

MEMBERS INTERESTS 2012

A Member with a disclosable pecuniary interest in any matter considered at a meeting must disclose the interest to the meeting at which they are present, except where it has been entered on the Register.

A Member with a non pecuniary or pecuniary interest in any business of the Council must disclose the existence and nature of that interest at commencement of consideration or when the interest becomes apparent.

Where sensitive information relating to an interest is not registered in the register, you must indicate that you have an interest, but need not disclose the sensitive information.

Please tick relevant boxes

Notes

	General		Notes
1.	I have a disclosable pecuniary interest.	<input type="checkbox"/>	<i>You cannot speak or vote and must withdraw unless you have also ticked 5 below</i>
2.	I have a non-pecuniary interest.	<input type="checkbox"/>	<i>You may speak and vote</i>
3.	I have a pecuniary interest because it affects my financial position or the financial position of a connected person or, a body described in 10.1(1)(i) and (ii) and the interest is one which a member of the public with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice my judgement of the public interest or it relates to the determining of any approval consent, licence, permission or registration in relation to me or a connected person or, a body described in 10.1(1)(i) and (ii) and the interest is one which a member of the public with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice my judgement of the public interest	<input type="checkbox"/> <input type="checkbox"/>	<i>You cannot speak or vote and must withdraw unless you have also ticked 5 or 6 below</i> <i>You cannot speak or vote and must withdraw unless you have also ticked 5 or 6 below</i>
4.	I have a disclosable pecuniary interest (Dispensation 16/7/12) or a pecuniary interest but it relates to the functions of my Council in respect of: (i) Housing where I am a tenant of the Council, and those functions do not relate particularly to my tenancy or lease. (ii) school meals, or school transport and travelling expenses where I am a parent or guardian of a child in full time education, or are a parent governor of a school, and it does not relate particularly to the school which the child attends. (iii) Statutory sick pay where I am in receipt or entitled to receipt of such pay. (iv) An allowance, payment or indemnity given to Members (v) Any ceremonial honour given to Members (vi) Setting Council tax or a precept under the LGFA 1992	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>You may speak and vote</i> <i>You may speak and vote</i>
5.	A Standards Committee dispensation applies (relevant lines in the budget – Dispensation 20/2/13 – 19/2/17)	<input type="checkbox"/>	<i>See the terms of the dispensation</i>
6.	I have a pecuniary interest in the business but I can attend to make representations, answer questions or give evidence as the public are also allowed to attend the meeting for the same purpose	<input type="checkbox"/>	<i>You may speak but must leave the room once you have finished and cannot vote</i>

'disclosable pecuniary interest' (DPI) means an interest of a description specified below which is your interest, your spouse's or civil partner's or the interest of somebody who you are living with as a husband or wife, or as if you were civil partners and you are aware that that other person has the interest.

Interest

Employment, office, trade, profession or vocation

Sponsorship

Prescribed description

Any employment, office, trade, profession or vocation carried on for profit or gain.

Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by M in carrying out duties as a member, or towards the election expenses of M.

	This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to M's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to M's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

"body in which the relevant person has a beneficial interest" means a firm in which the relevant person is a partner or a body corporate of which the relevant person is a director, or in the securities of which the relevant person has a beneficial interest; "director" includes a member of the committee of management of an industrial and provident society;

"land" excludes an easement, servitude, interest or right in or over land which does not carry with it a right for the relevant person (alone or jointly with another) to occupy the land or to receive income; "M" means a member of a relevant authority;

"member" includes a co-opted member; "relevant authority" means the authority of which M is a member;

"relevant period" means the period of 12 months ending with the day on which M gives notice to the Monitoring Officer of a DPI;

"relevant person" means M or M's spouse or civil partner, a person with whom M is living as husband or wife or a person with whom M is living as if they were civil partners;

"securities" means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

'non pecuniary interest' means interests falling within the following descriptions:

- 10.1(1)(i) Any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by your authority;
- (ii) Any body (a) exercising functions of a public nature; (b) directed to charitable purposes; or (c) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union), of which you are a member or in a position of general control or management;
- (iii) Any easement, servitude, interest or right in or over land which does not carry with it a right for you (alone or jointly with another) to occupy the land or to receive income.
- 10.2(2) A decision in relation to that business might reasonably be regarded as affecting your well-being or financial position or the well-being or financial position of a connected person to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward, as the case may be, affected by the decision.

'a connected person' means

- (a) a member of your family or any person with whom you have a close association, or
- (b) any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- (c) any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000; or
- (d) any body of a type described in sub-paragraph 10.1(1)(i) or (ii).

'body exercising functions of a public nature' means

Regional and local development agencies, other government agencies, other Councils, public health bodies, council-owned companies exercising public functions, arms length management organisations carrying out housing functions on behalf of your authority, school governing bodies.

A Member with a personal interest who has made an executive decision in relation to that matter must ensure any written statement of that decision records the existence and nature of that interest.

NB Section 21(13) of the LGA 2000 overrides any Code provisions to oblige an executive member to attend an overview and scrutiny meeting to answer questions.

