Bath & North East Somerset Council

A review into alcohol harm reduction in B&NES

Steering Group Members
Cllr Lisa Brett, Cllr Vic Pritchard, Cllr Robin Moss, Cllr Liz Hardman and Cllr Marie Longstaff

Project Officers
Emma Bagley, Donna Vercoe, Liz Richardson, Sue Dicks, Cathy McMahon, Kate Murphy and Andrew Jones

E-mail: scrutiny@bathnes.gov.uk
Tel: 01225 396053

Foreword

Bath & North East Somerset (B&NES) is a great place to live, work and visit. Our Council is committed to encouraging thriving communities and enabling residents to enjoy fulfilling lives. We recognize that feeling healthy and safe is an import aspect of this.

While most people in B&NES enjoy moderate alcohol consumption, for a minority of others excessive consumption can present a risk to their health, to their families and to the wide community. By seeking to tackle the challenge of irresponsible drinking, we hope to ensure people enjoy better health, better relationships and suffer less fear of crime and anti-social behavior.

We know that tackling alcohol harm cannot happen in isolation and as resources contract, targeted work to tackle concerns needs to be a priority not just for the Council but also in our communities, with our strategic partners and the voluntary sector.

This project has allowed councillors and stakeholders the opportunity to examine a range of data, evidence and best practice around the three main themes of health / wellbeing, community safety and licensing / environment. By considering this information we:

- Listened to what is happening
- Learnt about what can be done to make things better
- Made policy proposals that will make a difference

We would like to particularly thank the Community Alcohol Partnership and Midsomer Norton Town Council for sharing their experiences, and allowing their voices to be included in our work.

We would like to thank all of the participants who took the time to attend our Scrutiny Inquiry Day (SID). We would also like to extend our thanks to the service officers who have supported us through this investigation.

- Cathy McMahon – Development and Commissioning Manager, Public Health
- Andrew Jones – Environmental Monitoring and Licensing Manager
- Sue Dicks – Community Safety Manager, Strategy and Performance
- Kate Murphy – Drugs and PSHE Advisor
- Emma Bagley – Policy Development and Scrutiny Project Officer
- Liz Richardson – Policy Development and Scrutiny Project Lead Officer
- Donna Vercoe – Policy Development and Scrutiny Project Lead Officer

We fully support the recommendations within this report and hope that progress can be made soon to reduce alcohol harm.

Councillor Lisa Brett
Lead Councillor, Alcohol Harm Reduction SID Steering Group
Vice Chair, Planning Transport and Environment
Policy Development & Scrutiny Panel

Contents

What is Policy Development & Scrutiny?

Overview and Scrutiny is the name given in legislation to the system of checks and balances implemented by all other councillors as they monitor the activity of the Cabinet and assist them in developing and reviewing policy. In Bath & North East Somerset Council, this is known as Policy Development and Scrutiny. Policy Development and Scrutiny is intended to review the work of the Cabinet and to enhance the performance of services. It is also designed to provide a forum through which policy review and policy development can be extensively examined before consideration and decision by the Cabinet and/or Full Council.

There are six Policy Development and Scrutiny Panels which meet approximately six to seven times a year and oversee a specific area of work, generally matching the Cabinet portfolios. These panels are:

- Early Years, Children and Youth
- Economic and Community Development
- Housing and Major Projects
- Planning, Transport and Environment
- Resources
- Wellbeing

Executive Summary

The alcohol harm reduction review is a joint panel task. The relevant Policy Development and Scrutiny Panel (PDS) panels are: Planning, Transport and Environment (PTE); Early Years, Children and Youth (EYCY); Economic & Community Development (ECD) and Wellbeing PDS Panels. The lead councillor for this review was Cllr Lisa Brett.

Following a data audit, a Scrutiny Inquiry Day was held. 68 councillors, officers, stakeholders and residents attended the day. Delegates heard evidence and information from officers and stakeholders about what work is currently being done to prevent, address and reduce the impact of the misuse of alcohol. Delegates sought to deliberate over policy initiatives on both the new powers being introduced through the government's alcohol strategy and the locally-targeted B&NES alcohol harm reduction strategy. Statements from residents and various organisations augmented the experience. A facilitated workshop was dedicated to identifying potential recommendations for changes in local policy.

Following this review, ten recommendations are proposed within the following themes:

- More education programmes that encourage a voluntary shift in attitude to alcohol
- Improved and more frequent alcohol screening mechanisms
- Targeted interventions that deal with adverse effects of alcohol
- Greater emphasis on prevention of alcohol harm through national and local policy
- A local licensing policy that considers a broader range of issues and impacts
- More accessible training that emphasises issues and effects of alcohol harm
- Improved engagement at local level though more positive and proactive information sharing and publicity
- Communities that are safer from alcohol harm
- Communities that are safer from outcomes of alcohol harm

Recommendations

More education programmes that encourage a voluntary shift in attitude to alcohol

1 To continue working in partnership with commissioned and statutory service providers to deliver a long-term education programme for professionals, parents and young people on the causes and effects of alcohol harm. In particular, develop targeted education programmes for specific vulnerable groups, including:

a. younger children by encouraging schools to start introducing topics sensitively from primary school age;

b. young people by encouraging schools to facilitate further work through Personal Social Health Education. To help facilitate this work it will be important to have a better knowledge of the causes of self-harm through alcohol use. To commission a piece of work that extends current knowledge and builds on previous SHEU evidence. This work to report back to the Wellbeing / EYCY PDS Panel;

c. older 'working age' population by supporting current initiatives of public protection; and

d. parents by public health working together with schools. (EYCY / Wellbeing)

Improved and more frequent alcohol screening mechanisms

2 Develop and implement a quick screening method within front line services (including primary care such as pharmacies and waiting rooms - although potential scope for acute settings too). Build on the existing AUDIT tool by exploring a potential 'app', scratch cards, themed bar mats or self-assessment pro-forma. (Wellbeing)

Targeted interventions that deal with adverse effects of alcohol

3.1 Build on in-situ interventions and street treatments in order to tackle isolated instances of inebriation in the night time economy. Support the ACPO initiative of 'drunk-tanks', and express an interest in hosting a pilot service in B&NES. (Wellbeing)

3.2 To provide 'wet house' supported accommodation for patients requiring longer term health and social care rehabilitation or interventions. This recommendation to be implemented where there is the demand and an evidence base for this (Wellbeing)

4 Encourage improved workplace health by developing a simple toolkit that local employers can use in the workplace. This initiative seeks to raise awareness about alcohol use in employees. (Wellbeing)

Greater emphasis on prevention of alcohol harm through national policy

5 Health to be embedded as an alcohol licensing objective. The government to be lobbied about incorporating this into licensing legislation via the LGA. (PTE)

