

# Public Document Pack

# 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 1.00 pm  
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- WHISTLESTOP NUMBER ONE (Pages 1 - 150)**

- a. APPLICATION AND REPRESENTATIONS SUBMITTED. To consider the attached report
- b. DETERMINATION OF THE APPLICATION FOR A PREMISES LICENCE- Whistlestop Number One
- c. ANNOUNCEMENT OF THE DECISION FOR THE APPLICATION FOR A PREMISES LICENCE- Whistlestop Number One

**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](mailto: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](http://www.blackpool.gov.uk).

<b>Report to:</b>	<b>Licensing Panel</b>
<b>Relevant Officer:</b>	Sharon Davies, Head of Licensing Services
<b>Date of Meeting :</b>	16 <sup>th</sup> March 2015

## APPLICATION FOR A PREMISES LICENCE – Whistlestop Number One

### 1.0 Purpose of the report:

- 1.1 On 16<sup>th</sup> January 2015 the Licensing Service received an application from Alpaslan Derme to issue a premises licence at 80 Sherbourne Road Blackpool.
- 1.2 The application requests permission to sell alcohol for consumption off the premises 11.00 – 22.00 hours daily. A copy of the application is attached.
- 1.3 Representations have been received from Lancashire Constabulary, Public Health, Health and Safety 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 relevant representations 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 Claremont which is one for 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**

In December 2009, the Licensing Panel considered an application from Mr Derme for a premises licence at the same address. The hour requested were 07.00 – 22.00 daily. This application was refused and the following reasons were given:

“There are concerns the applicant has an apparent disregard for public safety. The committee feel that Mr Derme is reactive to problems rather than proactively ensuring problems do not occur, thus requiring the involvement of enforcement authorities. The Committee feel that in the present circumstances, based on the history of underage sales and Mr Derme’s attitude, the objectives of the protection of children from harm and the prevention of crime and disorder would not be upheld.”

4.4 Does the information submitted include any exempt information? No

#### **4.5 List of Appendices:**

Appendix 4a: Application  
Appendix 4b: Representation from Lancashire Constabulary  
Appendix 4c: Representation from Public Health  
Appendix 4d: Representations from Health and Safety  
Appendix 4e: Representation from the 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



# Blackpool Council

16 JAN 2015

## APPLICATION FOR A NEW PREMISES LICENCE

**Applicant Name(s):**

AJASLAN DERME

PAGES 4 , 7 , 8 , 9 , & 10 NOT INCLUDED  
AS NOT RELEVANT TO APPLICATION.

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8572 / 8589  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



## Application for a premises licence to be granted under the Licensing Act 2003

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form.  
 If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. You may wish to keep a copy of the completed form for your records.

I/We ALPASLAN DERME

[insert name of applicant/s]

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

### Part 1 – Premises Details

Postal address of premises or club premises if any, or if none the ordinance survey map reference or description.	
<b>Premises Name</b>	WHISTLE STOP NUMBER 1.
<b>Premises Address</b>	80 SHERBOURNE ROAD
	BACKHOOL.
	Post Code <span style="border: 1px solid black; padding: 2px;">F Y 1 2 P Q</span>
<b>Telephone Number of premises (if any)</b>	01253 315338
<b>E-Mail Address</b>	
<b>Non-Domestic Rateable Value of Premises</b>	£ 3,150-00 <span style="float: right;">✓ 81</span>

### Part 2 – Applicant details

In what capacity are you applying for a licence?

Please tick:

- |   |                                     |                    |
|---|-------------------------------------|--------------------|
| a) An individual *                                | <input checked="" type="checkbox"/> | Complete Section A |
| b) A person other than an individual*             |                                     |                    |
| I. As a limited company                           | <input type="checkbox"/>            | Complete Section B |
| II. As a partnership                              | <input type="checkbox"/>            | Complete Section B |
| III. As an unincorporated association             | <input type="checkbox"/>            | Complete Section B |
| IV. Other (for example a statutory corporation)   | <input type="checkbox"/>            | Complete Section B |
| c) A recognised Club                              | <input type="checkbox"/>            | Complete Section B |
| d) A charity                                      | <input type="checkbox"/>            | Complete Section B |
| e) The proprietor of an educational establishment | <input type="checkbox"/>            | Complete Section B |

- f) Health Service Body  Complete Section B
- g) A person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  Complete Section B
- ga) 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.  Complete Section B
- h) The Chief Officer of Police of a police force in England and Wales  Complete Section B

**\*If you are applying as a person described in (a) or (b) please confirm:**

- I am carrying on or propose to carry on business that involves the use of the premises for licensable activities; or If yes please tick
- I am making the application pursuant to a
    - Statutory function
    - A function discharged by virtue of Her Majesty's prerogative

**(A) Individual Applicants (fill in as applicable)**

Title:	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	
Surname	<del>AA</del> DERME			Forenames	ALPASLAN
I am 18 years old or over	Yes	No	Date of Birth		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
			15	5	1968
Home Address	78 SHERBOURNE ROAD				
	BLAUPPOOL				
	Post Code	F	V	1	2 P Q.
Telephone Number				Mobile Number	<del>07591 874478</del>
E-Mail Address	07863 463487.				

### Part 3 - Operating Schedule

When do you want the premises licence to start

Day		Month		Year			

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day		Month		Year			

If 5000 or more people are expected to attend the premises at any one time, please state the number expected to attend

**Please give a general description of the premises** (Please see guidance note 1)

GENERAL STORE

**What licensable activities do you intend to carry on from the premises?**

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment:**

If yes please tick

- a) A performance of a play (if ticking yes, fill in box A)
- b) An exhibition of a film (if ticking yes, fill in box B)
- c) An indoor sporting event (if ticking yes, fill in box C)
- d) Boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) A performance of live music (if ticking yes, fill in box E)
- f) Any playing of recorded music (if ticking yes, fill in box F)
- g) A performance of dance (if ticking yes, fill in box G)
- h) Entertainment of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

**Provision of late night refreshment** (if ticking yes, fill in box I)

**Supply of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

**A**

Performance of a play Standard timings (read guidance note 6)			Will the performance of a play take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thurs					
Fri			<b>Non-standard timings. Where you intend to use the premises for the performance of a play at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard timings (read guidance note 6)			<b>Will the sale of alcohol be for consumption on the premises, off the premises or both?</b> Please tick. (Read guidance note 6)	On the premises				
				Off the premises	<input checked="" type="checkbox"/>			
				Both				
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)					
Mon	11.00	22.00						
Tue	11.00	22.00						
Wed	11.00	22.00						
Thurs	11.00	22.00						
Fri	11.00	22.00						
Sat	11.00	22.00						
Sun	11.00	22.00						
						<b>Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		

**K**

<p><b>Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children</b> (Please read guidance note 8)</p>
<p>NONE.</p>



L

<b>Hours premises are open to public</b> Standard timings (read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	7.30	22.00	
Tue	7.30	22.00	
Wed	7.30	22.00	
Thurs	7.30	22.00	
Fri	7.30	22.00	
Sat	7.30	22.00	
Sun	7.30	22.00	

M

<b>State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor.</b>						
Surname	DERME			Forename(s)	ALPASLAN.	
State any previous names						
They are 18 years old or over	Yes	No	Their Date of Birth	Please tick		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Day	Month	Year
				15	5	1968
Address	78 SHELBORNE ROAD					
	BLACKPOOL.					
	Post Code	F	Y	1	2	PQ
Telephone Number	01253 <del>291570</del> 315338					
Email Address						
Personal Licence Number (if known)	PA 3183					
Expiry date of Personal Licence	8 JULY 2019					
Issuing Licensing Authority (if known)	BLACKPOOL.					

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

a) **General – all four licensing objectives (b,c,d,e)** (See guidance note 9)

SEE ATTACHED

b) **The prevention of crime and disorder**

SEE ATTACHED

c) **Public Safety**

SEE ATTACHED

d) **The prevention of public nuisance**

SEE ATTACHED

e) **The protection of children from harm**

SEE ATTACHED

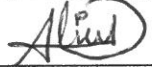
If yes please tick

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application, including the plan and consent by the proposed supervisor form (if applicable), to the responsible authorities
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application. *(You may be asked to prove this, it is therefore in your best interests to provide a copy of the advert to the Licensing Department).*
- I understand that if I do not comply with the above requirements my application will be rejected

**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**

**Part 5 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent.** (please read guidance note 11) **If signing on the behalf of the applicant please state in what capacity.**

<b>Signed</b>	
<b>Print Name</b>	ALPASLAN DERME
<b>Capacity</b>	APPLICANT
<b>Date</b>	<del>28.8.2014</del> 13.1.2015

**Where the premises licence is jointly held signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (Please read guidance note 12) **If signing on behalf of the applicant please state in what capacity.**

<b>Signed</b>	
<b>Print Name</b>	
<b>Capacity</b>	
<b>Date</b>	

<b>Contact name (where not previously given) and address for correspondence associated with is application. (Please read guidance note 13)</b>									
<b>Title:</b>	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms					
<b>Forename(s)</b>	MICHAEL			<b>Surname</b>	WOOSNAM				
<b>Address for Correspondence associated with this application</b>	ROLAND ROBINSONS & FEUTONS								
	87-89 ADELAIDE STREET								
	BLACKPOOL			<b>Post Code</b>	F	7	1	4	L
<b>Telephone Number</b>	01253 621432			<b>Mobile Number</b>					
<b>E-Mail Address</b>	mwe@rfsolicitors.com								

### Notes for Guidance

1. Describe the premises. For example the type of premises, it's general situation and layout and any other information that 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 is and its proximity to the premises.
2. Where taking place in the building or other structure please tick as appropriate. Indoors may include a tent.
3. For example state the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
6. Please give timings in 24-hour clock format (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.
7. If you wish people to be able to consume alcohol on the premises please tick on. If you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish for people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises that 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 of restricted age groups, the presence of gaming machines.
9. Please list here the steps you will take to promote all four licensing objectives together.
10. The application must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, the applicants or their respective agents must sign the application form.
13. This is the address that we shall use to correspond with you about this application.

Whistle Stop Number 1  
Off-licence conditions

1. The licence holder is to support and rigorously enforce challenger 25 proof of age policy.

Any person who looks or appears to be under the age of 21 shall be asked to provide identification that they are over the age of 18. The following are the only forms of identification acceptable: -

- i. UK photo driving licence
- ii. Passport
- iii. Proof of age Standards Scheme card

2. There shall be no less than two members of staff working in the premises at any time that the premises are open beyond 7pm .

3. No person under the age of 18 will be allowed to sell alcohol.

4. The premises will be equipped with a closed circuit television system appropriate to the business and approved by the enforcement authorities.

5. CCTV will be installed internally and externally at the premises and will comply with the following: -

- The CCTV system shall be installed, maintained and operated to the reasonable satisfaction of Lancashire Constabulary. All public areas of the premises are to be covered by the system.
- The system will display on any recording the correct time and date of the recording.
- The system will make recordings during all hours that the premises are open to the public.
- The VCR tapes or digital recording will be held for a minimum of 31 days and 28 days respectively after the recording is made and will be made available to the police or any authorized persons acting for a responsible authority for inspection upon request.
- The system will, as a minimum, record images of the head and shoulders of all persons entering the premises.

A staff member who is conversant with the operation of the CCTV system will be on the premises at all times that the premises are open to the public. This staff member will be able to show police recent data or footage with the absolute minimum of delay, when requested.

The Licence Holder or Designated Premises Supervisor will notify the Police Licensing Unit on any occasion when the CCTV is to be inoperative for a period in excess of one working day and shall provide a certificate from a competent person stating the reason for the system being inoperative and the measures which have been taken to satisfy the licence conditions.

Appropriate signs informing customers that CCTV is recording will be displayed in conspicuous positions on the premises.

Monthly documented maintenance checks of the CCTV system, including the recording system, will be carried out by the Designated Premises Supervisor to ensure that the system is in good working order and fit for purpose.

6. All staff are to have received suitable training in relation to the proof of age scheme to be applied at the premises. Records to evidence this will be made available to an authorised officer on demand.

7. A refusals book will be used to record all occasions on which a sale of alcohol has been refused.

8. The premises will be operated in accordance with the principles of the Nightsafe initiative as are relevant to the business and set out in the associated leaflet.

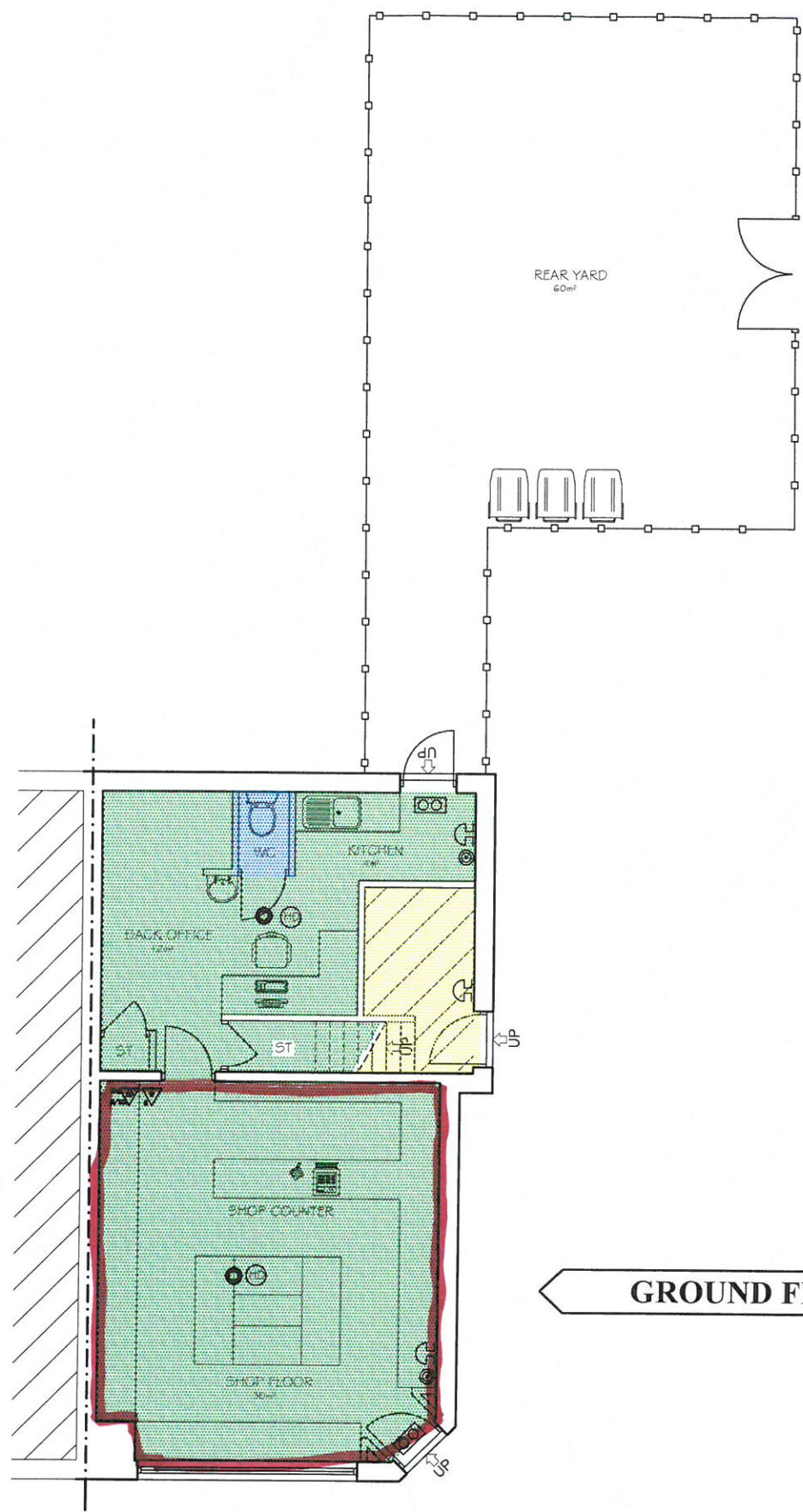
9. A clear legible notice will be displayed in a conspicuous position at every exit point from the premises asking customers to avoid causing noise nuisance or disturbance to local residents.

10. That the licence holder and designated premises supervisor will join the Town Centre Off Licence forum.

11. No deliveries will be made to the premises after 18:00hours.

12. The premises will not stock or supply either “white cider” or beers or lagers with an alcoholic content above 5%.





**CONFIGURATION**  
 GROUND FLOOR TOTAL AREA 50m<sup>2</sup>  
 TOTAL PLOT AREA 110m<sup>2</sup>

- KEY TO SYMBOLS**
- ⊙ HD HEAT DETECTOR
  - ⊙ SD SMOKE DETECTOR
  - ⊙ ALARM BREAK POINT
  - △ EXTINGUISHERS
  - EMERGENCY LIGHT
  - ⊙ FIRE ESCAPE LIGHTING
  - ⊙ ALARM SIREN

- DRY AREA
- WET AREA
- BEER / BOTTLE STORE
- W/C

*— Licensed area.*

**GROUND FLOOR/ SITE LAYOUT SCALE 1:100**

**Keystone Design Associates Ltd.**  
 261 Church Street Blackpool FY1 3PB  
 Tel. No. 01253 649040  
 Fax. No. 01243 752901  
 Email : Info@keystonedesign.co.uk

PROJECT ADDRESS		80 SHERBOURNE ROAD BLACKPOOL	
CLIENT	MR DERME	DRAWING TITLE	LICENSING PLAN
DRAWN	PB	SCALE	1:100@A3
		DATE	15/08/2014
DRAWING No.		AO14/183/L/O1	

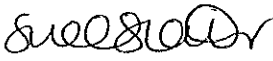
Revision	-	Amendments		Date		By	
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**Blackpool Council Licensing Service**

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

<b>Responsible Authority</b>			
Name of Responsible Authority	LANCASHIRE CONSTABULARY		
Name of Officer <i>(please print)</i>	Police Staff 12973 Sue Slater		
Signature of Officer			
Contact telephone number	01253 604073		
Date representation made	11	02	15
Do you consider mediation to be appropriate	<input type="checkbox"/>	<input type="checkbox"/>	NO
<b>Premises Details</b>			
Premises Name	Whistle Stop Number 1		
Address	80 Sherbourne Road		
	Blackpool		
Post Code	FY1 2PQ		
<b>Reasons for making representations</b>			
<p>I am in receipt of an application for a New Premises Licence for the above address.</p> <p>On behalf of the Chief Officer of Police, having reviewed the application the Police make formal objections on the following grounds:</p> <p>The Police base this objection on the existing Premises Licence being in Claremont Ward, 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;</p> <ul style="list-style-type: none"> <li>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</li> </ul>			

would be impossible to identify an individual premises 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.

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.

The applicant's representative contacted the Police Licensing Department prior to the application, at which time they were informed that we intended to object if the application were to be submitted. Additionally, if the client were to rebut the presumption as prescribed above, we would be concerned that his previous criminal history, which includes affray and repeated motoring offences, would not make for a reliable premises licence holder.

**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

## Slater, Sue

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**From:** Hannon, Caroline  
**Sent:** 20 January 2015 10:34  
**To:** Slater, Sue  
**Subject:** FW: Whistlestop Number 1

**From:** Sheila Porter [<mailto:sheila@rrfsolicitors.com>]

**Sent:** 15 December 2014 11:34

**To:** Hannon, Caroline

**Subject:** RE: Whistlestop Number 1

Thank you Caroline. I have passed this information on to Michael.

Regards.

Sheila

Sheila Porter  
Legal Secretary

**Roland Robinsons and Fentons**  
**85-89 Adelaide Street**  
**Blackpool**  
**Lancashire**  
**FY1 4LX**

**Tel: 01253 621432**  
**Fax: 01253 751161**  
**email: [sheila@rrfsolicitors.com](mailto:sheila@rrfsolicitors.com)**

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**From:** Hannon, Caroline [<mailto:Caroline.Hannon@lancashire.pnn.police.uk>]  
**Sent:** 15 December 2014 10:51  
**To:** Sheila Porter  
**Subject:** RE: Whistlestop Number 1

Sheila/Michael

Sorry I haven't replied, the police will be objecting to any new licenses in the Saturation area

Regards Caroline

PS 1033 Caroline Hannon  
Blackpool Police Licensing Department | Tel: 01253 604153

---

**From:** Sheila Porter [mailto:[sheila@rrfsolicitors.com](mailto:sheila@rrfsolicitors.com)]  
**Sent:** 20 November 2014 12:15  
**To:** Hannon, Caroline  
**Subject:** Whistlestop Number 1

Dear Sergeant Hannon

**Re: Whistlestop Number 1**  
**80 Sherbourne Road, Blackpool**

We have been instructed by Mr Derme who wishes to apply for a premises licence to permit him to sell alcohol. This will be alongside the existing convenience goods.

We appreciate that the premises are situated within the special policy area.

Mr Derme has operated the shop for some years. He does sell age sensitive goods, specifically tobacco. We understand that there have been no issues surrounding such sales.

Mr Derme's application is for the sale of alcohol between 11am - 10pm each day with no reasonable variations.

We enclose a copy of the proposed conditions which are, of course, over and above the mandatory conditions which would apply in any event.

We would be grateful if you would let us have your observations in respect of this application and whether, notwithstanding the special policy area, this is an application that can, with the appropriate conditions, proceed unopposed.

Yours faithfully

MICHAEL WOOSNAM  
Roland Robinsons and Fentons Solicitors  
Solicitor

Sheila Porter  
Legal Secretary

**Roland Robinsons and Fentons**  
**85-89 Adelaide Street**  
**Blackpool**  
**Lancashire**  
**FY1 4LX**

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**From:** downstairs\_scanner@rrfsolicitors.com [mailto:downstairs\_scanner@rrfsolicitors.com]

**Sent:** 20 November 2014 05:00

**To:** Sheila Porter

**Subject:** Message from KM\_C284e

\*\*\*\*\*  
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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 <i>(please print)</i>	C. Dobson and Rachel Swindells			
Signature of Officer	C. Dobson			
Contact telephone number	07990084572			
Date representation made	17	02	2015	
Do you consider mediation to be appropriate				NO

#### Premises Details

Premises Name	<b>Whistlestop Number 1</b>
Address	80 Sherbourne Road
	Blackpool
Post Code	FY1 2PQ

#### Reasons for making representations

The Public Health Department, Blackpool Council, write in reference to the new Premises Licence application for Whistlestop Number 1, Blackpool.

The applicant brings this application in full knowledge that this store is located within Claremont 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 due to the following concerns:

Lack of information within the application and plan regarding:

- 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 adopted.

Claremont Ward information

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 Claremont. Specific areas in the central wards, including Claremont 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 Claremont Ward has the 2<sup>nd</sup> 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 3<sup>rd</sup> on the list states –

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

Recent health statistics show Claremont 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 Claremont ward;

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

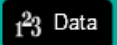
Public Health would ask the Licensing Committee to consider the potential risks associated with the increase in the availability of alcohol within this Saturation Area in their deliberations as to whether to grant this application.

