. He asked if it was possible for the Licensing Committee to refer the matter to Full Council under item 8: Items to go forward to Council. The Solicitor to the Committee advised Members that this provision only applied to items where decisions could be made by the Committee under delegated powers, and did not relate to public questions.

5.8 Councillor Mrs Theobald agreed that this was a matter of great interest and felt that the Council should be encouraging café owners to implement the changes suggested by Mr Pennington, and to provide further help to Aphasia sufferers.

5.9 Councillor Simson stated that as Cabinet Member for Community Affairs, Inclusion and Internal Relations, she had listened with great interest to the question from Mr Pennington, and the feelings of Councillors, and wanted to assure the Committee that she would be taking this issue forward under her portfolio.

5.10 Councillor Pidgeon noted that he had worked for many years to promote equalities issues for disabled and blind people and felt strongly that this issue should be brought to the attention of Cabinet.

5.11 Councillor West believed there was a problem with the procedures if it meant that this issue could not be added to the agenda of any other meeting, and Councillor Marsh agreed, highlighting that there were inadequacies in the Constitution if this was the case. Councillor Marsh felt that a member of the public had asked a valid question in good faith, but had been advised wrongly as to where the question should be asked.

She added that it was unfair of the Council to reject the question simply because it had been asked at the Licensing Committee (Licensing Act 2003 Functions) first.

- 5.12 Councillor Kitcat agreed and stated it was fortunate that the relevant Cabinet Member sat on the Committee and was willing to take the issue forward. He felt it would have been a difficult situation to resolve had the relevant Cabinet Member not been present. Councillor Kitcat noted that the twelve-month review of the Constitution was pending and the issue of public questions and their limitations needed to be looked at carefully under this review.
- 5.13 The Chairman stated that the issue could be carried forward by Members of the Committee regardless of whether a Cabinet Member was present at the meeting or not, and she felt that given the strength of feeling on the issue, this would be the case in any event.
- 5.14 Councillor Simson assured Members that she would take this issue forward, hopefully in time for the next Cabinet meeting. Mr Pennington suggested amending it to "What steps can the Council, as a Licensing Authority *or otherwise*, take...".
- 5.15 The Solicitor to the Committee apologised to Mr Pennington and stated that the procedures were not meant to be obstructive. She hoped he was confident that the issue would be taken forward in the appropriate manner and dealt with to the satisfaction of Members.

## **6. LICENSING ENFORCEMENT POLICY**

- 6.1 The Committee considered a report from the Director of Environment on the Licensing Enforcement Policy (for copy see minute book).
- 6.2 The Head of Environmental Health and Licensing began by stating that this report followed a consultation period on the policy and was needed to ensure transparency, consistency and efficiency when dealing with licensing enforcement. The policy had been updated after DCMS guidance was issued last year, and the Licensing Panels were already using this guidance in their determinations of licence applications, variations and reviews.

Responses to the consultation were listed in the report, and it was felt that the policy addressed and incorporated the recommendations put forward, and so the recommendation from Officers was for adoption of the policy.

- 6.3 Councillor West was concerned that the changes would have a significant impact on Officers' time, and asked if the department had the capacity to implement this policy. The Head of Environmental Health and Licensing stated that budgets were always tight, but a restructure of the department had taken place last year and staff members were being reduced in some areas via natural wastage to enable an increase in other areas, such as the Noise Patrol Team. There was a risk based Licensing Enforcement Programme, which enabled the department to manage its programmed and non-programmed cases on a yearly basis and the Head of Environmental Health and Licensing was confident that the department were responding well to current demands.

- 6.4 Councillor Fryer noted that non-alcohol related problems were not addressed in the policy and stated that there was a particular instance in her ward of a premises trading late night refreshments beyond their permitted hours, but there seemed to be no enforcement action taking place. The Head of Environmental Health and Licensing noted the difference between non-compliant premises that were causing suffering to the community and non-compliant premises that were not causing suffering. The aim of the policy was to target resources at those premises causing suffering and where demonstrable harm was being created.
- 6.5 Councillor Watkins welcomed the risk based approach that was being taken to the workload for the department, and asked how compatible this programme was with other organisations that the department worked with. The Head of Environmental Health and Licensing stated that the department worked very well with other responsible authorities and many different aspects of licensing issues were discussed and dealt with regularly by all parties.
- 6.6 Councillor Marsh referred to the lead agency tables contained within the policy and noted that proxy sales of alcohol to children listed Sussex Police as the lead agency. She had been told in the past that this was monitored by Trading Standards and asked for guidance on this area. The Head of Environmental Health and Licensing stated that generally sales of alcohol to minors in off-licensed premises were dealt with by Trading Standards and in on-licensed premises by Sussex Police. He noted that whilst the tables were useful in identifying the agency primarily responsible for the issue, any responsible authority could take action where they felt it was appropriate. He added that Trading Standards generally conducted business support training and guidance after the review process to ensure compliance with the licensing objectives.
- 6.7 **RESOLVED** – That the committee adopts the Licensing Enforcement Policy (for copy see minute book).

## 7. SCHEDULE OF LICENSING REVIEWS

- 7.1 **RESOLVED** – That the Committee notes the Schedule of Licensing Reviews.

## 8. SCHEDULE OF LICENSING APPEALS

- 8.1 The Solicitor to the Committee stated that two further appeals had been lodged with the Magistrates Court following publication of the Committee papers, and these were for Mesopotamia, 17 York Place, Brighton and Three To Four, 3-4 Western Road, Hove.
- 8.2 Councillor Pidgeon asked for details on the appeal hearing that Tesco had recently won against the Council. The Solicitor replied that whilst the case for the Council had been strong and fought well, with several residents and Councillor Fryer attending as witnesses, the Magistrates Court had decided that the conditions offer by Tesco during the appeal process would be satisfactory, and the store would not increase the general consumption of alcohol in the St James' Street area.
- 8.3 Councillor Pidgeon asked what the costs were for the appeal and the Solicitor replied that £6,000 had been spent on legal representation for the Council. Although Tesco won

the appeal they did not claim for costs and were not awarded any by the Magistrates Court.

- 8.4 The Chairman expressed concern that the Magistrates Court often went against decisions made at Panel hearings, regardless of how well and carefully considered they were. Councillor Watkins agreed and was concerned that the Magistrates Court was an undemocratic way of deciding on difficult licence applications, as members of the public were completely removed from the process.
- 8.5 The Solicitor noted that there had been no criticism of the Panel decision by the Magistrates Court, as at the time of the Panel's decision Tesco had not proposed the number of conditions that were subsequently placed on the licence.
- 8.6 Councillor Young asked that the conditions be monitored closely to ensure the residents did not experience any negative impact, and the Head of Environmental Health and Licensing replied that if it appeared that licensing conditions were breached the department would take the necessary enforcement action.
- 8.7 Councillor Fryer noted that some conditions offered by Tesco during the appeal process were worse than what had been offered at the Panel hearing, including an extended opening time until 23:00 hours. She felt that the original decision had been disregarded by the Magistrates Court, and stated that this frequently happened during appeal hearings. She felt that this issue needed to be addressed and proposed that the Committee write a letter to the Government expressing their concerns.
- 8.8 The Solicitor agreed that it could be frustrating when decisions were changed at appeal hearings, but noted that it was a de novo hearing where new evidence could be introduced and considered.
- 8.9 The Head of Environmental Health and Licensing advised a cautious approach if the Committee were minded to write a letter to the Government, as there was a danger that the Magistrates Court could become alienated by this action. He noted there had been four appeals, with three allowed and one modified and he did not feel this was enough evidence to draw conclusions.
- 8.10 Councillor Mrs Theobald expressed concern that the premises was now allowed to open longer than any other off-licence premises in the area and the alcohol sold could be cheaper and would therefore result in increased sales in the area. She felt at times it was better to approve the application and negotiate better conditions than to rely on the Magistrates Court.
- 8.11 Councillor Watkins felt there was a danger that decisions at Panels could be influenced by the prohibitive costs of fighting an appeal at the Magistrates Court, especially when the Council lost so many cases.
- 8.12 Councillor Fallon-Khan noted that even with the statistics available the Council was still losing 75% of appeals that went to the Magistrates Court, and he felt that a letter should be written expressing concern on this matter.

- 8.13 Councillor Hawkes stated that the Cabinet Member for Environment sat on a representative body with other Licensing Authorities. She felt that he could be asked to lobby on this issue at that body, as it was likely that other authorities were experiencing the same problems.
- 8.14 Councillor Simson suggested that the Committee approach LACORS on the issue. She did not think decisions at Panels were ever influenced by the threat of an appeal and felt that the decisions so far had been excellent. Councillor Watkins agreed that they had been, but was worried that future pressures on budgets may have an unwarranted effect.
- 8.15 The Solicitor to the Panel stated that she would soon join a licensing lawyers' networking group and offered to raise the issue there to find out what the experience of other local authorities was. She would then report her initial findings back to Committee for further action.
- 8.16 **RESOLVED** – That the Schedule of Licensing Appeals is noted.

## **9. GAMBLING ACT 2005 SCHEDULE**

- 9.1 **RESOLVED** – That the Gambling Act 2005 Schedule is noted.

## **10. ITEMS TO GO FORWARD TO COUNCIL**

- 10.1 There were none.

The meeting concluded at 4.15pm

Signed

Chairman

Dated this

day of



# LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)

## Agenda Item 15

Brighton & Hove City Council

**Subject:** *Alcohol Disorder Zones*  
**Date of Meeting:** **26 November 2009**  
**Report of:** *Director of Environment*  
**Contact Officer:** Name: Tim Nichols **Tel:** 29-2163  
E-mail: [tim.nichols@brighton-hove.gov.uk](mailto:tim.nichols@brighton-hove.gov.uk)  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Alcohol Disorder Zone Regulations were approved on 13th May in the House of Lords, despite Merits Committee report having made some “unusually trenchant criticisms” of the regulations .The government committed to report back to Parliament in 12 months or so on how the regulations work and on the operation of the ADZs.
- 1.2 There are now two Local Action Teams apparently considering requesting this although no request to be made by Sussex Police for an ADZ.

#### 2. RECOMMENDATIONS:

- 2.1 That Members adopt the governments favoured approach, only exploring ADZs as a last resort and following a request and receipt of evidence for the need in a tightly defined area.

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The Violent Crime Reduction Act gives local authorities the power to designate, with the consent of the police, a locality as an alcohol disorder zone, where there is a problem of alcohol related nuisance and disorder. Local authorities would have the power to impose charges on holders of premises licences allowing the sale by retail of alcohol on licence holders. Local authorities and the police have duties to have regard to government guidance
- 3.2 Any ADZ would need evidence to create and maintain. One difficulty is identifying the clear relationship between problems in public spaces and specific premises.

3.3 There is some technical information required for evidence gathering:

- Police incident, custody and crime data and any CCTV evidence.
- Information from Accident & Emergency Department.
- Licensing Authority activity.
- Any information available from transport providers.
- Any public survey work.

3.4 There is some sensitivity that should be considered:

- No other local authority, a year after the legislation, has applied to set an ADZ up, probably as cumbersome - difficult to establish, justify and maintain.
- Financial implications for local licensed trade.
- An ADZ may affect the city's reputation and local economy.
- The Home Office cite ADZs as being the measure of last resort.
- There was opposition from ACPO to this piece of legislation.
- Cost benefit considerations.
- Effectiveness is yet to be tested.

3.5 The Government's preferred approach to reducing alcohol related nuisance, crime and disorder is for local authorities, the police and licence holders to work in voluntary partnerships, backed by enforcement activity where necessary. This section outlines the measures these partnerships can use to tackle problems that:

- can be attributed to individual licensed premises;
- are caused by people consuming alcohol in public places; and/or
- are caused by known individuals.

#### **4. CONSULTATION:**

4.1 St James's Street LAT and Kingscliffe Society proposed exploring this course at a recent licensing strategy group with interested parties and responsible authorities. Their letters, and a response from a company with licensed premises in their area is appended to demonstrate different views in the debate. In addition to general discussion at licensing strategy group, Sussex Police were specifically consulted.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### **5.1 Financial Implications:**

If an Alcohol Disorder Zone is declared, the local authority may impose charges to be paid, for each month of operation, by all licence holders. The local authority scores each licensed premises in an ADZ for two criteria, premises' rateable value; and hours of opening during the service period.



These charges are then used to firstly cover the costs of the scheme, and secondly for the provision of non-baseline services by the local authority, the chief officer of police or the British Transport Police. There should therefore be no additional cost to the Council's revenue budget.

The cost of non-baseline local authority services should be calculated according to the Chartered Institute of Public Finance (CIPFA) Best Value Accounting Code of Practice 2008.

*Finance Officer Consulted: Karen Brookshaw*

*Date: 23/10/2009*

## 5.2 Legal Implications:

Once the local authority has decided to designate an ADZ, it should publicise a Formal Order and notify each licence-holder in the designated area as soon as possible. Under regulation 24, the local authority should also send a copy of the ADZ Designation Order to the Secretary of State as soon as reasonably practicable after it has been made.

*Lawyer Consulted: Rebecca Sidell*

*Date: 04/11/2009*

## 5.3 Equalities Implications:

There would be a financial burden for licensed businesses in an ADZ and closer links between pub watch schemes and LATs might be a preferable approach.

## 5.4 Sustainability Implications:

The Statutory Instruments Committee wondered "how many local authorities will make use of this policy given its complexity, and we draw the Regulations to the special attention of the House on the ground that they may imperfectly achieve their policy objectives."

## 5.5 Crime & Disorder Implications:

Business Improvement Districts, or enforcement action such as suspending the licences of delinquent bars, or charging delinquent individuals under existing legislation may be more effective methods of reducing alcohol related disorder.

## 5.6 Risk and Opportunity Management Implications:

The Home Office originally estimated in the Regulatory Impact Assessment that 30 areas will commence the ADZ process in the first year, but only 6 will move to the charging regime. None have been established.

## 5.7 Corporate / Citywide Implications:

The Statutory Instruments Committee opined that “the system might be unduly bureaucratic and without a clear idea of how ADZs will fit in with the other items in the local authorities’ toolkit for combating alcohol-fuelled disorder.” The LGA had serious misgivings about this policy.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Correspondence from Licensing Strategy Group Members.

### **Documents In Members’ Rooms:**

1. None.

### **Background Documents:**

1. None.

# The Kingscliffe Society

ENVIRONMENT CONSERVATION & ENHANCEMENT

12 Princes Street  
Brighton BN2 1RD

BRIGHTON & HOVE CITY  
ENVIRONMENTAL HEALTH & PLANNING

DATE RECEIVED

28 AUG 2009

28 August 2009

Brighton & Hove City Council  
Environmental Health  
Bartholomew House, Bartholomew Square  
Brighton BN1 1JP (Attention: Tim Nichols)

## Re: ALCOHOL DISORDER ZONES

Dear Mr. Nichols

We have been asked by the LAT attached to the St. James's Street Area Action Group for our views concerning an Alcoholic Disorder Zone (ADZ) for the St. James's Street area.

We would support this request as many of our members are subjected to the fall out that has followed from the implementation of the Licensing Act 2003 and they suffer nuisance, disorder and annoyance throughout the day and night. We think particularly, but not only, of members in Manchester Street, Charles Street, Princes Street, George Street, Madeira Place and Camelford Street.

Specifically:

1. Our Society's Secretary, who lives in Dolphin Mews, Manchester Street, has recently been obliged to join with the 7 other householders there to spend a collective sum in excess of £50,000 on sound proofing of all windows facing into Steine Street, plus the installation of video equipment to ensure that the licensed club in that street does not breach the conditions of its licence.
2. Another of our members has kept a noise diary since before the new hours (from 2002) which graphically records the huge jump in the night time disturbance at its inception and its continuation since.

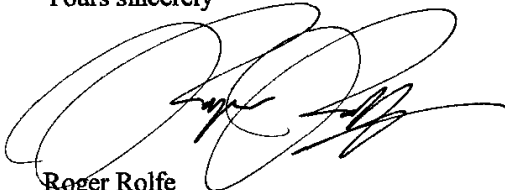
3. Several residents who live in Charles Street have been compelled to install secondary glazing in an attempt to obtain restful nights. This, however, is not always effective, given the narrowness of the street which creates an echo effect, together with the volume of noise generated by the number of people milling around throughout the night and non-enforcement of licensing hours.

4. The quantity and content of material submitted by residents to Licensing Hearings in the area is further evidence of the stress that has been placed on the locality and its inhabitants.

Neither the police nor the Licensing Authority have been able to offer any effective control of these issues, therefore the increase in finance that should follow the introduction of an ADZ would seem to be the only way of providing funds for the necessary additional policing of this hard pressed area.

We look forward to a positive response to this request.

Yours sincerely



Roger Rolfe  
Acting Secretary

## **St James's Street Area Action Group**

For the Attention of Mr T. Nichols  
Brighton & Hove City Council  
Environmental Health  
Batholomew House  
Batholomew Square  
Brighton  
BN

18<sup>th</sup> August 2009

Dear



**Re : ALCOHOL DISORDER ZONES**

Our Group would request that Brighton and Hove City Council instigates an **ADZ** under The Local Authorities ( Alcohol Disorder Zones ) Regulations 2008 for the St James's Street Area.

In support of our request we would refer to the above Regulations and to Step1 Proposal to designate an ADZ to the ' designation conditions ' which have been met as follows;

- That there has been considerable nuisance plus annoyance to local residents each and every night of the week.
- That the disorder plus annoyance is directly related to consumption of alcohol in the area.
- That this nuisance, annoyance and disorder is more than likely to be repeated as we have residents' dairies that prove this situation is continuous day in day out and now year in year out.
- That all existing measures have failed to reduce alcohol-related nuisance, crime and disorder in the St James's Street Area.

Referring to direct and indirect evidence

- At our Group's meeting on the 22<sup>nd</sup> July 2009 Inspector Rob Leet stated categorically that the Police could not do anything more to resolve this issue. The Police therefore have evidence in support
  - Linda Beanlands stated that she would see what more the Council could do.
  - The A&E Department should also be able to provide evidence in respect to late night alcohol-related incidences.
  - Bus and Taxi incidence records are we believe available.
- and
- Feedback from the residents has been given at our Group's LAT meetings with Environmental Health and Police Officers together with the numerous late night telephone calls to the Police on these issues.

Continued on page 2

**St James's Street Area Action Group**

**Re : ALCOHOL DISORDER ZONES**

We believe that bearing-in-mind the above and the fact that residents have objected at most local Licensing Applications to the alcohol-related nuisance, noise, crime and disorder in the St James's Street Area that an **ADZ** is our last resort in obtaining our human rights to the quiet enjoyment of our Homes.

Our Group would like to play an active roll in developing the ADZ as we have the local knowledge of this alcohol-related nuisance and to the hot spots in the area.

We hope that you can proceed with Step 2 : Consultation forthwith.

Yours sincerely



Trevor N Scoble  
For and on behalf of  
St James's Street Area Action Group  
c /o 2 Madeira Place  
Brighton  
BN2 1TN  
Tel 01273 622737



**Operations Team**

**Brighton and Hove Division**

Date: 1<sup>st</sup> October 2009

Our Ref: CN081-ADZ-011009

Phone: 01273 665583

To: Mr T Nichols. Head of Environmental Health and Licensing  
Brighton and Hove City Council

From: Chief Inspector Nelson. Chief Inspector (Operations) Sussex Police

Dear Mr Nichols,

**Re. Consideration for a ADZ – St. James Street Area**

I have taken some time to give proper consideration to the above, so as to ensure that the police position would be both proportionate and in the best possible interests of the community we serve. Although ADZs remain untested, that alone should not dissuade us from seriously considering their merits, and there may come a day when Brighton and Hove, will be the first to explore another new opportunity.

An analyst has researched the level of violent crime for that area as an indication of the strength of evidence available to us, should we propose an ADZ. The results are attached below, and indicate that that community experienced a higher level of crime and disorder up to the end of last year.

I am aware that, as a result of these issues, Inspector Rob Leet has sought to improve matters via the local action team; and Inspector Paul Betts has

ensured that officers covered the access from the city centre, during Operation Marble, at the weekends. The data suggests that this has resulted in a reduction of crime. I would be surprised if this was due to under-reporting, bearing in mind the commitment and engagement of the Neighbourhood Policing Team.

In terms of justification: Alcohol Disorder Zones were made available to the authorities as an interim crisis measure, pending the establishment of proper controls. They place stringent requirements, including financial, on all licensed premises. It is my opinion that it would be disproportionate to pursue an ADZ for the area in question and it would create as many challenges as potential benefits to that community. The NPT remain committed to exploring other means of ensuring a peaceful neighbourhood, and the licensing team are always keen to address any problems attributable to a particular premises. The support and cooperation of council colleagues greatly assists with this.

Yours sincerely,

**Simon Nelson**

Chief Inspector

**Operations Team**

**Brighton and Hove Division**

***Sussex Police – Serving Sussex***

Attachment: Public Place Violent Crime In St James Street Rolling Year 01

Sep 08 to 31 Aug 09 Compared With Previous Rolling Year



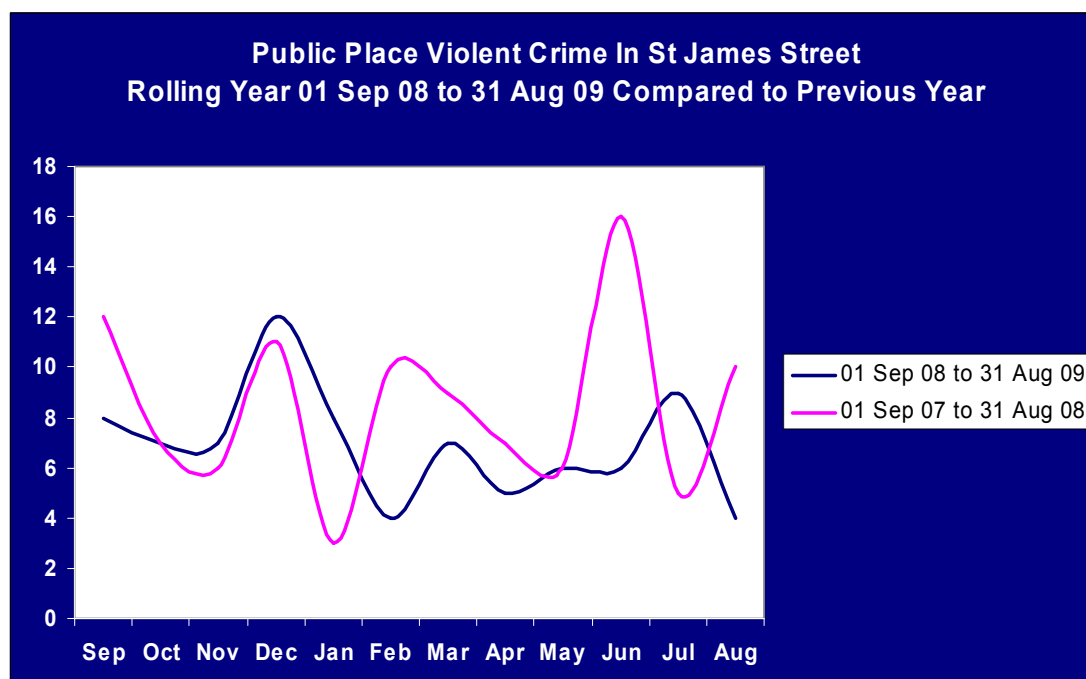
**Public Place Violent Crime In St James Street**  
**Rolling Year 01 Sep 08 to 31 Aug 09 Compared With Previous Rolling Year**

The table below shows the monthly crime levels in the Street for both of the above Rolling years

Month	Number of Crimes Recorded Rolling Year 2008/9	Number of Crimes Recorded Rolling Year 2007/8
September	8	12
October	7	7
November	7	6
December	12	11
January	8	3
February	4	10
March	7	9
April	5	7
May	6	6
June	6	16
July	9	5
August	4	10
<b>Total For Year</b>	<b>83</b>	<b>102</b>

This equates to a reduction year on year of 18.6%

The chart below shows these monthly levels for each of the years.





# 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**

**Contact Officer:** Name: Jean Cranford  
Tim Nichols  
Tel: 29-2550  
29-2163

E-mail: [jean.cranford@brighton-hove.gov.uk](mailto:jean.cranford@brighton-hove.gov.uk)  
[tim.nichols@brighton-hove.gov.uk](mailto:tim.nichols@brighton-hove.gov.uk)

**Wards Affected:** All

FOR GENERAL RELEASE

## 1. SUMMARY AND POLICY CONTEXT:

- 1.1 A report was submitted to licensing members 27 November 2008 and 24<sup>th</sup> 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 25<sup>th</sup> 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 26<sup>th</sup> 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**

**18<sup>th</sup> October 2009**



### Report Authors

Paul Iggulden      BCA  
Erica Ison          consultant to BCA  
Ben Cave          BCA

### Contact details

T: 0870 850 4947  
E: [information@bcahealth.co.uk](mailto:information@bcahealth.co.uk)

### Contents Amendment Record

This report has been issued and amended as follows:

Issue	Revision	Description	Date	Signed
First	V1	For internal QA	7 <sup>th</sup> May 2009	Paul Iggulden
Second	V4	Issue for SG	8 <sup>th</sup> May 2009	Paul Iggulden Ben Cave Erica Ison
Third	V5	Final report	18 <sup>th</sup> October 2009	Paul Iggulden Erica Ison Ben Cave

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

Ben Cave Associates Limited has prepared this report in accordance with the instructions of their client, Brighton and Hove City Council. Any other persons who use any information contained herein do so at their own risk.

Ben Cave Associates Limited is a company registered in England and Wales.  
Company number 04578866  
Registered address: 103 Clarendon Road, Leeds Innovation Centre, LS2 9DF



### **Acknowledgements**

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.

Thank you to the steering group for their support.





## Table of Contents

Abbreviations and acronyms .....	xii
1.Introduction and summary.....	1
2.Context for alcohol licensing in Brighton and Hove .....	3
3.Discussion .....	8
4.Stakeholder consultation – key findings .....	27
5.Monitoring .....	31
6.List of references .....	48
7.Appendices .....	51

## List of figures

Figure 1: Summary of objectives in The Licensing Act 2003 – BHCC: Statement of Licensing Policy .....	5
Figure 2: Rate of alcohol-related admissions per 100,000 population by Local Authority District .....	32
Figure 3: Alcohol-related recorded crimes, crude rate per 1,000 population .....	33
Figure 4: Brighton residents' perceptions of safety .....	34
Figure 5: Brighton and Hove domestic abuse crimes committed under the influence of alcohol .....	35
Figure 6: Local crimes under the influence of alcohol .....	36
Figure 7: Licensing offences in Brighton and Hove .....	36
Figure 8: Alcohol related harms.....	38
Figure 9: Health map of the human habitat .....	52
Figure 10: Impacts of regulating system on residents.....	70
Figure 11: Crime and disorder .....	71
Figure 12: Adverse effects as described by residents.....	72
Figure 13: Population of Brighton and Hove compared with England mid-year estimate 2006 .....	74
Figure 14: Index of multiple deprivation (2004) by super output area in Brighton and Hove.....	76
Figure 15: Limiting long-term illness in Brighton and Hove.....	76
Figure 16: Percentage of residents reporting binge drinking in previous 7 days.....	77



## List of tables

Table 1: Stakeholders named in the PHMP .....	14
Table 2: Public Health Management Plan.....	15
Table 3: Hospital admissions due to alcohol-specific conditions for persons under 18 years .....	32
Table 4: Violent crimes committed under the influence of alcohol in Brighton & Hove.....	34
Table 5: Long list of indicator topics .....	40
Table 6: Indicator 'starter pack' for monitoring the impacts of Flexible Alcohol Licensing Hours .....	46
Table 7: Negative impacts on health and well-being - identified by residents .....	56
Table 8: Negative impacts on health and well-being - identified by licensees .....	58
Table 9: Negative impacts on health and well-being - identified by service providers focussing on the prevention of crime and disorder .....	61
Table 10: Negative impacts on health and well-being - identified by service providers focussing on public safety .....	63
Table 11: Negative impacts on health and well-being - identified by service providers focussing on the prevention of public nuisance.....	64
Table 12: Negative impacts on health and well-being - identified by service providers focussing on the protection of children from harm .....	66
Table 13: Negative impacts on health and well-being - identified by elected members .....	67



## 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 entertainment<sup>1</sup>; 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

---

<sup>1</sup> 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 24<sup>th</sup> 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 13<sup>th</sup> 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 31<sup>st</sup> 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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.