A local licensing policy that considers a broader range of issues and impacts

6 Refresh the B&NES licensing policy to acknowledge prevention of alcohol harm with such inclusions as:

a. A vision of what B&NES' night time economy will look like (including an overview of cultural expectations). This high-level vision to be supplemented by district level aspirations (such as Bath, Keynsham, Midsomer Norton, Radstock etc.);

b. Early Morning Restriction Orders in areas based on resident demand;

c. Appraisal of Cumulative Impact (CI) zones;

d. Consideration of 'dry streets' where a community wishes to exclude licensed alcohol traders completely;

e. The option of including a condition in a license around minimum unit pricing, high strength alcohol restrictions and/or irresponsible promotions where the evidence suggests this would be appropriate; and to

f. Incorporate health into licensing policy at a local level. (PTE/ ECD)

More accessible training that emphasises issues and effects of alcohol harm

7.1 Establish and deliver a local Best Bar None training scheme for trade staff. (PTE)

7.2 B&NES to express an interest in applying a business rate rebate to those premises successfully participating in the Best Bar None scheme. (PTE)

Improved engagement at local level though more positive and proactive information sharing and publicity

8 Improve the information available to residents about making complaints and contributing to licensing reviews.

Refresh existing information about licensing contacts and processes in the B&NES Connect magazine and on the B&NES website.

Consider a 24hr answerphone line to gather evidence from residents about licensing concerns. Promote a direct telephone line within licenced premises if a customer wants to raise a concern or report issues. (PTE)

Communities that are safer from alcohol harm

9.1 Build on existing work to prevent anti -social behaviour. Contain early issues through strong and clear enforcement presence in B&NES. Continue existing measures such as street marshals and police presence in ‘hot spots’; as well as appropriate licensing enforcement action. Encourage greater information sharing between the police and council (e.g.101 and street marshal data) to guide enforcement. (PTE/ECD)

9.2 Extend existing initiatives, or foster new approaches in encouraging collective working between all alcohol traders (both on and off-trade). Encourage communication between businesses to allow them to work together optimally and, take a firm approach on sale of alcohol to people inebriated (legislation places licensees responsible for selling alcohol in this manner).. (PTE/ECD)

Communities that are safer from outcomes of alcohol harm

10.1 Encourage more integrated community safety work by rolling out further Community Alcohol Partnerships (CAPs) where underage drinking is a problem and residents want a CAP. (ECD)

10.2 Tackle alcohol-fuelled domestic violence and abuse by exploring ways of introducing a CAP style model of integrated working across B&NES.

To develop existing work by the council as part of the public service transformation network. Funding could potentially be earmarked through the community budget that covers this area of work. (ECD)

Introduction

In March 2012 the government launched its alcohol strategy that included new powers for local authorities from April 2012. Licensing and health bodies become responsible authorities under the Licensing Act 2003. As a result, they are now notified of applications / review and can instigate a review of a licence. From Oct 2012, local authorities' also have powers to introduce Early Morning Restriction Orders (EMROs) (to restrict alcohol sales if a problem) and the Late Night Levy (LNL) (from businesses to cover cost of policing and local authority action).

During April 2012 the cabinet adopted and set key priorities of the refreshed B&NES alcohol harm reduction strategy. The key themes were: health & treatment, community safety, crime and disorder, children and young people, partnership working. A steering group would be responsible for implementation. In May 2012, the Wellbeing PDS Panel received a briefing on B&NES alcohol harm reduction strategy. Later in 2012, initial terms of reference for a SID set out to review and refresh the B&NES alcohol harm reduction strategy, and to consider how the new powers from the government's alcohol strategy would impact. The work would also aim to feed into a government consultation which included topics such as minimum pricing.

Then in Oct 2012, new powers of licensing become available to local authorities. The Government also held a consultation on alcohol harm that closed in February 2013. Following from these events, the existing steering group decided during May 2013 that the need to address alcohol harm reduction remained, but the work needs input from different panels. A new steering group was assigned and carried this project forward.

In tandem, the Health and Wellbeing Board also identified alcohol as a key priority within the joint health and wellbeing strategy. This is due for sign off in November 2013.

Purpose and Objectives

The purpose of the scrutiny inquiry day was to provide the opportunity to formulate policy approaches with relevant experts and stakeholders on the key issues in the B&NES alcohol harm reduction strategy and the new powers being introduced through the government's alcohol strategy and refresh the B&NES alcohol harm reduction strategy and its desired outcomes.

The key objectives of the SID were:

1. To engage key stakeholders to develop a future policy direction for the use of new powers for local authorities and health bodies through the government's alcohol Strategy. For example, the use of other new powers including extended EMROs for businesses in B&NES;

2. To examine existing evidence in order to identify the harm caused by alcohol in B&NES. This data will feed into the joint strategic needs assessment and refreshed alcohol harm reduction strategy;

3. To engage key stakeholders in refreshing the alcohol harm reduction strategy and its desired outcomes:

a. Increasing the number of people drinking sensibly within the daily safe limits; Decreasing the physical and emotional harm arising in people who misuse alcohol; Decreasing the crime and disorder arising in people who misuse alcohol; Decreasing the impairment at work arising in people who misuse alcohol; Decreasing the amount of family and community harm related to alcohol misuse and; Preventing children and young people and adults from misusing alcohol.

Methodology

Phase One: Data review

A data review was made at the start of this work. The aim of this task was to identify relevant data and to meet any gaps in kowledge ahead of the SID. For example to ensure that the necessary data was available to support decision making and allow best practice to be heard. Sourced data was used during the presentations for the SID, and a sample of this is included under findings and in the associated Appendices.

Phase Two: SID

A SID was held on 10th October 2013 for delegates to hear evidence and information from officers and stakeholders about what work is currently going on to prevent, address and reduce the impact of the misuse of alcohol. Delegates deliberated over policy initiatives on both the new powers being introduced through the government's alcohol strategy and the locally-targeted B&NES alcohol harm reduction strategy. Part of the day was also dedicated to identifying potential recommendations for changes in local policy.

A range of stakeholders were invited to attend the SID. These included various B&NES councillors and officers, health and housing service providers, healthwatch, emergency services, business and trade representatives, schools and colleges, universities, resident associations and town / parish councils. To ensure we reached the right audience, two press releases were issued; one aimed toward the trade, and the other towards residents. A twitter feed was used to connect with social media users who may not read routine print publishing.