PRESENT: Councillor Delaney (Chairman)

Councillors: Devine
Mee

Officers: Principal Solicitor (Mrs K Lovelady)
Senior Licensing Officer (Ms M Murray)
Assistant Solicitor (Ms R Chadwick)
Principal Member Services Officer (Mrs S Griffiths)

In attendance: Mr R Arnot (Ward Hadaway Law Firm)
Mr P Willcox (Co-operative)

25. APOLOGIES

There were no apologies for absence received.

26. MEMBERSHIP OF THE COMMITTEE

There were no changes to Membership of the Committee.

27. URGENT BUSINESS

There were no items of urgent business.

28. DECLARATION OF PARTY WHIP

There were no declarations of Party Whip.

29. DECLARATIONS OF INTEREST

There were no declarations of interest.

30. MINUTES

RESOLVED: That the Minutes of the meeting held on 21 October 2015 be noted.

31. LICENSING HEARING PROCEDURE

The Chairman outlined the Licensing Hearing Procedure.

32. APPLICATION FOR A PREMISES LICENCE IN RESPECT OF FORMER MOUNT CARMEL PLAYING FIELD (ADJACENT TO AUGHTON PARK TRAIN STATION), LONG LANE, AUGHTON, L39 5BU

Consideration was given to the report of the Assistant Director Community Services as contained on pages 309 to 335 of the Book of Reports in respect of an application for a Premises Licence in respect of Former Mount Carmel Playing Field (adjacent to Aughton Park Train Station), Long Lane, Aughton, L39 5BU.

In considering this matter the Sub – Committee had regard to its Licensing Policy and the guidance issued under S. 182 of the Licensing Act. It considered the relevant Licensing Objectives on this occasion was the ‘prevention of public nuisance’ and ‘prevention of crime and disorder’

On hearing evidence from the Applicants Solicitor, the Sub – Committee:-

RESOLVED: That the application be granted as applied for as follows:-

- i) the premises open to the public between 07.00 hours and 22.00 hours daily
- ii) the sale of alcohol shall be permitted between 07.00 hours and 22.00 hours daily.

PRESENT: Councillor Delaney (Chairman)
Councillor Devine (Vice Chairman)

Councillors: Baybutt Ms Melling
Dowling Nixon
Mrs C Evans Patterson
Kay Savage
McKay Mrs Westley
Mee Wright

Officers: Commercial, Safety and Licensing Manager (Mr P Charlson)
Principal Solicitor (Mrs K Lovelady)
Assistant Solicitor (Mrs R Chadwick)
Senior Licensing Officer (Mrs S Jordan)
Member Services/Civic Support Officer (Mrs J Brown)

10. APOLOGIES

Apologies were received on behalf of Councillor Owens.

11. MEMBERSHIP OF THE COMMITTEE

There were no changes to Membership of the Committee.

12. URGENT BUSINESS

There were no items of urgent business.

13. DECLARATION OF PARTY WHIP

There were no declarations of Party Whip.

14. DECLARATIONS OF INTEREST

There were no declarations of interest.

15. MINUTES OF LICENSING SUB - COMMITTEE

The Minutes of the Licensing Sub – Committee held on 22 July 2015, 8 September 2015 and 21 October 2015 were submitted.

RESOLVED: That the above Minutes be noted.

16. MINUTES

RESOLVED: That the Minutes of the meeting held on 2 June 2015 be received as a correct record and signed by the Chairman.

17. APPROVAL OF STATEMENT OF LICENSING POLICY REQUIRED BY THE GAMBLING ACT 2005

Consideration was given to the report of the Assistant Director Community Services as contained on pages 91 to 120 of the Book of Reports, the purpose of which was to approve the Statement of Licensing Policy required under the Gambling Act 2005 following public consultation.

The Commercial, Safety and Licensing Manager outlined the report and responded to questions from Members of the Committee.

RESOLVED: That the Statement of Licensing Policy attached at Appendix 2 be endorsed.

- CHAIRMAN -



AGENDA ITEM:

**LICENSING & GAMBLING
COMMITTEE: 2 FEBRUARY 2016**

Report of: Interim Director Community Services

**Contact for further information: Paul Charlson (ext 5246)
(E-mail: paul.charlson@westlancs.gov.uk)**

SUBJECT: LICENSING ACT 2003 – NIGHT TIME LICENSING OPTIONS

Wards affected: Borough wide

1.0 PURPOSE OF REPORT

- 1.1 To provide Members with an update on the options resulting from the action plan devised to address concerns regarding night time antisocial behaviour in the Borough, including Ormskirk town centre.

2.0 RECOMMENDATIONS

- 2.1 That the content of the report be noted.
- 2.2 That a Cumulative Impact Policy and/or Late Night Levy are not adopted within the Borough at this time.

3.0 BACKGROUND

- 3.1 Members will recall previous reports to this Committee relating to the action plan originally devised in 2014 following a proposed Early Morning Restriction Order (EMRO) for Ormskirk town centre. This report will therefore provide an update on the original action plan and additional information on the outstanding options.

4.0 OPTIONS UPDATE

- 4.1 *Review of the Council's Licensing Policy*
Members will recall the reports to this Committee regarding the review of the Council's Licensing Policy. The Policy was approved by this Committee and full Council on the 2 and 17 December 2014 respectively and came into force on 7

February 2015. The revised Policy contains several new 'Licensing Principles' which clearly set out how the Council expects applicants to demonstrate how the risks to the licensing objectives will be controlled. Similarly, the licensing principles can be used in any hearing to promote consistency of approach.