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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.



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 <sup>2</sup> , 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

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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.





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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.



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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.



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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.



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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.



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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.



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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.



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;

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.



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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.





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

\* 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 plan with the Alcohol Strategy Group and the Licensing Committee.



## 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

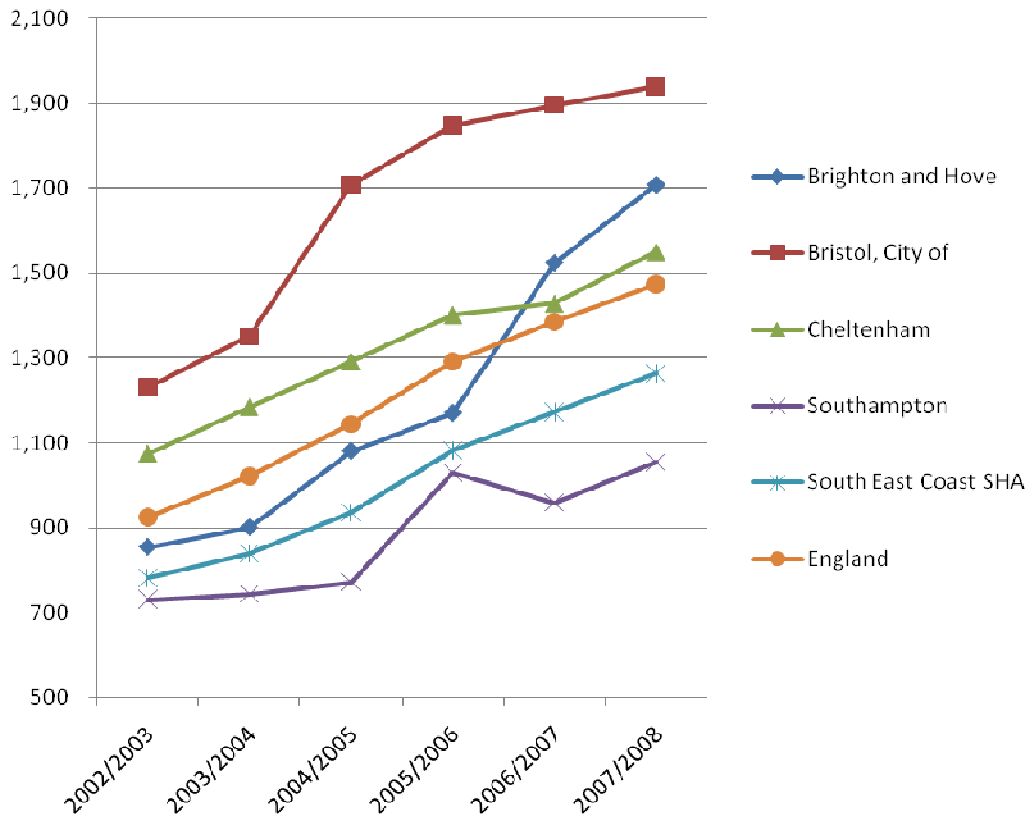
- 5.3 The indicators are a mix of local and nationally available data. Where possible we look at comparator authorities. The HIA Steering Group advised that comparators be taken from the Office of National Statistics Local Authority Comparator areas and the Home Office Crime and Disorder Reduction Partnership 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.nwph.net/alcohol/lape/pctProfile.aspx?req=q37](http://www.nwph.net/alcohol/lape/pctProfile.aspx?req=q37) accessed 27<sup>th</sup> 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

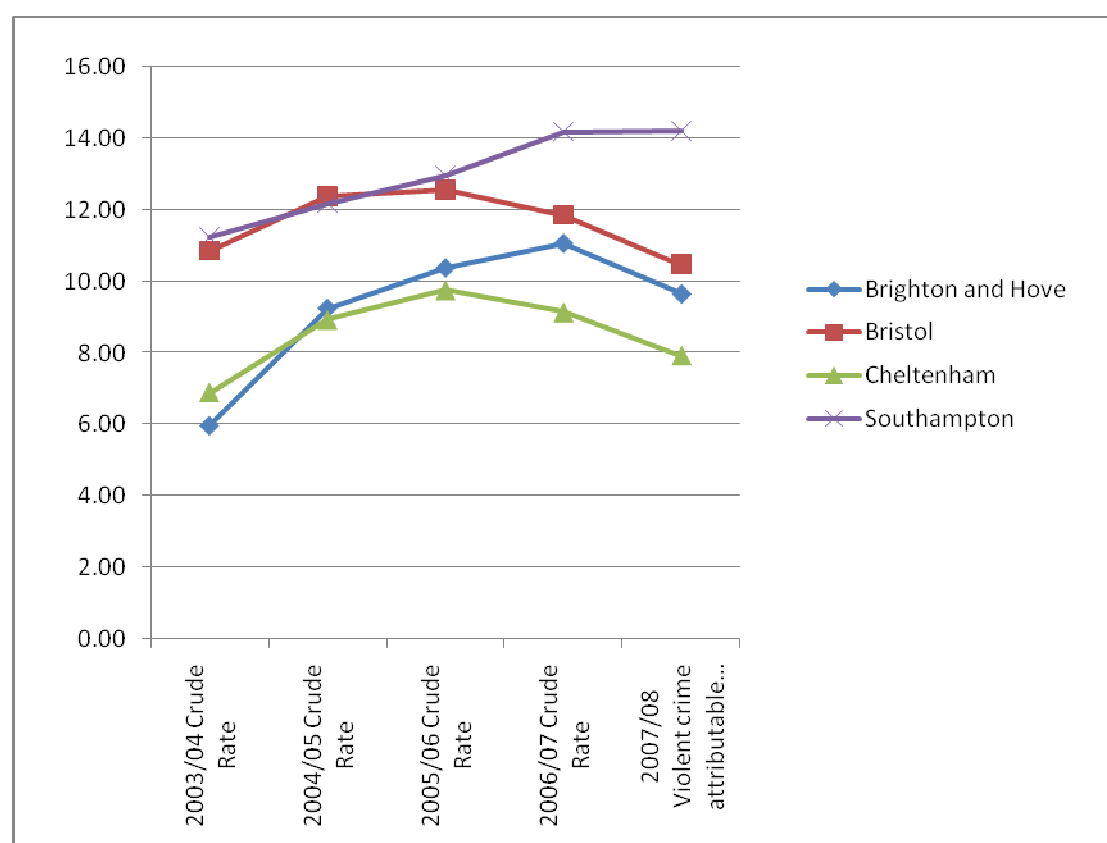


information systems did not record whether attendances were alcohol related prior to 2006 meaning we are unable ascertain a baseline for this important impact area.

### **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 4<sup>th</sup> 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 2<sup>nd</sup> best national quartile for the percentage surveyed feeling fairly or very safe outside after dark (2005/6) and in the 1<sup>st</sup> 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 <sup>nd</sup> quartile	3 <sup>rd</sup> Quartile	2 <sup>nd</sup> 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 <sup>rd</sup> Quartile		1 <sup>st</sup> Quartile	1 <sup>st</sup> Quartile

\* national ranking 1<sup>st</sup> quartile = 4

Source: Home Office, British Crime Survey

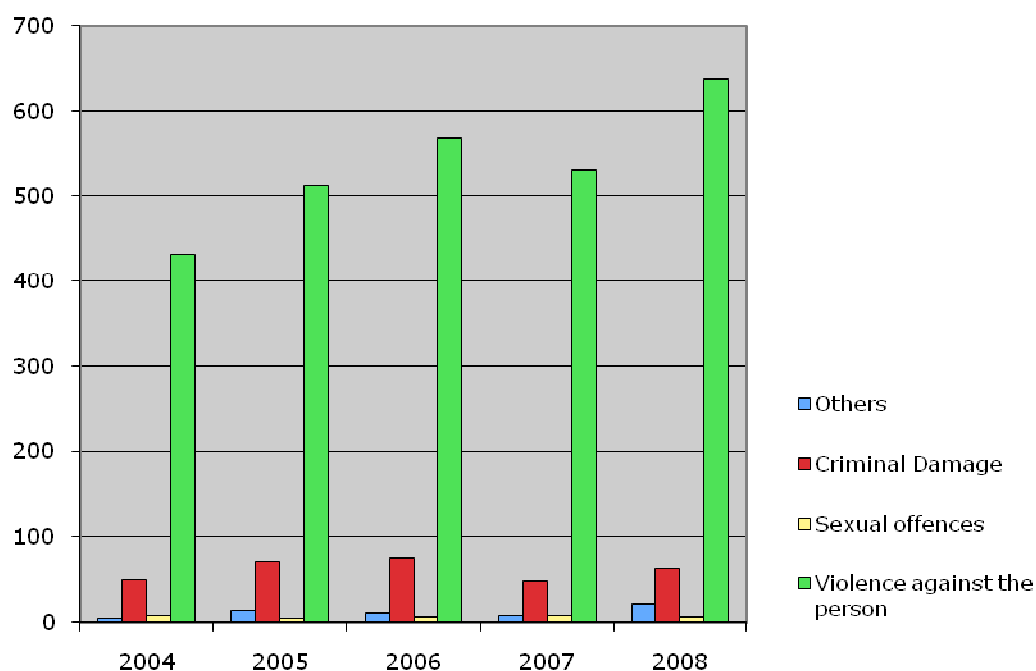
Taken from <http://www.areaprofiles.audit-commission.gov.uk>

### **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**

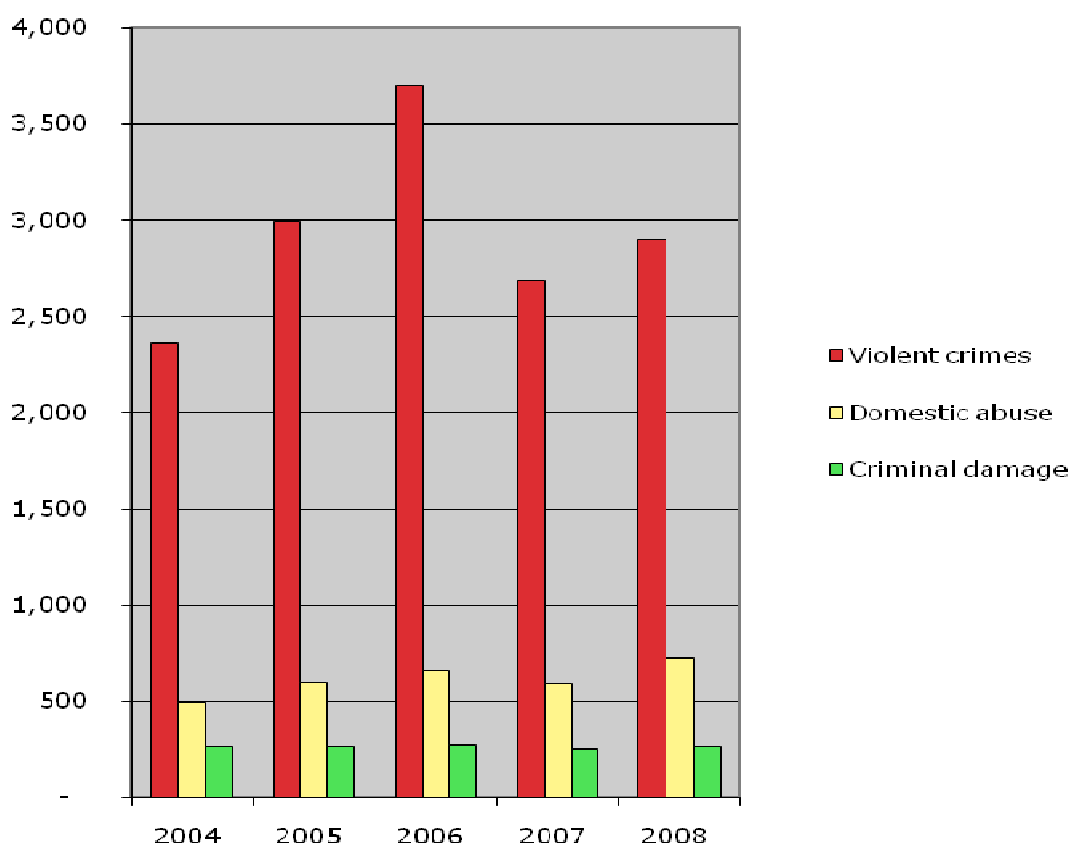


#### ***Monitoring impact on alcohol related offending***

- 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: <a href="http://www.dcsf.gov.uk/rsgateway/nat-stats.shtml">http://www.dcsf.gov.uk/rsgateway/nat-stats.shtml</a>
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 <a href="http://www.nwph.net/alcohol/lape/">http://www.nwph.net/alcohol/lape/</a>
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 <a href="http://www.nwph.net/alcohol/lape/">http://www.nwph.net/alcohol/lape/</a>
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 <a href="http://www.nwph.net/alcohol/lape/">http://www.nwph.net/alcohol/lape/</a>
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 <a href="http://www.nwph.net/alcohol/lape/">http://www.nwph.net/alcohol/lape/</a>



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 ( <a href="http://www.nwph.net/alcohol/lape/">http://www.nwph.net/alcohol/lape/</a> )		
9 individual health and well being	9.5 risk of accidents	Will need further investigation	Will need further investigation	Local Authority / PCT comparisons available <a href="http://www.nwph.net/alcohol/lape/">http://www.nwph.net/alcohol/lape/</a>
9 individual health and well being	9.6 road traffic accidents		Available from local Police data	Local Authority / PCT comparisons available <a href="http://www.nwph.net/alcohol/lape/">http://www.nwph.net/alcohol/lape/</a>



## **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)



## 6. List of references

1. HM Government of Great Britain. Licensing Act. 2003. Available at [www.opsi.gov.uk/acts/acts2003/en/ukpgaen\\_20030017\\_en\\_1](http://www.opsi.gov.uk/acts/acts2003/en/ukpgaen_20030017_en_1)
2. Strategy Unit. Interim analytical report for the National Alcohol Harm Reduction Strategy. Strategy Unit Alcohol Harm Reduction project. 2003.
3. Directgov. £2.7 billion - estimated cost of alcohol to the NHS. Directgov website. 2008 Available at [www.direct.gov.uk/en/NI1/Newsroom/DG\\_170745](http://www.direct.gov.uk/en/NI1/Newsroom/DG_170745)
4. Department of Health. Health of the Nation key area handbook: mental health. 1993 HMSO. London.
5. Flensburg-Madsen T, Knop J, Mortensen E, Becker U, Sher L, Grønbaek M. Alcohol use disorders increase the risk of completed suicide - irrespective of other psychiatric disorders. A longitudinal cohort study. Psychiatry Research 2009(1-2):123-30.
6. Institute of Alcohol Studies. Drinking and driving. IAS Factsheet. 2009. Available at [www.ias.org.uk](http://www.ias.org.uk)
7. Institute of Alcohol Studies. Economic costs and benefits. IAS Factsheet. 2009. Available at [www.ias.org.uk](http://www.ias.org.uk)
8. DCMS. Jargon buster - Licensing Act 2003. 2005 Department for Culture, Media and Sport. Available at [www.culture.gov.uk/images/publications/JargonBusterLACT03.pdf](http://www.culture.gov.uk/images/publications/JargonBusterLACT03.pdf)
9. HM Government of Great Britain. Safe. Sensible. Social. The next steps in the National Alcohol Strategy. 2007. Available at [www.dh.gov.uk](http://www.dh.gov.uk)
10. Brighton and Hove Primary Care NHS Trust. Sussed Professional. 2006. Available at <http://www.sussedprofessionals.net/>
11. Brighton and Hove City Council. Brighton and Hove Council Services. 2008. Available at <http://www.brighton-hove.gov.uk/>
12. Institute of Alcohol Studies. Alcohol: tax, price and public health. IAS Factsheet. 2008. Available at [www.ias.org.uk](http://www.ias.org.uk)
13. Office of National Statistics. Local authority datasets. ONS website. 2009 Available at [www.statistics.gov.uk/about/methodology\\_by\\_theme/area\\_classification/datasets.asp](http://www.statistics.gov.uk/about/methodology_by_theme/area_classification/datasets.asp)
14. Leigh, A., Arnott, J., Clarke, G., and See, L. Family vales: grouping similar policing and crime reduction areas for comparative purposes. Briefing Note 3/00. 2000 Policing and Reducing Crime Unit, Home Office Research, Development and Statistics Directorate. Available at [www.homeoffice.gov.uk/rds/prqpdfs/brf300.pdf](http://www.homeoffice.gov.uk/rds/prqpdfs/brf300.pdf)
15. See ONS work on corresponding authorities. Available at [www.statistics.gov.uk/about/methodology\\_by\\_theme/area\\_classification/la/corresponding\\_las.asp](http://www.statistics.gov.uk/about/methodology_by_theme/area_classification/la/corresponding_las.asp)
16. London Borough of Waltham Forest. Waltham Forest Supplementary Planning Document: hot food takeaway shops. 2009 Spatial Planning Unit, LB Waltham Forest. Available at [www.walthamforest.gov.uk](http://www.walthamforest.gov.uk)
17. See for example Peer Educator project run by Shoreditch Trust. Available at [www.shoreditchtrust.org.uk](http://www.shoreditchtrust.org.uk). Accessed on 21/09/09
18. North West Public Health Observatory. Local Alcohol Profiles for England. LAPE website. 2009 Available at [www.nwph.net/alcohol/lape/](http://www.nwph.net/alcohol/lape/)
19. Deacon, L., Hughes, S., Tocque, K., and Bellis, M. A. Indications of public health in the English regions. 8: Alcohol. 2008 Association of Public Health Observatories. Available at [www.apho.org.uk](http://www.apho.org.uk)
20. London Drug and Alcohol Network, Alcohol Concern. Local Alcohol Strategy Toolkit. Local Alcohol Strategy Toolkit website. 2004 Available at [www.localalcoholstrategies.org.uk](http://www.localalcoholstrategies.org.uk)
21. Quigley, R., den Broeder, L., Furu, P., Bond, A., Cave, B., and Bos, R. Health impact assessment. International best practice principles. Special publication series No. 5. 2006 International Association for Impact Assessment. Available at [http://www.iaia.org/Non\\_Members/Pubs\\_Ref\\_Material/SP5.pdf](http://www.iaia.org/Non_Members/Pubs_Ref_Material/SP5.pdf)
22. Barton H, Grant M. A Health Map for Urban Planners: towards a conceptual model for healthy sustainable settlements. Built Environment 2005;31:339-55.
23. Brighton and Hove City Teaching Primary Care Trust and Brighton and Hove City Council. The Annual Report of the Director of Public Health. 2004.
24. Brighton and Hove City Teaching Primary Care Trust and Brighton and Hove City Council. The Annual Report of the Director



- of Public Health. 2005. Available at [www.brightonhovecitypct.nhs.uk](http://www.brightonhovecitypct.nhs.uk)
25. Office for National Statistics. National Census. 2001.
26. Brighton and Hove City Council. 2001 Census Briefing Series. 2001. Available at <http://www.brighton-hove.gov.uk/index.cfm?request=b1000175>
27. Director of Public Health, Brighton and Hove Primary Care Trust, and Brighton and Hove City Council. Annual Report of the Director of Public Health: Brighten Up! Growing Up in Brighton and Hove. 2008.
28. Association of Public Health Observatories. Health Profile 2008: Brighton and Hove. 2008.
29. 2020 Community Partnership. Reducing Crime & Improving Safety: Alcohol. 2007. Available at <http://www.brighton-hove.gov.uk/index.cfm?request=c1165405>
30. NorthWest Public Health Observatory. Local Alcohol Profiles for England: Profile of alcohol related harm - Brighton and Hove. 2008. Available at [www.nwph.net/alcohol/lape](http://www.nwph.net/alcohol/lape)
31. Brighton and Hove City Council. Creating the City of Opportunities: A sustainable community strategy for the City of Brighton and Hove, 2006-09. 2006.
32. Strategy Unit. Alcohol Harm Reduction Strategy for England. 2004 Cabinet Office.
33. Department of Health. Choosing health: making healthier choices easier. CM 6374. 2004. Available at [www.dh.gov.uk](http://www.dh.gov.uk)
34. Wanless, D. Securing good health for the whole population. Final report. 2004 HM Treasury, HMSO. Available at [http://www.hm-treasury.gov.uk/consultations\\_and\\_legislation/wanless/consult\\_wanless04\\_final.cfm](http://www.hm-treasury.gov.uk/consultations_and_legislation/wanless/consult_wanless04_final.cfm)
35. Department of Health. Commissioning framework for health and well-being. Consultation draft. 2007 London. Available at [www.dh.gov.uk](http://www.dh.gov.uk)
36. Department of Health. Our health, our care, our say: a new direction for community services. Cm 6737. 2006 London.
37. Department of Health. Alcohol misuse interventions: guidance on developing a local programme of improvement. 2005 National Treatment Agency for Substance Misuse.
38. Department of Health, University of London. St George's. Division of Mental Health. Section of Addictive Behaviour, Kable Limited, and MORI Social Research Institute. Alcohol Needs Assessment Research Project (ANARP): The 2004 national alcohol needs assessment for England. 2005.
39. HM Government of Great Britain. Local Government and Public Involvement in Health Act. 2007. Available at [www.opsi.gov.uk](http://www.opsi.gov.uk)
40. Ranzetta, L and Morris, J. Alcohol Policy UK: News and analysis for the alcohol harm reduction field. 2008. Available at <http://www.alcoholpolicy.net/>
41. Department of Health. National Alcohol Harm Reduction Campaign. 2008. Available at <http://www.info.doh.gov.uk/doh/embroadcast.nsf/vwDiscussionAll/960C163382EBB8CE80257442004CE541>
42. NHS Employers. Directed enhanced services. 2008. Available at <http://www.nhsemployers.org/pay-conditions/primary-893.cfm>
43. HM Prison Service. Addressing Alcohol Misuse: The Prison Service Alcohol Strategy. 2008. Available at <http://www.hmprisonservice.gov.uk/resources/publicationsdocuments/index.asp?cat=88>
44. Home Office Police. Police Reform: The Police and Justice Act 2006. 2006. Available at <http://police.homeoffice.gov.uk/police-reform/PoliceandJusticeBill1/>
45. Police and Crime Standards Directorate Home Office. Delivering Safer Communities: A guide to effective partnership working. 2007.
46. Home Office Crime Reduction. Tackling Violent Crime Programme. 2004. Available at <http://www.crimereduction.homeoffice.gov.uk/tvcp/tvcp01.htm>
47. Ministry of Justice. Working with Alcohol Misusing Offenders: a strategy for delivery. 2006. Available at [http://noms.justice.gov.uk/news-publications-events/publications/guidance/NPS\\_alcohol\\_misuse\\_strategy?version=1](http://noms.justice.gov.uk/news-publications-events/publications/guidance/NPS_alcohol_misuse_strategy?version=1)
48. Home Office. Explanatory Notes to Criminal Justice Act 2003. 2003. Available at [http://www.opsi.gov.uk/acts/acts2003/en/ukpgaen\\_20030044\\_en\\_1](http://www.opsi.gov.uk/acts/acts2003/en/ukpgaen_20030044_en_1)





49. Rogers Review. Rogers Review of Local Authority Regulatory Priorities. 2007. Available at <http://archive.cabinetoffice.gov.uk/rogersreview/>
50. Portman Group. Code of Practice. 2008. Available at <http://www.portman-group.org.uk/textonly.asp#Code%20of%20Practice>
51. The Wine and Spirit Trade Association, the British Beer and Pub Association, and the Scotch Whisky Association. Social Responsibility Standards. 2005. Available at <http://www.wsta.co.uk/index.php?option=com%1Fcontent&task=59&Itemid=104>
52. the British Beer and Pub Association. Challenge 21. 2008. Available at <http://www.beerandpub.com/industryArticle.aspx?articleId=85>
53. HM Government. Every Child Matters: Change for Children. 2004. Available at <http://www.everychildmatters.gov.uk/>
54. Department for Children, Schools and Families, Home Office, and Department of Health. Youth Alcohol Action Plan. 2008.
55. Department for Education and Skills. Youth Matters: Next Steps. Something to do, somewhere to go, someone to talk to. 2006. Available at [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)
56. National Institute for Health and Clinical Excellence. Interventions to reduce substance misuse among vulnerable young people. 2007. Available at <http://www.nice.org.uk/>
57. National Institute for Health and Clinical Excellence. School-based interventions on alcohol. 2007. Available at <http://www.nice.org.uk/>
58. Department of Health. Current Campaigns. 2008. Available at <http://www.dh.gov.uk/en/News/Currentcampaigns/index.htm>
59. Government Office for the South East. Alcohol - The Local Profile. 2008. Available at <http://www.gose.gov.uk/gose/communitySafety>
60. Partnership Community Safety Team. Brighton and Hove Community Safety, Crime Reduction and Drugs Strategy 2008-2011. 2008.



