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Blackpool Council

6 March 2015

To: Councillors Hunter, Hutton and Mrs Jackson

The above members are requested to attend the:

LICENSING PANEL

Monday, 16 March 2015 at 10.00 am
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 APPOINTMENT OF CHAIRMAN

To appoint a Chairman for the meeting.

2 DECLARATION OF INTEREST - LICENSING

Members are asked to declare any interests in the items under consideration and in doing so state:-

(1) the type of interest concerned

(2) the nature of the interest concerned; and

(3) whether they have or have not sat on a Planning Committee which has previously considered a planning application in respect of a licensed premises which is also subject to consideration for a premises licence as part of the agenda for this meeting.

If any Member requires advice on declarations of interests, they are advised to contact the Head Democratic Governance in advance of the meeting.

(Members are asked to also pay particular attention to the guidance sheet on interests supplied with the agenda).

3 PROCEDURE FOR THE MEETING

The Chairman of the Panel will summarise the procedure and announce the equal maximum amount of time for each party to speak for the hearing.

A. Items 1 and 4 (b) will be undertaken in private session by the Panel and not in the Meeting Room.

B. Items 2, 3, 4(a) and 4(c) will be recommended to the Panel to be held in public.

C. The Panel may decide to exclude the public from all or part of a hearing where it considers that the public interest in so doing outweighs the public interest in the hearing, or that part of the hearing, taking place in public. (This includes a party and any person assisting or representing a party)

4 APPLICATION FOR A PREMISES LICENCE- 119 LYTHAM ROAD (Pages 1 - 134)

a. APPLICATION AND REPRESENTATIONS SUBMITTED. To consider the attached report

b. DETERMINATION OF THE APPLICATION FOR A PREMISES LICENCE- 119 Lytham Road

c. ANNOUNCEMENT OF THE DECISION FOR THE APPLICATION FOR A PREMISES LICENCE- 119 Lytham Road

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager, Tel: 01253 477157, e-mail lennox.beattie@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

Report to:	**Licensing Panel**
Relevant Officer:	Sharon Davies, Head of Licensing Services
Date of Meeting :	16th March 2015

APPLICATION FOR A PREMISES LICENCE – 119 LYTHAM ROAD

1.0 Purpose of the report:

1.1 On 23rd December 2014, the Licensing Service received an application from Asam Khan to issue a premises licence at 119 Lytham Road Blackpool.

1.2 The application requests permission to sell alcohol for consumption off the premises 08.00 – 00.00 hours daily. A copy of the application is attached.

1.3 Representations have been received from Lancashire Constabulary, Public Health and the Licensing Authority. Copies of the representations are attached.

2.0 Recommendation(s):

2.1 The Panel is requested to consider the application and determine whether the granting of this licence would adversely impact on the licensing objectives.

3.0 Reasons for recommendation(s):

3.1 Representations have been received therefore there must be a hearing to determine the application.

3.2a	Is the recommendation contrary to a plan or strategy adopted or approved by the Council?	No
3.2b	Is the recommendation in accordance with the Council's approved budget?	Yes

3.3 Other alternative options to be considered:

None, once an application and objections have been received it must be considered by the Licensing Panel.

4.0 **Background Information**

4.1 Local policy considerations

This premises is situated within Bloomfield which is one of four wards that form part of the off-licence saturation policy. The effect of this policy is to create a rebuttable presumption that applications will be refused. To rebut this presumption, an applicant would be expected to show through the operating schedule, and where appropriate with supporting evidence, that the operation of the premises will not add to the cumulative impact already being experienced.

Applicants for licences within this area will be expected to cover the issues detailed below in their operating schedule. Failure to do so may result in the refusal of the application:

- Details of proof of age scheme to be implemented and proposals for staff training
- Percentage of premises to be used for the sale of alcohol, including details of other items to be sold
- The applicant's policy on the sale of low value/high alcohol products and any drinks discounting that would be adapted.

4.2 National policy considerations

9.12 – The police are an essential source of advice and information on the impact and potential impact of licensable activities, particularly on the crime and disorder objective. The Licensing Authority should accept all reasonable and proportionate representations made by the police unless the authority has evidence that do so would not be proportionate for the promotion of the licensing objectives.

9.42 – The authority's decision should be evidence-based, justified as being appropriate for the promotion of the licensing objectives and proportionate to what it is intended to achieve.

13.35 – After receiving relevant representations in relation to a new application for or a variation of a licence or certificate, the Licensing Authority must consider whether it would be justified in departing from its special policy in the light of the individual circumstances of the case… if the Licensing Authority decides that an application should be refused, it will still need to show that the grant of the application would undermine the promotion of one of the licensing objectives and that appropriate conditions would be ineffective in preventing the problems involved.

4.3 Observations
None

4.4 Does the information submitted include any exempt information? No

4.5 **List of Appendices:**

Appendix 4a: Application for a Premises Licence
Appendix 4b: Representation from Lancashire Constabulary
Appendix 4c: Representation from Public Health
Appendix 4d: Representation from Licensing Authority

6.0 Legal considerations:

6.1 Please see local and national policy in the background information.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

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* required information

Section 1 of 19

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	119 Lytham Road	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

- ○ Yes
- ◉ No

Applicant Details

* First name	Asam
* Family name	Khan
* E-mail	A_khan80@sky.com
Main telephone number	07534 473259
Other telephone number	

Include country code.

☒ Indicate here if you would prefer not to be contacted by telephone

Are you:

- ○ Applying as a business or organisation, including as a sole trader
- ◉ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page...

Your Address

Address official correspondence should be sent to.

* Building number or name	Flat 3
* Street	96 Saint Andrew's Road South
District	
* City or town	Lytham St Annes
County or administrative area	
* Postcode	FY1 1PS
* Country	United Kingdom

Section 2 of 19

PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

(•) Address ( ) OS map reference ( ) Description

Postal Address Of Premises

Building number or name	119
Street	Lytham Road
District	
City or town	Blackpool
County or administrative area	
Postcode	FY1 6DS
Country	United Kingdom

Further Details

Telephone number	
Non-domestic rateable value of premises (£)	14,250

Section 3 of 19

APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- [x] An individual or individuals
- [ ] A limited company
- [ ] A partnership
- [ ] An unincorporated association
- [ ] A recognised club
- [ ] A charity
- [ ] The proprietor of an educational establishment
- [ ] A health service body
- [ ] A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- [ ] A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- [ ] The chief officer of police of a police force in England and Wales
- [ ] Other (for example a statutory corporation)

Confirm The Following

- [x] I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- [ ] I am making the application pursuant to a statutory function
- [ ] I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

Section 4 of 19

INDIVIDUAL APPLICANT DETAILS

Applicant Name

Is the name the same as (or similar to) the details given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

- (•) Yes
- ( ) No

First name: Asam

Family name: Khan

Is the applicant 18 years of age or older?

- (•) Yes
- ( ) No

Continued from previous page...

Applicant Postal Address

Is the address the same as (or similar to) the address given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

(•) Yes ( ) No

Building number or name	Flat 3
Street	96 Saint Andrew's Road South
District	
City or town	Lytham St Annes
County or administrative area	
Postcode	FY1 1PS
Country	United Kingdom

Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

(•) Yes ( ) No

E-mail	A_khan80@sky.com
Telephone number	07534 473259
Other telephone number	

Add another applicant

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OPERATING SCHEDULE

When do you want the premises licence to start? 21 / 01 / 2015 (dd / mm / yyyy)

If you wish the licence to be valid only for a limited period, when do you want it to end ___ / ___ / ___ (dd / mm / yyyy)

Provide a general description of the premises

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off- supplies you must include a description of where the place will be and its proximity to the premises.

A supermarket to provide all the necessity to the local community. Products will include from fresh fruit and veg, poultry, can foods, bakery , frozen foods, tobacco and alcohol to be consumed off the premises. Store will be a open plan with a sock room at the back of the store .

Continued from previous page...

If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

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PROVISION OF PLAYS

Will you be providing plays?

○ Yes ◉ No

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PROVISION OF FILMS

Will you be providing films?

○ Yes ◉ No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

○ Yes ◉ No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

○ Yes ◉ No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

○ Yes ◉ No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

○ Yes ◉ No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

○ Yes ◉ No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

○ Yes ◉ No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

○ Yes ◉ No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

◉ Yes ○ No

Standard Days And Timings

MONDAY

Start 08:00 End 00:00

Start End

TUESDAY

Start 08:00 End 00:00

Start End

WEDNESDAY

Start 08:00 End 00:00

Start End

THURSDAY

Start 08:00 End 00:00

Start End

FRIDAY

Start 08:00 End 00:00

Start End

SATURDAY

Start 08:00 End 00:00

Start End

SUNDAY

Start 08:00 End 00:00

Start End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

Continued from previous page...

Will the sale of alcohol be for consumption:

- ○ On the premises
- ◉ Off the premises
- ○ Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

N/A

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name

First name	Asam
Family name	Khan

Enter the contact's address

Building number or name	Flat 3
Street	96 Saint Andrew's Road South
District	
City or town	Lytham St Annes
County or administrative area	
Postcode	FY8 1PS
Country	United Kingdom
Personal Licence number (if known)	PA1308
Issuing licensing authority (if known)	Blackpool

Continued from previous page...

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- (•) Electronically, by the proposed designated premises supervisor
- ( ) As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

N/A

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

MONDAY				
	Start	07:00	End	00:00
	Start		End	
TUESDAY				
	Start	07:00	End	00:00
	Start		End	
WEDNESDAY				
	Start	07:00	End	00:00
	Start		End	
THURSDAY				
	Start	07:00	End	00:00
	Start		End	
FRIDAY				
	Start	07:00	End	00:00
	Start		End	

Continued from previous page...

SATURDAY

Start 07:00 End 00:00

Start End

SUNDAY

Start 07:00 End 00:00

Start End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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LICENSING OBJECTIVES

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

The applicant will manage these premises in line with all of the four licensing objectives.

b) The prevention of crime and disorder

1) The premises are covered by CCTV. The system records and the data is retained for at least 28 days. The data will be made available to the authorities on request.

2) The premises have a alarm system.

3) Whenever the DPS is not at the premises, they will ensure that the premises will be managed by a suitably responsible person.

c) Public safety

The licence holder is aware of their responsibilities under the Regulatory Reform (Fire Safety Order) Act 2005.

Continued from previous page...

d) The prevention of public nuisance

We have accessed this objective and we do not feel there are any further conditions that need to be implemented at this time.

e) The protection of children from harm

The Challenge 25 scheme will be adopted at the premises. Any person who appears to be under the age of 25 will be challenged for identification to prove that they are over the age of 18. The only identification that will be accepted are a photographic driving licence, passport or a government approved PASS card.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Premises Licence Fees are determined by the non domestic rateable value of the premises.
To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £87000	£315.00
Band D - £87001 to £125000	£450.00*
Band E - £125001 and over	£635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee

Band D - £87001 to £12500	£900.00
Band E - £125001 and over	£1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time

Capacity 5000-9999	£1,000.00
Capacity 10000 -14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39000	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000-79999	£48,000.00

Continued from previous page...

Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00
* Fee amount (£)	190.00

DECLARATION

* I/we understand it is an offence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the licensing act 2003, to make a false statement in or in connection with this application.

* I understand that the information I have provided, will be held by the Council on both computerised and manual files. This data may be made available on a public register if so required by relevant legislation. The data may also be disclosed to other departments within the Council and other organisations, but only in order to ensure compliance with relevant legislation, for identification purposes or to prevent or detect fraud or a crime.

☒ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name	Asam Khan
* Capacity	Sole Trader
* Date	23 / 12 / 2014 (dd / mm / yyyy)

Add another signatory

Once you're finished you need to do the following:
1. Save this form to your computer by clicking file/save as...
2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/blackpool/apply-1 to upload this file and continue with your application.
Don't forget to make sure you have all your supporting documentation to hand.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

OFFICE USE ONLY

Applicant reference number	119 Lytham Road
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	☐

< Previous 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 Next >

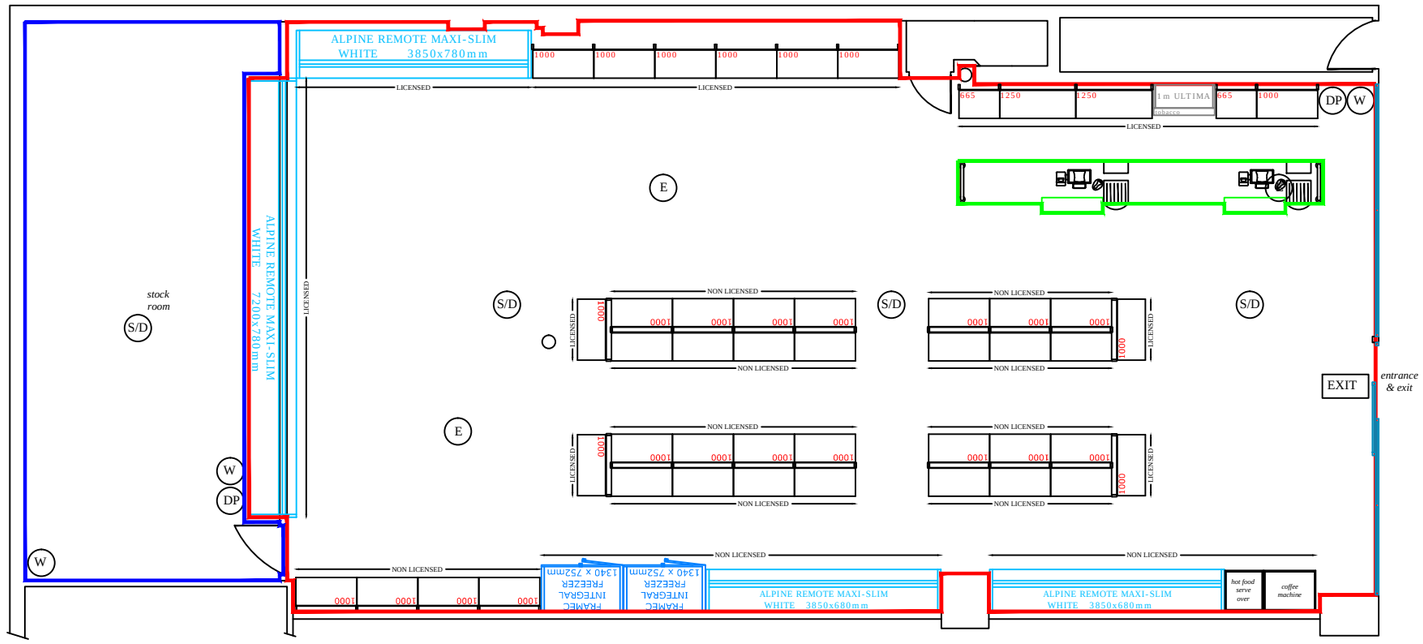
Note: Any items shown on the plan that are not subject to the requirement for plans under the regulations to the Licensing Act 2003 are subject to change at any time.

LEGEND

- E — EMERGENCY LIGHTING POINT
- DP — FIRE EXTINGUISHER (DRY POWDER)
- W — FIRE EXTINGUISHER (WATER)
- S/D — SMOKE DETECTOR
- EXIT — ILLUMINATED EXIT SIGN

KEY:

- LICENSABLE ACTIVITY (OFF SALES OF ALCOHOL)
- STORAGE AREA
- POINT OF SALE (ALCOHOL)



IT IS THE RETAILERS RESPONSIBILITY TO ENSURE THAT THE SITE COMPLIES WITH THE DISABILITY DISCRIMINATION ACT 1995 PART 111 AND THAT ALL RELEVANT FIRE SAFETY EQUIPMENT, EMERGENCY LIGHTS AND SMOKE DETECTORS WHERE APPLICABLE ARE INSTALLED PRIOR TO OPENING.

CLIENT: ASAM KAHN 119 LYTHAM ROAD BLACKPOOL FY1 6DS		REVISIONS:	DATE:
		A:	
		B:	
DRAWN BY: DAVE NEEDHAM		C:	
SCALE: 1:100	BRANCH NO: TBC	D:	
DATE: 13.01.2015	SQ FT: 1758	E:	

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Blackpool Council Licensing Service

Representation made by a Responsible Authority to an application for the grant / variation of a Premises Licence / Club Premises Certificate

Responsible Authority				
Name of Responsible Authority	**LANCASHIRE CONSTABULARY**			
Name of Officer *(please print)*	PC 3842 Lisa Evans			
Signature of Officer				
Contact telephone number	**01253 604005**			
Date representation made	**13**	**01**	**15**	
Do you consider mediation to be appropriate				NO

Premises Details	
Premises Name	**Lytham Road**
Address	119 Lytham Road
	Blackpool
Post Code	FY1 6DS

Reasons for making representations

I am in receipt of an application for a New Premises Licence for the above address.

On behalf of the Chief Officer of Police, having reviewed the application the Police make formal objections on the following grounds:

The Police base this objection on the existing Premises Licence being within the Off Licence Saturation Policy Area. The purpose of this Policy is to limit the number of Off Licensed Premises within a given geographic area, in order to reduce crime and disorder and promote the licensing objectives. The Policy sets out the following;

- The number, type and density of the premises selling alcohol in a particular area can lead to serious problems of nuisance and disorder. In these circumstances the impact of the premises taken as a whole can be far greater than that arising from individual premises. In most cases it would be impossible to identify an

individual premise as being the sole cause or major contributing factor.

- The potential impact on the promotion of the licensing objections by a significant number of licensed premises concentrated in one area is called cumulative impact. The cumulative impact of all the premises in an area upon the promotion of the licensing objectives is a proper matter for the Licensing Committee to consider.

- This application is within the saturation zone. The location of the proposed premises is on the outskirts of the town, servicing both the day time and night time economy. These premises will only add to the availability of alcohol and increase crime and disorder.

The proposed new premises falls within the Bloomfield area of Blackpool, which is surrounded by HMO, Hotels, Holiday Flats, Residential houses and numerous business premises most of these with an alcohol licence.

The Bloomfield Ward already consists of 21 premises that are Off Licences this is not including the other premises with an alcohol licence.

This is a large business premises and from viewing the proposed layout of the shop premises it would appear that 50% of the sales will be alcohol.

The applicant has also provided limited conditions covering the four Licensing Objectives and from viewing the proposed layout of the shop this is a very large plot and it would appear that 50% of the sales will be alcohol.

A hearing would allow the Licensing Committee to examine the prospective operators' intentions and rebut the presumption that the operation of the premises will not add to the cumulative impact and therefore crime and disorder.

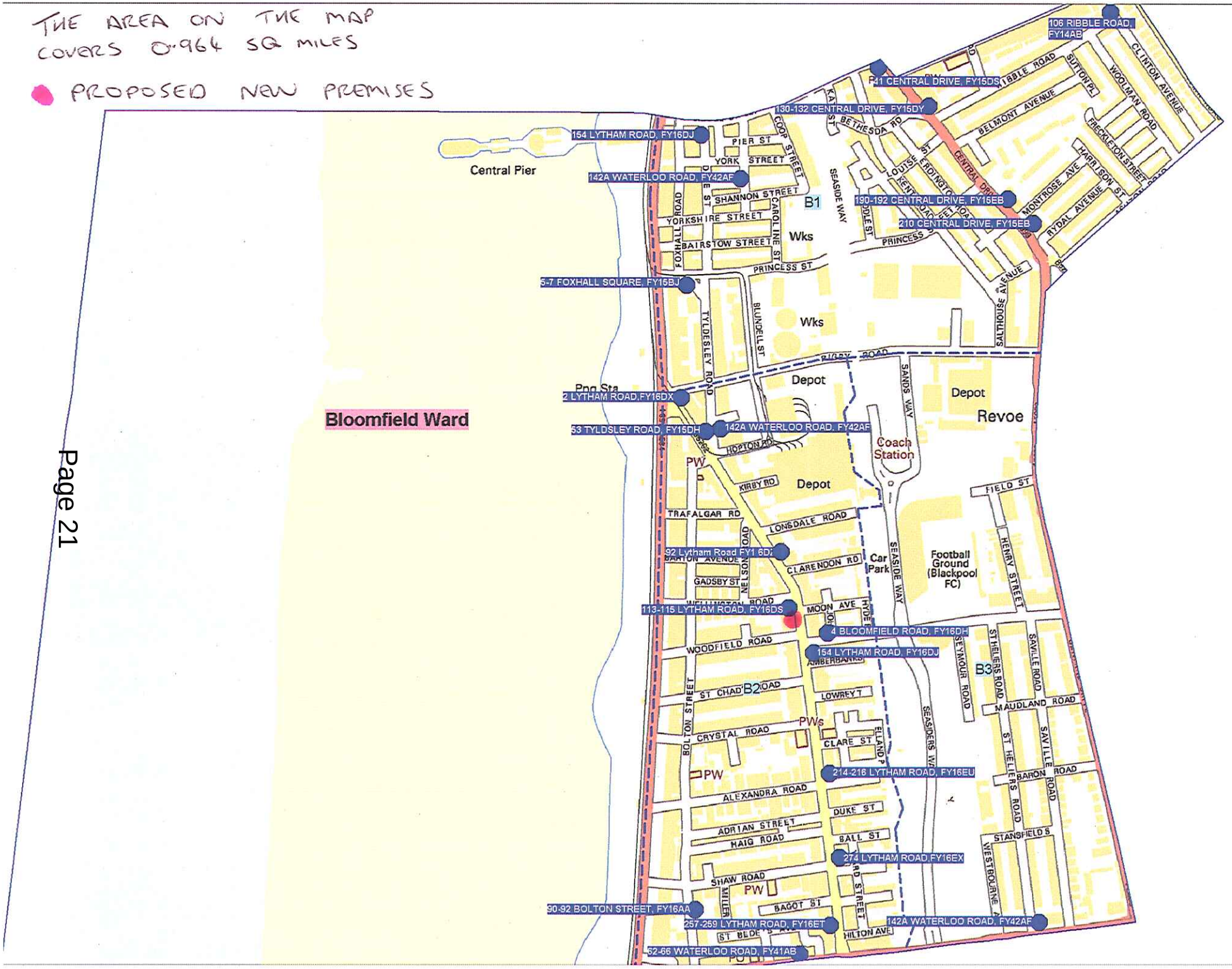
Please find a map attached that incorporates all the current off licences within the Bloomfield Ward.

It is recommended that the licence should only be granted if the application is amended, or if conditions are applied, as detailed below.

- N/A

THE AREA ON THE MAP COVERS 0·964 SQ MILES

● PROPOSED NEW PREMISES



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Blackpool Council Licensing Service

Representation made by a Responsible Authority to an application for the grant / variation of a Premises Licence / Club Premises Certificate

Responsible Authority				
Name of Responsible Authority	Public Health, Blackpool Council			
Name of Officer *(please print)*	Rachel Swindells/ Chloe Dobson			
Signature of Officer	R. Swindells / C. Dobson			
Contact telephone number	07788353570 / 07990084572			
Date representation made	20	01	2015	
Do you consider mediation to be appropriate	YES	NO		

Premises Details	
Premises Name	**119 Lytham Road**
	Blackpool
Post Code	FY1 6DS

Reasons for making representations

The Public Health Department, Blackpool Council, write in reference to the new Premises Licence application for 119 Lytham Road, Blackpool.

The applicant brings this application in full knowledge that this store is located within Bloomfield ward which has been subject to the Cumulative Impact Policy (CIP) since 2009.

As stated in Blackpool Council's Statement of Licensing Policy –

The effect of the policy is to create a rebuttable presumption that applications listed above will be refused. To rebut this presumption, an applicant would be expected to show through the operating schedule, and where appropriate, with supporting evidence, that the operation of the premises will not add to the cumulative impact already being experienced. Applicants for licenses within the off-licence saturation area will be expected to cover the issues detailed in their operating schedule. Failure to do so may result in the refusal of the application.

Following review of this application, Public Health, Blackpool Council, make a formal objection.

Supply of Alcohol-

Public Health has concerns that the applicant has applied to supply alcohol until midnight. If this application is successful this will increase the availability of alcohol during the late night period within the Saturation Area. The majority of other off-licenses within the local area do not sell alcohol until midnight. As a result Public Health has concerns that these additional hours may have a detrimental impact on Crime and Disorder and Public Nuisance (2 of the licensing objectives) within the local area.

Sale of low value/high alcohol products and any drinks discounting-

Within the Operating Schedule there is no reference at all to the sale of low value/high alcohol products. The applicant has not stated their policy on the sale of low value/high alcohol products and any drinks discounting that would be adopted. This information is required as stated within the Blackpool Statement of Licensing Policy.

Deprivation -

Blackpool experiences considerable levels of disadvantage, and in 2010 ranked as the 6th most deprived of 354 local authorities in England (Blackpool Drug and Alcohol Needs Assessment, 2014).

This premise is within Bloomfield. Specific areas in the central wards, including Bloomfield Ward, have the highest ranked levels of deprivation in Blackpool (About Blackpool: Short Profile Summary, 2013)

There is a statistical correlation between Blackpool's areas of deprivation and hotspots for violent crime, domestic abuse, and criminal damage, all associated with alcohol abuse to some degree. (JSNA Blackpool, Social and Community Environment in Blackpool, Core Document, Chapter 4, page 100, October 2012).

Domestic Violence -

Alcohol is associated with an increased risk of domestic violence. In the UK, 1 in 4 women and 1 in 7 men have experienced domestic abuse. The Blackpool Domestic Abuse Service estimates that alcohol was a contributing factor in 76% of incidents in 2011 (Blackpool Drug and Alcohol Needs Assessment, 2014).

Information from the Blackpool Drug and Alcohol Needs Assessment (2014), reports Bloomfield Ward has the highest number of calls to the police for Domestic Abuse in Blackpool and across Lancashire.

Blackpool Drug and Alcohol Needs Assessment (2014) Page 61 of 84,
Table 5: Calls to police per 1000 households from May 2013 to Apr 2014.

Area	**Rate of calls per 1000 households**
Wards with Highest rates	Bloomfield 112
	Claremont 109.1
Wards with lowest rates	Squires Gate 19.3
	Norbreck 17.9
Blackpool District Average	46
Lancashire County Average	24.3

(Source: Safer Lancashire)

Health related information -

Further evidence relates to paragraph 13.23 of the Section 182, Evidence of Cumulative Impact, a list of categories of information are suggested as good evidence to support a CIP, the 3rd on the list states –

'Health-related statistics such as alcohol related emergency attendances and hospital admissions'.

Recent health statistics show Bloomfield has significantly higher numbers of hospital stays for alcohol related harm (SAR) that the National average (England). (Public Health England, 2014 – Local Health Profile).

As stated in the Statement of Licensing Policy the burden of proof rests with the applicant in this case, the Public Health Department have sought to summarise the challenges in Bloomfield ward;

- High levels of alcohol harm.
- High levels of Domestic Abuse.
- High levels of alcohol related admissions.
- Increased accessibility of alcohol.

Public Health would ask the Licensing Committee to consider the potential risks associated with the increase in the availability of alcohol within this Saturation Area in their deliberations as to whether to grant this application.

For New / Variation Applications only. **It is recommended that the licence should only be granted if the application is amended, or if conditions are applied, as detailed below.**
N/A

Public Health England

Local Health

LOAD GET PREFERENCES

Text Maps Data

Detail Summary

Export

E05001645 - Bloomfield; Blackpool

Indicators	Selectic value	value Englan	Englan worst	England range	England best
Obese Children (Year 6) (%)	23.1	19.1	36.0		4.0
Children with excess weight (Year 6) (%)	42.8	33.5	54.1		10.0
Children's and young people's admissions for injury (Crude rate/100,000	2,208...	1,180.9	2,647.8		412.7
Obese adults (%)	25.9	24.1	34.8		5.9
Binge drinking adults (%)	24.7	20.0	56.4		3.3
Healthy eating adults (%)	18.8	28.7	12.3		54.1
Emergency hospital admissions for all causes (SAR)	189.2	100.0	224.9		27.2
Emergency hospital admissions for CHD (SAR)	167.2	100.0	425.3		27.0
Emergency hospital admissions for stroke (SAR)	113.9	100.0	257.7		28.4
Emergency hospital admissions for Myocardial Infarction (heart attack) (S	124.0	100.0	324.3		20.6
Emergency hospital admissions for Chronic Obstructive Pulmonary Dise	252.7	100.0	660.1		10.7
Incidence of all cancer (SIR)	132.1	100.0	146.6		47.8
Incidence of breast cancer (SIR)	104.4	100.0	180.1		43.0
Incidence of colorectal cancer (SIR)	116.7	100.0	200.1		33.0
Incidence of lung cancer (SIR)	217.9	100.0	302.0		23.4
Incidence of prostate cancer (SIR)	94.1	100.0	216.8		23.6
Hospital stays for self harm (SAR)	416.3	100.0	464.3		12.3
Hospital stays for alcohol related harm (SAR)	224.3	100.0	296.2		37.2
Emergency hospital admissions for hip fracture in 65+ (SAR)	121.4	100.0	218.2		31.8
Elective hospital admissions for hip replacement (SAR)	97.3	100.0	218.4		16.9
Elective hospital admissions for knee replacement (SAR)	93.6	100.0	215.3		21.4
Life expectancy at birth for males (years)	69.6	78.9	67.1		91.3
Life expectancy at birth for females (years)	75.5	82.8	73.9		98.4
Deaths from all causes, all ages (SMR)	185.6	100.0	279.2		19.9
Deaths from all causes, under 65 years (SMR)	273.1	100.0	320.9		0
Deaths from all causes, under 75 years (SMR)	237.8	100.0	286.1		0
Deaths from all cancer, all ages (SMR)	136.5	100.0	234.6		0
Deaths from all cancer, under 75 years (SMR)	144.0	100.0	274.5		0
Deaths from circulatory disease, all ages (SMR)	208.7	100.0	279.2		0
Deaths from circulatory disease, under 75 years (SMR)	258.7	100.0	319.1		0
Deaths from coronary heart disease, all ages (SMR)	201.4	100.0	596.2		0
Deaths from coronary heart disease, under 75 years (SMR)	220.8	100.0	569.8		0
Deaths from stroke, all ages (SMR)	231.7	100.0	711.9		0
Deaths from respiratory diseases, all ages (SMR)	240.5	100.0	373.2		0

E05001645 - Bloomfield; Blackpool

significantly different from average

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Blackpool - Key Statistics

Location

Blackpool is a large seaside town located in Lancashire County in North West England. Blackpool covers an area of 13.46 square miles within the urban area stretching along the Fylde Coast, and is one of the most densely populated authorities in the UK.

Demographics

The population of Blackpool[1] is estimated at 142,080, with a larger proportion of residents aged 60+ compared to national age structure. Residents are mostly of White ethnicity, with Black and Minority Ethnic groups estimated to make up just 3% of the population approximately 4000 people, compared with the estimated proportion for England of 15%.

Table 1: Population Demographics

Age[2]	Blackpool	England
Aged 0-18 years	22%	23%
Aged 19-24 years	7%	8%
Aged 25-59 years	45%	47%
Aged 60+	26%	22%
Ethnicity[3]		
White	97%	85%
Mixed/multiple ethnic groups	1%	2%
Asian/Asian British	2%	8%
Black/African/Caribbean/Black British	0.2%	4%
Other ethnic group	0.2%	1%
Tenure[4]		
Owner Occupied	67%	71%
Social Rented	11%	18%
Private Rented	22%	11%

Sources: See endnotes

Housing

Blackpool has a similar proportion of Owner-Occupiers compared to national (England) levels, but almost double the proportion of Private Rented accommodation (26.1% vs 16.8%). This is driven largely by changes in the seaside economies with many former guest houses converting to flats, and fluctuations in seasonal work creating demand for temporary accommodation in resort areas. Blackpool has a significant proportion of Houses in Multiple Occupancy (HMOs) in central wards close to the promenade and a monitoring project by Blackpool Council identified up to 37% of private sector rented properties in resort areas could be classified as a HMO[5].

Poverty and Deprivation

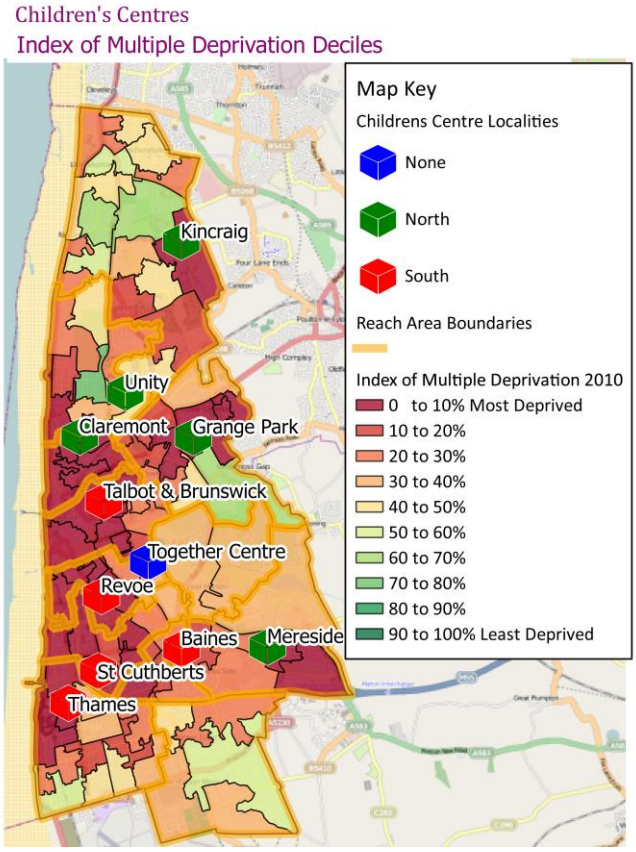
Blackpool has a large proportion of residents living in deprived areas and is currently ranked the 6th most deprived authority in England under the Indices of Deprivation 2010 – a higher rank than in 2007 (12th) and 2004 (24th) Additionally, in the 2010 Indices, Blackpool ranked 1st for the concentration of deprivation.

Map 1 below shows the relative positions of local areas in Blackpool. Around half of Blackpool's 94 Lower Super Output Areas (LSOA's)[1], are in the most deprived 20% of all LSOAs in England. Specific areas in the central wards of Talbot, Bloomfield, Brunswick, Claremont and the outer wards of Clifton and Park have the highest ranked levels of deprivation in Blackpool.

[1] An LSOA is a small area of approximately 1500 residents

Poverty is also a significant factor in Blackpool. In 2010, 30% of children in Blackpool were estimated to be in poverty, compared to 20.6% of all children in England. Further analysis highlighted that the majority of children in poverty live in lone parent families[6].