68 people including councillors, officers, stakeholders and residents attended the day. Delegates represented the following organisations:

- Avon and Somerset Police
- AWP NHS Trust
- B&NES Council Officers and Councillors
- Banwell House Pub Company Ltd
- Bath Spa University
- BRA
- Combe Hay Parish Council
- Community Alcohol Partnership
- Developing Health and Independence
- Federation of Bath Residents' Associations
- Faith Forum
- Julian House

- Keynsham Town Council
- Midsomer Norton Town Council
- PERA
- Project 28
- Public Health England
- Pub Watch
- Residents
- Royal United Hospital
- Sirona Care and Health
- Southside
- South Western Ambulance Service
- University of Bath

The SID received a mixture of presentations during the first half of the day that raised many questions, and set the points for discussion at the workshop sessions later. The presentations included:

- ***A key note address*** on the purpose and background to the SID by Cllr Brett and Bruce Laurence (Director public health).
- ***Health / wellbeing*** (Wellbeing PDS panel with input from the EYCY PDS panel): Cathy McMahon (Public Health), Kate Murphy (Drugs and PSHE advisor), Jodie Smith (Health improvement), Carol Stanaway (Substance misuse commissioner) contributed to a presentation around health and wellbeing factors.
- ***Community safety*** (ECD PDS panel): Sue Dicks (Community safety manager), Russell Sharland (Partnership officer, Community Alcohol Partnership) and Councillor Dunford (Midsomer Norton Town Council) provided a useful overview of community safety factors.
- ***Licensing / environment*** (PTE PDS panel): Andrew Jones (Licensing manager), Kirsty Morgan (Licensing officer) and Alan Bartlett (Principal licensing officer) gave an overview of licensing / environment factors for consideration.

Following each presentation, delegates had the opportunity to ask questions about topics of interest. This provided every possible opportunity for everyone's views and thoughts to be shared with the rest of the group.

Statements were also invited for those who wished to submit them.

Findings

This section of the report will give an overview of the SID presentations, and draw out particular findings from each.

<u>Key note address</u>

Cllr Brett welcomed delegates and outlined the purpose of the SID. She said the aim of the event was to agree strategic priorities for alcohol harm reduction, identify best practice, build on lessons learnt and to identify deliverable and cost effective solutions.

Bruce Laurence gave a view of why alcohol is a public health issue and some historical context. He spoke of the risks and benefits of alcohol use. Bruce presented a range of statistics

describing the impacts that alcohol has locally and nationally. He reported drinking patterns in B&NES that show an estimated 5100 people are dependent on alcohol, 5500 are at high risk and 29,300 are at increasing risk of harm from alcohol misuse. Graphs of annual mortality due to liver disease, consumption of alcohol and B&NES alcohol related hospital admissions are given in Appendix 3 (see Graphs 1-4). Bruce suggested a number of ways to reduce harm such as advertising controls and education. To close, he flagged the challenges that include the perceived imbalance between the notional £3m industry advertising budget in B&NES versus the £50K spent on health promotion.

Health and wellbeing (Wellbeing and EYCY PDS Panels)

The presentation opened with an estimate of the financial costs of alcohol to health and wellbeing. The government alcohol strategy 2012 reports annual estimated costs of alcohol to the NHS (from Department Of Health) as £2.7 billion (2006/07 figures). In B&NES, up to £10.0 million is spent yearly on health care and treatment for alcohol-use disorders. Graph 5, Appendix 3 gives further detail on financial costs to NHS.

The speakers touched on the impact of alcohol harm on young people. In B&NES there is a higher than national average rate of alcohol specific hospital admissions in under 18 year olds. Alcohol specific admissions and attendances are defined as those wholly caused by alcohol. They include mental and behaviour disorders due to alcohol and toxic effects of alcohol. More females than males are reported to be admitted in B&NES, and ethanol poisoning is twice as common in females as in males. Approximately 45% of admissions are to children under 16. A quiz based on the results of the SHEU Survey 2013 provided an insight to drinking experiences of young people:

Table 1: Extract of SHEU survey 2013

School Year (approx. age)	% of year who had an alcoholic drink in the last week
8 (12/13yrs)	13
10 (15yrs)	33

The speaker gave examples of what was being done in B&NES. Whilst approaches such as early intervention and training were already used, there was an appreciation that more work could be done with parents and carers; and also to focus on approaches to tackle girls' drinking.

Media perceptions often focus the effects of alcohol harm on young people. The speaker said most drinking however occurs in the home, with 25% drinking over recommended limits. These people are consuming 75% of all alcohol consumed. A challenging factor is that alcohol use is under estimated and un-detected. There are complex reasons for alcohol misuse: social isolation, bereavement, divorce, illness, unemployment and financial stress. High risk groups are often people in their 30's, 40's and 50's. As the same amount of alcohol can have a more detrimental effect on an older person than on a young person, the reality is that as this generation gets older, the impact on health services could be high.

Part of the presentation focused on alcohol use in older people and the impacts on physical and mental health. In B&NES, an estimated 16% of the working age population have a common mental illness. An estimated £32m is spent on mental health. These figures are in line with national levels, although are slightly higher than comparator areas. People who start drinking at a young age are more at risk of mental impairment because the brain is still developing until the

age of 18 or 19. Interestingly, data showed that over 65's experienced higher rates of admission for mental and behaviour disorders due to alcohol in a 2004 South West survey. A quiz on understanding alcohol units was given to delegates before introducing those interventions and tools currently in use.

Brief advice interventions were described by the speaker. Higher-risk and increasing-risk drinkers were reported to be twice as likely to moderate their drinking 6 to 12 months after an intervention when compared to drinkers receiving no intervention. Positively, brief advice can reduce weekly drinking by between 13% and 34%. For every 8 people who receive simple alcohol advice, 1 will reduce their drinking to within lower risk levels. In health care terms this is a highly cost effective intervention.

The presentation noted how over 400 frontline health professionals were trained to provide local action in 2012/13. This figure includes GPs, GP registrars, pharmacists, health visitors, social workers, mental health workers and Royal United Hospital medical staff. An estimated £1 spent on treatment was said to save £5 in health and crime costs. A reported 424 adults are in structured treatment (7% up Q1). Graph 4, Appendix 3 shows an increase in alcohol related hospital admissions between 02/3-11/12. In B&NES, the single point of entry, joint treatment and recovery services, RUH, project 28, criminal justice work and support for family and friends were all cited as good local practice. Reported challenges include getting people into treatment earlier, meeting the balance of capacity versus demand as well as meeting the need for rural services.

During the question and answer session one delegate talked of the stresses young people face and the impact this has on them. The speaker recapped on the SHEU data, and explained that young girls' top reported worry is exams, followed by body image, bullying and family issues.

Community Safety (ECD PDS Panel)

The SID heard a range of evidence around the social impacts of alcohol on communities including crime, domestic violence and abuse.

One area of interest to the SID was the impact alcohol has on crime. Data of crimes linked to the night time economy was reported for the period 2008 – 2013 (see Graph 6, Appendix 3). Whilst these figures show a 14% reduction in the number of crimes linked to the night time economy between 2011 and 2012, the decrease was said to be likely caused by a range of factors.

The speaker also touched on the impact of alcohol harm by domestic abuse. Statistics given showed that of 299 referrals to Southside Independent Domestic Violence Advice service between April 2012 to March 2013, 114 referrals were identified as having an issue with substance misuse. Of interest were figures from the B&NES probation team that show a high proportion of supervised offenders who perpetrated domestic abuse between April – December 2012, whose risk is linked to alcohol (61%) (see Graph 7, Appendix 3). Information on referrals was also given from the New Way Service (a social services project working with couples to address issues of domestic violence and abuse). Whilst not a major factor, alcohol was a known factor in 26% of referrals to the service between Jan 2010-Dec 2012 (see Graph 8, Appendix 3).