**7. Appendices**

Appendix A: Methodology ..... 52

Appendix B: Detailed analysis of stakeholder consultation ..... 55

Appendix C: Population health profile for Brighton and Hove ..... 73

Appendix D: Policy context ..... 79

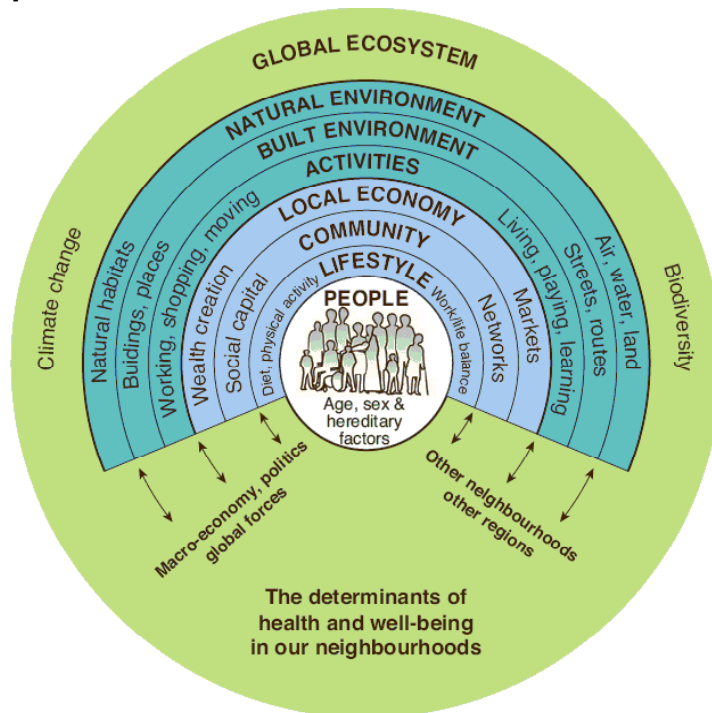
Appendix E: HIA Press briefing ..... 85



## 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 (14<sup>th</sup> 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**

<b>Outcome of the introduction of Flexible Alcohol Licensing Hours</b>	<b>Effects of proposal implementation</b>	<b>Determinants of health and well-being affected</b>	<b>Affecting ...</b>
Extended opening hours for licensed premises	<b><i>Availability of alcohol over longer time period</i></b> 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	<b><i>Increased availability of alcohol through price</i></b> 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	<b><i>Change in patterns of drinking behaviour</i></b> 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	<b><i>Change in patterns of drinking behaviour</i></b> "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	<b><i>Change in patterns of drinking behaviour</i></b> 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	<b><i>Change in patterns of drinking behaviour</i></b> 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	<b><i>Change in patterns of drinking behaviour</i></b> 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	<b><i>Changes in patterns of drinking behaviour</i></b> 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	<b><i>Changes in drinking culture</i></b> 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	<b><i>Changes in drinking culture</i></b> 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	<b><i>Availability of alcohol over longer time period</i></b> 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	<b><i>Increased availability of alcohol through price "Frontloading"</i></b> 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**

<b>Outcome of the introduction of Flexible Alcohol Licensing Hours</b>	<b>Effects of proposal implementation</b>	<b>Determinants of health and well-being affected</b>	<b>Affecting ...</b>
Increased number and range of outlets selling alcohol	<b><i>Increased availability of alcohol through price</i></b> 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	<b><i>Availability of alcohol over longer time period</i></b> 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 &amp; 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	<b><i>Increased availability of alcohol through price</i></b> "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



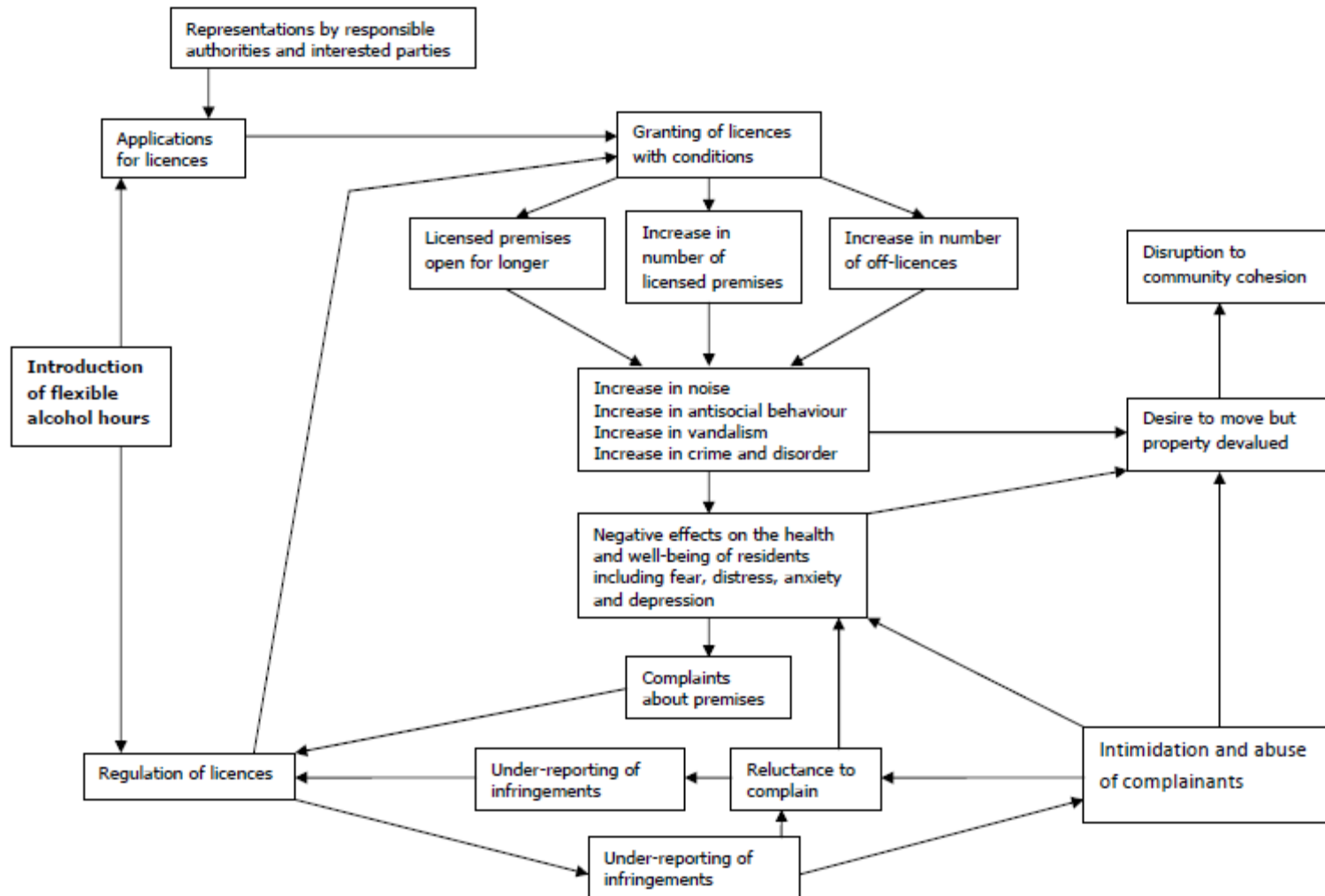
Outcome of the introduction of Flexible Alcohol Licensing Hours	Effects of proposal implementation	Determinants of health and well-being affected	Affecting ...
Combined effect of Licensing Act 2003 and representation of alcohol and leisure in some sectors of the media	Promotion of drinking culture, especially to young people	<p><u>For children &amp; 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 &amp; carers:</u> Stress &amp; 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.

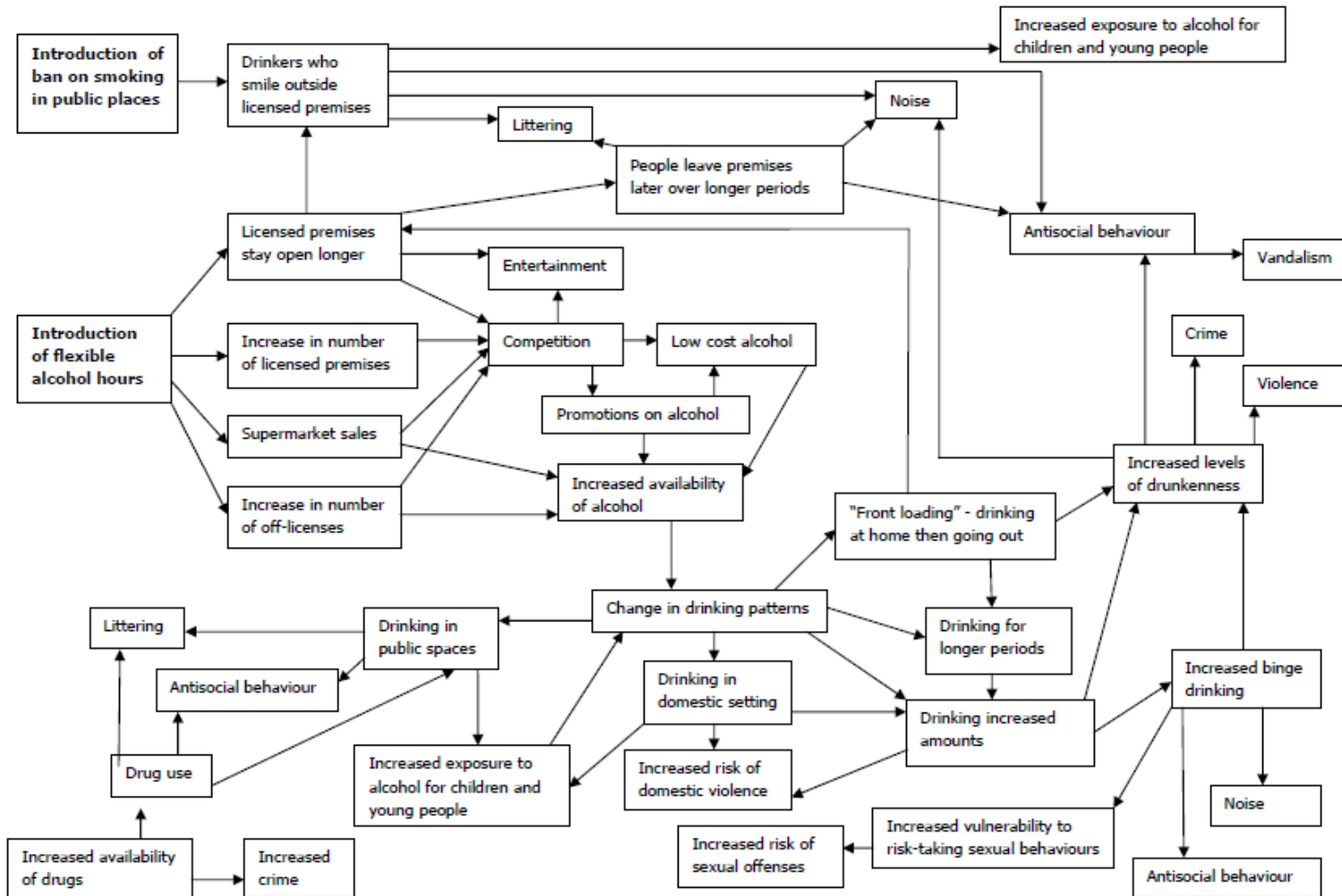


**Figure 10: Impacts of regulating system on residents**

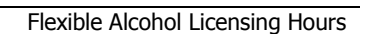




**Figure 11: Crime and disorder**



105



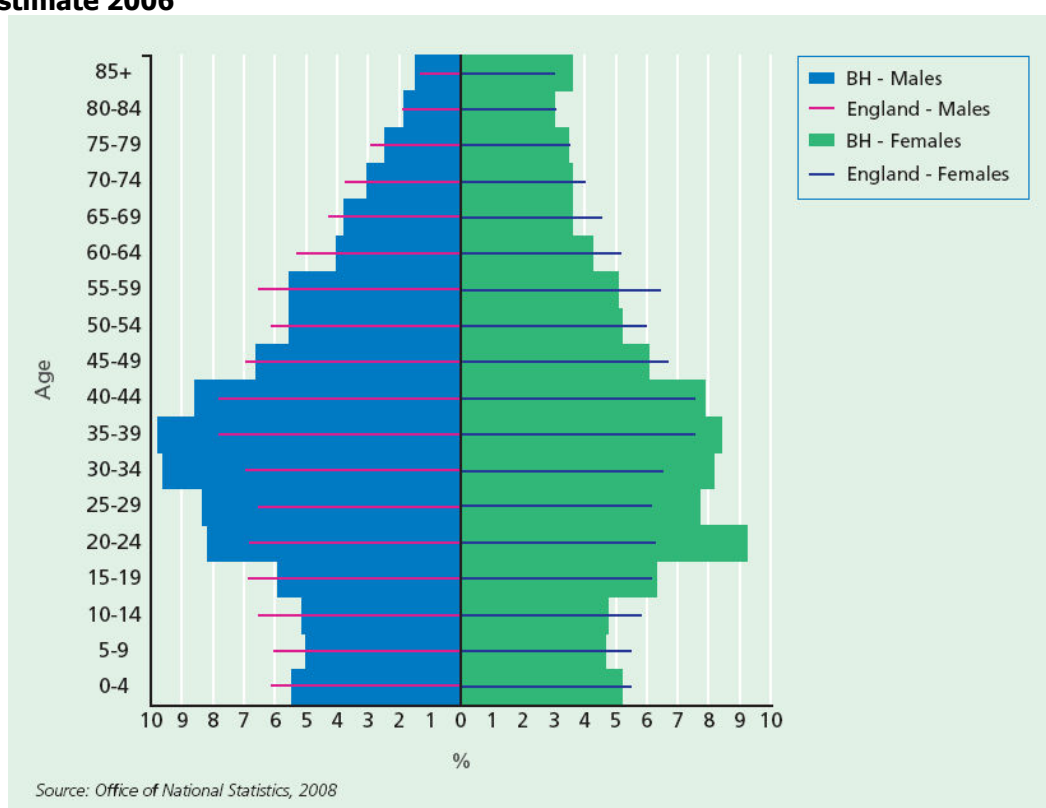
## **Appendix C: Population health profile for Brighton and Hove**

### ***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**

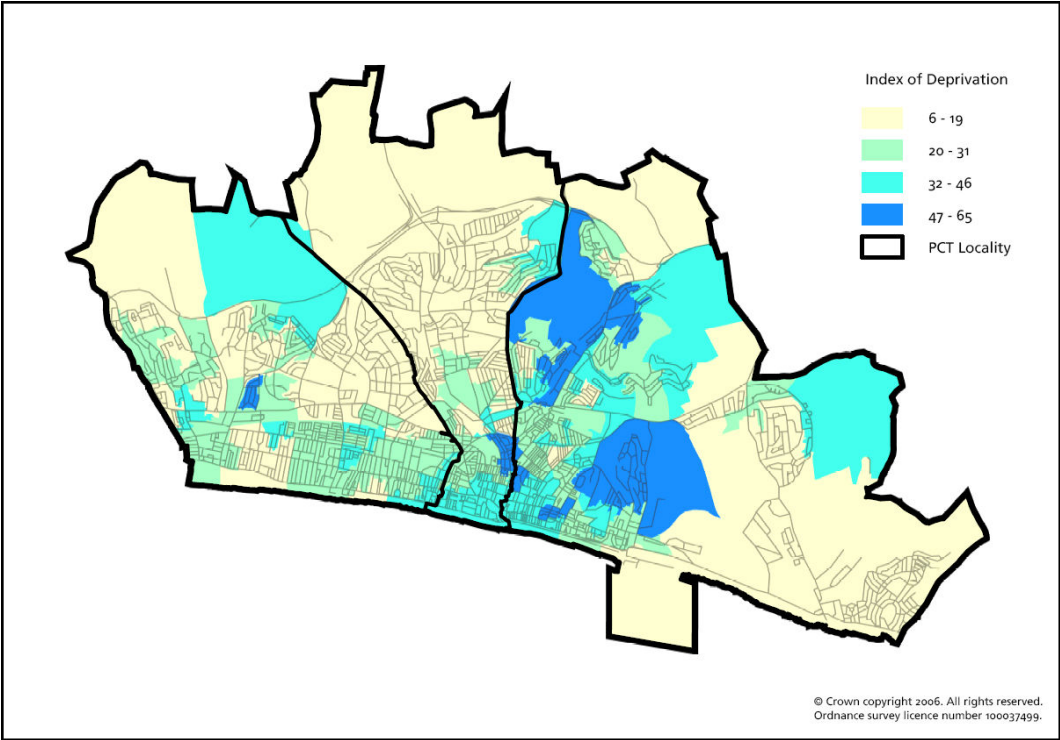


- 7.80 Eighteen percent of the population of the city (or 44,893 people) were migrants in 2001 (25), placing Brighton and Hove as the area with the highest percentage of migrants in the South East and the 15<sup>th</sup> highest percentage nationally. A migrant is defined as a person whose address one 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***

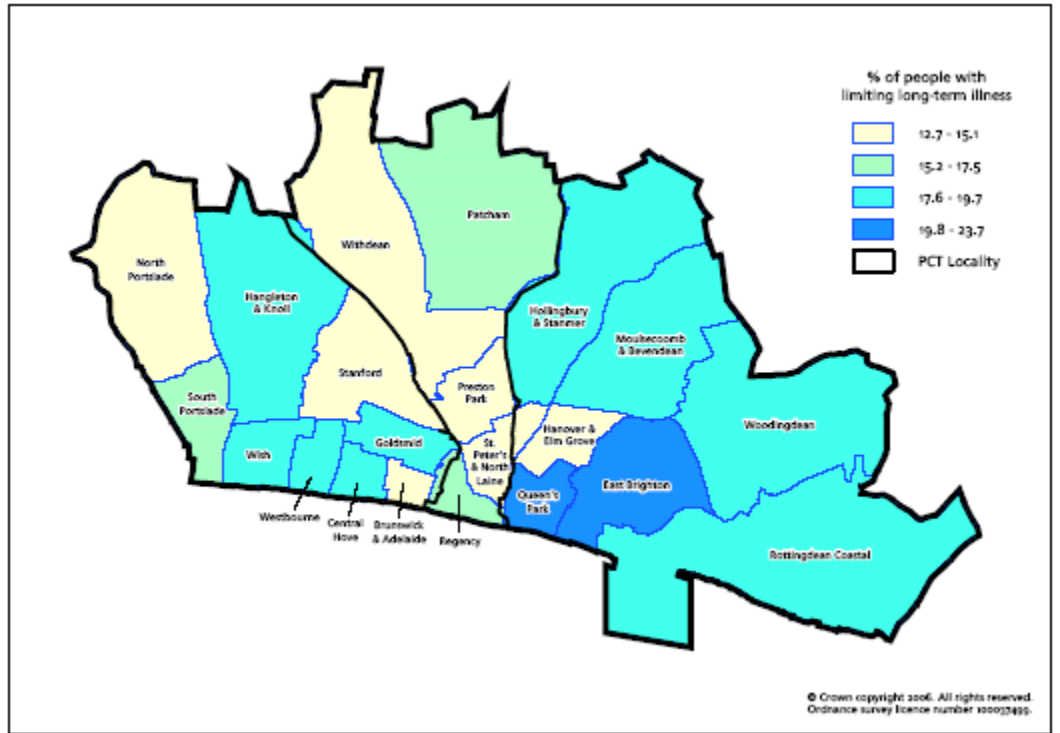
- 7.84 On the average, residents of Brighton and Hove do not enjoy the same level of health as the population of England. Although all-cause mortality and stroke and heart disease deaths have decreased for both men and women over the last 10 years, life expectancy in men, infant deaths and early deaths 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**



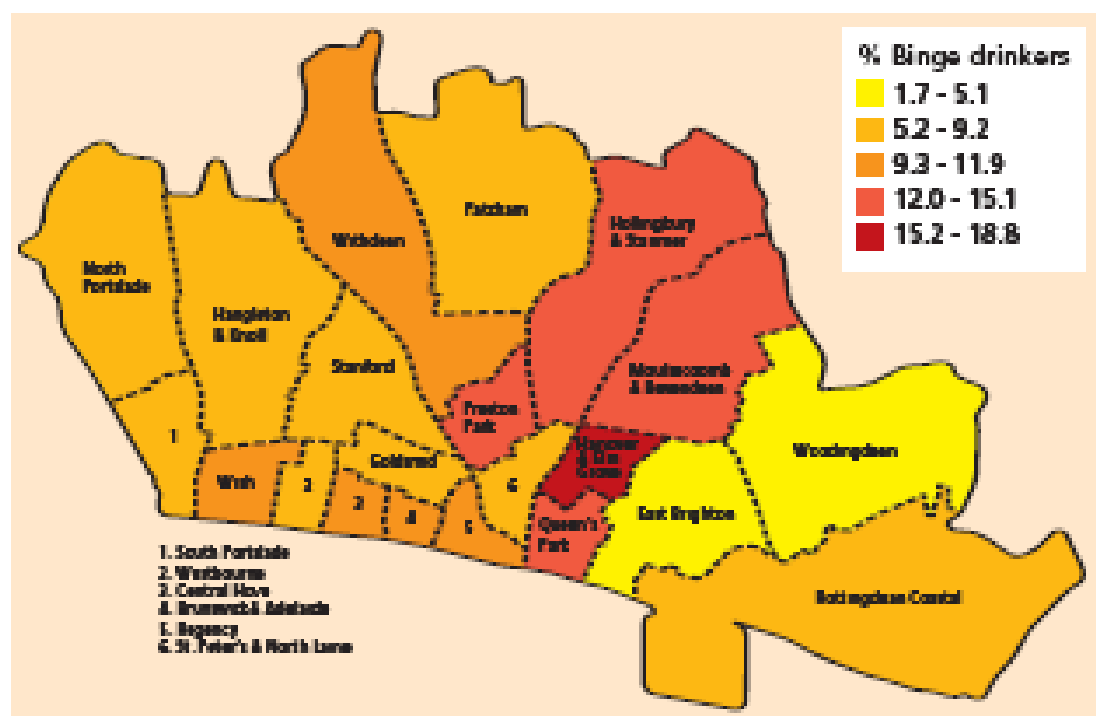
Source: Citystats, Census 2001.

## 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.



# LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)

## Agenda Item 17

Brighton & Hove City Council

### EXTRACT FROM THE PROCEEDINGS OF THE CHILDREN & YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE HELD ON 17 JUNE 2009

**Subject:** *Reducing Alcohol Related Harm to Children and Young People*

**Date of Meeting:** 26 November 2009

CYPOSC 17 June 2009

**Report of:** *Director of Strategy & Governance*

**Contact Officer:** Name: Sharmini Williams Tel: 29-0451

E-mail: [sharmini.williams@brighton-hove.gov.uk](mailto:sharmini.williams@brighton-hove.gov.uk)

**Wards Affected:** All

#### FOR GENERAL RELEASE

#### BRIGHTON & HOVE CITY COUNCIL

#### CHILDREN & YOUNG PEOPLE'S OVERVIEW & SCRUTINY COMMITTEE

5.00PM 17 JUNE 2009

#### COUNCIL CHAMBER, HOVE TOWN HALL

#### MINUTES

**Present:** Councillors Older (Chairman); McCaffery (Deputy Chairman), Allen, Duncan, Smart, Wakefield-Jarrett and Barnett

**Statutory Co-optees: with voting rights::** Nigel Sarjudeen (Diocese of Chichester) and David Sanders (Diocese of Arundel & Brighton)

**Non-Statutory Co-optees:** Dr. Carrie Britton (Children's Health) (Non-Voting Co-Optee), Mark Price (Youth Services) (Non-Voting Co-Optee), Rachel Travers (Community Voluntary Sector Forum) (Non-Voting Co-Optee), Sarah Khaddar (Youth Council) (Non-Voting Co-Optee) and Azdean Boulaich (Youth Council) (Non-Voting Co-Optee)

**Apologies:** Councillor Lynda Hyde and Councillor Pat Drake

## **PART ONE**

### **8. AD-HOC PANEL DRAFT REPORT: REDUCING ALCOHOL RELATED HARM TO CHILDREN AND YOUNG PEOPLE**

- 8.1 This item was taken after Agenda Item 5c.
- 8.2 Councillor Ann Norman, Chairman of the Children and Alcohol Ad-hoc Panel presented the report and answered questions with the other two Panel Members Councillors Ben Duncan and Juliet McCaffrey.
- 8.3 Councillor Ann Norman congratulated Overview and Scrutiny Officers on the report and thanked Sussex Police, partners within the NHS, alcohol retailers, school head teacher, and the Council's Licensing, Trading Standards, Public Health, Children's Alcohol Services and School Services for their assistance in under taking the study.
- 8.4 The Youth Council were also thanked for their input and a Youth Council representative, Kenya Simpson-Martin for meeting up separately and providing valuable evidence which was used in the report.
- 8.5 Azdean Boulaich (Youth Council representative) questioned whether the council did have more powers and whether a reduction in the number of outlets that young people could buy cheap alcohol from, wouldn't that might create a black market type environment which could be more dangerous for young people. The Panel Members responded that there was no evidence to back this and that parents have a responsibility to prevent their children getting alcohol from other means.
- 8.6 Sarah Khaddar (Youth Council representative), asked what types of alternative activities the Panel had in mind and whether there was funding available. The Panel Members responded that it could be somewhere that young people could go to arrange other activities for example like team sports, youth clubs and that this recommendations needed to be supported within the Youth Alcohol Strategy.

A further question was asked by Sarah, as to whether private funding would be accepted and Panel Members agreed that this could be potentially a good idea.

A further comment from Sarah was that the dangers of making alcohol harder to obtain, may just make it more attractive for young people.

- 8.7 It was commented that Youth Outreach Workers were already engaging with young people in parks and this was a valuable service that the Children's Trust provided.
- 8.8 Sarah commented that there was lack of education in schools on the health issues relating to drinking alcohol at a young age as necessary.
- 8.9 **RESOLVED-** The Committee endorsed the report Reducing Alcohol related harm to Children and Young People report and agreed to refer the report to the Council's Executive, Licensing Committee, partner organisations and the Children and Young People's Trust (CYPT) Board as necessary.



# CHILDREN AND YOUNG PEOPLE OVERVIEW & SCRUTINY COMMITTEE

## Agenda Item 8

Brighton & Hove City Council

<b>Subject:</b>	<b>Reducing Alcohol Related Harm to Children and Young People - Ad Hoc Panel Report</b>		
<b>Date of Meeting:</b>	<b>17 June 2009</b>		
<b>Report of:</b>	<b>The Acting Director of Strategy and Governance</b>		
<b>Contact Officer:</b>	Name:	Sharmini Williams	Tel: 29-0451
	E-mail:	Sharmini.williams@brighton-hove.gov.uk	
<b>Wards Affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report and its appendices detail the findings of the Scrutiny Panel established to examine the issue of Reducing Alcohol Related Harm to Children and Young People.
- 1.2 The Scrutiny Panel's report and its appendices are re-printed as **appendix 1** to this report.

#### 2. RECOMMENDATIONS:

- 2.1 That members:
  - (1) Endorse the Reducing Alcohol Related Harm to Children and Young People Ad Hoc Panel report;
  - (2) Agree to refer the report recommendations to the council's Executive, the council's Licensing Committee and to the appropriate partner organisations.

#### 3. BACKGROUND INFORMATION

- 3.1 The review into Reducing Alcohol Related Harm to Children and Young People was instigated at the 24 September 2008 CYPOSC meeting.

3.2 The suggested terms of reference were to:

“Examine the costs of, social and economic outcomes of, and reasons for the higher than average, and worsening, levels of alcohol related harm suffered by children and young people in Brighton and Hove.

Such a panel will specifically, but not exclusively, examine the impact of the Licensing Act 2003 on the availability to and consumption of alcohol by those aged under 18 in the city and, seeking evidence from, amongst others, Sussex police, premises license holders, the council’s own public safety officers and our partners in the NHS, will determine what steps the council could take to reduce levels of alcohol-related harm to children in the city.

Further, the Panel will examine reasons why the problems of alcohol-related harm appear to be worst in the east of the city.”

3.3 The Panel held five evidence gathering meetings in public, talking to a number of witnesses including representatives of NHS trusts, the police, alcohol retailers, Trading Standards and Licensing, local schools, local authority drugs and alcohol services and the Youth Council.

#### **4. CONSULTATION**

4.1 No formal consultation was undertaken in preparing this report, although some of the witnesses who gave evidence to the panel were asked for their comments on drafts of the report, and these comments have been used to inform the final draft version.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

Financial Implications:

5.1 CYPOSC’s decisions in relation to this report (i.e. whether to endorse the Scrutiny Panel report and refer its recommendations to the council’s Executive for consideration) have no direct financial implications.

However, members should bear in mind that the implementation of some of the Scrutiny Panel’s recommendations might have significant financial implications for the council, and that any Executive decision in relation to these matters will need to be made with reference to these costs.

#### Legal Implications:

- 5.2 If CYPOSC endorses the Panel's report and accepts its recommendations, it is required to prepare a formal report and submit it to the Chief Executive for consideration by Cabinet or the relevant Cabinet Member. CYPOSC may also refer the report to the Licensing Committee and partner organisations, highlighting those recommendations relevant to those bodies. Only if one or more recommendations require a departure from or a change to the agreed budget and policy framework would the report need to be considered by Full Council.

If CYPOSC cannot agree on one single final report, up to one minority report may be prepared and submitted, alongside the majority report, for consideration by the Cabinet or Cabinet Member.

*Lawyer consulted: Oliver Dixon*

*Date: 8 June 2009*

#### Equalities Implications:

- 5.3 None identified

#### Sustainability Implications:

- 5.4 None identified.

#### Crime & Disorder Implications:

- 5.5 None identified.

#### Risk and Opportunity Management Implications:

- 5.6 None identified.

#### Corporate / Citywide Implications:

- 5.7 None identified.

### **SUPPORTING DOCUMENTATION**

#### **Appendices:**

1. Ad Hoc Panel report and appendices

#### **Documents in Members' Rooms:**

None

#### **Background Documents:**

1. None (other than those listed in the Ad Hoc Panel report itself)



**Children and Young People Overview and  
Scrutiny Committee (CYPOSC)**

**Reducing Alcohol  
Related Harm  
To Children And Young  
People  
Ad Hoc Panel**

**Overview and Scrutiny**

**Brighton & Hove City Council**

Date : June 2009

## **Table of contents**

A	Introduction	page 3
B	Recommendations	page 9
C	Appendices:	
	Appendix 1: Dates of public meetings and witnesses who attended plus dates of private meetings	page 31
	Appendix 2: Minutes of the meetings	page 33
	Appendix 3: Digest of recommendations	page 62
	Appendix 4: Background papers	page 64

# A Introduction

This section explains the decision to establish an ad hoc panel, as well as providing general background to issues relating to underage drinking (in both national and local terms) and to the 2003 Licensing Act.