There are strong relationships between deprivation and a range of social issues and as a continued effort to address inequalities, Blackpool has launched a Fairness Commission. The Commission is made up of a range of local people representing different organisations which will explore social and other inequalities in depth and make recommendations for further improvements. 2012 also saw the introduction of a Child Poverty Framework aimed at reducing the levels of children in low income families and providing support for families currently in financial difficulty.



Employment and Benefits

In terms of workforce, Blackpool has a low employment rate at 68.1% compared to a national (GB) rate of 70.3%. There are a high proportion of benefit claimants with out-of-work benefits, including Employment Support Allowance (ESA) and Job Seekers Allowance (JSA) at almost twice the national (GB) level - currently 23%, compared to 12.5% (GB)[7]. This approximates to about 20,000 individuals claiming an out-of-work benefit, the majority (10,930) of which claim ESA. Table 2 below shows the distribution of claims in Feb 2012.

Table 2: Distribution of benefits claims in Blackpool by Statistical Group

	Number	Blackpool	Great Britain
Total claimants	23,940	26.9	15.0
Key out-of-work benefits†	20,050	23.0	12.5
By statistical group			
Job seekers	6,340	7.3	4.1
ESA and incapacity benefits	10,930	12.5	6.5
Lone parents	2,010	2.3	1.5
Carers	1,780	2.0	1.2
Others on income related benefits	760	0.9	0.4
Disabled	1,460	1.7	1.1
Bereaved	200	0.2	0.2

Source: DWP February 2012

For residents in employment, the median wage for full time employees in Blackpool is around £293.00, which is £117 per week less than the national median[8]. An estimated 17.8% of the working age population in Blackpool having no formal qualifications.[9]

Education and Children's Outcomes

For young people in Blackpool, there are a range of challenges across both educational attainment and life chance indicators. The range of issues is partly driven by the existing high levels of poverty and social disadvantage in Blackpool, both of which have generational impacts whereby parents' difficulties create problems in the family and influence children's outcomes. The rate of Looked after Children in Blackpool is the highest in England at a rate of 150 per 10,000 children; this is over twice the rate for England as a whole at 59 per 10,000.[10]

In terms of academic achievement, the proportion of children attaining the expected level at Key Stage 2 is similar to national levels at 80-85% attainment dependent on subject. There are strong differences between the highest and lowest performing areas however with evidence for the North West region suggesting the proportion attaining level 4 in the 10% most deprived areas is 18 percentage points lower than those in the least deprived 10%..

Blackpool pupils perform similarly to national levels at GCSE level with an equal proportion achieving 5 or more A* to C grade GCSEs (82%). When Maths and English are included however a significant gap appears – 48% of Blackpool pupils achieve 5+ A*-C (incl. Maths & English) compared to 59% nationally[11].

In addition, approximately 10% of Blackpool's young people are not in education, employment or training compared to 8% for the sub-region[12].

Health and Lifestyles

Blackpool has poor life expectancy, with life expectancy for males the poorest in England at 73.6 years compared to 78.5 years. Life expectancy for females is similarly poor, at 79.4 years, compared to 82.5 years for England -the 3rd poorest after Manchester and Liverpool[13]. The biggest contributors for both men and women are circulatory diseases, digestive disease including cirrhosis, and respiratory disease. These three areas contribute over half of the overall life expectancy gap in Blackpool. Lung Cancer is also a significant contributor to Female Life Expectancy[14].

Substance and Alcohol misuse is considered high, with alcohol-related death the highest in England[15] (cirrhosis being one of the major drivers of the life expectancy gap). Further estimates suggest that the prevalence of problematic heroin and/or crack cocaine use in Blackpool was 27.49 per 1,000 populations[16]. Blackpool has the highest drug prevalence rate across the region, and is within the top ten nationally.

While not directly a health damaging issue, teenage Pregnancy rates in under-18s are the 6th highest in England & Wales. In addition, Blackpool has a very low proportion of teenage pregnancies leading to abortion (36%) compared to England & Wales (49%). This implies a greater relative proportion of teenagers go on to become parents[17] and may require further local authority support. Teenage conceptions have associated risks for both parent and child's health and social wellbeing.

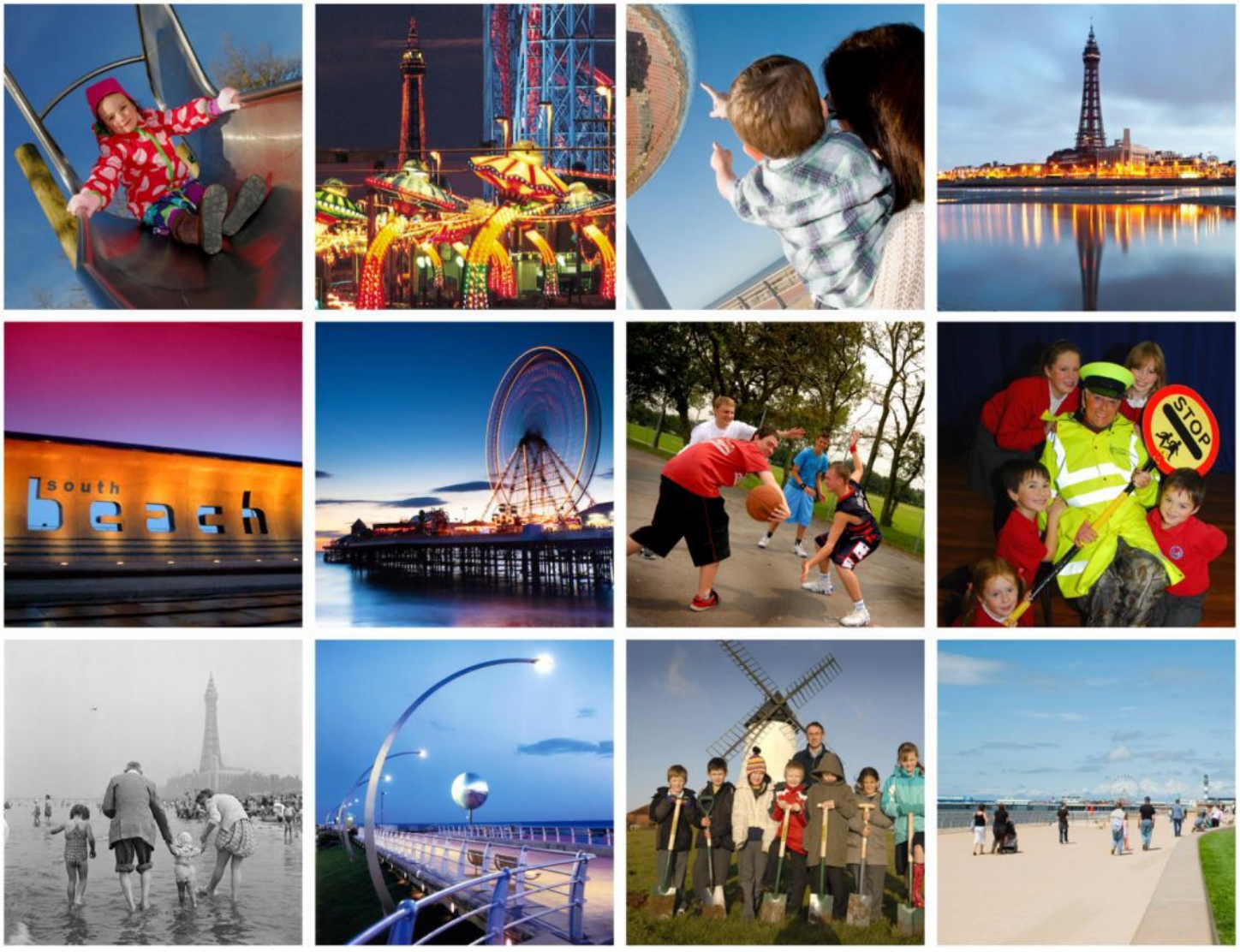
[1] ONS Mid Year Population estimates 2011
[2] ONS Mid-Year Population Estimates Analysis Tool, 2011
[3] ONS Census 2011 Ethnicity, 2011
[4] ONS Census 2011 Tenure, 2011
[5] Blackpool Council - MIPS Summary Report - 2011
[6] HMRC Child Poverty Statistics, 2010
[7] DWP WPLS, February 2012

[8] ONS Annual Survey of Hours and Earnings 2011.
[9] ONS Labour Force Survey, 2011 – Estimates for Jan-Dec 2011.
[10] DfE: Children Looked After by Local Authorities in England,2012
[11] DfE: Local Area Data Tables, 2012
[12] CCIS Database, September 2011, (12 month averages of 2010 data)
[13] ONS Life Expectancy, 2008-10
[14] London Health Observatory – Spearhead Life Expectancy Tools - 2009
[15] NWPHO Local Alcohol Profiles 2011
[16] Glasgow University 2006/07
[17] DfE: Teenage Pregnancy Statistics, 2008- 2010

Blackpool Drug and Alcohol Health Needs Assessment

April 2014

Blackpool Council



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Figures

Blackpool Alcohol Health Needs Assessment

Sara Southall

Public Health Department

Blackpool Council

Scope

This Health Needs Assessment (HNA) provides an overview of the current patterns of alcohol use in Blackpool and the impact on the population, along with regional and national comparisons. It considers both adult and young person groups, and also the current use of alcohol services. As such it is a comparative, epidemiological HNA using existing data and evidence. It is intended to act as a foundation from which further information gathering can develop, and to inform the direction of service provision and resource use according to need.

Introduction

i. Brief policy context

a. National policy and guidance

In 2007, *Safe, Sensible, Social: The Next Steps in the National Alcohol Strategy*[1] targeted the following:

- A reduction in acute and chronic ill-health due to alcohol
- Fewer alcohol-related hospital admissions
- Fewer alcohol-related accidents
- A reduction in alcohol-related violent crime disorder, and antisocial behaviour.

The *Reducing Harmful Drinking* policy followed in 2013[2]:

National Policy: *Reducing Harmful Drinking 2013*

Aims:

- Change in drinking culture
- Reduction in alcohol-related violent crime
- Reduce number of adults drinking above lower-risk guideline amounts
- Reduction in binge drinking
- Reduction of alcohol-related deaths
- Reduction in number of 11-15 year olds purchasing and drinking alcohol.

Key action points:

1. Helping individuals to change their drinking behaviour
2. Taking action locally
3. Improving treatment for alcohol dependence
4. Sharing responsibility with industry
5. Making cheap alcohol less available
6. Stopping advertising targeting to young people

Source: https://www.gov.uk/government/policies/reducing-harmful-drinking

[1] *Signs for improvement – commissioning interventions to reduce alcohol-related harm*, Department of Health, 2009

[2] *Reducing Harmful Drinking*, Department of Health, 2009

This is in addition to the 2012 Alcohol Strategy[3]:

National Alcohol Strategy, March 2012

Targeted:

- Binge drinking culture
- Alcohol related crime
- Harmful alcohol consumption

Key commitments highlighted at the time included:

i. consultation on a minimum unit price for alcohol (completed and not pursued further at present time)
ii. consult on a ban on the sale of multi-buy alcohol discounting
iii. review of local power to influence environment through licensing including health impact
iv. sobriety schemes

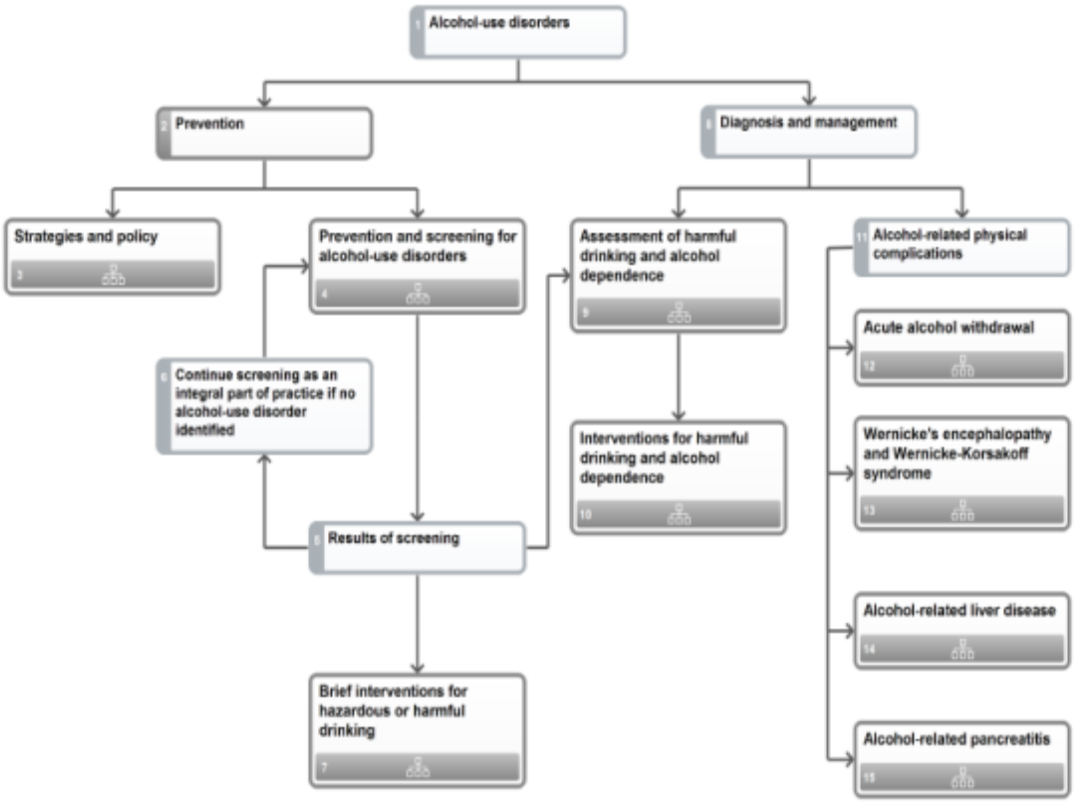
Source: https://www.gov.uk/government/publications/alcohol-strategy

Alcohol also features in the Public Health Outcomes Framework that summarise the "vision for public health" from both a regional to a national context.[4] Alcohol-related hospital admissions and mortality feature among these.

The National Institute of Health and Care Excellence (NICE) has developed several relevant guidelines. A summary of existing guidance is shown in the figure below.

[3] *The Government's Alcohol Strategy*, Home Office, 2012
[4] *The Public Health Outcomes Framework*, Public Health England, http://www.phoutcomes.info/

Figure 1: Alcohol-use disorders overview[5]



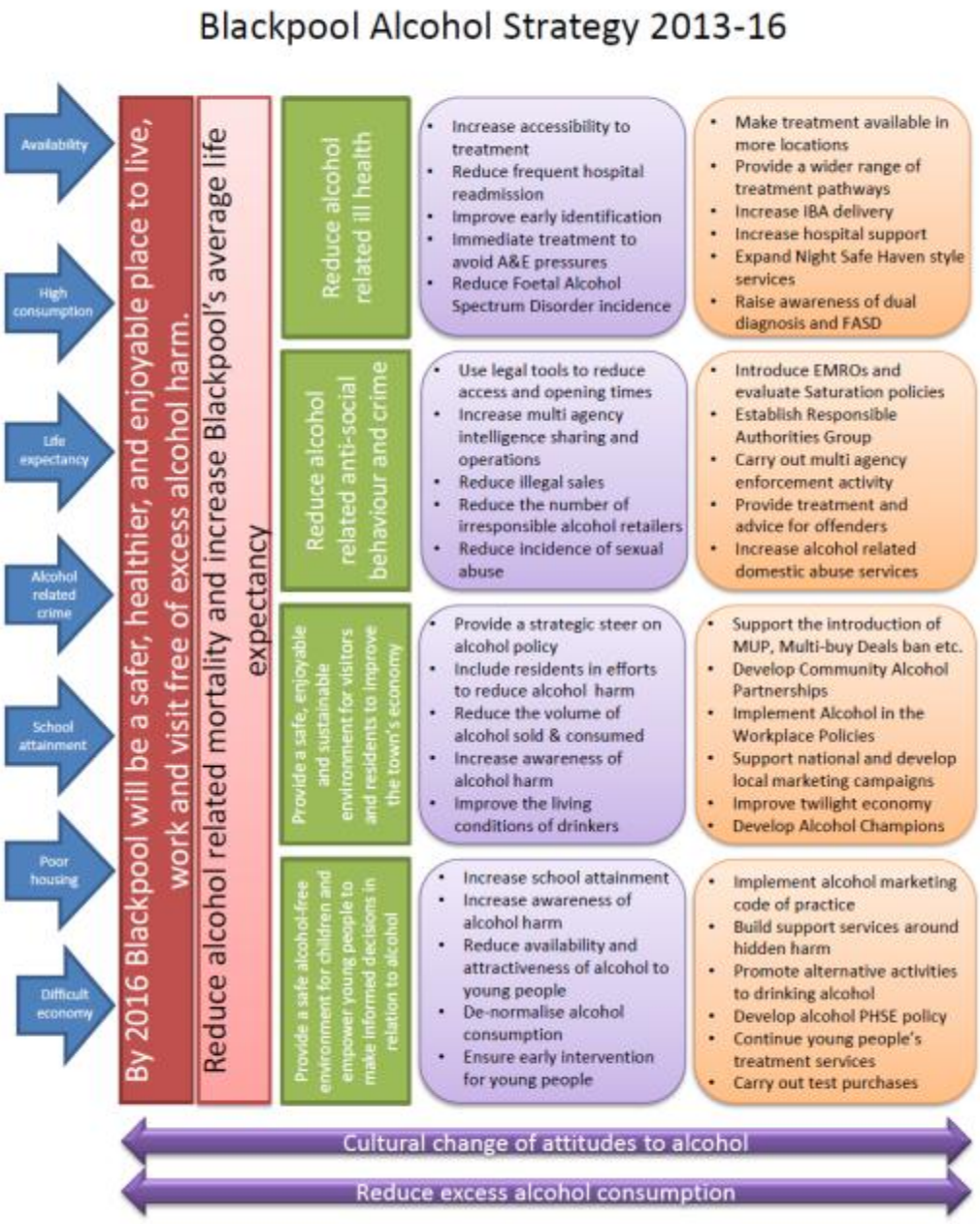
(Source: http://pathways.nice.org.uk/pathways/alcohol-use-disorders#content=close)

[5] *Alcohol-use disorders overview*, National Institute of Health and Care Excellence, 2013

b. Local policy and strategy

A page summary of the current Blackpool Alcohol Strategy for 2013-2016 is included below, along with the summary action plan.

Figure 2: Page summary of Blackpool Alcohol Treatment Strategy 2013-16[6]



*(*Source: Blackpool Alcohol Strategy, 2013-2016, Department of Public Health, Blackpool Council)

[6] *Blackpool Alcohol Strategy*, 2013-2016, Department of Public Health, Blackpool Council

Figure 3: Page summary of Action Plan from Blackpool Alcohol Treatment Strategy 2013-16

	What	Who	When
Reduce alcohol related ill health	Make treatment available in more locations	Public Health	Apr-14
	Provide a wider range of treatment pathways	Public Health	Apr-14
	Increase IBA delivery	Public Health	Sep-14
	Increase hospital support	CCG	Mar-14
	Expand Night Safe Haven style services	Public Health	Apr-14
	Raise awareness of dual diagnosis and FASD	Public Health	Apr-14
Reduce alcohol related anti-social behaviour and crime	Introduce EMROs and evaluate Saturation policies	Wider Council	Dec-13
	Establish Responsible Authorities Group	Licensing	Sep-13
	Carry out multiagency enforcement activity	Responsible Authorities	Sep-13
	Provide treatment and advice for offenders	Public Health	Apr-14
	Increase alcohol related domestic abuse services	DA Team and PH	Apr-14
Provide a safe, enjoyable and sustainable environment for visitors and residents to improve the town's economy	Support the introduction of MUP, Multi-buy Deals ban etc.	All	Mar-15
	Develop Community Alcohol Partnerships	Public Health	Dec-15
	Implement Alcohol in the Workplace Policies	HR Teams	Mar-14
	Support national and develop local marketing campaigns	Public Health, Bsafe	Mar-14
	Improve twilight economy	Wider Council	Mar-15
	Develop Alcohol Champions	All	Mar-14
Provide a safe alcohol-free environment for children and empower young people to make informed decisions in relation to alcohol	Implement alcohol marketing code of practice	Wider Council	Dec-14
	Build support services around hidden harm	Children & Young People	Mar-14
	Promote alternative activities to drinking alcohol	Children & Young People	Mar-16
	Develop alcohol PSHE policy	Children & Young People	Sep-13
	Continue young people's treatment services	Public Health	Mar-14
	Carry out regular test purchases	Children & Young People	Sep-13

*(*Source: Blackpool Alcohol Strategy, 2013-2016, Department of Public Health, Blackpool Council)

ii. Guidance on alcohol consumption

a. Current recommendations

Current recommendations are[7]:

- For men: alcohol intake should not exceed 3-4 units per day, with the figure below outlining the unit contents of different beverages.
- For women: alcohol intake should not exceed 2-3 units per day.
- Following heavy consumption, alcohol should be avoided for 48 hours

Figure 4: Alcohol units in different drinks

(source: www.nhs.net/livewell/alcohol/)

[7] *Drinking and Alcohol*, NHS Choices, http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx

Overview of the adverse health and social consequences of alcohol consumption

Alcohol-related mortality

- In England, an estimated 22,000 premature deaths per year are associated in some way with alcohol misuse

Liver damage

- In people who drink excessive amounts of alcohol, liver damage is common.
- This includes fatty liver, hepatitis and cirrhosis.

Cardiovascular disease

- Raised blood pressure (binge drinking may be particularly implicated), haemorrhagic stroke, coronary heart disease, cardiomyopathy, and arrhythmias.

Cancer

- Alcohol is known to directly cause squamous carcinoma of the oropharynx, larynx, and oesophagus (linear dose–response relationship).
- Heavy alcohol consumption is associated with carcinoma of the liver, stomach, colon, rectum, lung, pancreas, and breast

Other medical complications

- Gout; gastrointestinal haemorrhage; pancreatitis; neurological problems (for example seizures, neuropathy, acute confusional states, subdural haematoma); falls (in elderly people); Wernicke's encephalopathy and Korsakoff's psychosis; and impotence or fertility problems

Risks in pregnancy

- Foetal growth and developmental problems, increased miscarriage, higher incidence of structural malformations, and foetal alcohol syndrome.
- Uncertainty over the level of alcohol associated with harm, or the impact of consumption in different trimesters. The first trimester appears to be the most vulnerable period for the foetus, but alcohol-related damage may occur throughout pregnancy.
- Miscarriage and structural abnormalities seem to be increased with more than 5 units of alcohol per day, especially during the first and second trimesters.

Source: Clinical Knowledge Summaries, National Institute for Health and Care Excellence 2014

Overview of the adverse health and social consequences of alcohol consumption continued

Psychiatric complications

- **Psychiatric comorbidity:** common in people with alcohol problems. It is estimated that 10% of people with an alcohol problem have a severe mental illness, 50% have a personality disorder, and up to 80% have a neurotic disorder.
- **Other psychiatric morbidity:** suicide and attempted suicide, personality deterioration, sexual problems, hallucinations, amnesia, intellectual impairment, and delirium tremens

Consequences of withdrawal

- **Symptoms of withdrawal:** these include tremor, nausea, vomiting, and sweating. Generalised convulsions may also occur.
- **Delirium tremens** occurs in approximately 5% of those suffering from alcohol withdrawal. Delirium tremens causes symptoms such as agitation, confusion, paranoia, and visual and auditory hallucinations. It is associated with appreciable mortality (10% in a hospital setting). Complications include seizures, hyperthermia, dehydration, electrolyte imbalance, shock, and chest infection

Social complications

- It is estimated that 30% of divorces, 40% of domestic violence, and 20% of child abuse cases are associated with excessive alcohol consumption.
- Workplace problems (absenteeism and impaired performance), financial problems, homelessness, criminal behaviour (driving whilst intoxicated, shoplifting), and unsafe sex are also associated with heavy drinking

Source: Clinical Knowledge Summaries, National Institute for Health and Care Excellence 2014

Children & Young People

Key points for young people in Blackpool

PATTERNS OF CONSUMPTION

- Consumption at a young age in Blackpool, such as in Year 8 (aged 10-11 years), with connection already made to drinking to socialise and getting drunk as a goal or means of entertainment.
- Interventions intending to reach younger drinkers may carry the unintended consequence of encouraging consumption in unsupervised areas, with the related increase in vulnerability.
- Review of the types of alcohol consumed highlights preferences such as for spirits among young drinkers
- Specific patterns of consumption, including dependency, binge drinking and preloading must also be considered. The latter in particular is more noted among young, female consumers with one survey reporting an average of 8 units consumed before the night out.

KNOWLEDGE AND ATTITUDES

- Resources for children and young people again highlight the perceived sociability of alcohol consumption, and the appeal of getting drunk.
- Not drinking is also seen as being an unwilling participant in the group or event.
- Preloading was used as a method of coping in the NTE and brining groups together before the night out.

ADVERSE EFFECTS AND CONSEQUENCES

- Blackpool has significantly worse alcohol-linked health outcomes in comparison with the England average, often ranking lowest from the local authorities.
- A higher proportion of looked after children (5.5%) in Blackpool have substance or alcohol needs, in comparison with regional and national data.
- For young people, concomitant risk behaviour and vulnerabilities need to be considered, along with the impact on ability to thrive.

SERVICE OVERVIEW

- The data for young people covers both drug and alcohol use, in contrast with the adult services which consider drug and alcohol separately.
- There are inconsistencies with the reporting of ethnicities in the Young People Risk Harm Profile, with clients described as Asian/British Asian or mixed ethnicity in different sections.
- In March 2013, there were 73 clients in the young people services.
- The numbers in specialist substance misuse services had declined from 2011 to 2013.
- The majority of referrals came from education services and youth justice services
- Blackpool had a slightly higher proportion of looked after children as clients than partnership cluster and national figures.
- Blackpool has lower reported proportions for alcohol, amphetamines, ecstasy, solvents and other substances than its partnership clusters and national figures.
- There are fewer family work, pharmacological and singular modalities delivered than in partnership clusters and nationally.

- Only 6% of exits were unplanned and 8% of planned exits re-presented within 6 months.
- From the risk harm profiles, Blackpool had a higher proportion than national statistics for higher risk drinkers, unsettled accommodation, early onset of substance misuse and for the young person being a looked after child.
- The majority of clients described themselves as being of white ethnicity but there are inconsistencies in the reporting of other ethnicities with the remaining clients identified as Asian/British Asian or mixed ethnicity in different sections. It is noted that these client groups also scored four out of ten for the vulnerability score, with the highest score in Blackpool for 2012-2013 being five.
- Where sexual exploitation was identified, the highest vulnerability scores were also noted.
- The lowest proportion of planned exits was among those with unsettled accommodation and NEET vulnerabilities.
- Those involved in offending at planned exits also had pre-existing vulnerabilities of offending, early onset substance misuse and being a looked after child.
- A high proportion of the 18-24 year olds currently linked to probation services in the community have identified substance misuse needs.
- A key limitation of the service data for young people is that it does not provide information for drug and alcohol clients separately.

i. Patterns of consumption

a. General overview

The *Statistics on Alcohol report for England, 2013*[8] describes young people as more likely than older age groups to drink in excess on a single occasion, with 67% men and 68% women aged 16-24 drinking over the recommended limit, and 45% and 46% drinking more than twice the guideline amounts.

The same report found that 45% of the children aged 11-15 surveyed in secondary schools had drunk alcohol at least once, with boys and girls equally likely to report consumption. There was a decline the proportion that had drunk in last week to 12%, in comparison with 26% in 2001, and also in the frequency of consumption.

The *Smoking, drinking and drug use among young people in England, 2012* (Health and Social Care Information Centre HSCIC report) found that pupils who had drunk in the last week drank a mean of 12.5 units with the median lower at 8 units. The average amount drunk in last week varied geographically from between 9.4 units in London to 15.7 units in the North East and North West. (*Statistics on Alcohol*)

The *Trading Standards North West 2013* survey gathered responses from 3471 young people in schools throughout Lancashire, although the results are described by district. 39% had never drank alcohol, with the commonest reasons cited being age and religion. The percentage of 14-17 year olds in Lancashire identified as binge drinkers has also fallen from 71 to 65% in the 2011 survey, although there were no participants from Blackpool in 2011. 16% drank once a week or more.

In the *Smoking, drinking and drug use among young people in England, 2012* half of those who drank alcohol in the previous 4 weeks said they had been drunk at least once in that time. 61% reported deliberately trying to get drunk, while 39% said they had not. (Health and Social Care Information Centre HSCIC report)

Most popular drinks were spirits (26%), cider (25%), alcopops (24%), lager (24%) and wine (19%). 50% drank with family at home, 40% at home with friends when family were out and 38% at events such as weddings. Of those who reported buying their own alcohol, 56% said they had not been asked for proof of identity. 5% had fake ID, which were mostly obtained over the internet. The majority of those who drank did so in groups (84%). Of those that drank

[8] Smoking, drinking and drug use among young people in England, 2011. Health and Social Care Information Centre

outside, 50% drank in groups of ten or less, while 15% described drinking in groups of over 30. 30% of respondents were aware of local "drinking dens" or "party houses". LDDAT emerging trends Phase 2 report suggests that increased action on underage drinking, including in public spaces such as parks – has led to consumption in more risky, unsupervised spaces.

The *Schools and Students Health Education Unit (SHEU)* survey conducted in Blackpool in 2012, found 12% of boys and 4% of girls in Year 6 (aged 10 to 11 years) had drunk alcohol in the last week. In Year 8 and 10, 13% and 27% respectively said they had drunk at least once in week before survey. 4% reported that their parents never or only sometimes knew that they drank. 2% bought alcohol from supermarket or off-licence. Of the respondents in Years 8 and 10, 63% drank "often/always" to socialise and 36% did so to get drunk.[9]

b. Specific patterns of consumption

Preloading. Defined as consuming alcohol in the domestic environment before going out into the Night Time Economy (NTE), this pattern of drinking has been associated higher consumption levels, crime and other risk behaviours. In the *LDAAT Emerging Drug Trends – Phase 1 report 2011*, a survey of the NTE population in four towns throughout the Lancashire (Burnley, Chorley, Preston and Lancaster) found that 66% of women compared to 49% of men had preloaded. The pattern was most common in 18-24 age group, with an average of 8 units drunk before going out.

[9] The Impact of Harmful Alcohol Consumption on Blackpool families and Young People: A FAS prevention and reduction plan. Department of Public Health, Blackpool Council.

ii. Knowledge and attitudes

a. Children

In 2012, 28% of surveyed pupils thought drinking was acceptable for someone their age, in comparison with 46% in 2003.[10] Perception varied concerning the reason for drinking, with non-drinkers believing others drank to look cool or due to pressure, while those who drank felt it was to be sociable or for the buzz.

The *North West Trading Standards 2013*[11] survey for Lancashire found that 24% drank because their friends did and 19% did so as they felt there was nothing else to do. 44% drank to get drunk, with 62% reporting it as being fun to get drunk and 49% seeing it as normal to get drunk. 37% were not concerned about the long term effects of drinking alcohol.

When asked how they perceived their parents' views, 52% felt their parents didn't like them drinking while 47% felt their parents didn't mind as long as it was not excessive. There was a strong relationship between pupils' drinking behaviour and their parents' attitude to drinking.[46]

b. LDAAT emerging drug trends Phase 2 report

The *LDAAT Emerging Drug Trends Research Group* conducted surveys in the NTE and focus groups with participants recruited from a range of social and economic backgrounds in nine towns and cities in Lancashire.[12] Recruitment venues included schools, further education colleges, universities, sheltered housing, youth clubs, youth offending teams and youth offending institutions.

A distinction was noted between different types of drinking, from going out for a meal to "going out to get splattered", also referred to by the research team as determined drunkenness. Other participants discussed drinking as a way of passing time or of getting a buzz. These highlighted the role knowing where to find alternative, affordable distractions and "adrenaline rushes", and of employment as a means of counteracting boredom. Alcohol was also used in polysubstance use, where the sedative effect was used to counteract the effects of cocaine.

Researchers noted the recounting of "passing out stories", told for the entertainment of others and seen to aid in the establishment and maintenance of friendship groups. Peer preference, peer influence and parental/carer influence were seen as contributing, rather than peer pressure as such. "You don't just want to be sat there" was a recurring theme, with participants

[10] **Smoking, Drinking and Drug Use Among Young People in England – 2012,** Health and Social Care Information Centre

[11] Trading Standards North West. Young Persons Alcohol and Tobacco Survey 2013. http://www3.lancashire.gov.uk/corporate/consultation/responses/response.asp?ID=223

[12] Measham, Moore, Østergaard,Fitzpatrick & Bhardwa *LDAAT Emerging Drug Trends – Phase 2 report,* 2011 http://www.clubbingresearch.com/?page_id=2

not wanting to be "just" spectators at parties, preferring to be seen as clearly "committed and willing participants".

> "Well it's not so much pressure I think it's the fact that if you were in a flat which we are and there's 5 of us there, the other 4 are drinking and you're sat on your own, you don't wanna do that so you are more inclined to join in."

Preloading was seen as a method of saving money initially but participants discussed consequences from problems with neighbours due to noise to increased spending on alcohol once out in the NTE through disinhibition. The role of preloading in increasing confidence and ability to cope with the NTE was also raised. Participants, particularly women, noted the ritual of preloading as a means of meeting in advance to establish and maintain groups, which in turn offered safety during the night.