**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

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Detail Summary Customize table

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E05001647 - Claremont; Blackpool

Indicators	Select value	value	Englan	England	England	England
		Englan	worst	range		best
Obese Children (Year 6) (%)	20.6	19.1	36.0			4.0 ▲
Children with excess weight (Year 6) (%)	34.8	33.5	54.1			10.0
Children's and young people's admissions for injury (C	1,86...	1,180.9	2,647.8			412.7
Obese adults (%)	27.1	24.1	34.8			5.9
Binge drinking adults (%)	29.1	20.0	56.4			3.3
Healthy eating adults (%)	19.5	28.7	12.3			54.1
Emergency hospital admissions for all causes (SAR)	184.4	100.0	224.9			27.2
Emergency hospital admissions for CHD (SAR)	144.1	100.0	425.3			27.0
Emergency hospital admissions for stroke (SAR)	122.0	100.0	257.7			28.4
Emergency hospital admissions for Myocardial Infarcti	92.6	100.0	324.3			20.6
Emergency hospital admissions for Chronic Obstructiv	228.2	100.0	660.1			10.7
Incidence of all cancer (SIR)	113.8	100.0	146.6			47.8
Incidence of breast cancer (SIR)	110.1	100.0	180.1			43.0
Incidence of colorectal cancer (SIR)	102.0	100.0	200.1			33.0
Incidence of lung cancer (SIR)	161.0	100.0	302.0			23.4
Incidence of prostate cancer (SIR)	74.0	100.0	216.8			23.6
Hospital stays for self harm (SAR)	386.9	100.0	464.3			12.3
<b>Hospital stays for alcohol related harm (SAR)</b>	<b>234.7</b>	<b>100.0</b>	<b>296.2</b>			<b>37.2</b>
Emergency hospital admissions for hip fracture in 65+	99.3	100.0	218.2			31.8
Elective hospital admissions for hip replacement (SAR)	82.1	100.0	218.4			16.9
Elective hospital admissions for knee replacement (SAR)	99.5	100.0	215.3			21.4
Life expectancy at birth for males (years)	69.1	78.9	67.1			91.3
Life expectancy at birth for females (years)	76.9	82.8	73.9			98.4
Deaths from all causes, all ages (SMR)	170.4	100.0	279.2			19.9
Deaths from all causes, under 65 years (SMR)	308.1	100.0	320.9			0
Deaths from all causes, under 75 years (SMR)	255.2	100.0	286.1			0
Deaths from all cancer, all ages (SMR)	131.3	100.0	234.6			0
Deaths from all cancer, under 75 years (SMR)	144.2	100.0	274.5			0
Deaths from circulatory disease, all ages (SMR)	173.3	100.0	279.2			0
Deaths from circulatory disease, under 75 years (SMR)	284.7	100.0	319.1			0
Deaths from coronary heart disease, all ages (SMR)	187.7	100.0	596.2			0
Deaths from coronary heart disease, under 75 years (S	308.2	100.0	569.8			0
Deaths from stroke, all ages (SMR)	172.7	100.0	711.9			0
Deaths from respiratory diseases, all ages (SMR)	190.1	100.0	373.2			0

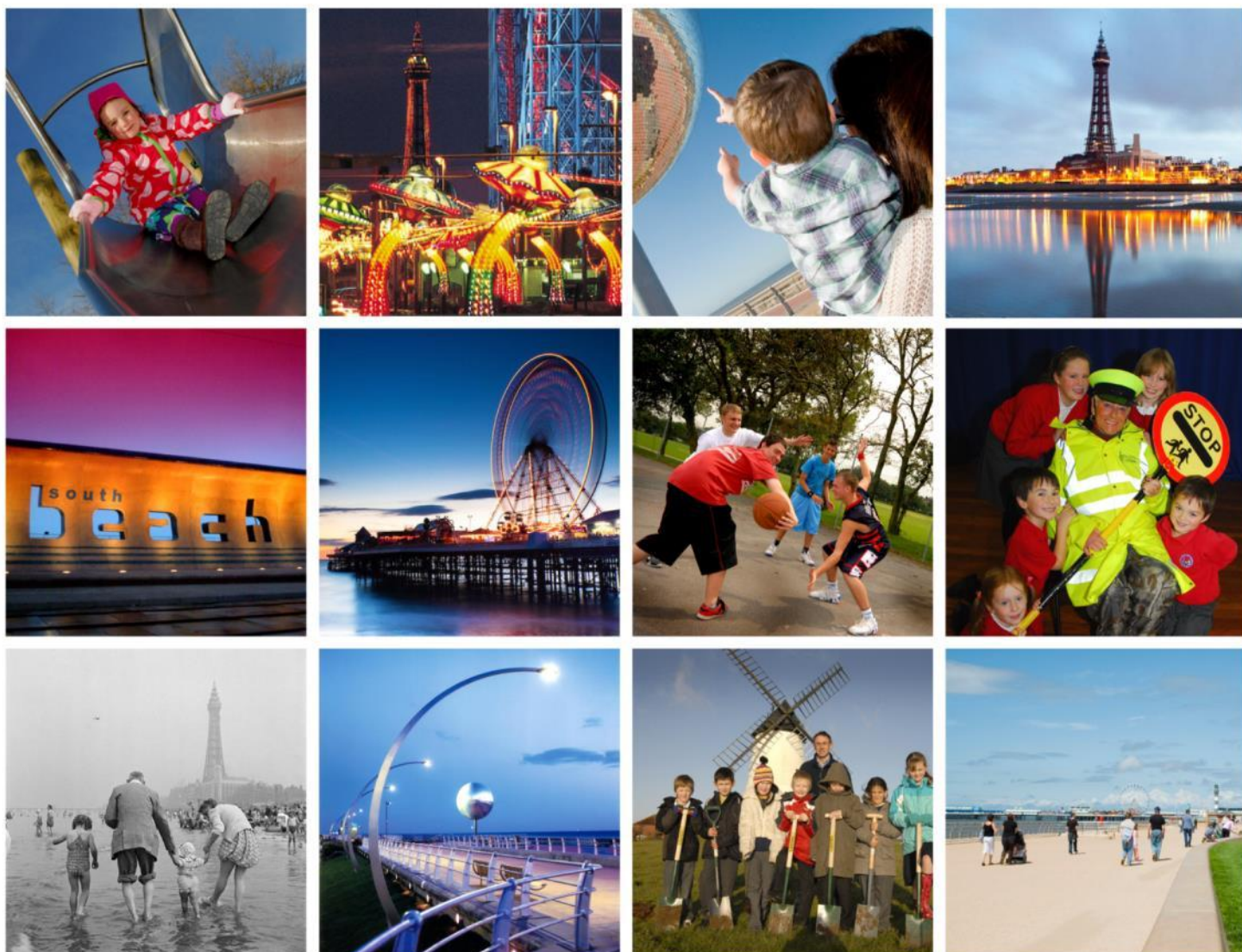
E05001647 - Claremont; Blackpool significantly different from average

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# Blackpool Drug and Alcohol Health Needs Assessment

April 2014

Blackpool Council



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## **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*<sup>1</sup> 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<sup>2</sup>:

**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>

---

<sup>1</sup> *Signs for improvement – commissioning interventions to reduce alcohol-related harm*, Department of Health, 2009

<sup>2</sup> *Reducing Harmful Drinking*, Department of Health, 2009

This is in addition to the 2012 Alcohol Strategy<sup>3</sup>:

**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.<sup>4</sup> Alcohol-related hospital admissions and mortality feature among these.

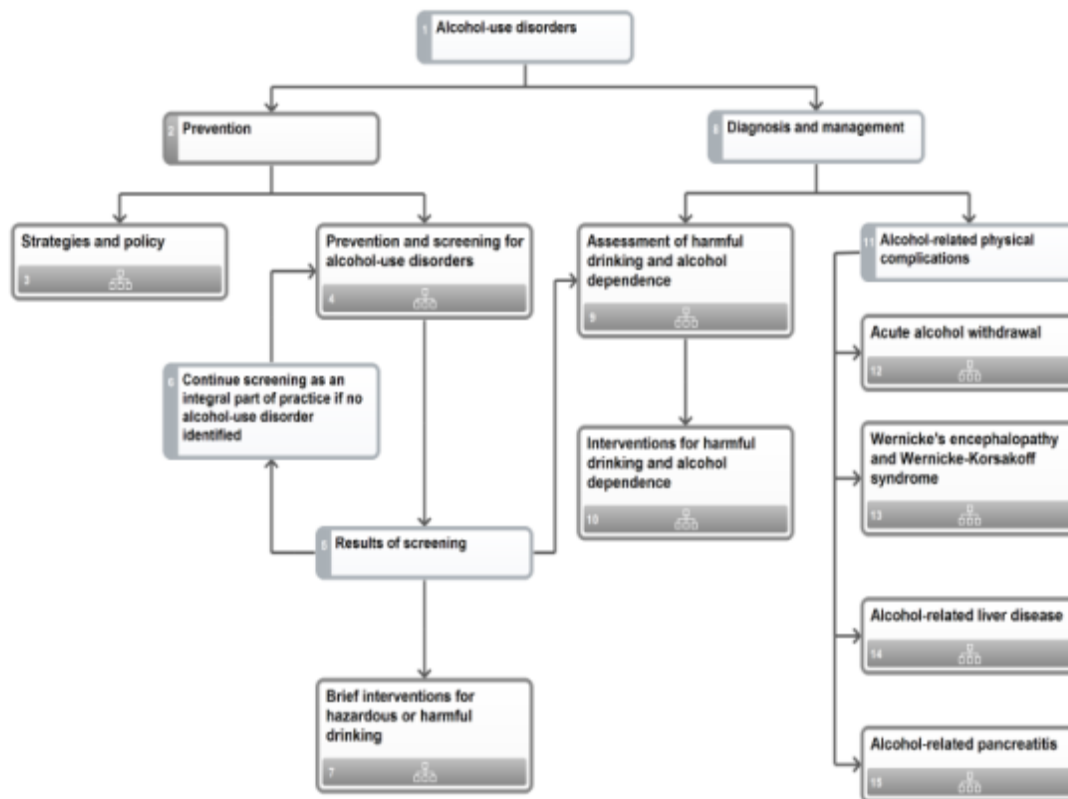
The National Institute of Health and Care Excellence (NICE) has developed several relevant guidelines. A summary of existing guidance is shown in the figure below.

---

<sup>3</sup> *The Government’s Alcohol Strategy*, Home Office, 2012

<sup>4</sup> *The Public Health Outcomes Framework*, Public Health England, <http://www.phoutcomes.info/>

Figure 1: Alcohol-use disorders overview<sup>5</sup>



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

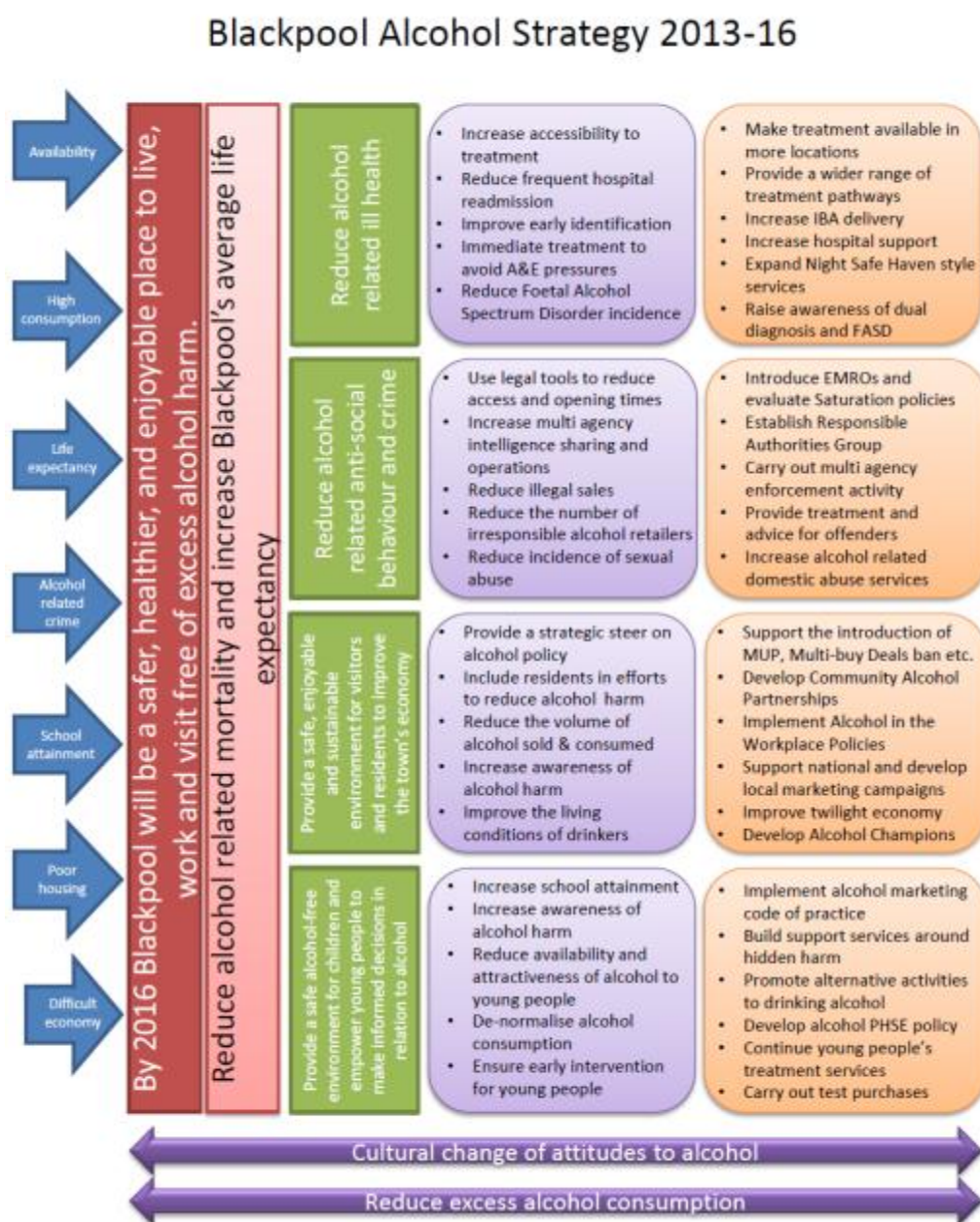
<sup>5</sup> *Alcohol-use disorders overview*, National Institute of Health and Care Excellence, 2013



## 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<sup>6</sup>



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

<sup>6</sup> 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<sup>7</sup>:

- 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/](http://www.nhs.net/livewell/alcohol/))

<sup>7</sup> *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 bringing 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*<sup>8</sup> 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 drunk 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

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<sup>8</sup> 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.<sup>9</sup>

#### **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.

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<sup>9</sup> 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.<sup>10</sup> 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*<sup>11</sup> 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.<sup>46</sup>

### 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.<sup>12</sup> 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

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<sup>10</sup> **Smoking, Drinking and Drug Use Among Young People in England – 2012**, Health and Social Care Information Centre

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

<sup>12</sup> Measham, Moore, Østergaard, Fitzpatrick & Bhardwa *LDAAT Emerging Drug Trends – Phase 2 report*, 2011  
[http://www.clubbingresearch.com/?page\\_id=2](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.

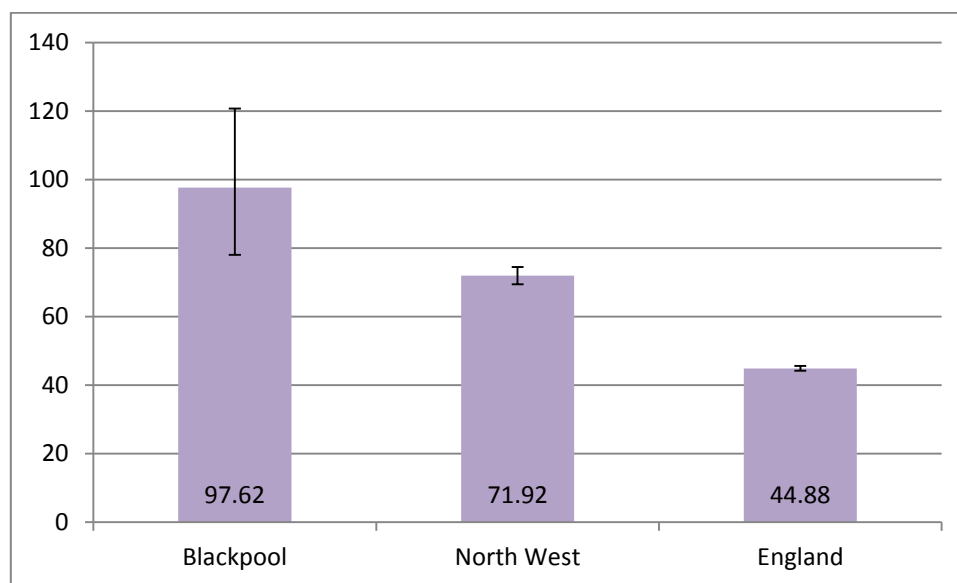
“So like I would never go out sober, ‘cos it scares me what drunk people are like, it scares me personally. So I have to be drunk to scare other people basically.”

### 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 317<sup>th</sup> 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.<sup>13</sup> 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

<sup>13</sup> 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.<sup>14</sup>

### **c. Emotional wellbeing of looked after children**

Using the Department for Education data<sup>15</sup>, there were 320 looked after children in Blackpool as of 31<sup>st</sup> 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<sup>16</sup>:

- 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

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<sup>14</sup> Interpersonal Violence & Abuse Team *MARAC Data*, Blackpool Council, 2010-2011

<sup>15</sup> Outcomes for looked after children as of March 31<sup>st</sup>, 2013, Department of Education.

<sup>16</sup> *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*<sup>17</sup> 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,

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<sup>17</sup> 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)**

**North West summary by local authority, compared with North West averages**

Local authority	Alcohol-specific hospital admissions	% children and young people using alcohol	Hospital admissions for substance misuse	% children and young people using drugs	Teenage conceptions: under 16s	Teenage conceptions: under 18s	% persistent absentees	% pupils with fixed period exclusions	% pupils permanently excluded	% achieving 5 A*-C GCSEs including maths and English	% 16-18s NEET	First time entrants to Youth Justice System
Blackburn with Darwen												
<b>Blackpool</b>												
Bolton												
Bury												
Cheshire East												
Cheshire West and Chester												
Cumbria												
Halton												
Knowsley												
Lancashire												
Liverpool												
Manchester												
Oldham												
Rochdale												
Salford												
Sefton												
St Helens												
Stockport												
Tameside												
Trafford												
Warrington												
Wigan												
Wirral												

**North West summary by local authority, compared with England averages**

Local authority	Alcohol-specific hospital admissions	% children and young people using alcohol	Hospital admissions for substance misuse	% children and young people using drugs	Teenage conception rate: under 16s	Teenage conception rate: under 18s	% persistent absentees	% pupils with fixed period exclusions	% pupils permanently excluded	% achieving 5 A*-C GCSEs including maths and English	% 16-18s NEET	Rate of first time entrants to Youth Justice System
Blackburn with Darwen												
<b>Blackpool</b>												
Bolton												
Bury												
Cheshire East												
Cheshire West and Chester												
Cumbria												
Halton												
Knowsley												
Lancashire												
Liverpool												
Manchester												
Oldham												
Rochdale												
Salford												
Sefton												
St Helens												
Stockport												
Tameside												
Trafford												
Warrington												
Wigan												
Wirral												

**Key:**

- Significantly worse than the North West / England average
- Not significantly different to the North West / England average
- Significantly better than the North West / England average
- Not measured

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



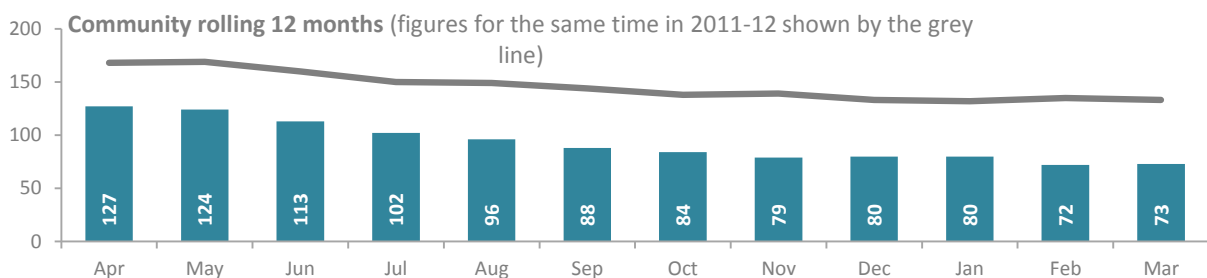
#### iv. Service Overview

##### 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*)

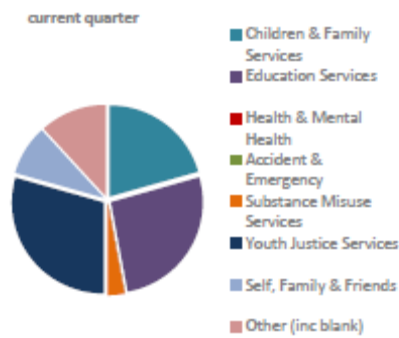
The majority of referrals originate from education services and youth justice services, proportions similar to those in partnership clusters, as based on similarity in Child Wellbeing Index Quintile Comparisons, and nationally. Details for the partnership clusters are included in the text box below.

#### 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*

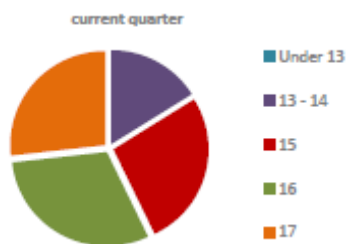
**Figure 8:** Referral sources for Quarter 2 2013-14 (% of all new presentations)



(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.

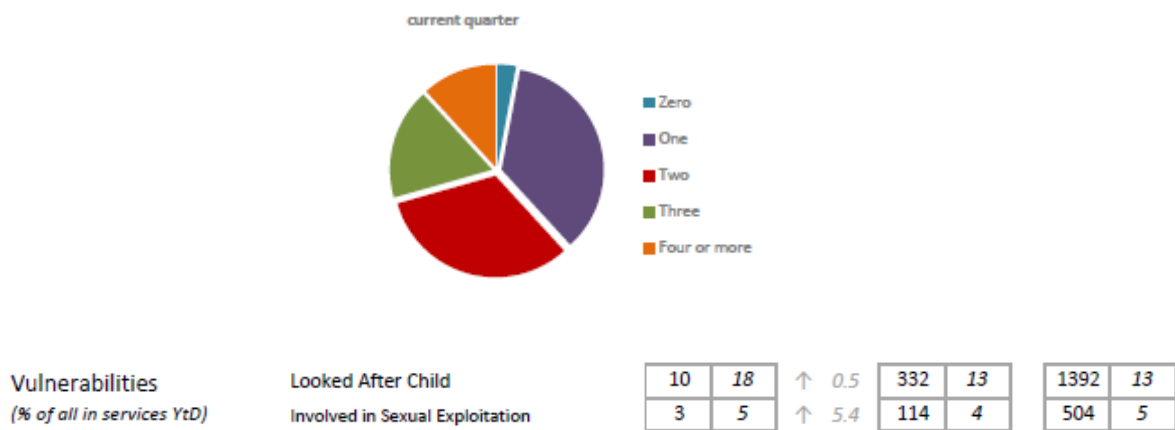
**Figure 9:** Age Quarter 2 2013-14 (% of all in service)



(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.