4.2 *Review of the Council's Licensing Service web pages*

With the onset of the new content management system, the Licensing Service webpages were reviewed during 2014 and 2015 to provide improved information on the 2003 Act.

4.3 *Review of licensing fees*

Following a period of consultation, the Government has chosen not to adopt a scheme of locally set licensing fees under the Act at this time. Fees are therefore set by statute and cannot be amended locally as a means to providing additional resource to offer control of the licensing regime under the Act.

4.4 *Development of initiatives with Edge Hill University (EHU)*

Members will recall that £5k match funding was offered to EHU to improve/provide community liaison initiatives to help address concerns of potential noise and disturbance from student activity. Given that this approach was beyond the licensing remit of this Committee, the match funding was to be administered through the Community Safety Partnership. In the meeting of this Committee on 2 June 2015, Members specifically requested an update from the Interim Director Community Services and / or the Environmental Protection and Community Safety Manager. Accordingly, the latter has provided information that a discussion has taken place with EHU, but no agreement has yet been made as to the allocation of this resource.

4.5 *Improved taxi facilities at EHU*

Discussions had taken place with EHU and the Student Union to review taxi provision at the campus and to examine the feasibility of providing a low cost taxi scheme between EHU and Ormskirk town centre. However, after consideration of the matter, EHU were not able to support such provision.

4.6 *Improved liaison between the licensed trade and the community*

It was proposed that a representative of the licensed trade in Ormskirk attend the routine Ormskirk Town Centre Task and Time Group meetings. Lancashire Constabulary was supportive of this and attempted to facilitate a suitable representative to attend the meetings. However, a Task and Time Group no longer routinely meets regarding Ormskirk town centre and so this can no longer be facilitated in this manner.

4.7 *Night time economy (NTE) study*

An independent study was commissioned using the allocated £5k funding and was presented to this Committee on 2 June 2015.

4.8 *Cumulative Impact Policy / Late Night Levy*

These two options are the final aspects of the action plan and are addressed in the remainder of this report.

5.0 CUMULATIVE IMPACT POLICY (CIP) OR OTHER RESTRICTIVE POLICIES

- 5.1 “Cumulative impact” is not mentioned specifically in the Act; however the statutory guidance issued under Section 182 of the Act (the Guidance) refers to “the potential impact on the promotion of the licensing objectives of a significant number of licensed premises concentrated in one area”.
- 5.2 A CIP can be put in place where the number, type and density of licensed premises is high or exceptional and serious unacceptable levels of crime, disorder or public nuisance have been identified. Such a policy specifies that applications for the grant or variation of certain types of licensed premises will normally be refused if representations are received, unless the applicant demonstrates in their operating schedule (or subsequent hearing) that there will be no adverse impact on one or more of the licensing objectives. Therefore, a CIP does not guarantee that no additional licensed premises will be provided, or existing licences extended, in a given area.
- 5.3 More recent versions of the Guidance have moved away from preventing licensing authorities from establishing zones. Therefore, instead of completely preventing licensed premises in a given area under a CIP, a zonal policy could be established that broadly encourages licensed premises in one area and not in another. This approach obviously favours larger town centres where there is clear distinction between residential and leisure areas, so that commercial demand for later hours can be channelled to the right locations.
- 5.4 The Guidance allows licensing authorities the freedom to establish a restrictive policy to set a terminal hour for all or particular types of premises or locations where it considers appropriate to promote the licensing objectives. However, in establishing a CIP or other restrictive policy, the Guidance is clear in stating that there should be an evidential basis for the decision and that this evidence demonstrates that there would be a resultant harm to one of the licensing objectives. The Community Safety Partnership and responsible authorities, including the Police and Environmental Protection are specifically stated as potentially holding relevant information which would establish the evidence base for introducing such a policy. The Guidance also sets out the following examples of evidence:
- local crime and disorder statistics, including statistics on specific types of crime and crime hotspots;
 - statistics on local anti-social behaviour offences;
 - health-related statistics such as alcohol-related emergency attendances and hospital admissions;
 - environmental health complaints, particularly in relation to litter and noise;
 - complaints recorded by the local authority, which may include complaints raised by local residents or residents’ associations;
 - residents’ questionnaires;
 - evidence from local councillors;
 - evidence obtained through local consultation;
 - trends in licence applications, particularly trends in applications by types of premises and terminal hours;
 - changes in terminal hours of premises;
 - premises’ capacities at different times of night and the expected concentrations of drinkers who will be expected to be leaving premises at different times.