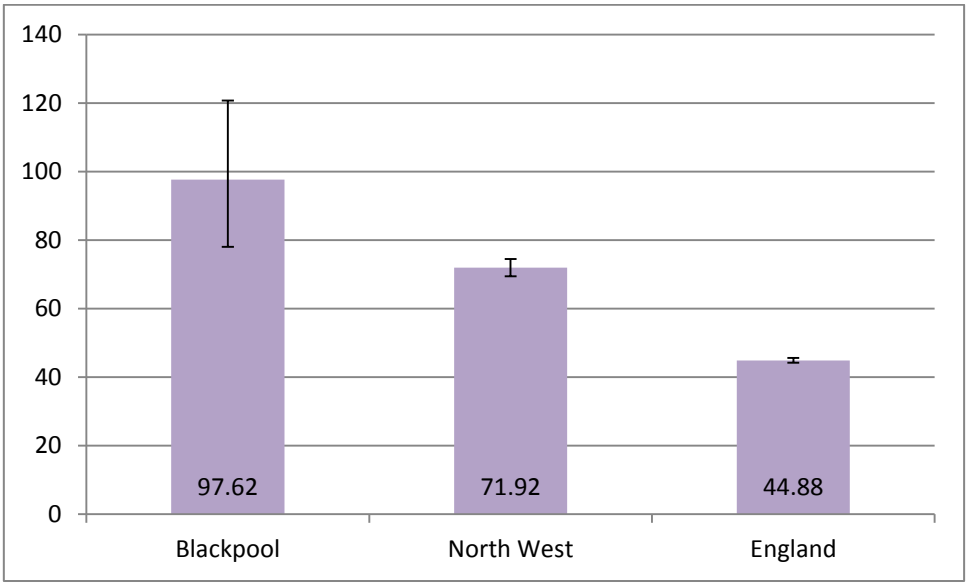
> "So like I would never go out sober, 'cos it scares me what drunk people are like, it scares me personally. So I have to be drunk to scare other people basically."

iii. Adverse effects and consequences

a. Health

Alcohol-specific hospital admissions for under 18 years olds are 97.62 per 100,000 of the population, higher than the regional average of 71.92, nearly double the national average and 317th of the Local Authorities (LAs).

Figure 5: Under 18s admitted to hospital with alcohol-specific conditions: crude rate per 100,000 of population



(Source: LAPE 2014)

b. Domestic abuse, children and young people

As noted previously, alcohol is an important contributory factor in domestic abuse. The impact on children and young people should also be considered. Among women, the age group at highest risk of victimisation is 16 to 24 years. Approximately two thirds (63%) of child witnesses develop emotional or behavioural problems, and they are three times more likely to take drugs than their peers and twice as likely to get drunk, according to a NSPCC survey.[13] From October 2010 and September 2011, 536 high risk victims of domestic violence were identified in Blackpool and a MARAC (Multi-Agency Risk Assessment) initiated, with a total of

[13] Lancashire County Council JSNA *Domestic Abuse Technical Report 1: Evidence Base* 2013 http://www.lancashire.gov.uk/corporate/web/?siteid=6111&pageid=40779&e=e

746 children connected to these. MARACs are intended to facilitate information sharing between agencies and enhance the safety of those affected.[14]

c. Emotional wellbeing of looked after children

Using the Department for Education data[15], there were 320 looked after children in Blackpool as of 31st March, 2013 who had been looked after for twelve months or more. 5.3 % of these were identified as having alcohol or substance misuse needs, in comparison with regional (3.3%) and national (3.5%) figures.

The Public Health Outcomes Framework includes a score for the emotional wellbeing of looked after children. The indicator summarises those at risk of undiagnosed mental health problems, placement breakdown, alcohol and substance misuse, convictions and not being in employment, education or training. A higher score indicates greater difficulties. The score for Blackpool is 13.8 which is level with the national average (national range 9.5 to 20.1), but third highest in the North West where the range is 11.5 to 14.2.

d. Young people and risk

Changes in Young People's Alcohol Consumption and Related Violence, Sex and Memory loss: 2009-2011 North West of England assessed the characteristics of those more likely to drink above the guideline amounts[16]:

- Drinkers aged 16 years were more likely to report frequent drinking, heavy drinking, unsupervised inside drinking and buying their own alcohol than other respondents.
- Drinkers aged 15 were more likely to ask adults outside shops to buy alcohol.
- Drinkers with higher expendable incomes were more at risk than those with lower incomes of frequent drinking, heavy drinking, unsupervised inside and outside drinking, buying their own alcohol, taking alcohol from parents and proxy purchase.
- Those who drank due to boredom were more likely to drink frequently, heavily, unsupervised inside and outside, buy their own, take from parents and proxy purchase than those who did not drink for this reason. This group were particularly at risk of

[14] Interpersonal Violence & Abuse Team *MARAC Data*, Blackpool Council, 2010-2011
[15] Outcomes for looked after children as of March 31st, 2013, Department of Education.
[16] Changes in Young People's Alcohol Consumption and Related Violence, Sex and Memory loss: 2009-2011 North West of England. North West Public Health Observatory.

drinking outside the guidance – three times more likely to drink frequently, heavily, outside, unsupervised and by proxy purchase.

Those who drank outside guidance continued to be at greater risk of harm than those who drank within it – 83.8% of frequent drinkers had experienced at least one harm compared with 45.7% of those who did not drink frequently. Harms included alcohol-related violence, regretting sex after drinking and memory loss. However there was a significant decrease, from 2009 to 2011, in the proportion reporting involvement in alcohol-related violence and regretting sex after drinking.

The Trading Standards North West 2013 Lancashire survey reported that 25% of those who drank alcohol and had sex regretted sex after drinking, while 23% of drinkers had been violent or had a fight and 12% claimed to have been in a car with a young person who had been drinking. 33% had forgotten things after drinking, although 56% felt in control while drinking and 73% made sure they were not alone. 28% worried about their drink being spiked.

The *LDAAT emerging drug trends – Phase 2* focus groups described how alcohol altered risk perception, with participants describing alcohol as "brave juice", and the feeling after drinking that "you think you can fight the world". The report described women in a South Yorkshire study being left with sense of regret due to the "risky situations" they had put themselves in after drinking.

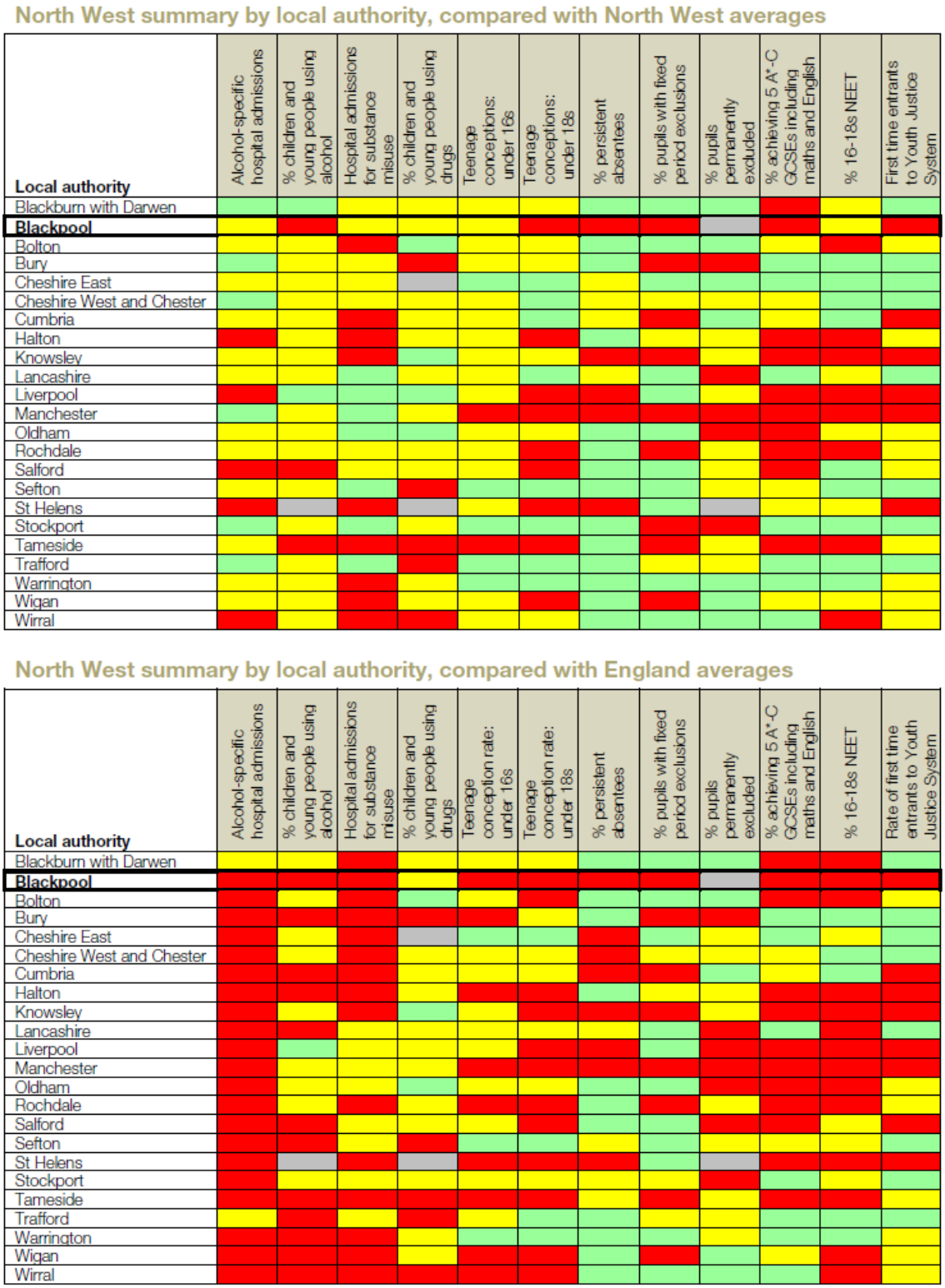
The *North West ChiMatters: Child and Maternal Health Intelligence Briefing- Young people's lifestyle choices and related health indicators*[17] considers clustering of health risk-taking in adolescence. Substance use is among "the Big Six" risks, which also include tobacco use, exposure to injuries and violence, physical inactivity, unhealthy diet and high-risk sex.

Each of these has direct consequences, such that adolescent binge drinkers are 50% more likely than their peers to be dependent on alcohol or taking illicit drugs at the age of 30. There are also links between these behaviours. Excessive alcohol consumption by young adults has been associated with antisocial behaviour, crime, poor school performance, mental health disorders,

[17] Young people's lifestyle choices and related health indicators: local area profile for Blackpool. North West ChiMatters Child and Maternal Health Intelligence Briefing. North West Public Health Observatory. 2011

injuries from accident and violence as well as a greater likelihood of having unprotected or regretted sex. An association has been found between alcohol-attributable hospital admissions and teenage pregnancy as well as sexually transmitted diseases (STIs). This relationship was independent of deprivation. The figure below outlines the local area profile for Blackpool in comparison regional and national statistics.

Figure 6: Health Indicator for Young People in Blackpool (Source: North West ChiMatters – Young People's Lifestyle Choices and Related Health Indicators)



(Source: North West ChiMatters – Young People's Lifestyle Choices and Related Health Indicators)

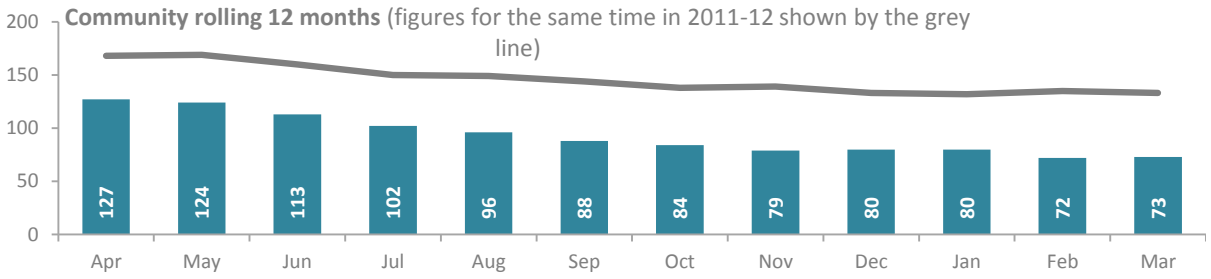
iv. Service Overview

a. Young Person Services – treatment journeys

The treatment journeys in the young person services are outlined below, using the *YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 4 2012-13*, as this covers the entire year, and the *Quarter 2 2013-14* summary.

The numbers in specialist substance misuse services have declined from 2011 to 2013, though the Quarter 2 2013-14 report demonstrates a plateau in this decline with 75 clients in September 2013. Of the 73 clients in service in March 2013, 53 were new presentations and 6 were over 18 years old. There were no clients in a Youth Offenders Institution (YOI) in this partnership, but 9 resident of this partnership in YOI elsewhere in the country.

Figure 7: Numbers in Specialist Substance Misuse Services



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 4 2012-13)

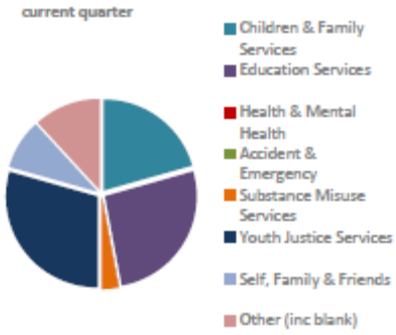
The majority of referrals originate from education services and youth justice services, proportions similar to those in partnership clusters, as based on similarity in Child Wellbeing Index Quintile Comparisons, and nationally. Details for the partnership clusters are included in the text box below.

Child and Wellbeing Index Quintiles

These are supplied in order to allow for sub-national comparisons to similar partnerships. All partnerships have been added to one of five groups based on their Average Score on the 2009 Child Wellbeing Index. These five groups (called the Child Wellbeing Index Quintiles) are grouped from Quintile 1 (with the lowest average scores and therefore deemed those with the least deprivation for young people) through to Quintile 5 (with the highest average scores and therefore deemed those with the most deprivation for young people). ***Blackpool is in Quintile 5.***

Source: YP Specialist Substance Misuse Interventions - Executive Summary Quarter 4, 2012-13

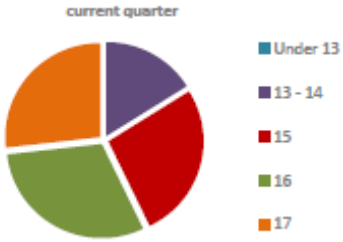
Figure 8: Referral sources for Quarter 2 2013-14 (% of all new presentations)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

During Quarter 4 2012-13, there were more clients in Blackpool aged 15 and 16, with fewer in lower and higher age groups than for partnership clusters and nationally. By Quarter 2 2013-14, the majority of clients were aged 16 or 17.

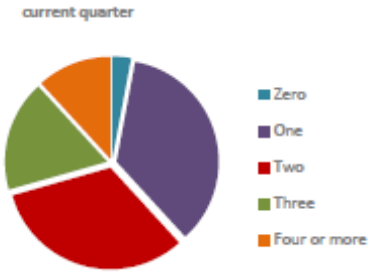
Figure 9: Age Quarter 2 2013-14 (% of all in service)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

During Quarter 4 2012-13, Blackpool had a greater proportion of clients with four or more vulnerabilities (18%) than partnership clusters (13%) and nationally (13%). However, by Quarter 2 2013-14 there were a higher proportion of those with one vulnerability in comparison with partnership clusters and nationally, and fewer in the higher number groups. In addition, Blackpool has slightly higher proportions of looked after children but roughly equal proportions of clients identified as being involved in sexual exploitation.

Figure 10: Multiple Vulnerabilities for Quarter 2 2013-14 (% of all new presentations)

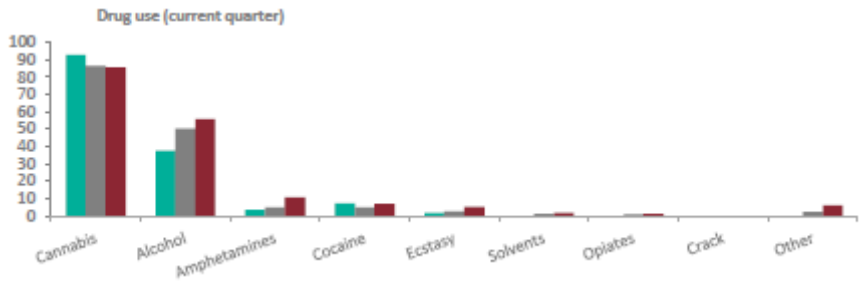


Vulnerabilities (% of all in services YtD)									
	Looked After Child	10	18	↑ 0.5	332	13	1392	13
	Involved in Sexual Exploitation	3	5	↑ 5.4	114	4	504	5

(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

In Blackpool, there were lower reported proportions for alcohol, amphetamines, ecstasy, solvents and other substances than its partnership clusters and national figures.

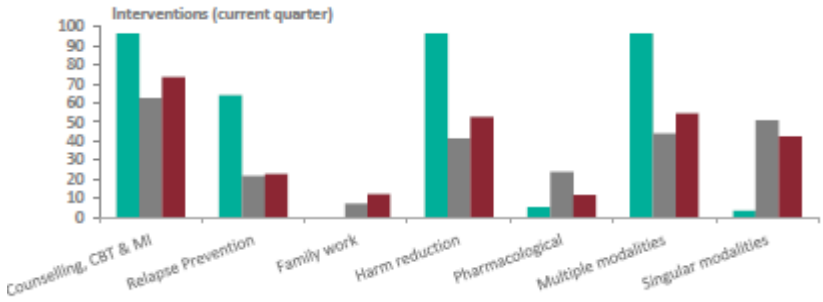
Figure 11: Substances Quarter 2 2013-14 (cited substance in drug 1, 2 or 3 in any episode in the year. % of all YP in services YtD)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

The most frequently delivered interventions in Blackpool were counselling, CBT and MI, relapse prevention, harm reduction and multiple modality. There were fewer family work, pharmacological and singular modalities delivered than in partnership clusters and nationally.

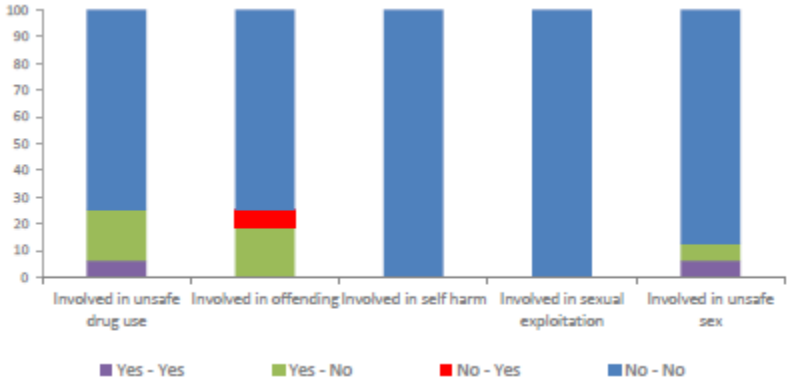
Figure 12: Interventions types delivered in Quarter 2 2013-14 (all interventions, YtD. % of all in services YtD)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

During Quarter 2 2013-14, only 6% of exits were unplanned in Blackpool, lower than the partnership cluster (24%) and national (20%) rates. 8% of planned exits re-presented within 6 months, roughly equal to partnership clusters (8%) and nationally (7%). The figure below details whether risk items were present at treatment initiation and planned exit.

Figure 13: Behaviour/risk items at planned exit in Quarter 2 2013-14 (on initiation - at exit)



(Source: YP Specialist Substance Misuse Interventions - Executive Summary for Quarter 2 2013-14)

b. Young People Risk Harm Profile

The *NDTMS Young Person Risk Harm Profile Tool 2012-13* highlights that those using drugs and alcohol problematically are likely to be vulnerable and experiencing a range of problems. The tool identifies ten key risks or harms that can contribute to the development of adult dependencies. A score for each risk is given, with a possible total score of ten. The data was gathered from all young people starting a new treatment journey in 2012-13.

Table 1: Key risks and their definitions.

Risk / Harm	Description
Opiate and/or Crack User (OCU)	YP is using opiates and/or crack (in drug 1, 2 or 3) within the first episode of their treatment journey
Higher Risk Drinkers	YP is drinking at harmful limits* for 13-26 days out of the previous 28 or YP drank 27-28 days out of the previous 28 regardless of unit intake
Poly Drug User	YP is using two or more drugs (not including nicotine but could be any other two drugs)
NFA / Unsettled	YP's accommodation need is NFA or unsettled
Offending	YP is involved in offending and/or is in contact with the YOT
NEET	YP education status and employment status shows YP is not in any education, employment or training as recorded in the YP Education Status field
Early Onset	Age of first use of Drug 1 is under 15 (if this field is blank but clients age is under 15 Early Onset is considered to be true)
YP involved in Self Harm	YP involved in self harm at treatment start is answered yes
YP Pregnant and/or Parent	YP is pregnant and / or has a parental status stating YP is pregnant or a parent
YP is a Looked After Child (LAC)	YP is a Looked After Child is answered yes

* harmful limits classed as more than 6 units for females and more than 8 units for males

(Source: NDTMS)

NDTMS compare Blackpool with partnership clusters, based on similarity in Child Wellbeing Index Quintile Comparisons. These are outlined in the table below:

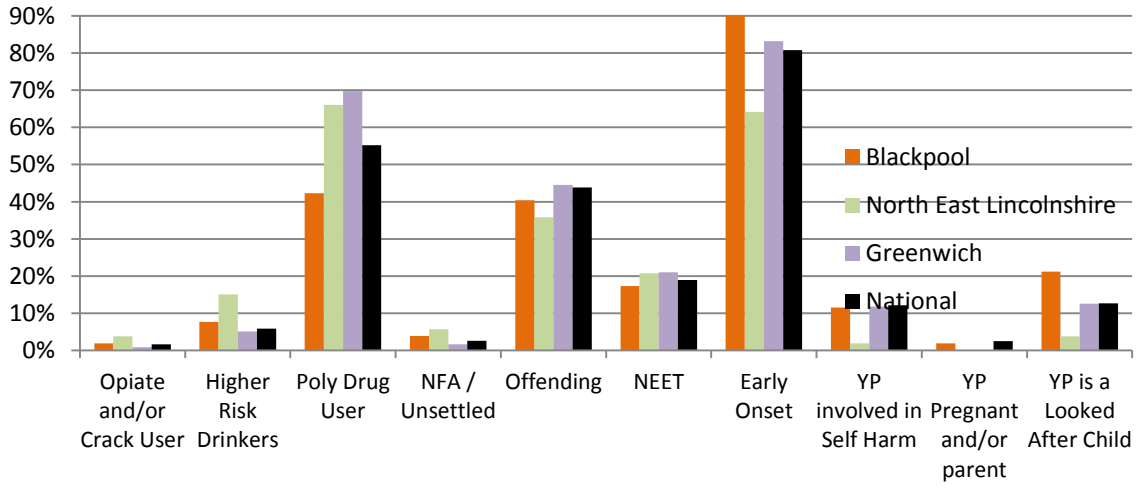
Table 2: Partnership clusters

DAT Name	DAT Code	Child Wellbeing Index rank *(1 is most wellbeing & 149 is least)*
Bristol	K02B	122
North East Lincolnshire	D08B	123
Blackpool	B04B	124
Greenwich	H19B	125
Hammersmith and Fulham	H20B	126

(Source: NDTMS)

From these comparisons, Blackpool has a higher proportion than national statistics for higher risk drinkers, unsettled accommodation, early onset of substance misuse and for the young person being looked after child.

Figure 14: Comparison of Risk/Harm Items 2012-13 with similar areas and national figures



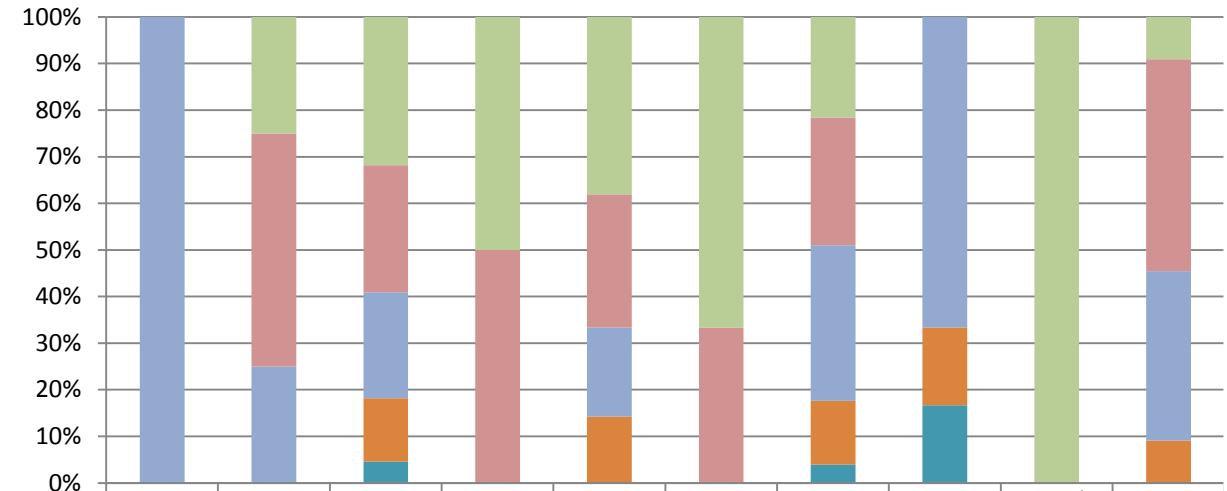
(Source: NDTMS)

When considering the demographics for each risk in Blackpool, there were a higher proportion of males for OCU (100%), parent/pregnancy (100%), offending (90%), NEET (78%), LAC

(73%), early onset (69%) and polysubstance misuse (64%). There were a higher proportion of females for self-harm (83%). Proportions were equal for housing and higher-risk drinking.

The figure below shows the age distribution for each risk. Opiate or crack use is seen in those aged fifteen only. Being a parent or having unsettled accommodation involved those aged sixteen or seventeen, while the youngest clients were associated with polysubstance misuse, offending, early onset substance misuse, self-harm and being a looked after child.

Figure 15: Age distribution for each Risk/Harm Item



	OCU	Drinker	Poly	Housing	Offending	NEET	Early Onset	Self Harm	Preg / Parent	LAC
Aged 17	0%	25%	32%	50%	38%	67%	22%	0%	100%	9%
Aged 16	0%	50%	27%	50%	29%	33%	27%	0%	0%	45%
Aged 15	100%	25%	23%	0%	19%	0%	33%	67%	0%	36%
Aged 14	0%	0%	14%	0%	14%	0%	14%	17%	0%	9%
Aged 13	0%	0%	5%	0%	0%	0%	4%	17%	0%	0%
Aged 12	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Aged 11	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Aged 10	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Aged 9	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

(Source: NDTMS)

The majority of clients reported a white ethnicity (98%). There are inconsistencies in the reporting of other ethnicities, with the remaining clients identified as Asian/British Asian or mixed ethnicity in different sections. It is noted that these clients also scored four out of ten for the vulnerability score, with the highest score in Blackpool for 2012-2013 being five.

These clients also scored four out of ten of the vulnerability score, the highest score in Blackpool for 2012-13 being five. The most frequently occurring risk factors among this group were LAC, followed by offending, polysubstance use and early onset.

Where sexual exploitation was identified, each was noted to also score five on the vulnerability score - the highest score for vulnerabilities in Blackpool. When broken down into each constituent risk, unsettled accommodation was the most frequent among this group followed by NEET, offending, polysubstance use and early onset.

Different patterns of primary substance use were noted among the differing vulnerability scores. For the lower scores, the majority reported a primary substance of cannabis. The highest score of five was associated with cannabis, alcohol or amphetamines as the primary substance, where the five risks reported were polysubstance misuse, housing, offending, NEET and early onset.

Treatment outcomes indicate that the lowest proportion of planned exits were among those with unsettled accommodation and NEET. Those involved in offending at planned exit also had pre-existing vulnerabilities of offending, early onset substance misuse and being a looked after child. Abstinence rates lowest for cannabis.

c. Young Person Services – probation data

The following data summarises the current caseload in the probation services of 18 to 24 year olds identified with drug and alcohol misuse needs. This only identifies those in the community and does not provide detail of the patterns of use.[18]

i. In March 2014, 193 18-24 year olds were linked to services in the community
ii. 44 had no identified or assessed drug or alcohol needs
iii. 149 had identified substance misuse needs, of these 62 were drug-related and 84 reported some level of problematic alcohol use.

This may indicate that offenders may not be accessing the support needed.

[18] Lancashire Probation Trust. Probation data 18-24yrolds with identified drug and alcohol misuse. 2013

Adults

Key points for the adult population in Blackpool

PATTERNS OF CONSUMPTION

- National patterns of consumption among adults indicate that drinking in excess of weekly guidance was highest among the middle age groups.
- Blackpool has a higher number of hazardous and harmful drinkers than the North West figure, which in turn has amongst the highest proportions nationally
- Specific patterns of consumption, including dependency, binge drinking and preloading, as well as type of alcohol preferred, must also be considered.
- Alcohol consumption in pregnancy and in those living with children carries specific risks and consequences for those involved.
- There are key challenges in those aged over 65 years, noted in national data as the age group most likely to consume alcohol every day.
- The affordability of alcohol has increased, and a change is needed in the volume of alcohol sold should the population adhere to recommended guidance.

KNOWLEDGE AND ATTITUDES

- National trends suggest increased awareness of measuring alcohol intake with increasing consumption
- There is reduced accuracy of knowledge concerning measuring alcohol intake and guideline amounts with increasing age
- The over 65s report stigma associated with alcohol consumption and that messages and services are not felt to be relevant to older age groups.

ADVERSE EFFECTS AND CONSEQUENCES

- Blackpool has significantly worse alcohol-linked health outcomes in comparison with the England average, often ranking among the lowest from the local authorities.
- Trends show increasing alcohol-linked hospital admissions although this may have plateaued in recent years for alcohol-related admissions.
- Hospital stays due to alcohol vary by ward within Blackpool, with the highest rates seen in Claremont, Bloomfield, Talbot and Brunswick.
- From the Pan-Lancashire Child Death Overview Panel Annual Report 2012/13, of the 140 cases considered to have modifiable factors, 28% included alcohol or substance misuse by a parent or carer.
- Alcohol is associated with an increased risk of domestic violence, and was estimated by the Blackpool Domestic Abuse Service to have been a contributory factor in 76% of incidents in 2011.
- Alcohol-related crime rates are significantly worse than the national average, with the influence of the NTE on incidents and ambulance call-outs noted.
- There is a strong culture of alcohol consumption in the NTE, which may create a feedback cycle where low-level consumers or abstainers are excluded and alcohol-consumption is further normalised.

- The number of working-age claimants of Incapacity Benefit or Severe Disablement Allowance whose main reason is related to alcohol was also significantly worse than the England average, with Blackpool ranking 326th of the 326 local authorities in the 2013 LAPE data.
- Blackpool has among the highest local authority costs attributable to alcohol in the North West.

SERVICE OVERVIEW

- During 2012 to 2013, there were 830 adult primary alcohol clients in contact with structured treatment services.
- The majority (58%) were undertaking their first treatment journey. 69 clients (6%) were undertaking their fourth or more journey. 48 (4%) of clients were in contact with services for over 12 months.
- 72% of exits were considered successful by the NDTMS criteria.
- Criminal Justice Integrated Team (CJIT) data demonstrate 314 new to service (drugs and alcohol) clients with an average of 26 per month.
    - Of the key performance indicators, the monthly average for the percentage of alcohol clients that are vaccinated for Hep B (third injection) was 26%, though the range was 0-80%.
    - Prison Link data indicate 167 successful contacts with very few clients classed as having alcohol-related needs and transferred to Moving Forward.
- 16% of clients consumed 1000 units or more per month, with a higher proportion consuming over 400 units a month in comparison with national data.
- The most frequent compounding or vulnerability factor was unemployment.
- More than three treatment journeys, housing issues and unemployment were the compounding factors most often found in the older age groups.
- The most unplanned exits were associated with opiate or crack as an adjunctive problematic substance, housing concerns, three or more treatment journeys and primary drug clients.
- A key limitation is that the NDTMS data reporting for alcohol is not as established as those for drug use. In addition this data only reflects those who access the services.
- The data include existing and new presentations but not journeys where alcohol was an adjunctive concern. The true load undertaken by services due to alcohol may therefore be under-represented.

i. Patterns of alcohol consumption

a. Patterns of consumption

Consumption in the last week and adherence to guidelines- national patterns

In the UK, it is estimated that nearly one in four adults (23%) consume alcohol in a way that may be harmful to their health and wellbeing. The proportion is higher among men (33%), with 16% of women at risk.[19]

The Statistics on Alcohol report for England, 2013 outlines patterns of alcohol consumption at a national level.[20] This provides details of alcohol consumption in the previous week, and daily and weekly adherence to recommended guidelines.[21]

In 2011, 66% of men and 54% of women reported drinking on at least one day in the week before the survey. This is in comparison with 75% of men and 59% of women in 1998. Men were more likely to drink on more days of the week than women and to have drunk alcohol every day during the previous week of the 2011 survey. Over half those who had drunk in the week prior to the survey exceeded recommended limits on at least one day, while a quarter drank more than twice recommended limits.

An estimated weekly consumption of more than the recommended level was reported by 23% men and 18% of women, while 6% of men and 4% of women had higher risk category consumption. Men aged 45 to 64 were the most likely to drink over 21 units in an average week, with women aged 45 to 54 were most likely to drink more than 14 units in an average week.

[19] *Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*. NICE. 2011.

[20] *Statistics on Alcohol: England,* Lifestyle Statistics, Health and Social Care Information Centre, 2013 https://catalogue.ic.nhs.uk/publications/public-health/alcohol/alco-eng-2013/alc-eng-2013-rep.pdf

[21] Based on the General Lifestyle Survey 2011 (GLS), Health Survey England 2011(HSE) and the Omnibus survey 2009.

b. Geographical variation – regional and local consumption

The *Statistics on Alcohol* report also details geographic variation in consumption, with the highest proportion exceeding recommended alcohol consumption limits seen in the North East (69% men, 60% women) and the North West (65% men, 60% women).

The *Topography of Drinking Behaviours in England, 2011* produces model-based estimates for the numbers and proportions of abstainers, lower risk (sensible), increasing risk (hazardous) and higher risk (harmful) drinkers for all local authorities in England.[22] The definitions for these terms are detailed in the textbox below:

Government definitions of risk from level of alcohol consumption.

Abstainers: No Government definition for abstinence exists.

Lower risk: Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day.* Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman.

Increasing risk: Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day.* Weekly limits are more than 21 units to 50 units for a man and more than 14 units to 35 units for a woman.

Higher risk: Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week.