The presentation gave estimates of the costs of alcohol abuse, alcohol specific crime and community safety to organisations such as the Police and B&NES. For the police and criminal

justice system alcohol specific crime costs were reported to fall into 3 areas: those incurred in anticipation, as a consequence and in response. An estimated £21.3m is spent yearly as a result of crime related to alcohol use disorders in B&NES. £20,000 per year is spent on taxi marshals by B&NES Council. Considerable costs can be associated with an emergency service river rescue: with costs over 6 months in 2009 exceeding £66,000. British Transport Police report costs associated with alcohol misuse too. In 2013, one drunken man fooling around on a rail track resulted in 54 train cancellations and costs of £56,000.

Next a speaker from the Community Alcohol Partnership (CAP) discussed best practice in tackling under-age drinking. CAP schemes draw together education, diversionary activities, enforcement and communication. An interesting 62% of CAP's focus is on friends, parents and the home. In making progress, the CAP may involve wide ranging stakeholders including street pastors, schools, alcohol retailers, licensing and the police. Aligned with this working are Challenge 25 schemes, the Drink aware website, and the Alcohol Education Trust. The presentation reported how positive steps seen through other CAP schemes. St Neots CAP (2007) has seen a 42% decrease in anti-social behaviour. Mid Devon CAP (2010) has seen 170 licensees & staff trained and an anti-fake ID scheme created.

The SID heard evidence from a Midsomer Norton town councillor about their CAP scheme launched in 2012. Following public consultations and a night audit, a range of measures were implemented including street marshals and a Designated Public Place Order ('DPPO'). A DPPO can be used by the local authority where alcohol disorder or nuisance has been experienced. In simple terms, such an order can make it an offence to consume alcohol when required not to do so, or an officer can also ask an individual to surrender alcohol. Police figures from Midsomer Norton report a 21% decrease in reported violence and 81% decrease in reported criminal damage. A quote from the presentation, concerning Midsomer Norton CAP said "We have our town back… for a better, lasting future for all".

During the question and answer session interest was expressed in using the CAP model in several areas of B&NES. The speaker said the model will work where there is the priority. The CAP speaker said the model was a framework where not one size fits all. The workings of a scheme could be tailored to cap resident needs.

<u>Licensing / Environment (PTE PDS Panel)</u>

This presentation gave an overview of the Licensing Act 2003 and the council's role as a licensing authority. Data was given to provide a snapshot of what is happening in B&NES. For example, figures exploring the number of licenses and applications. Whereas the number of licensed premises grew from 686 to 732 in the period 2009 to 2013 (including for example on and off trade as well as club certificates), new applications made in 2012 numbered only 40, with 35 being granted. Currently, only 192 of these licensed premises are pubs or bars.

Of concern was the level of perceived complaints. The licensing team have only received 63 complaints however between 2010 and 2013 concerning premises serving alcohol. Of these complaints, 56% related to noise of music or people, 8% to perceived crime or disorder, 6% underage sales, 5% irresponsible drinks promotions and 5% due to breach of opening hours. In responding to licensing and environmental concerns, the council's licensing enforcement, trading standards and neighbourhood services incur costs. For example, investigation of complaints costs £30K p.a, proactive enforcement costs £20K p.a., a review by a committee costs £2K+ per hearing and trading standards costs £500 per under age sales team event.

The SID learnt about the B&NES Licensing Enforcement Group that draws together officers from the police, fire, environmental health, child protection and licensing. The partners meet monthly to consider intelligence and consider risks of premises so that a stepped enforcement approach can be used. In 2012, 10 planned enforcement evenings and 80 premises were visited.

The SID heard of a number of best practice examples, of which B&NES has adopted a number (such as the purple flag, pub watch and the Midsomer Norton CAP).

Table 2: Best practice examples in licensing

Initiative	Details
Challenge 21 & Challenge 25	If you look under 21/25 then you will be challenged.
Proof of Age Standards Scheme (PASS)	Accredited card to overcome fake IDs
Purple Flag	An objective assessment of key elements of the area at night
Community Alcohol Partnerships (CAP)	Tackles the problem of underage drinking
Community engagement	Good Practice Guide produced by licensed trade
Security by design	Guidance on designing an environment that minimises opportunities for crime
Dispersal policy	Good practice guide outlining useful pointers when considering a dispersal policy.

Future options were discussed such as the LNLs and EMROs. The speakers explored what can and can't be done for legal reasons. Delegates also heard about a locally implemented minimum pricing scheme in Newcastle, Best Bar None scheme piloted in Manchester and a ban of super-strength drinks in parts of Wakefield. Initial recommendations were put forward for delegate consideration.

During the question and answer session comments included: recognition that the four licensing objectives did not include public health; the licensing policy consultation in 2014; interest in an EMRO in the George Street area; community impact areas; street marshals; conditions of minimum pricing and high strength; and mention of work with older people.

Workshops

The workshop exercises asked focused questions to generate ideas about future policy initiatives that B&NES council and its partners could adopt:

"Question 1: Given the range of agencies involved in alcohol harm reduction strategies, which task(s) should the Council and local agencies prioritise in order to bring about the greatest improvement(s) in B&NES?" (rate 1,2 and 3)"

“Question 2: What alcohol harm reduction strategy does the group perceive to have the highest return on investment?”

“Question 3: What new practices would the group most like to see introduced?”

Many issues and ideas were debated during the workshops, some of which have been incorporated into the final recommendations. Below is a summary of the main themes that delegates said they would like to see acted upon:

- Broader and more focused education
- Change in policy locally and nationally to be able to be stronger on those who breach law / agreements
- Health campaigns that are more targeted
- Stronger and clearer enforcement
- Improved screening mechanisms
- Better publicity that is positive and pro-active
- Intervention methods that target certain groups and deal with issues as they happen
- Open training that improves understanding of issues and causes
- Consideration of the use of minimum pricing and restriction orders

Statements

A range of statements were submitted for consideration by delegates to the SID. A selection of quotes from the statements is given below to illustrate the type of views that were being put forward:

“It is important to distinguish between the valuable evening economy and the valueless post midnight economy.

This post midnight activity or, as some would call it, economy, is not sustainable. Whilst brewers and distillers count their profit from late night drinking, people who live in cities can only count the loss in disturbed sleep, vandalism and the inevitable cleanup”. ***B&NES Councillor***

“the disturbance is the worst to residents - elderly, families, workers, etc, who have to get up early and often feel weary after disturbed sleep due to drunk students” ***B&NES resident***

”…any punitive measure, such as a Late Night Levy, which results in reduced profits for the pub trade will result in reductions in staffing affecting both employment and staffing, and business closing” ***B&NES Councillor***

”The Coalition Government has recently introduced a new power for local authorities to adopt an Early Morning Restriction Order which would restrict the sales of alcohol between midnight and 6.00 am. The Council should consider introducing one of these orders for Bath as soon as possible…” ***B&NES resident***

“Research carried out by the ALMR in association with CGA Strategy suggests that there are over 500 licensed retail premises in bath and Northwest Somerset; three quarters in Bath itself. Between them, these outlets generate £90 million GVA to the region, support tourism, retail and other leisure businesses and over 11,200 people depend on them for jobs and livelihoods”. ***National trade association***

“…the number of irresponsible premises are very small.