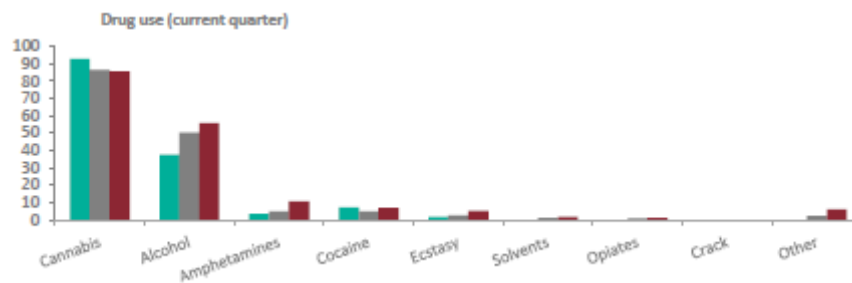
**Figure 10:** Multiple Vulnerabilities for Quarter 2 2013-14 (% of all new presentations)



(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.

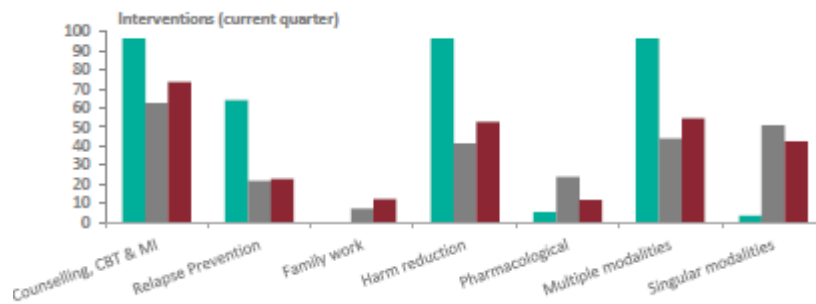
**Figure 11:** Substances Quarter 2 2013-14 (cited substance in drug 1, 2 or 3 in any episode in the year. % of all YP in services YtD)



(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.

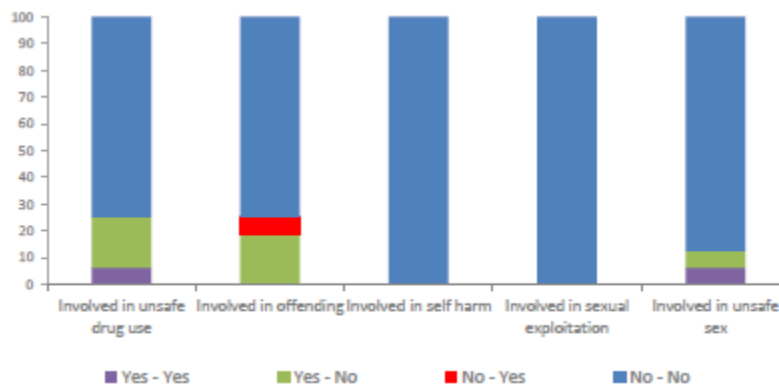
**Figure 12:** Interventions types delivered in Quarter 2 2013-14 (all interventions, YtD. % of all in services YtD)



(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.

<b>Risk / Harm</b>	<b>Description</b>
<b>Opiate and/or Crack User (OCU)</b>	YP is using opiates and/or crack (in drug 1, 2 or 3) within the first episode of their treatment journey
<b>Higher Risk Drinkers</b>	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
<b>Poly Drug User</b>	YP is using two or more drugs (not including nicotine but could be any other two drugs)
<b>NFA / Unsettled</b>	YP's accommodation need is NFA or unsettled
<b>Offending</b>	YP is involved in offending and/or is in contact with the YOT
<b>NEET</b>	YP education status and employment status shows YP is not in any education, employment or training as recorded in the YP Education Status field
<b>Early Onset</b>	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)
<b>YP involved in Self Harm</b>	YP involved in self harm at treatment start is answered yes
<b>YP Pregnant and/or Parent</b>	YP is pregnant and / or has a parental status stating YP is pregnant or a parent
<b>YP is a Looked After Child (LAC)</b>	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:

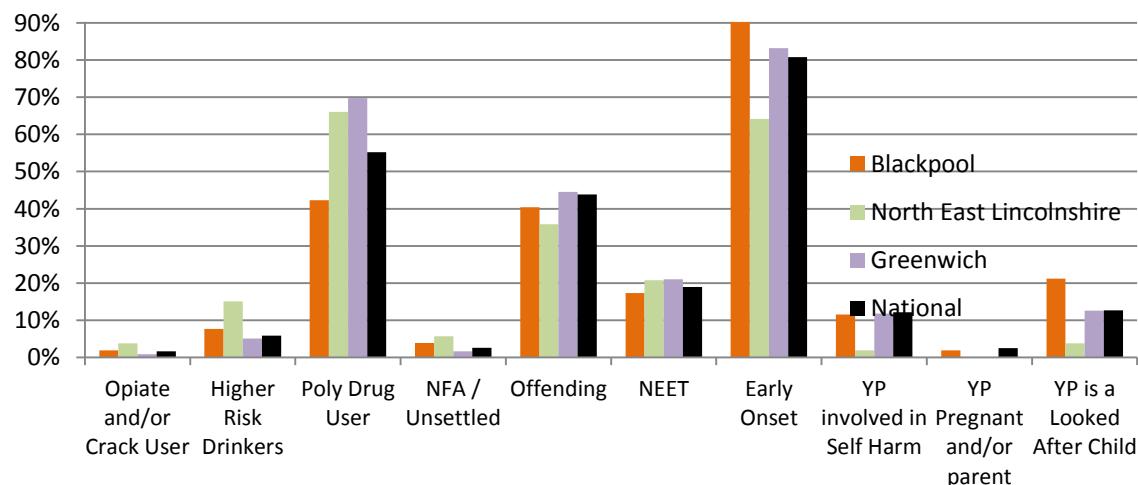
Table 2: Partnership clusters

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



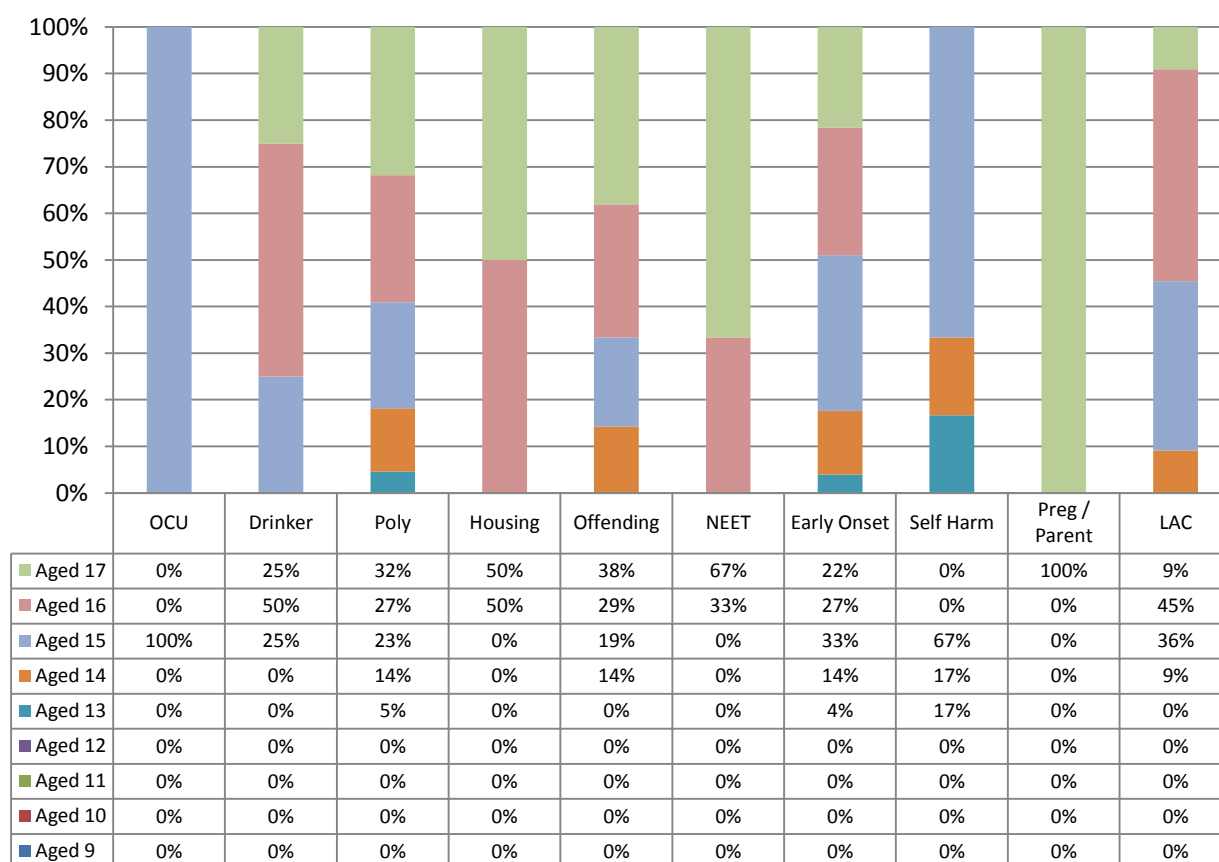
(Source: NDTMS)

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



**(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.<sup>18</sup>

- 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.

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<sup>18</sup> Lancashire Probation Trust. Probation data 18-24yrols 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 326<sup>th</sup> 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.<sup>19</sup>

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

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.

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<sup>19</sup> *Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*. NICE. 2011.

<sup>20</sup> *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>

<sup>21</sup> 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.<sup>22</sup> 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<sup>23</sup>:

- Salford
- Wirral
- Bolton
- Knowsley

<sup>22</sup> *Topography of Drinking Behaviours in England*, The North West Public Health Observatory, 2011  
<http://www.lape.org.uk/downloads/alcohol estimates2011.pdf>

<sup>23</sup> *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
<b>North West</b>	14.7	59.7	19.3	6.3	70	22.7	7.3
<b>Blackpool</b>	13.6	57.1	20.9	8.4	66.1	24.2	9.8
<b>Salford</b>	14.3	59.8	19.9	6.0	69.8	23.3	7.0
<b>Wirral</b>	16.5	61.5	16.0	6.0	73.6	19.2	7.2
<b>Bolton</b>	16.7	58.4	19.1	5.8	70.1	23.0	7.0
<b>Knowsley</b>	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/alcholestimates2011.pdf>)

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

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

(Source: Topography of Drinking Behaviours in England, The North West Public Health Observatory, 2011  
<http://www.lape.org.uk/downloads/alcholestimates2011.pdf>)

### c. Types of alcohol consumed

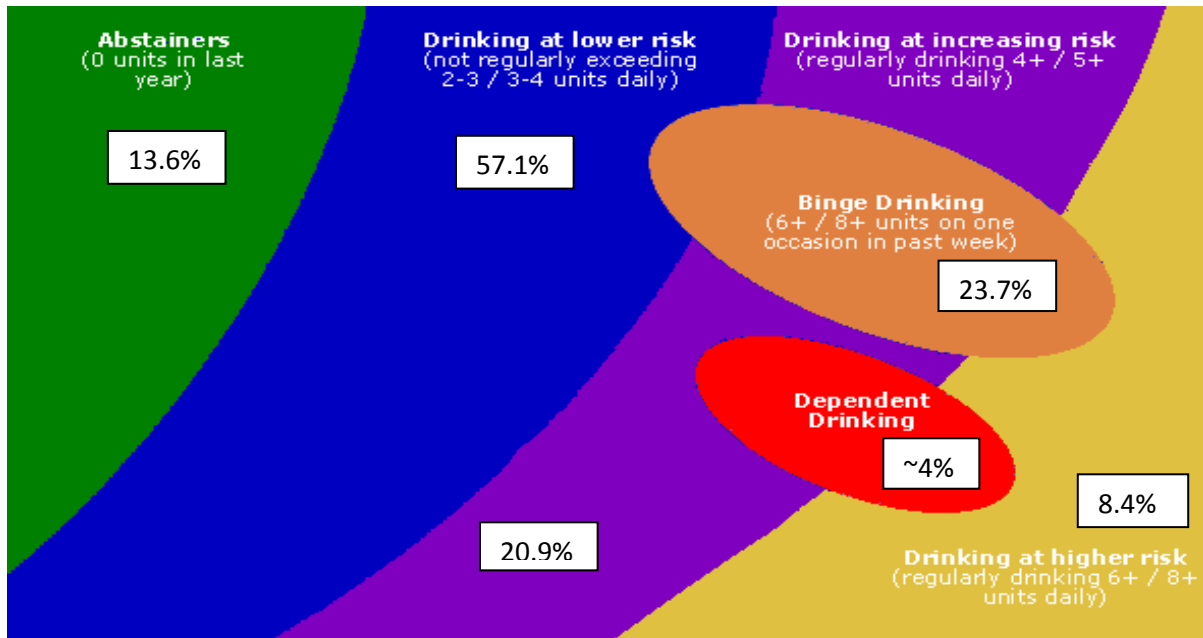
From the *Statistics on Alcohol* report, women were more likely to drink wine, fortified wine, alcopops and spirits. Preference patterns changed among different age groups, with younger to older women consuming more spirits, wine and fortified wine accordingly. In comparison, spirit consumption among 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)

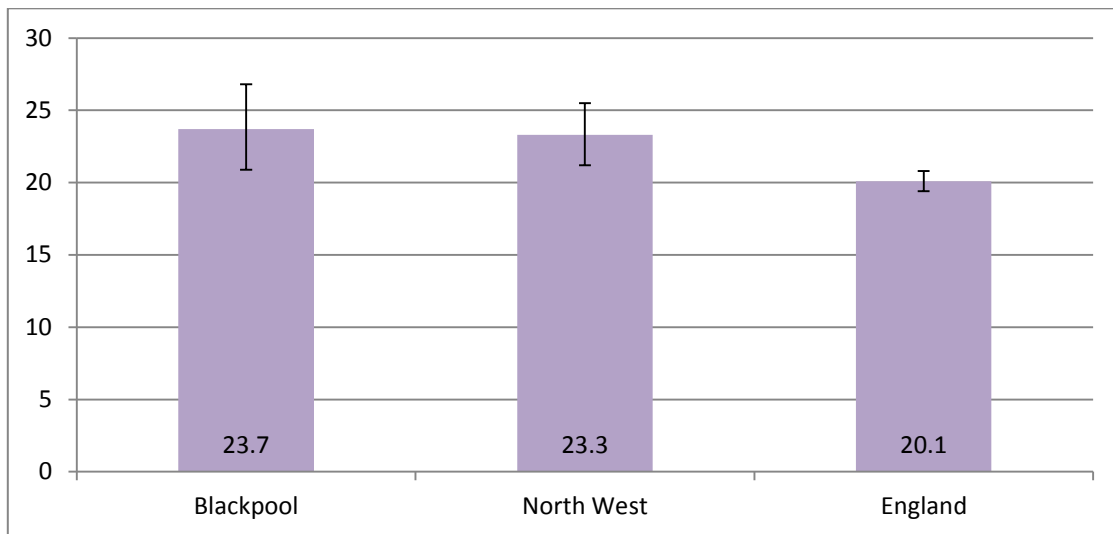
**Dependent drinking.** This can be defined as drinking more than the low-risk drinking guidelines, experiencing alcohol-related harms and signs of psychological and or physical dependence. NICE estimate that 4% of adults aged 16 to 65 in England are dependent on alcohol (6% of men, 2% of women). This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

**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)*<sup>25</sup>. 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.

<sup>24</sup> *Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*. NICE. 2011.

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

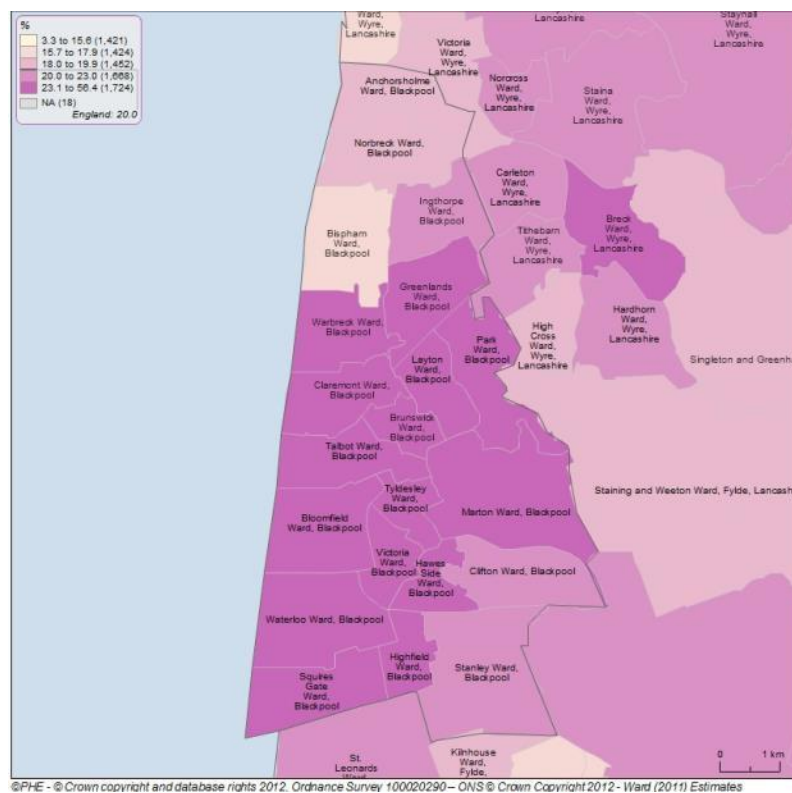
**Figure 17:** Synthetic estimate of the proportion of the percentage of the population aged 16 years and over who report binge drinking (2007-2008), with 95% confidence intervals.



(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.<sup>26</sup>

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



(Source: Local Health)

<sup>26</sup> *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.<sup>27</sup>

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<sup>27</sup> Measham, Moore & Østergaard *LDAAT Emerging Drug Trends – Phase 1 report*, 2011  
[http://www.clubbingresearch.com/?page\\_id=2](http://www.clubbingresearch.com/?page_id=2)

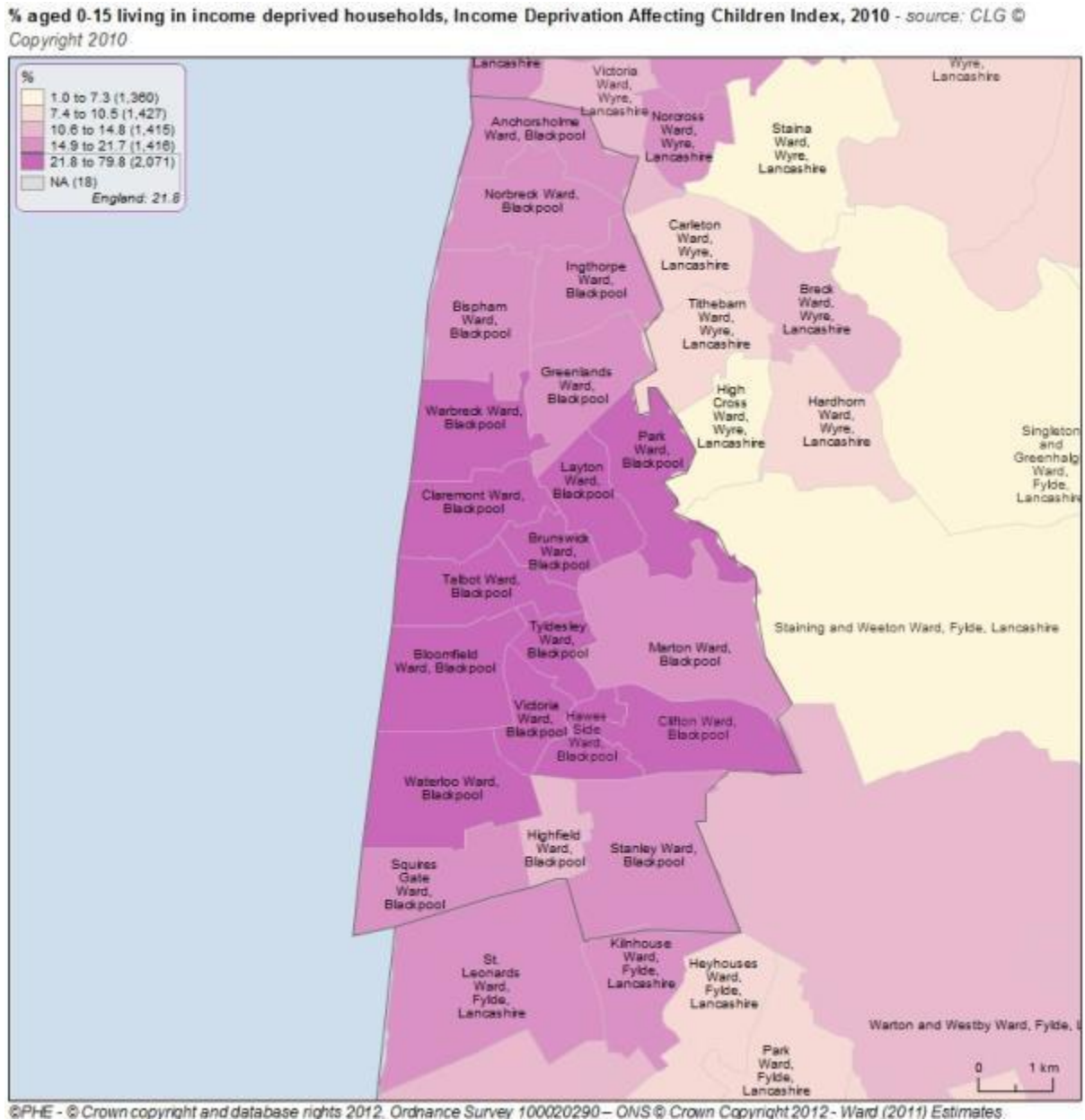


**e. Patterns of consumption: specific groups**

*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 6<sup>th</sup> most deprived of 354 local authorities”.<sup>28</sup> 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)

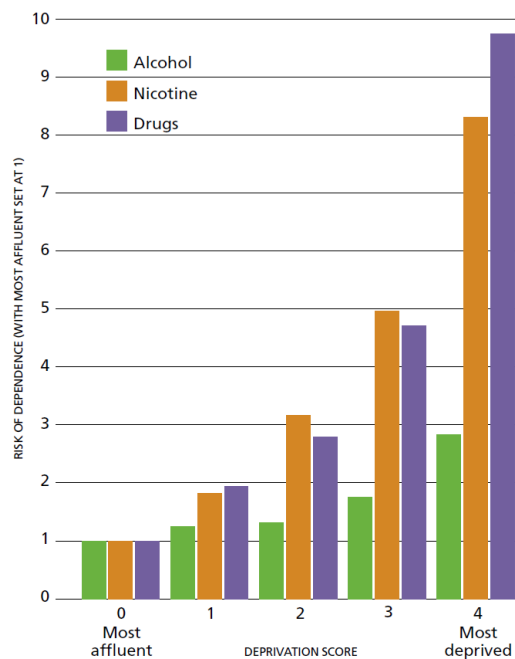
<sup>28</sup> Blackpool JSNA, <http://blackpooljsna.org.uk/core-documents/> [accessed 2013]

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.<sup>29</sup>

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



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

<sup>29</sup> 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.<sup>30</sup> 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.<sup>31</sup> There is limited information about alcohol consumption among different ethnic groups at a local level.<sup>32</sup>

A Joseph Rowntree Foundation report on ethnicity and alcohol highlighted the following key points<sup>33</sup>:

- 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.