From this, Blackpool has a greater number of hazardous and harmful drinkers than the regional figures for the North West, which in turn has amongst the highest proportions in the country as outlined in the tables below. Table 3 also includes comparative information for Blackpool's statistical neighbours[23]:

- Salford
- Wirral
- Bolton
- Knowsley

[22] *Topography of Drinking Behaviours in England,* The North West Public Health Observatory, 2011 http://www.lape.org.uk/downloads/alcoholestimates2011.pdf

[23] *Blackpool Statistical Neighbours* 2009, http://blackpooljsna.org.uk/library-of-reports/page/4/

Table 3: Predicted proportion of alcohol consumption in Blackpool and the North West according to risk of health consequences

Area	Population estimate for all groups (%)				Population estimate for drinkers only (%)		
	Abstain	Lower	Increasing	Higher	Lower	Increasing	Higher
North West	14.7	59.7	19.3	6.3	70	22.7	7.3
Blackpool	13.6	57.1	20.9	8.4	66.1	24.2	9.8
Salford	14.3	59.8	19.9	6.0	69.8	23.3	7.0
Wirral	16.5	61.5	16.0	6.0	73.6	19.2	7.2
Bolton	16.7	58.4	19.1	5.8	70.1	23.0	7.0
Knowsley	15.7	61.7	16.4	6.2	73.2	19.4	7.4

(Source: Topography of Drinking Behaviours in England, The North West Public Health Observatory, 2011 http://www.lape.org.uk/downloads/alcoholestimates2011.pdf)

Table 4: Regional comparison of regional alcohol consumption according to risk of health consequences

Region	Increasing/higher population estimates for all groups (%)
East Midlands	17.9, 6.1
East of England	14.6, 4.0
London	15.8, 7.6
North East	20.5, 6.5
North West	19.3, 6.3
South East	18.3, 5.9
South West	19.8, 4.7
West Midlands	14.9, 4.3
Yorkshire and Humber	18.5, 8.6

(Source: Topography of Drinking Behaviours in England, The North West Public Health Observatory, 2011 http://www.lape.org.uk/downloads/alcoholestimates2011.pdf)

c. Types of alcohol consumed

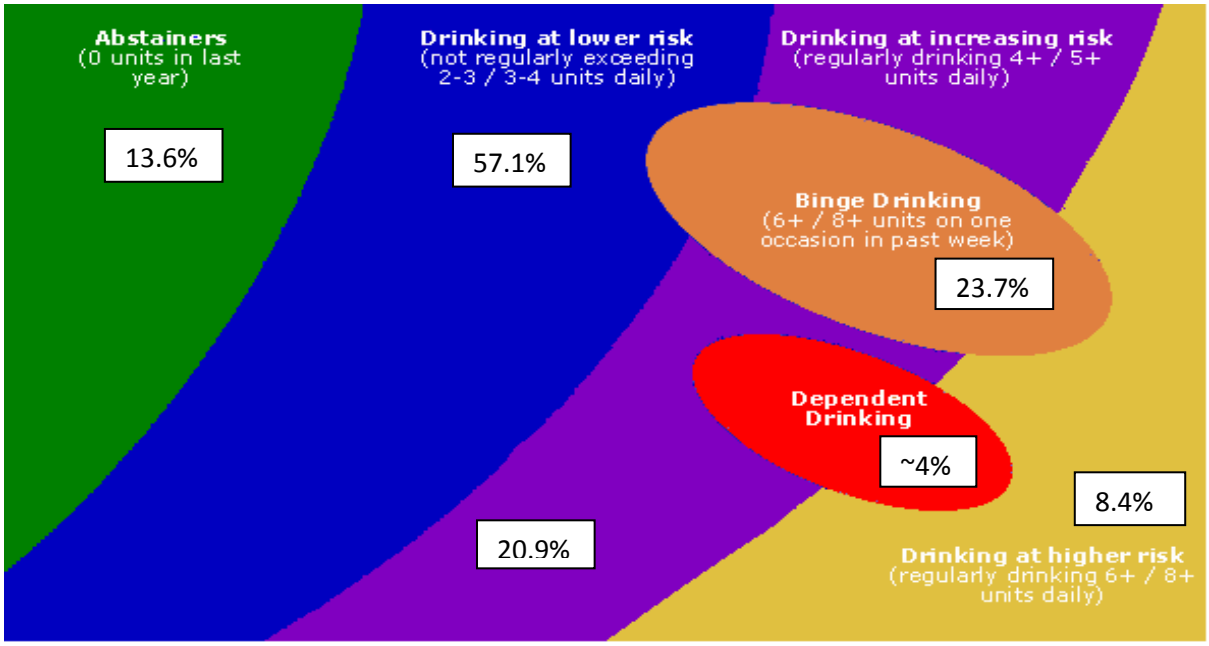
From the *Statistics on Alcohol* report, women were more likely to drink wine, fortified wine, alcopops and spirits. Preference patterns changed among different age groups, with younger to older women consuming more spirits, wine and fortified wine accordingly. In comparison, spirit consumption among men was highest among the youngest and oldest age groups while beer was popular with all age groups. Alcopops were most popular among younger age groups.

d. Specific patterns of consumption

The diagram below, from the Blackpool Alcohol Strategy, details different patterns of alcohol consumption.

Figure 16: Patterns of alcohol consumption

*(*Proportions based in part on national data. There is also overlap between the classification groups, as such numbers will not add to a 100)



*(*Source: Blackpool Alcohol Strategy, 2013-2016, Department of Public Health, Blackpool Council with proportions based on national data)

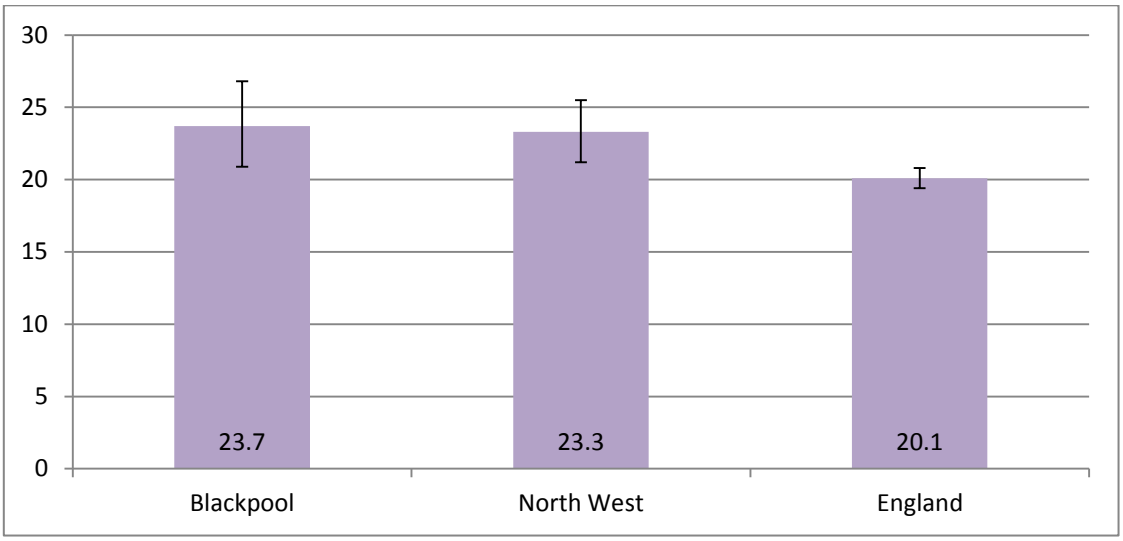
Dependent drinking. This can be defined as drinking more than the low-risk drinking guidelines, experiencing alcohol-related harms and signs of psychological and or physical dependence. NICE estimate that 4% of adults aged 16 to 65 in England are dependent on alcohol (6% of men, 2% of women). This could also be expressed as 1 in 25 people.[24]

Binge drinking. A synthetic estimate of the proportion of adults who consume at least twice the daily recommended amount of alcohol in single drinking session is provided by the *Local Alcohol Profile for England (LAPE)*[25]. The proportion in Blackpool is 23.7%. This ranks 272 out of the 326 Local Authorities (LAs) in England, while the regional average is 23.3%. National trends indicate that binge drinking is stable among men, particularly declining among younger men, while increasing among older age groups and women.

[24] *Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*. NICE. 2011.

[25] *Local Authority Profile – Blackpool*, Local Alcohol Profile for England (LAPE), http://www.lape.org.uk/LAProfile.aspx?reg=b [accessed 2013]

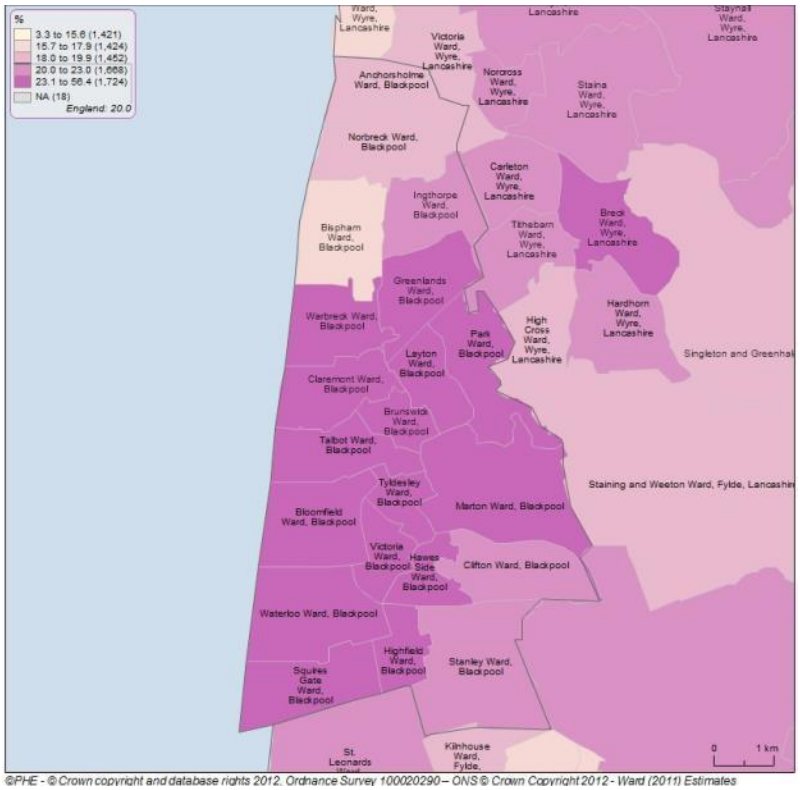
Figure 17: Synthetic estimate of the proportion of the percentage of the population aged 16 years and over who report binge drinking (2007-2008), with 95% confidence intervals.



(Source: LAPE)

Local Health can further illustrate modelled estimates of binge drinking among adults according to the percentage of the population aged over 16 years that binge drink.[26]

Figure 18: Map of binge drinking expressed as the percentage by ward in Blackpool



(Source: Local Health)

[26] *Local Health*, Public Health England, http://www.localhealth.org.uk [accessed 2013]

Preloading. Defined as consuming alcohol in the domestic environment before going out into the Night Time Economy (NTE), this pattern of drinking has been associated higher consumption levels, crime and other risk behaviours. In the *LDAAT Emerging Drug Trends – Phase 1 report 2011*, a survey of the NTE population in four towns throughout the Lancashire (Burnley, Chorley, Preston and Lancaster) found that 66% of women compared to 49% of men had preloaded. The pattern was most common in 18-24 age group, with an average of 8 units drunk before going out.[27]

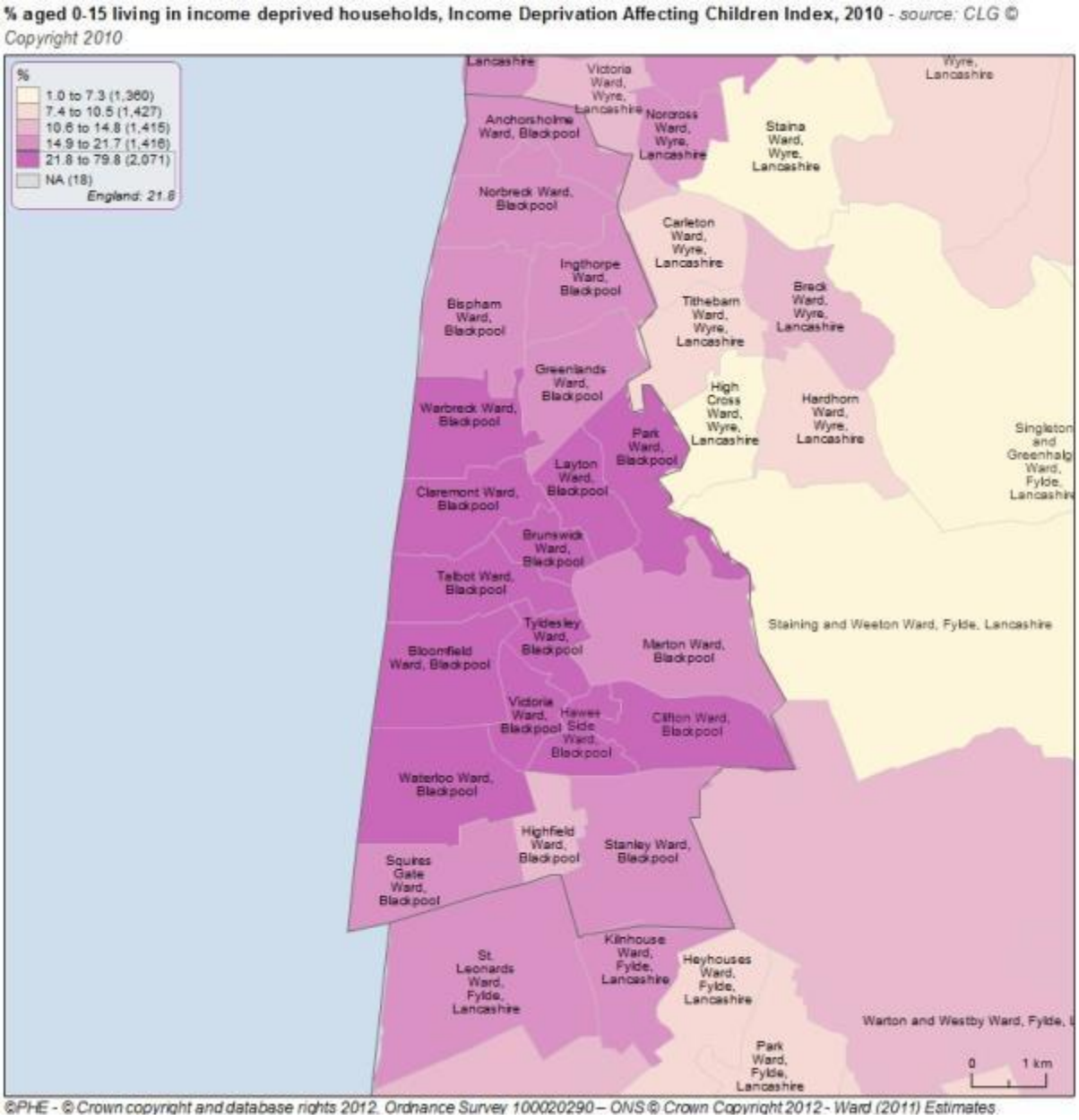
[27] Measham, Moore & Østergaard *LDAAT Emerging Drug Trends – Phase 1 report,* 2011 http://www.clubbingresearch.com/?page_id=2

e. Patterns of consumption: specific groups

i. Alcohol consumption and socio-economic variables

As described in the Blackpool JSNA, the town faces "considerable levels of disadvantage [...] in 2010, it was ranked 6th most deprived of 354 local authorities".[28] The figure below outlines the percentage of children living in income deprived households by ward in 2010.

Figure 19: Percentage of children living in income deprived households by ward in 2010.



(Source: Local Health)

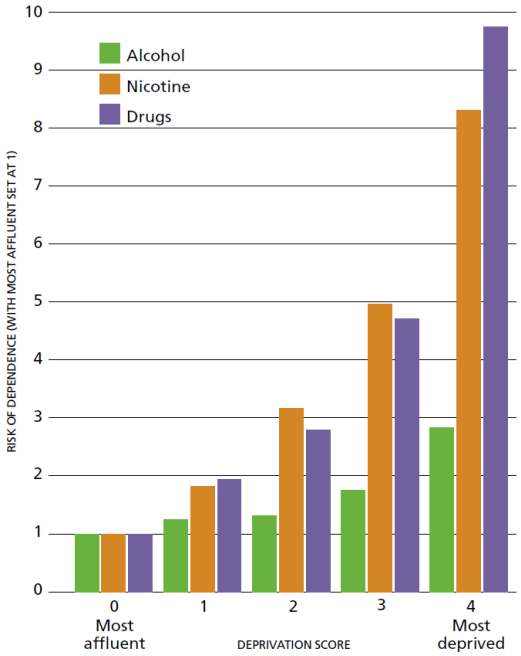
[28] Blackpool JSNA , http://blackpooljsna.org.uk/core-documents/ [accessed 2013]

When evaluating consumption by occupational group, *Statistics on Alcohol* describe the highest proportion drinking in last seven days as being in the managerial and professional groups for both men and women, with the lowest for routine and manual occupation. The same pattern was observed for drinking on five or more days of the week. Employed men were more likely to have drunk during the previous week, to have drunk more than 4 units on one day and to have drunk heavily on one day than unemployed men. Similar patterns were observed for employed women but less of a marked difference.

When considered in terms of household income, the proportions exceeding recommended guidelines and drinking heavily tended to rise with increasing gross weekly household income. Adults living in households in the highest income quintile were twice as likely to have exceeded 3 to 4 units of alcohol and were twice as likely to have drunk heavily in comparison with adults in households in the lowest income quintile (44% and 23% compared with 22% and 10%).

However, greater deprivation is associated with higher rates of dependency, as shown in the figure below. It is notable the gradient is less than for nicotine and drug use, although this is taken from Wilkinson and Marmot's seminal publication on the social determinants of health in 1993.[29]

Figure 20: Socioeconomic deprivation and risk of dependence on alcohol, nicotine and drugs



(Source: The Solid Facts, Wilkinson & Marmot, 1993)

[29] Wilkinson & Marmot, *The Solid Facts*, 1993. http://www.euro.who.int/en/publications/abstracts/social-determinants-of-health.-the-solid-facts

The 2013 Dr Foster hospital guide found 8.6% of admissions linked to alcohol were from the wealthiest 20% of the population, with 11.6% from the next affluent quintile and 36% from the most deprived income group.[30] The Lancashire County Council JSNA considered the correlations for each individual domain of deprivation and alcohol-related admissions, and found the greatest correlation from employment deprivation, and health and disability deprivation. This may reflect greater vulnerability in more deprived populations to the health consequences, with higher socioeconomic status conferring a protective effect. It may also reflect multiple-morbidities and poorer access to healthcare. Another consideration is that health complications related to alcohol may be underreported in higher socioeconomic groups and these consumption patterns may herald future healthcare needs.

ii. Ethnicity

In Blackpool, ethnic minority groups account for 4.3% of the population. This is lower than the North West and national proportions, at 8% and 13.2% respectively.[31] There is limited information about alcohol consumption among different ethnic groups at a local level.[32]

A Joseph Rowntree Foundation report on ethnicity and alcohol highlighted the following key points[33]:

- There is diversity both within and between ethnic groups:
    - Most minority ethnic groups have a higher rate of abstinence and lower levels of drinking than white ethnic groups.
    - Abstinence was highest among South Asians, particularly those from Pakistani, Bangladeshi and Muslim backgrounds.
    - Pakistani and Muslim men who did drink drank more heavily than other non-white ethnic groups.
    - People from mixed ethnic backgrounds are less likely to abstain and more likely to drink heavily compared to other non-white minority ethnic groups.
    - People from Indian, Chinese, Irish and Pakistani backgrounds on higher incomes tended to drink above recommended limits.

[30] *Dr Foster: Proportion of Drug and Alcohol Related Emergency Admissions*, http://drfosterintelligence.co.uk, 2013
[31] Blackpool JSNA , http://blackpooljsna.org.uk/core-documents/ [accessed 2013]
[32] Lancashire County Council JSNA, http://www.lancashire.gov.uk/corporate/web/?siteid=6119&pageid=35444&e=e, 2012
[33] Hurcome et al, E*thnicity and Alcohol: A Review of the UK Literature.* Joseph Rowntree Foundation. 2010

- People from minority ethnic groups have similar levels of alcohol dependence compared to the general population, despite drinking less.
- Services are reportedly not responsive enough:
    - Consumption may be hidden among groups where drinking is prohibited
    - Minority ethnic groups are under-represented in seeking treatment and advice for drinking problems.
    - Greater understanding of cultural issues is needed in developing mainstream and specialist alcohol services.

iii. *Drinking, pregnancy and parenthood*

Statistics on Alcohol cite the UK Infant Feeding Survey 2012, which found that 2% of pregnant women either did not change consumption or drank more during pregnancy in 2010, compared to 4% in 2005, though it is likely drinking in pregnancy is under-reported. It is suggested that 0.5 in every 1000 children have Foetal Alcohol Syndrome (FAS), in turn indicating that approximately one child per year in Blackpool in born with the condition.[34] Further information of its impact is provided in the textbox below, and FAS is one facet of the inter-generational effect of alcohol consumption. It is reported that 30% of children in the UK live with an adult binge drinker, 22% with a hazardous drinker, 2.5% with a harmful drinker, with an estimated 79,291 infants under the age of one living with a parent who is a problem drinker.[35]

[34] *The Impact of Harmful Alcohol Consumption on Blackpool families and Young People: A FAS prevention and reduction plan*. Department of Public Health, Blackpool Council. 2013.
[35] *Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*. NICE. 2011.

Foetal Alcohol Syndrome Disorders

These cover a spectrum of effects associated with the consumption of alcohol during pregnancy. The following are key features:

1. Maternal exposure to alcohol and risk.

2. Child physical growth, development and structural impairment, including:

- Characteristic facial features
- Height or weight at or below 10th percentile
- Head circumference at or below 10th percentile.

3. Impact on child cognitive function and behaviour

- Structural neurological impairment with significant impact to 3 or more domains of brain function.
- These include cognition, communication, memory, executive functioning and abstract reasoning,
- Further consequences include Attention deficit/hyperactivity, and impairment of adaptive behaviour, social skills and communication.

Source: The Impact of harmful Alcohol consumption on Blackpool families and young people: A Foetal Alcohol Syndrome prevention and reduction plan

iv. Drinking in the over 65s

The Blackpool JSNA highlights that Blackpool has a higher proportion than England of people aged over 55 years. The *Statistics on Alcohol 2013* found those aged over 65 were more likely than any other age group to report drinking every day in the previous week.

The Royal College of Psychiatrists report 1 in 5 older men and 1 in 10 older women are drinking enough to harm themselves.[36] These figures have increased by 40 per cent in men and 100 per cent in women over the past 20 years. It estimates that a third of people with drinking problems develop them later in life.

Limited research in the elderly results in uncertainty over what level of alcohol consumption is safe. Physiological changes mean that alcohol is broken down more slowly, and may also impact on existing health problems and medication. The situation can be compounded by pain, retiring from work, bereavement and isolation. In addition, alcohol consumption is the elderly can be overlooked, both by services and the wider population.

[36] Royal College of Psychiatrists, *Alcohol & Older People*, 2012. http://www.rcpsych.ac.uk/expertadvice/problemsdisorders/alcoholandolderpeople.aspx

f. Trends: volume and frequency, affordability

There has been a marked increase in alcohol consumption among women over the last 20 to 30 years, with a decrease in drinking among young men aged 16 to 24 years after prolonged increase from 1998-2000.[37] This contrasts with an increase for other male age groups. There has been an overall increase in drinking in excess of recommended weekly limits for men and women, though the change is more marked in women. There has been a decrease in consumption among younger age groups and increase in older age groups.

The *Statistics on Alcohol* report found a 38% increase in purchases of alcoholic drinks bought for consumption within the home in the UK since 1992, specifically of cider, perry and wine. The affordability of alcohol has also changed; with alcohol in 2012 61% more affordable than it was in 1980.

Alcoholic beverages contributed £5.2 billion (82%) of the total Gross Added Value (GDA) from UK food and drink manufacture in 2011, an increase of 8% on 2012.[38] It was estimated in 2009 that for every drinker in the UK to consume 14 units (females) and 21 units (males) per week there would need to be a reduction of around nearly one third of all alcohol sold.[39]

[37] Joseph Rowntree Foundation *Drinking in the UK: An exploration of trends*, 2009

[38] Department for Environment, Food and Rural Affairs. *Food Statistics Pocketbook* 2013. https://www.gov.uk/government/collections/food-statistics-pocketbook

[39] Centre for Public Health & Alcohol Concern. *Off measure: how we underestimate the amount we drink*. 2009

ii. Knowledge and attitudes to alcohol

Adults and the over 65s

From the survey results in *Statistics on Alcohol 2013*, 90% of adults had heard of measuring alcohol consumption, with 13% keeping a check on how many units they drank. Awareness increased with increasing consumption, with frequent drinkers of beer and wine more likely to know unit values. Lowest awareness was noted among those over 65 years of age and, in terms of employment, routine and manual workers. Accuracy of knowledge varied with age, being highest among 25 to 54 year olds. For the guideline amounts for men, 35% men and 47% women had heard of units but didn't know recommended amounts, with similar figures for the guideline amounts for women.

Age UK conducted a qualitative study across Lancashire in 2009, using focus groups to explore the views of participants aged over 65. They reported concern over conflicting advice given and significant stigma associated with alcohol consumption. In addition it was felt that information and services were targeted at younger age groups, such that older generations felt they did not apply to them. Increasing alcohol consumption at home was attributed to a change in drinking venue culture.[40]

[40] Lancashire County Council JSNA, http://www.lancashire.gov.uk/corporate/web/?siteid=6119&pageid=35444&e=e, 2012

iii. Adverse effects and consequences

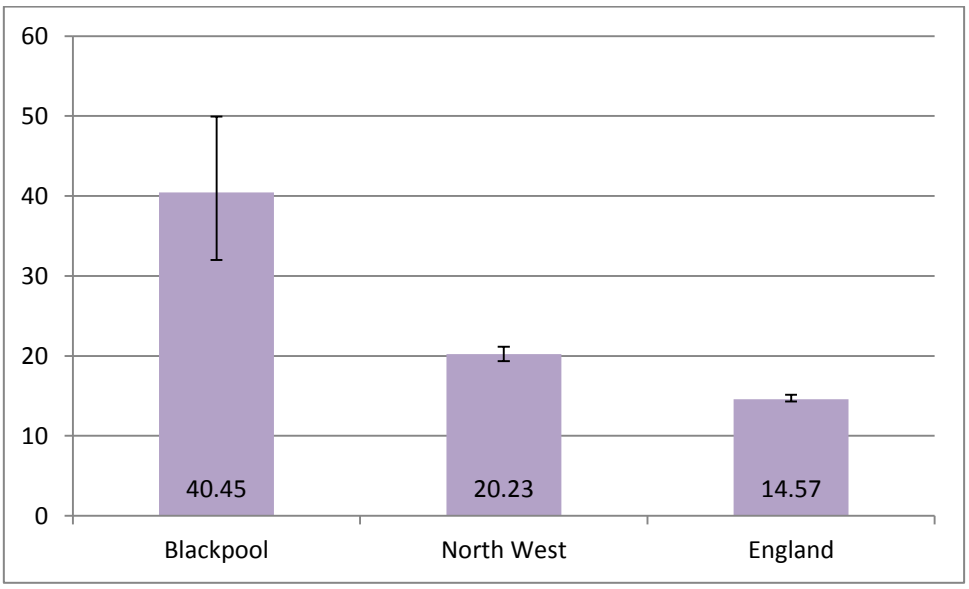
a. Health

The health consequences of alcohol consumption in Blackpool is best summarised with the *Local Alcohol Profiles for England* (LAPE). These are outlined in the figures below, and compare the statistics from Blackpool to those regionally and nationally.

Months of lives lost indicate the estimated increase in life expectancy at birth should all alcohol-attributable deaths aged under 75 be prevented. For males, 20.1 months would be gained, more than the regional average of 11.5 months and ranking lowest of the 326 Local Authorities (LAs) in England. For females, 8.7 months would be gained, more than the regional average of 5.8 months and ranking 321st of all the LA.

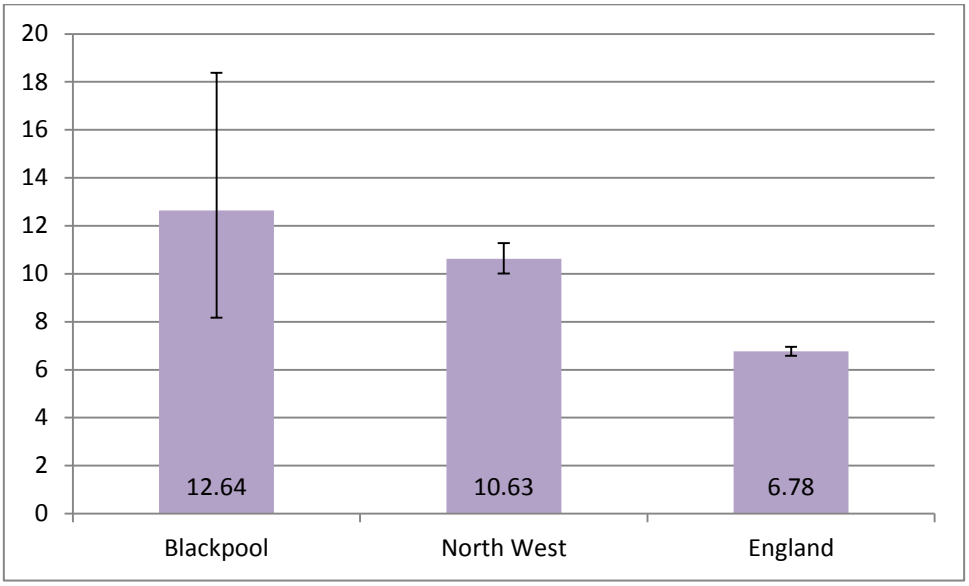
Alcohol-specific mortality, for males is 40.45 per 100,000, higher than the regional average of 20.23 per 100,000 and ranking lowest of the LAs. For women, it is 12.64 per 100,000, above the regional average of 10.63 and ranked 310th of the LAs.

Figure 21: Alcohol-specific mortality per 100,000: Males, all ages with 95% confidence intervals (2010 - 2012)



(Source: LAPE 2014)

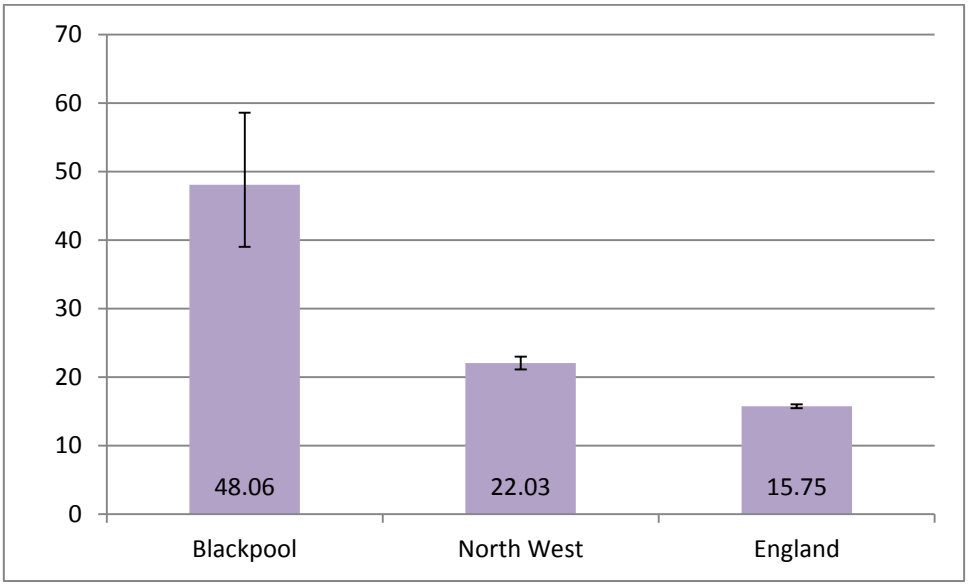
Figure 22: Alcohol-specific mortality per 100,000: Females, all ages with 95% confidence intervals (2010 - 2012)



(Source: LAPE 2014)

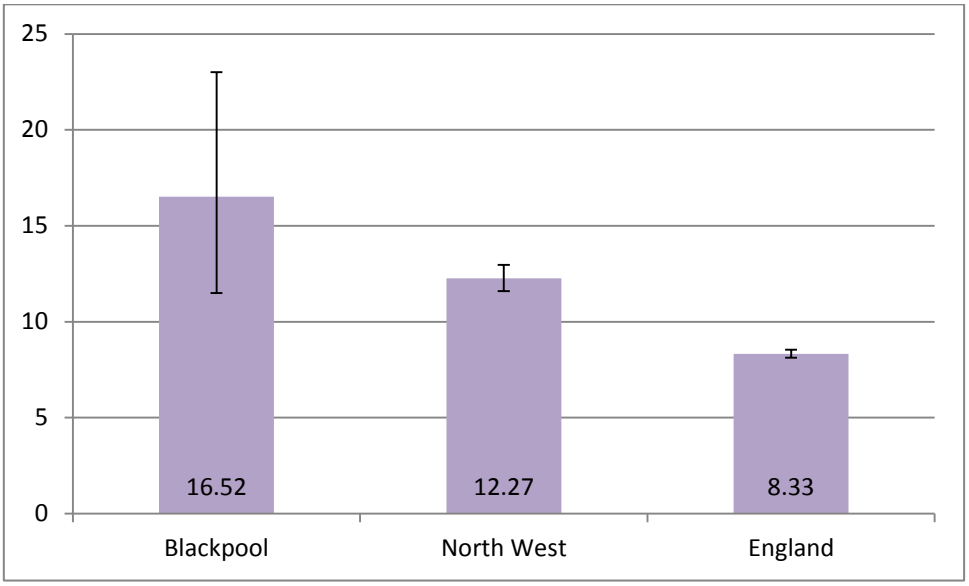
Mortality from chronic liver disease, for which alcohol is the leading cause, is 48.06 per 100,000 for males compared to a regional average of 22.03 and ranked lowest of the 326 LAs. For women, the rate is 18.8 per 100,000 compared to the regional rate of 11.1, ranking 322nd of the LAs. The under 75 year old mortality rate from liver disease considered preventable also features in the Public Health Outcomes Framework. The rate for Blackpool is 37 per 100,000, in comparison to the rate for England of 12.7 per 100,000. The chart in Figure 25 below demonstrates Blackpool's position nationally.