## 1. Establishment of the Ad Hoc Panel

**1.1** At its 24 September 2008 meeting, the Children and Young People's Overview and Scrutiny Committee (CYPOSC) considered the 2008 Annual Report of the Brighton & Hove Director of Public Health: "Brighten Up! Growing Up in Brighton & Hove 2008". The 2008 report (which doubles as a Joint Strategic Needs Assessment for city services) focuses on children's health issues.

**1.2** CYPOSC members decided that the committee should investigate some aspect of this public health agenda in greater depth, and after discussion it was determined that the committee's focus should be on the subject of young people and alcohol.

**1.3** More specifically, it was proposed that an ad hoc should be established to:

"Examine the costs of, social and economic outcomes of, and reasons for the higher than average, and worsening, levels of alcohol related harm suffered by children and young people in Brighton and Hove.

Such a panel will specifically, but not exclusively, examine the impact of the Licensing Act 2003 on the availability to and consumption of alcohol by those aged under 18 in the city and, seeking evidence from, amongst others, Sussex police, premises license holders, the council's own public safety officers and our partners in the NHS, will determine what steps the council could take to reduce levels of alcohol-related harm to children in the city.

Further, the Panel will examine reasons why the problems of alcohol-related harm appear to be worst in the east of the city."

**1.4** Committee members agreed to adopt this wording as the ad hoc Panel's Terms of Reference.

**1.5** Councillors Juliet McCaffery and Ann Norman agreed to sit on the Panel alongside Councillor Duncan. Councillor Norman was subsequently appointed as Chairman of the Panel.

- 1.6** Panel members held a scoping meeting, where they were advised by the Director of Public Health and by officers from the council's Children and Young People's Trust (CYPT).
- 1.7** The Panel subsequently held a series of evidence gathering meetings in public. Witnesses included police officers, Trading Standards officers, officers representing the council's Licensing team, CYPT officers, public health professionals from NHS Brighton & Hove, a consultant paediatrician, head-teachers, and representatives of the major supermarket and off-licence chains.<sup>1</sup> The Panel also invited a number of independent alcohol retailers to give evidence. However, none of these potential witnesses agreed to appear before the Panel.
- 1.8** Panel members also met on two occasions with members of the Brighton & Hove Youth Council in order to elicit young people's views on this issue.

## **2. The 2008 Annual Report of the Director of Public Health**

- 2.1** The 2008 Annual Report of the Director of Public Health makes several references to alcohol-related issues. In particular the report states that:

"It appears that children in Brighton and Hove drink slightly more than their national counterparts and some key alcohol indices among 14-15 year olds in Brighton and Hove show high levels of drinking. Drinking is on the increase and a substantial number of children drink more than fourteen units, the recommended weekly maximum for adult women.

While boys drink more than girls, the culture of binge drinking appears to be more common among girls who are much more likely than boys to get drunk. Overall a quarter of boys and a third of girls report getting drunk in the previous week and in the east of the city the figures for drinking and getting drunk are much higher.

Mental and behavioural disorders due to alcohol were the highest cause of admission to hospital compared to other mental health disorders in 2005/6 and 2006/7.

The number of ambulance calls related to drinking among young people has been steadily increasing and between 10 and 25 children and young people aged less than 18 years attend A&E with alcohol related problems every month."

- 2.2** In an attempt to address these problems, the Director of Public Health proposed that:

"The CYPT and the PCT [i.e. NHS Brighton & Hove] should take further action to tackle the increasing levels of drinking among young people,

---

<sup>1</sup> A full list of witnesses is contained in Appendix 1 to this report.



especially the apparent culture of binge drinking among young girls. This should be explored as part of the Joint Strategic Alcohol Needs Assessment currently underway.

The CYPT should work with the ambulance service and A&E Services in order to ensure appropriate treatment and referral for children and young people presenting with alcohol related conditions. This work should be coordinated with the Joint Strategic Alcohol Needs Assessment.”

### **3. Background**

#### **3.1 Population statistics**

- Brighton and Hove has a rather lower proportion of children aged less than 16 years (16.65%) than the average for the South East (19.93%) and for England and Wales (20.16%).
- In mid-2005 there were an estimated 255,022 residents in Brighton and Hove, of whom 53,500 were aged between 0-19 years.
- Population trends and projections suggest that the proportion of children in the city is set to rise somewhat in the next few years, with a concomitant increase in demand for children’s services.
- The east and central areas of Brighton & Hove have proportionately more children and young people than the west.
- Brighton and Hove has relatively high levels of deprivation, higher than both regional and national averages. In the more deprived parts of the city (e.g. in parts of East Brighton) up to 45% of children live in families with parents/carers who are out of work.

#### **3.2 Alcohol statistics and further information**

- Nationally the proportion of pupils aged 11-15 years who had drunk alcohol in the last seven days fell from 26% in 2001 to 21% in 2006.
- However, those young people who did drink were generally drinking more than hitherto: boys drank an average of 12.3 units per week and girls 10.5 units per week. Girls are more likely to get drunk than boys.
- Of the young people who did drink, 49% consumed more than four units on the days they drank; 22% consumed three or four units; and 28% consumed an average of two units or fewer.
- Half of the young people who drank claimed that they purchased their own alcohol.

- 20% of young people said they had been drunk in the last four weeks and 35% had deliberately tried to get drunk.

### **3.3 Local statistics**

- In Brighton & Hove, 11% of boys and 14% of girls claim that they purchase alcohol from off licences. Children in the east of the city are most likely to purchase alcohol from an off license and drink it in a public place<sup>2</sup>.
- Underage drinking in public spaces (e.g. parks) is very common across Brighton & Hove. Young people who consume alcohol in public spaces are often implicated in anti-social behaviour. They are also at risk of becoming victims of crime, physical injury (i.e. via accidents or assault) or of being exposed to other harmful substances (e.g. illicit drugs). Young people drinking in public spaces often do so in large groups, and this increases the risk of anti-social behaviour and poses serious problems for policing.
- It is estimated that there are 12-20 young people who present at Brighton Accident & Emergency (A&E) each month with overdoses or injuries directly caused by alcohol, and of these, 4-5 young people are consequently admitted for treatment<sup>3</sup>. The number of young people presenting at A&E with conditions indirectly related to excessive alcohol consumption (e.g. people who engage in risky behaviour and consequently suffer injuries because they are drunk) is almost certainly far higher than this, although these statistics are not necessarily collated.

## **4 The Licensing Act (2003)**

- 4.1** The ad hoc Panel Terms of Reference proposed by Councillor Duncan (see **point 1.3** above) make reference to the 2003 Licensing Act. It may therefore be helpful to give a brief explanation of aspects of the Act and of how it has been incorporated into local licensing policy.
- 4.2** The Licensing Act (2003) represented a major revision and rationalisation of licensing law, replacing the 22 existing Acts which determined licensing issues (including the 1964 Licensing Act – the principle vehicle for alcohol licensing).
- 4.3** The 2003 Act introduced flexible opening hours for licensed premises (subject to their impact upon local residents), simplified the licence application process (by replacing the existing six types of licence with

---

<sup>2</sup> This information has been extracted from the Annual Report of the Director of Public Health, Brighton & Hove City NHS Teaching Primary Care Trust (Chapter 2 & 5).

<sup>3</sup> This information is from the Health Impact Assessment (April 2009)

one general licence), and transferred the responsibility for granting licences from magistrates to local authority Licensing Committees.

- 4.4** In addition to simplifying a previously very complex area of law, the 2003 Act sought to make significant changes to national licensing policy. In essence, the architects of the Act argued that the *status quo* position of tight restrictions on the number and opening hours of licensed premises was generally ineffective in controlling problems associated with the excessive consumption of alcohol, and in some instances might actually exacerbate the difficulties it sought to mitigate. For example, it can be argued that imposing an 11pm closing time on pubs and bars effectively creates ‘flash-points’ in town centres where several thousand people leaving premises at the same time can overwhelm local services, police etc. Staggering closing times may mean that some people spend longer drinking, but it also means that the police, taxi services etc. are required to cope with a regular trickle of people coming and going rather than with an 11pm deluge.
- 4.5** Similarly it can be argued that restricting the number of licensed premises does little to limit drinking, as people will readily travel to purchase alcohol. Restrictions therefore inconvenience the public and local retailers whilst doing little to mitigate the impact of excessive drinking.
- 4.6** These arguments are by no means universally accepted, with critics contending that extended opening times may reduce flash-points, but only at the expense of prolonging noise nuisance and anti-social behaviour (e.g. instead of having an hour or so when people noisily returned home from a night’s drinking, there are now people creating a disturbance all night long, as groups of drinkers come and go throughout the night). Similarly, whilst some aspects of the growth in licensed premises may not impact upon drink-related problems, others (such as the increase in late night off-licences) may have a deleterious effect (i.e. people who might formerly have stopped drinking when they ran out of alcohol can now continue drinking for as long as they please, with obvious consequences for themselves and their neighbours).
- 4.7** Brighton and Hove City Council’s response to the 2003 Licensing Act is embodied in the council’s “Statement of Licensing Policy 2003”<sup>4</sup>. This sets out the council’s licensing objectives in light of the 2003 Act. The Licensing Authority objectives are:
- (a) the prevention of crime and disorder;
  - (b) public safety;
  - (c) the prevention of public nuisance; and
  - (d) the protection of children from harm.

---

<sup>4</sup> See the Licensing Act 2003, Brighton & Hove City Council, Statement of Licensing Policy, Environmental Health and Licensing Service.

- 4.8** The revised Brighton & Hove Licensing Policy came into force in January 2005, and will be under constant review until January 2011.
- 4.9** The Licensing Committee is limited in its ability to consider the impact of the granting of new licences, being authorised to consider any potential impact upon the very local vicinity, but not broader issues of harm (e.g. impact on a wider or more distant geographical area).
- 4.10** In terms of the current ad hoc panel, the obviously pertinent licensing objective is: Protection of Children from Harm. The Licensing Policy addresses this by:
- Including the moral, psychological and physical harm which may be connected with licensed and club premises (e.g. exposure at a young age to strong language and adult entertainment and films) as a factor to be considered in relation to license applications.
  - Insisting that licensees show awareness that under 18s are frequently involved in drink related disorders, and have a robust policy for checking customers' ages in place.
  - Demanding that all staff responsible for selling alcohol receive information and advice on the licensing laws in relation to children and young people in licensed premises.
- 4.11** In order to limit underage drinking and related problems, the Licensing Committee supports the following measures:
- a) (Under powers established by the Confiscation of Alcohol (Young Persons) Act 1997) the Police acting to remove alcohol from young people on the street;
  - b) The Police and Trading Standards using Police Cadets to carry out test purchasing (e.g. employing U18s to attempt to purchase alcohol from on and off-sales);
  - c) The promotion of proof of age schemes;
  - d) The development of in-house, 'mystery shopper' schemes carried out by businesses (i.e. to check whether staff are willing to sell to U18s);
  - e) Possible CRB checking of staff providing catering for events with unaccompanied children.
- 4.12** Licensing enforcement entails close partnership working involving Sussex Police, the East Sussex Fire & Rescue Service and Brighton & Hove City Council.

- 4.13** Where licensees are found to sell consistently to U18s (or to serve intoxicated people etc.), the licensing authority will take action under its statutory powers. In general, offenders are not prosecuted; the Licensing Committee has the power to attach conditions to, to suspend or to revoke licenses, and typically employs these measures rather than using the courts (prosecution is time-consuming, expensive, and often less effective than revocation/suspension). Any action taken against licensees must be proportionate; balancing the undesirability of selling to U18s with the need to support local businesses.

## **B Recommendations**

This section of the report describes in more detail the particular problems faced by Brighton & Hove in relation to young people and alcohol, and makes some recommendations in terms of how city services might be improved.

### **5 On-sales and Off-sales**

- 5.1** The majority of adults probably associate underage drinking with evenings spent in on-sales premises: pubs and bars. However, in recent years this has changed considerably, with fewer under 18s (U18s) drinking in pubs and many more drinking in public places or at home. There has been a particularly noticeable growth in the phenomenon of ‘park drinking’ – with often very large groups of teenagers gathering in parks on Friday and Saturday nights to socialise and consume alcohol, with consequent problems of anti-social behaviour.<sup>5</sup> There are several possible explanations for this shift:

- 5.1(a) Better on-sales enforcement.** Recent years have seen the introduction of ‘test purchasing’ by the police working in partnership with Trading Standards Officers (TSO). Test purchasing involves employing U18s (police cadets) to attempt to buy alcohol from licensed premises. This method of enforcement is often more effective than alternatives (which may essentially consist of observing premises in the hope of witnessing staff serving or refusing to serve customers who are clearly U18). Test purchasing for alcohol is a relatively recent development as, until 2003, it was illegal to employ people under the age of 18 for this purpose (as it is against the law for U18s to buy alcohol, not just against the law to sell it to them). If fewer U18s are drinking in pubs and bars then, it may be because bar staff are more reluctant to serve them than they were a few years ago, as there is a far greater risk of being caught out.<sup>6</sup>

---

<sup>5</sup> To a degree this shift is seasonal, with park drinking very popular in the summer months and drinking in on-sales more popular over the winter.

<sup>6</sup> See evidence from Tim Nichols (point 23.9, 16.02.09).

**5.1(b) Pricing.** There has always been a difference between on and off-sales (off-licence and supermarket) pricing of alcohol. However, recent years have seen this gap grow to the point where it is almost invariably considerably more expensive to drink in a pub or a bar than to purchase alcohol from off-sales. Since U18s are, on average, fairly unlikely to have very much disposable income, this price differential may be a significant factor in determining where they choose to drink.

**5.1(c) 'Fashion'.** In addition to pressures 'pushing' young drinkers out of pubs and bars, it may be the case that other locations for drinking have attractive elements which act as a 'pull'. For instance, the phenomenon of park drinking may be influenced by high on-sales prices or a decreasing tolerance for U18s in pubs, but it may also be a product of active choice: young drinkers simply prefer congregating outside in large groups to using pubs and bars.

**5.2** Whatever the reasons for the change in drinking habits, it seems to be the case that most of the alcohol that U18s drink is not now obtained from on-sales.<sup>7</sup> But, if they are not purchasing from pubs and bars, where do young people get alcohol? The Panel heard that the principle sources are: U18s purchasing from off-sales; 'proxy-purchase' (over 18s buying from off-sales on behalf of U18s); theft (from off-sales or from the family home); and parents (i.e. parents knowingly providing their children with alcohol).<sup>8</sup>

**5.3** In terms of the role the statutory agencies play in enforcement, the key factor here is probably U18 purchase from off-sales.<sup>9</sup> Is the shift of underage drinking from on to off-sales a significant one? It can be argued that it is, and that there are some worrying implications to such a move:

---

<sup>7</sup> It is estimated that approximately 5% of U18 drinking is via on-sales purchase by underage drinkers; 15% via off-sales purchase by underage drinkers. The remaining 80% of alcohol consumed by U18s is not purchased illegally – i.e. it is supplied by parents, by over 18s 'proxy-purchasing', or by theft. (Evidence from Inspector Andrew Kundert, Licensing Inspector, Brighton & Hove Police: point 4.15, 27.02.08). See also evidence from Tim Nichols and Cllr Carol Theobald: points 23.2 and 23.3, 16.02.09. Not everyone working in the field would regard these estimates as accurate.

<sup>8</sup> It is difficult to be sure where alcohol consumed by U18s originates, as inebriated teenagers (the obvious source of this information) may not be very lucid, and may also be inclined to lie in order to protect friends or family (evidence from Andrew Kundert and Anna Gianfrancesco: point 5.2(b), 27.11.08).

<sup>9</sup> 'Proxy-purchase' is also an enforcement issue, but this is very difficult to regulate as the obvious targets for enforcement here are the adults who agree to buy alcohol for children rather than the on or off-sales retailers (although retailers do have a duty to be observant and to refuse sales where it is apparent that proxy-purchase may be taking place). The group of potential proxy-purchasers is obviously much larger and more diffuse than that of retailers. Neither is it really possible to do anything equivalent to test purchasing here – i.e. by employing U18s to ask adults to buy alcohol on their behalf – as, legally speaking, this would be considered to amount to entrapment: meaning that no adult caught in such a 'sting' could subsequently be prosecuted (see point 5.2(a), 27.11.08).

- 5.3(a)** Traditionally, U18s drinking in pubs would be informally ‘monitored’ by bar staff and by adult drinkers, with young drinkers who were disruptive being refused service. There need be nothing particularly altruistic about this monitoring – it would generally just be a case of adult drinkers only tolerating U18s who kept a low profile and did not annoy them; but the effect may well have been to provide quite a powerful lever to moderate alcohol consumption and behaviour amongst young drinkers in pubs. In contrast, young people drinking in parks or other public places are not monitored in any way, save by their peers.
- 5.3(b)** Large groups of U18 drinkers would not typically have been tolerated in pubs as such groups are bound to be noisy and attract unwanted attention (i.e. from TSO and the police). Thus even publicans who were willing to sell to U18s would probably balk at selling to large groups. Again, there is no such lever to control the size of groups gathering in parks – and there are clear links between the size of a group of drinkers and the likelihood of public disorder.
- 5.3(c)** On-sales prices have always been higher than those in off-sales, particularly so for spirits. Since U18 drinkers are not, on average, likely to have a lot of spare cash, drinking in pubs may mean that young drinkers consume with a degree of moderation and that they drink beer, cider etc. rather than spirits (generally seen as less risky behaviour as it is rather harder to drastically over-consume beer than it is vodka etc). Off-sales prices can be much cheaper, particularly for spirits (which are also far more portable than large volumes of relatively low alcohol beer), thereby encouraging greater and more hazardous consumption.
- 5.3(d)** U18s drinking in pubs would be exposed to the behaviour of adult drinkers, and (assuming that the adult behaviour they saw was relatively benign) might therefore learn to drink sensibly by observation. U18s drinking with their peers have no such role models to draw upon.
- 5.3(e)** Pubs and bars and the areas around them are generally relatively heavily policed, both by the police force and by bar security staff, council officers etc. Clearly, this degree of policing is in reaction to the dangers inherent in adult drinking environments – pubs would not warrant this level of security if they were safe places to be. However, it can certainly be argued that on-sales are still much safer places to congregate than parks or the beach, which have no comparable networks of security in place.
- 5.4** In a number of ways then, it can be argued that U18 drinking in on-sales may be preferable to U18s obtaining alcohol from off-sales (or from the parental home etc.) and congregating in large groups in parks

or the like.<sup>10</sup> Given that a certain level of U18 drinking is probably inevitable, it might in fact be preferable if this drinking took place in pubs rather than other, objectively more risky, environments.

- 5.5** Clearly, U18 drinking is illegal in most contexts, and it would not be possible at a local level, even if it was considered desirable, for underage drinking in pubs and bars to be officially tolerated. However, licensing enforcement inevitably involves prioritising certain elements of the licensing regime over others, as with any service which is required to manage finite resources. Panel members believe that the dangers posed by U18 drinking in relation to off-sales (and subsequent consumption of alcohol in public places) considerably outweigh the typical dangers of U18 drinking in on-sales, and that licensing enforcement should be prioritised accordingly.<sup>11</sup>
- 5.6** However, enforcement of off-sales is led by TSO, whilst on-sales enforcement is, in the most part, carried out by the police. It would therefore be difficult, if not impossible, to switch focus and resources from one type of enforcement to the other in a wholesale manner. The point is rather that, when working in partnership to develop strategies around U18 drinking, TSO and the police should take into account the differential impact of off and on-sales drinking as set out above, and plan accordingly.
- 5.7** In fact, there is considerable evidence that this is already happening, with, for instance, the recent concentration on park drinking via the 'Operation Parks' initiative.<sup>12</sup> The Panel commends this forward thinking and effective partnership working and trusts that city licensing enforcement agencies will continue to focus on the aspects of U18 drinking which are of most pressing concern.
- 5.8** **RECOMMENDATION 1: The Panel welcomes and commends the increased emphasis of Licensing enforcement on off-sales (and on public place drinking), as it shows a commitment to identifying and tackling current problems rather than simply adhering to traditional modes of enforcement. The Panel hopes that this will provide a platform for the further development of Licensing enforcement, both in terms of closer partnership working, and in**

---

<sup>10</sup> These arguments do rather assume a relatively civilised pub environment - the traditional 'local' where adults meet to drink in a sensible manner. Whether or not such pubs ever formed the majority of on-sales, it's certainly questionable whether they do so in the present day; and the argument for the civilising influence of city-centre 'vertical drinking establishments' is perhaps not quite so clear-cut as that for backstreet 'locals'.

<sup>11</sup> This assumes that on-sales premises tolerate moderate levels of U18 drinking rather than that they permit U18s to drink and act irresponsibly. On-sales which effectively facilitate anti-social behaviour by U18 drinkers (by allowing large groups to congregate, by serving people who are already drunk etc.) should remain a licensing enforcement priority.

<sup>12</sup> See evidence from Andrew Kundert: point 4.11, 27.11.08.



**terms of a continuing concentration on the actual rather than the popularly perceived problems of underage drinking.**

## **6 Best Practice in Off-Sales**

- 6.1** During the course of the Scrutiny review, Panel members spoke with Trading Standards officers, with the council's Head of Licensing, with police officers responsible for licensing and with representatives of some of the city's largest alcohol retailers. The Panel learnt of a number of initiatives designed to ensure that U18s are unable to purchase alcohol from off-sales.
- 6.2** Measures in place include comprehensive training of till staff; systems for recording incidents when customers have been refused service; store by store analysis of refusals to identify potential discrepancies<sup>13</sup>; the deployment of security guards to support and reassure till staff; close co-working with TSO and the police; support for voluntary I.D. card schemes; and support for initiatives which require till staff to request identification from customers who appear to be younger than 21 or 25 (depending on the scheme in use).
- 6.3** Whilst there may sometimes be a significant gap between the theory and the practice of some of these measures, it is clear that a great deal has been done to try and avoid selling alcohol to U18s. The retailers who adopt these types of safeguards should be commended for their responsibility, as should TSO and the local police force who have done a considerable amount of work in terms of persuading and requiring city retailers to adopt best practice.
- 6.4** However, it seems to be the case that those firms adopting the measures outlined above are generally the large regional and national off-licence chains and supermarkets. Whilst these firms are responsible for a very significant part of the city off-sales market, this market also includes several hundred independent retailers.
- 6.5** Indeed, it would seem that independent off-sales have proliferated since the Licensing Act (2003) relaxed the terms under which alcohol licences are granted.<sup>14</sup> Many of these retailers are not specialist off-

---

<sup>13</sup> See evidence from Sue Dixon and Chris Denman (Area Manager for Threshers): points 17.3, 17.5, 10.02.09.

<sup>14</sup> In essence the 2003 Licensing Act demands that Local Authority Licensing Committees work on the presumption that a licence should be granted unless there is good reason to oppose it (and members of the public willing to protest). Therefore, applicants for licences do not have to prove that their business will not damage the community; rather, anyone opposing a license application has to 'prove' that there will be damage.

sales, but rather generalist shops which sell alcohol as a sideline alongside newspapers, groceries etc. This may mean that independent retailers are not always as well-trained about, or as focused on, issues of underage selling as might be wished.

- 6.6** Whilst there is no doubt that the great majority of independent off-sales retailers are honourable businesses which do not set out with any intention of selling alcohol to U18s, it is also clear that it can be very difficult for small business to adopt and enact the best practice evolved by the large off-sales chains. The kind of systemised approach which seems to have worked very well for Somerfield or Tesco may not be readily adopted by a small family concern, with limited capacity to pay for training, extra security, CCTV etc.
- 6.7** The Panel recognises that TSO is very active in this area, working in partnership with independent retailers to improve their practice, rather than simply assuming the role of licensing enforcer. However, Panel members believe that there would be value in taking an extra step here by compiling a best practice guide on how to avoid selling alcohol to U18s. This guide could then be distributed to all new licence applicants and could also become an important tool for the Local Authority Licensing Committee – e.g. when considering what action to take against retailers who have sold to U18s, the Licensing Committee might request that a licence holder adopted some or all of the recommendations contained within the best practice guide.
- 6.8** Although all the information contained in such a guide might already be transmitted to independent retailers via a number of avenues, there is considerable value in having it compiled and available in one place, as this would mean that retailers could not then plead ignorance of any elements of the best practice advice. A best practice guide would therefore be a tool to complement the work of TSO and the local Licensing Committee; it would not be a substitute for the face-to-face work with retailers that TSO excels in, but would augment this work.
- 6.9** **RECOMMENDATION 2 – City partners (co-ordinated by TSO) should draw up a Best Practice Guide on avoiding selling alcohol to U18s with a view to the guide being disseminated to independent retailers.**

## **7 ‘Think 21’ and ‘Challenge 25’**

- 7.1** It is evident that relatively few off-sales retailers deliberately sell to U18s. Ethical issues aside, the potential downsides of doing so outweigh any benefits in terms of increased sales.<sup>15</sup> However, the

---

<sup>15</sup> This is perhaps particularly the case for the national chain retailers, which risk attracting adverse publicity if they are found to have sold alcohol to U18s. (See evidence from Sue Dixon, Head of Security, First Quench Retailing [Thresher]: point 17.4, 10.02.09; and evidence from Tony Rickwood, Tesco Store Manager [Portslade]: point 18.5, 10.02.09.)

issue is not quite as simple as resolving not to sell to U18s, as it can be very difficult for staff to determine which customers are underage and which are not.

- 7.2** In consequence, a number of measures have been adopted by retailers (see **point 6.2** above). Perhaps the most interesting of these are the 'Think 21' and 'Challenge 25' initiatives. Under the 'Think 21' scheme, till staff are instructed to challenge any customer who they believe may be under 21. When challenged, customers must show I.D. before being allowed to proceed with their purchase. Think 21 is heavily advertised in participating stores, with prominent checkout notices explaining that the scheme is in operation. Think 21 is designed to remedy a common problem in dealing with U18 alcohol sales: the fact that staff often struggle to accurately identify customers' ages. By setting the 'bar' at several years above the legal drinking age, the Think 21 scheme should ensure that only customers who look 21 or over will be served without an age check. The assumption is that, whilst many younger teenagers may pass for 18, relatively few will pass for 21, and that the number of inadvertent sales to U18s will consequently be reduced.
- 7.3** 'Challenge 25' is essentially Think 21 but with a higher age bar. Again, the intention is to counter ambiguities associated with making visual assessments of customers' ages, and setting a bar at 25 means that even fewer U18s are likely to get served. The introduction of Challenge 25 is perhaps testament to how difficult it can be to assess customers' ages, as it was seemingly felt that Think 21 allowed for too much ambiguity, with staff still struggling to differentiate between 16 and 21 year olds.
- 7.4** Panel members consider that these age-based schemes are an excellent idea, particularly Challenge 25. Retailers adopting this scheme should be in a position where they rarely if ever inadvertently sell alcohol to an U18.<sup>16</sup> These initiatives may also make it easier for staff to challenge customers who are under age, since they make it less likely that individuals will take offence at being singled out by till staff (i.e. it's not just you who's being asked for I.D.; it's everyone who looks under 25).

---

<sup>16</sup> Since Challenge 25 and Think 21 rely upon customer I.D., there is an issue of the integrity of I.D. schemes to be considered here. Passports and driving licenses provide a very secure proof of identity, but few young people would wish to carry passports around with them at all times, and not everyone is a driver. This means that it is often necessary to fall back on less formal I.D. schemes. These schemes can be excellent, but people are much more likely to tamper with or forge this kind of I.D. than they are driving licenses or passports, and the police are often reluctant to prosecute this type of fraud (see evidence from Tim Nichols, Head of Environmental Health and Licensing, Brighton & Hove City Council – point 23.4, 16.02.09).

**7.5** Almost all the major chain off-sales retailers now employ or are planning to adopt the Challenge 25 scheme.<sup>17</sup> However, it is still not widely used by independent retailers, even though it is arguably smaller businesses (or at any rate those that genuinely wish to avoid selling to U18s) which stand to benefit most from the initiative. Panel members therefore believe that Challenge 25 should be more widely encouraged, particularly in the context of the Licensing Committee granting new licences and reviewing existing licenses (i.e. in circumstances where a licensee has been found to have sold to U18s). Whilst it may not be possible for the Licensing Committee to impose the adoption of this or similar schemes, there might be considerable value in encouraging licensees to adopt this best practice.