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<sup>30</sup> *Dr Foster: Proportion of Drug and Alcohol Related Emergency Admissions*, <http://drfosterintelligence.co.uk>, 2013

<sup>31</sup> Blackpool JSNA, <http://blackpooljsna.org.uk/core-documents/> [accessed 2013]

<sup>32</sup> Lancashire County Council JSNA, <http://www.lancashire.gov.uk/corporate/web/?siteid=6119&pageid=35444&e=e>, 2012

<sup>33</sup> Hurcome et al, *Ethnicity 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 is born with the condition.<sup>34</sup> 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.<sup>35</sup>

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<sup>34</sup> *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.

<sup>35</sup> *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 10<sup>th</sup> percentile
  - Head circumference at or below 10<sup>th</sup> 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.<sup>36</sup> 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 in the elderly can be overlooked, both by services and the wider population.

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<sup>36</sup> 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.<sup>37</sup> 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 (GVA) from UK food and drink manufacture in 2011, an increase of 8% on 2012.<sup>38</sup> 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.<sup>39</sup>

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<sup>37</sup> Joseph Rowntree Foundation *Drinking in the UK: An exploration of trends*, 2009

<sup>38</sup> Department for Environment, Food and Rural Affairs. *Food Statistics Pocketbook 2013*.

<https://www.gov.uk/government/collections/food-statistics-pocketbook>

<sup>39</sup> 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.<sup>40</sup>

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

### iii. Adverse effects and consequences

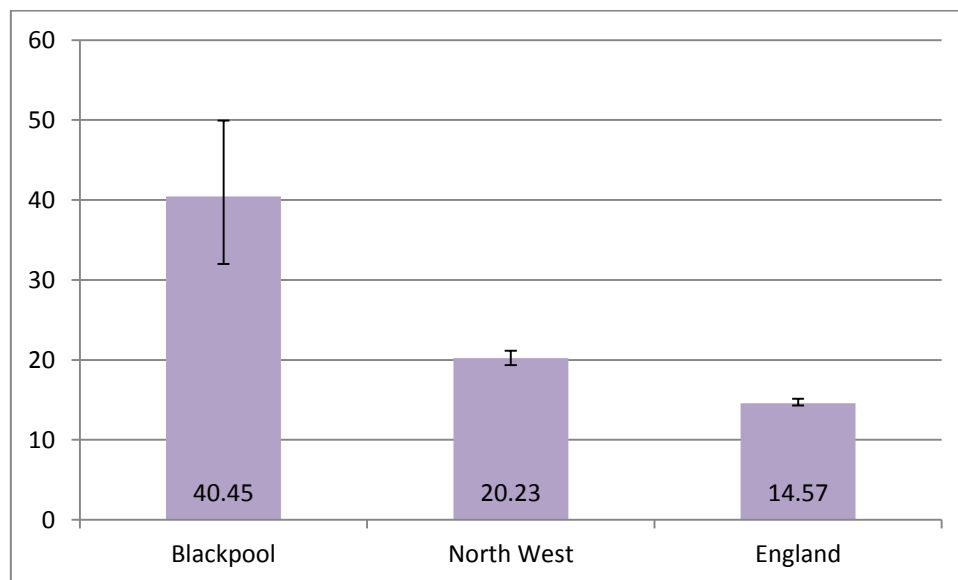
#### a. Health

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 310<sup>th</sup> of the LAs.

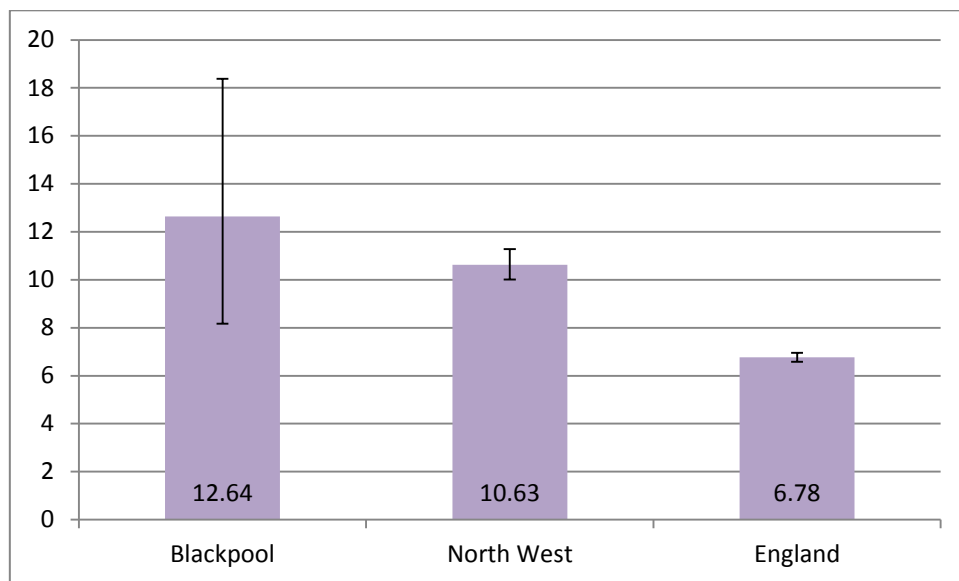
**Figure 21:** Alcohol-specific mortality per 100,000: Males, all ages with 95% confidence intervals (2010 - 2012)



(Source: LAPE 2014)



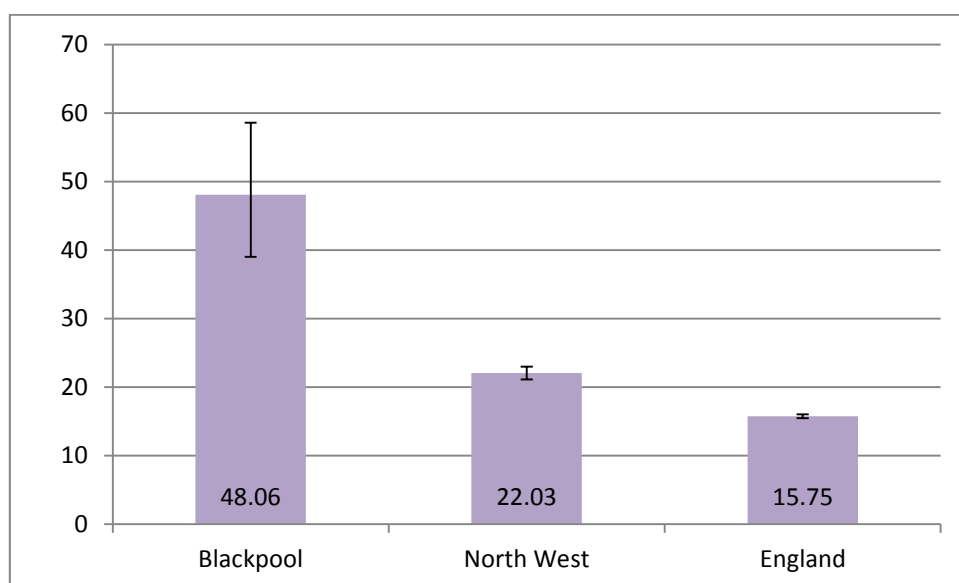
**Figure 22:** Alcohol-specific mortality per 100,000: Females, all ages with 95% confidence intervals (2010 - 2012)



(Source: LAPE 2014)

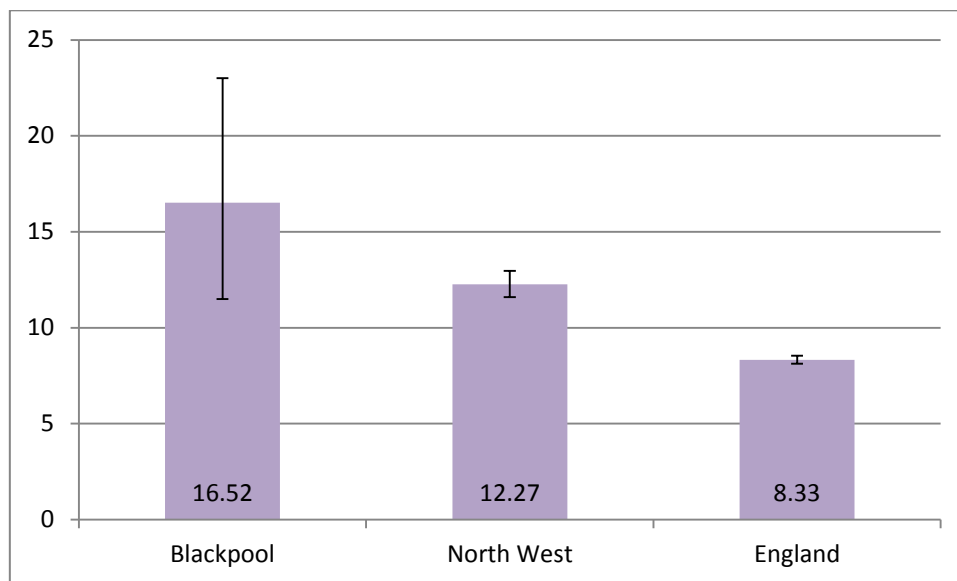
Mortality from chronic liver disease, for which alcohol is the leading cause, is 48.06 per 100,000 for males compared to a regional average of 22.03 and ranked lowest of the 326 LAs. For women, the rate is 18.8 per 100,000 compared to the regional rate of 11.1, ranking 322<sup>nd</sup> of the LAs. The 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)



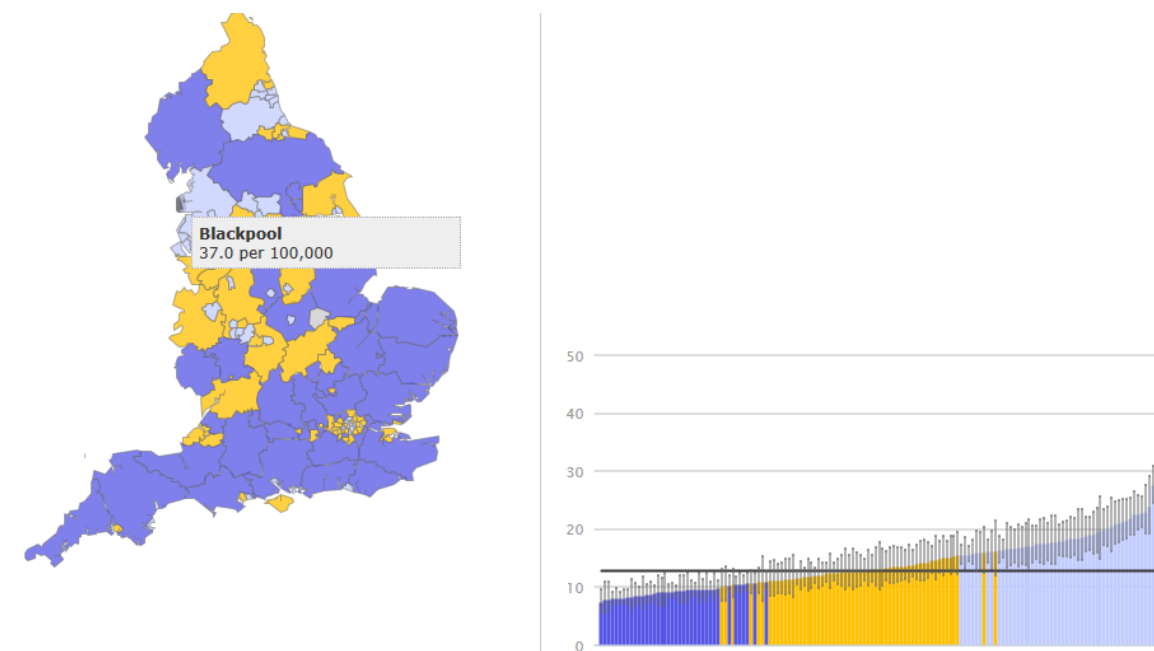
(Source: LAPE 2014)

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



(Source: LAPE 2014)

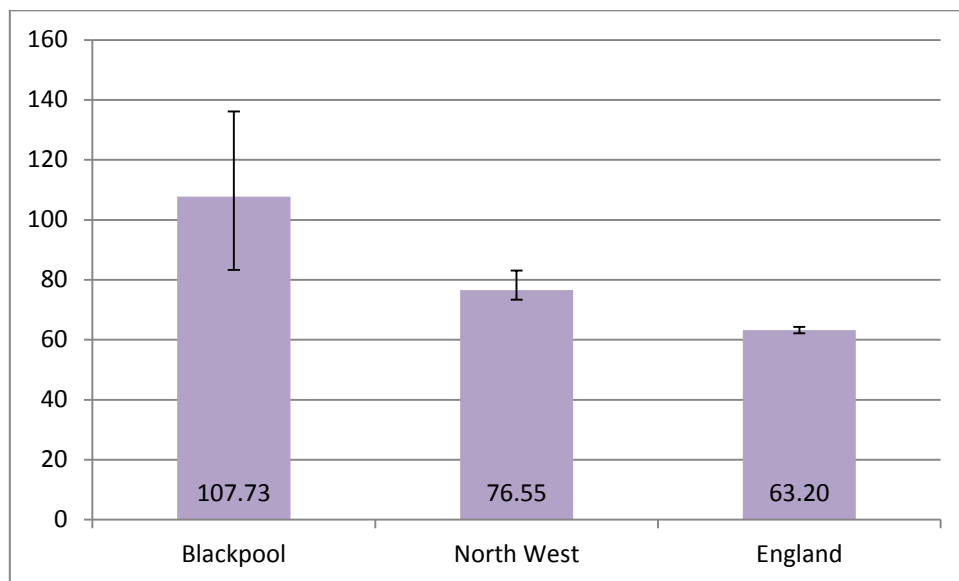
**Figure 25:** Under 75 year mortality rate from liver disease considered preventable (provisional) – *Blackpool position in national rankings shown with thicker vertical line on chart*



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

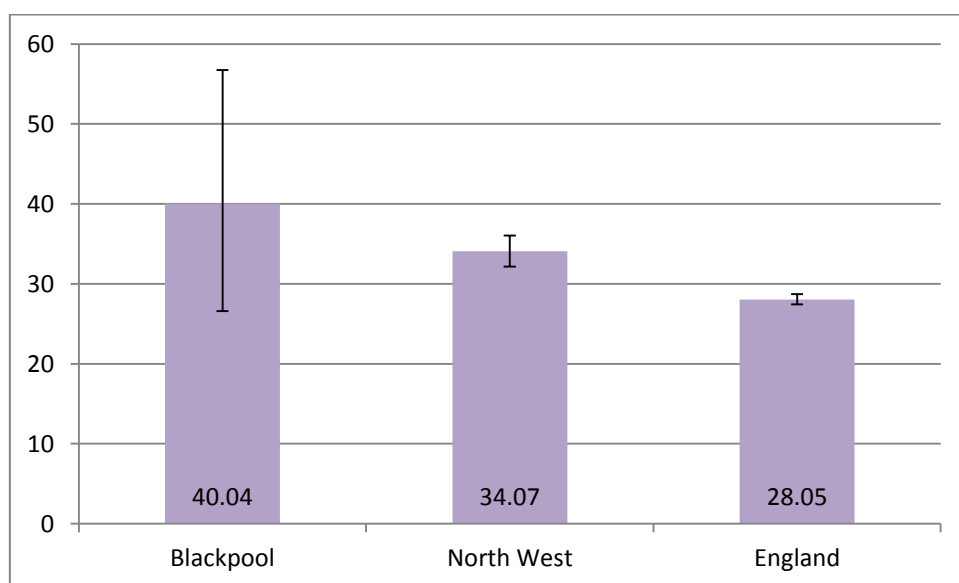
Alcohol-related mortality rates for males, at 107.73 per 100,000, are higher than the regional average of 76.55 and rank 325<sup>th</sup> of the LAs. For females, 40.4 per 100,000 is higher than the regional average of 34.07 and rank 317<sup>th</sup> of the LAs.

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



(Source: LAPE 2014)

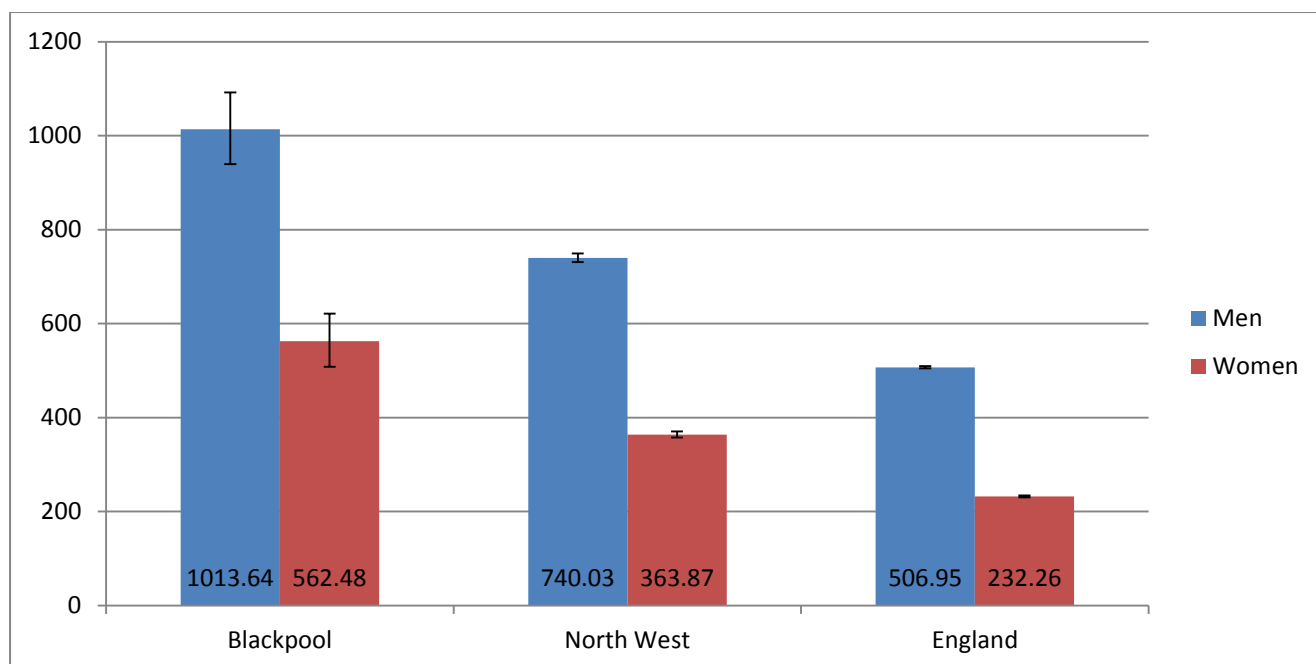
**Figure 27:** Alcohol-related mortality: Females, all ages per 100,000 (2012)



(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 322<sup>nd</sup> 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 325<sup>th</sup> of the LAs.

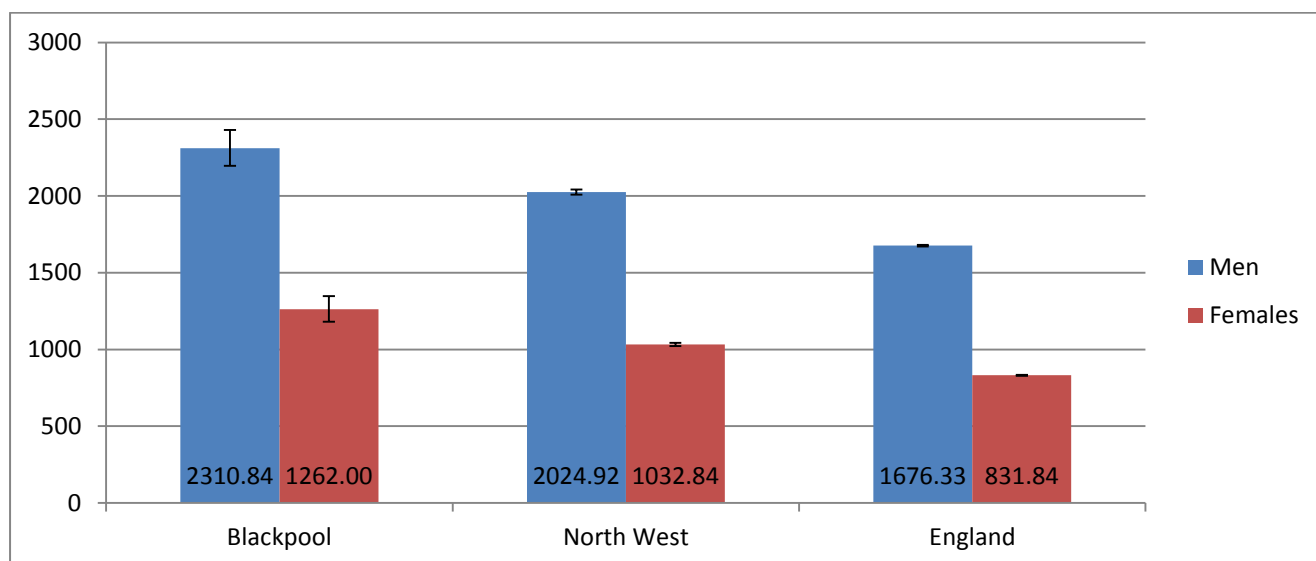
**Figure 28:** Admitted to hospital with alcohol-specific conditions: Males and females, all ages (2012/13)



(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 315<sup>th</sup> 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 321<sup>st</sup> of the LAs.