Figure 23: Mortality from chronic liver disease per 100,000: Males, all ages (2010 - 2012)



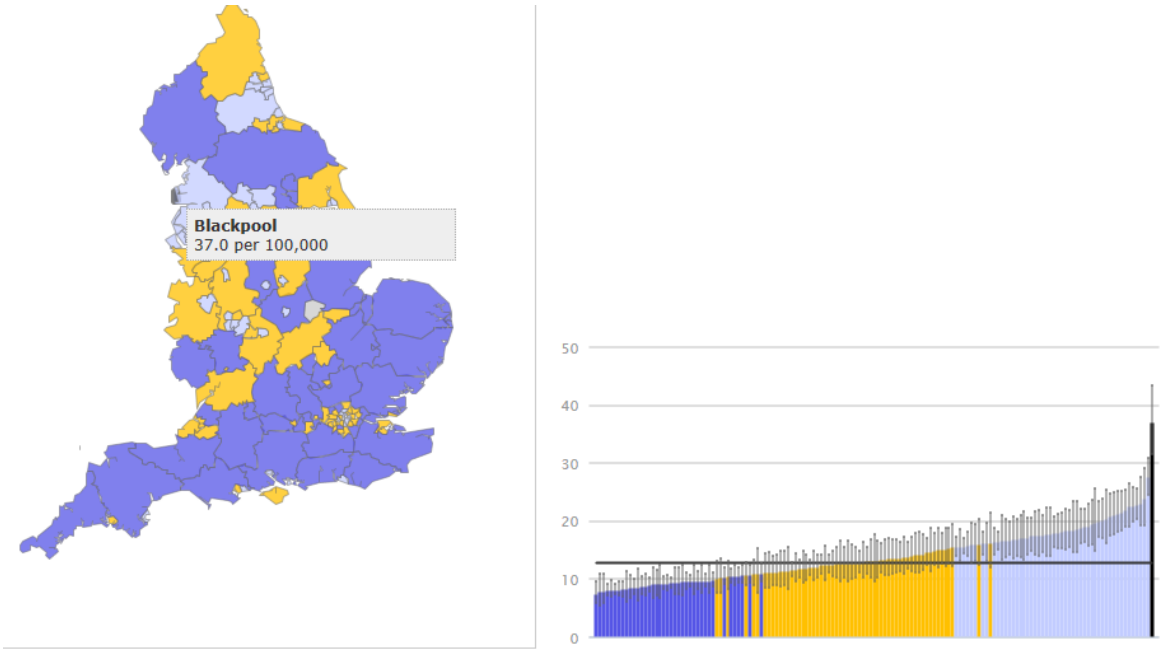
(Source: LAPE 2014)

Figure 24: Mortality from chronic liver disease per 100,000: Females, all ages (2010 - 2012)



(Source: LAPE 2014)

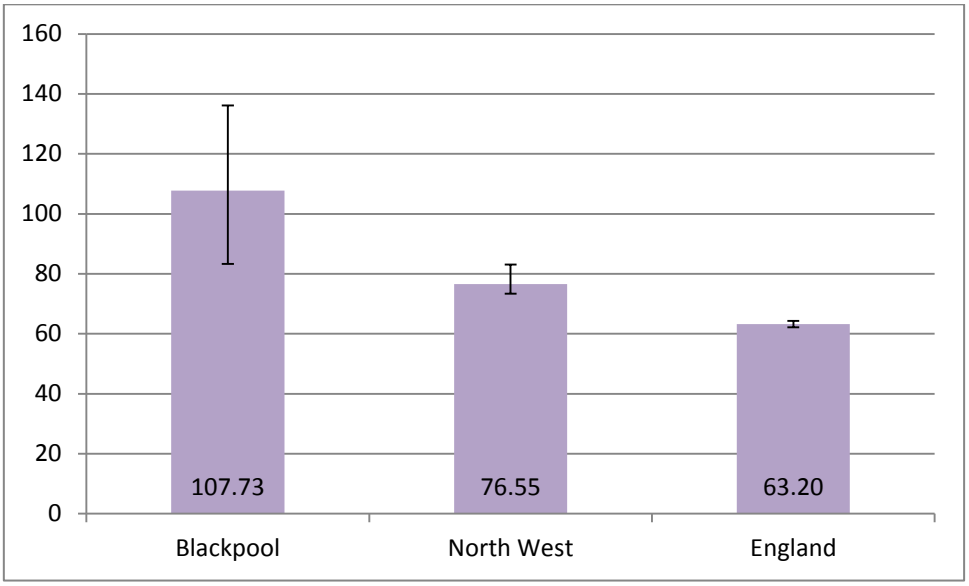
Figure 25: Under 75 year mortality rate from liver disease considered preventable (provisional) – *Blackpool position in national rankings shown with thicker vertical line on chart*



(Source: http://www.phoutcomes.info/)

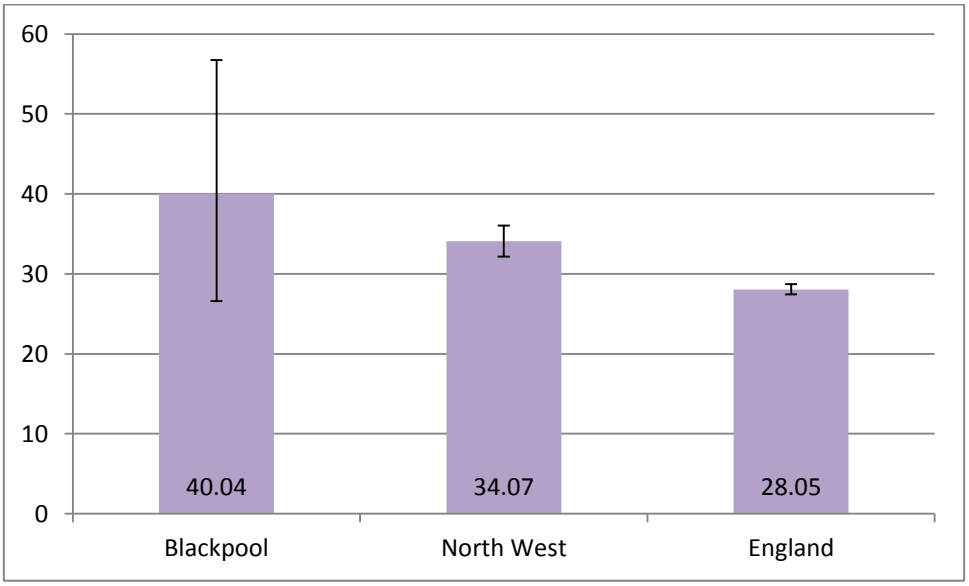
Alcohol-related mortality rates for males, at 107.73 per 100,000, are higher than the regional average of 76.55 and rank 325th of the LAs. For females, 40.4 per 100,000 is higher than the regional average of 34.07 and rank 317th of the LAs.

Figure 26: Alcohol-related mortality: Males, all ages per 100,000 (2012)



(Source: LAPE 2014)

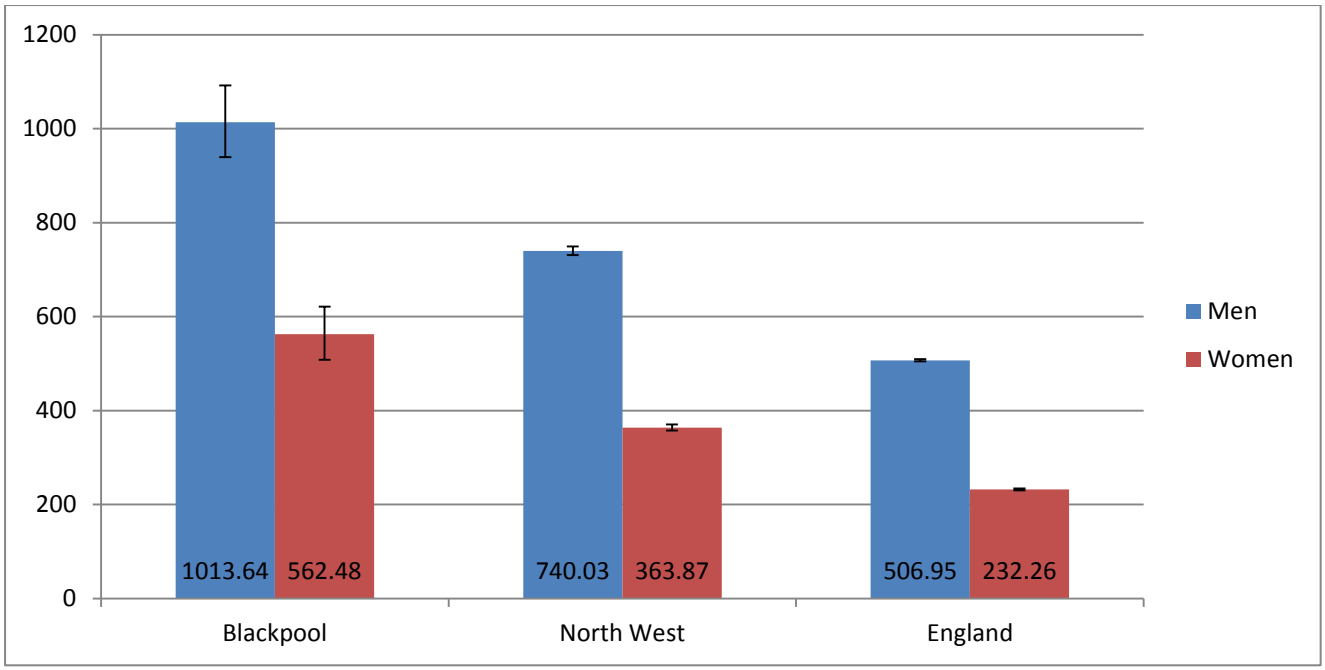
Figure 27: Alcohol-related mortality: Females, all ages per 100,000 (2012)



(Source: LAPE 2014)

Alcohol-specific hospital admissions for males of all ages are 1,013.64 per 100,000, markedly higher than the regional average of 740.03, ranking at 322nd of the LAs nationally. For women of all ages, the rate is 562.48 per 100,000, above the regional average of 363.87 and ranked at 325th of the LAs.

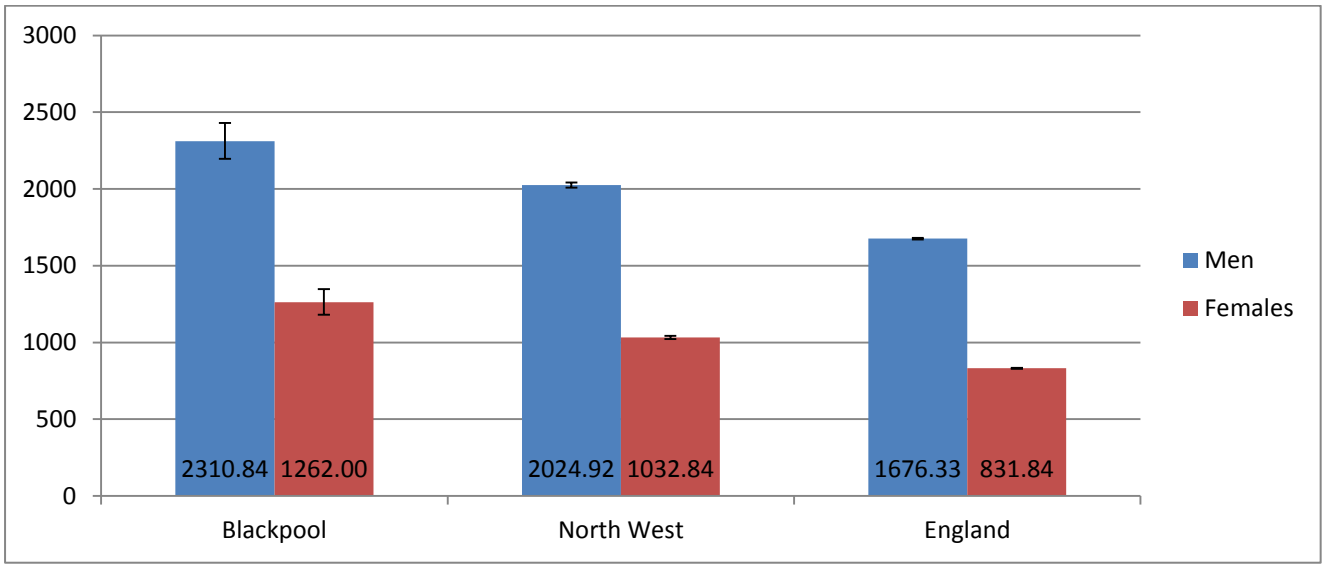
Figure 28: Admitted to hospital with alcohol-specific conditions: Males and females, all ages (2012/13)



(Source: LAPE 2014)

Alcohol-related hospital admissions for males are 2,310.84 per 100,000, higher than the regional average of 2024.92 and ranked 315th of the LAs. For females, the rate is 1,262 per 100,000, higher than the regional average rate of 1,032.84 and ranked 321st of the LAs.

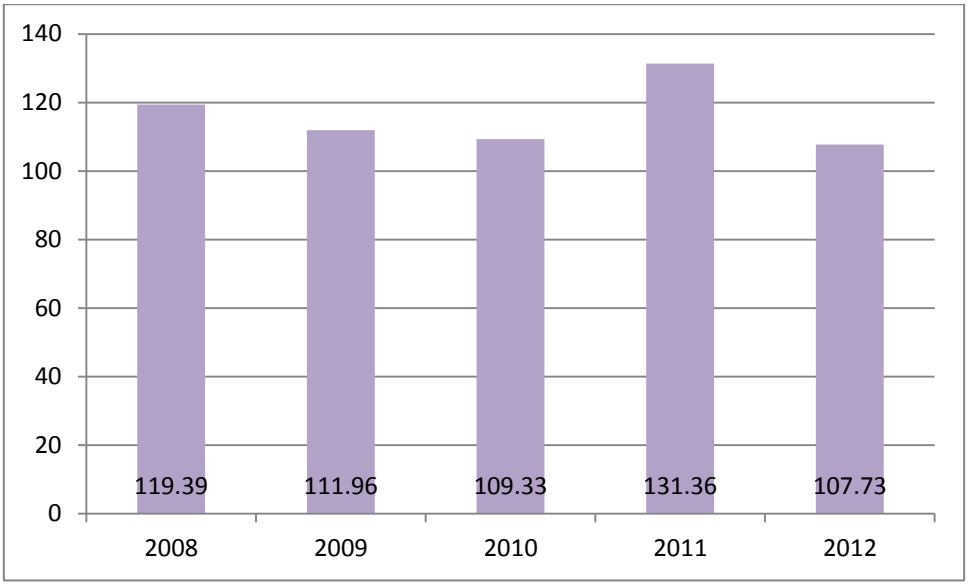
Figure 29: Admitted to hospital with alcohol-related conditions: Males and females, all ages (2012/13)



(Source: LAPE 2014)

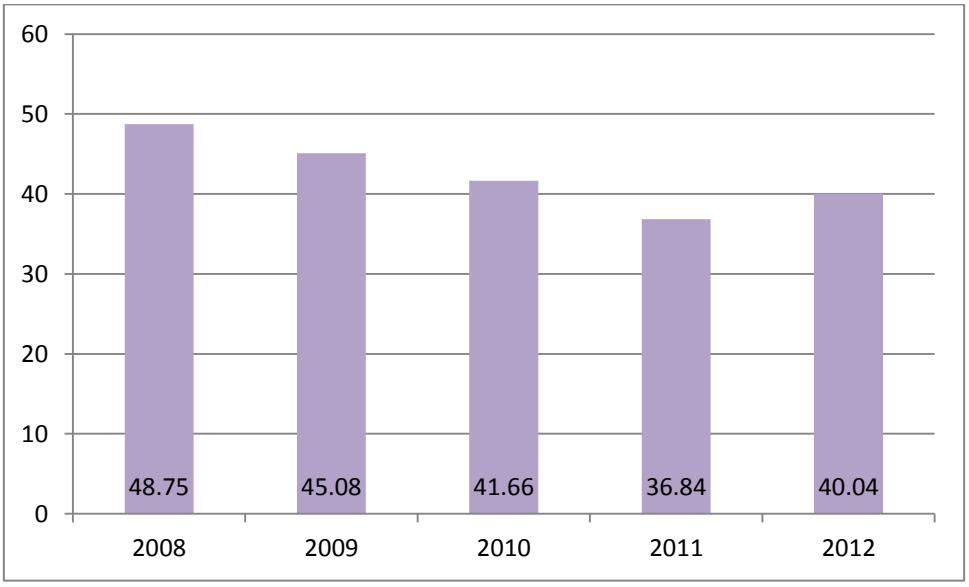
LAPE also details trends over recent years for alcohol-attributable mortality and hospital admissions. These are detailed in the figures below. From this, a slight fall can be seen from 2006 to 2010 for male and female alcohol-related mortality, though numbers subsequently climbed for both sexes. Alcohol-related hospital admissions have climbed for both sexes.

Figure 30: Alcohol-related mortality per 100,000: Males, all ages (2008-2012)



(Source: LAPE 2014)

Figure 31: Alcohol-related mortality per 100,000: Females, all ages (2008-2012)

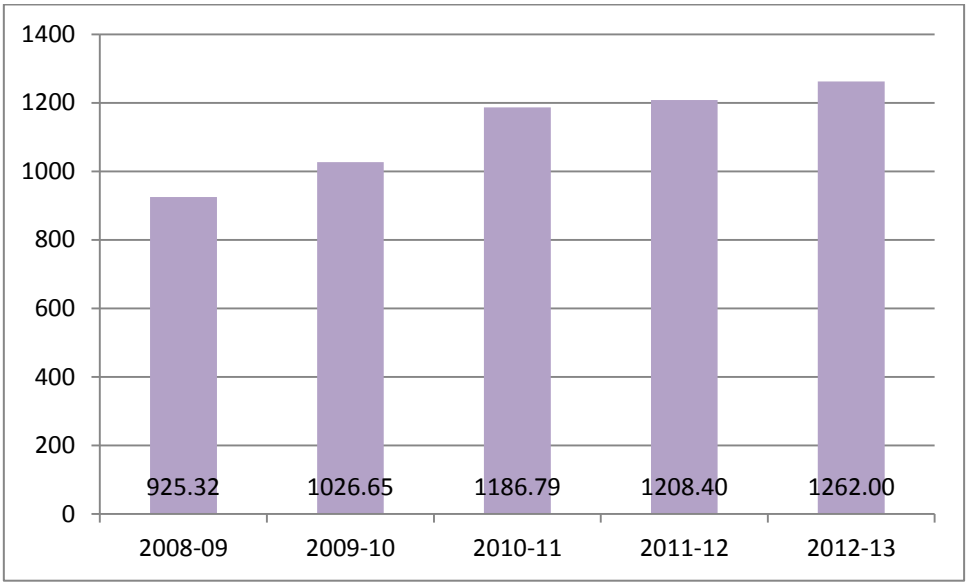


(Source: LAPE 2014)

Figure 32: Admitted to hospital with alcohol-related conditions (broad) per 100,000: Males, all ages (2008/09-2012/13)

(Source: LAPE 2014)

Figure 33: Admitted to hospital with alcohol-related conditions (broad) per 100,000: Females, all ages (2008/09-2012/13)



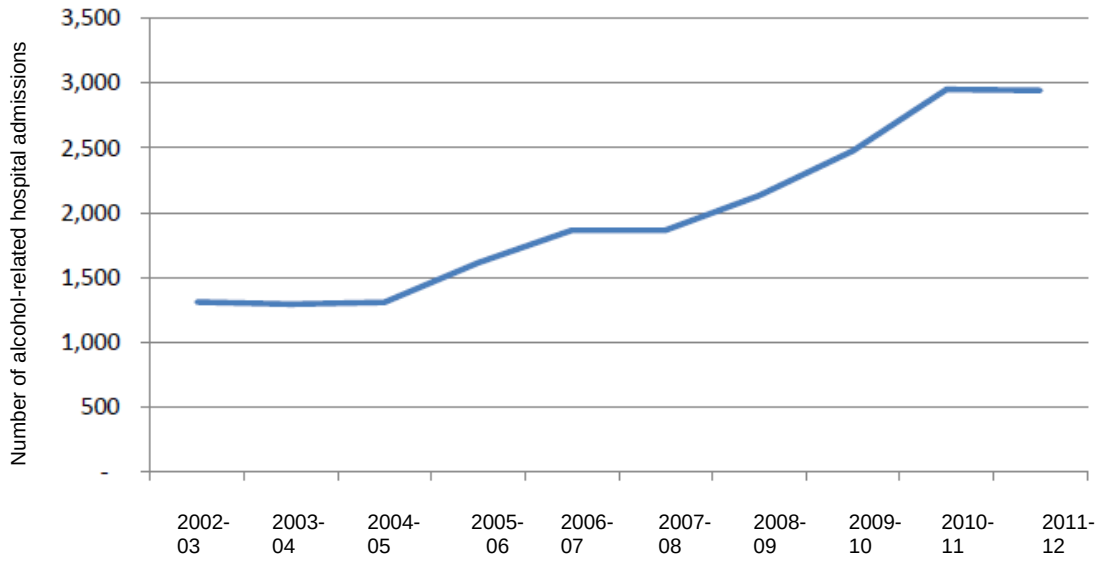
(Source: LAPE 2014)

However for Blackpool alcohol-related hospital admissions, there has been a slowing in the increase as shown in the graph below[41]. Although it is impossible to attribute this to one cause, modelling suggests the following contributory factors:

- Improved alcohol treatment provision
- Alcohol liaison nurses
- Prevention through action on the wider determinants

Historically, alcohol consumption has also been influenced by economic recession. It is suggested that those already consuming higher amounts drink more at such times, but fewer low-intake consumers escalate due to financial constraints.

Figure 34: Number of alcohol-related hospital admissions 2002/03-2011/12

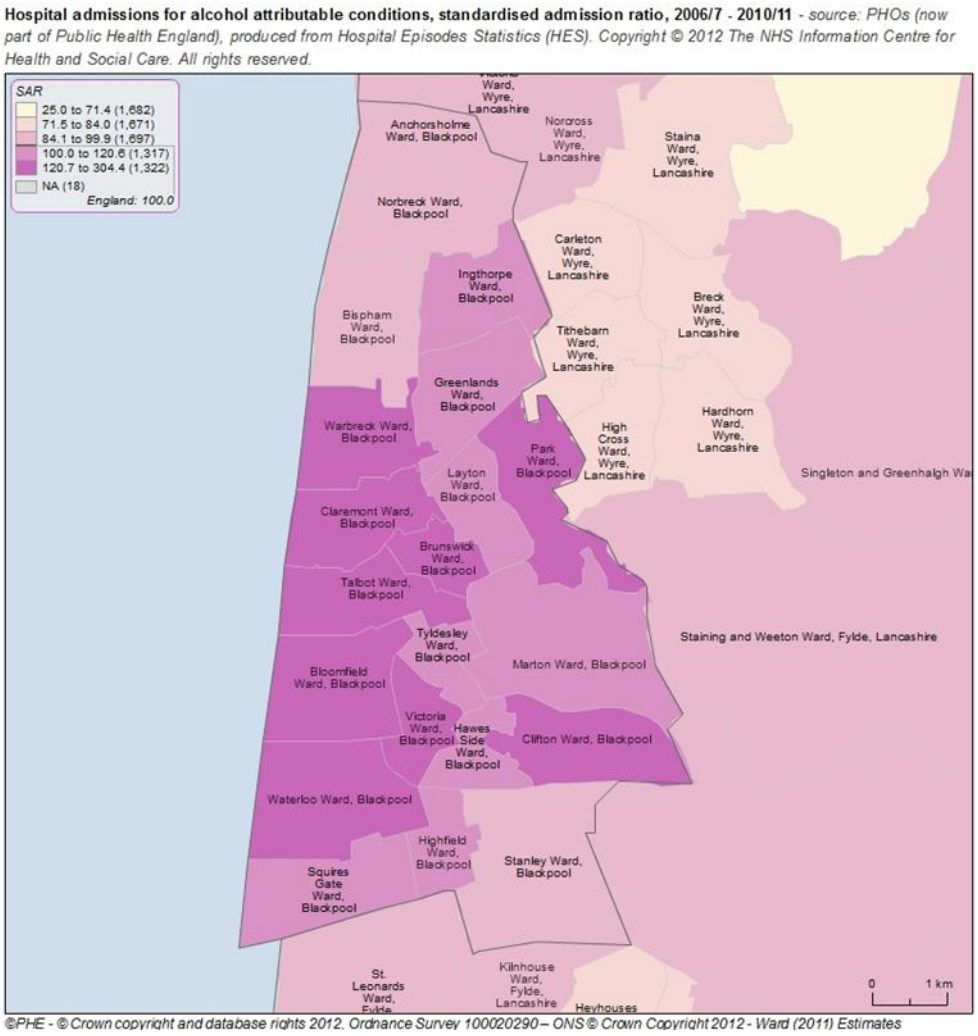


(Source: *Blackpool Alcohol Strategy*, 2013-2016, Department of Public Health, Blackpool Council)

Hospital stays for alcohol-related harm can also be plotted by ward in Blackpool using Local Health, as shown in the map below. The highest rates are in Claremont (217.4), Bloomfield (211.1), Talbot (191.9) and Brunswick (175.1).

[41] *Blackpool Alcohol Strategy*, 2013-2016, Department of Public Health, Blackpool Council

Figure 35: Hospital admissions for alcohol-attributable conditions by ward



(Source: Local Health)

The following diagram summarises Blackpool's rankings, out of the 326 Local Authorities, for each of the health indicators for alcohol listed above. It is in the lowest ten for all but two of the twelve indicators, and among the lowest twenty for all.

Figure 36: Summary of Blackpool's rankings from the 326 local authorities for health consequences of alcohol consumption.

	Months of life lost - males	Months of life lost - females	Alcohol-specific mortality - males	Alcohol-specific mortality - females	Mortality from chronic liver disease - males	Mortality from chronic liver disease - females	Alcohol-related mortality - males	Alcohol-related mortality - females	Alcohol-specific hospital admission - males	Alcohol-specific hospital admission - females	Alcohol-related hospital admission (Broad) - males	Alcohol-related hospital admission (Broad) - females
Blackpool	326	321	326	310	326	322	325	317	322	325	315	321

Key:
Rank 1 - 10
Rank 317 - 326

(Source: LAPE 2014)

b. Children and families

i. Child Deaths

The Pan-Lancashire Child Death Overview Panel Annual Report 2012/13 reviews child deaths in the county from April 2008 to March 2013.[42] Of the 712 child deaths notified to the Panel, 140 were considered to have modifiable factors. The most common risk factors were:

- 32% service provision and engagement barriers
- 28% identified alcohol/substance misuse by parent/carer
- Others include mental health of a parent/carer, domestic violence, chaotic lifestyles and housing issues.

In 2013, there were 13 unexpected child deaths in Blackpool, of which 5 were considered to have modifiable factors. No further information was available as to the nature of the factors.

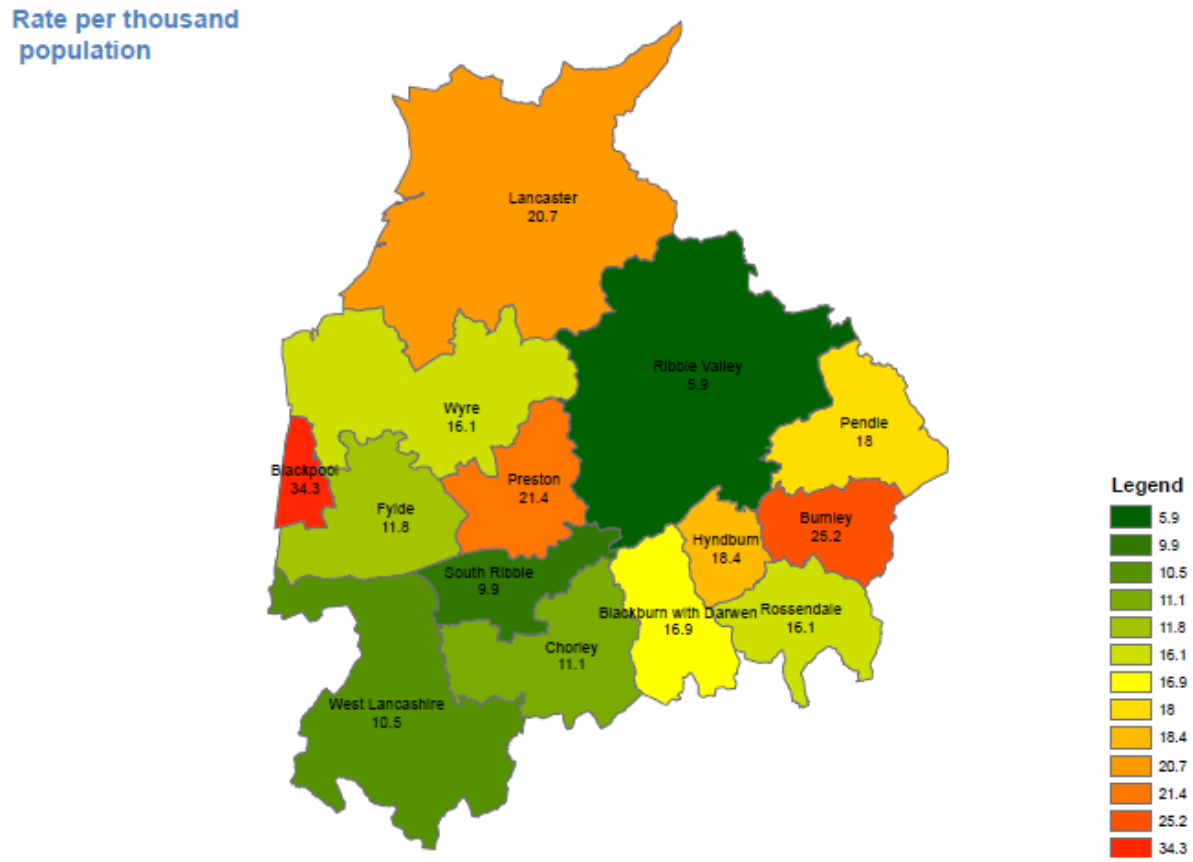
ii. Domestic abuse

In the UK, 1 in 4 women and 1 in 7 men have experienced domestic abuse. The map below details the calls to the police about domestic violence between August 2011 and September 2012 in Lancashire, with Blackpool notable as having the highest number.[43]

[42] *The Pan-Lancashire Child Death Overview Panel Annual Report 2012/13*, www.lancashire.gov.uk/corporate/web/viewdoc.asp?id=109619

[43] Lancashire County Council JSNA *Domestic Abuse Technical Report 1: Evidence Base* 2013 http://www.lancashire.gov.uk/corporate/web/?siteid=6111&pageid=40779&e=e

Figure 37: Calls to the police about domestic abuse between August 2011 and September 2012



Source: Lancashire County Council JSNA *Domestic Abuse Technical Report 1: Evidence Base* 2013

The table below outlines the number of calls to the police relating to domestic abuse by ward, district and county from May 2013 to April 2014.[44]

Table 5: Calls to police per 1000 households from May 2013 to Apr 2014

Area	Rate of calls per 1000 households
Wards with highest rates	Bloomfield 112 Claremont 109.1
Wards with lowest rates	Squires Gate 19.3 Norbreck 17.9
Blackpool District Average	46
Lancashire County Average	24.3

(Source: Safer Lancashire)

[44] Safer Lancashire Statistics. 2011. http://www.saferlancashire.co.uk/2011/statistics/index.asp

Alcohol is associated with a four-fold risk of violence from a partner and is more common when sexual violence is involved. In about 45% of domestic violence cases, men had been drinking and in 20% of cases women had been drinking. Partner assaults are four to eight times higher among people seeking treatment for substance-dependence. In Lancashire between April and September 2012, 31% of reported domestic abuse crimes were alcohol-related where victim, perpetrator or both had been drinking[45]. The Blackpool Domestic Abuse Service estimates that alcohol was a contributing factor in 76% of incidents in 2011.[46]

c. Homelessness

In Blackpool, the following data reflects homelessness based on those accessing housing services[47]:

- Found to be homeless with the LA having a statutory responsibility to immediately provide housing - 23 in 9 months to 31/12/12 and 30 in 12 months of 2011/12.
- Helped by LA to prevent homelessness but may or may not fall under ""statutory duty" - 359 in 9 months to 31/12/12 and 559 in full year 2011/12
- Minimal advice or assistance provided after presentation to LA as not eligible or don't need any more help - up to 3,000 cases p.a. in Blackpool.

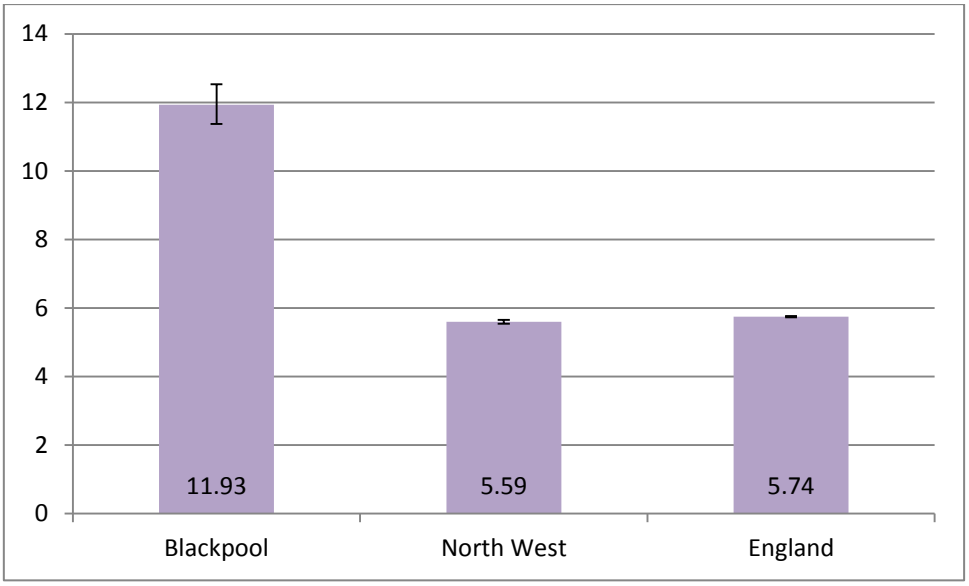
From March 2011 to 2012, 33 of the 72 households accepted under homelessness duty had children. Although no drug or alcohol vulnerabilities were noted during this period for those accessing services*, the Homelessness: Hidden Truth* report produced in 2011 by Sheffield Hallam University considered the homeless population termed "the hidden homeless" due to their limited contact with hostels and other services.[48] This group may not be accounted for in official statistics. The report incorporated a survey and in-depth interviews, with 437 participants from 11 towns and cities in England including Blackpool. Of the 261 individuals identified as "hidden homeless" at time of survey, 32% had experienced drug dependency and 34% experienced alcohol dependency.