**7.6 RECOMMENDATION 3 – Encourage (particularly via the Brighton & Hove Licensing Committee) all off-sales to adopt the ‘Challenge 25’ scheme.**

## **8 Discounting**

**8.1** It may be possible, through good partnership working and effective licensing enforcement, to limit the amount of alcohol U18s obtain from off-sales. However, it seems inevitable that under age drinking, including U18 purchasing from off-sales, will continue to be a problem to some degree. It is therefore necessary to enquire whether there are other factors relating to off-sales which may encourage U18s to use them or to indulge in particularly hazardous drinking practices?

**8.2** One factor that Panel members were particularly interested in was the price of alcohol (which is typically much cheaper in off than in on-sales), and whether price and various discounting practices affect the amount that young people drink.

**8.3** In terms of price, some witnesses argued that pricing makes little difference to levels of consumption or to alcohol-related anti-social behaviour. One witness pointed out that France and many other European countries have very low alcohol prices, but also relatively few difficulties with excess underage drinking or alcohol-related behaviour problems. There is therefore no simple and universal correlation between the cost of alcohol and its negative impact<sup>18</sup>.

**8.4** Other witnesses argued that price is an important factor in determining levels of consumption.<sup>19</sup> This seems to be a view which is gathering strength nationally, with several recent calls for a national minimum (per unit) price for alcohol to combat drink related problems.

---

<sup>17</sup> See evidence from Sue Dixon: point 18.6, 10.02.09.

<sup>18</sup> See evidence from Sue Dixon: point 18.10, 10.02.09.

<sup>19</sup> See evidence from Tim Nichols: point 23.18, 16.02.09.

- 8.5** This argument is a complex one, but perhaps rather simpler in terms of U18s than for adult drinkers. Since U18s may be assumed, on average, to have relatively little disposable income, it seems reasonable to suppose that they will be particularly sensitive to drink pricing – i.e. with relatively little money to spend on alcohol, higher pricing is likely to see them buy less, and lower pricing more, alcohol.<sup>20</sup>
- 8.6** Off-sales also commonly practice discounting on multiple sales: for instance offering ‘2 for 1’ or ‘2 for £10’ deals. The obvious risk here is that these offers encourage customers to buy and then drink more alcohol than they actually require. Of course, this type of discounting need not inevitably lead to excessive drinking: an adult customer might take advantage of a 2 for 1 offer by putting aside some of their purchase for a later date. However, U18 drinkers are unlikely to have anywhere to store unneeded alcohol; everything they buy, they are going to drink. It seems likely therefore, that discounting on multiples may encourage excessive drinking in young and under age drinkers, even if it does not do so for most adults.
- 8.7** There are few if any local levers in relation to drink pricing, as alcohol duties are set nationally.<sup>21</sup> However, the local Licensing Committee can request that applicants for new licences or licensees whose licences are being re-considered following incidents of underage selling should consider voluntarily adopting certain measures.<sup>22</sup> These might include some or all of the following:

(i) retailers agree not to discount sales below cost (‘loss-leading’)<sup>23</sup>

---

<sup>20</sup> A potential complicating factor to bear in mind here is the type of alcohol which people purchase. If alcohol is made more expensive in an attempt to curb drinking, there is a danger that drinkers with little money will opt to buy very strong cider/lager or cheap spirits rather than purchasing average strength beer, ‘alco-pops’ etc (i.e. that they will switch to drinks which offer the best value in terms of units of alcohol). However, there are particular problems associated with consuming these very potent drinks (i.e. that it is much easier to drink excessive amounts of spirits/strong lager than it is of weaker drinks), and these risks need to be born in mind when considering the relationship between the price of alcohol and its consumption by young people.

<sup>21</sup> The only context in which minimum prices could be set locally would be if it were possible to prove a “clear causal link” between pricing/drinks promotions and anti-social behaviour. However, it is almost impossible to legally prove such a link (see evidence from Tim Nichols: point 23.10, 16.02.09).

<sup>22</sup> It appears that the Government is considering granting Local Authorities some powers to compel licensees to adopt more responsible pricing policies. (See . Clearly, the Panel would encourage the use of such powers when and if they become available. In the meantime, the Licensing Committee should seek to persuade licensees to voluntarily adopt good selling practices.)

<sup>23</sup> ‘Loss-leading’ in a strict sense refers to the practice of retailers discounting a line below its actual cost in order to attract customers (who then buy other products in addition to the discounted ones, and/or remain loyal to the retailer after prices have risen again). However, it is not clear that many major retailers actually loss-lead alcohol, instead preferring to negotiate

(ii) retailers agree not to discount for multiples<sup>24</sup>

(iii) retailers agree not to stock certain types of drink<sup>25</sup>

**8.8 RECOMMENDATION 4 – Licensing Committee to request assurances that new and re-assessed licensees will not discount sales below cost, engage in irresponsible multiple discounting or sell products strongly associated with hazardous drinking practices.**

## **9 Drugs and Alcohol issues**

**9.1** Alcohol is often linked with drugs in terms of being a health problem, often under the umbrella of 'substance misuse'. This grouping is quite understandable, and may often make good sense. However, it can be argued that the drugs element of substance misuse has received a disproportionate degree of attention over the past few years, to the detriment of alcohol services.

**9.2** In part, any over-emphasis of drugs issues has been a reaction against their under-emphasis for very many years – recent improvements in drugs services have often been the result of professionals and campaigners working tirelessly to create an understanding of the damage that drugs can do and the legitimacy of seeing them as a social problem requiring public solutions rather than a minority issue which should elicit censure rather than sympathy. This has led to a number of measures, including the 'ring-fencing' of funding for some drugs projects, which were necessary to ensure that drugs-related issues were adequately addressed in the face of a good deal of institutional and public scepticism.

---

deals with suppliers which guarantee them a supply of some products at a heavily discounted price and others at the standard commercial rate (i.e. the supplier rather than the retailer takes the 'loss'; suppliers are often willing to do this if the retailer agrees to buy enough additional products at full price, as this allows them to off-set a loss on one line with profits on others). Although this might have the same end result as loss-leading, this practice does not actually involve retailers selling anything at a loss and would therefore not be subject to any informal agreement on loss-leading. (Smaller retailers probably do very little loss-leading of any type, as they are unlikely to be able to balance the loss with a profit from other areas of their business. This is obviously particularly the case for dedicated off-licences, which cannot sell alcohol at a loss when they do not stock a range of other products to be sold at a profit.)

<sup>24</sup> Such an agreement would have to be sensibly applied, as some discounting of multiples is established practice for off-sales retailers not associated with U18 drinking – i.e. for wine merchants who typically offer a discount for customers buying 12 bottles or more. There seems no reason for intervening in this practice, unless it is considered likely that U18 drinkers are abusing fine wines.

<sup>25</sup> Most obviously, strong lager and cider (i.e. 6% plus) and very cheap spirits.

- 9.3 However, now that there is a broad recognition of the value of doing drugs-related work, this prioritising of drugs issues may, in some instances, be of detriment rather than of value, particularly when it means that local substance misuse budgets are inflexibly geared towards drugs issues when there might be greater value in moving some funding into alcohol based projects. This may be of particular relevance to preventative educational projects, where there may be as much to be gained in warning people of the dangers of excessive drinking as of warning about drug use.<sup>26</sup>
- 9.4 Whilst there may have always been an argument for better funding of alcohol services, the issue has moved up the agenda in recent years, as the health and social impacts of excessive drinking from an early age have become clearer.<sup>27</sup> However, there may still be something of a lag between recognising the gravity of alcohol-related harm and funding services designed to ameliorate this harm.
- 9.5 In some instances, there may be little which can be achieved at a local level, as ring-fencing has been imposed nationally (particularly in terms of NHS budgets). However, where there is a degree of local autonomy in terms of substance misuse budgets, Panel members believe that serious consideration should be given to whether alcohol services are being funded as well as they could or should be. Since the Panel's remit is to consider the impact of excessive alcohol on children and young people, this recommendation is directly addressed to children's rather than adult services, although the issue is just as relevant for adults.
- 9.6 The Panel is not necessarily proposing any general shift of budgets from drugs to alcohol. In most instances, continuing support for drugs-based education or treatments may be absolutely vital. In many cases, it may be that what is needed is better central funding for drugs and alcohol services (perhaps particularly in terms of public health/preventative services). In some other cases though, it may be that an inflexible approach, either due to structural inflexibilities (i.e. ring-fencing) or for attitudinal reasons, means that substance misuse funding is not spent in the most effective possible manner.
- 9.7 **RECOMMENDATION 5 – CYPT should consider its substance misuse services in terms of a potential re-deployment of resources from drugs to alcohol-related projects in instances where drugs issues may have been advanced to the detriment of similarly serious alcohol-related problems. CYPT should also consider whether there is value in lobbying NHS Brighton & Hove and central Government to review their resource allocation in regard to alcohol-related services for children and young people.**

---

<sup>26</sup> See evidence from Tim Nichols: point 23.12, 16.02.09.

<sup>27</sup> See evidence from Dr Oli Rahman, Barbara Hardcastle and Inspector Andrew Kundert: points 5.5-5.6, 27.11.08.

## **10 Cumulative Impact Area (CIA)**

- 10.1** The Licensing Act (2003) introduced a presumption in favour of granting licenses to sell alcohol (as well as relaxing opening time restrictions). The reasoning behind this is essentially that excess alcohol consumption is not generally causally linked to the number of on and off-sales premises in an area (i.e. people will still buy as much alcohol if the number of licensed premises is restricted, it will just be more inconvenient for them to do so), and that artificially restricting the supply of alcohol is likely to have little positive effect on drinking behaviour, but may have a negative impact (e.g. having an 11pm closing time creates a 'flash-point' for anti-social activity).<sup>28</sup>
- 10.2** However, even if this argument generally holds true, there are local circumstances which may contradict it. This is especially the case for urban areas, where particular localities may become the focus of local and even regional drinking activity. Brighton is a prime example of such a special case – the city is a magnet for tourists visiting the night time economy (pubs, clubs, restaurants etc.), as well as having an unusually young demographic, bolstered by the city's two universities (lots of residents in their twenties and thirties – the people most likely to binge drink in pubs and bars). Furthermore, as Brighton is a seaside resort, it is inevitable that people will tend to gravitate towards the beach and its environs for their entertainment rather than utilising the wider city.
- 10.3** The result is that there is an extremely high concentration of licensed on-sales premises around Brighton sea-front, with lots of additional public drinking from a proliferation of off-sales in and around the beach area.
- 10.4** Although the night time economy is hugely advantageous to the city in terms of the income and the employment it generates, there are also very major problems associated with such a massive concentration of drinking in such a small area. These problems most obviously relate to public order and anti-social behaviour as there is a well established correlation between having very large groups of drunk people in one place and experiencing problems with disorder. In such circumstances, the concentration of on and off-sales can be said to 'cause' crime and disorder problems, with any increase in the number of licenses likely to exacerbate the problem. Thus, although a concentration of drinking in one part of a city may not lead to any absolute increase in alcohol consumption (as people might have drunk just as much had they done so in other areas of the city), it can lead to an increase in crime and anti-social behaviour (as drunk people concentrated in very large

---

<sup>28</sup> The Panel heard evidence from the council's Head of Environmental Health and Licensing that the 2003 Licensing Act had been effective in facilitating better management of the city's night time economy. With the potential for closing-time 'flash-points' reduced via more flexible licensing, the police and the council have been able to significantly reduce incidents of public place violent crime (evidence from Tim Nichols: point 23.13, 16.02.09).



groups tend to create many more problems than drunk people dissipated over a larger area).

- 10.5** In response to these particular issues, the council established a 'Cumulative Impact Area' – CIA (sometimes known as a 'Cumulative Impact Zone'). A CIA is essentially an area in which the normal presumptions of the 2003 Licensing Act are reversed, so that new applicants for licenses must prove that their premises will not adversely impact upon the local community (rather than having their licence granted unless a detrimental impact can effectively be argued). The intention is to limit the creation of new licensed premises within this area and thus maintain some control over alcohol and public order associated problems.<sup>29</sup>
- 10.6** The Brighton & Hove CIA extends from Rock Gardens in the east of Brighton to Preston Street in the west, and stretches north to Western Road/Edward Street. Areas abutting selected CIA boundaries may be subject to some, but not all the CIA controls.<sup>30</sup>
- 10.7** Clearly, it would run counter to the intentions of the 2003 Licensing Act to have a CIA that extended over a very large part of the city (unless there was a very high concentration of licensed premises throughout), but this does not mean that the current boundaries of the local CIA are, or should be, set in stone. Panel members believe that the large number of licensed premises in the Hanover/Elm Grove and London Road areas, together with the increasing problems of public drunkenness, noise nuisance and anti-social behaviour in these localities, may justify the extension of the CIA northwards to Elm Grove to include the Hanover and London Road areas south of this line.
- 10.8** Furthermore, the serious problems posed by park drinking and its associated anti-social behaviour (in addition to a rapid growth in off-sales premises in the area) justifies extending the CIA to include Preston Park and potentially other city parks.
- 10.9** The problems in these areas may not always be as acute as in the current CIA (although in terms of say, serious drink-related anti-social and criminal behaviour in the London Road area, it can be argued that they are just as serious), but it would not be necessary to employ all the powers of the CIA in every instance to gain a considerable benefit from extending the CIA boundaries in the ways suggested.
- 10.10 RECOMMENDATION 6 – CIA boundaries to be re-examined with a view to extending them to other areas of the city which might**

---

<sup>29</sup> See evidence from Councillor Carol Theobald, Chairman of Brighton & Hove Licensing Committee: point 23.6, 16.02.09.

<sup>30</sup> For more information see: The Licensing Act 2003 – Brighton & Hove City Council: Statement of Licensing Policy (available to download at: [http://www.brighton-hove.gov.uk/downloads/bhcc/licence\\_applications/Licensing\\_Policy\\_A4\\_2008.2.pdf](http://www.brighton-hove.gov.uk/downloads/bhcc/licence_applications/Licensing_Policy_A4_2008.2.pdf))

**benefit from CIA powers (e.g. extension around Preston Park and up to Elm Grove).**

## **11 Policing Underage Drinking**

- 11.1** Fewer underage drinkers frequent pubs and bars than was the case a generation ago, but this does not necessarily mean that U18 drinking has decreased. Rather, there seems to have been a displacement of activity to other locations, most notably to parental homes and to parks and other public places.
- 11.2** U18s drinking in parental homes should have their behaviour observed and moderated by adults (although clearly a good deal of drinking goes on when parents are away or otherwise unaware of what is happening). Drinking in parks and other public places is a more pressing problem, in part because it involves U18s consuming alcohol without adult supervision or intervention (unlike much home drinking and drinking in on-sales – see **points 5.3(a)** through **5.3(e)** above). In part also, park drinking tends to involve very large numbers of young people congregating in one place to get drunk, with obvious public order implications.
- 11.3** There are two issues of concern here: the danger posed by young people acting in an anti-social manner; and the potential risk to young people themselves (e.g. that they may accidentally hurt themselves, or that they may be targeted by other U18s or by older people – inexperienced drinkers who are intoxicated in a public place are an obvious target for assault etc.).
- 11.4** Policing park drinking also poses specific challenges for the police force. U18 drinking is, of course, illegal in most contexts, but in practical terms it may not always be possible or even desirable for the police force to stop all such drinking. The degree to which the police do intervene, and the point of intervention, are key to managing park drinking effectively.
- 11.5** The specific problem here may be described as the escalatory nature of drinking in large groups, which means that gatherings which are entirely peaceable when everyone is sober are almost certain to become disordered when drink is involved. From a policing perspective, this means that it may be necessary to intervene pre-emptively before trouble starts, rather than reactively once problems emerge – particularly as it is generally easier to communicate with sober people than drunk ones.
- 11.6** However, this may mean that teenagers who are drinking illegally, but are not otherwise engaged in any risky or anti-social behaviour, find

themselves targeted by police officers and ordered to disperse etc. This can obviously cause resentment, particularly if young people do not understand why they are attracting police attention when they are not themselves acting anti-socially.

- 11.7** It is clearly undesirable for young people to develop a bad relationship with the police force, perhaps particularly in terms of teenagers who might not otherwise be negatively involved with the police (as is presumably the case with many park drinkers); but it also is evident that the police cannot permit very large groups of young people to congregate and get drunk without taking some sort of pre-emptive action in mitigation of the problems which are likely to arise as the drinking progresses.
- 11.8** There may not be any easy solution to this problem, but young witnesses to the Panel did point out that it was as much the attitude of police officers as their intervention *per se* that young people often found disconcerting, with needlessly aggressive or confrontational approaches adopted in situations where a friendly attitude might have been more appropriate and effective.<sup>31</sup>
- 11.9** Young people's perception of events are important, but they do not necessarily provide an objective evidence base, and Panel members have no actual evidence that police interventions with young drinkers are typically needlessly confrontational or aggressive (clearly there are situations when police interventions will quite properly be very assertive).<sup>32</sup> However, given the circumstances surrounding park drinking, it is obviously important that policing is conducted with a degree of sensitivity, and that, whenever possible, pre-emptive action is explained and contextualised in a friendly and non-confrontational manner. If this is not done, the danger is not only that young people may become needlessly alienated from the police force in general, but that very vulnerable young people may be reluctant to use the police force as a resource when they feel threatened by the behaviour of others (particularly in the context of U18 drinking in parks etc.).
- 11.10** Clearly, it is far easier to recommend in the abstract that the police act in a friendly manner than it is in actuality, when the situation may require that a robust attitude to potential disorder be taken. One partial solution may be to encourage the police force to reach out to young people – most obviously via schools – in order to explain why they manage park drinking as they do. This type of explanation may be a

---

<sup>31</sup> See evidence from Youth Council representatives (Appendix ???).

<sup>32</sup> The Panel heard that the police adopt a variety of approaches to park drinking, and may sometimes choose not to intervene in situations where young people are not engaged in anti-social behaviour (evidence from Andrew Kundert: 4.13, 27.11.08). One problem here may be that some young people define anti-social behaviour rather differently than do older people (particularly in terms of what constitutes an unacceptable level of noise), so that teenagers may feel they are doing nothing wrong in situations where their behaviour is actually causing a nuisance to local residents.

good deal more effective in the context of a classroom than at the point where a crowd is being dispersed, and might make at least some park drinkers more amenable to taking directions from the police.

- 11.11 RECOMMENDATION 7 – When engaged with young drinkers, police officers need to ensure that they are not over-confrontational and that the rationale for their actions is widely understood. This may best be achieved by engaging with young people in contexts other than those of front-line policing (particularly by visiting schools).**

## **12 Education on the Health Risks of Underage Drinking**

- 12.1** The police and the licensing authorities have an important role to play in combating excessive underage drinking by limiting the retail supply of alcohol to U18s and by ensuring that when young people do drink in public, they do not get in situations which are risky for themselves or for others. However, other groups of people may have just as much influence on what young people do – these include schools and, perhaps most importantly, parents.
- 12.2** The Panel heard that U18 drinking is not generally a very high profile issue for schools. Although schools do provide some education and training on alcohol-related issues, there is relatively little drunkenness in and around school premises, so the issue is not one of direct concern to most head teachers. Similarly, whilst some students do have serious issues with alcohol which intrude upon their school lives, such students are very likely to drink as a reaction to serious emotional problems: these are therefore best characterised as behavioural issues which manifest in drinking rather than drink problems *per se*. Most students, even if they are involved in alcohol-related anti-social behaviour outside school hours, are unlikely to show the effects in school to any great degree.<sup>33</sup>
- 12.3** The issue of hazardous drinking by young people who have serious emotional or other problems is an important one, but is largely beyond the remit of this ad hoc panel. Schools should monitor attendance and achievement records so as to be aware of pupils who may fall into this category (pupils with serious drink problems are likely to do poorly in school and to attend on an irregular basis).
- 12.4** Panel members do believe that more could be done in terms of schools educating young people about the implications of excessive alcohol use. As noted in **point 11.10** above, there may be an opportunity for the police to engage with pupils in schools to explain in strategic terms why they manage U18 drinking in public places as they do. It may also be the case (as argued in **Part 9** of this report), that some of the time

---

<sup>33</sup> See evidence from Tim Barclay, Head Teacher, Hove Park School: point 11.2, 22.01.09.

and resources which schools currently devote to drugs issues might be better allocated on alcohol-related education.

- 12.5** The strand of alcohol education which might most usefully be developed relates to the health impact of U18 drinking. This is not an area which is currently very comprehensively covered, with the focus of alcohol-related education falling on the legal status of U18 drinking and the risks posed by hazardous consumption in terms of safety (accidents, criminal behaviour, teenage pregnancy etc.).
- 12.6** However, several witnesses made the point that there should be a greater focus on the long term health impact of excessive drinking. One health sector witness pointed out that if alcohol was a drug it would be banned due to its harmful side effects.<sup>34</sup> There is a growing body of evidence on the damage that alcohol can have on the developing body (i.e. excessive drinking is always problematic, but it can be far more so for adolescents than for adults, as teenagers' bodies are still in the process of developing the systems necessary to safely process alcohol).<sup>35</sup> Long term health problems associated with teenage drinking include an increased risk of early onset dementia<sup>36</sup>, serious liver damage, some cancers, heart disease, and foetal alcohol syndrome (as a result of excessive drinking in early pregnancy).
- 12.7** Clearly, effective public health education is not quite so straightforward as informing people about the dangers of the activities they indulge in and then watching their behaviour change. In particular, people do not always link their current behaviour with long term health risks, which is why it may sometimes be more effective to flag up relatively minor issues (i.e. that smoking gives you bad breath rather than that it gives you lung cancer). However, the situation with underage drinking seems to be rather different, as it is readily apparent that some of the long term health risks of excessive drinking are not very well known at all. There might therefore be considerable value in establishing these risks, even if it were unlikely that increased knowledge would necessarily lead to reduced risk taking in the short term.
- 12.8** There are also considerable short term problems with excessive U18 drinking. These can include the direct effects of over-consumption of alcohol (i.e. 'alcohol poisoning'), as well as indirect consequences of drinking, such as an increased likelihood to have accidents, to become injured in fights, to have unprotected sex, become pregnant etc.

---

<sup>34</sup> See evidence from Anna Gianfrancesco, Service Manager, RU-OK: 5.6(b), 27.11.08.

<sup>35</sup> See evidence from Dr Oli Rahman, Consultant Paediatrician, Brighton & Sussex University Hospitals Trust: point 5.5(a), 27.11.08.

<sup>36</sup> See point 5.5(b), 27.11.08.

**12.9** It is not necessarily always clear what effect U18 drinking has on pregnancy rates, attendance at Accident & Emergency (A&E) etc. as statistics may not be collated or may not be particularly reliable.<sup>37</sup> However, the Panel did hear that a significant number of young people do present at A&E with alcohol-related problems, placing an additional strain on an already over-stretched system.

**12.10 RECOMMENDATION 8 – Alcohol education should address the long term physical impact of U18 alcohol use, not just safety/legal issues.**

## **13 The Role of Parents**

**13.1** It is evident that parents and carers play a key role in combating excessive teenage drinking, not least because parents appear to be the source of so much of the alcohol that U18s consume. In some instances, drink may be taken from the parental home without parents' permission or knowledge, but it seems often to be the case that parents are complicit in their children's drinking. There may be several reasons for this:

**13.1(a)** Parents may see little or no harm in their children drinking – either because they are unaware of the health and public order impact of U18 drinking, because they feel the risks are exaggerated, or because they feel the risks are not really applicable to their children (who, they believe, drink and act with relative moderation).

**13.1(b)** Parents have their concerns, but would rather their children socialise with their peers (even if this involves alcohol) than risk them becoming socially isolated.

**13.1(c)** Parents have concerns, but recognise that they cannot effectively bar their children from drinking, and would prefer to maintain some control over consumption rather than have none at all (e.g. parents may give their children a moderate amount of alcohol rather than risk them obtain an unregulated quantity from off-sales or friends; parents may chaperone parties at which U18 drinking is permitted rather than have their children drink without being monitored etc).<sup>38</sup>

---

<sup>37</sup> Traditionally, A&E attendances were only fully recorded if they resulted in an admission/treatment, and only then in terms of the actual admission criteria. Thus, someone who had fallen down and damaged their leg whilst drunk might not have their attendance recorded as alcohol-related, whilst someone who had passed out as a result of drinking heavily would (assuming that both patients received treatment rather than being diagnosed as not requiring urgent attention). This is now changing, with a greater emphasis on recording more information about A&E admittances (although not necessarily attendances), particularly from 'at risk' groups (such as U18s, people with disabilities, mental illnesses etc.). See point 5.4(b), 27.11.08. Panel members welcome this move to a more thorough recording system.

<sup>38</sup> See evidence from Chris Own, Healthy Schools Team Manager: point 11.5, 22.01.09.

- 13.1(d)** Parents are unsure what common practice is with regard to U18 drinking, so may not know how to deal with children who tell them that their friends are permitted to drink and that they risk being 'the odd one out'. (The ambiguous status of U18 drinking is a key factor here, as parents have always been complicit in U18 drinking to the degree that they were effectively aware that their children were frequenting pubs, even if they never overtly granted them permission to do so. What may have changed in recent years is the degree to which parents are actively complicit in their children's drinking – i.e. actually buying them alcohol rather than tacitly permitting them to drink in pubs.)
- 13.1(e)** Parents may be willing to accept the risks (as they understand them) of U18 drinking since it provides them with respite from their teenage children, particularly in situations where alternative social activities are limited.
- 13.2** Some of these problems seem rooted in a lack of information – parents can feel very isolated, particularly when the modern environment is very different to the situations that they have personal knowledge of (e.g. parents who grew up experiencing relatively moderate U18 drinking in pubs may not have much understanding of the problems caused by binge drinking and drinking in parks).
- 13.3** There is therefore an obvious need for information specifically targeted at parents, information which objectively sets out the actual dangers of U18 drinking – in terms of long and short term health risks, public disorder, teenage pregnancy, safety etc. As well as providing this basic information, any pack should include links to be more detailed resources and should also link to organisations which provide long term support to children and families with serious and ongoing alcohol-related issues.
- 13.4** There is an equally obvious need for advice to parents and carers on how to deal with the (considerable) pressure that children can bring to bear to allow them to drink, and on what a sensible approach to U18 drinking should actually look like (i.e. whether it ought to proscribe alcohol entirely, or allow teenagers to drink moderately in chaperoned situations etc). Rather than consisting of prescriptive advice from the authorities, this support might be better arranged by encouraging parent forums and similar representative bodies to develop their own resource packs, thereby utilising 'on the ground' knowledge of the current manifestations of U18 drinking.
- 13.5** There may be an opportunity to involve some of the city's various community groups, residents' associations etc. in such work
- 13.6** **RECOMMENDATION 9 – Develop and deliver an information pack on alcohol targeted at parents and carers, and facilitate the**

involvement of parents/carers in creating and maintaining this material.

## **14 Activities For Young People**

- 14.1** Part of the problem that parents and the authorities face in terms of discouraging U18 drinking is that there may be relatively few alternative outlets available to young people, particularly at the times (e.g. Friday and Saturday nights) when they are most needed. Therefore, U18 drinking may be as much a reaction to there being nothing to do as it is a 'positive' choice.
- 14.2** Clearly, it is possible to overstate this argument: drinking alcohol is a central aspect of British culture, and many young people will surely choose to get drunk even if there are alternative activities available. However, the availability of alternatives to park drinking must surely have some impact on the numbers of young people engaged in these activities, particularly as it seems to be the case that park drinking, for many of the young people involved, is actually as much about having a shared space to socialise as it is about getting drunk.
- 14.3** It is important that activities are developed as direct alternatives to U18 drinking. There is relatively little point, for instance, in offering things to do if they are not available on Friday and Saturday nights when the great bulk of park drinking takes place, or in offering activities which appeal to an entirely different 'market' than does park drinking (e.g. activities which appear very structured and controlled by adults, when a good deal of the appeal of park drinking seems to be that it is unregulated and 'controlled' by young people).
- 14.4** One way of ensuring that these activities actually match what young people want is to ask teenagers for their opinion. This could take the form of a poll/survey of 13-18 year olds (or similar) organised via schools. This would also have the benefit of explicitly involving young people in the design of services, and could form part of an educational programme aimed at explaining the democratic process and local decision making.
- 14.5** **RECOMMENDATION 10 – Survey teenagers for their views and seek to develop alternative activities for young people to engage with as alternatives to illegal drinking in public places.**

## **15 East Brighton**

- 15.1** When the Scrutiny Panel was established, an element of its remit was to establish whether the problems of excessive under age drinking were a constant across the city or whether they were concentrated in any specific areas. The Director of Public Health's Annual Report (2008/9) had stated that there was a higher level of problems in East



Brighton than in other parts of the city, and it was determined that this warranted further investigation.