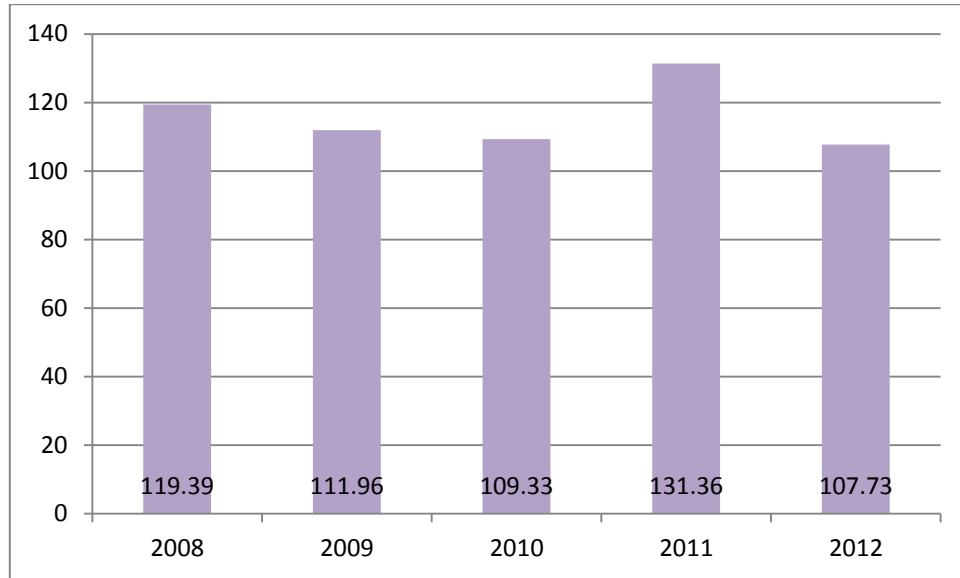
**Figure 29:** Admitted to hospital with alcohol-related conditions: Males and females, all ages (2012/13)



(Source: LAPE 2014)

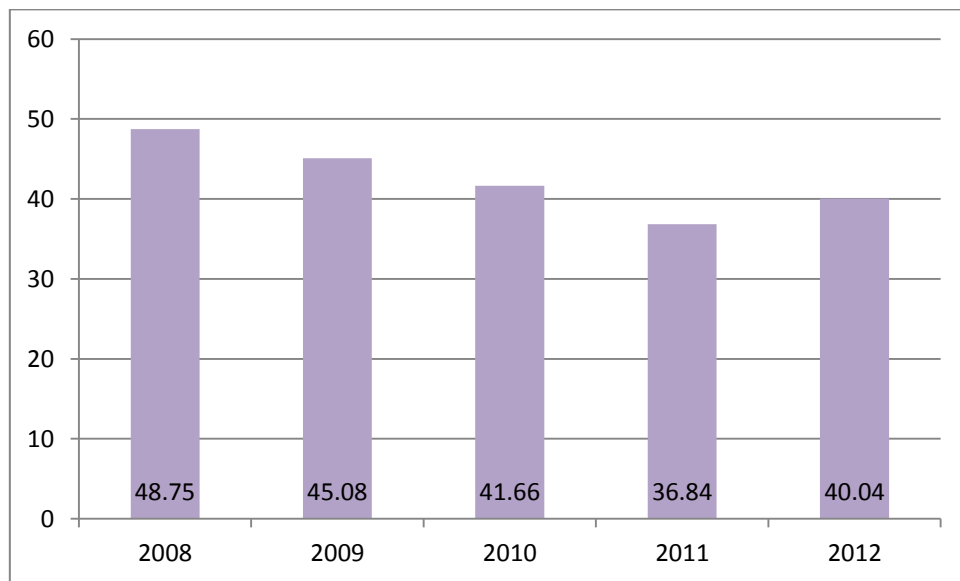
LAPE also details trends over recent years for alcohol-attributable mortality and hospital admissions. These are detailed in the figures below. From this, a slight fall can be seen from 2006 to 2010 for male and female alcohol-related mortality, though numbers subsequently climbed for both sexes. Alcohol-related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



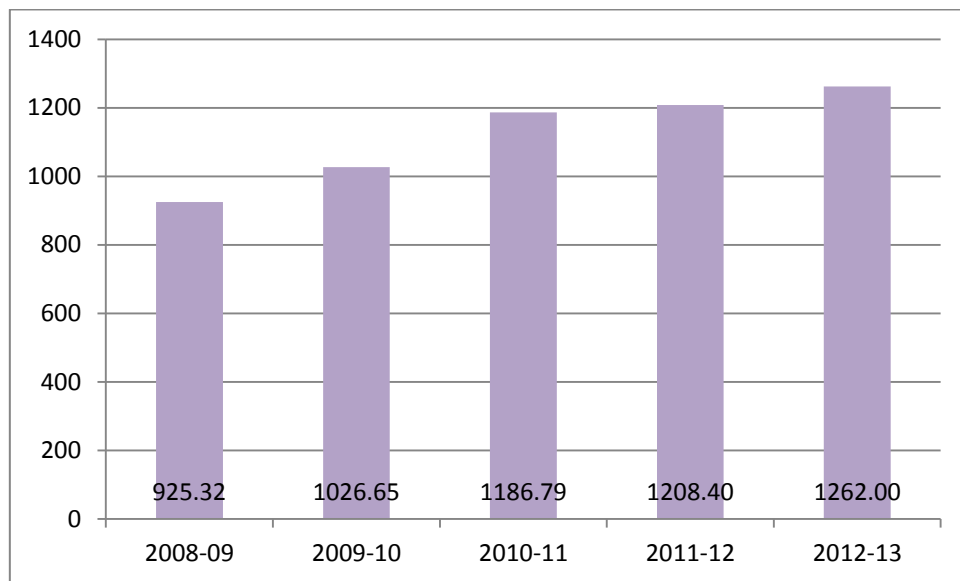
(Source: LAPE 2014)

**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)



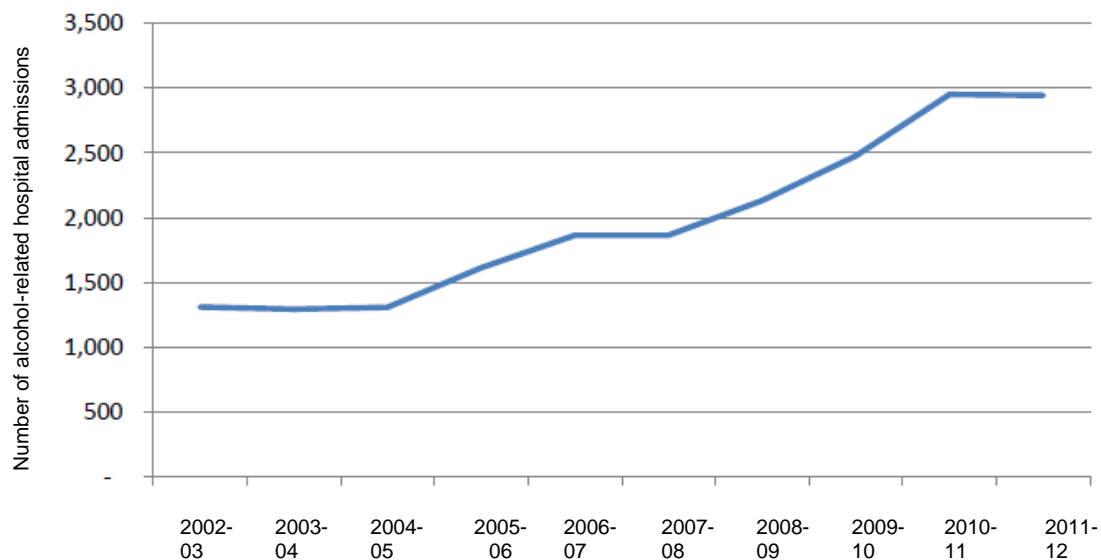
(Source: LAPE 2014)

However for Blackpool alcohol-related hospital admissions, there has been a slowing in the increase as shown in the graph below<sup>41</sup>. 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



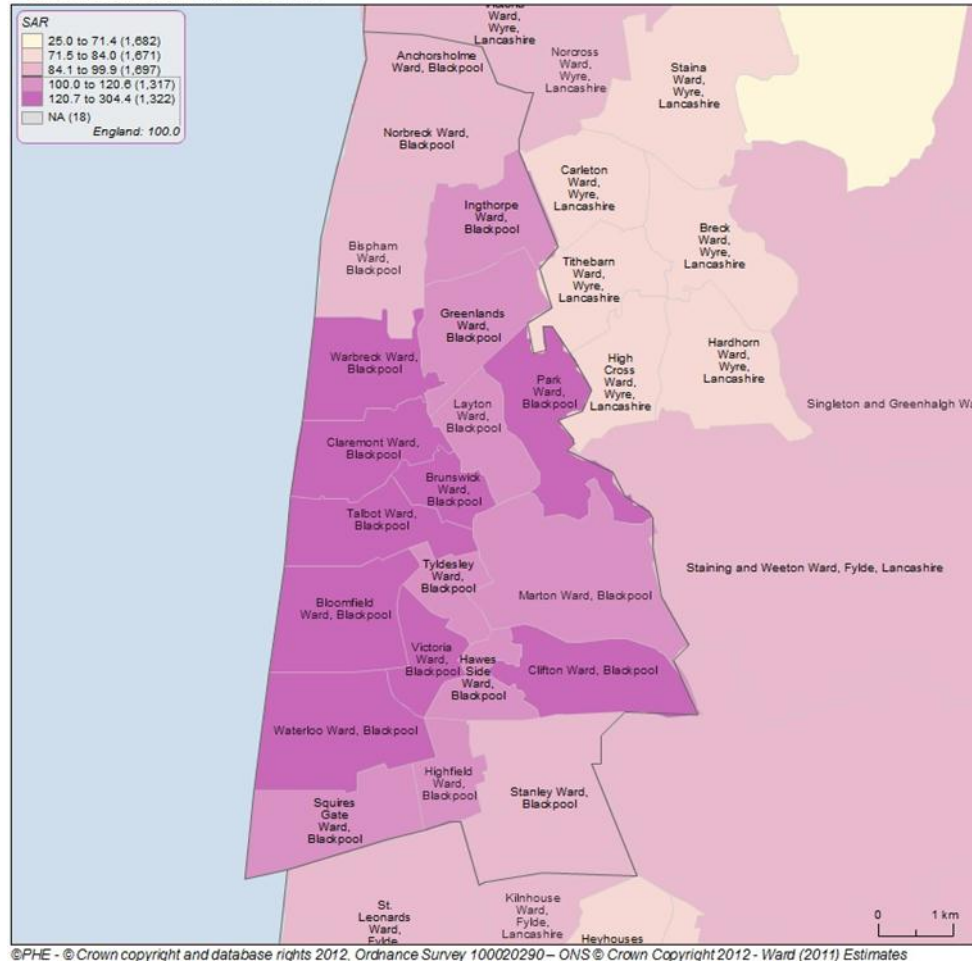
(Source: *Blackpool Alcohol Strategy, 2013-2016*, Department of Public Health, Blackpool Council)

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).

<sup>41</sup> *Blackpool Alcohol Strategy, 2013-2016*, Department of Public Health, Blackpool Council

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

Hospital admissions for alcohol attributable conditions, standardised admission ratio, 2006/7 - 2010/11 - source: PHOs (now part of Public Health England), produced from Hospital Episodes Statistics (HES). Copyright © 2012 The NHS Information Centre for Health and Social Care. All rights reserved.



(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.<sup>42</sup> 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.<sup>43</sup>

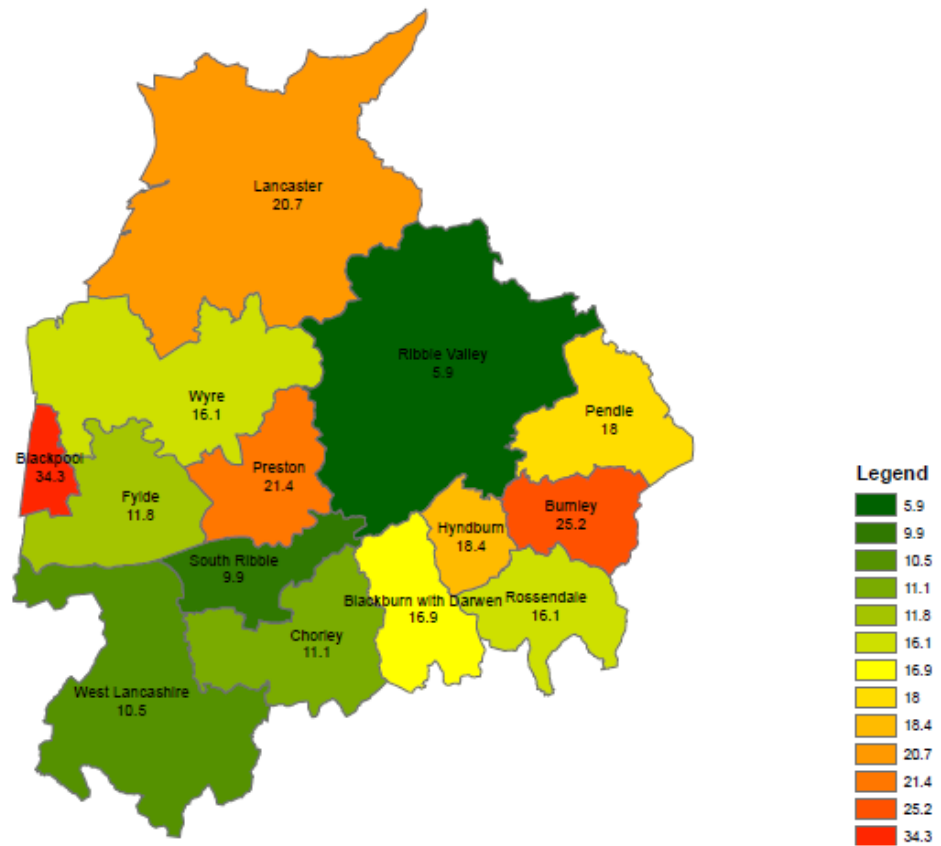
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<sup>42</sup> *The Pan-Lancashire Child Death Overview Panel Annual Report 2012/13*, [www.lancashire.gov.uk/corporate/web/viewdoc.aspx?id=109619](http://www.lancashire.gov.uk/corporate/web/viewdoc.aspx?id=109619)

<sup>43</sup> 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

Rate per thousand population



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.<sup>44</sup>

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

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

(Source: Safer Lancashire)

<sup>44</sup> 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<sup>45</sup>. The Blackpool Domestic Abuse Service estimates that alcohol was a contributing factor in 76% of incidents in 2011.<sup>46</sup>

### c. Homelessness

In Blackpool, the following data reflects homelessness based on those accessing housing services<sup>47</sup>:

- 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.<sup>48</sup> 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.

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<sup>45</sup> 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>

<sup>46</sup> *Blackpool Alcohol Strategy*, 2013-2016, Department of Public Health, Blackpool Council

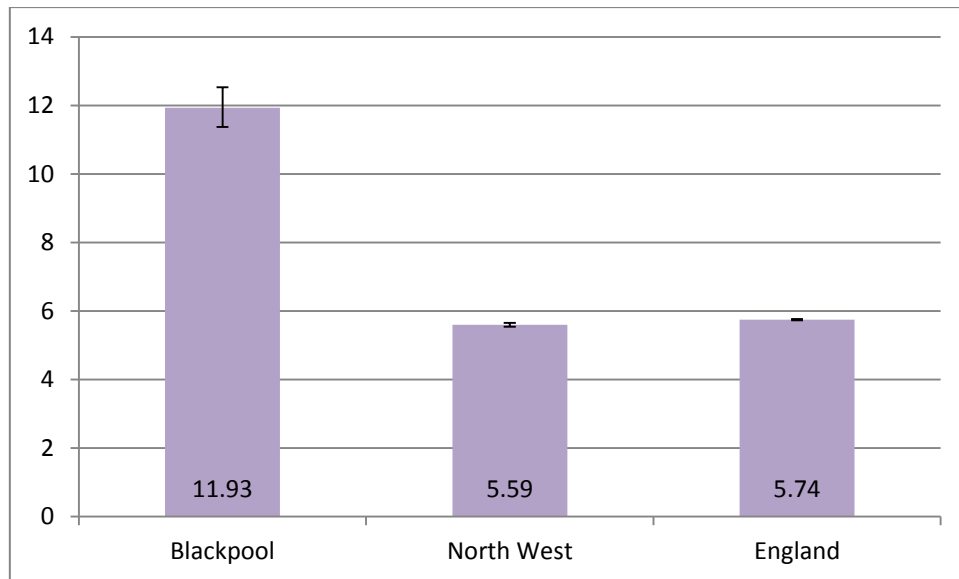
<sup>47</sup> *Prevention of Homelessness Strategy 2014 Review*, Blackpool Council, 2014

<sup>48</sup> K Reeve. *The Hidden Truth about Homelessness*. Centre for Regional Economic and Social Research & Crisis. 2011

#### d. Community Safety

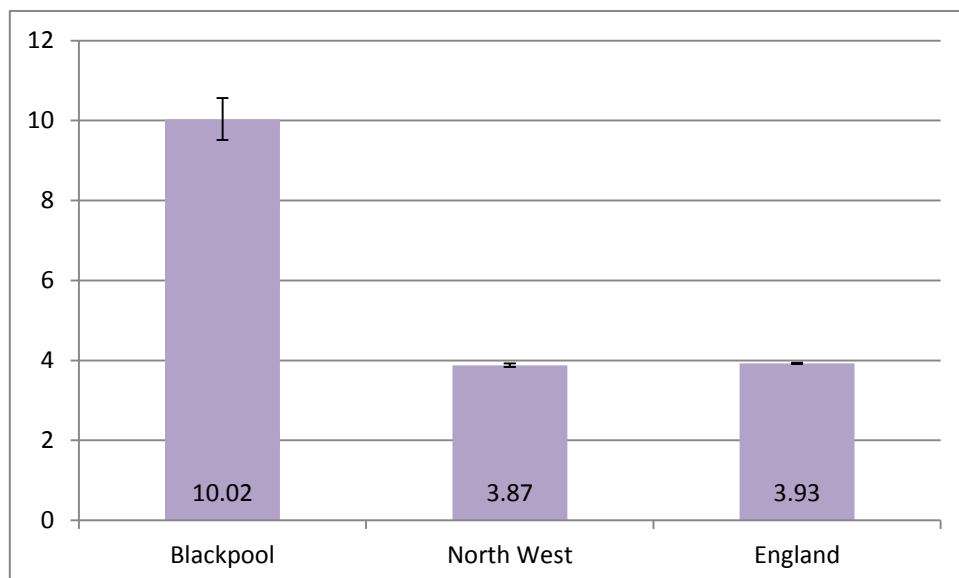
The community consequences of alcohol consumption in terms of crime for Blackpool is best summarised in the *Local Alcohol Profiles for England (LAPE)*. These are outlined in the figures below, and compare the statistics from Blackpool to those regionally and nationally.

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



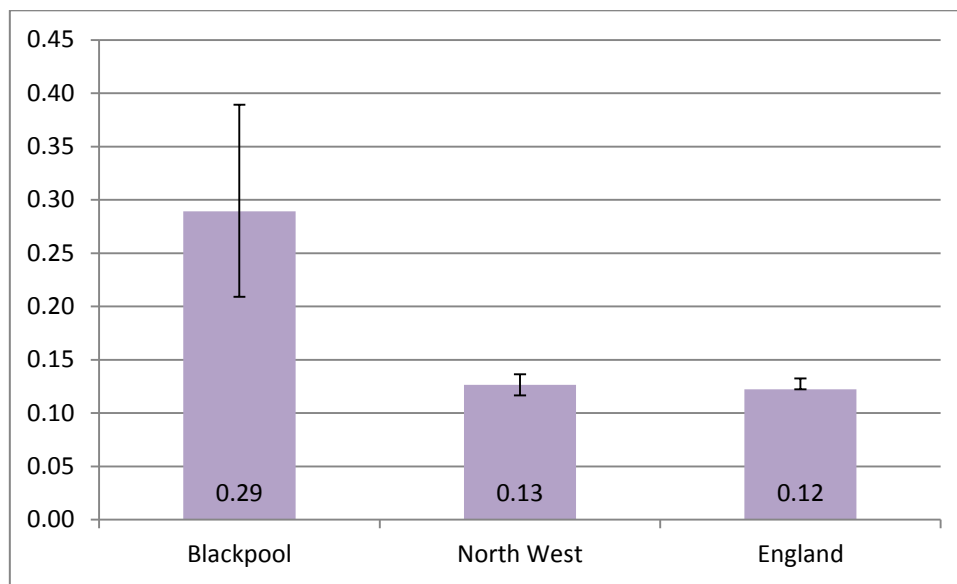
(Source: LAPE 2014)

**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 324<sup>th</sup> 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 325<sup>th</sup> 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 325<sup>th</sup> 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.