The majority of licensed premises in BANES are run very well, the low number of licensing reviews shows this.

Any new policies or conditions will be tarring the good premises with the same brush as the very small minority”. ***Managing Director of a local pub company***

Conclusions

The alcohol harm reduction review gave councillors and stakeholders the opportunity to take stock of what is currently happening to tackle the impacts of alcohol on the community. 68 councillors, officers, stakeholders and residents attended the day. Presentations were given on the themed areas of health and wellbeing, community safety and licensing. The workshop element allowed people to contribute toward future policy initiatives. A series of recommendations were generated that will be put to the cabinet for consideration.

Next Steps

This report and the associated recommendations table will be submitted to the Wellbeing PDS Panel on 22nd November 2013. The relevant cabinet member will then have 8 weeks to consider and respond to these recommendations. The individual decision and rationale will then be presented back to the Wellbeing PDS Panel at its meeting in early 2014.

Appendices

Appendix 1: Terms of Reference

Appendix 2: Bibliography

Appendix 3: Selected graphs and charts

Appendix 1: Terms of Reference

Alcohol harm reduction strategy
Scrutiny inquiry day (SID)
(A joint working task by EYCY, ECD, PTE and Wellbeing Policy Development and Scrutiny Panels)

Date: 10th Oct 2013
Room: Brunswick, Guildhall, Bath

Background

- March 2012 the Government launched its Alcohol Strategy that included new powers for local authorities from April 2012. Licensing and health bodies become responsible authorities under the Licensing Act 2003. They are now notified of applications / review and can instigate a review of a licence. From Oct 2012, Local Authorities' also have powers to introduce Early Morning Restriction Orders (to restrict alcohol sales if a problem) and the late Night Levy (from businesses to cover cost of policing and Local Authority action).
- April 2012 the cabinet adopted and set key priorities of the refreshed B&NES Alcohol Harm reduction Strategy. Key themes: health & treatment, community safety, crime and disorder, children and young people, partnership working. A steering group would be responsible for implementation.
- May 2012, the Wellbeing PDS Panel received a briefing on Bath & North East Somerset Council's (B&NES) Alcohol Harm Reduction Strategy.
- Later in 2012, initial ToR of the SID set-out to review and refresh the B&NES Alcohol Harm Reduction Strategy, and to consider how the new powers from the Government's Alcohol Strategy would impact. The work would also aim to feed into a government consultation which included topics such as minimum pricing
- Oct 2012 new powers of licensing become available to local authorities
- Government holds a consultation on alcohol harm closing in Feb 2013
- Existing steering group decides during May 2013 that the need to address alcohol harm reduction remains but that the work needs input from different panels. New steering group assigned
- The Health and Wellbeing Board have also identified alcohol as a key priority within the Joint Health and Wellbeing Strategy (due to go to 10 July Cabinet and full sign off in November 2013).

Purpose

The purpose of the scrutiny inquiry day is to provide the opportunity to formulate policy approaches with relevant experts and stakeholders on the key issues in the B&NES Alcohol Harm Reduction strategy and the new powers being introduced through the Government's 'Alcohol Strategy' and refresh the B&NES Alcohol Harm Reduction Strategy and its desired outcomes.

Key Objectives

4. To engage key stakeholders to develop a future policy direction for the use of new powers for local authorities and health bodies through the Government's 'Alcohol Strategy'. For example, the use of other new powers including extended Early Morning Restriction Orders for businesses in Bath and North East Somerset

5. To examine existing evidence in order to identify the harm caused by alcohol in Bath and North East Somerset. This data will feed into the Joint Strategic Needs Assessment and refreshed Alcohol Harm Reduction Strategy.

6. To engage key stakeholders in refreshing the Alcohol Harm Reduction Strategy and its desired outcomes:

    a. Increasing the number of people drinking sensibly within the daily safe limits; Decreasing the physical and emotional harm arising in people who misuse alcohol; Decreasing the crime and disorder arising in people who misuse alcohol; Decreasing the impairment at work arising in people who misuse alcohol; Decreasing the amount of family and community harm related to alcohol misuse and; Preventing children and young people and adults from misusing alcohol.

Scope

The Scrutiny Inquiry Day will focus on:

- What work has been undertaken already and what issues have been identified? Including an introduction to the Alcohol Harm Reduction Strategy and progress made by the Alcohol Harm Reduction Strategy Steering Group and a look at existing data on harm caused by alcohol in Bath & North East Somerset.
- What are the new powers being introduced through the Government's Alcohol Strategy and (timings permitting) what is the government currently consulting on?
    - What are the issues with introducing these new powers?
    - What opportunities are there with introducing the new powers?
    - What are the interests/obligations of stakeholders attending the Scrutiny Inquiry Day?
- Formulation of joint recommendations about how to refresh the B&NES Alcohol Harm Reduction Strategy and the role these new powers will play in the strategy. Recommendations may also be made about how to deliver the strategy including consideration of partnership working and funding.
- This work will inform the current review of licensing policy. As such, the scope may include discussion of Early Morning Restriction Orders and late Night Levies.

Approach

This is a joint panel task led by Cllr Lisa Brett. The relevant PDS panels are: PTE, EYCY, ECD and Wellbeing.

Whilst this SID is a public meeting, members of the public must submit any statements in advance of the meeting (with written submissions at least 5 days before the event to try to avoid duplication and to ensure that everyone has the opportunity to engage in the event). It is envisaged these statements will be supplied as part of the briefing pack / papers on the SID day.

Outcomes will be presented to the next public meeting of the Wellbeing Policy Development and Scrutiny Panel (potentially Nov 2013) with all the relevant PDS Panels invited to attend this meeting.

Exclusions:

We need to prioritise areas where B&NES and key partners are likely to either have impact locally (through the Alcohol Harm Reduction Strategy) or influence nationally (by responding to future government consultation). Therefore, the SID will not focus on areas that, whilst important, we have limited influence such as supermarket pricing policies.

Outline of the Day (draft)

The day will focus on:-

- Health and wellbeing factors (with input on children)
    - Social / financial impact
    - What is currently being done?
    - Best practice
    - Challenges
    - Recommendations from panels
- Community safety issues
    - Social impact on communities – ASB and DV
    - Financial cost to police and local authority
    - What is currently being done?
    - Best practice
    - Challenges
    - Recommendations from panels
- Licensing and environmental factors
    - Types of complaint and financial costs of these
    - What is being done?
    - Best practice
    - Challenges
    - Recommendations from panels

An afternoon workshop will take groups of stakeholders from a mix of health, community safety, residents and licensing to consider potential questions:

- Given the range of agencies involved in harm reduction strategies, which task should be the main priority for improved performance for BaNES?
- Which alcohol harm reduction strategy will have the highest return on investment?
- What practices would the group most like to see introduced?