- 5.5 As a means to put the above information into context, the outline views of Lancashire Constabulary, Lancashire County Council Public Health and the Council's Environmental Protection and Community Safety Manager have been sought. These responses are attached at Appendices 2, 3 and 4 respectively and relate to a potential CIP as well as the late night levy outlined later in this report. None of these responses provide opinion in support of a CIP or other similar restrictive policy.
- 5.6 Members will also note that the evidence base outlined above is similar to that required for an Early Morning Restriction Order and that Counsel advice stated that such an evidence base did not exist within the Borough when the matter was debated by this Committee in 2013 and 2014. However, the Guidance also states that where existing information is insufficient or not readily available, but the licensing authority believes there are problems in its area resulting from the cumulative impact of licensed premises, it can consider conducting or commissioning a specific study to assess the position. The previously mentioned NTE study was partly commissioned for this purpose, but [notwithstanding the limitations of the report] did not identify a suitable evidence base to support a CIP or other restrictive policy.
- 5.7 The desire to have a good night's sleep and the desire for a good night out cannot be easily balanced. But equally, the Guidance is clear that the decision to adopt a restrictive policy cannot be a political one alone. Such a policy could deter investment, frustrate legitimate business aspirations and reduce economic potential, so the extent to which licensing powers are exercised to restrict commercial freedom needs to be objectively considered.
- 5.8 Based on the current outline information, there is a lack of suitable evidence that would support the adoption of a CIP or other restrictive policy and therefore this approach not supported by Officers at this time. However, if Members wish to pursue a CIP or other restrictive policy, there would be financial and staff resource implications for the Council to consider and adopt such a policy. Counsel Advice is essential prior to any preparatory work, particularly given the level of scrutiny required to implement such a policy. Counsel Advice would be approx. £2k, however, there is no current budget allocated for this purpose and it is likely that this advice will support the current Officer view.

6.0 LATE NIGHT LEVY

- 6.1 The Late Night Levy (the levy) is a power, conferred on licensing authorities by provision in Chapter 2 of Part 2 of the Police Reform and Social Responsibility Act 2011 (the 2011 Act). This enables licensing authorities to charge a levy to persons who are licensed to sell alcohol late at night in the authority's area, as a means of raising a contribution towards the costs of policing the late-night economy.
- 6.2 Like many local authorities, the issues relating to late night crime and disorder are not prevalent right across the Borough; they are associated with smaller more localised areas. However, the relevant statutory provisions do not allow the Council to levy only those premises trading in such areas. The levy must apply to the whole of the Borough or not at all. Therefore, the Council could not apply the

levy to Ormskirk town centre without implementing the levy in all other parts of the Borough.

6.3 To address the potential concerns of licensed business operators that trade outside of perceived problem locations (as they may consider the levy as an unfair tax on their activity) there are several permitted exemptions:

- Premises with overnight accommodation
- Theatres
- Cinemas
- Bingo halls
- Community amateur sports clubs
- Community premises
- Country village pubs
- Business Improvement Districts
- New Year's Eve

6.4 The levy would be payable by the holders of any premises licence or club premises certificate in relation to premises in the authority's area, which authorise the sale or supply of alcohol on any days during a period (the "late night supply period") beginning at or after midnight and ending at or before 6am. Any relevant licence holder would be liable to pay the levy, regardless of whether the holder's premises are actually operating during the period. For example, a holder in relation to a supermarket with a 24 hour licence will be required to pay the levy regardless of its actual opening hours.

6.5 The amount of the levy is set by statute and depends upon the rateable value of the premises, as follows:

Rateable value (£)	Band	Levy amount (£)
0 – 4,300	A	299
4,301 – 33,000	B	768
33,001 – 87,000	C	1,259
87,001 – 125,000	D	1,365
87,001 – 125,000 (exclusively or primarily alcohol)	D	2,730
125,001 +	E	1,493
125,001 + (exclusively or primarily alcohol)	E	4,440
Exemption premises	X	0

6.6 As the levy is a discretionary power, Members may consider that it is not appropriate to exercise it. It is therefore appropriate to decide whether or not the Council has a viable proposal to introduce the levy before incurring the costs of the formal consultation process - which is the purpose of this report. It may be that there are an insufficient number of premises licensed to sell alcohol during the late night supply period (or that may choose the option of a free variation application to reduce the opening hours for their premises) or that the issues throughout the Borough are not sufficiently serious to warrant the use of the levy.

- 6.7 The test as to whether a levy should be introduced is in relation to the matters described in Section 125(3) of the 2011 Act. Accordingly, Members must consider the costs of policing and other arrangements for the reduction or prevention of crime and disorder, in connection with the supply of alcohol between midnight and 6am, and having regard to these costs, the desirability of raising the revenue to be applied (noting that at least 70% of the net levy must be given to the Police and is not ring-fenced to be spent within the Borough).
- 6.8 Accordingly, the Council would be expected to consider the need for a levy with the Chief Officer of Police and Police and Crime Commissioner as well as conduct a public consultation to receive representations regarding the potential implementation of the levy in their area. It is therefore significant that Lancashire Constabulary has not approached the Council in this regard and that the information attached at Appendix 2 to this report does not support the adoption of the levy.
- 6.9 However, an estimate of the amount of levy that could be expected to be attracted is provided below:

Band	Levy amount (£)	Total properties selling alcohol between 00:00 & 06:00	Approx. levy (£)
A	299	4	1,196
B	768	73	56,064
C	1,259	25	31,475
D	1,365	2	2,730
D	2,730	0	0
E	1,493	3	4,479
E	4,440	0	0
X	0	N/A	N/A

- 6.10 The total number of licensed premises within the Borough is currently 341. The estimated number of premises that would be addressed by the levy is 107, leading to an estimated net levy of £95,944 pa, if the levy were set to address premises selling alcohol between 00:00 and 06:00. Members' attention is drawn to the fact that a significant number of the 107 premises currently sell alcohol until 00:30 or 01:00 and those operators may simply choose to reduce these hours to avoid the levy. It should also be noted that if the levy were set at a later hour, the income would be similarly significantly reduced. At least 70% of the levy (£67,160 approx.) must be provided to the Police, leaving £28,784 approx. to the Council. As with a CIP, Members should note that any financial risk (for example lower than expected revenue) rests at a local level and should be fully considered prior to implementation.
- 6.11 As the levy is applicable across the Borough, the following provides an estimate of the distribution of potentially effected licensed premises:

Area	No. of premises
Ormskirk	31
Burscough	11
Newburgh, Parbold, Wrightington	11
Skelmersdale, Up Holland, Bickerstaffe	32

Aughton, Downholland, Halsall, Scarisbrick	13
Rufford, Tarleton, Hesk. with Becc., North Meols	9
Total	107

- 6.12 Similar to a CIP, the process to implement the levy is complex and requires additional work to examine the rationale for the levy in detail. There is a lack of suitable evidence that would support the adoption of the levy and the outline information from the most relevant partner agencies does not support the adoption of the levy at this time, a view which is supported by Officers. Furthermore, the estimated net levy is limited, particularly when considered that this resource must be applied across the Borough.
- 6.13 If Members wish to pursue this course of action, there would be financial and staff resource implications for the Council to consider and adopt the levy. Given the potential implications of the levy on the local economy, it is also recommended that the decision to introduce the levy is a matter for full Council. Accordingly, Counsel Advice is essential prior to any preparatory work, particularly given level of scrutiny required to implement the levy. Counsel Advice would be approx. £2k, however, there is no current budget allocated for this purpose and it is likely that this advice will support the current Officer view.

7.0 SUSTAINABILITY IMPLICATIONS/COMMUNITY STRATEGY

- 7.1 The 2003 Act has the potential to impact upon the Community Strategy. The contents of this report have the following links with the Community Strategy: Community Safety (issues A and E); Economy and Employment (issue D).

8.0 FINANCIAL AND RESOURCE IMPLICATIONS

- 8.1 The initial financial implications are detailed in this report.

9.0 RISK ASSESSMENT

- 9.1 The Council is not under a statutory obligation to address the options contained in this report. Concerns regarding antisocial behaviour are not solely linked to issues that can be addressed by licensing controls. Members must therefore be mindful of the remit of this Committee under the Licensing Act 2003.

Background Documents

There are no background documents (as defined in Section 100D(5) of the Local Government Act 1972) to this Report.

Equality Impact Assessment

There is a significant direct impact on members of the public, employees, elected members and / or stakeholders. Therefore an Equality Impact Assessment is required. A formal equality impact assessment is attached as an Appendix to this report, the results of which have been taken into account in the Recommendations contained within this report.

Appendices

- 1 Equality Impact Assessment.
- 2 Response from Lancashire Constabulary Licensing Unit
- 3 Response from Lancashire County Council Public Health
- 4 Response from Council's Environmental Protection and Community Safety Manager

Appendix 1

Equality Impact Assessment Form



Directorate: People and Places	Service: Community Services
Completed by: Paul Charlson	Date: 20/01/16
Subject Title: LICENSING ACT 2003 – NIGHT TIME LICENSING OPTIONS	
1. DESCRIPTION	
Is a policy or strategy being produced or revised:	<i>*delete as appropriate</i>
	No
Is a service being designed, redesigned or cutback:	
	No
Is a commissioning plan or contract specification being developed:	
	No
Is a budget being set or funding allocated:	
	No
Is a programme or project being planned:	
	No
Are recommendations being presented to senior managers and/or Councillors:	Yes
Does the activity contribute to meeting our duties under the Equality Act 2010 and Public Sector Equality Duty (Eliminating unlawful discrimination/harassment, advancing equality of opportunity, fostering good relations):	No
Details of the matter under consideration:	
<p><i>If you answered Yes to any of the above go straight to Section 3</i></p> <p><i>If you answered No to all the above please complete Section 2</i></p>	
2. RELEVANCE	
Does the work being carried out impact on service users, staff or Councillors (stakeholders):	<i>*delete as appropriate</i>
If Yes , provide details of how this impacts on service users, staff or Councillors (stakeholders): <i>If you answered Yes go to Section 3</i>	
If you answered No to both Sections 1 and 2 provide details of why there is no impact on these three groups: <i>You do not need to complete the rest of this form.</i>	
3. EVIDENCE COLLECTION	
Who does the work being carried out impact on, i.e. who is/are the stakeholder(s)?	All licensed operations under LA03.
If the work being carried out relates to a universal service, who needs or uses it most? (Is there any particular group affected more than others)?	All sections of the public use licensed businesses.
Which of the protected characteristics are most relevant to the work being carried out?	<i>*delete as appropriate</i>