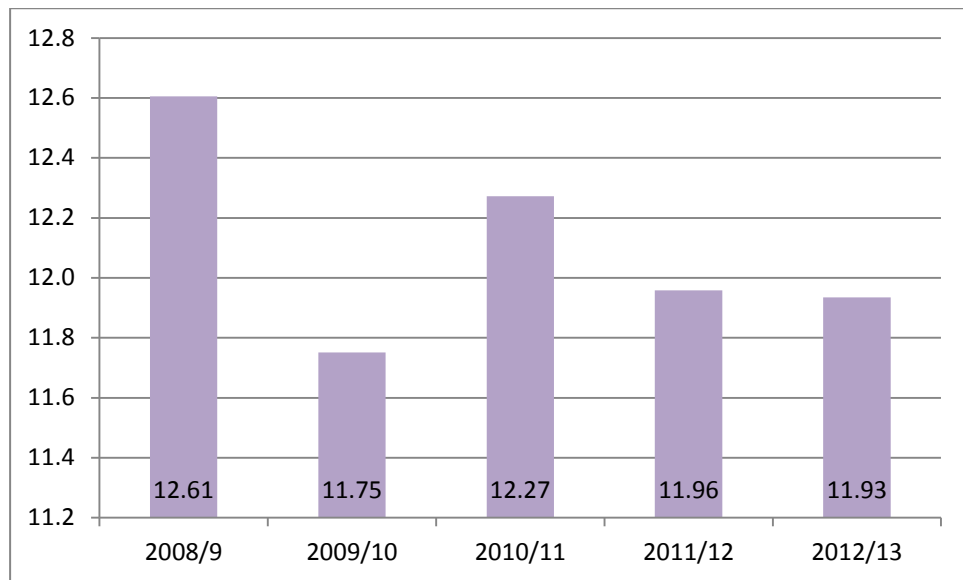
Organisation Name	Alcohol-related recorded crime	Alcohol-related violent crime	Alcohol-related sexual offences
Blackpool	324	325	325

Key:
Rank 1 - 10
Rank 317 - 326

(Source: LAPE 2014)

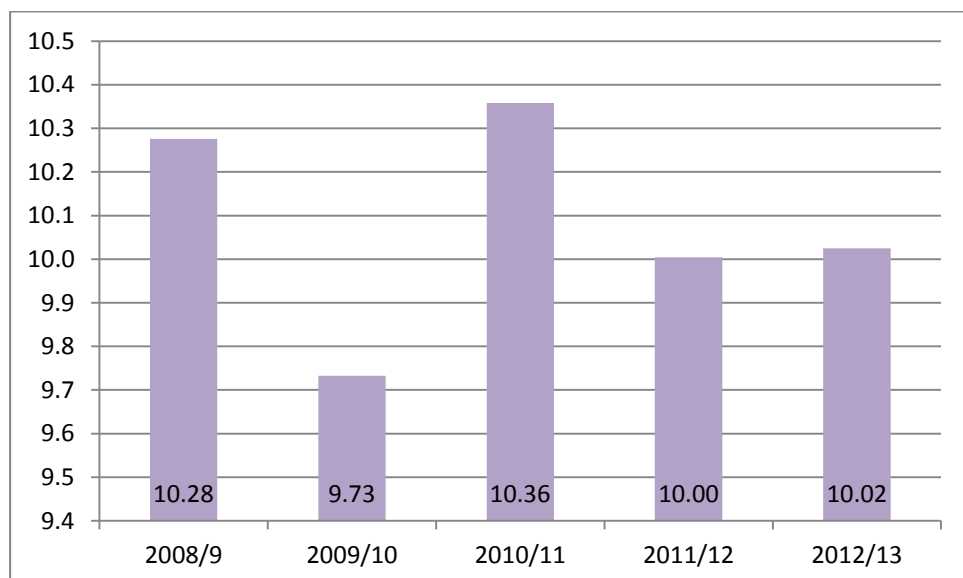
LAPE also details trends over recent years for alcohol-related recorded crimes, violent crimes and sexual offences. These are detailed in the figures below. From these, slight reductions can be seen in the rates for recorded crimes and violent crimes related to alcohol, but an increase in alcohol-related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

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



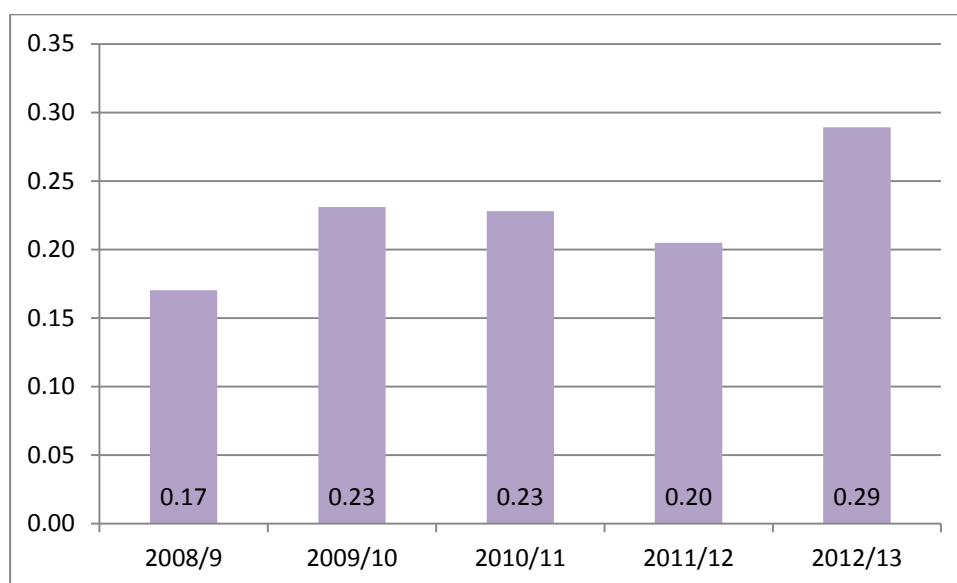
(Source: LAPE 2014)

**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<sup>49</sup> 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.

<sup>49</sup> The Trauma and Injury Intelligence Group (TIIG) *Assaults in Lancashire: an analysis of Emergency Department data (April 2012 to March 2013)* [www.tiig.info](http://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
<b>All Crime</b>	49406	7527	15
<b>Violent Crime</b>	13473	5034	37
<b>Violence against the person</b>	11092	4416	40
<b>Sexual Offences</b>	718	204	28
<b>Assaults</b>	9101	3725	41
<b>Rape</b>	186	89	48
<b>Damage</b>	8407	862	10
<b>All Domestic marked</b>	5030	2212	44
<b>Violence Domestic marked</b>	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.<sup>50</sup> Open discussion of individual acts were restricted to focus groups conducted in institutions categorised 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)

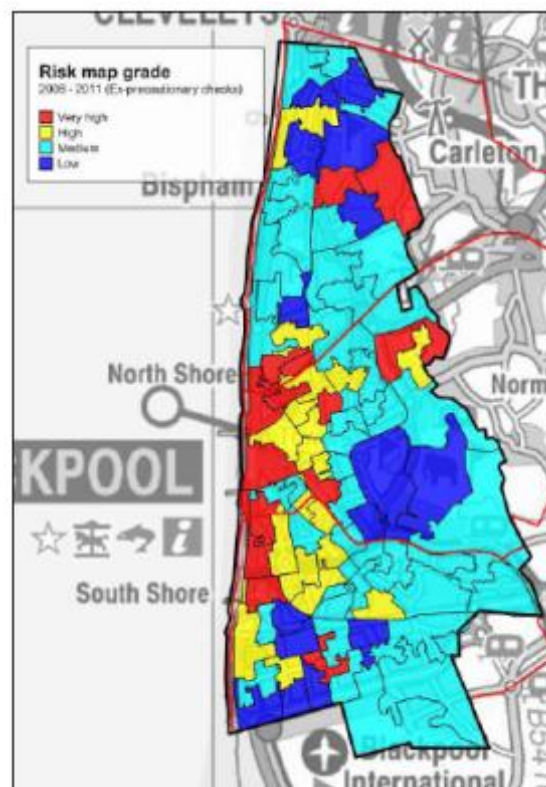
<sup>50</sup> Measham, Moore, Østergaard, Fitzpatrick & Bhardwa *LDAAT Emerging Drug Trends – Phase 2 report*, 2011 [http://www.clubbingresearch.com/?page\\_id=2](http://www.clubbingresearch.com/?page_id=2)

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.<sup>51</sup>

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



(Source: MADE)

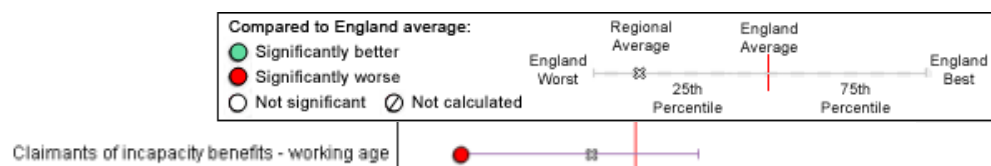
<sup>51</sup> Lancashire Fire and Rescue Service. *Blackpool Intelligence Profile*. 2012

There were 1285 people involved in road traffic collisions in Blackpool from 2009 to 2012 who attended emergency departments in Lancashire hospitals.<sup>52</sup> 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.<sup>53</sup>

#### 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 326<sup>th</sup> 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

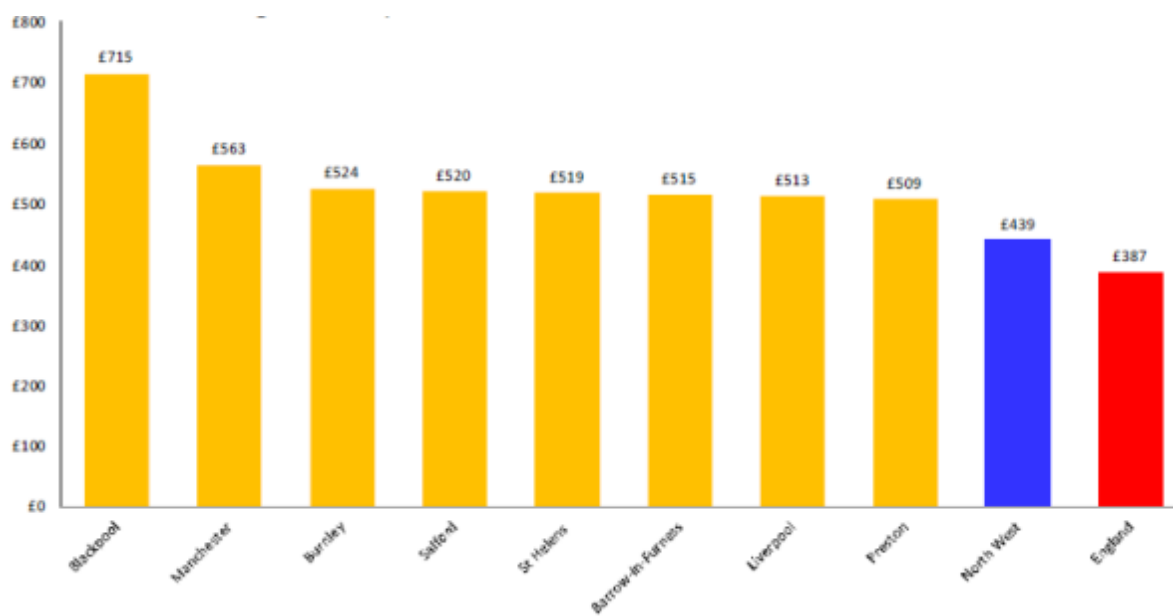
The *Cost of Alcohol to the North West Economy Part A May 2012* presents an overall breakdown including cost via the work force and wider economy, social services, crime and licensing and the NHS.<sup>54</sup> Lancashire carries the highest cost attributable to alcohol among the North West subregions 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.

<sup>52</sup> 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](http://www.tiig.info)

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

<sup>54</sup> *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
<b>Blackpool</b>	£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.

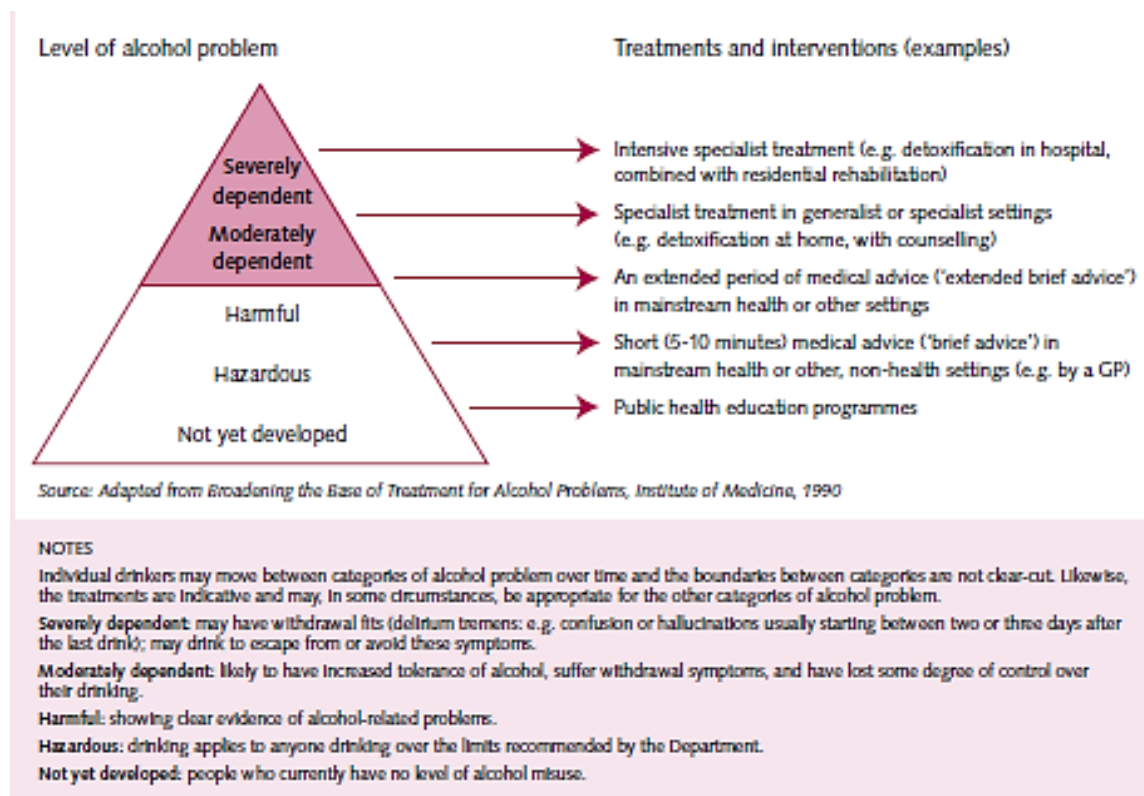
In Blackpool, this is compounded by its identity as an entertainment resort. The above strategy details 130 on-licence premises in a town centre covering approximately one square mile. The 1,900 licensed premises in the town provide one site per 72 residents. There are 180 off-licenses, 50% higher than 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

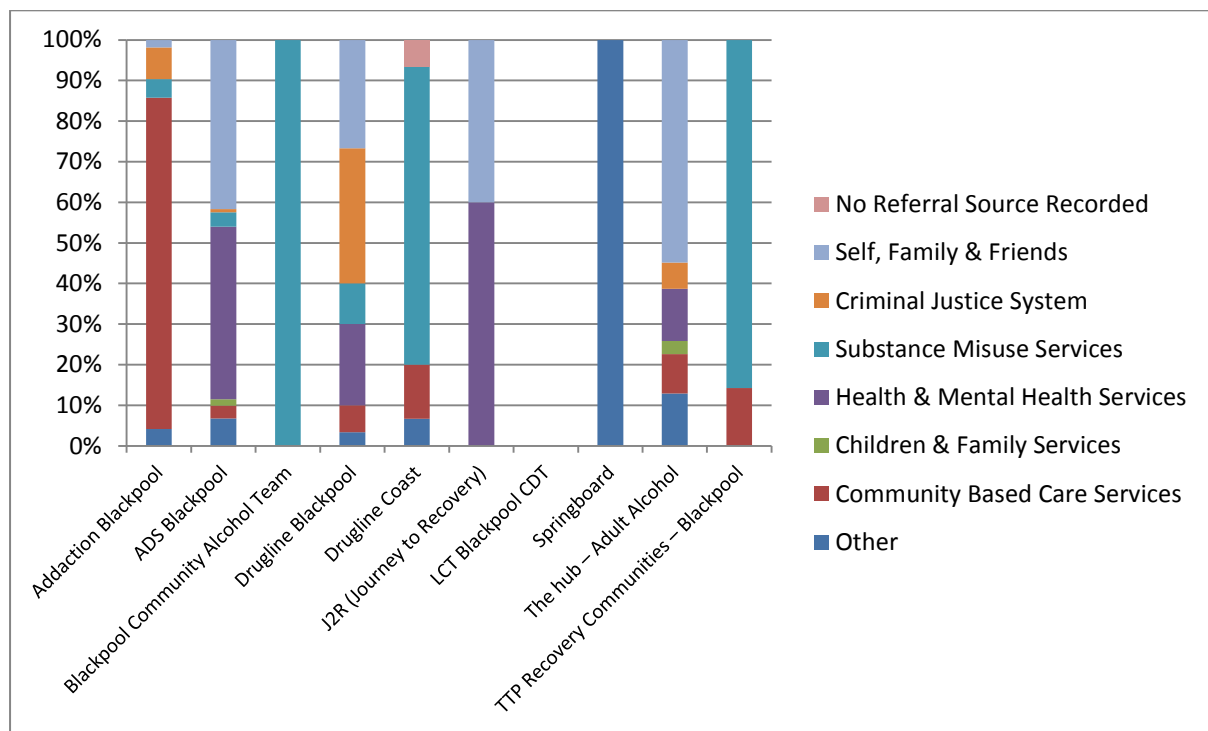
Agency	Total New Presentations	
	n	%
ACORN	*	0
Addaction Blackpool	218	35
ADS Blackpool	252	41
ADS Preston Detox	12	2
ADS Residential Service Bennet House	0	0
ADS Residential Service Bridge House	0	0
Blackpool Community Alcohol Team	29	5
BMI Gisburne Park	0	0
Drugline Blackpool	30	5
Drugline Coast	15	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		
<b>Total</b>	<b>622</b>	<b>99</b>

\* low numbers removed

(Source: NDTMS)

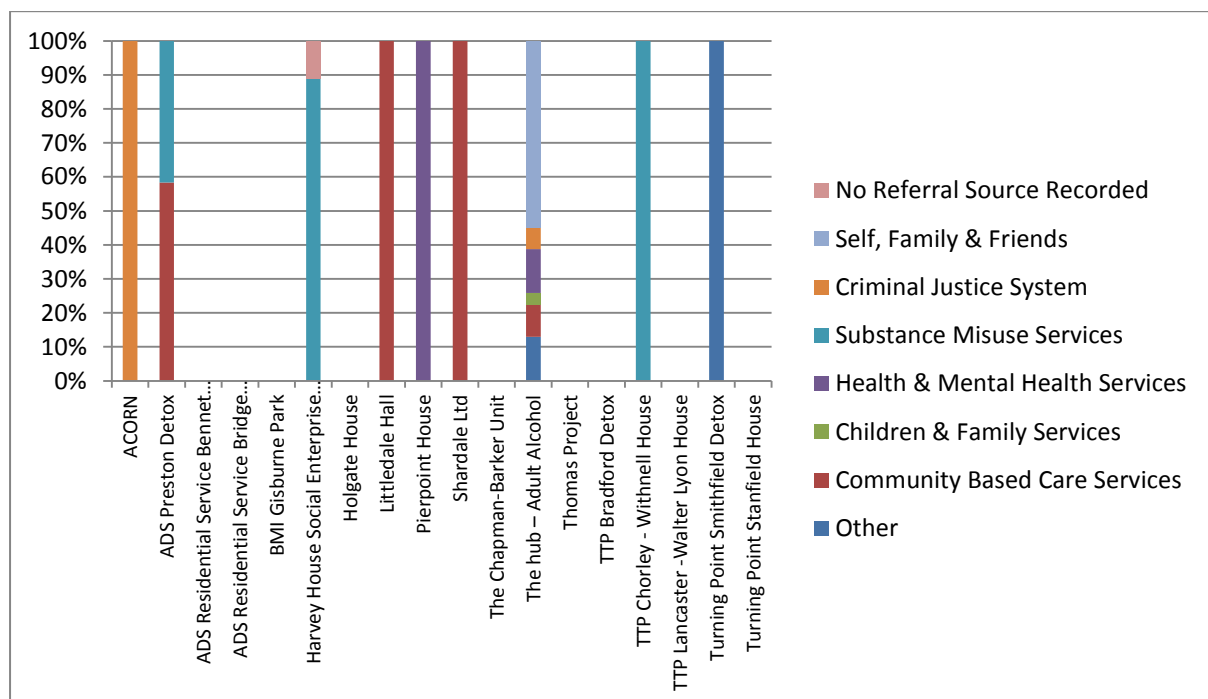
The figures below outline the different referral pathways into each agency, grouped by tier. Again, these are for those aged over 18 years and who are undertaking a new treatment journey.

**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)



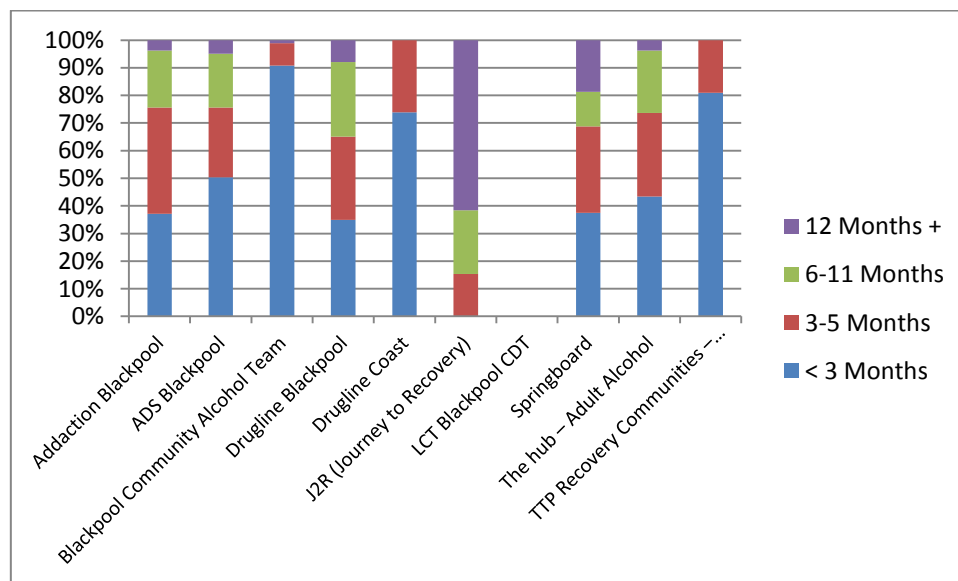
(Source: NDTMS)

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.