Attendees
(Please note a full communications plan will be developed therefore the below only provides a draft list of some of the key stakeholders that will be invited to engage at the Scrutiny Inquiry Day)

Council:
Policy Development and Scrutiny Panels: Invitations sent to all members of the EYCY, PTE, ECD and Wellbeing panels
Cabinet Members: An invitation will be sent to all Cabinet members. Those with a particular interest would include Simon Allen (Wellbeing), Dine Romero (Early Years Children and Youth) and David Dixon (Neighbourhoods), David Bellotti (Resources)
Council: Public Health, Policy and Partnerships (Community Safety), Licensing Team. This will also include an open invite to the Chief Executive and all Strategic and Divisional Directors.
Other Cllrs: Chair of Licensing

Partners and Stakeholders:
Clinical Commissioning Group

Health and Wellbeing Board Members

Healthwatch

Health and Social Care Organisations: Sirona, Royal United Hospital (A&E / gastroenterology), South West Ambulance Service, Avon and Wiltshire Mental (AWP) Health Trust, Developing Health and Independence (DHI), Project 28

Responsible Authorities Group (RAG): Avon and Somerset Police, Avon Fire and Rescue, Avon Probation Service, NHS Rep, City Centre Manager (Future Bath Plus/Bath Business Improvement District), Curo

Alcohol Harm Reduction Strategy Steering Group:
Public Health, Substance Misuse Treatment Service Providers, Community Safety, Public Protection, Fire Services, Probation, Police, RUH, Commissioners Adult & Children's substance misuse services, Bath Spa University, Cllr Katie Simmons (representing Wellbeing PDS)

Night Time Economy Steering Group:
Police, City Centre Manager, Licensing, Cllr Lisa Brett, Environmental Health, Business Improvement District Representative, University Student Representatives, Fire Service, Public Protection

Local Strategic Partnership Members: Chambers of Commerce, Business West, Children's Trust, Youth Parliament, Federation of Bath Residents Associations,

Town/Parish Councils

Residents Associations

Educational Establishments: University of Bath, Bath Spa University, City of Bath College, Norton Radstock College

University of Bath: Institute of Policy Research (Tobacco Control Group)

Timescales

The planning and preparation for the Scrutiny Inquiry Day will take a minimum of 3 months with an event in October. This would allow for a report of findings/ outcomes to be delivered to the November 2013 PDS Panel meeting and to Cabinet for December 2013.

Enquiries

For further information, contact:

Lead Cllr:	Lisa Brett	Lisa_Brett@bathnes.gov.uk
Policy Development & Scrutiny	Emma Bagley	Emma_Bagley@bathnes.gov.uk

Appendix 2:
Bibliography

B&NES Council & NHS B&NES (2012) *"Draft refreshed Alcohol Harm Reduction Strategy for Bath and North East Somerset 2012"*

Evans and Whitehead (2013) **"**Sober up in drunk tank and pay £400 to leave", Telegraph, 18 September 2013 http://www.telegraph.co.uk/news/uknews/law-and-order/10316456/Sober-up-in-drunk-tank-and-pay-400-to-leave.html
Accessed: 24/10/13

Home Office (2012) "A consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour"
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/157755/alcohol-consultation-document.pdf Accessed: 24/10/13

Home Office (2013) "Next steps following the consultation on delivering the Government's alcohol strategy"
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223773/Alcohol_consultation_response_report_v3.pdf Accessed: 24/10/13

Home Office (2012) "The Government's Alcohol Strategy", Cm 8336, London

House of Commons – Health Committee (2012) "Government's Alcohol Strategy: Third Report of Session 2012-13"

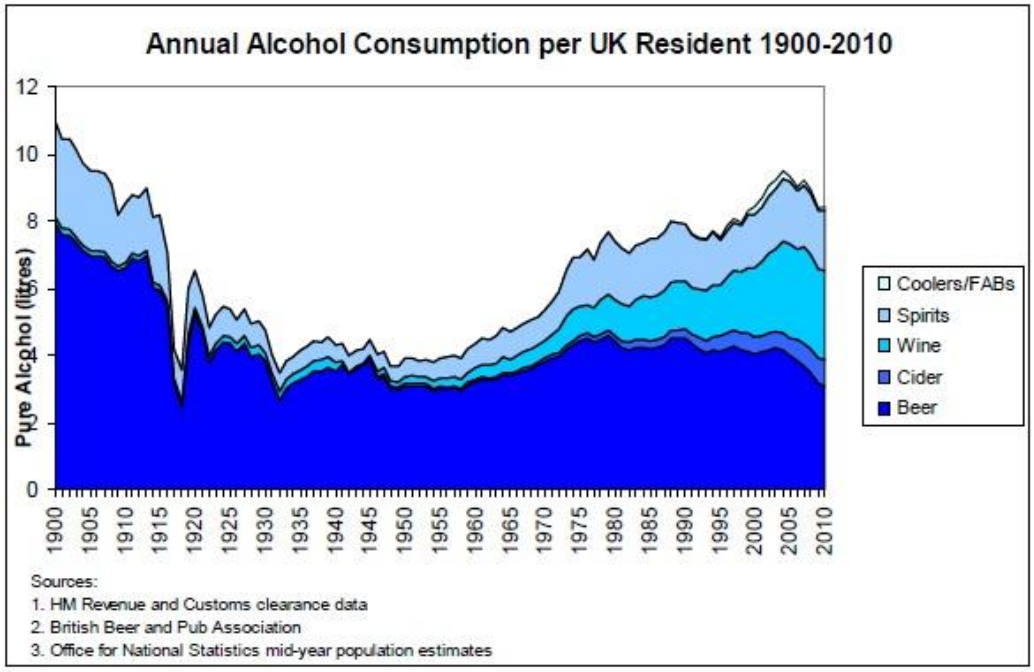
Newcastle City Council (2013) "Licensing Act 2003 Statement of Licensing Policy 2013 to 2018 Safe, Sensible and Social: Effective Control of Alcohol in our Communities"
http://democracy.newcastle.gov.uk/documents/s57670/licensing%20app%201.pdf Accessed: 24/10/13

Newcastle City Council (2013) "Newcastle Leads Way on Minimum Pricing",
http://www.newcastle.gov.uk/news-story/newcastle-leads-way-minimum-pricing Accessed: 24/10/13

