

Subject:	Work of the alcohol programme board		
Date of Meeting:	27 June 2013		
Report of:	Head of Planning and Public Protection		
Contact Officer:	Name:	Tim Nichols	Tel: 29-2163
	Email:	tim.nichols@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report aims to inform Members of the alcohol programme board work and raise the awareness of Licensing Members in the context of licensing policy and application decisions.
- 1.2 The report will also look at the work of the four Strategy Domain Groups but specifically SDG2 (availability) and update Members on the Health Trainer Recovery project.

2. RECOMMENDATIONS:

- 2.1 That Members note the content of this report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The Alcohol Programme Board with very senior input from across the city (Health, City Council, and Police) was set up following the Alcohol Intelligent Commissioning Pilot in 2010.

- 3.2 The aim of the Alcohol Programme Board was to lead a programme of work in tackling the adverse consequences of alcohol consumption in Brighton and Hove. There are four 'domains' of work within the Programme Board Action Plan:

- The drinking culture
- Availability of alcohol
- The night time economy
- Early identification, treatment and aftercare

Each domain has an identified lead and for each action activities, anticipated outcomes, milestones, resource implications, leads and key performance indicators were identified.

- 3.3 SDG2 (availability of alcohol) was lead by the licensing team and the key objective of this domain is to *'reduce the consumption of alcohol across the city focusing in particular on young people and heavy drinkers'*.

- 3.4 In keeping with interim findings from the Big Alcohol Debate, the boundaries of the cumulative impact zone were reviewed and with the approval by the Licensing Committee, extended from 0.8% to 1.5% of the city area.
- 3.5 Adjacent to the cumulative impact zone is a '*special stress area*' where operators are expected to make positive proposals to minimise any impact from alcohol use. These include additional training for staff, membership of accredited crime reduction schemes and safety measures such as the use of polycarbonate glass and lockable glass bins. In order to promote '*the right type of alcohol retail establishment*' for the city a new matrix model for licensing decisions has been adopted. Three matrix criteria are:
- A. Location of the proposed establishment;
 - B. Type of establishment;
 - C. Hours of opening.

So for example, a restaurant would now be granted a licence to serve alcohol in a residential area until 11.30pm, in the cumulative impact zone until midnight or in the special stress area until 2am; an off-licence would only be allowed to open in a residential area and only until 8pm; and super-pubs would not be permitted a license in any location.

- 3.6 **Reducing Illegal Alcohol Sales:** Investigation was carried out into smuggled, falsely described and illicit alcohol supplies. Work is underway with trading standards and environmental health to tackle the emerging and significant food fraud with potential public health implications. This can mean the selling of wine or beer not of the nature, substance or quality demanded by the customer. Joint work between the Council and Sussex Police has led to the development of a pilot project from the Joint Delivery Programme. The pilot began on 1st January 2013 and ran for three months. It allowed intelligence to be shared more successfully, and was the first of its kind in the country.
- 3.7 SDG1 has the key objective in this domain to '*create a cultural shift away from problematic drinking through community engagement and mobilisation*'; SDG3 is '*to reduce the impact of alcohol harm arising out of the night time economy*' and SDG4 is '*to reduce the risk from consumption of alcohol through effective early identification and screening, and onward referral to appropriate treatment and aftercare*'. Action plans from the four SDGs can be found at appendix 1.
- 3.8 A full report of the work of the Alcohol Programme Board was reported to Health and Wellbeing Overview and Scrutiny Committee on 26 February 2013 – here is a link [http://present.brighton-hove.gov.uk/Published/C00000728/M00004127/AI00031418/\\$20130319124655003175_0014681_ReportTemplateCommittee.doc.pdf](http://present.brighton-hove.gov.uk/Published/C00000728/M00004127/AI00031418/$20130319124655003175_0014681_ReportTemplateCommittee.doc.pdf).
- 3.9 Health Trainers (HTs) have worked with partner organisations to develop a project and as part of the commissioning brief the Health Trainer Recovery Project was asked to work with 4 key Recovery service providers in the city; Brighton Housing Trust (BHT), CRI and Sussex Partnership Trust (SMS services) and Oasis (BOP).
- 3.10 Referral Information: To date the HT Recovery Project has received 15 referrals with 13 referrals (via above links) made to the Core HT service, making the total number referred from recovery services 28; there was also one self-referral received.