Age	No
Gender	No
Disability	No
Race and Culture	No
Sexual Orientation	No
Religion or Belief	No
Gender Reassignment	No
Marriage and Civil Partnership	No
Pregnancy and Maternity	No
4. DATA ANALYSIS	
In relation to the work being carried out, and the service/function in question, who is actually or currently using the service and why?	All licensed operations under LA03 and the public.
What will the impact of the work being carried out be on usage/the stakeholders?	Potential implementation of new restrictive policies or licence fee structures.
What are people's views about the services? Are some customers more satisfied than others, and if so what are the reasons? Can these be affected by the proposals?	Any options considered will be subject to consultation.
What sources of data including consultation results have you used to analyse the impact of the work being carried out on users/stakeholders with protected characteristics?	Any options considered will be subject to consultation.
If any further data/consultation is needed and is to be gathered, please specify:	N/A
5. IMPACT OF DECISIONS	
In what way will the changes impact on people with particular protected characteristics (either positively or negatively or in terms of disproportionate impact)?	None.
6. CONSIDERING THE IMPACT	
If there is a negative impact what action can be taken to mitigate it? (If it is not possible or desirable to take actions to reduce the impact, explain why this is the case (e.g. legislative or financial drivers etc.).	N/A
What actions do you plan to take to address any other issues above?	No actions <i>If no actions are planned state no actions</i>
7. MONITORING AND REVIEWING	
When will this assessment be reviewed and who will review it?	Assessment will be reviewed if options are approved for further consideration.

Appendix 2 Lancashire Constabulary Licensing Unit response

West Lancashire Borough Council Licensing and Gambling Committee – Consideration on Cumulative Impact Policy/Late Night Levy for Ormskirk Town Centre.

Introduction

Lancashire Constabulary has been approached by West Lancashire Borough Council asking for its view on the imposition of either a Cumulative Impact Policy or Late Night Levy within Ormskirk Town Centre. It is understood that the information contained within this document is to form part of the report to be presented to the Licensing and Gambling Committee for their consideration.

The legal basis for the imposition of either of the above sanctions arise from the Licensing Act 2003, and were included by the Government as tools to assist in deal with policing crime and disorder linked to the night time economy especially related to licensed premises. These sanctions are available to local authorities who can choose to implement them within their areas of control. This cannot be done arbitrarily and there is clear guidance which stipulates that there should be a consultation process and that the imposition of either of the sanctions should be supported by evidence.

Invariably the local authority would look to the police as its main source of statistical information as to whether there is sufficient evidence to justify the imposition of the sanctions. The police are aware that in the early part of 2013 the local authority had considered the imposition of an Early Morning Restriction Order (EMRO) for Ormskirk Town Centre. After an analysis of the crime and disorder figures relating to Ormskirk Town Centre it was felt there was insufficient evidence to justify the imposition of the EMRO.

In response to this latest request I have made a check of Sleuth which is the system on which the police hold their data relating to incidents and crimes reported to them. The checks for incident numbers was carried out between the date parameters 01/01/15 to 31/12/15, and under 3 incident locations that relate to Ormskirk Town Centre these being SB32, SB33 and SB34.

I have outlined below the results of these checks. I would emphasise that the check carried out was only a basic interrogation of the system and is not a detailed statistical analysis of the data. Therefore the results should be taken as an indication of the levels of crime and disorder within Ormskirk Town Centre rather than strong statistical evidence.

Should it be required, after considering the information, that a more detailed breakdown of the information is required then this would require the need for further analysis by trained personnel.

Incidents – Ormskirk Town Centre

A check of the Sleuth system for all incidents recorded by the police during 2015 relating to the town centre showed there had been a total of 861. These can be broken down into the three incident locations as follows;

SB 32 – 198

SB 33 – 536 (This location covers the centre of Ormskirk, which contains the vast majority of the licensed premises)

SB 34 – 127

A check of all incidents recorded under each location was carried out looking for those incidents which named specific licensed premises or premises that impact on the night time economy, this showed;

SB 32 – Two licensed premises which accounted for 13 of the incidents reported

SB 33 – Two licensed premises, a restaurant and two taxi offices which accounted for 140 of the incidents reported

SB 34 – One licensed premises which accounted for 1 of the incidents reported.

A further check under the three incident locations was conducted in relation to specific incident categories these being Assault and Public Order, these being be one of the main indicators for concern from the police relating to Crime and Disorder. This showed the following;

Public Order

SB 32 – 1 incident, location indicated as licensed premises

SB 33 – 6 incidents, 2 of which indicated licensed premises as the location and 1 a taxi office

SB 34 – 0 incidents

Assault

SB 32 – 2 incidents, 1of which indicated licensed premises

SB 33 – 30 incidents, 14 of which indicated licensed premises as the location and a further 3 indicated taxi offices as the location.

SB 34 – 6 incidents, none of which indicate the location as being licensed premises.

(The incidents outlined relating to licensed premises have not been scrutinised individually so does not indicate whether the incidents can be attributable to the operation of the premises or its customers or whether the premises has been used as a point of reference only)

Conclusion

In concluding this report I would make comment, based on the information above, with regards both sanctions separately.

Late Night Levy

This is a policy which was introduced to make certain licensed premises within the local authority area pay a yearly levy to the council should they wish to operate after a specified time. Once the levy is collected a percentage of this should be provided to the police to assist in managing the night time economy.

Since the introduction of the Licensing Act in November 2005 I am unaware of many, if any areas in the country that operate a Late Night Levy. The difficulties I see in this sanction for Ormskirk Town Centre is that the levy has to be imposed across the whole of the licensing authority area, it cannot specify a particular area as can be done with the cumulative impact policy. This in effect would mean that licensed premises throughout the borough would be required to pay the levy should they also open past the specified time.

If we take the figures above in relation to incidents at licensed premises on face value I can say that they relate to only 5 particular licensed premises out of the 14 currently operating. You could well understand the potential consultation response from those premises who feel they may be paying for the sins of others.