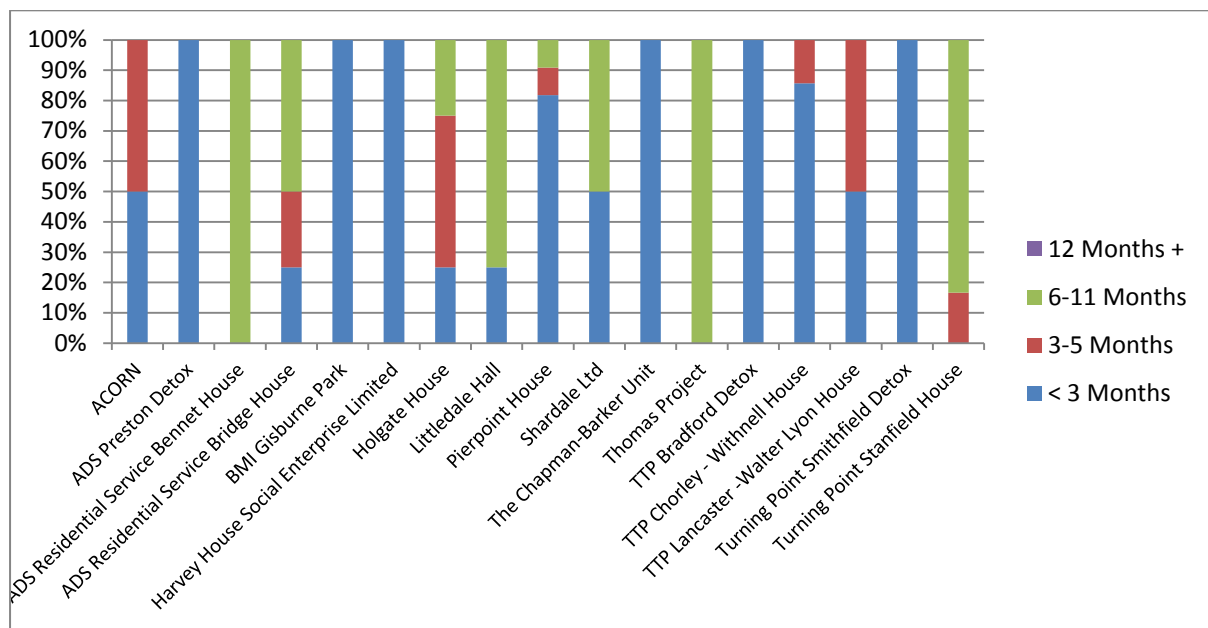
**Figure 51:** Time in contact with service for non-residential services (Alcohol Treatment Data 2012-13)



(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

<b>Type of activity</b>	<b>Average number of clients per month during March 2012 to April 2013 (range)</b>
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

<b>Key performance indicator</b>	<b>Average proportion complete (%) per month during March 2012 to April 2013 (range)</b>
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

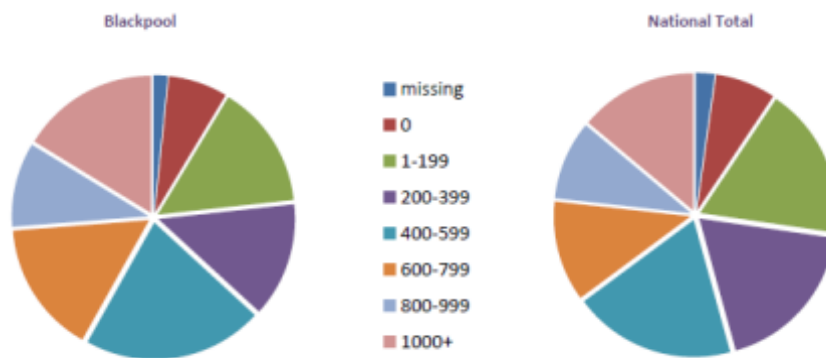
Compounding Factors	Definition	Number of Clients with Factor
<b>OCU 2<sup>nd</sup> or 3<sup>rd</sup> Drug</b>	Opiate or crack recorded as adjunctive problematic substance in their latest treatment journey.	33
<b>Other 2<sup>nd</sup> or 3<sup>rd</sup> Drug</b>	At least one other drug other than opiate,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

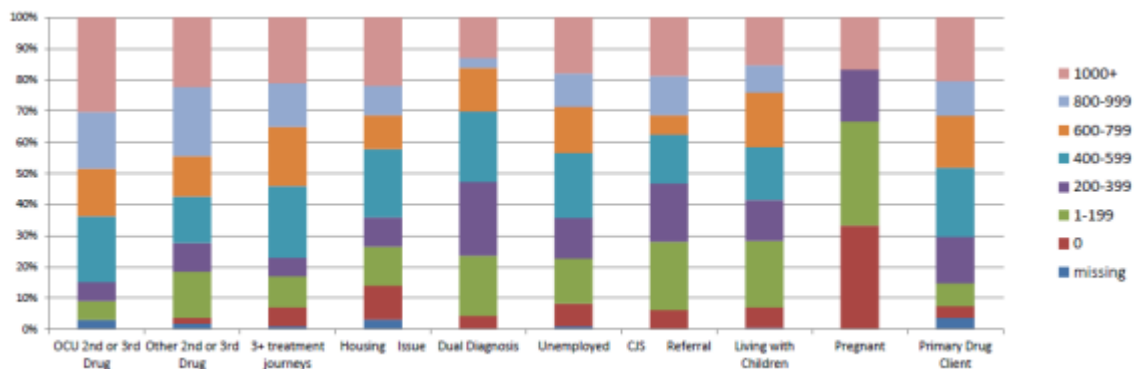
In Blackpool, 16% (n= 100) of clients consume 1000 or more units a month, higher than the national proportion of 14% (n=10,545). When patterns of consumption in clients are considered overall, as shown in the figure below, a higher proportion of clients in Blackpool consume over 400 units per month in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

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



(Source: NDTMS)

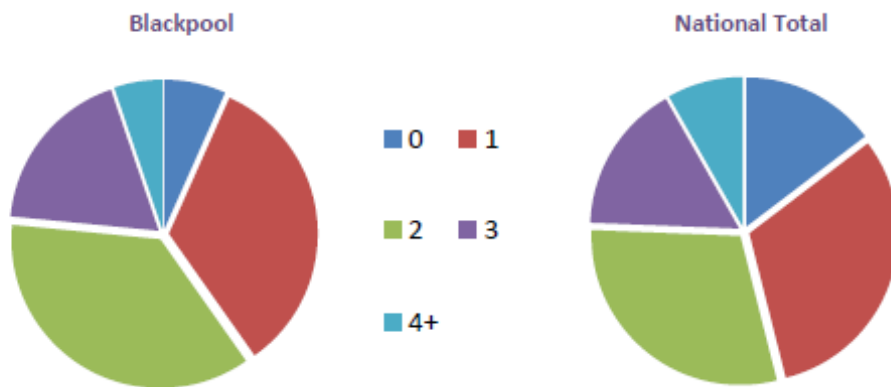
**Figure 54:** Unit consumption per compounding factor



(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.

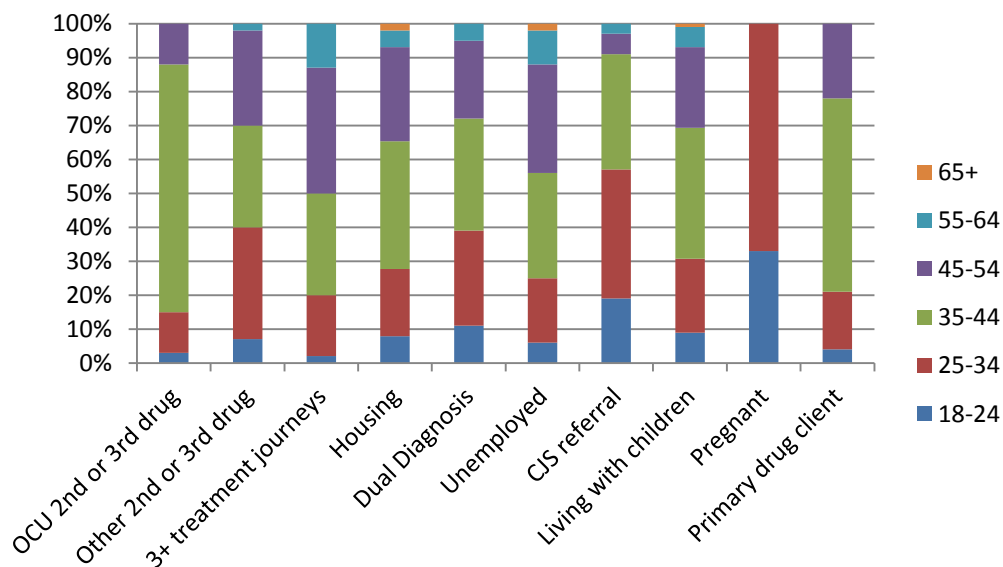
**Figure 55:** Proportion of total clients with each compounding factor score



(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 2<sup>nd</sup> or 3<sup>rd</sup> 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 2<sup>nd</sup> or 3<sup>rd</sup> drug followed by housing, three or more treatment journeys and primary drug clients.

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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<sup>1</sup> 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 <sup>2</sup>	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 <sup>3</sup>		
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 <sup>4</sup>		
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<sup>5</sup>.

### 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 (12<sup>th</sup>) and 2004 (24<sup>th</sup>) Additionally, in the 2010 Indices, Blackpool ranked 1st for the concentration of deprivation.

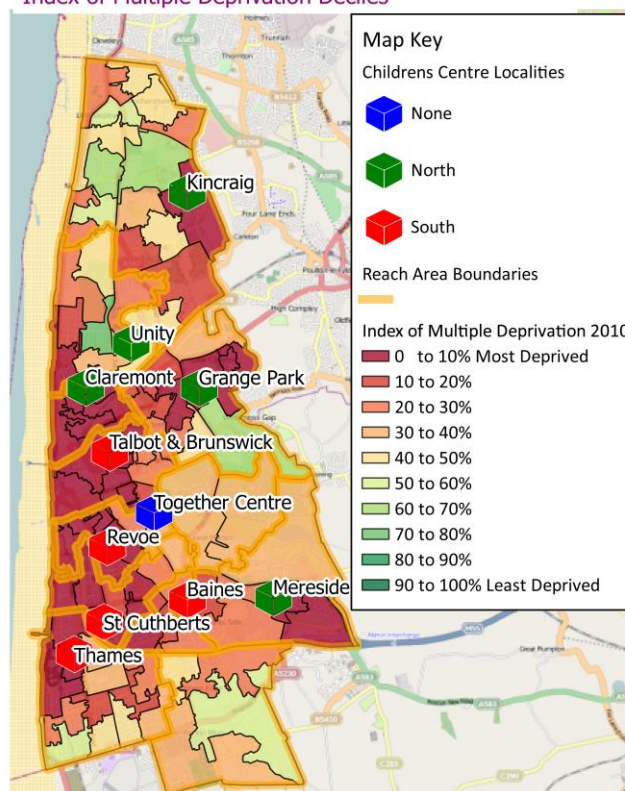
Map 1 below shows the relative positions of local areas in Blackpool. Around half of Blackpool's 94 Lower Super Output Areas (LSOA's)<sup>1</sup>, are in the most deprived 20% of all LSOAs in England. Specific areas in the central wards of Talbot, Bloomfield, Brunswick, Claremont and the outer wards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

<sup>1</sup> 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<sup>6</sup>.

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.

Children's Centres  
Index of Multiple Deprivation Deciles



### 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)<sup>7</sup>. 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
<b>Total claimants</b>	23,940	26.9	15.0
<b>Key out-of-work benefits†</b>	20,050	23.0	12.5
<b>By statistical group</b>			
<b>Job seekers</b>	6,340	7.3	4.1
<b>ESA and incapacity benefits</b>	10,930	12.5	6.5
<b>Lone parents</b>	2,010	2.3	1.5
<b>Carers</b>	1,780	2.0	1.2
<b>Others on income related benefits</b>	760	0.9	0.4
<b>Disabled</b>	1,460	1.7	1.1
<b>Bereaved</b>	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<sup>8</sup>. An estimated 17.8% of the working age population in Blackpool having no formal qualifications.<sup>9</sup>

## 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.<sup>10</sup>

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<sup>11</sup>.

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

## 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 3<sup>rd</sup> poorest after Manchester and Liverpool<sup>13</sup>. 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<sup>14</sup>.

Substance and Alcohol misuse is considered high, with alcohol-related death the highest in England<sup>15</sup> (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<sup>16</sup>. 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 6<sup>th</sup> 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<sup>17</sup> and may require further local authority support. Teenage conceptions have associated risks for both parent and child's health and social wellbeing.

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<sup>1</sup> ONS Mid Year Population estimates 2011

<sup>2</sup> ONS Mid-Year Population Estimates Analysis Tool, 2011

<sup>3</sup> ONS Census 2011 Ethnicity, 2011

<sup>4</sup> ONS Census 2011 Tenure, 2011

<sup>5</sup> Blackpool Council - MIPS Summary Report - 2011

<sup>6</sup> HMRC Child Poverty Statistics, 2010

<sup>7</sup> DWP WPLS, February 2012

<sup>8</sup> ONS Annual Survey of Hours and Earnings 2011.

<sup>9</sup> ONS Labour Force Survey, 2011 – Estimates for Jan-Dec 2011.

<sup>10</sup> DfE: Children Looked After by Local Authorities in England, 2012

<sup>11</sup> DfE: Local Area Data Tables, 2012

<sup>12</sup> CCIS Database, September 2011, (12 month averages of 2010 data)

<sup>13</sup> ONS Life Expectancy, 2008-10

<sup>14</sup> London Health Observatory – Spearhead Life Expectancy Tools - 2009

<sup>15</sup> NWPHO Local Alcohol Profiles 2011

<sup>16</sup> Glasgow University 2006/07

<sup>17</sup> DfE: Teenage Pregnancy Statistics, 2008- 2010







## 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, Clarendon, 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.

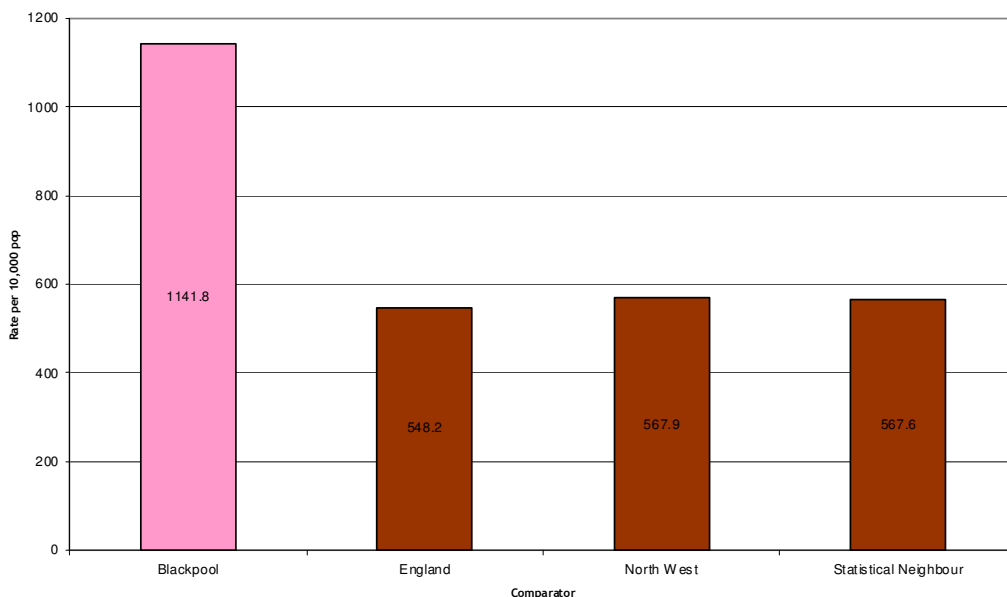
In addition, figures indicate that Blackpool is the 63rd most deprived local authority in England in terms of the resident population considered 'Employment Deprived'. This ranking equates to approximately 14,700 people in Blackpool, an increase of 300 on 2007 figures.

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:

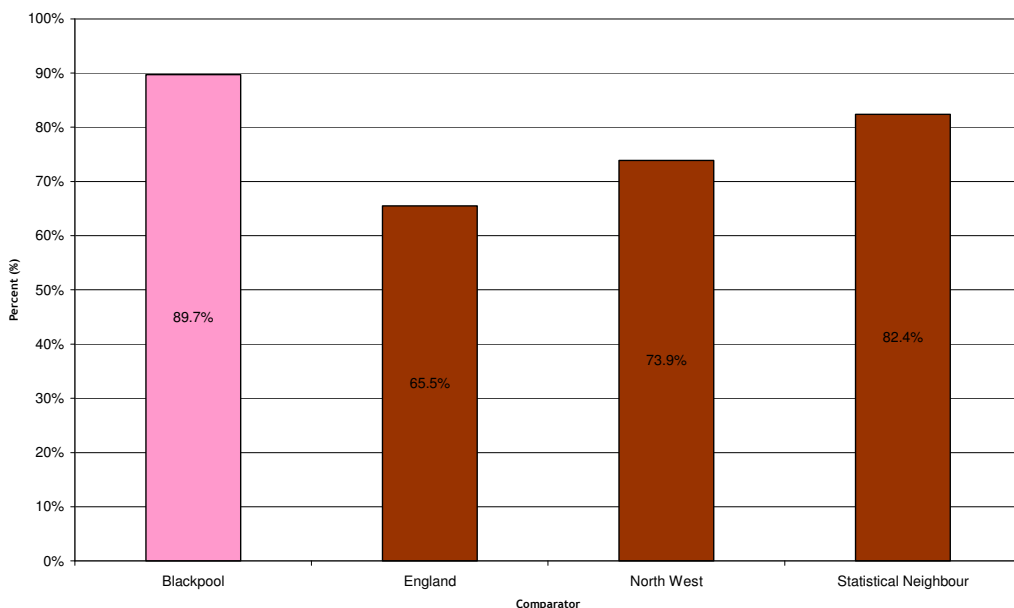
**Figure 68 - Number of Referrals into Social care per 10,000 0-18 year-old Population**



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 31<sup>st</sup> 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 31<sup>st</sup> 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.

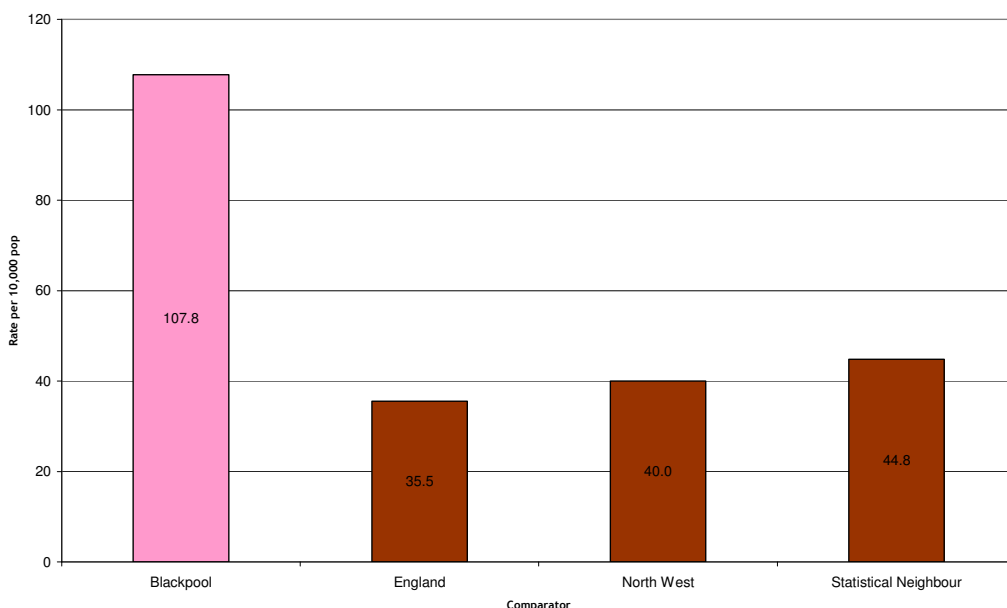
In addition to the high instances of referrals outlined above, the percentage of these referrals that go onto initial assessments (used as an indicator that intervention may be necessary) is also high compared to national and statistical neighbour comparators. This would again indicate a sustained level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

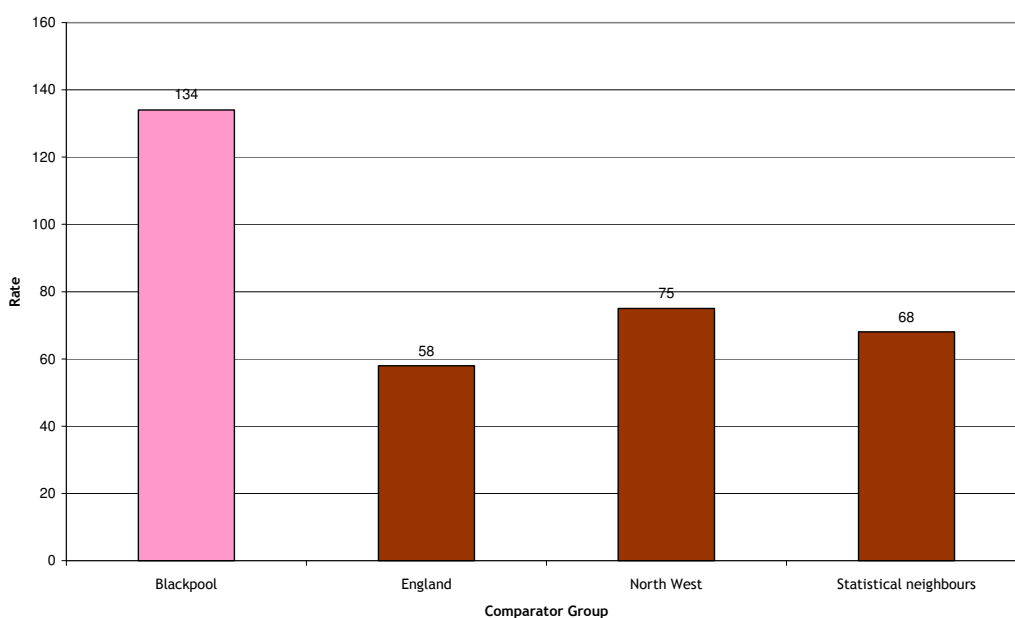
There were 396 Looked after Children (LAC) living in Blackpool as at 31 March 2011. The proportion of LAC in Blackpool compared to all children and young people is extremely high, and has continued to rise since year end.

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 31<sup>st</sup> 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 (2008/09 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%
<b>Total</b>	<b>1577</b>	<b>1634</b>	<b>-57</b>	<b>91.1%</b>	<b>8.7%</b>	<b>1.8%</b>

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 or 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%
<b>Total</b>	<b>3977</b>	<b>3817</b>	<b>160</b>	<b>80.7%</b>	<b>20.9%</b>	<b>5.1%</b>

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
<b>Blackpool</b>	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:**

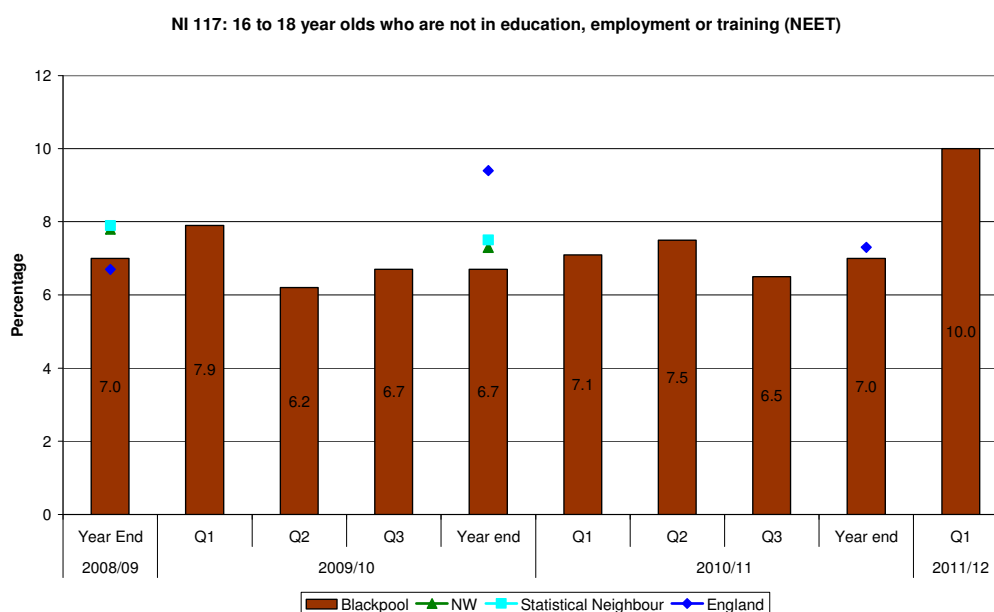
Carers aged 65 and over are more likely than other age groups to provide more than 50 hours care in a week; 42.4% of carers in this age group provide this extremely intensive level of support compared to 25.4% in the 18-64 age group. In addition, carers aged 65 and over are more likely to be in poor 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.