3.11 Referrals into Core HT service via this project: Promotion of the new HT Recovery Project to the recovery services has generated awareness and interest in the core Health Trainer service as well as in the Recovery project. Although not initially a primary aim of the HT Recovery Project, the referrals generated for the core Health Trainer service have already had some positive benefits to the overall project. These are:

- 1) An opportunity to build a relationship with recovery clients who may not yet be ready to leave treatment service and a platform from which they can go on to access the HT Recovery service once they are ready. Engaging clients with the HT service to see what is 'on offer' while still within the 'safety' of the treatment services.
- 2) Provides clients with a deeper understanding of the service and how it could support them when they leave recovery / treatment services.
- 3) 'Word of mouth' - information about the HT service is promoted through clients using the core service.
- 4) Service providers (care coordinators) have better understanding of the way Health Trainers work through feedback from their clients and build working relationships with the Health Trainers.
- 5) For treatment services the Core HT service is something else we are offering their clients – this helps to build the relationship and partnerships between the services.
- 6) Providing an opportunity for clients to engage with the HT service where otherwise they may not have heard about the service or had the support to access it.

Referrals made to the Core HT service are managed and resourced within the main HT service.

3.11 Next steps: Continue to develop partnerships with treatment services (& BHCC Sheltered Housing) to increase numbers of referrals; explore options for including HT Recovery project into care pathways within treatment service (building on work BHT are trialling); develop service promotional material with input from service user representatives (via SUSTAIN meetings); explore routes for self-referral for example AA and peer-led groups and developing case studies for clients engaging with the HT Recovery service.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Alcohol Programme Board: A comprehensive needs analysis was undertaken by a multidisciplinary team across the city and views were gathered from members of the public, community and voluntary sector organisations and professionals. Members of the alcohol industry were also engaged in a wider alcohol debate following the introduction of the Public White Paper *Healthy Lives, Healthy People*. Funded through the Healthy City resources, a 'Big Alcohol Debate' ran from October 2011 to January 2012 and asked contributors a number of open questions including 'What would you do about alcohol in Brighton and Hove if you were in charge?' The debate used established and new methods to capture a range of views: postcard and on-line surveys, focus groups, a mobile 'Big Brother' style video pod and, to launch the debate, a 24 hour mass 'twitterthon', with participation from residents, retailers, A&E staff and the police. The debate and very successful 'twitterthon' saw more than 154,000 exchanges.

- 4.2 Health Trainers work with providers and residents across the city. They recently held two focus groups to think about how they could improve the service, to understand what is working well and also how they can do more to engage and support their clients through their time of making changes and improving health.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 None arising from the recommendation in this report.

Finance Officer Consulted: Jeff Coates Date: 17/05/13

Legal Implications:

- 5.2 None to this report: for information.

Lawyer Consulted: Rebecca Sidell Date: 28/05/13

Equalities Implications:

- 5.3 None to this report: for information.

Sustainability Implications:

- 5.4 None to this report for information

Crime & Disorder Implications:

- 5.5 There are clear crime and disorder implications involved in the use and misuse of alcohol. Health trainers work with clients from recovery services as well as the Probation service.

Risk and Opportunity Management Implications:

- 5.6 None to this report for information.

Public Health Implications:

- 5.7 Alcohol misuse has wide public health implications, which are reflected in the Alcohol Programme Board's remit. Health trainers aim to make changes in order to improve the health and wellbeing of the residents of Brighton & Hove.

Corporate / Citywide Implications:

- 5.8 None. This report is for information.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 None.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 To update and inform members of the Licensing Committee.

SUPPORTING DOCUMENTATION

Appendices:

1. Alcohol Strategy Domain Group Action Plan 2013-14.

Documents in Members' Rooms

1. None.

Background Documents

1. None.