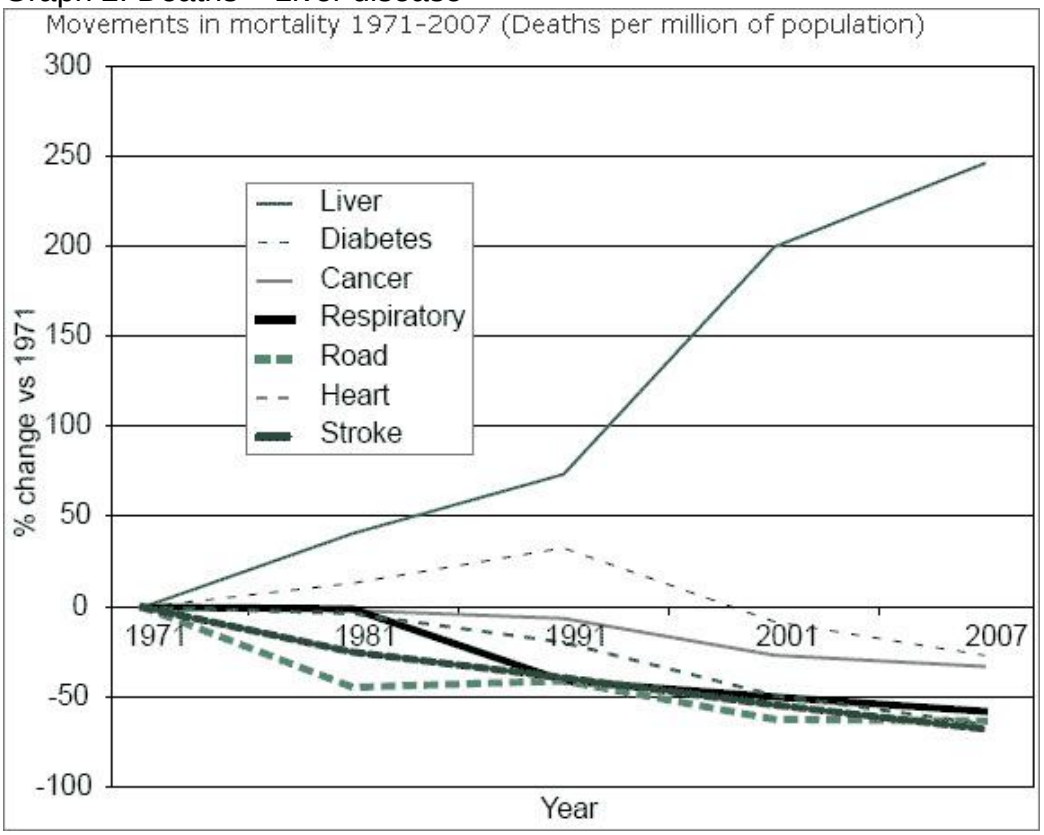
Appendix 3

Selected graphs and charts

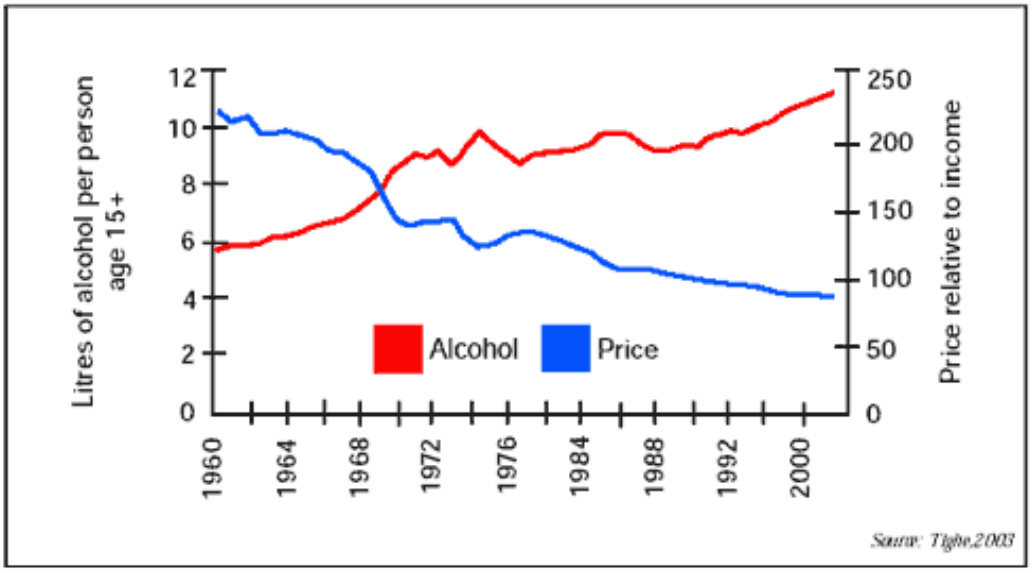
Graph 1: Alcohol consumption



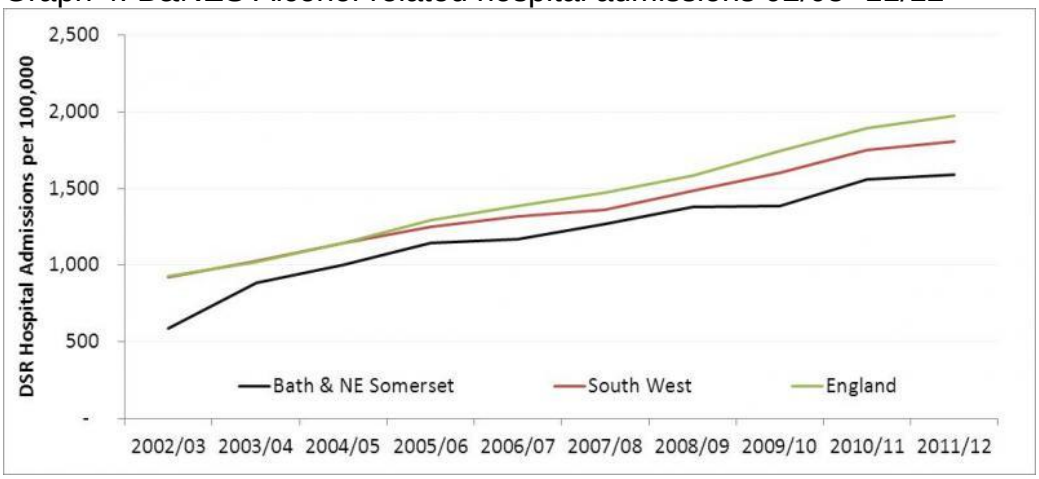
Graph 2: Deaths – Liver disease



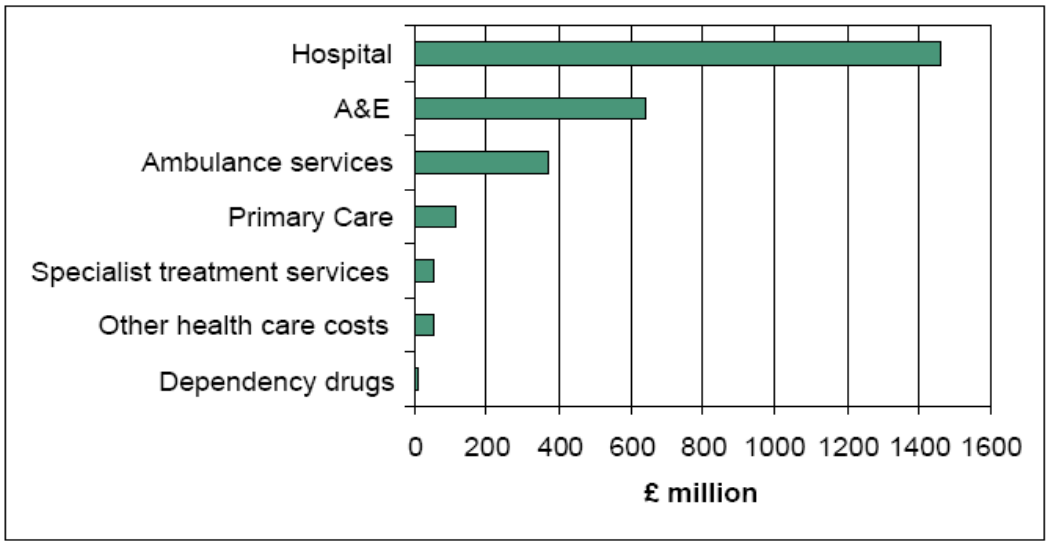
Graph 3: Consumption of alcohol in the UK (per person aged 15+) relative to its price: 1960-2002