- 15.2** Witnesses were asked about this issue, but no one thought that there was anything singular about the east of the city which might explain a higher incidence of U18 drinking problems, save for the generally higher levels of deprivation in this area.
- 15.3** It was however noted that East Brighton alcohol-related problems do not just impact upon this area of the city, as both the perpetrators and the victims of alcohol-related crime in the city centre are disproportionately likely to live in East Brighton.<sup>39</sup>
- 15.4** Panel members debated whether to include a recommendation for better funding for U18 alcohol services in East Brighton in recognition of the particular problems faced in this part of the city. However, whilst some members argued for such an approach, others felt that area based funding had not been an unqualified success in past years, and that although the allocation of funding might fruitfully track deprivation, this should be on a targeted basis rather than an area level.
- 15.5** Therefore, whilst the Panel notes the higher incidence of problems involving young drinkers in the east of the city, and Panel members recognise the correlation between alcohol problems and family deprivation, the Panel has not chosen to make a recommendation in this instance.

## **16 Scrutiny Panel Recommendations and the Sustainable Communities Act**

- 16.1** The Sustainable Communities Act (2007) seeks to make the statutory framework of government more amenable to local and community influence, by encouraging local authorities (via the Local Government Organisation) to report back to Central Government in instances where it is felt there would be value in introducing new statutory powers or varying existing powers.
- 16.2** When compiling this report, panel members were initially minded to recommend that the local Licensing Committee sought to impose certain conditions on licensees in instances where a licensee had been shown to have sold to U18s, or where an application for a new license was made in an area with particular alcohol-related problems (e.g. in the vicinity of a city centre park; in an area with many existing licensed premises etc.).
- 16.3** The conditions envisaged by the Panel included licensees being required to refrain from selling alcohol below its cost price (loss-leading), from discounting multiples (e.g. '2 for 1' offers), and from

---

<sup>39</sup> Evidence from Tim Nichols: point 23.14, 16.02.09.

selling certain drinks strongly associated with hazardous drinking (e.g. strong cider, cheap spirits). They also included requiring licensees to adopt best practice in terms of under age drinking (e.g. adopting the 'Challenge 25' scheme).

- 16.2 However, on taking advice, it became clear that it is generally not the case that local Licensing Committees are able to impose such conditions on aspirant licensees, and not always the case that they can impose this type of condition on licensees facing suspension/revocation.
- 16.3 In this report, the Panel has therefore recommended that the Licensing Committee asks for a commitment from licensees that they follow the types of best practice enumerated above.
- 16.4 However, panel members believe that local problems with young people and alcohol could be much more effectively managed if Licensing Committees had the ability to compel licensees to adopt sensible approaches to selling in situations where there was an established problem – either with the particular premises itself or in the local area.
- 16.5 Therefore, the Panel would like to recommend that a proposal to allow Licensing Committees considerably more latitude in terms of imposing conditions on licensees be included amongst this council's submissions to the Local Government Association in relation to the Sustainable Communities Act (2007).
- 16.6 **RECOMMENDATION 11 – The council should request changes to statute relating to the powers of local Licensing Committees (as detailed in point 16.3 above) in line with the powers granted by the Sustainable communities Act (2007).**

## **Appendix 1: Dates of public meetings and witnesses who attended plus dates of private meetings** (witnesses are employed by Brighton & Hove City Council unless otherwise indicated)

### **Monday 27 October 2008**

Private Scoping meeting with the following officers:

- Dr Tom Scanlon – Director of Public Health
- Lydia Lawrence - Public Health Development and Improvement Manager
- Anna Gianfrancesco – Service Manager, RU-OK
- Chris Owen – Healthy Schools Team Manager

### **Wednesday 26 November**

Private meeting – to plan the questions for the witnesses

### **Thursday 27 November 2008**

- Barbara Hardcastle – Brighton & Hove City Teaching Primary Care Trust (PCT)
- Andrew Kundert – Brighton & Hove Licensing Inspector, Sussex Police
- Dr Oli Rahman – Consultant Paediatrician, Brighton & Sussex University Hospitals Trust
- Anna Gianfrancesco – Service Manager for RU-OK

### **Monday 15 December 2008**

Private De-brief meeting

### **Thursday 22 January 2009**

- John Peerless– Head of Trading Standards Office
- Tim Barclay – Head Teacher, Hove Park School
- Chris Owen – Healthy Schools Team Manager
- Eric Price –Trading Standards Licensing Manager, Somerfield

### **Saturday 31 January 2009**

Brighton & Hove Youth Council meeting

### **Tuesday 10 February 2009**

- David Soloman – Store Manager, Tesco Express (Droveyway, Hove)
- Tony Rickwood –Store Manager, Tesco (Portslade)

- Chris Denman- Area Manager for Threshers and the Local
- Sue Dixon - Head of Security for First Quench Retailing (formally known as the Thresher Group)

**Monday 16 February 2009**

- Cllr. Carol Theobald- Chairman of Licensing Committee
- Tim Nichols – Head of Environment & Licensing

**Wednesday 11 March 2009**

A private meeting was arranged with Youth Council representatives

**Friday 20 March 2009**

Private meeting to discuss the recommendations.

**Tuesday, 12 May 2009**

Private meeting to discuss the first draft of the report.

**Tuesday 26 May 2009**

Private meeting to discuss the second draft of the report.

## **Appendix 2: Minutes of the meetings**

- a) Thursday 27 November 2008: 2-4pm, Committee Room 1, Brighton Town Hall
- b) Thursday 22 January 2009: 2-4.30pm, Council Chamber, Hove Town Hall
- c) Saturday 31 January 2009: 12pm, Brighton Youth Centre (the Chairman was invited to speak at the Brighton & Hove Youth Council Meeting and to listen to Youth Council representatives' views)
- d) Tuesday 10 February 2009: 9.30-12.30pm, Banqueting Suite, Hove Town Hall
- e) Monday 16 February 2009: Committee Room 2, Hove Town Hall
- f) Wednesday 11 March 2009: 5pm - Private meeting the Chair and a Youth Council Representative

**BRIGHTON & HOVE CITY COUNCIL**

**CHILDREN & YOUNG PEOPLE'S OVERVIEW & SCRUTINY AD-HOC  
PANEL - REDUCING ALCOHOL RELATED HARM TO CHILDREN &  
YOUNG PEOPLE**

**2.00pm 27 NOVEMBER 2008**

**COMMITTEE ROOM 1, BRIGHTON TOWN HALL**

**MINUTES**

**Present:** Councillors Mrs Norman (Chairman), Duncan and McCaffery

**Other Members present:** Councillors

**PART ONE**

**1. PROCEDURAL BUSINESS**

**1A Declarations of Substitutes**

1.1 Substitutes are not permitted on Ad-hoc Scrutiny Panels.

**1B Declarations of Interest**

1.2 There were none.

**1C Exclusion of Press and Public**

1.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

- 1.4 **RESOLVED** - That the press and public be not excluded from the meeting.

## **2. MINUTES**

- 2.1 This was the first panel meeting and there were therefore no minutes from a previous meeting to be approved.

## **3. CHAIRMAN'S COMMUNICATIONS**

- 3.1 The Chairman welcomed the witnesses giving evidence at this meeting, and noted that the panel's Terms of Reference were:

To make practical recommendations by examining the costs of social and economic outcomes of, and reasons for the increasing levels of alcohol related harm suffered by children and young people in Brighton and Hove.

To examine the impacts of the Licensing Act 2003 on the availability to and consumption of alcohol by those aged under 18, in the city.

These recommendations will be made by inviting and gathering evidence from Sussex Police, Council Officers, PCT, NHS and off sales licensed premises.

## **4. EVIDENCE FROM WITNESSES**

- 4.1 The Chairman asked the witnesses to introduce themselves and explain how their work connected with the issue of alcohol use and young people.
- 4.2 Members then asked each witness a series of questions.
- 4.3 Barbara Hardcastle (BH), Brighton & Hove City Teaching Primary Care Trust: PCT told members that she was employed by Brighton & Hove City Teaching Primary Care Trust (PCT), and was responsible for developing and compiling a Joint Strategic Needs Assessment (JSNA) for alcohol services, covering both adult and children's services.
- 4.4 BH noted that Brighton & Hove's performance lagged behind national/regional averages in many aspects of alcohol related health, including having one of the worst performances in England in terms of male deaths from chronic liver disease.
- 4.5 In terms of children and alcohol, BH told members that national trends showed that the numbers of young people drinking were stable or declining slightly, but that those young people who did drink tended to be drinking more.

- 4.6 In Brighton & Hove, BH noted that young people's drinking rates are slightly above the national averages. It seems that more girls than boys are engaged in 'binge-drinking', and that drinking rates are highest in the east of the city (and lowest in the west).
- 4.7 Dr Oli Rahman (OR), Consultant Paediatrician, Brighton & Sussex University Hospitals Trust informed members that he was a consultant paediatrician working at the Royal Alexandra Children's Hospital. Dr Rahman also works closely with colleagues in the Royal Sussex County Hospital Accident & Emergency (A&E) department.
- 4.8 OR told members that it was difficult to gauge the proportion of young people attending A&E with alcohol related conditions, as, whilst admissions obviously linked to alcohol use would be coded as such, other admissions might not be, even if alcohol was probably a contributory factor (e.g. an alcohol-related fall resulting in injury might just be recorded as a fall).
- 4.9 In addition, OR informed the panel that the great majority of A&E attendances do not result in admission to hospital (i.e. patients are discharged without treatment or are treated without requiring admission as in-patients). Recording the role of alcohol in attendances which do not result in admission can be very challenging.
- 4.10 Inspector Andrew Kundert (AK), Licensing Inspector, Brighton & Hove Police told the panel that he was the Licensing Inspector for Brighton & Hove, and that the Brighton & Hove police force was committed to reducing levels of public place violence and anti social behaviour – both of which were alcohol (and licensing) related matters.
- 4.11 AK noted that, whilst in previous years the police had concentrated on the city's 'night time' economy, there had been a more recent focus on other areas where alcohol related disorder was an issue, particularly in terms of the effective policing and management of young people drinking and socialising in parks and green spaces.
- 4.12 AK told the panel that three localised initiatives had recently been combined to form 'Operation Parks' which sought to address problems associated with the phenomenon of groups of young people meeting up to drink in city parks (particularly on Friday and Saturday nights).
- 4.13 AK noted that effective policing of this issue required a variety of approaches: if young people were not engaging in anti social behaviour, there might be no police intervention; if there was anti-social behaviour, the police might seek to disperse those on the periphery of incidents and to target 'ring-leaders' (e.g. to escort them home to their parents/guardians).



- 4.14 AK informed the panel that it was not always clear whether groups of young people were drinking or not, as young people would typically 'disguise' alcoholic drinks in soft drinks bottles.
- 4.15 AK told members that (in very approximate terms) around 5% of underage drinking involved underage drinkers purchasing alcohol in pubs and bars; approximately 20% involved alcohol purchased by underage drinkers from shops and off licenses. However, around 75% of alcohol was not purchased illegally – i.e. it was bought by parents, by 'proxy buyers' (over 18s buying alcohol at the request of under 18s), was stolen etc.
- 4.16 AK informed the panel that a good deal of work was done to try and ensure that under 18s were not able to purchase alcohol from either on or off sales. The police work closely with Trading Standards to arrange 'test purchasing' (under 18s will try to purchase alcohol in closely monitored operations). Test purchasing is not at random; it is targeted at businesses where there is intelligence of selling to minors.
- 4.17 AK told members that the citywide 'fail' rate for test purchasing was currently around 20% (i.e. one in five test purchasers was actually served alcohol). This is a very encouraging rate.
- 4.18 AK informed members that if business do fail test purchasing, they will be re-tested. Persistent offenders may have their alcohol licences suspended or revoked.
- 4.19 Anna Gianfranceso (AG), Service Manager, RU-OK? told the panel that she was the Service Manager for RU-OK?, the Children & Young People's Trust specialist substance misuse service, and that she was also heavily involved in the local implementation of the new national alcohol strategy.
- 4.20 AG informed members that she worked closely with the police, and had developed a Care Pathway for young people referred from the police. She is currently seeking to develop a similar pathway to channel referrals from A&E, and eventually hopes to combine the pathways.
- 4.21 AG noted that targeting alcohol use amongst young people was a fairly recent initiative, as drugs misuse had traditionally been prioritised.
- 4.22 AG told the panel that Operation Parks had been very successful in terms of reducing young people drinking in public. However, it was not clear whether this reduction in public drinking actually indicated lower levels of drinking (i.e. it might be the case that young people were simply drinking at home rather than in public places).
- 4.23 AG noted that there had been recent national guidance on alcohol education in schools and that she would pass this guidance on to the panel members.

- 4.24 AG told members that Operation Parks had not identified a large number of 'repeat offenders' in terms of young people drinking and behaving anti-socially in public: fewer than 20% of people escorted home by police are subsequently picked up again.

## **5. FURTHER QUESTIONS**

- 5.1 Panel members then jointly asked the witnesses a series of questions. The witness responses are detailed below.

- 5.2(a) In answer to a question as to whether action was taken against adults supplying children with alcohol, members were told (by AK) that Operation Parks had tried to address the issue of 'proxy purchasing'. For example, an operation had been arranged in which under 18s tried to persuade passing adults to purchase alcohol from off-licenses on their behalf. However, such an initiative could not realistically lead to prosecution, as the act of encouraging adults to purchase alcohol for under 18s would probably be viewed as a form of entrapment by the courts.

- 5.2(b) AK and AG added that it was often difficult to ascertain where an underage drinker had obtained alcohol, as drunk people might not be very lucid, and might lie to protect friends or retailers. However, there was now more focus on tracking back the supply of alcohol, and city partners would share this type of information if they were successful in obtaining it.

- 5.2(c) John Peerless (JP), Head of Trading Standards, Brighton & Hove City Council, told members that an initiative had been planned for under age drinking in Moulsecoomb, which would have included trying to ascertain the origin of the alcohol being consumed – possibly via an analysis of litter.

This scheme would also have sought to encourage off-licenses not to sell to people who looked under 21.

The council failed to get Government funding for this initiative, but does still intend to undertake it at some point.

- 5.2(d) AG noted that schemes seeking to restrict sales to under 21s had been effective in other localities.

- 5.3(a) In response to a question about whether the recent proliferation of off licences had led to an increase in drink-related problems, AK replied that the city Cumulative Impact Zone (CIZ) assumed that there was indeed such a causal link.

- AK noted that the CIZ had been very successful, particularly in terms of empowering local communities (i.e. individuals felt that their representations were taken seriously and could have a practical effect).
- 5.3(b) BH added that there had in fact been a very large increase in the number of off-licenses in recent years.
- 5.4(a) In answer to a question regarding repeat A&E attendances, OR told members that very few young people repeatedly attended A&E for alcohol-related issues (unless they were self-harming).
- 5.4(b) OR also noted that A&E record keeping was not perfect in this respect, and that whilst incidents where drink was the primary cause of injury would almost certainly be recorded as alcohol-related, incidents where drink was only a potential contributory factor might not be recorded. Efforts were being made to improve recording, although this needed to be carefully handled as there were issues of patient confidentiality to take into account.
- 5.5(a) In response to a question regarding the physical damage caused by excessive drinking in young people, OR told members that teenagers' bodies were still developing which might mean that they were less able to process alcohol than adults.
- 5.5(b) BH noted that there was growing evidence that excessive drinking from an early age would lead to an increase in alcohol related-dementia in the future.
- 5.6(a) In answer to a question regarding the relative threat posed by alcohol or drugs, OR told members that a significant number of teenage drink or drug hospital admissions were drink related (unless self-harm was a factor).
- 5.6(b) AG added that alcohol could be very dangerous and certainly would not be licensed if it was not so socially established.
- 5.6(c) AK noted that alcohol was a major contributory factor in most public disorder offences, as well as many Domestic Violence incidents.
- 5.6(d) OR added that drunkenness also created major problems for A&E services, particularly at weekends.
- 5.7(a) In answer to questions concerning prosecution of licensees, JP told members that prosecution was rare, as it was a relatively ineffective method of taking action. This was generally the case in Brighton & Hove and across Sussex, where a consistent strategic approach had been adopted by a number of authorities.

- 5.7(b) AK added that the police in Brighton & Hove would generally seek to take action through the city Licensing Committee (e.g. seeking suspension or revocation of a license) rather than via prosecution.
- 5.7(c) JP also noted that most local businesses do not wish to sell to under 18s and are keen to work together with the police and the local authority. Suspension or revocation of the licenses of co-operating businesses is rarely a sensible option.
- 5.7(d) AK noted that suspension was quite rarely used, and questioned whether the Licensing Committee would welcome attempts to employ this power more widely, particularly in situations where a premises had only failed one or two times.
- 5.8 In response to a query about supermarkets, JP told members that supermarkets could be a source of alcohol for under 18s. Supermarkets have a specific problem in that their scale means that it can be difficult for them to properly train and monitor staff (in contrast with small off-licenses where the person making sales may well also be the licensee). Trading Standards have done a lot of work with large local alcohol retailers such as Somerfield and Threshers and are now involved in these organisations' staff training.
- 5.9(a) Asked what could be done to improve the situation in Brighton & Hove, AK noted that one possibility was to take action against under age drinkers buying alcohol rather than focusing entirely on those selling alcohol (as both selling and buying are offences).
- AK also told the panel that it was important to recognise that Brighton & Hove was much safer than formerly – much has been done to tackle alcohol-related anti social behaviour and violence.
- 5.9(b) AG noted that young people replicate adult behaviour, and that children are bound to see adults drinking to excess. This is particularly so given the effects of the smoking ban in pubs and a general modern attitude amongst adults of not being ashamed of being inebriated in public. Adult attitudes to drinking need to change if there is to be any realistic hope of changing children's behaviour.
- 5.9(c) JP added that messages to children about alcohol harm needed to be consistent – which they currently are not.
- 5.9(d) OR suggested that children should be given much more credit for being able to understand information about how their own behaviour might impact upon their health, and that providing an honest assessment of the risks associated with excessive drinking might be effective.

## **6. ANY OTHER BUSINESS**

6.1 There was none.

The meeting concluded at 4.00pm

Signed

Chair

Dated this

day of

**BRIGHTON & HOVE CITY COUNCIL**  
**CHILDREN & YOUNG PEOPLE'S OVERVIEW & SCRUTINY AD-HOC**  
**PANEL - REDUCING ALCOHOL RELATED HARM TO CHILDREN &**  
**YOUNG PEOPLE**

**2.00pm 22 JANUARY 2009**

**COUNCIL CHAMBER, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors Mrs Norman (Chairman), Duncan and McCaffery

**Other Members present:** Councillors

**PART ONE**

**7. PROCEDURAL BUSINESS**

**7a. Declaration of Substitutes**

7.1 No substitutes are permitted on Ad-hoc Scrutiny Panels

**7b. Declarations of Interests**

7.2 There were none.

**7c. Declaration of Party Whip**

7.3 There was none.

**7d. Exclusion of Press and Public**

7.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted

and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

- 7.5 **RESOLVED** – That the press and public be not excluded from the meeting.

## **8. MINUTES OF THE PREVIOUS MEETING**

- 8.1 RESOLVED** – That the minutes of the meeting held on the 27 November 2009 be agreed.

## **9. CHAIRMAN'S COMMUNICATION**

- 9.1 The Chairman announced that Mark Whitby (Head of Advisory Centre for Education - ACE) had been obliged to send his apologies for this meeting. Mark Whitby will be invited to attend the next meeting of the panel.
- 9.2 John Peerless (Head of Trading Standards) kindly agreed to give evidence at this meeting at late notice.

## **10. EVIDENCE FROM JOHN PEERLESS (JP)- HEAD OF TRADING STANDARDS OFFICE (TSO)**

- 10.1 JP told members that the council was currently being evaluated on its approach to regulating alcohol sales to children. A copy of the report would be forwarded to the panel when it was published.
- 10.2 JP informed the panel that work on limiting alcohol sales to under 18s altered significantly in 2001, when changes to licensing law permitted 'test purchasing' (using under 18s to try and purchase alcohol).
- 10.3 JP noted that the TSO has a very broad remit and limited resources (amounting to 15 Full Time Equivalent officers). The Brighton & Hove TSO considers under-age drinking to be a city priority and has allocated its resources accordingly. In the past few years the local TSO has developed initiatives such as 'Too Young to Buy' and 'Think 21', and has promoted the use of an identity card scheme for young people.
- 10.4 JP told members that a major piece of work had been undertaken in 2004 in which local authorities, working together with the Home Office Alcohol Standards Unit, had developed a campaign to encourage co-working between regulators of licensed premises. Test purchasing conducted as part of this work showed very high levels of non-compliance for both on and off licences. Partly as a result of this, local authorities have subsequently been strongly encouraged to incorporate work to limit under-age drinking as part of their core business, rather than relying upon time-limited initiatives. Experience suggests that a good rate of compliance is reliant upon constant reinforcement: as soon as a time-limited initiative ends, rates of non-compliance soar.
- 10.5 Non-compliance rates are still around the 35% mark. Problems are particularly associated with newly licensed premises or those with a very high turnover of staff, managers or licensees. The TSO attempts to 'risk assess' newly licensed premises, offering advice on how best to train staff so as to minimise sales to under 18s.



- 10.6** JP told members that eliminating off sales to under 18s would not stop under-age drinking as there are several sources of alcohol: co-ordinated action from other services is required for any initiative to be successful.
- 10.7** TSO initiatives to counter under age drinking are not always effective, as targeting a particular location can result in displacement of drinking activity to neighbouring areas. Informal intelligence networks used by teenage drinkers (via texting, Face Book etc) are often very efficient. To some degree this may be a resource-related issue, as displacement might be less of a problem if a greater geographical area could be targeted by TSO, although better planning and co-working between agencies rather than extra resources *per se* might produce good results.
- 10.8** JP confirmed that prosecution of licensees is very rarely considered, as the licence review/revocation process is far more effective. JP stressed that this approach is intended to help retailers sell alcohol responsibly: it is not meant to be punitive.
- 10.9** In answer to a query about the spread of problems across the city, JP told members that the TSO had not encountered any particular problems in East Brighton. However, if there was a spike in figures in the East of the city, it probably reflected other problems encountered here, as problematic under age drinking could often be a symptom/result of other problems.
- 10.10** JP informed the panel that the way forward for his work may well lay in encouraging local partners to work together to tackle under age drinking. JP referred to ongoing work in Moulescoomb, which he identified as embodying good practice in this area.
- 11. EVIDENCE FROM CHRIS OWEN (CO)- HEALTHY SCHOOLS TEAM MANAGER & TIM BARCLAY (TB)-HEAD OF HOVE PARK SECONDARY SCHOOL**
- 11.1** CO presented to the Panel “A summary of the learning opportunities delivered by schools and local data about school age children and young people”
- TB explained what is done in his school in terms of drug and alcohol education, how this programme is reviewed in the light of emerging data from students, surveys etc.
- 11.2** TB noted that there are two distinct groups of underage drinkers: the first group can be characterised as ‘risk takers’ – individuals who use alcohol (and who may display other types of risky behaviour) due to underlying emotional/social problems. The second, much larger, group uses alcohol as a way of bonding with their peers/in a celebratory

manner etc. Many young people feel a sense of empowerment and safety in large groups, and this includes groups of people sitting in parks etc. drinking. This is not necessarily about a lack of facilities, youth clubs etc.

- 11.3 CO noted that the behaviour of young people frequently mirrors that of their elders, and that adult culture currently features many patterns of drinking which are reflected in teenage behaviour.
- 11.4 Recent years have seen a reduction of young people drinking in licensed premises, and this drinking has been displaced to parks etc where it can be much more visible and can lead to problems of disorder.
- 11.5 CO told members that many parents were uncertain how to deal with the issue of underage drinking – e.g. unsure whether the best approach was to try and proscribe their children's drinking or to supply a limited amount of alcohol in the hope that this would encourage a relatively sensible approach to alcohol.
- 11.6 In answer to a question on the impact of alcohol on educational attainment, TB told the panel that there was not necessarily a link between 'Friday night drinking' and attainment, but that people with more serious drink problems could see their attainment fall (however this is a complex issue as excessive alcohol use is often a 'symptom' of other social or emotional problems rather than a discrete problem).
- 11.7 TB added that schools do lots of work with students in terms of advising on how best to deal with the stress associated with exams, and this may include advice on sensible drinking.
- 11.8 CO noted that schools may simply not be aware of problems associated with their students' drinking as very few students actually attempt to drink in the school environment, and contact with students out of school is generally limited.

CO informed members that children of parents with problematic drinking are another group the Panel needs to be mindful of.

## **12. EVIDENCE FROM ERIC PRICE(EP) -SOMERFIELD TRADING STANDARDS LICENSING MANAGER**

- 12.1 EP told the panel that almost all Somerfield stores (859) have an alcohol license, and that the company is committed to implementing licensing law. Somerfield uses comprehensive training and re-training; till prompts for staff, maintains a 'refusal record' for under age sales, has a 'three year rule' (i.e. staff will ask for ID from anyone who doesn't look 21), and supports 'citizen cards.'

- 12.2** EP noted that, prior to 2003, retailers were less aware of the level of their sales to under 18s, as it was not legal to conduct test purchasing. Very few if any complaints were received from the general public about sales being made to under age persons. Since test purchasing became widespread, it became clear that there was an industry wide problem with staff failing test purchases. An industry group, the Retail of Alcohol Standards Group was formed to seek ways to drive down under age sale. Great improvements were then made.
- 12.3** In recent years retailers have had to think very hard about how best to deal with this problem – this is far more involved than simply having a policy in place. Issues to be dealt with include: staff problems with identifying under 18s; staff reticence Re: challenging customers; dealing with groups of under 18s.
- 12.4** Somerfield does a lot of data analysis, looking at situations where staff actually challenge customers, and at the results of its own internal test purchasing (although it cannot use 18s for this).
- 12.5** Larger stores tend to be better performers; perhaps because young people buying alcohol are more conspicuous in this type of environment (most customers in big stores tend to be doing a large weekly shop, whereas smaller stores tend to have a higher percentage of shoppers buying only a few items).
- 12.6** In terms of the London Road, Brighton store, there are obvious problems associated with the siting of this store: on a very busy bus route, near to the level and to several nearby housing estates etc.
- 12.7** Measures introduced at the London Road store include: an increased use of door supervision (particularly reassuring for counter staff); only using over 18 counter staff; marking alcohol so that it can be traced back to the shop (although none ever has been); employing a new store manager who has a track-record of supporting staff; collaborating with TSO on training of staff. These measures have turned the situation around in this store – the store has passed its last three test purchases, and the working culture has significantly improved.
- 12.8** In response to a question regarding alcohol sales to adults, EP told members that Somerfield was increasingly concerned with facilitating sensible drinking via providing information on units, safe drinking practices etc.
- 12.9** In answer to a question about what more could be done locally to tackle the problem of underage drinking, EP told the panel that the key was to involve all elements of the community in initiatives – including police, schools, TSO etc.