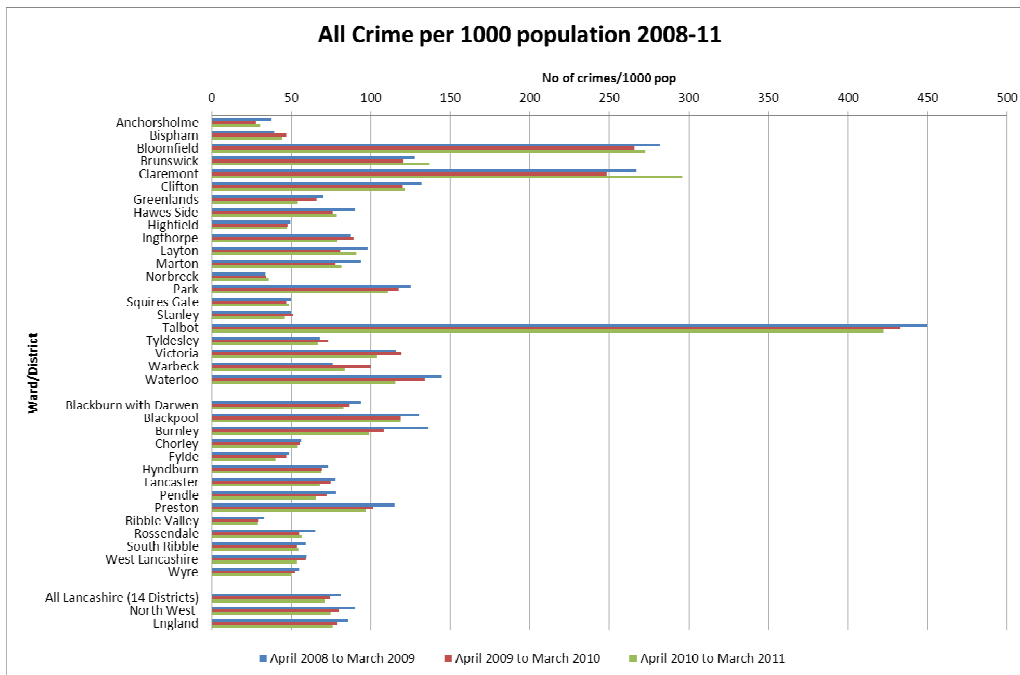
**Table 14 - All Crime**

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

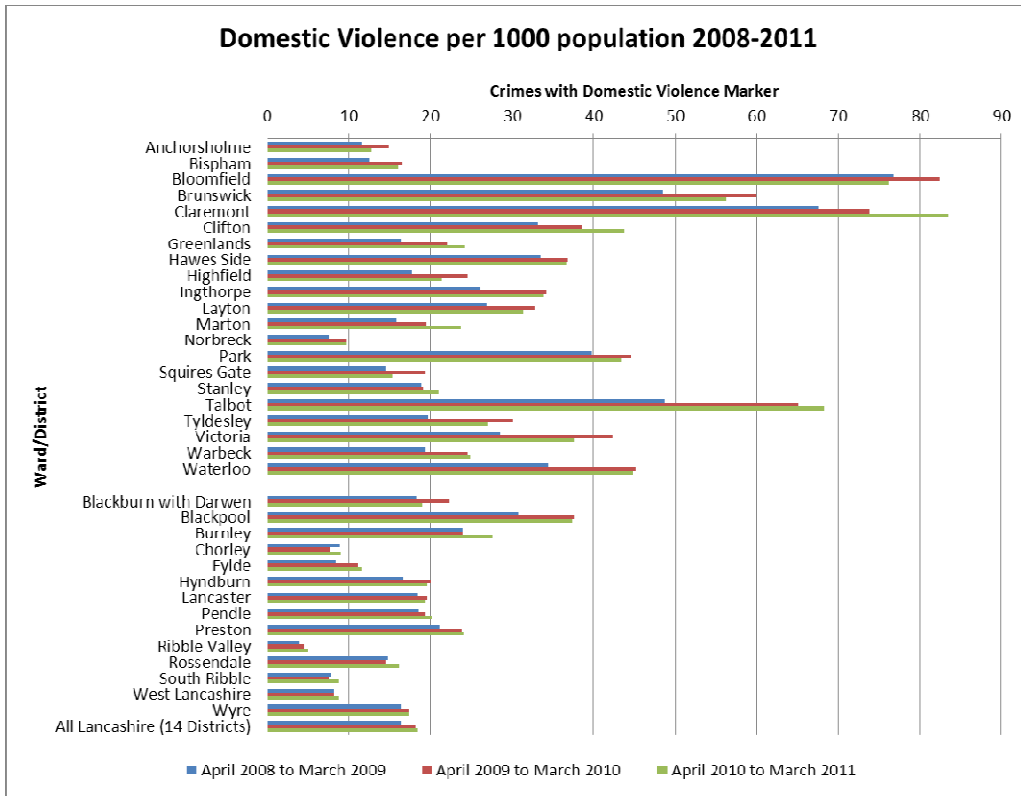
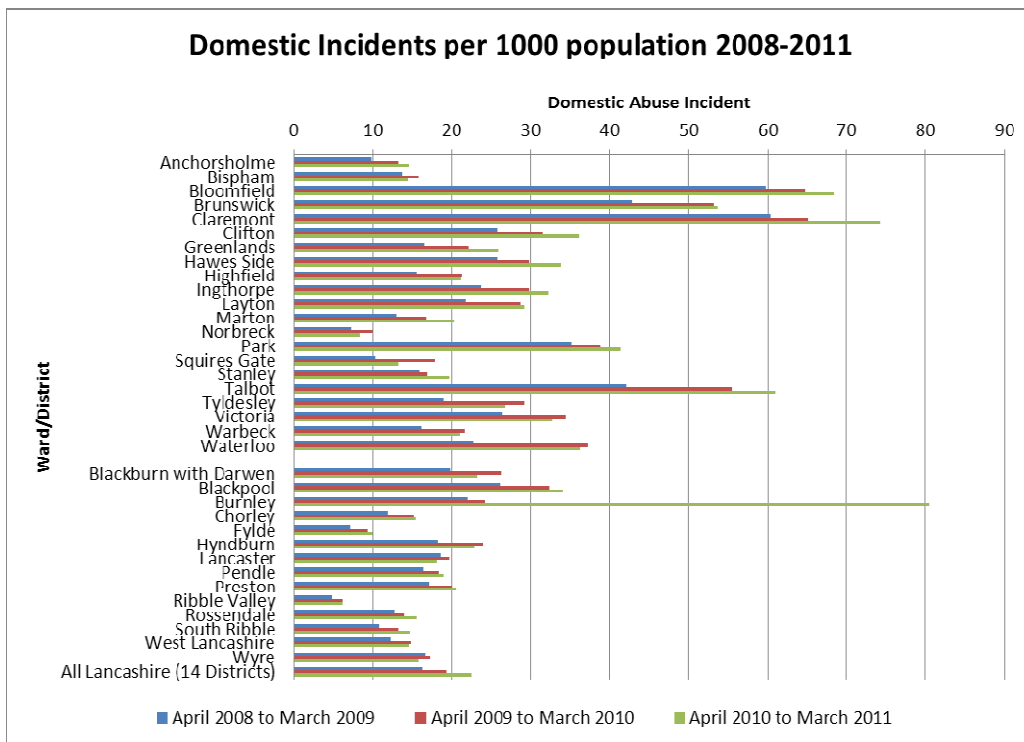


Figure 75 - Domestic Incidents

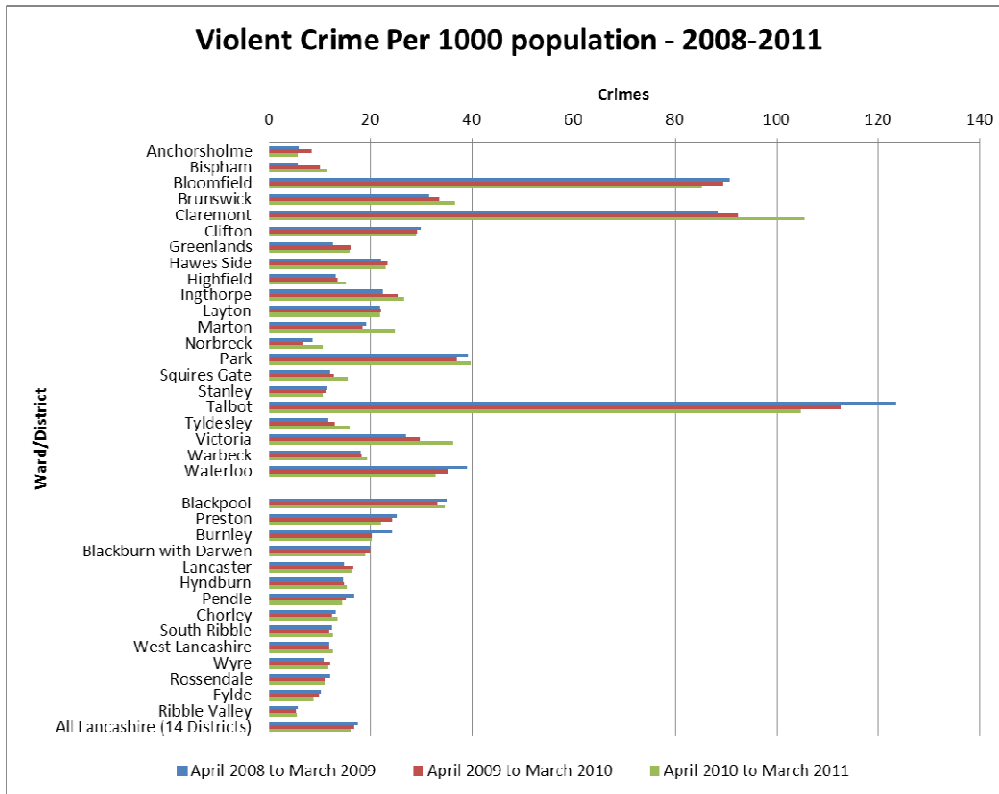


**Violent Crime:**

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 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> 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.

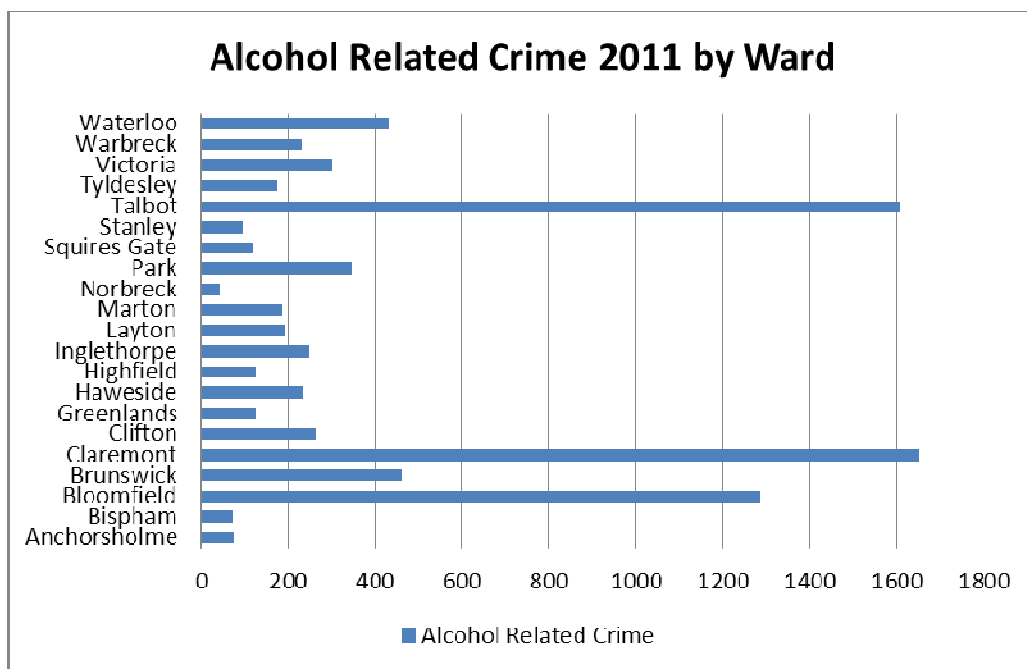
Misuse poses a threat because of the Organised Criminal Groups (OCG's) that feed the problem and from those Persistent Prolific Offenders (PPO's) and wider criminal community who consume the products. Crime especially acquisitive and violent crime is committed either to feed a habit or as the results 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**

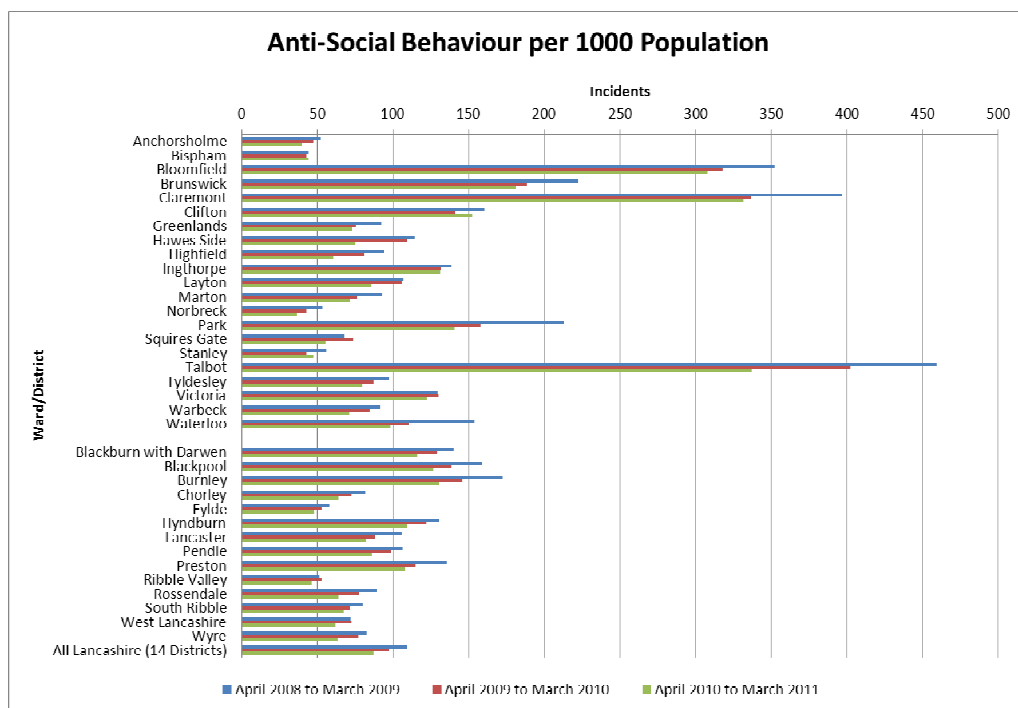
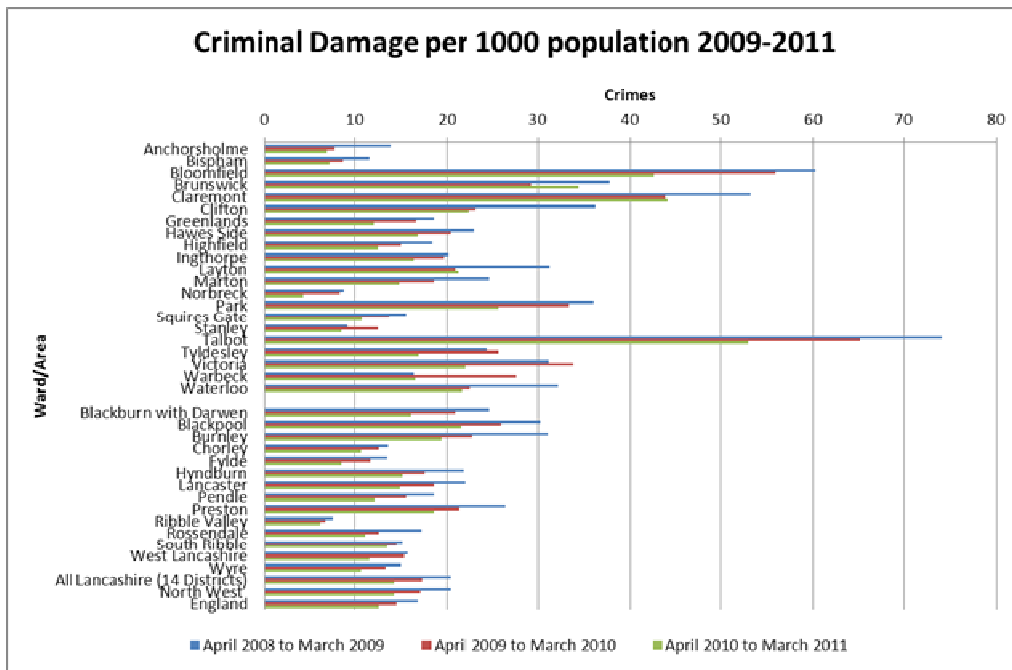


Figure 79 - Criminal Damage



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 were 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	<b>Health and Safety</b>			
Name of Officer <i>(please print)</i>	Gareth Shaw			
Signature of Officer	<b>G Shaw</b>			
Contact telephone number	<b>478315</b>			
Date representation made	<b>18</b>	<b>02</b>	<b>2014</b>	
Do you consider mediation to be appropriate				No

**Premises Details**

Premises Name	<b>Whistle Stop Number 1</b>			
Address	80 Sherbourne Road			
	Blackpool			
	Lancashire			
Post Code	FY1 2PQ			

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

The Health and Safety Section would like to bring to the attention of the committee details relation to the applicants history and his ability to manage and maintain the premises in a safe manner.

The applicant has had interaction with this section on a few significant occasions as follows:

**November 2009** the applicant submitted a license application which prompted a visit from this department and a representation was submitted detailing;

- 1) Fire extinguishers not services since 1997
- 2) Live electrical conductors exposed.
- 3) Overloaded electrical installations.
- 4) Huge stocks of alcohol despite no licence in place at the time.
- 5) Corroded mains electrics.
- 6) Lack of records for electrical/gas safety.

**July 2012**

The applicant had opened a mobile food van on the forecourt of the premise of which this department had to prohibit dangerous gas installations in the van, planning issued an enforcement notice for

breach of their legal requirements and food safety levels were appalling.










**January 2015**

Officer Marsden visit prompted by the licence application and note there is no hot water in the premise and no current electrical installation condition report.

**Blackpool Council Licensing Service**  
**Representation made by a Responsible Authority**

**Responsible Authority**

Name of Responsible Authority	<b>Licensing Authority</b>		
Name of Officer <i>(please print)</i>	Mark Marshall		
Signature of Officer			
Contact telephone number	01253-478493		
Date representation made	18	02	2015
Do you consider mediation to be appropriate			NO

**Premises Details**

Premises Name	<b>Whistle Stop Number 1</b>
Address	78 Sherbourne Road
	Blackpool
Post Code	FY1 2PQ

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

The application for the grant a new Off licence concerns the Licensing Authority on the grounds of saturation or cumulative impact, the Statement of Licensing Policy is currently under review and the current draft very much recognises the issues around Alcohol harm and related violence in particular domestic violence.

Claremont ward has the 2<sup>nd</sup> highest rates of domestic violence in the town and has 23 Of Licence Premises, the 3<sup>rd</sup> highest ward in terms of Outlet density.

Whilst the applicant has modified his trading hours to what could be described as sensible hours the location of the premises and the challenges in the ward that it sits will always present a concern especially with the business model.

In other words this is not a unique operation such as a specialist wine retailer.

This sort of model could be argued is manifestly different from other stores in the area, targets a different demographic and therefore it is the view of the Licensing Authority that in such circumstances Applicants should be able to successfully demonstrate they will not undermine the Crime and Disorder Objective.

However with a convenience store in socially problematic area the same can not easily be said, it is for the avoidance of doubt, the applicants duty to sufficiently demonstrate that the sale of alcohol from there

premises will not add to the Crime and Disorder issues in the area.

Capable and competent operators could also be a factor that causes Authorities concern and where trading in the Saturated Wards, the Licensing Authority would expect the best quality staff training in place and managers or a DPS with a credible background who is tune with local problems, has sufficient knowledge of the regulatory regime and is able to demonstrate a willingness to comply with regulations.

The conditions proposed by the applicant go some way to addressing the promotion of the Licensing Objectives but I would expect more detail on staff training and look toward a minimum of the BII level 1 or equivalent ( ARAR )

A concern also exists with the applicants knowledge of the regulatory regime as in August 2012 the Licensing Authority were receiving complaints and information that a hot food unit parked on the forecourt of a premises situated on the corner of Sherbourne Road and Hampton Road was trading beyond 11pm without a licence.

The sale of hot food beyond 11pm is a Licensable activity.

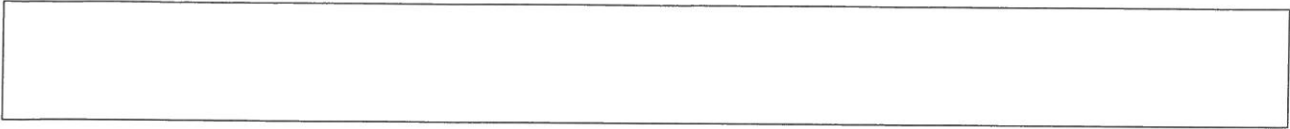
On the 17<sup>th</sup> August the sale of hot food was witnessed by me beyond 11pm on a number of occasions, the operator was spoken too at the time and advised accordingly, the male was Alpasalan Dermi of 78 Sherbourne Road, the applicant in this case.

The advice was followed up in writing and is attached to this application.

The position from the Authority would be that the Licensing Committee considers there own statement of Policy, takes not of the crime and deprivation data provided by Public Health and duly notes the concerns raised with the applicant based on the recent Licensing offences detected on the 17<sup>th</sup> August 2012 and as such rejects the application for the grant of a licence in this area.

**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.**



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**ENFORCEMENT & QUALITY STANDARDS DIVISION**

Mr Alpaslan Dermi  
78 Sherbourne Road  
Blackpool  
FY1 2PQ

Our Ref: MIM/SMC  
Your Ref:  
Enquiries to: Mr M I Marshall  
Direct Line: 01253 478493  
E-mail: [mark.marshall@blackpool.gov.uk](mailto:mark.marshall@blackpool.gov.uk)  
Date: 23 August 2012

Dear Sir

**Section 136 Licensing Act 2003**

**Unit parked on the corner of Sherbourne and Hampton Road, Blackpool**

Further to my visit on Friday 17 August 2012, I write to confirm that the sale of hot food beyond 23:00 hours without a Premises Licence is an offence under Section 136 of the Licensing Act 2003.

The sale of hot food between 23:00 – 05:00 hours is defined as a Licensable activity and as such a Premises Licence must be in place before such activity is lawful.

I witnessed the sale of hot food at 23:25 hours and the offence was pointed out to you at the time. I advised that I would assist should you be minded to apply for a licence and I can be contacted on the number above to facilitate any such process.

Our policy is to give notice of an offence before issuing formal proceedings but if you are found to be selling hot food beyond 23:00 hours in the future without first obtaining a licence then consideration of formal action will be taken.

Yours faithfully

Mark Marshall  
**Licensing/Health and Safety  
Enforcement Manager**

Tim Coglan  
Service Manager (Enforcement & Quality Standards)  
Progress House, Clifton Road, Blackpool, FY4 4US  
Fax: 01253 478393 [tradingstandards@blackpool.gov.uk](mailto:tradingstandards@blackpool.gov.uk)