[45] Lancashire County Council JSNA *Domestic Abuse Technical Report 1: Evidence Base* 2013 http://www.lancashire.gov.uk/corporate/web/?siteid=6111&pageid=40779&e=e
[46] *Blackpool Alcohol Strategy*, 2013-2016, Department of Public Health, Blackpool Council
[47] *Prevention of Homelessness Strategy 2014 Review,* Blackpool Council, 2014
[48] K Reeve. The Hidden Truth about Homelessness. Centre for Regional Economic and Social Research & Crisis. 2011

d. Community Safety

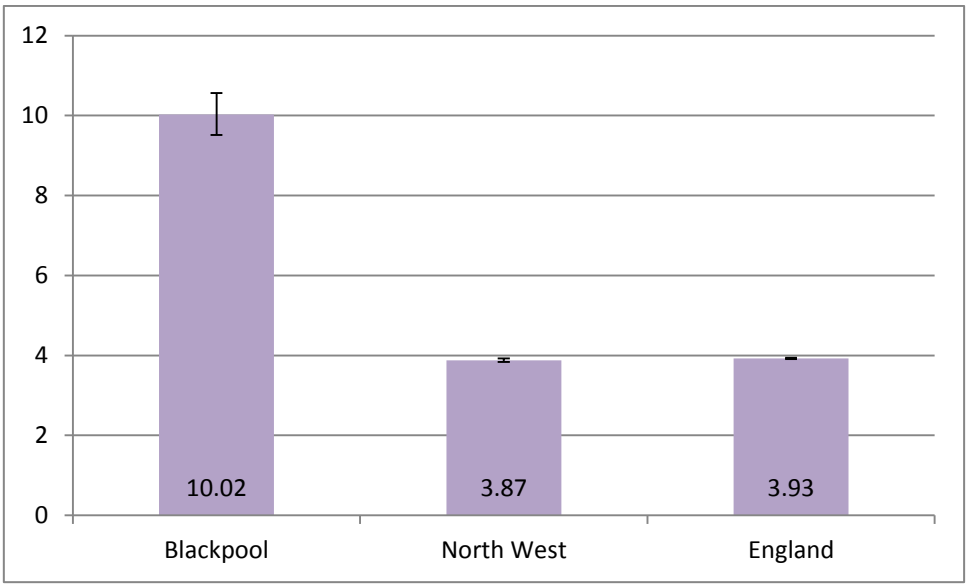
The community consequences of alcohol consumption in terms of crime for Blackpool is best summarised in the *Local Alcohol Profiles for England* (LAPE). These are outlined in the figures below, and compare the statistics from Blackpool to those regionally and nationally.

Figure 38: Alcohol-related recorded crimes: crude rate per 1000 of population, all ages (2012/13)



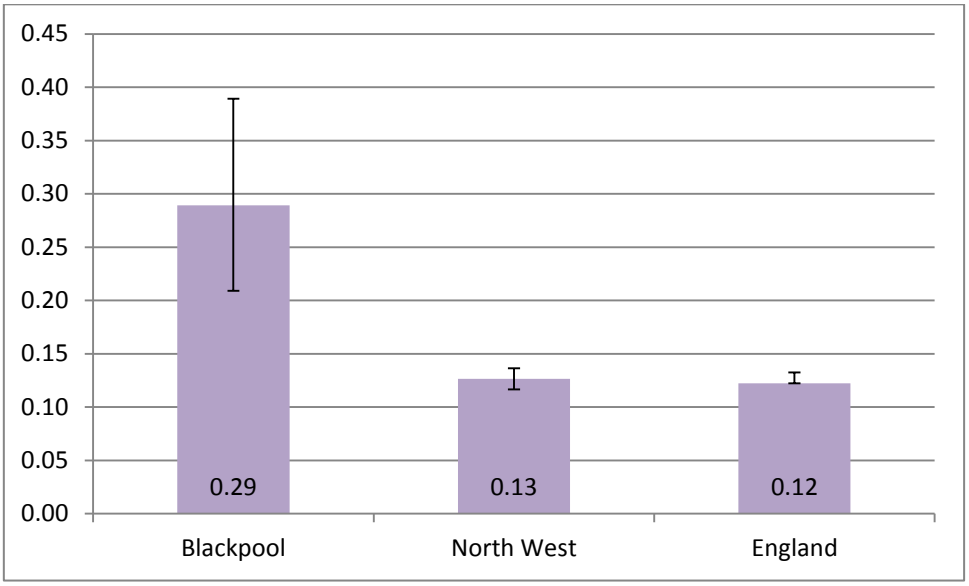
(Source: LAPE 2014)

Figure 39: Alcohol-related violent crimes: crude rate per 1000 of population, all ages (2012/13)



(Source: LAPE 2014)

Figure 40: Alcohol-related sexual offences: crude rate per 1000 of population, all ages (2012/13)



(Source: LAPE 2014)

Alcohol-related recorded crimes, in Blackpool were at a rate of 11.93 per 1000, higher than the regional average of 5.59 per 1000 and ranking 324th of the LAs in England. There was a rate of 10.02 per 1000 alcohol-related violent crimes, higher than the regional average of 3.87 per 1000 and ranking 325th of the 326 LAs. There was a rate of 0.29 per 1000 alcohol-related sexual offences, twice the regional average of 0.13 per 1000 and ranking 325th nationally. A summary of Blackpool's rankings out of the 326 Local Authorities is given below.

Figure 41: Summary of Blackpool's rankings from the 326 local authorities for health consequences of alcohol consumption.

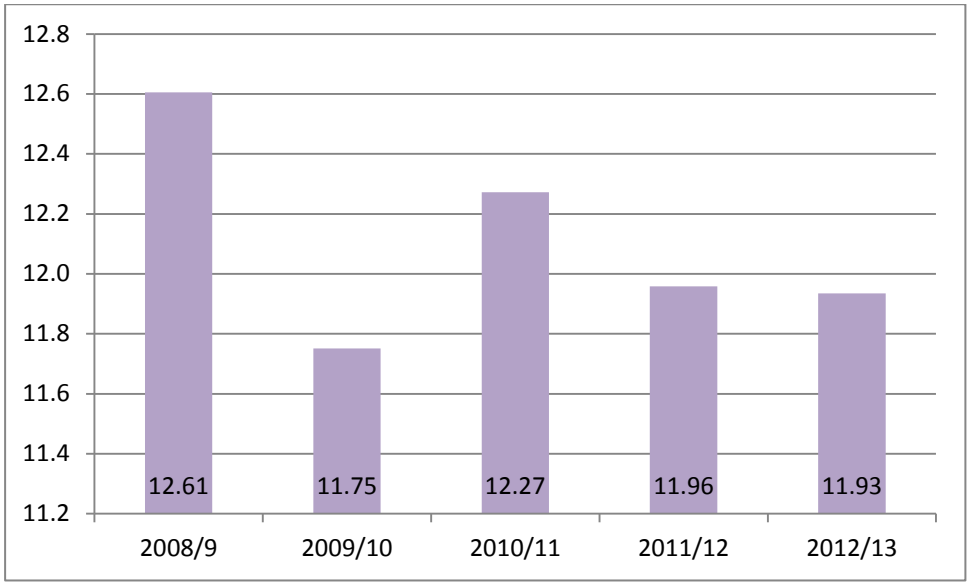
Organisation Name	Alcohol-related recorded crime	Alcohol-related violent crime	Alcohol-related sexual offences
Blackpool	324	325	325

Key:
Rank 1 - 10
Rank 317 - 326

(Source: LAPE 2014)

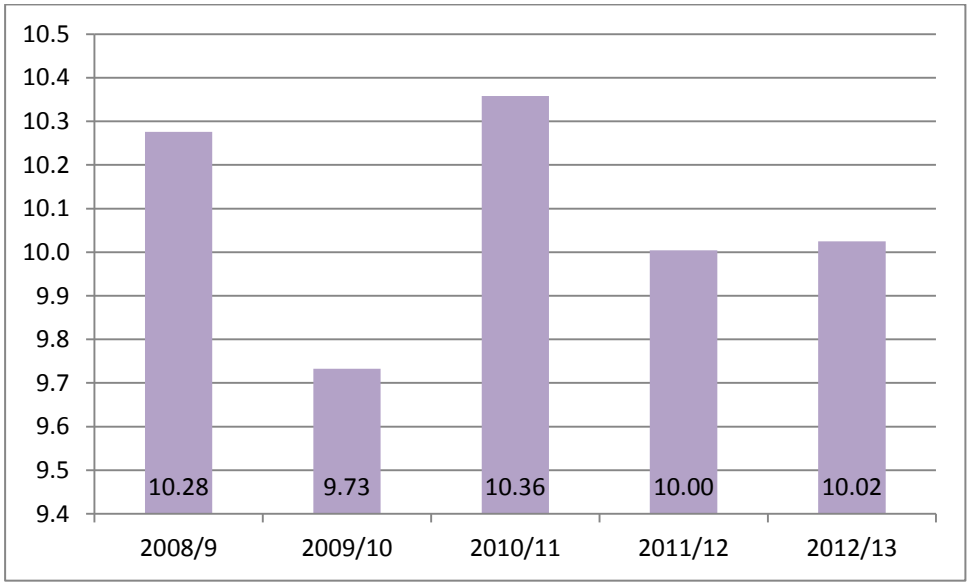
LAPE also details trends over recent years for alcohol-related recorded crimes, violent crimes and sexual offences. These are detailed in the figures below. From these, slight reductions can be seen in the rates for recorded crimes and violent crimes related to alcohol, but an increase in alcohol-related sexual offences between 2008-09 and 2012-13.

Figure 42: Alcohol-related recorded crimes: crude rate per 1000, all ages, (2008/2009 - 2012/13)



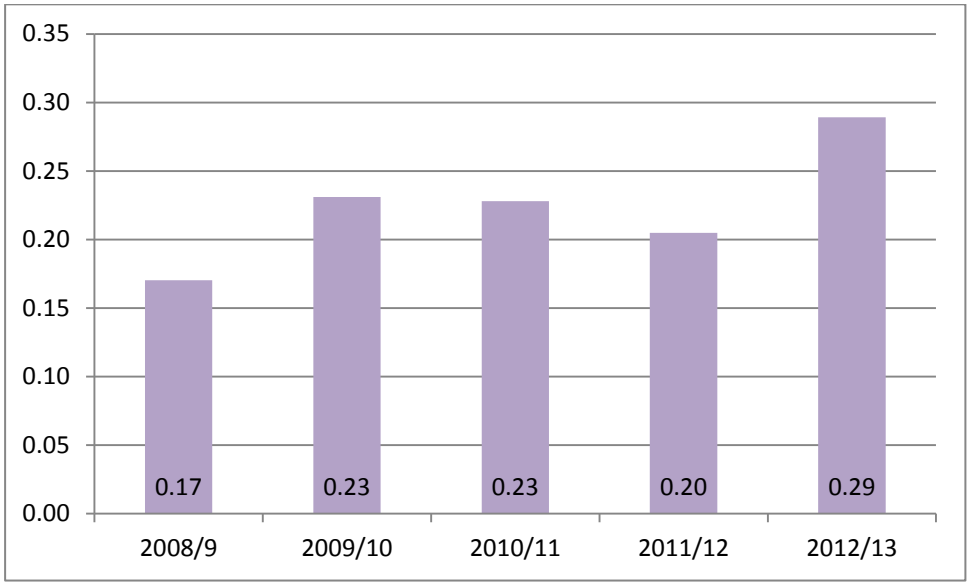
(Source: LAPE 2014)

Figure 43: Alcohol-related violent crimes: crude rate per 1000, all ages, (2008/2009 - 2012/13)



(Source: LAPE 2014)

Figure 44: Alcohol-related sexual crimes: crude rate per 1000, all ages, (2008/09 - 2012/13)



(Source: LAPE 2014)

The Trauma and Injury Intelligence Group (TIIG) – Injury surveillance in the North West of England report[49] suggest that in 2012-13, the residents of Blackpool and Preston made the most attendances to Lancashire emergency departments (EDs) for an assault-related injury with both at 16% of the total attendances. Attendance was highest in males aged 15-29 years. Two of the six EDs in Lancashire record whether alcohol had been consumed in the last three hours prior to the assault. From this data, 60% had consumed alcohol prior to the assault, with 47% drinking in a pub or bar.

The following table, from the *Blackpool Alcohol Strategy 2013-2016,* provides a detailed breakdown for the number of crimes in Blackpool between 2010 and 2012, and the proportion of these attributable to alcohol.

[49] The Trauma and Injury Intelligence Group (TIIG) *Assaults in Lancashire: an analysis of Emergency Department data (April 2012 to March 2013)* www.tiig.info

Table 6: Breakdown of all crime in Blackpool from 2010-2012, and the proportion that is alcohol-related

Crime	Total	Alcohol	% Alcohol
All Crime	49406	7527	15
Violent Crime	13473	5034	37
Violence against the person	11092	4416	40
Sexual Offences	718	204	28
Assaults	9101	3725	41
Rape	186	89	48
Damage	8407	862	10
All Domestic marked	5030	2212	44
Violence Domestic marked	4133	1951	47

(Source: *Blackpool Alcohol Strategy 2013-2016)*

In the *LDAAT Emerging Drug Trends – Phase 2* study alcohol was perceived as linked to violence.[50] Open discussion of individual acts were restricted to focus groups conducted in institutions catergorised as marginalised, such as youth offending, while other groups discussed witnessing or experiencing violent conduct. The participants from marginalised institutions were explicit about alcohol making them do "stupid things":

> "….makes me violent. It can make anyone violent can't it? Depends what mind set you're in when you start drinking. If you're in a bad mood then it's not going to help. You can get happy drunk or be nasty drunk can't you?"

The report also highlighted the role of venues, often hot and crowded with poor design of space, and a broader cultural environment where violence is tolerated if not encouraged, as contributing to the consequences of alcohol consumption. The Night Time Economy (NTE)

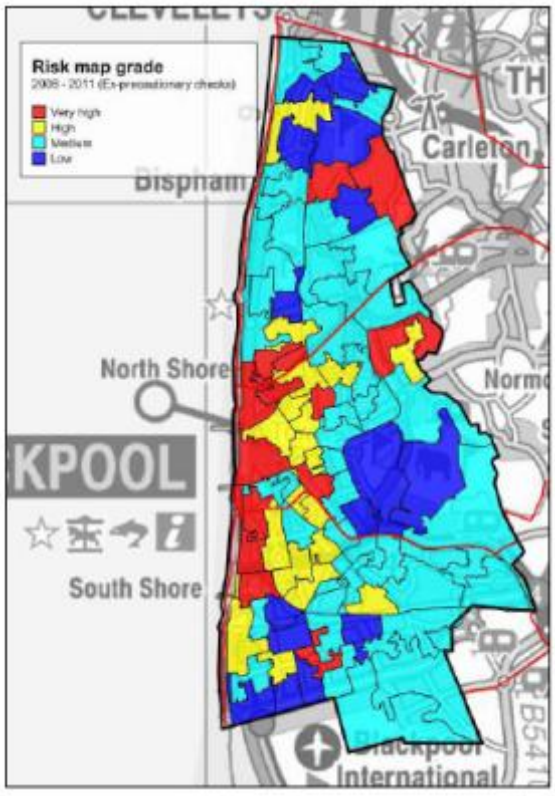
[50] Measham, Moore, Østergaard,Fitzpatrick & Bhardwa *LDAAT Emerging Drug Trends – Phase 2 report,* 2011 http://www.clubbingresearch.com/?page_id=2

survey published by the *LDAAT Emerging Drug Trends Phase 1* report, found that most consumed alcohol at least once a week, with few reporting once a fortnight, once a month or less frequent consumption. This may reflect the limited options for non-drinkers in the NTE, reducing the appeal of the town centre and effectively excluding this group.

In the same series, participants reported feeling uncomfortable and threatened in the NTE, particularly when vacating night clubs when streets are busier and smoking at the front of venues. The Blackpool Alcohol Strategy 2013-2016 highlights that the proportion of reported violent crime involving alcohol in the NTE rises from 53% to 68% between 02.00 and 06.00 hrs. Similar peaks in ambulance contacts mirror this pattern.

The map below outlines the fire risk in Blackpool based on critical fires, casualties and deprivation. The LCC JSNA detail the proportion of accidental dwelling fires linked to alcohol or substances throughout Lancashire. For Blackpool, this accounted for 28% of domestic fires from 2009-10 to 2010-11.[51]

Figure 45: Fire risk in Blackpool based on critical fires, casualties and deprivation.



(Source: MADE)

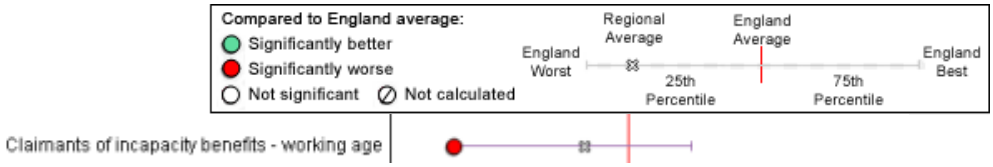
[51] Lancashire Fire and Rescue Service. *Blackpool Intelligence Profile*. 2012

There were 1285 people involved in road traffic collisions in Blackpool from 2009 to 2012 who attended emergency departments in Lancashire hospitals.[52] No detail is available on how many of these involve alcohol, although the Department for Transport estimate that 17% of all road traffic fatalities are drink-drive related.[53]

e. Employment and incapacity

The *Local Alcohol Profiles for England* (LAPE) from 2013 also outlined the number of working-age claimants of incapacity benefits in comparison to those regionally and nationally. In Blackpool, 338.8 per 100,000 working age people were claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason was related to alcohol. This was in comparison to a regional average of 152.8 per 100,000, and ranked 326th of the 326 local authorities in England.

Figure 46: Working-age claimants of incapacity where main medical reason is alcohol in Blackpool *(the exact data for scale is provided in the text above)*



(Source: LAPE 2013)

f. Financial cost

The *Cost of Alcohol to the North West Economy Part A May* 2012 presents an overall breakdown including cost via the work force and wider economy, social services, crime and licensing and the NHS.[54] Lancashire carries the highest cost attributable to alcohol among the North West subregions at £458 per head of North West population 2010/11. Blackpool has among the highest local authority costs at £715 per person in 2010-2011 compared to the regional average of £439 and national average at £387, as shown in the figure below. The breakdown of the total cost to Blackpool is detailed in the following table.

[52] The Trauma and Injury Intelligence Group (TIIG) *Road traffic collisions in Lancashire: an analysis of emergency department and ambulance data, April 2007 to March 2010.* www.tiig.info

[53] Department for Transport. Reported Road Casualties in Great Britain: Estimates for accidents involving illegal alcohol levels: 2012 (provisional) and 2011 (final). 2013.

[54] *Cost of Alcohol to the North West Economy Part A May* 2012. http://drinkwisenorthwest.org/wp-content/uploads/2012/05/The-Cost-of-Alcohol-to-the-North-West-Economy-Part-A.pdf

Figure 47: Highest cost per head of alcohol to Local Authorities 2010-2011

(Source: Cost of Alcohol to the North West Economy Part A report)

Table 7: Breakdown of cost of alcohol - Blackpool Council

Local Authority	Alcohol related costs 2010/11 (costs in £millions)				
	NHS	Crime & Licensing	Workforce & Wider Economy	Social Services	Total
Blackpool	£14.49m	£38.79m	£38.62m	£8.22m	£100.13m

(Source: Cost of Alcohol to the North West Economy Part A report)

The report concludes that "without exception local authorities and their partners are spending significant amounts of money addressing the negative repercussions of alcohol, like crime, illness and costs to the economy". The *Blackpool Alcohol Strategy 2013-2016* estimates that 105,000 working days are lost in Blackpool annually due to alcohol, with a cost of over £10.5 million per year.

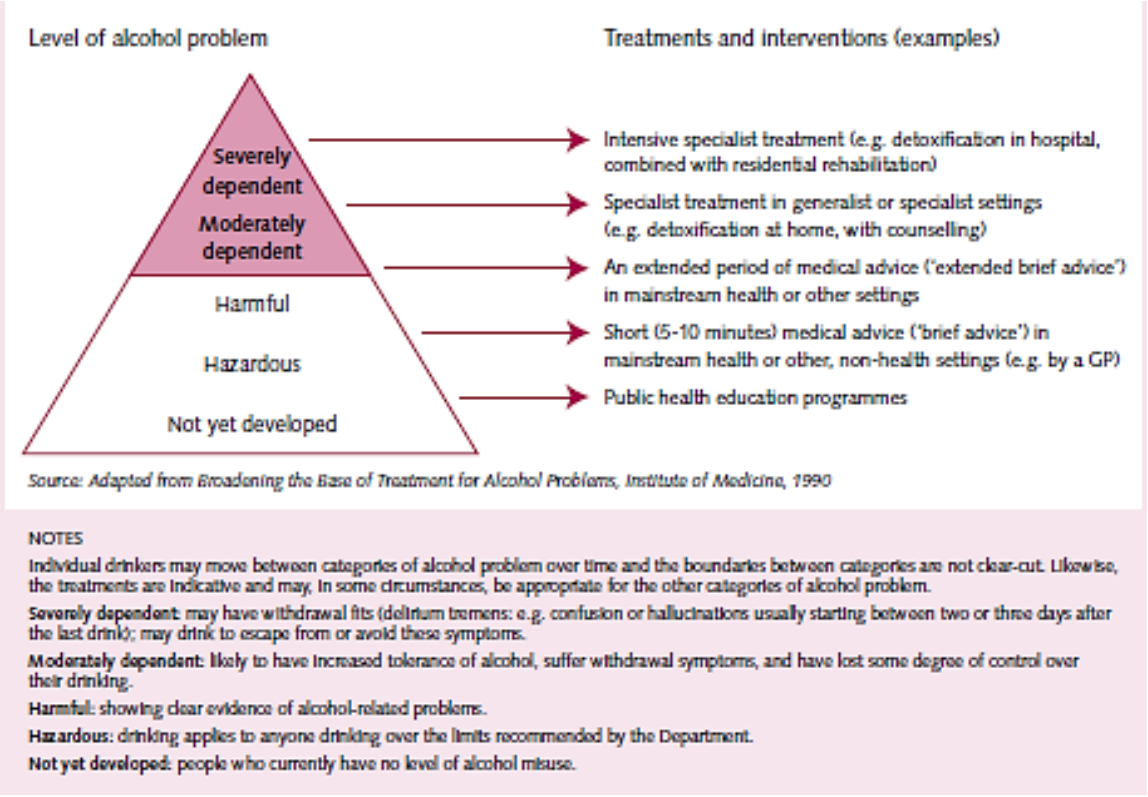
In Blackpool, this is compounded by its identity as an entertainment resort. The above strategy details 130 on-licence premises in a town centre covering approximately one square mile. The 1,900 licensed premises in the town provide one site per 72 residents. There are 180 off-licenses, 50% higher than the national average, with the majority clustered in the most deprived wards. From the LAPE data from 2012, 3.17% of all employees in Blackpool are employed by bars, a higher proportion than the regional and national averages at 1.94% and 1.79% respectively.

iv. Service overview

a. Overview of alcohol services

The range of alcohol treatments and interventions are detailed in the figure below:

Figure 48: Range of alcohol treatments and interventions



(Source: Signs for improvement: commissioning interventions to reduce alcohol-related harm, Department of Health)

b. Adult Services – treatment journeys

The National Drug Treatment Monitoring System (NDTMS) gathers data from the higher tier services. The following summarises treatment pathways in Blackpool based on the *2012-2013 Alcohol Treatment Data to Inform Needs Assessment*. A key limitation is that the data reporting for alcohol is not as established as those for drug use. In addition this data only reflects those who access the services.

NDTMS details the new presentation to each agency in 2012-2013 for those aged over 18 years.

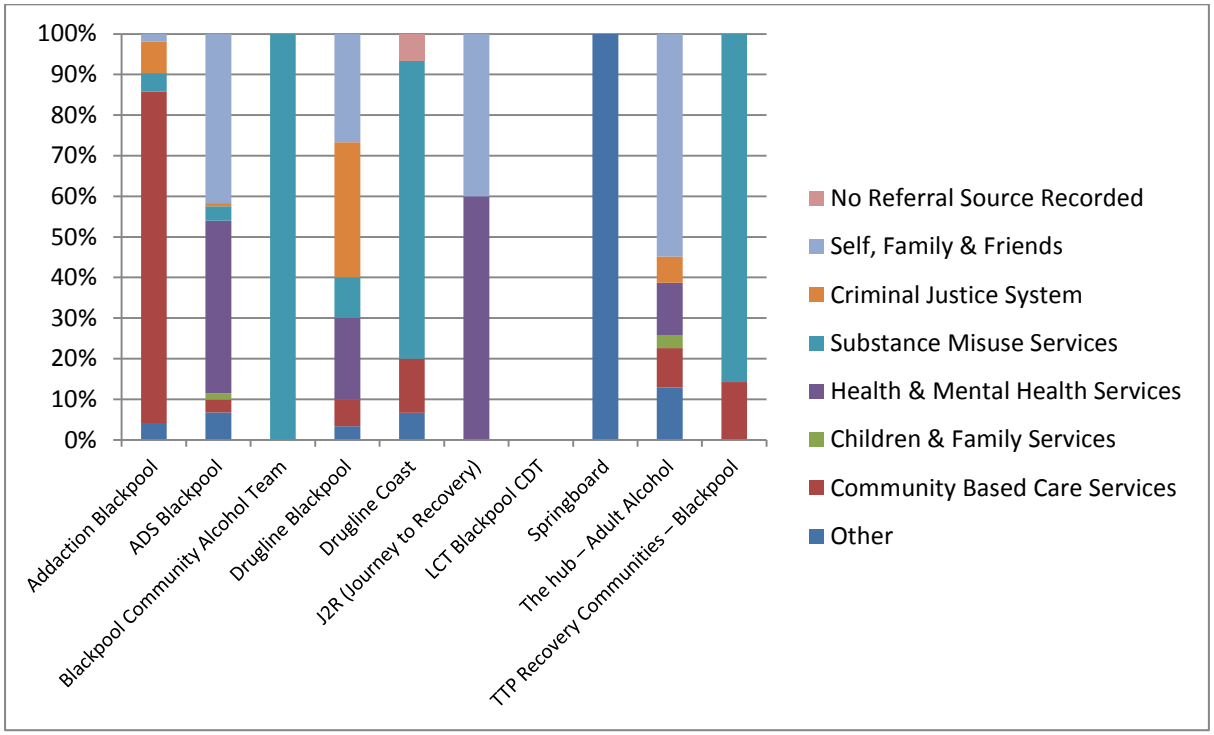
Table 8: Total New Presentations to each agency 2012-2013

	Total New Presentations	
Agency	**n**	**%**
ACORN	*	*0*
Addaction Blackpool	218	*35*
ADS Blackpool	252	*41*
ADS Preston Detox	12	*2*
ADS Residential Service Bennet House	0	*0*
ADS Residential Service Bridge House	0	*0*
Blackpool Community Alcohol Team	29	*5*
BMI Gisburne Park	0	*0*
Drugline Blackpool	30	*5*
Drugline Coast	15	*2*
Harvey House Social Enterprise Limited	8	*1*
Holgate House	0	*0*
J2R (Journey to Recovery)	*	*1*
LCT Blackpool CDT	0	*0*
Littledale Hall	*	*0*
Pierpoint House	*	*0*
Shardale Ltd	*	*0*
Springboard	7	*1*
The Chapman-Barker Unit	0	*0*
The hub – Adult 18+	*	*0*
The hub – Adult Alcohol	31	*5*
The hub – Young People under 18	0	*0*
Thomas Project	0	*0*
TTP Bradford Detox	0	*0*
TTP Chorley - Withnell House	*	*0*
TTP Lancaster -Walter Lyon House	0	*0*
TTP Recovery Communities – Blackpool	7	*1*
Turning Point Stanfield House		
Total	**622**	**99**

*** low numbers removed** **(Source: NDTMS)**

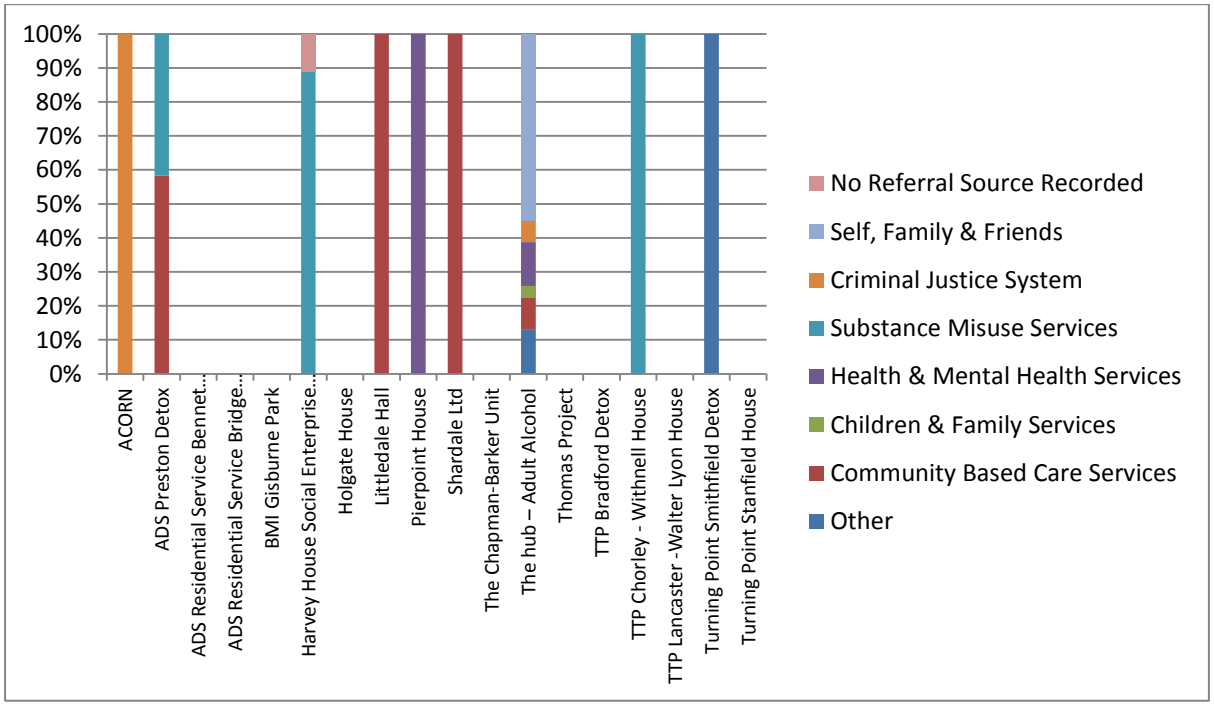
The figures below outline the different referral pathways into each agency, grouped by tier. Again, these are for those aged over 18 years and who are undertaking a new treatment journey.

Figure 49: Referral source for Tier 2 and 3 services (Alcohol Treatment Data 2012-13)



(Source: NDTMS)

Figure 50: Referral source for Tier 4 services (Alcohol Treatment Data 2012-13)



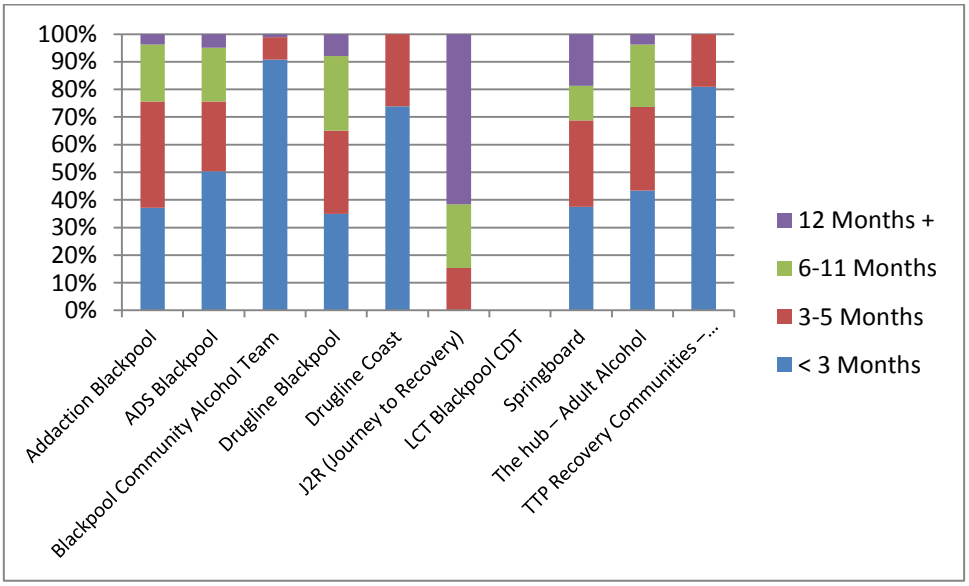
(Source: NDTMS)

In Blackpool, the total number of primary alcohol clients in contact with structured treatment services during 2012-2013 was 830. Of these, 513 were male and 317 were female. These include existing and new presentations but not journeys where alcohol was an adjunctive concern. The true load undertaken by services due to alcohol may therefore be under-represented.

From the agencies, only five had the majority of clients waiting for over 3 weeks for the treatment: Littledale Hall (80%), ACORN (75%), ADS residential service Bennett House (75%), Turning Point Stanfield House (67%) and Turning Point Smithfield Detox (56%).