### **13. ANY OTHER BUSINESS**

- 13.1 It was agreed to contact St. Neots for further information on their partnership working, as mentioned by Eric Price.
- 13.2 Members agreed to find out young people's views through attending a school or sixth form college

The meeting concluded at 4.00pm

Signed

Chair

Dated this

day of

**Notes from the Brighton and Hove Youth Council meeting on the  
31-01-09**

1. Present: Councillor Ann Norman (Chair) and Youth Council Representatives (YCR) and Superintendent Grenville Wilson (from Sussex Police)
2. Councillor Ann Norman was asked to speak at the Youth Council meeting and was present to here Superintendent Grenville Wilson speak too.
3. Questions were asked by the YCR's why the Police disperse small groups of youths in parks when they are not being disruptive or loud. The Superintendent explained that the Police tend to work on dispersing small groups early on in the evening before any anti-social behaviour can start; working on prevention rather than waiting for situations to escalate and then dealing with the issues then.
4. A YCR privately told Councillor Norman that young people enjoyed meeting up in groups, as they felt safer and by dispersing the groups they felt more vulnerable and that young people did not see anything wrong with sitting around in small groups. They felt the dispersal technique was unfair especially when they are not causing any trouble.
5. Another YCR privately said that when she was at a party, where lots of additional young people turned up to the party (than previously planned); a Police van came to the location with dogs to disperse the large crowd and that this was seen as a very heavy handed approach and they had been dealt with unfairly.
6. Another YCR privately said that the Police do ask young people to empty their drinks. Some young people take offence to this as some young people do not drink alcohol and therefore have to empty out their soft drinks.
7. A YCR privately said how young people who do not drink alcohol tend to look after their friends that do drink alcohol.
8. A YCR privately said about a positive experience she had with the Police and how she and her friend, (who had been drinking alcohol,) had been treated as individuals and how the policewoman showed that she was concerned for their safety.
9. What upset young people the most was how most of the Police approach these situations by not explaining what they are doing and why they are doing it and not treating each young person as an individual but as a group as a whole.

**BRIGHTON & HOVE CITY COUNCIL**  
**CHILDREN & YOUNG PEOPLE'S OVERVIEW & SCRUTINY AD-HOC**  
**PANEL - REDUCING ALCOHOL RELATED HARM TO CHILDREN &**  
**YOUNG PEOPLE**

**10.00am 10 FEBRUARY 2009**

**BANQUETING SUITE, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors , Duncan and McCaffery

**Other Members present:** Councillors

**PART ONE**

**14. PROCEDURAL BUSINESS**

**14a. Declaration of Substitutes**

14.1 No substitutes are permitted on Ad-hoc Scrutiny Panels

**14b. Declarations of Interests**

14.2 There were none.

**14c. Declaration of Party Whip**

14.3 There was none.

**14d. Exclusion of Press and Public**

14.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

14.5 **RESOLVED** – That the press and public be not excluded from the meeting.

**15. MINUTES OF THE PREVIOUS MEETING**

15. That the minutes of the meeting held on the 22 January 2009 need to be approved and signed by the Chairman.

**16. CHAIRMAN' S COMMUNICATIONS**

- 16.1 Apologies have been sent from the Councillor Ann Norma (Chairman).

**17. EVIDENCE FROM WITNESSES**

- 17.1 Evidence from **Sue Dixon (SD), Head of Security for the First Quench Retailing** (formally known as the Thresher Group) and **Chris Denman (CD), Area Manager for Threshers and the Local**

- 17.2 SD told members that there were 1500 branches with 4 different brand names: Threshers, Wine Rack, the Local & Hadows in Scotland; of which there were 30 stores in Brighton & Hove.

- 17.3 SD informed the panel around a million people were challenged annually and a third of these were refused. All refusals were recorded on the tills and in books and this information was collated and analysed to identify anomalies.

CD explained that any anomalies were investigated and compared with company and store averages. A “compliant” Store Manager generally meant that refusals would be lower in these stores, as young people would not shop at these branches.

- 17.4 SD informed members that the company derives no benefit from under 18 sales as it would damage their reputation which would not exceed potential income.

- 17.5 SD told members that new staff completed an induction, filled out a booklet, watched a DVD which covered mechanisms to prevent underage selling of alcohol and had to be signed off by their Manager before being authorised to use the tills. These inductions and training materials were developed by working with Trading Standards.

- 17.6 SD informed members that identification is asked for, when any customer looks younger than 21: “Challenge 21”. This is being moved to “Challenge 25”. This makes identification of under 18’s easier for staff. Accepted forms of ID are Passport, Driving Licence and any other accredited ID. Test purchases are carried out with over 18’s and over a 100 test purchases are carried out nationally per month; from this the company can identify problem areas and target their work on these.

CD confirmed that all Brighton and Hove stores were working to Challenge 25 already

17.8 It was advised that Partnership working with local authorities, the Police and Trading Standards was the best way forward. It was noted that enforcement has a role but dealing with issues at an early stage is better and to act on any intelligence to deal with the matter swiftly worked best.

17.9 In answer to a question as to how many challenges Brighton and Hove had, it was estimated at around 25/30 per store, per week and challenges were higher in the summer. The exact figures would be forwarded onto the panel.

17.10 In relation to a question on what happens to the information about refusals, it was explained that the District Manager and Licensing Manager collate and investigate the information on a store basis.

CD added that store visits are arranged to stores that have anomalies and an investigation would take place by speaking with staff. All stores within each area are visited on a 6 weekly basis.

17.11 In response to a question as to where under 18's were sourcing their alcohol and whether proxy sales were the problem, it was advised that staff are trained on proxy purchasing by looking at unusual buying patterns and that staff shouldn't sell if they are suspicious of proxy sales being undertaken.

The Panel were informed that shoplifting was an issue and it was thought that 60% of alcohol consumed by underage drinkers came from homes.

17.12 In answer to a query about what information in stores is available for parents, it was noted that stores have been involved in local area schemes where leaflets were put into customers' bags. However it was noted that more education was required.

17.13 Tony Rickwood - Portslade Tesco's Store Manager commented that there were many instances of staff overhearing parents asking their children what alcohol they would like their parents to purchase for them. In these experiences the retailer would refuse these sales.

17.14 CD informed the panel that refusals do vary from store to store. Stores with higher footfall have higher refusals and smaller "community" stores have lower refusals. Under 18's do not shop at their local stores as there is more chance that they will be refused as the Retailer will probably know their parents.

17.15 In response to a question as to whether there are more refusals in the east of Brighton (as underage drinking is worst in the east of city), it was noted that this hadn't been identified.



- 17.16 In response to a question from a Youth Council representative as to whether it would be possible to scan an universal ID card which could total up the amount of alcohol purchased and flag up if the individual was over a guidance level and the possibility that proxy sales may be occurring, TR explained that technically it would not be possible to collate this type of data from the different retailers.
18. Evidence from **David Solomon (DS), TESCO Express, Store Manager -Droeway, Hove** and **Tony Rickwood (TR), TESCO, Store Manager – Portslade**
- 18.1 DS informed members that TESCOs had a vigorous induction training programme, which included “Think 21”, a buddy system, plus training updates, refresher training, till prompts (with the date of birth information), a DVD and also regular team meetings.
- TR handed out training materials that all staff including managers had to complete and noted that there was more comprehensive training for the Licensees at each store. There were “Quarterly Due Diligence Reviews” that a Designated Premises Supervisor completed which reviewed their stores compliance.
- 18.2 The panel noted how managers backed staff with the “you say no and we say no policy” when a transaction was refused.
- 18.3 DS informed the panel how the non-compliance is identified with test purchases, and explained how these stores are targeted for up skilling. It was also very important to work with the Police, Trading Standards and the community and advertise the no selling of alcohol to under 18’s policy around the store.
- 18.4 TR explained how there were very robust systems in place and that he had worked hard to engage with the local Police, to increase store visits which had an impact on reducing theft.
- 18.5 TR told members how it was not in TESCO’s interest to sell alcohol to under 18’s.
- 18.6 In answer to a question on how young staff challenge under 18’s, TR informed the panel that staff under 18 had to have a supervisor authorise any alcohol sales they made. This then prevents under 18 store staff selling to their under 18 friends. TR explained how TESCO is moving to the “Think 25” scheme.
- SD informed members that all retailers were moving to the “Think 25” scheme, except Waitrose. However independents would not necessarily follow.
- 18.7 In response to a question as to whether there was an increase in sales since the Licensing Act 2003 was implemented, SD told members that

the Act had meant that a tighter regime was in operation and it was hard to determine as this is a very high profile topic and is in the press regularly.

- 18.8 TR informed the panel how there had been a significant improvement in compliance since legislation made individual staff vulnerable to prosecution as well as the retail company.
- 18.9 In answer to a question whether cheap alcohol had increased the levels of drinking, TR felt that people weren't buying more cheap alcohol.
- 18.10 TR informed the panel that by increasing the cost of alcohol it would not have any affect as customers wouldn't trade down to cheaper drinks and that when the VAT had been reduced recently; there wasn't an increase in alcohol sales.

SD noted that alcohol was cheap in France and there were no major issues there.

- 18.11 In answer to a question why young people were drinking more, TR informed the panel that alcohol is increasingly difficult for young people to get from retailers and that more adults were purchasing it for them.

SD questioned whether young people were drinking more or whether anti-social behaviour had increased.

- 18.12 In response to questions as to whether shoplifting was an issue, SD told members that it was a problem as there was little legal deterrent (fixed penalty notice for a first offence). Retailers find it challenging to balance attractive store layouts with crime prevention measures.

Shoplifting varies with different areas and different products.

TR informed the panel how alcohol is purchased with weekly shopping on a regular basis.

- 18.13 In answer to a question on whether there is information for parents about not purchasing alcohol for their underage children, TR responded he could not recall any such information and that parents had a lack of understanding on the subject.
- 18.14 In answer to a question on what recommendations would they make TR responded that the local Police are the key and their support to retailers was invaluable.

Members noted that SD recommended partnership working as retailers were committed to eliminating sales to under 18's and that any intelligence could be dealt with swiftly. Additionally direct links with the retailers Central Office would be useful for more proactive working. It

was also pointed out that enforcement does have a negative impact on retailers.

TR informed members that Trading Standards could do with engaging with Retailers more in the future.

**18. ANY OTHER BUSINESS**

19.1 No other business was discussed.

The meeting concluded at 11.00am

Signed

Chair

Dated this                      day of

**BRIGHTON & HOVE CITY COUNCIL**  
**CHILDREN & YOUNG PEOPLE'S OVERVIEW & SCRUTINY AD-HOC**  
**PANEL - REDUCING ALCOHOL RELATED HARM TO CHILDREN &**  
**YOUNG PEOPLE**

**2.00pm 16 FEBRUARY 2009**

**COMMITTEE ROOM 1, HOVE TOWN HALL**

**MINUTES**

**Present:** Councillors Mrs Norman (Chairman), Duncan

**Other Members present:** Councillors C Theobald

**PART ONE**

**19. PROCEDURAL BUSINESS**

**20a. Declaration of Substitutes**

20.1 No substitutes are permitted on Ad-hoc Scrutiny Panels.

**20b. Declarations of Interests**

20.2 There were none.

**20c. Declaration of Party Whip**

20.3 There was none.

**20d. Exclusion of Press and Public**

20.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

20.5 **RESOLVED** – That the press and public be not excluded from the meeting.

## **20. MINUTES OF THE PREVIOUS MEETING**

- 21.1 That the minutes of the meeting held on the 10 February, 2009 need to be approved and signed by Chairman.

## **21. CHAIRMAN'S COMMUNICATIONS**

- 22.1 Chris Parfitt (Youth Lead on Alcohol) and Mark Whitby (Head of Advisory Centre for education (ACE)) send their apologies.

## **22. EVIDENCE FROM WITNESSES**

- 23.1 Evidence from **Councillor Carol Theobald (CD), Chairman of the Licensing Committee** and **Tim Nichols (TN), Head of Environment and Licensing**
- 23.2 CT informed the panel that there was ongoing work in schools educating pupils on the affects that alcohol has and that generally, under 18's do not obtain their alcohol from licensed premises.
- 23.3 TN told members that this was a national problem and that most of the alcohol is obtained from homes, off sales and proxy purchasing.
- 23.4 TN informed the panel that the Council supports proof of age schemes, but levels of fraud are very high. Police are also reluctant to prosecute under 18's for using false ID. The Licensing Committee is currently enacting the recent national guidelines to deal with problem licensees.
- 23.5 CT informed the panel that Challenge 25 was very useful, as were out of school activities. She also stated that refusal log books should be kept as evidence relating to underage sales.
- 23.6 CT confirmed that the Cumulative Impact Area (CIA) had also been introduced to stop further new drinking establishments from opening.
- 23.7 TN told members that under age drinking is a national priority and a Health impact Assessment (HIA) is being funded by the Primary Care Trust (PCT) and being undertaken by the Council. It was noted that Licensing was not to blame for this problem, and that marketing, pricing and availability were more the reason.
- 23.8 TN informed the panel that there was a 40% failure rate for test purchasing and it was difficult to decrease this (Subsequently TN said the current rate was 20%).
- 23.9 TN advised the panel that underage drinking in on licences has moved to parks in recent years as the on licenses are regulated heavily. In the past when Licenses were less heavily regulated publicans tended to tolerate underage drinking providing they didn't drink to access.

- 23.10 In answer to a question as to whether there was a case to charge above a minimum level for alcoholic drinks, TM told members this would be unlawful. For any action to be taken it needs to be demonstrated that there was a “clear causal link” between price promotions and antisocial behaviour. It was noted that it was particularly difficult to establish that link and also to word such restrictions. TN referred to the “*Guidance: Department for `Culture, Media & Sport, sections 10:38 & 10:40 of the Licensing Act 2003`*”
- 23.11 TN advised the panel that it was important to be mindful of economic conditions and that most licensees were trying to earn an honest living, however it maybe useful to publicise revocations and suspensions in the future.
- 23.12 TN told members that he was looking forward to the publication of the Health Impact assessment (HIA) and possible changes to the NHS drinking and drug budgets. It was suggested that spending on preventative education might be better allocated on alcohol rather than drugs.
- 23.13 In answer to a question as to whether the Licensing Act 2003 had any impact on the worsening health figures, TN responded that the reverse was true; there had been a long term rise in consumption and disease relating to alcohol and the Licensing Act 2003 was a reaction to the situation rather than a cause. Since the Licensing Act 2003 there were declining rates of public place violent crime. The Police should also be credited for this. The Licensing Act 2003 has given city centres the ability to spread out “closing time” public disorder.
- 23.14 In relation to a question why binge drinking amongst young people was worst in the east of the city, TN responded that the analysis of information from the Police show a disproportionate volume of the postcodes from offenders and victims are in the BN25 and BN26 areas.
- 23.15 In response to a question whether it was possible to restrict the proliferation of off sales premises, TN responded that the Licensing Act 2003 assumed that most of these off sales premises are operating an honourable business; applications are granted automatically unless representations have been made. The Review Panels have more power than the initial License and have a choice of options which are to suspend/revoke the license, remove the premised licensee or take no action. Residents, Trading Standards Officers and the Police can be heard and it is more likely that the Panel would make a more effective decision based on evidence than refuse a new application.
- 23.16 In answer to a question whether smaller stores were selling to under 18's, CT responded that there was a case where by a non-english speaking relative, who had received no training was covering a shop when the store failed a test purchase. The shop had been to the Review Panel before with a similar problem and the Owner had not

acted upon the advice given by the Review Panel in the first occasion; at the next the Review Panel the decision was taken to revoke the license.

TN told members that sales to underage drinkers was spread out throughout different off and on sales as there were national off licences, franchises, single operators, pubs and bars have all been subjects for reviews.

23.17 In answer to a question how Licensing laws could be tightened TN answered that the recently issued government guidance gave the Review Panel power to restrict the trading hours, or even use CCTV to record sales.

23.18 In response to a question on whether increasing the tax on alcohol would reduce underage drinking TN advised that this would reduce access for young people, should focus on off sales, stores and supermarkets and Government could hypothecate the money to alcohol treatment services and out of school activities.

### **23. ANY OTHER BUSINESS**

24.1 It was agreed to contact any Representatives from the Youth Council who had given their contact details.

24.2 It was agreed to collate written questions for Chris Parfitt (Youth Lead on Alcohol) and Mark Whitby (Head of ACE) and ask them for written statements.

24.3 The meeting with the youth offender is arranged for Thursday, 19 February and the Chairman will be attending this.

The meeting concluded at 3.00pm

Signed

Chair

Dated this

day of

**BRIGHTON & HOVE CITY COUNCIL**  
**CHILDREN & YOUNG PEOPLE'S OVERVIEW & SCRUTINY AD-HOC**  
**PANEL - REDUCING ALCOHOL RELATED HARM TO CHILDREN &**  
**YOUNG PEOPLE**

**4.00pm 11 MARCH 2009**

**MINUTES**

**Present:** Councillors Mrs Norman (Chairman),

**Other Members present:** Councillors

**PART ONE**

**24. EVIDENCE FROM WITNESS**

**25.1 Evidence from a Youth Council Representative (YCR)**

- 25.2 YCR told the Panel Member how the view of not being able to drink needs to be changed, as it makes young people want to drink and break the rules.

Her experience of her first alcoholic drink was that it was “not an amazing thing”, and she still didn’t enjoy the taste of it and would drink wine with a sweet fizzy drink to make it more palatable.

The YCR told how there was alcohol always in her parent’s house and how her parent would give wine with a mixer to drink on occasions.

- 25.3 It was confirmed that peer pressure was one of the reasons why young people drank.

- 25.4 The YCR told how house parties are popular places for young people to drink. There were varying amounts of alcohol at these parties, more being available if parents were not present. If parents were present they did supervise these parties and tended to water down the alcoholic drinks by providing punches.

At a recent party, the YCR informed the member how some young people arrived already drunk.

The YCR informed the member how at her next party her father will invite his friends to the party to help supervise. Some young people



regularly sleep at certain friends' parents' houses as these parents do not "tell" on them. The next morning the young person has slept off most of their hangover and "is not that much of a wreck" when they return home.

- 25.5 YCR informed the member how teenagers copied adults, parents and their older friends and how they had seen parents having a drink of alcohol after they had a stressful day and copy this; or it's the weekend and they learn how alcohol is consumed to celebrate this. As a result of this, young people get stressed over their exams and can turn to alcohol to relax.
- 25.6 In answer to a question whether parents are aware how much their children drink, the YCR answered, that they say to their parents they drank "smart" levels of alcohol, but didn't mention the additional amounts consumed on top of this too.
- 25.7 When asked where else young people were getting alcohol from other than parents supplying it, the YCR informed that their 18 year old friends purchased it for them.

The YCR told how she could remember that last year her friends bought bigger bottles of spirits but this year, due to the credit crunch parents have less disposable income to give their children and as a result of this, young people were purchasing smaller bottles of spirits as they found the bigger bottles too expensive to purchase.

- 25.8 The YCR recommended that adverts similar to the smoking ones would be effective, showing how it could ruin young people's lives in different ways, for example how it can "mess up your exams".
- 25.9 In response to a question whether young people were aware of what the adverse affects of underage drinking were, the YCR said she wasn't aware of these and she would recommend that these be advertised. She confirmed that in schools there is some Personal Social Health Education (PSHE) which touches on the safety issues when drunk, but not information on the negative affects of drinking alcohol.
- 25.10 The YCR advised the member that she felt it was very dangerous to be drinking on the streets and that more controlled places would be suitable, such as clubs perhaps?
- 25.11 YCR confirmed that a friend had problems at home and some young people did not want to discuss these experiences with anyone so they tended to deal with these on their own, without asking for help and drank alcohol to forget these problems. However, the YCR informed how she had a supportive group of long standing friends and they would try and help anyone they could and have been successful in

doing this, by guiding their friend away from alcohol, studying more and getting them to mix with the right crowd.

25.12 The YCR informed the member how teachers did not understand the pressures that young people were under.

The meeting concluded at 5.00pm

Signed

Chair

Dated this

day of

## Appendix 3: Digest of recommendations

- **RECOMMENDATION 1-** The Panel welcomes and commends the increased emphasis of Licensing enforcement on off-sales (and on public place drinking), as it shows a commitment to identifying and tackling current problems rather than simply adhering to traditional modes of enforcement. The Panel hopes that this will provide a platform for the further development of Licensing enforcement, both in terms of closer partnership working, and in terms of a continuing concentration on the actual rather than the popularly perceived problems of underage drinking.
- **RECOMMENDATION 2 –** City partners (co-ordinated by TSO) should draw up a Best Practice Guide on avoiding selling alcohol to U18s with a view to the guide being disseminated to independent retailers.
- **RECOMMENDATION 3 –** Encourage (particularly via the Brighton & Hove Licensing Committee) all off-sales to adopt the ‘Challenge 25’ scheme.
- **RECOMMENDATION 4 –** Licensing Committee to request assurances that new and re-assessed licensees will not discount sales below cost, engage in irresponsible multiple discounting or sell products strongly associated with hazardous drinking practices.
- **RECOMMENDATION 5 –** CYPT should consider its substance misuse services in terms of a potential re-deployment of resources from drugs to alcohol-related projects in instances where drugs issues may have been advanced to the detriment of similarly serious alcohol-related problems. CYPT should also consider whether there is value in lobbying NHS Brighton & Hove and central Government to review their resource allocation in regard to alcohol-related services for children and young people.
- **RECOMMENDATION 6 –** CIA boundaries to be re-examined with a view to extending them to other areas of the city which might benefit from CIA powers (e.g. extension around Preston Park and up to Elm Grove).
- **RECOMMENDATION 7 –** When engaged with young drinkers, police officers need to ensure that they are not over-confrontational and that the rationale for their actions is widely understood. This may best be achieved by engaging with young people in contexts other than those of front-line policing (particularly by visiting schools).
- **RECOMMENDATION 8 –** Alcohol education should address the long term physical impact of U18 alcohol use, not just safety/legal issues.

- **RECOMMENDATION 9** – Develop and deliver an information pack on alcohol targeted at parents and carers, and facilitate the involvement of parents/carers in creating and maintaining this material.
- **RECOMMENDATION 10** – Survey teenagers for their views and seek to develop alternative activities for young people to engage with as alternatives to illegal drinking in public places.
- **RECOMMENDATION 11** – The council should request changes to statute relating to the powers of local Licensing Committees (as detailed in point 16.3 above) in line with the powers granted by the Sustainable communities Act (2007).

## Appendix 4: Background papers

'Brighten Up! Growing Up in Brighton & Hove 2008': Annual Report of the Director of Public Health (and Joint Strategic Needs Assessment, Children and Young People. Brighton and Hove City Council and Brighton & Hove City Teaching Primary Care Trust, 2008.

'Are the kids driving you mad?': Positive Parenting Programme leaflet. Brighton & Hove Children & Young People's Trust.

Draft Alcohol Needs Assessment for Children and Young People: Brighton & Hove City Primary Care Trust (Draft 4), November 2008.

'Drug Education: An Entitlement For All': A report to Government by the Advisory Group on Drug and Alcohol Education, 2008.

Government Response to the report by the Advisory Group on Drug and Alcohol Education: Department for Children, Schools and Families.

Health Impact Assessment of the introduction of flexible alcohol hours in Brighton & Hove: Brief for consultants 2007 v2. Brighton & Hove City Council, 2007.

Licensing Act 2003: Statement of Licensing Policy. Environmental Health and Licensing Service, Brighton & Hove City Council.

Report of stakeholder responses to the Health Impact Assessment of the Introduction of Flexible Alcohol Hours in Brighton and Hove, 6th April 2009.

Setting Targets for Core, Enhanced and Intensive Services (presentation on drug use among vulnerable young people): from 'Crime & Drugs Analysis & Research,' Home Office, September 2007.

"Safe, Sensible, Social: the next steps in the National Alcohol Strategy." Department of Health, Home Office, Department for Education and Skills and Department for Culture, Media and Sport, 2007.

Scrutiny Review of Alcohol Misuse amongst Children & Young People. East Sussex County Council, March 2008.

Sustainable Communities Act 2007 : A Guide for Communities and local Government.

Young People and Alcohol, Overview and Scrutiny Review, Lancashire County Council, February 2008.



# LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)

## Agenda Item 18

Brighton & Hove City Council

**Subject:** *Gambling Act 2005 – revised policy*  
**Date of Meeting:** 26 November 2009  
10 December 2009  
**Report of:** *Director of Environment*  
**Contact Officer:** Name: Tim Nichols Tel: 01273 29-2163  
E-mail: [tim.nichols@brighton-hove.gov.uk](mailto:tim.nichols@brighton-hove.gov.uk)  
**Wards Affected:** All

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Gambling Act 2005 requires Licensing Authorities to prepare, every three years, a statement (also known as a Policy) of the principles which they propose to apply when exercising their functions, and they must publish the statement following the procedure set out in the Act, including whom they should consult.

#### 2. RECOMMENDATIONS:

- 2.1 That the Director of Environment agrees to refer the final version of the Statement of Gambling Policy to Full Council for adoption. (Appended)
- 2.2 That the final Statement of Gambling Policy is presented to Full Council.

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Following Gambling Commission guidance, the council's current Gambling Statement was sent to all statutory consultees.

#### 4. CONSULTATION

- 4.1 Consultation commenced 4 August 2009 and lasted 12 weeks. The existing statement of gambling policy was sent to consultees and was available on the council's website.
- 4.2 Responses were received on the standard questionnaire from 7 residents and 3 businesses. In addition to this, we also received responses from a charity, one from East Sussex Fire and Rescue Service and one from Sussex Police. The responses were evaluated. Respondents were

generally in favor. No proposals were made for any changes and therefore it is proposed to maintain our existing policy. (See appendix 1).

- 4.3 Before publishing the Statement, the local authority is required to publish a notice of its intention to publish a statement. This must be done no less than two weeks before the statement is published. The notice must
- a) Specify the date on which the statement is to be published
  - b) Specify the date on which the statement will come into effect
  - c) Specify the internet address where the statement will be published and the address of the premises at which it may be inspected and
  - d) Be published on the authority's website and in or on one or more of the following places
    - A local newspaper circulating in the area covered by the statement
    - A local newsletter, circular or similar document circulating in the area covered by the statement
    - A public notice board on or near the principal office of the authority's public notice board on the premises of public libraries in the area covered by the statement.

The statement must be published at least one month before it takes effect.

4.4 Timetable:

- Licensing Committee 26 November 09
- Full Council 10 December 2009
- Advertised and published during December 2009.
- January 2010 Revised Statement comes into effect

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 5.1 There are no financial implications arising from the production of this statement, as the licensing fees are set at a level that will be cost neutral to the licensing authority.

Finance Officer Consulted: Karen Brookshaw

Date: 19/10/2009

### Legal Implications:

- 5.2 Local authority responsibilities include: upholding licensing objectives, publishing a three year licensing policy, determining applications for premises licences and regulating members clubs – club gaming and machine permits. The Licensing Committee established under section 6 of the Licensing Act 2004 has authority to exercise functions under the Gambling Act 2005 with the exception of: a resolution not to issue casino licences, the three year licensing policy (full council) and setting fees.

Lawyer Consulted: Rebecca Sidell

Date: 04/11/09



#### Equalities Implications:

- 5.3 Protecting children and other vulnerable persons from being harmed or exploited by gambling is one of the licensing objectives. The Act does not seek to prohibit particular groups of adults from gambling in the same way that it prohibits children. "Vulnerable persons" will not be defined but for regulatory purposes the assumption is that this group includes people who gamble more than they want to, people who gamble beyond their means, and people who may not be able to make informed or balanced decisions about gambling due to a mental impairment, alcohol or drugs. Operators should encourage where appropriate, strategies for self help and provide information on organisations where advice and help can be sought.

With limited exceptions, the intention of the Gambling Act is that children and young persons should not be permitted to gamble and should be prevented from entering those gambling premises which are adult-only environments..

#### Sustainability Implications:

- 5.4 None.

#### Crime & Disorder Implications:

- 5.5 Gambling Commission Inspectors will have the main enforcement/compliance role. The police and licensing authority officers have powers of entry and inspection.

#### Risk and Opportunity Management Implications:

- 5.6 Gambling licensing objectives are:
- (a) Preventing gambling from being a source of crime and disorder, being associated with crime and disorder, or being used to support crime
  - (b) Ensuring gambling is conducted in a fair and open way
  - (c) Protection children and other vulnerable persons from being harmed or exploited by gambling.

#### Corporate / Citywide Implications:

- 5.7 Licensing authorities licence all gambling premises in the city: casinos, bingo, betting, tracks, adult gaming centres, family entertainment centres as well as administering notices and granting gaming permits.