A further consideration would also be the specified time from which the levy applied, I think the general hours considered would be 1 or 2 am as any earlier would penalise licensed premises across the borough. If the number of licensed premises within the borough that operate over these times is taken into consideration the amount of money generated may not provide any significant assistance in policing.

I do not feel that the Late Night Levy is a realistic consideration with regards Ormskirk Town Centre and the fact that this has not been imposed, as far as I am aware, by any other authority should be an indication as to the credibility of this particular sanction.

Cumulative Impact Policy

This is a policy which when introduced by a Local Authority, seeks to control the number of licensed premises within a specified area. Note the use of the word control as opposed to prevent. This policy does not prevent the opening of new licensed premises nor the extending of hours for those already operating, it merely creates a rebuttable presumption that any application to open or extend the hours of premises would normally be refused by the local authority. If however the applicant can demonstrate that their particular application will not contribute to an "already existing" problem then the council can depart from the policy and grant the application.

Further the policy will only be invoked should a representation be received in relation to the application, so if no representation is made, the council are under a duty to grant the application as governed by the Licensing Act.

As opposed to the Late Night levy there are a number of authorities that have deemed it necessary to impose a special policy area within their town centres, which shows it is a more credible sanction than the levy. However these have been imposed purely on the basis of police evidence where it was shown that there was already significant problems posed by the existing licensed premises and any more would contribute to these problems

There are currently in the region of 14 licensed premises within Ormskirk Town centre that cater for the night time economy and taking into account the figures above relating to licensed premises I do not believe the police would be able to provide sufficient evidence to support the imposition of a special policy area at this time.

PS Bushell

Appendix 3

Lancashire County Council Public Health response

From a public health perspective there are a number of data sources available that can help us better understand levels of alcohol related harm in an area. The ones most relevant to the discussion of late night levies and cumulative impact policies are data regarding alcohol related hospital admissions and data regarding individuals attending accident and emergency departments following assaults. Neither of these data sources alone would allow us to comment on the appropriateness of a cumulative impact policy or late night levy for the area of Ormskirk town centre. However, alongside other data sources and evidence they will support the Licensing and Gambling Committee in their discussions and decision making.

The majority of adults who are assaulted in Ormskirk Town Centre and require hospital treatment will attend Southport Accident and Emergency Department (AED). Lancashire County Council receives data regarding the number of individuals attending AED's across Lancashire due to assaults. Currently the data available to us from Southport AED is not of a high enough quality to allow us to make comment on AED attendances due to assaults in Ormskirk Town Centre. We are working with NHS West Lancashire CCG and Southport AED to improve data collection in relation to us.

Alcohol related hospital admission data relates to admissions to hospital by individuals who have a condition that is related to alcohol. In August 2015, Public Health at Lancashire County Council completed a profile of alcohol related hospital admissions in West Lancashire (attached). The profile identified that for the 3 year period 2011 to 2013 Scott Ward, which incorporates an area of Ormskirk, had the 3rd highest rate of female alcohol related hospital admissions in West Lancashire and the 7th highest rate of male alcohol related hospital admissions in West Lancashire. It is important to note that alcohol related hospital admission data does not relate to accident and emergency department attendances. It relates to individuals who are admitted to hospital. These admissions are therefore not necessarily associated with the night time economy.

National Institute for Health and Care Excellence (NICE) is a Non Departmental Public Body that provides national guidance and advice to improve health and social care. NICE has published a number of documents that relate directly to alcohol. One of these documents is 'Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)' which states that 'International evidence suggests that making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area and the days and hours when it can be sold, is another effective way of reducing alcohol-related harm'. When considering the appropriateness of this recommendation, particularly in relation to a late night levy or cumulative impact policy for Ormskirk Town Centre, consideration would need to be given to evidence of alcohol related harm from other agencies, particularly that which relates to crime and disorder, as well how levels of alcohol related harm in Ormskirk Town Centre compare to other areas of West Lancashire and Lancashire.

Late Night Levy

The above mentioned study highlighted that only four local authorities had adopted a Late Night Levy and thus mentioned the need for proportionality, if considering this approach. Additional Policing, funded by the levy, could have some impact on some of the issues in Ormskirk. However, so many of the issues are such a low level that they are not a crime and as such there would be a limit to what the Police could actually do. However, I acknowledge that additional Police presence may impact on behaviour in general.

Given that the levy is applied over the whole Borough, I am not sure how fair that is when 91% of the 742 calls to an Ormskirk Councillor hotline came from just 6 streets (Lancaster University study).