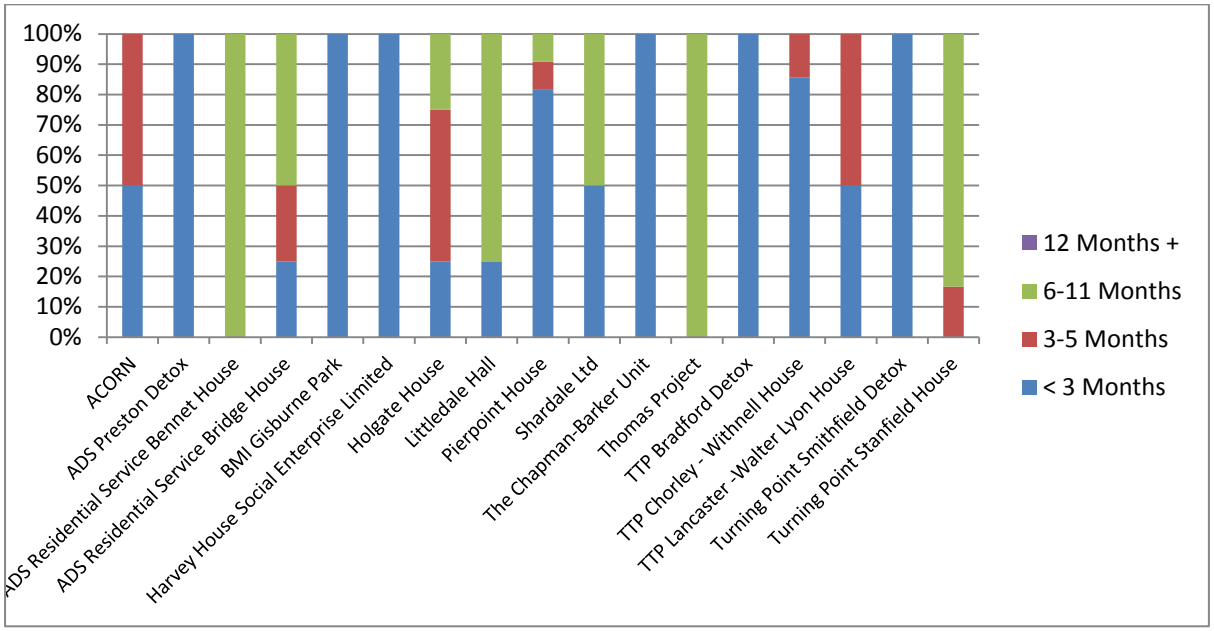
The time in contact with treatment and prior treatment journeys for each client since 01/04/08 are detailed in the figures below. The sum of the agency level data does not equal the number in treatment at LA level due to multiple counting of clients who received treatment in more than one agency.

Figure 51: Time in contact with service for non-residential services (Alcohol Treatment Data 2012-13)



(Source: NDTMS)

Figure 52: Time in contact with service for residential services (Alcohol Treatment Data 2012-13)



(Source: NDTMS)

From this data, 4% of clients were in contact with services for over 12 months (n = 48). This length of treatment was in the majority for one agency, J2R (Journey to Recovery). The majority (n= 663, 58%) of clients were undergoing their first treatment journey, with those undergoing their fourth or more journey accounting for only 6% (n=69) . The latter group formed the majority in two of the agencies, the Chapman-Barker Unit and the THOMAS project, who both work with complex cases.

On exiting services, 44% of clients were drug and alcohol free (n=261) with 28% (n=164) occasional users. As such 72% of exits were considered successful completions by NDTMS, with 16% unplanned exits (n=93).

c. Adult Services – Criminal Justice

The following data for the Criminal Justice aspects of service provision covers the period from April 2012 to March 2013. It gives an overview of the flow of clients through the service at that time and the reported level of activity in terms of processes and outcomes.

The Criminal Justice Integrated Team (CJIT) had 314 new-to-service drug and alcohol clients from March 2012 to April 2013. There were 30 unplanned discharges during this period.

Prison Link data represents activity connecting community and prison-based substance misuse support. From March 2012 to April 2013, Prison in Reach (PIR) attended 323 release planning meetings. In the same period, there were 167 successful contacts from the prison releases picked up by PIR. Only a very small number of PIR clients had alcohol-related needs and were referred to the Moving Forward service.

The table below summarises activity from March 2012 to April 2013 by tier-specific intervention and also the number of clients in treatment in accordance with a Lancashire Alcohol Specified Activity Requirement (LASAR). The latter is used to recommend intervention for low level alcohol misuse that is considered to have contributed to offending.

Table 9: Criminal Justice - tier-specific and LASAR activity

Type of activity	Average number of clients per month during March 2012 to April 2013 (range)
Tier 2 interventions (max. 6 sessions)	18 (12-28)
Tier 3 interventions (max. 12 sessions)	6 (0-12)
Lancashire Alcohol Specified Activity Requirement (LASAR): clients in treatment*	3.3 (2-5)

*data from October 2012 to April 2013

(Source: Criminal Justice data)

From March 2012 to April 2013, on average 11 clients per month (range 6-17) were in treatment in accordance with an Alcohol Treatment Requirement (ATR), with a monthly average of 1 client (range 0-5) completing treatment from March 2012 to April 2013. ATRs are put in place for more dependent alcohol use and higher level criminal behaviour.

The table below gives an overview for the alcohol-related key performance indicators reported during the period of March 2012 to April 2013.

Table 10: Criminal Justice: alcohol-related key performance indicators

Key performance indicator	Average proportion complete (%) per month during March 2012 to April 2013 (range)
Clients seen within 2 weeks for treatment	100%
DNA* alcohol clients outreached within one week	100%
Women clients with LARC** (under 30 yr olds)	67% (0-100%)
Alcohol clients that are vaccinated for Hepatitis B (third injection)	26% (0-80%)
Completed Tier 2 intervention where target reduction achieved	89% (59-100%)
Completed Tier 3 intervention where target reduction achieved	78% (0-100%)
Unplanned discharges	2% (0-17%)

* DNA: Did Not Attend ** LARC: Long Acting Reversible Contraception

(Source: Criminal Justice data)

d. Adult Client Profiling

The *Alcohol Adult Client Profiling Tool for New Treatment Journeys 2012-13* is intended to outline the characteristics and level of need of the clients in treatment. Particular attention is given to mapping compounding factors that are known to exacerbate substance misuse and impact on the success of treatment. It is based on a total of 614 clients.

The key compounding factors are outlined in the following table. This table also shows the number of clients with each compounding factor. From this, it can be seen that the most frequent compounding factor was unemployment.

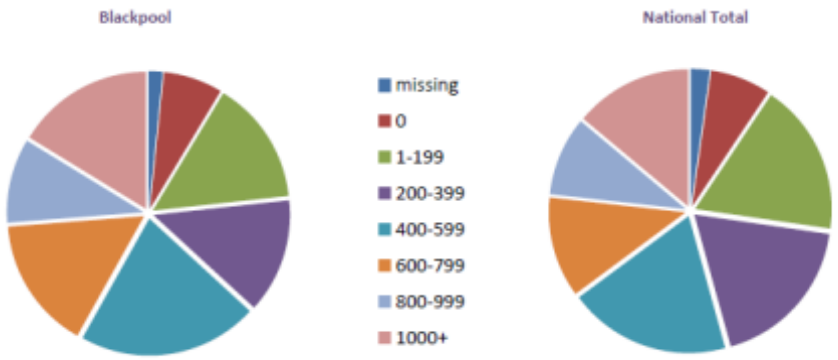
Table 11: Definitions of Compounding Factors

Compounding Factors	Definition	Number of Clients with Factor
OCU 2nd or 3rd Drug	Opiate or crack recorded as adjunctive problematic substance in their latest treatment journey.	33
Other 2nd or 3rd Drug	At least one other drug other than opiate, crack or alcohol recorded as an adjunctive problematic substance	54
3+ alcohol treatment journeys	Latest treatment journey is at least the third primary alcohol journey whilst residing in the HTLA	100
Housing Issue	Non-missing housing accommodation status recorded is either "NFA – urgent housing problem" or "housing problem".	64
Dual diagnosis	Positive dual diagnosis status recorded at any point	93
Unemployed	The earliest triage date of the journey the client was recorded as being economically inactive or unemployed	507
CJS Referral	Referred to treatment via the criminal justice system.	32
Living with children	The client is living with children (regardless of parental status)	183
Pregnant	The client was pregnant at some point during their latest treatment journey.	*
Has also had a Primary Drug Journey	The client is also a primary drug client – this can be before, after or at the same time as their alcohol journey	54

*** low numbers removed** **(Source: NDTMS)**

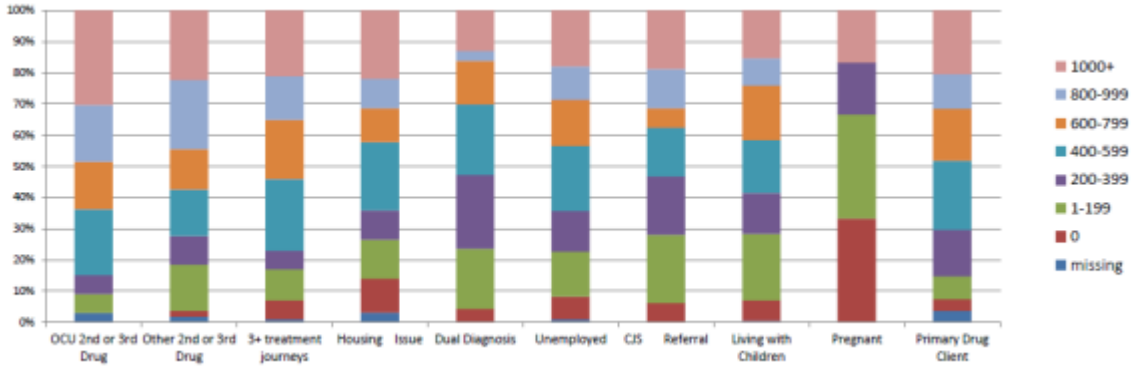
In Blackpool, 16% (n= 100) of clients consume 1000 or more units a month, higher than the national proportion of 14% (n=10,545). When patterns of consumption in clients are considered overall, as shown in the figure below, a higher proportion of clients in Blackpool consume over 400 units per month in comparison with national data with some consuming over 2000 units per month. The highest alcohol consumption was associated with the following compounding factors: OCU 2nd or third drug, other 2nd or 3rd drug, and three or more treatment journeys.

Figure 53: Client unit consumption per month, Blackpool and national proportions.



(Source: NDTMS)

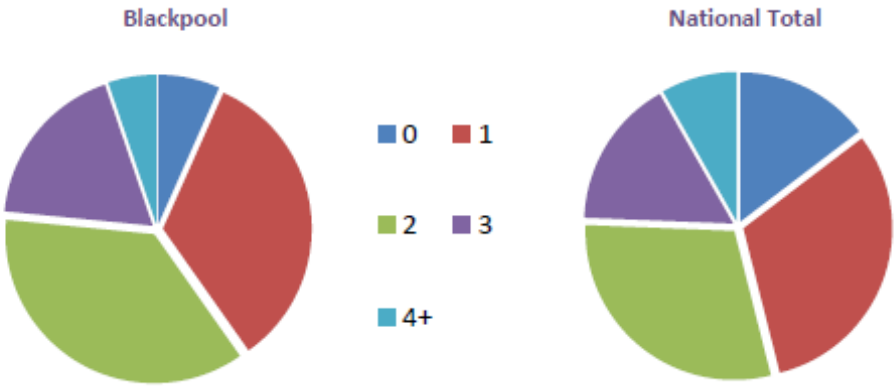
Figure 54: Unit consumption per compounding factor



(Source: NDTMS)

In comparison with national figures, Blackpool had fewer clients with zero, one or higher than four compounding factor, and a higher proportion with 2 or 3 compounding factors, as shown in the following figure.

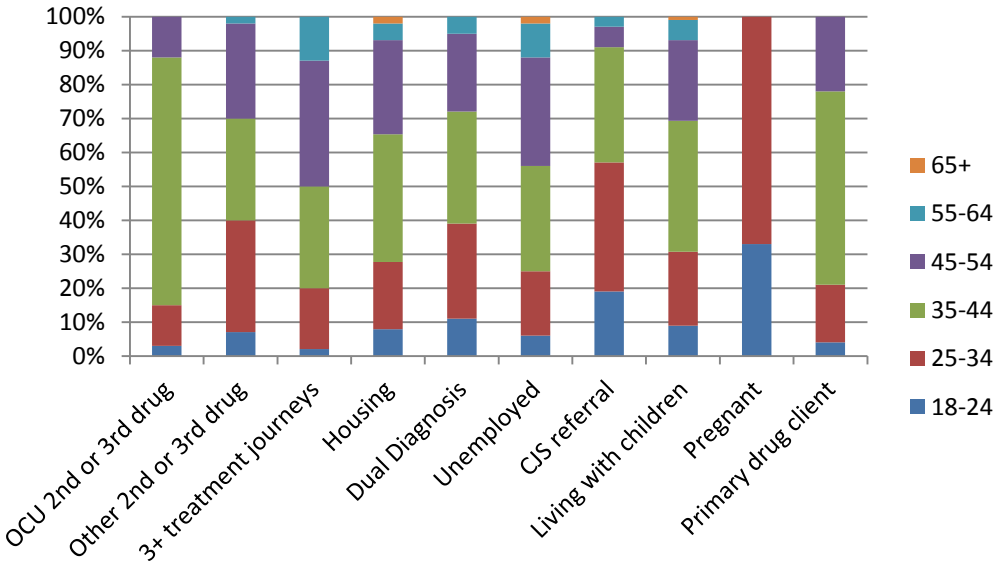
Figure 55: Proportion of total clients with each compounding factor score



(Source: NDTMS)

Overall, there were a greater proportion of male clients with each compounding factor, with more females noted for dual diagnosis and living with children. The compounding factor with the youngest client profile was the pregnancy group, while more than three treatment journeys, housing and unemployment had the oldest profile. The age breakdown for each compounding factor is shown below.

Figure 56: Age breakdown for each compounding factor



(Source: NDTMS)

Treatment journeys were longest among those where OCU 2nd or 3rd drug and shortest for pregnancy, primary drug clients, other second or third drugs, three or more treatment journeys and housing. Highest planned exits were noted among the pregnant group, with the most unplanned exits among OCU 2nd or 3rd drug followed by housing, three or more treatment journeys and primary drug clients.

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NHS Blackpool

JSNA Blackpool

Core Document

Chapter 4

Social and Community Environment in Blackpool

October 2012

Blackpool Council

BUILDING A BETTER COMMUNITY FOR ALL

Social and Community Environment

Poverty in Blackpool

Although 29.3% (2008) of Blackpool's children live in households where parents are claiming working age benefits (equivalent to approximately 9,000 children) many families in Blackpool fall below the 60% median income poverty line, despite one or more parents being in work.

The percentage of children in Blackpool living in households claiming workless benefits in 2007 was almost 8% higher than the national figure, and was the highest figure in the North West Region. Since 2008 the Blackpool figure has decreased by 1.0%, roughly half of the national decrease.

Many Blackpool schools experience high mobility rates. Within the 2009/10 academic year, Blackpool Schools showed a 14.8% mobility rate (the proportion of the school cohort that either left or joined during the school year, excluding those that join schools at the start of primary and secondary education). In addition, many families do not have extended family members within the locality.

Based on Department for Work & Pensions Figures for February 2011, Blackpool has a significant proportion of benefit claimants that are lone parents (2.4%) compared to national averages (1.6%). Blackpool also has a high proportion of parents with mental health issues, parents with substance misuse issues and children acting as young carers.

Many Blackpool parents have little or no personal experience of further or higher education (37.8% of 16-74 year olds resident in Blackpool have no formal qualification).

Key Points on Child Poverty in Blackpool:

- Over 9,000 children live in poverty in Blackpool, 29.3% of all children.
- Bloomfield, Claremont, Park, Brunswick, Talbot and Clifton wards each have at least 40% of all children living in poverty, which is equivalent to at least 500 children in each ward.
- Every LSOA (Lower Super Output Area) in Blackpool has children living in child poverty; the lowest child poverty level in any LSOA is just 3.5% but this is still a higher "background level" of poverty than the best performing LSOA's in all other North West authorities.
- LSOA analysis shows that the extent of child poverty varies substantially within wards.
- Child poverty increased in Blackpool between 2006 and 2007, but has remained at broadly the same level between 2007 and 2008.
- Areas with high levels of child poverty are broadly the same areas highlighted as deprived by the Index of Deprivation.
- Two thirds of children in poverty live in lone parent families.
- Blackpool has lower wages, higher levels of teen pregnancy, lower levels of qualifications and fewer pupils entering higher education than other areas with similar levels of child poverty.
- Blackpool has had better take up of childcare, a higher rate of employment, and more people on benefits living in energy efficient homes than other areas with similar levels of child poverty.
- There is a significant number of children acting as carers, many of which are not in contact with support services (see later section).
- Blackpool's schools close the gap between expected and actual performance by pupils on Free School Meals (a proxy for child poverty) by the time they reach Key Stage 4.
- Most poverty is "out of work" poverty, but a significant minority results from parents in work earning low wages.
- Child poverty levels generally appear to be higher than average in coastal areas.

In addition to the above, 2003 estimates suggest that 6.8% of households in Blackpool are in 'fuel poverty', having to spend more than 10.0% of their income to heat the house to an acceptable level (Figure 53). Fuel poverty is more common in deprived areas, with some of the most deprived Lower Super Output Areas in Blackpool having more than 9.0% of households in fuel poverty, and the rate for the town being higher than less deprived areas. With rising electricity and gas prices, this percentage will have risen further since this time.

The 2010 Index of Multiple Deprivation shows that Blackpool is the 74th most deprived local authority in England in terms of the resident population considered to be 'income deprived'. This ranking equates to approximately 32,600 residents, an estimated increase of 200 on 2007 figures.

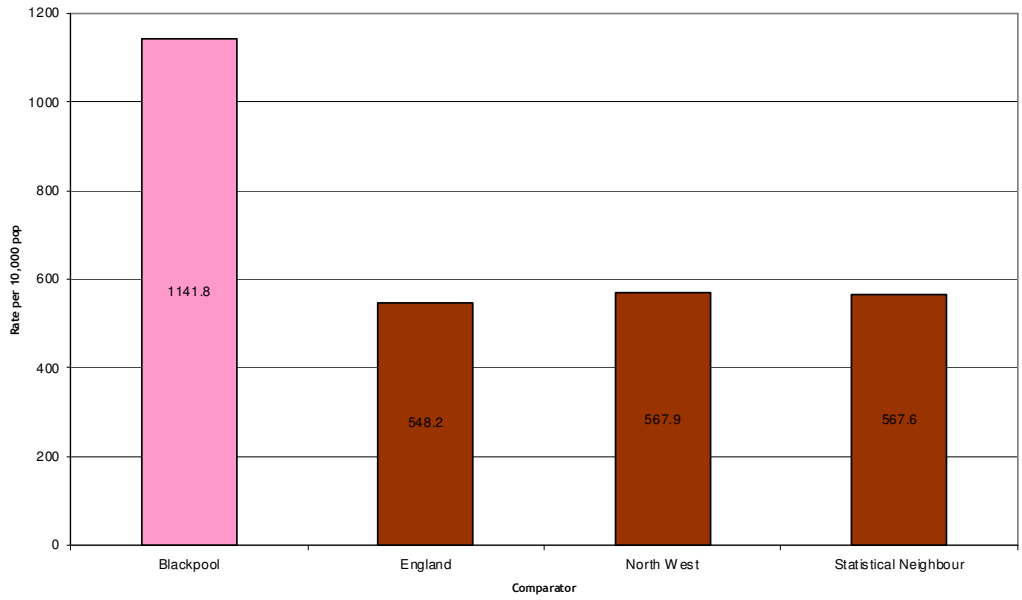
In addition, figures indicate that Blackpool is the 63rd most deprived local authority in England in terms of the resident population considered 'Employment Deprived'. This ranking equates to approximately 14,700 people in Blackpool, an increase of 300 on 2007 figures.

In the case of both indicators, Blackpool's ranking in 2007 suggested slightly worst deprivation levels against other authorities. However, as figures above show number of income and employment deprived in Blackpool has increased, the slight drop in ranking simply indicates more pronounced increases in other authorities

Vulnerable Children:

Referrals into Social Care:

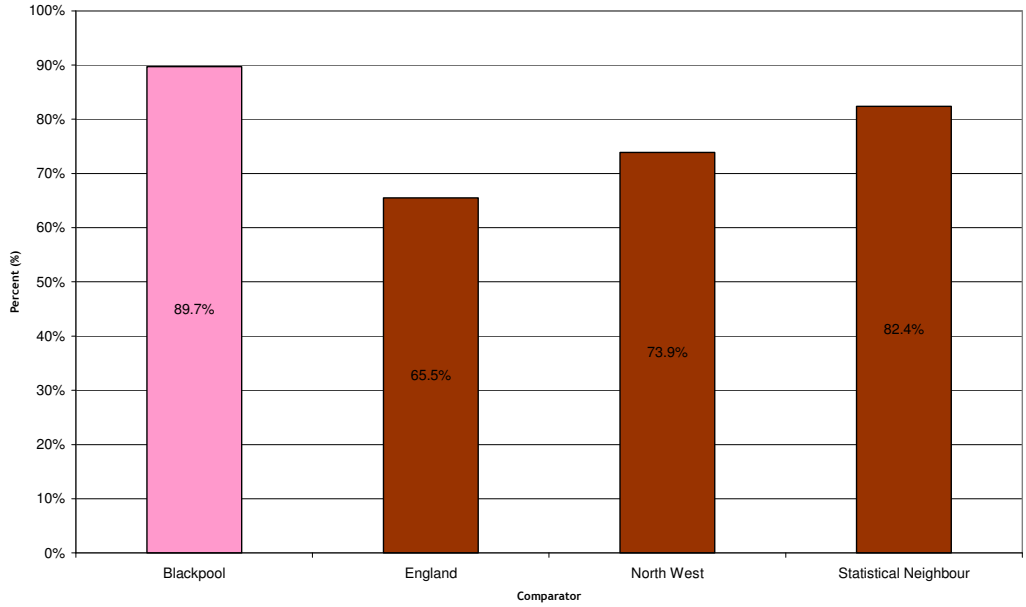
Figure 68 - Number of Referrals into Social care per 10,000 0-18 year-old Population



Blackpool had twice the rate of referrals than any of the comparator groups, with 1,142 per 10,000 population, based on figures taken from 31st March 2011, indicating the significant and sustained level of need in Blackpool compared to other local authorities. The 2011 figure is an increase from the previous year (990.6 on 31st March 2010). Further figures show that the number of children referred into social care services more than once is also high at 16.7% for the 2010/11 financial year. This is again above both national and statistical neighbour averages at 13.8% and 15.0% respectively, although Blackpool figures have reduced from 21.5% within the 2009/10 financial year.

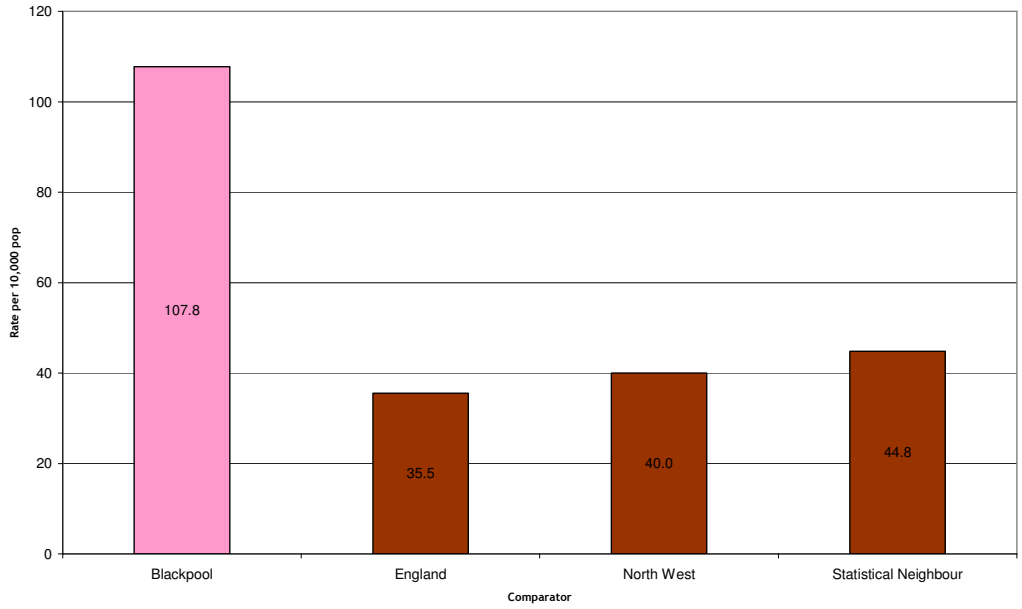
In addition to the high instances of referrals outlined above, the percentage of these referrals that go onto initial assessments (used as an indicator that intervention may be necessary) is also high compared to national and statistical neighbour comparators. This would again indicate a sustained level of complex need in Blackpool.

Figure 69 - % of Completed Initial Assessments as a % of all Referrals in Social Care



Children Subject to a Child Protection Plan:

Figure 70 - Children subject to a Child Protection Plan per 10,000 0-18 year-old population



At the end of 2010/11 financial year, Blackpool had 313 children subject to a Child Protection Plan. This showed a significant increase of 63.0% from the end of 2009/10. As with referrals and initial assessments, Blackpool had a significantly higher rate of children subject to a child protection plan compared to the other comparators. The rate was three times as much as the England average in 2009/10, and significantly higher than displayed by statistical neighbours and the North West region.

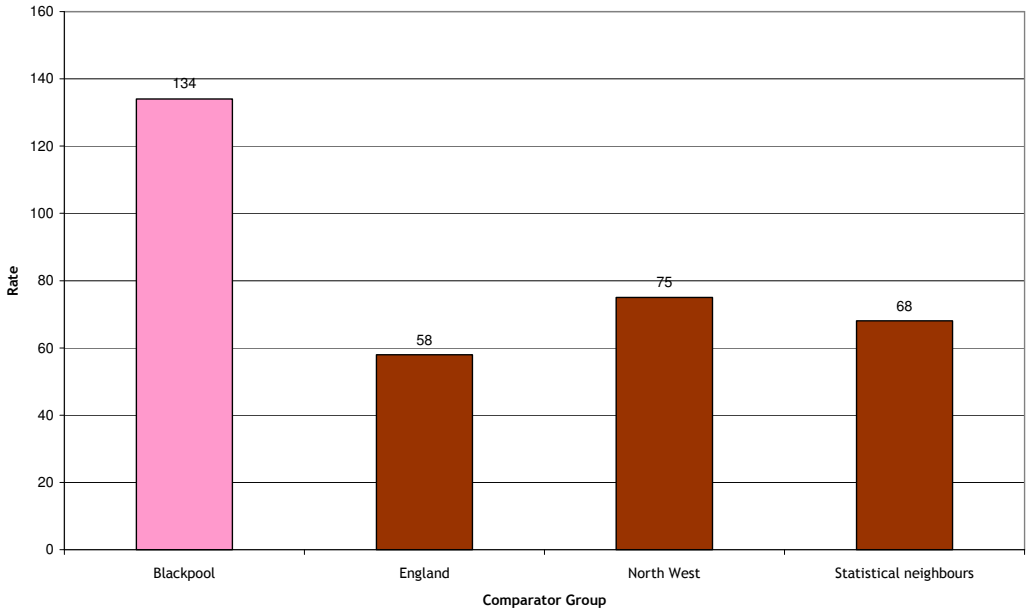
Looked after Children:
There were 396 Looked after Children (LAC) living in Blackpool as at 31 March 2011. The proportion of LAC in Blackpool compared to all children and young people is extremely high, and has continued to rise since year end.

Based on the 396 looked after children identified on the 31/03/2011, Blackpool had a rate of 134 LAC per 10,000 0-18 year-old population. This figure showed an increase of 5.9% since 31st March 2010. The figure is also more than double that of the national comparator (58 LAC per 10,000 0-18 year-olds), and well above North West and Statistical neighbour averages (rates of 75 and 68 respectively).

Local research based around children who started to be looked after between November 2008 and February 2010 shows that 20% had moved into Blackpool within the last 5 years and were therefore not Blackpool residents at birth

The stability of looked after children adopted following an agency decision that the child should be placed for adoption (measured by the percentage of adopted children that move more than 3 times in a year) has, in the past, tended to be higher than average in Blackpool. However, figures for the 2010/11 financial year show a figure for Blackpool of 10.2%, which is in-line with national and statistical neighbour averages. It must also be noted that a movement of a LAC to a different placement is always initiated for a positive outcome.

Figure 71 - Number of LAC per 10,000 0-18 year-old Population, Blackpool & Comparators



Long-term stability (children in the same placement for at least two years) for Looked after Children is influenced by complex issues. Blackpool has seen a reduction in LAC who had been in the same placement for 2 years or more. The percentage fell from 69.5% in 2009/10 to 62.6% at the end of 2010/11. Blackpool figures are now below that for national and statistical neighbour comparator groups (based on 2009/10 data).

It should be noted that the figures above are based on relatively small numbers of children and young people, and therefore can appear to change greatly due to the small number of children.

Care Leavers

Blackpool has a good record in recruiting adoptive families and the successful placement of children. Over the past three complete reporting years (20008/09 to 2010/11) the percentages of care leavers in suitable accommodation have been 100.0%, higher than all comparator groups.

In terms of outcomes between 2008/09 and 2009/10, Blackpool saw a significant decrease in the percentage of former care leavers (aged 19) who were in education, employment or training. Although this continued to decrease by the end of 2010/11, the amount was minimal. Again it should be noted the actual number of individuals included in these cohorts is very small, so changes are magnified significantly.

Vulnerable Adults:

Supported Adults

The table below shows the number of clients supported by adult social care services in Blackpool within 2009/10 and 2010/11. Of the 5,554 clients that were supported during the 2010/11 financial year the overwhelming majority (71.6%) are aged 65 or over.

Figures have increased by 103 (for all clients) between 2009/10 and 2010/11. This increase has been exclusively within the over 65 year-old age group, with the number of supported 18-64 year-olds falling slightly over the 2 years.

Table 11 - Clients aged 18-64 Supported by Blackpool Council Adult Social Care Services

Client Group	Total Number of Clients			Percentage in (2010/11):		
	2010/11	2009/10	Diff.	Community Based Services	Residential Care	Nursing Care
Physical disability, Sensory Impairment and Frailty	546	502	44	94.5%	4.8%	2.2%
Physical disability, frailty and temporary illness	523	480	43	94.3%	5.0%	2.3%
Hearing impairment	3	2	1	100.0%	0.0%	0.0%
Visual impairment	20	20	0	100.0%	0.0%	0.0%
Dual sensory loss	0	0	0	0.0%	0.0%	0.0%
Mental Health	429	466	-37	86.7%	12.4%	2.8%
Dementia	18	14	4	66.7%	33.3%	16.7%
Learning disability	435	421	14	88.7%	12.4%	0.5%
Substance misuse	49	67	-18	93.9%	4.1%	2.0%
Vulnerable people	118	178	-50	98.3%	1.7%	1.7%
Total	**1577**	**1634**	**-57**	**91.1%**	**8.7%**	**1.8%**

In terms of Blackpool residents supported by social care services aged 18-64 years-old, figures have shown a slight decrease in numbers between 2009/10 and 2010/11. As would generally be expected, the highest proportions of adults aged 18-64 that are supported include those with a physical disability, sensory impairment and frailty. The number of clients within this category has increased slightly between 2009/10 and 2010/11. There is also a significant number of clients with mental health issues and with learning disabilities. Over 90.0% of clients are supported through community based services.

Again, with clients aged over 65, the majority of adults supported fall within the Physical disability, sensory impairment and frailty client group. However, as expected the proportions of this group with a hearing of visual impairment or dual sensory loss are higher than within 18-64 year-olds. The number of clients within this grouping has increased by 142 between 2009/10 and 2010/11; where as numbers in other groups have remained static, or even shown a slight decrease.

The proportion of over 65 year-olds who received community based services is significantly high (approximately 80.0%), but below that delivered to 18-64 year-olds. As a result, the percentage of residential and nursing care provided to clients is higher for over 65 year-olds than for 18-64 year-olds.

Table 12 - Clients aged 65 and over Supported by Blackpool Council Adult Social Care Services

Client Group	Total Number of Clients			Percentage in (2010/11):		
	2010/11	2009/10	Diff.	Community Based Services	Residential Care	Nursing Care
Physical disability, Sensory Impairment and Frailty	3008	2866	142	84.5%	16.4%	4.5%
Physical disability, frailty and temporary illness	2846	2717	129	84.6%	16.1%	4.6%
Hearing impairment	66	53	13	81.8%	21.2%	4.5%
Visual impairment	85	85	0	83.5%	23.5%	1.2%
Dual sensory loss	11	11	0	100.0%	9.1%	0.0%
Mental Health	746	750	-4	62.9%	42.2%	7.9%
Dementia	460	466	-6	63.7%	42.4%	9.6%
Learning disability	45	44	1	77.8%	26.7%	4.4%
Substance misuse	7	4	3	100.0%	0.0%	0.0%
Vulnerable people	171	153	18	91.8%	7.0%	4.1%
Total	**3977**	**3817**	**160**	**80.7%**	**20.9%**	**5.1%**

Note that percentages will not add correctly as a client can access more than one service in a year.

Assessments

The total number of assessments completed in 2010/11 (an indication of new clients into the service) was 1,869, an increase of 284 on 2009/10. This increase has been seen across clients of all ages. As with the number of clients supported above, the majority of assessments completed (approximately two thirds) are with clients within the Physical disability, sensory impairment and frailty group. This percentage increases to 76.5% if we consider clients over 65 years-old only.

Although only 26.2% of completed assessments in 2010/11 were for clients with mental health issues across all ages, they accounted for 47.4% of assessments for 18-64 year-olds.

Carers:

There are an estimated 15,396 carers in Blackpool. This equates to 11.1% of the population.

Table 13 - Carers in Blackpool

	Cares for 1 to 19 Hours		Cares for 20 to 49 Hours		Cares for 50 + Hours	
	Number	% of Total Population	Number	% of Total Population	Number	% of Total Population
Blackpool	9,098	6.5%	1,99	1.4%	4,339	3.1%

Source: NOMIS, 2001 Census Table S25, applied to 2010 mid year population estimates

41.2% of all carers provide more than 20 hours per week of informal care and 68.9% of these carers provide 50 or more hours of care per week. In terms of the age profile of carers, 2.9% are aged 0-17, 76.8% are aged 18-64 and 20.2% are aged 65 or over.

An estimated 1.6% of people in the age group 0-17 (463 people) are carers. 79.2% of carers in this age group provide up to 19 hours per week of informal care, while fewer than 10.0% (43) are estimated to provide more than 50 hours care in a week.

Young Carers:

As of September 2011, 375 young carers (aged 0-22 years-old) are known to Blackpool Council. This means that based on estimates from the 2001 Census, 20.0% of all young carers have not engaged or are receiving any service or support from

the Council. The majority (over 70.0%) are aged between 14-18 years-old. By far the largest proportions of young carers are either looking after a parent with mental health issues (37.0%) or a parent with a physical disability (31.0%). A further 2.1% of young carers look after parents with learning disabilities.