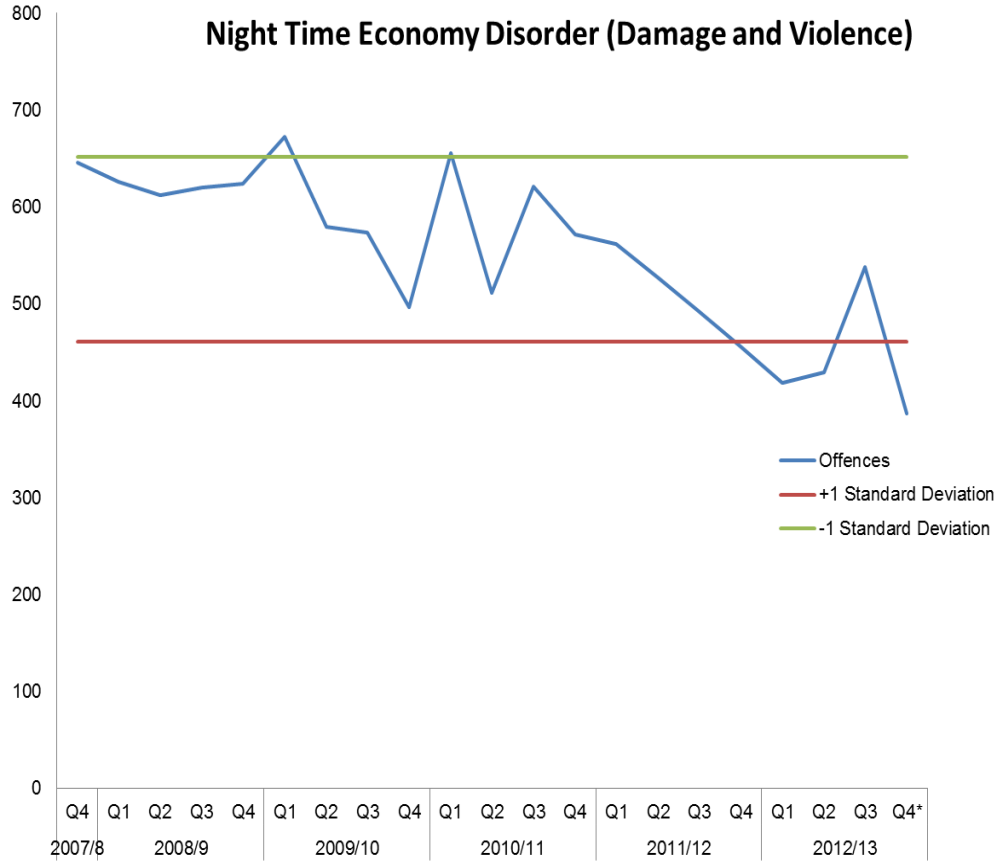
Graph 4: B&NES Alcohol-related hospital admissions 02/03 -11/12



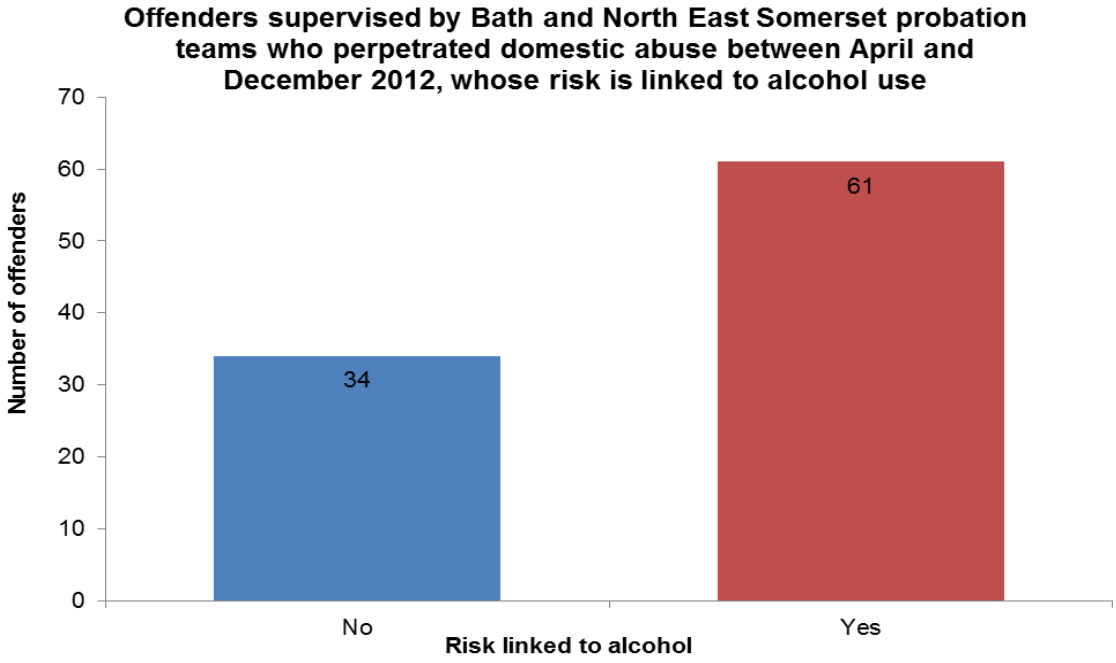
Graph 5: Financial cost to NHS



Graph 6: Crimes linked to the night time economy 2008-13



Graph 7: Alcohol related violent crime domestic violence and abuse



Graph 8: Referral information from the New Way service