### **SUPPORTING DOCUMENTATION**

#### **Appendices:**

Proposed Revised Gambling Statement

#### **Documents In Members' Rooms:**

None

**Background Documents:**

None

Summary of responses

Responders R1-R3 Trade

Question No.	Response	<i>whether accommodated or reasons not</i>
Q2 1) Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime	R1) By opening a telephone line whereby we can contact and report any wrongdoings directly.  R2) No reply R3) A bigger police presence around high risk areas. More investment into the effects on gambling in people's lives.	Gambling Commission/LA have contact details available.  N/A Gambling Commission Sussex Police Authority prioritise police resources
3) Protecting children and other vulnerable people from being harmed or exploited by gambling	R1) Difficult to see what the council can do. We have signs denoting you must be 18 and also challenge anyone who doesn't look 18 R2) Strongly object R3) more police presence, and targeting specific individuals who constantly try to gamble and make staff's jobs more difficult.	Already law  N/A Sussex Police priorities
Q3 What impact do you think the policy will have on the city in five years time with the introduction of this legislation?	R1) very little as normal people don't understand. R2) No reply R3) Not sure about 5 years time.	N/A N/A N/A
Q4 Do you have any further comments about the policy.	R1) Good to see my local council involved. R2) No reply R3) No reply	Helpful to raise awareness N/A N/A

Responders R4-R10  
Residents

<p>Q2 1) Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime</p>	<p>R4) Observation R5) None R6) No reply R7) Careful monitoring of regular frequenters of gambling premises. Setting a maximum limit on how much someone can win (it has been shown there is a correlation between this and problem gambling). R8) No reply R9) It is a known fact that nearly all people who gamble lose. Some people will commit a crime to fund their gambling but the council will have a job to stop this. Gambling does not support crime. Crime supports gambling. R10) To ensure that premises managers/owners are aware of the new laws and they must check if they are eligible to have a machine in the first place and if they are what is expected of them.</p>	<p>N/A N/A N/A Stakes and maximum prizes are set by regulation  N/A Preventing criminal incursion is a recognised gambling licensing objective LA wrote to all premises with machines. Gambling Commission inspecting.</p>
<p>3) Protecting children and other vulnerable people from being harmed or exploited by gambling</p>	<p>R4) Observation R5) Raise the age to gamble to 21 years R6) I think those holding a gambling licence should develop and present a policy that deals with identifying and stopping those affected by gambling addiction. Similar to alcohol licensed premises. A good licensee will not serve those who are over intoxicated or violent, aggressive etc. If they have to develop this policy themselves it would show that they have considered the issue. R7) Be aware that all adults (as well as children) are potentially vulnerable to gambling addiction. Premises managers and other staff should be trained in how to recognise the symptoms of gambling addiction and have strategies for how to deal with it. R8) No reply R9) If the operator is in doubt about a persons age he should ask for ID (Passport or birth certificate). How can the council stop children and vulnerable people from</p>	<p>N/A Age limits are set by statute Signposting vulnerable people to support services is common, best practice in casinos.  Operators will advise with strategies for help with problem gambling  N/A Remote gambling equipment is licensed by</p>

	<p>gambling online. Nearly all people today have access to the internet and can gamble night and day. Would you please answer this question from me.</p> <p>R10) Any premises planning on making gaming machines available should consider how they will prevent under 18's from accessing them and prove this before being issued a licence.</p>	<p>the Gambling Commission</p> <p>Age restrictions are set by statute and create criminal offences for operators</p>
<p>Q3</p> <p>What impact do you think the policy will have on the city in five years time with the introduction of this legislation?</p>	<p>R4) Little</p> <p>R5) None</p> <p>R6) No reply</p> <p>R7) Not sure as I'm not 100% clear what is the case now. I believe a regional casino would have a negative impact.</p> <p>R8) No reply</p> <p>R9) None</p> <p>R10) Hopefully see far less illegal machines insitu.</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>No regional casino permitted by DCMS or Gambling Commission</p> <p>N/A</p> <p>N/A</p> <p>Joint work with Gambling Commission is effective in preventing illegal gambling machines</p>
<p>Q4</p> <p>Do you have any further comments about the policy.</p>	<p>R4) No reply</p> <p>R5) No reply</p> <p>R6) No reply</p> <p>R7) I'm unconvinced there would be any social benefits to a regional casino.</p> <p>R8) No reply</p> <p>R9) No reply</p> <p>R10) No reply</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>City is not designated for any new casino</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>

Responder R11 Charity

<p>Q2</p> <p>1) Preventing gambling</p>	<p>R11) The licensing authority needs to investigate the suitability of an application. Betting offices should all have door supervision.</p>	<p>All applicants need to have Gambling Commission</p>
---	---	--

from being a source of crime or disorder, being associated with crime or disorder or being used to support crime		operators and personal licences. Council could apply conditions around DS following review
3) Protecting children and other vulnerable people from being harmed or exploited by gambling	R11) Under 18 year olds should not be allowed to use betting/gambling machines.	Under 18s are permitted to use Cat D machines in Family Entertainment Centres by virtue of national legislation
Q3 What impact do you think the policy will have on the city in five years time with the introduction of this legislation?	R11) Better protection for the public, and young persons, against crime in gambling.	Support for current policy
Q4 Do you have any further comments about the policy.	R11) None – but in accompanying letter they say “As a small voluntary group I am very grateful that the form is so clear and simple.	N/A
Fire & Rescue Service	The fire authority has considered the BHCC Gambling Statement and can confirm that it has no further comment to offer.	N/A
Sussex Police		
Q2 1) Preventing gambling from being a source of crime or disorder, being associated with crime or	Fully concur with the principles set out in sections 2.1 – 2.6 and the police will do everything we can to support them. Bearing in mind that gambling issues sometimes interrelate with alcohol licence issues, there might be value in broadening the objective to prevent ‘gambling and associated activities’/	Licensing objectives are set out in section 1 of the Gambling Act 2005 – a matter for DCMS.

disorder or being used to support crime		
3) Protecting children and other vulnerable people from being harmed or exploited by gambling	Fully concur with the principles set out in sections 2.10 – 21.7 and the police will do everything we can to support them. Nothing further to add.	Support for current policy
Q3 What impact do you think the policy will have on the city in five years time with the introduction of this legislation?	The policy is designed to prevent crime and protect the vulnerable while not seeking to stifle local business and tourism. The objectives are likely to be met.	Support for current policy
Q4 Do you have any further comments about the policy.	None but in covering letter “The statement is consistent with many of our joint objectives and responsibilities, hence there is very little we would wish to alter.	Support for current policy



**Brighton & Hove City Council  
Gambling Statement**

**CONTENTS**

**1 Introduction**

- 1.1 Introduction
- 1.2 Gambling Objectives
- 1.3 Statutory Consultees
- 1.12 Human Rights

**2 Fundamental Principles**

- 2.1 Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime
- 2.7 Ensuring that gambling is conducted in a fair and open way
- 2.10 Protecting children and other vulnerable persons from being harmed or exploited by gambling

**3 Avoidance of unnecessary duplication**

**4 Demand for gaming premises**

**5 Interested parties**

**6 Principle to be applied in exercising inspection and enforcement functions**

**7 Statement regarding casino resolution**

**8 Information Exchange and Integration of Strategies**

**9 Standard Conditions**

**10 Enforcement**

**11 Contact Details, Advice and Guidance**

**12 List of consultees**

Revision 1 – valid from 1 January 2010



## 1. Brighton and Hove City Council: Gambling Statement

### 1 Introduction

- 1.1 This statement has been prepared in accordance with the provisions of the Gambling Act 2005. Its purpose is to promote the gambling objectives, give weight to views of consultees listed below and set out a general approach to making gambling decisions. Brighton & Hove City Council as the licensing authority in relation to gambling must carry out its functions with a view to promoting the gambling objectives and this statement is framed around those objectives. Each application will be given individual consideration on its merit. The scope of this Policy covers the following:
- Avoidance of unnecessary duplication or inefficiencies by properly separating the planning and gambling regimes in operation
  - Demand for gaming premises
  - Principle to be applied in exercising functions under Section 15 of the Act with respect to inspection of premises and the power under Section 346 of the Act to institute criminal proceedings
  - Principle to be applied to determine whether a person is an interested party in relation to a premises licence, or in relation to an application for or in respect of a premises licence
  - Consideration of applications
  - Statement regarding casino resolution
  - Information exchange
  - Statement of principles
- 1.2 The gambling objectives are:-
- a) Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime;
  - b) Ensuring that gambling is conducted in a fair and open way, and;
  - c) Protecting children and other vulnerable persons from being harmed or exploited by gambling.
- 1.3 The statutory consultees are:-
- (a) the chief officer of police for the authority's area;
  - (b) such persons as the licensing authority considers to represent the interests of persons carrying on gambling businesses in the authority's area;
  - (c) such persons who appear to the authority to represent the interests of persons who are likely to be affected by the exercise of the authority's functions under the Act.
- 1.4 In addition to consultees in 1.3 above, a list of the persons or bodies consulted can be found at (12) on page 12.
- Due consideration was given to all those who responded – the consultation period commenced 12 August 2009 and lasted 12 weeks.
- 1.5 This policy will come into force on 1 January 2010 by resolution of Full Council during December 2009 and will be reviewed and published at least every

Revision 1 – valid from 1 January 2010

three years.

Revision 1 – valid from 1 January 2010

The review process will be undertaken using the same principles as the initial consultation process. The policy will also be under review in the interim periods; any revisions required by either process will also be the subject of consultation. It is also subject to guidance issued by the Government including any issued after the date of publication of this Statement.

- 1.6 The City of Brighton & Hove provides many gambling facilities. There are two racetracks. Brighton Racecourse on Whitehawk Down has been a site of organised public racing since the late eighteenth century. Brighton and Hove were two of the 53 permitted areas in Great Britain with four casinos under the 1968 Act. There are numerous bingo and betting premises. As a seaside resort, there is a history of amusement arcades (family entertainment centres or adult gaming centres).
- 1.7 The types of applications covered by the licensing authority of Brighton & Hove City Council and relevant to this statement are:-
- To license premises for gambling activities
  - To consider notices given for the temporary use of premises for gambling
  - To grant permits for gaming and gaming machines in clubs
  - To regulate gaming and gaming machines in alcohol licensed premises
  - To grant permits to family entertainment centres for the use of certain lower stake gaming machines
  - To grant permits for prize gaming
  - To consider occasional use notices for betting at tracks
  - To register small societies' lotteries
- 1.8 Family Entertainment Centres  
Applicants for permits for family entertainment centres will be required to submit enhanced criminal records bureau certificate and declaration from an applicant that he or she has not been convicted of a relevant offence.
- 1.9 Gambling decisions and functions may be taken or carried out by the licensing committee of Brighton & Hove City Council or delegated to the licensing sub-committee or in appropriate cases by officers of the authority. As many of the decisions will be purely administrative in nature, the principle of delegation to officers is adopted in the interests of speed, efficiency, and cost effectiveness. The terms of delegation of function are set out below.

Matter to be dealt with	Full Council	Sub-Committee	Officers
Three year licensing policy	X		
Policy not to permit casinos	X		
Fee setting (when appropriate)			X
Application for premises licence		If a representation made	If no representation made
Application for a variation to a licence		If a representation made	If no representation made
Application for a transfer of a licence		If a representation made	If no representation made
Application for provisional statement		If a representation made	If no representation made
Review of a premises licence		X	
Application for club gaming/club machine permits		If a representation made	If no representation made
Cancellation of club gaming/club machine permits		X	
Applications for other permits			X
Cancellation of licensed premises gaming machine permits			X
Consideration of			X

1.10 The licensing authority shall foster ownership, co-ordination and partnership. Work shall include consultation with business managers to encourage understanding and ownership of policy and good practice.

1.11 Nothing in this policy shall undermine any person from applying for a variety of permissions under the Act and appropriate weight will be given to all relevant representations. Such representations will not include those that are frivolous or vexatious.

**1.12 Human Rights**

In considering applications, and taking enforcement action, licensing authorities are subject to The Human Rights Act and in particular the following relevant provisions of the European Convention on Human Rights:-

- Article 1, Protocol 1 - peaceful enjoyment of possessions. A licence is considered a possession in law and people should not be deprived of their possessions except in the public interest.

Revision 1 – valid from 1 January 2010

- Article 6 - right to a fair hearing.
- Article 8 - respect for private and family life. In particular, removal or restriction of a licence may affect a person's private life; and
- Article 10 – right to freedom of expression.

Licensing Authorities should be aware that moral objections to gambling are not a valid reason to reject applications for premises licences. This is because such objections do not relate to the licensing objectives. An authority's decision cannot be based on dislike of gambling, or a general notion that it is undesirable to allow gambling premises in an area (with the exception of the casino resolution powers). In deciding to reject an application, a licensing authority should rely on reasons that demonstrate that the licensing objectives are not being met.

## **2 Fundamental Principles**

### **2.1 Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime**

- 2.2 Applicants for premises licences will have to hold an operating licence from the Gambling Commission before the premises licence can be issued. The licensing authority will not need to investigate the suitability of an applicant since the Commission will have already done so for both operating and personal licences.
- 2.3 If, during the course of considering a premises licence application, or at any other time, the licensing authority receives information that causes it to question the suitability of the applicant to hold an operating licence, these concerns should be brought to the attention of the Commission without delay.
- 2.4 Licensing authorities will need to consider the location of premises in the context of this objective. If an application for a licence or permit is received in relation to premises that are in an area noted for particular problems e.g. with organised crime, the authority should think about what controls might be appropriate to prevent those premises becoming a source of crime. These might include conditions being put on the licence. Section 169 of the Act allows the authority to impose conditions to prevent disorder.
- 2.5 Consideration may be given to imposition of conditions concerning:
- Security and door supervision – guarding premises against unauthorised access or occupation, or against outbreaks of disorder or against damage may only be undertaken by Security Industry Authority licensed personnel.
  - As set by regulation.
- 2.6 There is no evidence that the operation of betting offices has required door supervisors for the protection of the public. The authority will make a door supervision requirement only if there is clear evidence from the history of trading at the premises that the premises cannot be adequately supervised from the counter and that door supervision is both necessary and proportionate.

Revision 1 – valid from 1 January 2010

## **2.7 Ensuring that gambling is conducted in a fair and open way**

Generally the Commission would not expect licensing authorities to become concerned with ensuring that gambling is conducted in a fair and open way as this will be a matter dealt with under the operating licence or personal licence.

- 2.8 In relation to the licensing of tracks, the licensing authority's role will be different from other premises in that track operators will not necessarily have an operating licence. In those circumstances the premises licence may need to contain conditions to ensure that the environment in which betting takes place is suitable. Off-course operators with on-course facilities may be required to hold a separate betting premises licence for this area but this will not be a mandatory requirement and will be at the discretion of the racecourse and the betting operator.

- 2.9 Conditions may be imposed as set by regulation.

## **2.10 Protecting children and other vulnerable persons from being harmed or exploited by gambling**

With limited exceptions, the intention of the Gambling Act is that children and young persons should not be permitted to gamble and should be prevented from entering those gambling premises that are adult-only environments. Children must be protected from being "harmed or exploited by gambling" which in practice means preventing them from taking part in or being in close proximity to gambling and for there to be restrictions on advertising so that gambling products are not aimed at children or advertised in such a way that makes them particularly attractive to children.

- 2.11 Specific measures to prevent this may include:-
- a) Supervision of entrances
  - b) Segregation of gambling from areas frequented by children
  - c) Supervision of gaming machines in non-adult gambling specific premises
  - d) Gaming machines in betting shops should not be visible from outside the premises
  - e) Enhanced CRB checks may be required for all applicants in relation to Family Entertainment Centres and declaration from an applicant that he or she has not been convicted of a relevant offence
- These considerations will be particularly relevant on tracks (where children will be permitted in the betting areas on race-days).
- 2.12 The Act does not seek to prohibit particular groups of adults from gambling in the same way that it prohibits children. "Vulnerable persons" will not be defined but for the purposes of this policy the assumption is that this group includes people who from a common sense perspective, a provider of gambling services would be expected to assess as unlikely to be able to make informed or balanced decisions about gambling, due to a learning disability, mental health problem, a known compulsion to gamble or the effects of alcohol or drugs.

Operators should make information publicly available via leaflets etc about organisations that can provide advice and support, both in relation to gambling itself and to debt e.g. GamCare, Gamblers Anonymous, Gordon House Association, National Debtline, local Citizens Advice Bureaux and independent advice agencies.

- 2.13 Consideration must be given, in relation to particular premises, whether any special considerations apply in relation to the protection of vulnerable persons. Any such considerations will need to be balanced against the authority's objective to aim to permit the use of premises for gambling.

- 2.14 The licensing authority recognises the Children and Young People's Trust as being competent to advise on matters relating to the protection of children from harm. Applicants shall copy their applications to: Children and Young People's Trust Assistant Director (Children's Social Care) King's House, Hove, BN3 2LS in its capacity as the responsible authority.
- 2.15 Children are permitted to enter family entertainment centres and may play category D machines.
- 2.16 Consideration may be given to imposing conditions concerning
- Installation of cash dispensers (ATMs) on premises (e.g. location)
  - As set by regulation.
- 2.17 Bookmakers shops: While the authority has discretion as to the number, nature and circumstances of use of betting machines, there is no evidence that such machines give rise to regulatory concerns. This authority will consider limiting the number of machines only where there is clear evidence that such machines have been or are likely to be used in breach of the licensing objectives. Where there is such evidence, this authority may consider, when reviewing the licence, the ability of staff to monitor the use of such machines from the counter.
- 3. Avoidance of unnecessary duplication or inefficiencies by properly separating the planning and gambling regimes in operation**
- 3.1 This policy shall avoid unnecessary duplication or inefficiencies by properly separating the planning and gambling regimes in operation. Where appropriate, matters for consideration in gambling applications will not duplicate matters considered as part of any planning application.
- 3.2 The Licensing Committee should provide regular reports to the Planning Committee on the situation regarding licensed premises in the area. Such reports may include: the general impact of gambling related crime and disorder, numbers and types of applications per ward, results of applications/appeals, details of closing times, such other information as the committee deems appropriate.
- 4. Demand for gaming premises**
- 4.1 Unmet demand is not a criterion for a licensing authority in considering an application for a premises licence under the Gambling Act. Each application must be considered on its merits without regard to demand.
- 4.2 The licensing authority may comment on the location of premises in so far as the location relates to the licensing objectives. The general principles that will be applied when determining whether the location of proposed gambling premises is acceptable (with or without conditions) will reflect the licensing objectives. So for example, the authority will consider very carefully whether applications for premises licences in respect of certain gambling premises located very close to a school, or a centre for gambling addicts should be

Revision 1 – valid from 1 January 2010



granted in light of the third licensing objective. (Many betting offices are located near schools or in residential areas but under 18's are not permitted on the premises. The location of racecourses will not have altered and cannot be transferred to another location). However, each application will be considered on its merits and will depend on the type of gambling that it is proposed will be offered in the premises. If an applicant for a premises licence can show how licensing objective concerns can be overcome, that will have to be taken into account.

## **5. Interested parties**

- 5.1 Section 158 of the Act defines interested parties as persons who:
- a) live sufficiently close to the premises to be likely to be affected by the authorised activities
  - b) have business interests that might be affected by the authorised activities; or
  - c) represent persons who satisfy a) or b).

Persons who fall into c) above may include trade associations, trade unions, residents associations and tenants associations, and ward councillors or MPs.

Whether a person is an interested party with regard to particular premises will be considered on a case-by-case basis, judging each on its merits. The size of the premises and the activities taking place will be taken into account. Larger premises may affect people over a broader geographical area compared to smaller premises offering similar facilities.

## **6. Principle to be applied in exercising functions under Part 15 of the Act with respect to inspection of premises and the power under Section 346 of the Act to institute criminal proceedings**

- 6.1 The Enforcement Concordat (now called the Regulatory Compliance Code) will be accepted as best practice. The Better Regulation Executive and Hampton review of regulatory inspections and enforcement will be used as models, as follows:
- Proportionate: regulators should only intervene when necessary: remedies should be appropriate to the risk posed, and costs identified and minimised;
  - Accountable: regulators must be able to justify decisions, and be subject to public scrutiny;
  - Consistent: rules and standards must be joined up and implemented fairly;
  - Transparent: regulators should be open, and keep regulations simple and user friendly; and
  - Targeted: regulation should be focused on the problem, and minimise side effects.

## **7 Statement regarding casino resolution**

Revision 1 – valid from 1 January 2010

- 7.1 The licensing authority has not taken a decision to pass a resolution not to issue casino licences. The effect of a resolution would be not to issue new casino licences in Brighton & Hove.
- 7.2 The decision to pass such a resolution may only be taken by the authority as a whole and cannot be delegated to the licensing committee. In passing such a resolution the authority may take into account any principle or matter, not just the licensing objectives. Where a resolution is passed, it must be published by the authority in this licensing statement.
- 7.3 The resolution must apply to casino premises generally, so that the authority cannot limit its effect to geographic areas or categories of casinos. This will only affect new casinos. It will not have any effect on casino premises licences or provisional statements issued prior to the date the resolution comes into effect. Similarly, a resolution will not affect the ability of casinos with preserved entitlements from the 1968 Act from continuing to operate as casinos.

- 7.4 The Council's response to the Casino Advisory Panel stated that there would be no objection to one additional large casino and one additional small casino but there is no interest in any proposal for a regional casino.
- 7.5 Brighton & Hove City was not selected as one of the areas where a new casino (or casinos) would be located,

## **8 Information Exchange and Integration of Strategies**

- 8.1 The Commission may require authorities to provide information about applications covered by the gambling authority. This information will be provided in the format requested by the Commission.
- 8.2 This Policy will follow corporate guidelines regarding data protection and freedom of information. Where valid representations are received, a copy is sent to the applicant in order to facilitate discussions on the matters raised.

**Please note:** *names and addresses of those making representations will usually be disclosed to applicants.*

- 8.3 The gambling authority shall secure the proper integration of this policy with local crime prevention, planning, tourism and cultural strategies by:-
- Liaising and consulting with the Sussex Police, HM Revenue & Customs and the Community Safety Strategy representatives and following the guidance in community safety and crime and disorder strategy,
  - Liaising and consulting with the planning authority,
  - Liaising and consulting with tourism, stakeholder groups, business groups such as the City Centre Business Forum and the economic development functions for the Council.
  - Having regard to any future documents issued relating to the Private Security Industry Act 2001, for example liaison or information sharing protocols
- 8.4 The Statement of Gambling Policy will support the aims of the tourism strategy recognising the benefits for the tourism economy by creating a safer and more attractive City centre and improving competitiveness with other European Cities.
- 8.5 The Licensing Committee should receive any reports relevant to the needs of the local tourist economy and the cultural strategy for the area, the employment situation of the area and the need for new investment and employment where appropriate to ensure that it considers these matters.
- 8.6 Planning permission is not a guarantee that permission to provide gambling will be granted. The two regimes work separately.

## **9. Standard Conditions**

Appendix 2 (Section 169 of the Act) contains a pool of model conditions that may be imposed or excluded by the licensing authority. The Act provides that

Revision 1 – valid from 1 January 2010

conditions may be attached to premises licences. Conditions may be attached in a number of ways:

- They may be attached automatically, having been set out on the face of the Act including mandatory and default conditions from the Secretary of State, or
- They may be attached to premises licences by licensing authorities. The authority should take decisions on individual conditions on a case-by-case basis and choose suitable and appropriate conditions to suit the specific needs of an individual premises' operation.

## **10. Enforcement**

- 10.1 The enforcement of gambling law and the inspection of licensed premises will be detailed in the Protocol between the Gambling Commission, Brighton & Hove City Council and Sussex Police. This protocol will monitor compliance with the provisions of the Act and with licence conditions, and the investigation of suspected offences.
- 10.2 In general, the approach of the Commission will be that the authority which issues a licence or permit should take the lead in ensuring compliance with the licence and any conditions attached to it, including compliance with relevant codes of practice.
- 10.3 The authority recognises that certain bookmakers have a number of premises within its area. In order to ensure that any compliance issues are recognised and resolved at the earliest stage, operators are requested to give the authority a single named point of contact, who should be a senior individual, and whom the authority will contact first should any compliance queries or issues arise.

## **11. Contact Details, Advice and Guidance**

- 11.1 Further details for applicants about the gambling and application process, including application forms, can be found:
- By contacting the Health & Safety and Licensing Team at: Bartholomew House, Bartholomew Square, Brighton BN1 1JP
  - By telephoning them on 01273 294429
  - By faxing on 01273 292169
  - E-mail [ehl.safety@brighton-hove.gov.uk](mailto:ehl.safety@brighton-hove.gov.uk)
  - Via [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk) (search under Licensing Act 2003 and follow the gambling links)
  - Via City Direct
  - Gambling Commission, Victoria Square House, Victoria Square, Birmingham B2 4BP
  - Police Licensing Unit, Police Station, Holland Road, Hove BN3 1JY Tel: 01273 665523
  - Fire Authority East Sussex Fire and Rescue Service, Brighton & Hove Fire Safety, Office, Hove Fire Station, English Close, Hove, BN3 7EE, Tel: 01323 462130

Revision 1 – valid from 1 January 2010

- Planning, Development Control, Hove Town Hall, Norton Road, Hove, BN3 1PT, Tel: 01273 290000
- Environmental Health, Environmental Protection Team, Bartholomew House, Bartholomew Square, Brighton, BN1 1JP, Tel: 01273 290000
- Child protection - Children and Young People's Trust, Assistant Director, (Children's Social Care), King's House, Hove, BN3 2LS
- HM Revenue & Customs, 12<sup>th</sup> Floor Alexander House, 21 Victoria Avenue, Southend on Sea, SS99 1BD Tel: 0845 010 9000.

**12. Consultation was undertaken with the following:-**

- the chief officer of police for the authority's area; and HM Revenue & Customs
- persons representing the interests of persons carrying on gambling businesses in the authority's area – including existing casino operators, the British Casino Association, betting shops and the Association of British Bookmakers, bingo premises, operators of amusement facilities in the area, the Racecourse Association, Brighton Business Forum;
- persons who represent the interests of persons who are likely to be affected by the Act including faith groups, local residents and tenants associations, voluntary and community organisations working with children and young people, operators of small lotteries, organisations working with people who are problem gamblers, medical practices or primary care trusts, and advocacy organisations such as Citizens Advice Bureau, The Money Advice Trust and National Debtline, GamCare, Members and trade unions.



# **LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)**

## **Agenda Item 19**

Brighton & Hove City Council

### **Schedule of Licensing Appeals (July 2009 – October 2009)**

<b>Premises</b>	<b>Appellant</b>	<b>PTR</b>	<b>Hearing</b>	<b>Outcome</b>
Shop 2 Win Ltd, Western Road, Hove	Shop 2 Win Ltd		No hearing	Appeal withdrawn, decision of the licensing panel effective from 14.9.09
Mesopotamia 17 York Place	Mr Sangoz		30.10.09	Appeal dismissed, licence suspended; may appeal to High Court.





# LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)

## Agenda Item 20

Brighton & Hove City Council

### Reviews July - Sept 09

NAME AND ADDRESS OF PREMISES	Date consideration of closure order received from Magistrates or review received	DATE OF HEARING	DETERMINATION
<b>One Step</b> 59A London Road Brighton	21.07.09	16.09.09	Suspension of licence for 1 month and additional conditions
<b>Whelan's Lion &amp; Lobster</b> 24 Sillwood Street Brighton BN1 2PS	23.07.09	16.09.09	Adopt conditions agreed between the Environmental Protection officer and the licence holders
<b>Tom's</b> 13 Prince Albert Street Brighton BN1 1HE	23.07.09	18.09.09	Additional conditions
<b>The New Bush</b> 1 Arundel Road Brighton BN2 5TE	06.08.09	01.10.09	Additional conditions
<b>The West Hill</b> Buckingham Place Brighton East Sussex BN1 3PQ	20.08.09	15.10.09	Additional conditions
<b>Entourage</b> 1 Middle Street Brighton	03.09.09	26.10.09	Additional conditions and hours for trading cut back
<b>White Horse</b> Camelford Street Brighton BN2 1TQ	14.10.09	07.12.09	Hearing yet to be held