Further analysis shows that, perhaps unsurprisingly, for those young carers of school age, attendance is significantly lower than Blackpool and national averages. Attainment figures for 2010 also show that the young carer cohort achieves significantly lower standards at the end of Primary (Key Stage 2) and Secondary (Key Stage 4) than their peers within Blackpool schools.

Older Carers:

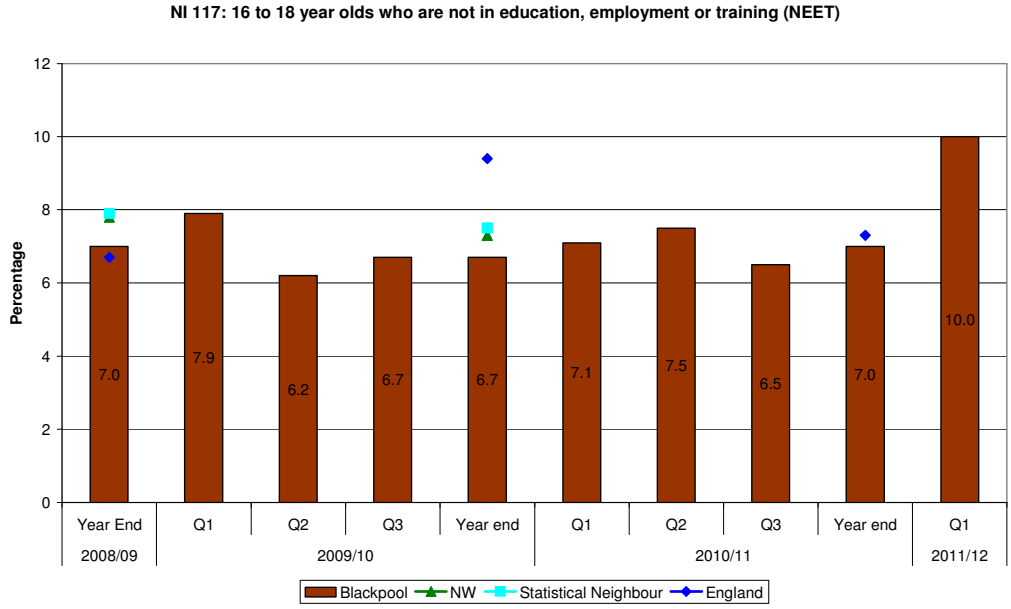
Carers aged 65 and over are more likely than other age groups to provide more than 50 hours care in a week; 42.4% of carers in this age group provide this extremely intensive level of support compared to 25.4% in the 18-64 age group. In addition, carers aged 65 and over are more likely to be in poor health. Just over a quarter of carers in this age group (25.3%) are estimated not to be in good health and nearly half (45.5%) are only in fairly good health.

Of the estimated 14,032 carers who are aged between 16 and 74, just over 50% (7,016) are likely to be in employment (full time, part time or self employed). However, only 28.4% of carers who provide 50 or more hours of care per week are similarly employed.

The number of adult carers known to Social Services in the financial year 2010/11 was 1,500. Of this number, 267 (17.8%) cared for an adult with a learning disability. If you need age breakdown, 262 of these adults were aged between 18 and 64 (17.5%) and 5 were aged 65 or above (0.3%).

Making & Positive Contribution:

Figure 72 - 16-18 not in education, employment or training



The percentage of 16-18 year-olds Not in Education, Employment and Training has been used for a number of years as a measure of the positive contribution young people make after leaving statutory education. Annual figures are based on a three month snapshot at the end of November, December and January each year, due to significant seasonal variations in the figure.

The 2010/11 annual figure of 7.0% contributes towards a consistent level of NEET in Blackpool over the past 3 reporting years. Blackpool continues to perform below national and statistical neighbour comparators, which is encouraging when the context of the authority is taken into account.

A multi agency task group is focussing on re-designing support for young people within the NEET group

Crime & Disorder:

Blackpool remains a safe place to live. It does however have a higher crime rate compared to Lancashire, the North West, and England. Some types of crime, especially those exacerbated by substance misuse pose a greater threat than others. The Blackpool Community Safety Partnership (BSafe) has set priorities to focus on these areas.

Visitors to Blackpool swell the local population significantly during summer months, and although they make a huge contribution to the local economy, including a substantial 'night time economy', they also contribute to the local crime statistics as victims or offenders. This 'tourism effect' does have a negative impact on crime and disorder statistics.

Crime and disorder is associated with many of the same socio-demographic issues as health and well-being.
It is clear from the English Indices of Deprivation that Blackpool has areas that are amongst the most deprived in the Country. There is a statistical link between deprivation and crime and disorder but no definitive explanation as to exactly why this link exists. This statistical link is apparent when Blackpool's crime and disorder profile is examined. Talbot, Brunswick, Claremont, Bloomfield, Brunswick, and Park ward all have one or more areas ranked within the top 100 most deprived areas in the country and all feature as crime hotspots for one or more crime categories.

It should be borne in mind that crime is not just about the numbers. The causes of crime are complex and the reasons for offences occurring in a particular place vary, not just nationally and within the region but within Blackpool itself.

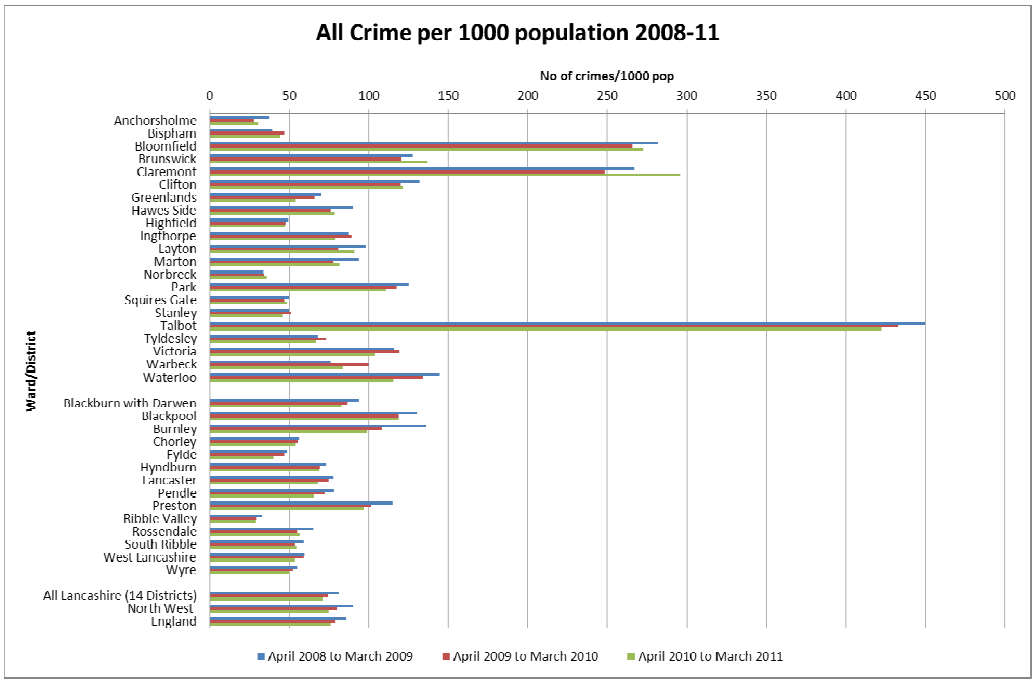
Blackpool has more crime per 1000 population than the rest of the Lancashire Districts, the North West Region and England. The table below shows this and also the year on year reductions across the board apart from Blackpool which after a good reduction in 2009/10 from 2008/9 has remained constant with just under 17,000 crimes in 2011.

Table 14 - All Crime

All Crime		
England	**Crimes**	**Crimes per 1000 pop.**
2008/09	4466,084	86
2009/10	4116,981	79
2010/11	3947,123	76
North West	**Crimes**	**Crimes per 1000 pop.**
2008/09	624,629	90
2009/10	556,498	80
2010/11	521,231	75
Lancashire	**Crimes**	**Crimes per 1000 pop.**
2008/09	117,575	81
2009/10	107,361	74
2010/11	102,503	71
Blackpool	**Crimes**	**Crimes per 1000 pop.**
2008/09	18,250	130
2009/10	16,649	119
2010/11	16,643	119

The chart below shows Blackpool and its individual wards in comparison with the North West region and England over the last three years. Bloomfield, Claremont and Talbot Wards have three times the number of crimes per 1000 population than the Lancashire average and double the Blackpool average. It is not unusual for 'town centre' wards to have more crime than other areas and the 'Tourism Effect'.

Figure 73 - All crime



There have been 99 different types of crime reported in Blackpool in 2011. With competing crime and disorder demands there is a need to prioritise particular areas of business particularly in the current challenging economic climate where resources have already been reduced and may be reduced further.

The current strategic priorities for Blackpool Community Safety Partnership are the areas of business identified as the greatest threat to local people and where successful interventions will improve the quality of life in Blackpool. The fact that a particular problem is not highlighted as a top five priority does not mean that it is being overlooked. The following are the five identified priorities for Blackpool

Domestic Abuse:

Domestic abuse includes a wide spectrum of harm from verbal abuse to physical harm and impacts many issues including, violent crime, substance misuse, health, employment and housing. In Blackpool it invokes a multi-agency response from the local authority, probation, NHS, police, probation and third sector organisations. Victims are predominantly female; however, in Blackpool reported rates amongst same sex couples is higher than the national average.

Blackpool has a higher incidence of crime recorded as domestic violence than any other district in Lancashire. Bloomfield, Brunswick, Claremont, Talbot and Waterloo wards all have higher rates than Blackpool as a whole. Blackpool accounts for 20.0% of all domestic abuse incidents and 20.0% of all domestic abuse related violence in Lancashire.

On average there are approximately fourteen domestic abuse incidents reported per day in Blackpool. The number of domestic abuse reports in Blackpool is 2.7 times the Lancashire average (MADE 2010/11). In 2011 45.0% of domestic violence marked offences were alcohol related.

Domestic Abuse is a problem that is Blackpool wide. Domestic violence related crime accounts for 9.0% of all crime. Both abuse incidents and Domestic Violence marked crimes are concentrated in the Bloomfield, Claremont, Talbot, and Brunswick Wards who between then account for 42.0% of Domestic Violence Crime. Approximately 8 out of 10 (81.0%) of Domestic Violence offences are Violent Crimes. (Source: SLEUTH Crime Recording 2011)

Figure 74 - Domestic Violence

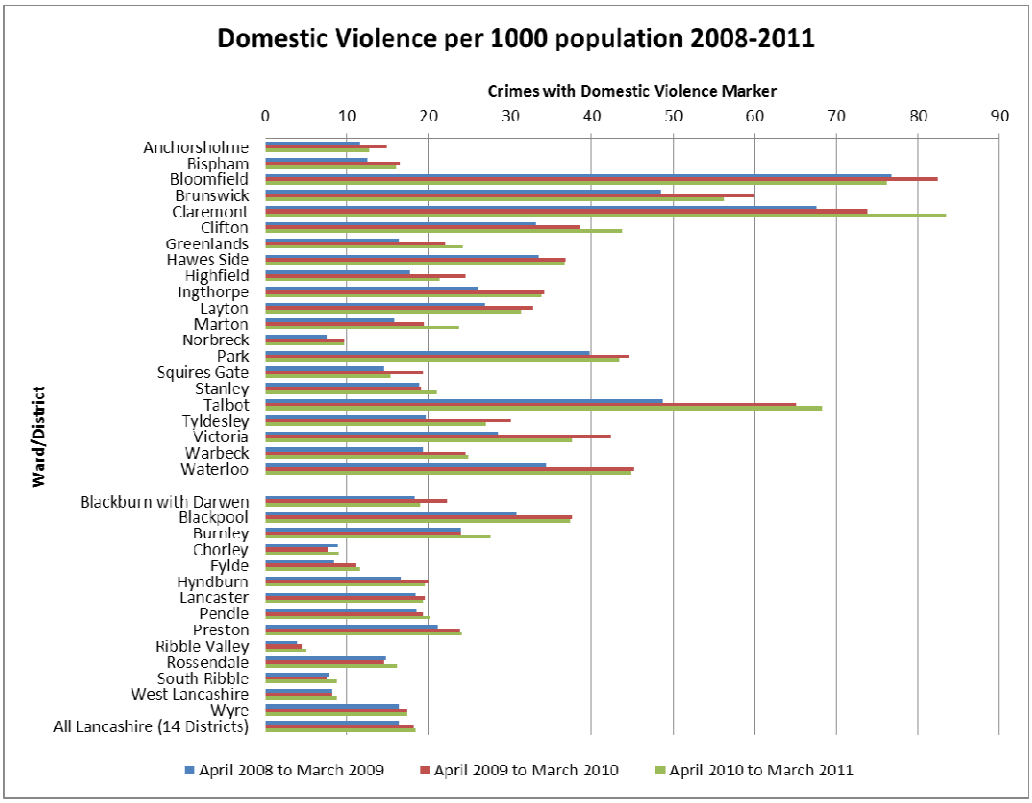
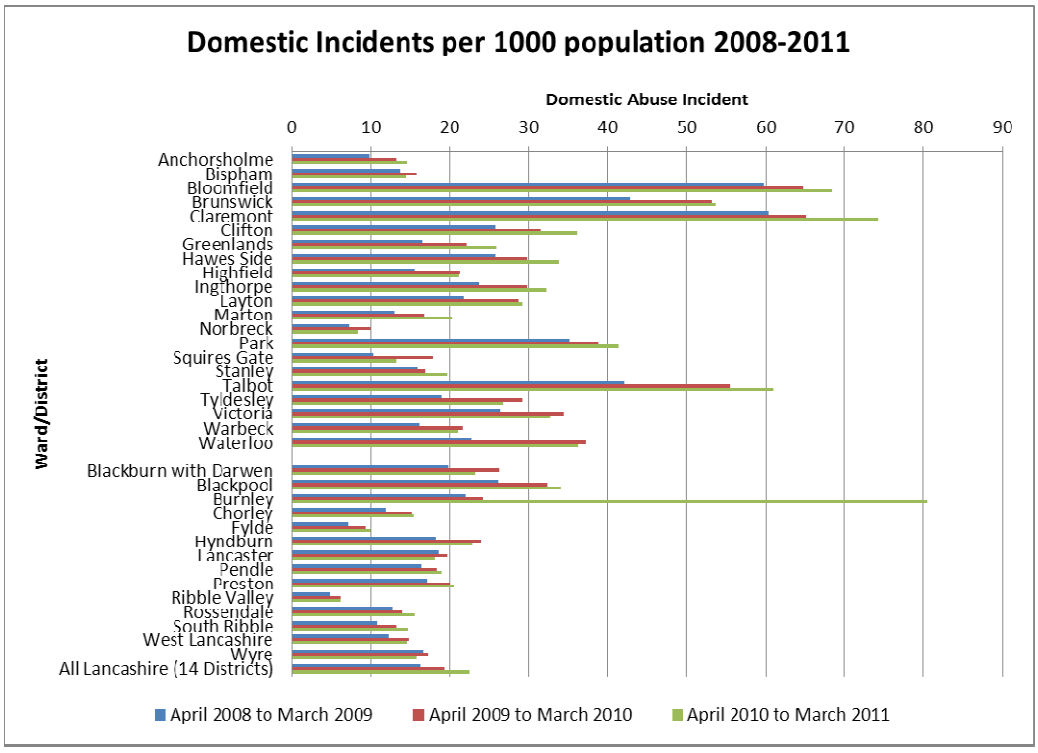


Figure 75 - Domestic Incidents

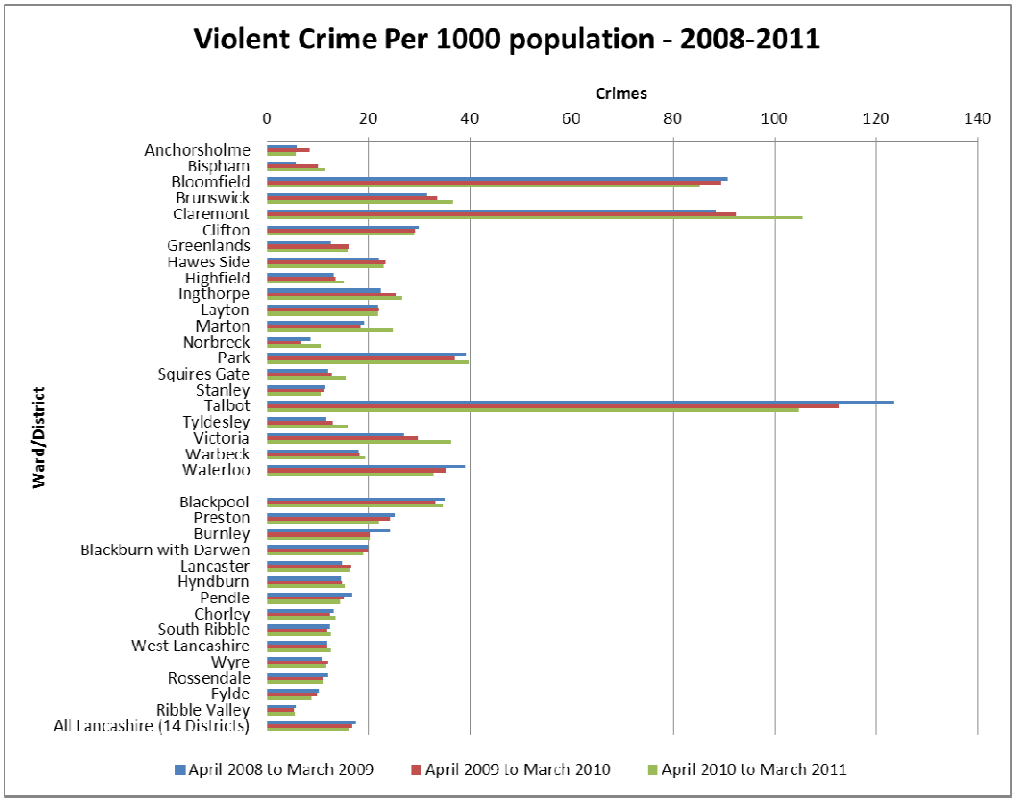


Violent Crime:

Violent Crime covers everything from murder to relatively minor public order offences and includes sexual offences. Whilst violent crime contains some very serious offences on it the majority of offences result in relatively low or in some cases no physical harm to the public.

Within 2011, violent crime has reduced by 8.8% compared to 2010. Serious violent crime and violence against the person also both show reductions within these time frames. (CORA).

Figure 76 - Violent Crime



The chart above compares Blackpool to the rest of Lancashire and breaks down violent crime by wards. Violent crime is a Blackpool wide issue; however 47.0% of all violent crime is concentrated in the three wards of Talbot, Claremont and Bloomfield. These wards constitute the town centre and promenade night time economy areas. Unsurprisingly perhaps these three wards have 53.0% of alcohol related violent crime in Blackpool.

Seven percent of all recorded violent crime is classed as serious violent crime, with 56.0% of all serious violent crime is concentrated in the same three wards as all violent crime. (SLEUTH Crime Recording 2011). Ambulance data for assaults confirm the above three wards as hotspots. Blackpool Victoria Hospital admissions Trauma and Injury Intelligence Group (TIIG) data identifies the same areas and in addition Brunswick and Park Wards as a source of assault patients. All five wards are at the top of the top quartile (25%) in Lancashire as the Source of assault victims. (MADE District Profile 2010-11)

Blackpool accounts for 20.0% of all violent crime; 20.0% of all serious violent crime and 20% of all violence against the person recorded in Lancashire. Blackpool shows the highest level of violent crime when compared to all other Lancashire CSPs. Talbot, Claremont and Bloomfield Wards are ranked 2nd. 3rd, and 4th in Lancashire and have been for the last 3 years. (MADE District Profile 2010-2011)

All sexual offences and Serious Sexual Offences increased between 2008-2009 and 2009-2010. All sexual offences remained constant in 2010-2011 although Serious Sexual Offences again showed an increase. Preliminary Indications are that 2011/2012 both categories will show a reduction. As with other offences, Bloomfield, Claremont, Talbot and Park Wards are the main offending geographic areas.

Approximately one third (29.0%) of sexual offences have an alcohol marker indicating that the victim and/or offender had been consuming alcohol. In the case of 'Serious Sexual Offences' this increases to 40.0% (SLEUTH Crime Recording 2011)

Drug Related Crime:

The table below shows the main offences recorded by police that have a drug marker on the record indicating that a controlled drug was involved in the offence in some way. This method of identifying drug related crime is under reported as it relies on the marker being manually included. Apart from the obvious possession of controlled drugs offences, crimes of violence and acquisitive crime feature.

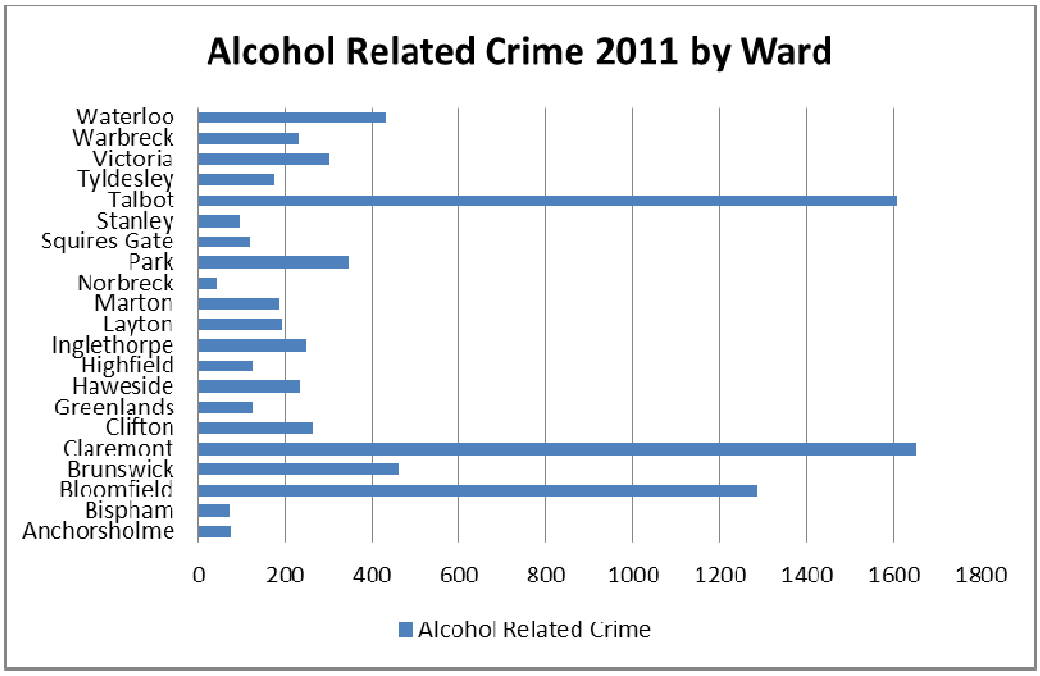
Misuse poses a threat because of the Organised Criminal Groups (OCG's) that feed the problem and from those Persistent Prolific Offenders (PPO's) and wider criminal community who consume the products. Crime especially acquisitive and violent crime is committed either to feed a habit or as the results of the effect of substance misuse. The wards of Talbot, Claremont and Brunswick have been identified as hotspots across Blackpool.

Table 15 - Top 5 crimes

Top 5 Crime Types – Drugs Marker	
Home Office Description	**Total**
Possession of Controlled Drugs excluding Cannabis	206
Actual Bodily Harm and other Injury	186
Possession of Controlled Drugs (Cannabis)	126
Shoplifting	106
Assault without Injury	91

Substance Misuse – Alcohol:

Figure 77 - Alcohol Related Crime



Alcohol is too often a pre cursor and catalyst for crime and disorder in Blackpool in addition to creating health and safety issues in the wider community. Blackpool has one of the highest levels of alcohol related mortality in the country. It is a local authority containing some of the most deprived areas in Lancashire and in England. There is a statistical correlation between Blackpool's areas of deprivation and hotspots for violent crime, domestic abuse, and criminal damage, all associated with alcohol abuse to some degree.
Alcohol is a factor in 14.0% of all recorded crime in Blackpool and 36.0% of all violent crime (SLEUTH 2011). Many alcohol related crimes take place in the town centre (Claremont and Talbot Wards) where there is a high concentration of licensed premises associated with both local consumption and alcohol related tourism.

The town has a high concentration of licensed premises compared to other areas nationally; containing over one quarter (27.0%) of all premises licensed for alcohol and entertainment in Lancashire. Alcohol cross cuts across many other themes including Violent Crime; Organised Crime Group's; Domestic Abuse; Acquisitive Crime; Road Safety and PPO's.

Anti-Social Behaviour:

Anti-Social Behaviour (ASB) is closely linked to Criminal Damage. These are signal events that affect the general public and may give them an often unwarranted sense of increased criminality that in fact may not exist. It may also indicate underlying problems in an area that may be a pre-cursor to more serious incidents. For example, a lack of a swift multi-agency intervention to address initial concerns regarding neighbour nuisance can quickly escalate to more serious crime and behaviour which may significantly adversely affect the physical, mental and emotional wellbeing of victims.

Figures from April to September 2011 show Blackpool as experiencing a 19.0% reduction in anti-social behaviour incidents reported to the police when compared to the same period in 2010 (Police Corporate Development ASB File). There is anecdotal evidence that the success of Neighbourhood Policing initiatives where individuals are encouraged to report directly to their Neighbourhood Policing Team (NPT) may have had an influenced the decrease in figures, as reports made directly to NPT's may have bypassed the formal recording procedures. Whilst the reduction is welcome the volume of ASB incidents reported to the police in Blackpool is still high.

Figure 78 - Anti-social behaviour

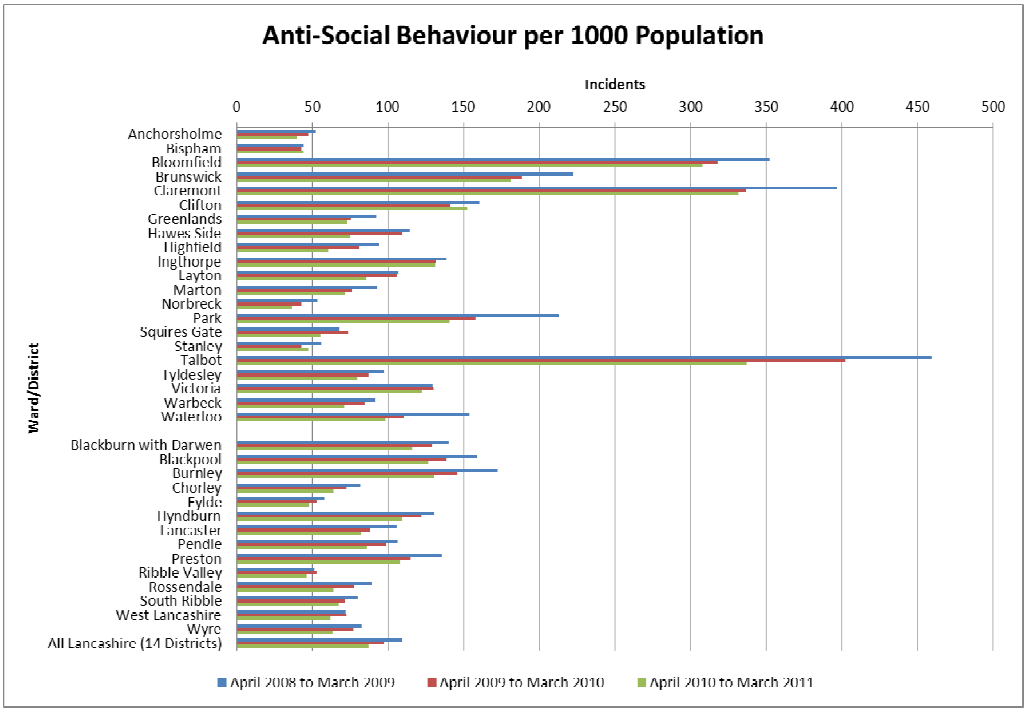
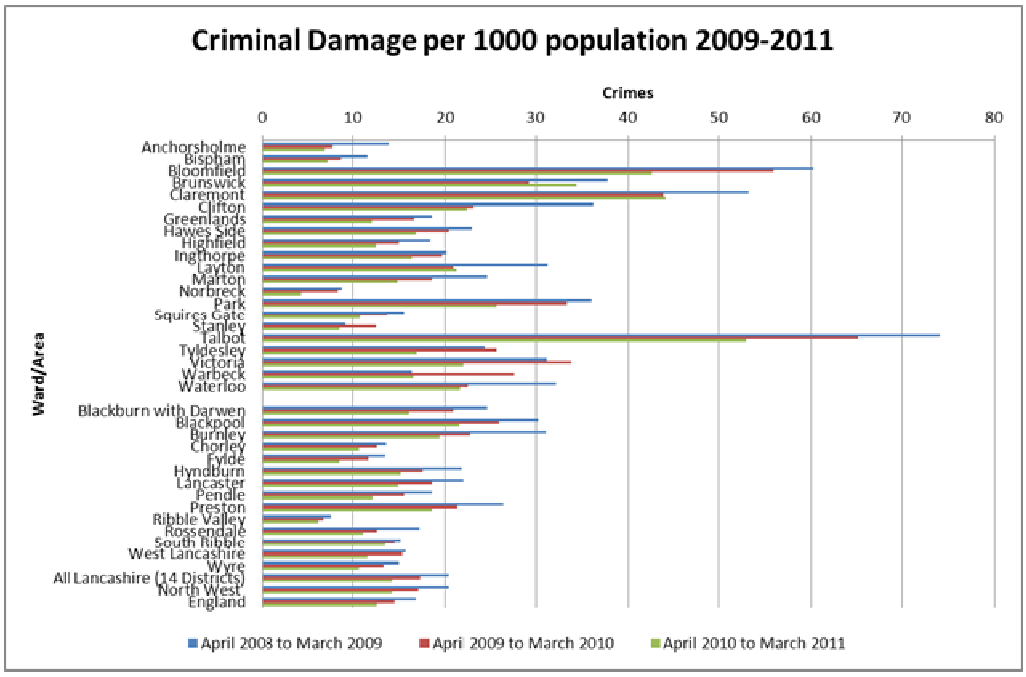


Figure 79 - Criminal Damage



In Blackpool 43.0% of 'all anti-social behaviour' (ASB) reported to the police in Blackpool for the period April 2010 to September 2011 is concentrated in the wards of Bloomfield, Claremont and Talbot; which correlate with the problem areas for Criminal Damage.

Between the same dates 'Personal' ASB accounted for 34.0% of all police reported ASB with 36.0% concentrated in the wards of Bloomfield, Claremont and Talbot. Nuisance Anti-Social Behaviour accounts for 63.0% of all police reported figures, with 41.0% concentrated in the same three wards. In addition, Environmental ASB accounts for 4.0% of all police reported ASB with 39.0% again concentrated in the same wards.

Environmental issues can be crimes in themselves or signals indicating underlying problems. Graffiti and the results of fly tipping, especially if not moved expediently reflects in a negative way on neighbourhood image and resident well-being. Fly tipping can lead to acts of criminal damage and arson. In Blackpool, 60.0% of incidents of fly tipping for the period April 2010 to September 2011 where concentrated in the four wards of Bloomfield, Brunswick, Claremont and Talbot. Neighbour Noise complaints account for approximately one quarter (26.0%) of all noise nuisance complaints received by Blackpool Council. Neighbour Noise complaints are widespread across the town with 38.0% concentrated in the four wards of Bloomfield, Claremont, Brunswick and Ingthorpe.

Key points for commissioners

Sustainable Community Strategy goals:

- Provide high quality housing in sustainable, mixed communities
  - Create a safer Blackpool
  - Create a cleaner, greener Blackpool
  - Create thriving and active communities

Blackpool Council Licensing Service

Representation made by a Responsible Authority

Responsible Authority					
Name of Responsible Authority	**Licensing Authority**				
Name of Officer *(please print)*	Mark Marshall				
Signature of Officer	Mark Marshall				
Contact telephone number	**01253-478493**				
Date representation made	**19**	**01**	**2015**		
Do you consider mediation to be appropriate				**YES**	NO

Premises Details	
Premises Name	
Address	119 Lytham Road
	Blackpool
Post Code	FY1 6DS

Details of your representation (Please refer and attach any supporting documentation)

A short summary of the issues within Bloomfield Ward are highlighted with the Blackpool Drug and Alcohol Health Needs assessment Document published in April 2014.

It is necessary for this Authority to draw the Committees attention that Bloomfield Ward has the highest rate of calls to police at 112 per 1000 households. It is not possible to make a causal link between Tesco's retailing practice and the crime data above but alcohol provision and availability will have a bearing on statistics and controlling the cumulative effect of multiple retailers in an area can assist in reducing the impact or harm on the Licensing Objectives, for this reason Bloomfield Ward is subject to Saturation Policy in connection with Off Licences.

This Policy shifts the burden to the applicant that they will not harm the Licensing Objectives should the application be granted.

Sadly Lytham Road has a mixed demographic with the South end of the road being more affluent moving to more hardened deprivation from Waterloo Rd northwards to the Promenade. In recent

months Street Drinkers, Anti-Social Behaviour and low level disorder has been observed by local businesses which seems to be concentrated on Waterloo Road and Lytham Road so retailers in this vicinity will be outlets that could service alcohol therefore aggravating the behaviour of some of the perpetrators of the reported conduct.

In addition to the crime problems associated with alcohol consumption it is an area of concentrated deprivation and the highest number of Off Licenses in Blackpool.

The immediate locality of Lytham Road already has 9 Off Licences which benefit from the following permission for the retail sale of alcohol.

PL0919- 08.00-23.00
PL0851-08.00- 23.00
PL1842 06.30- 22.00
PL1696 08.00- 22.00
PL1331 08.00- 22.00
PL1000 08.00- 23.00
PL1501 08.00- 23.00
PL1297 08.00- 01.00
PL0795 08.00- 00.00

Therefore it is the opinion of the Responsible Authority that the grant of this licence will add to the current saturation, will not assist in the Promotion of the Licencing Objectives and will add to the availability of alcohol at the North end of Lytham Road which is where all the issues seem to be concentrated.

For New / Variation Applications only.
It is recommended that the licence should only be granted if the application is amended, or if conditions are applied, as detailed below.