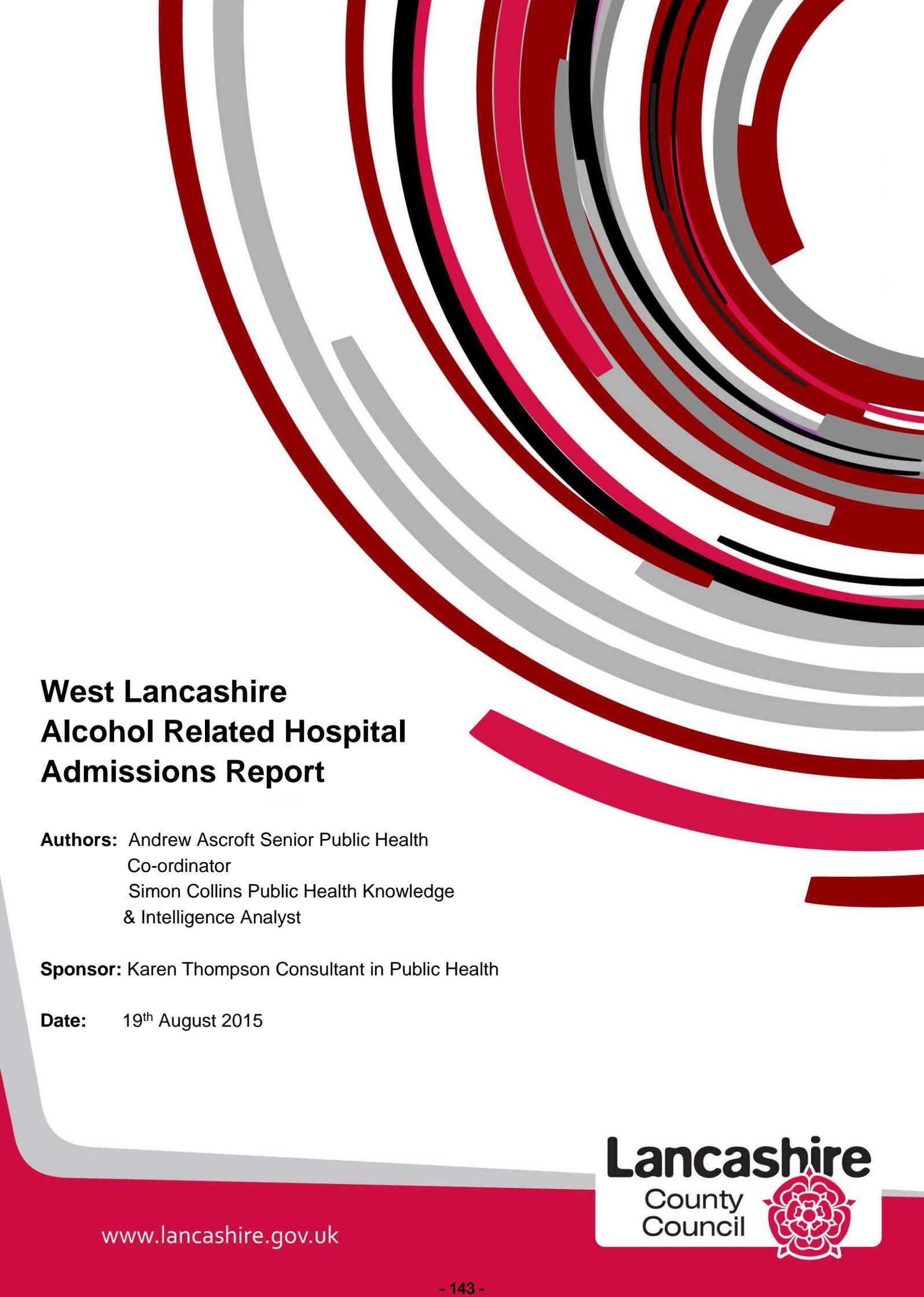
General

The busiest time of the year for Ormskirk is during the autumn term (Sept to Christmas). In particular, the "Freshers" period has the highest potential for ASB and disturbance. As a result of previous concerns the Community Safety Partnership co-ordinate three weeks' worth of activities to provide useful safety and neighbourly advice to try to minimise any disturbance during this time. The press release for 2015 work can be found here <http://www.westlancs.gov.uk/news/september-news-2015/west-lancashire-community-safety-partnership-plans-for-freshers-week-2015.aspx>. In 2015 the Council recorded just 10 noise complaints relating to noise from student houses and none of them were repeat complaints. Additional Police resources were funded to allow enhanced patrols and the Police have been extremely pleased with how well the weeks went. One of the aims of the work is to try to provide the advice in the first few weeks, to influence the behaviour throughout the year. Without this work, I am certain that there would be more ASB and disturbance for residents, particularly at this time, but also throughout the year.

Further to this work, representatives of the CSP, EHU, Lancashire Constabulary and EHSU meet on a regular basis to discuss complaints and partnership working.

At the weekend, the Street Pastors operate in Ormskirk Town Centre and provide useful assistance to revellers in relation to getting them home safely.

Whilst incidents do arise, sometimes serious ones, there are numerous initiatives and control mechanisms in place which work well for the vast majority of the time and as such it is difficult to provide sufficient evidence that either of the proposals are necessary.



West Lancashire Alcohol Related Hospital Admissions Report

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Date: 19th August 2015

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Introduction

Alcohol is England's second biggest cause of premature mortality behind tobacco¹.

The 2012 Health Survey for England identified that among adults who drank alcohol in the last week, 55% of men and 53% of women drank more than the recommended daily amounts, including 31% of men and 24% of women who drank more than twice the recommended amounts².

The harms associated with the misuse of alcohol are wide ranging and can impact on health, families, relationships, communities and the economy. It has been estimated that in 2010/11 the cost impact of alcohol on health care, policing, licensing, social services, the local workforce and the wider economy for the Lancashire-14³ was £663,610,000⁴.

One way of measuring alcohol related harm is alcohol related hospital admissions. In 2013 West Lancashire Health and Well Being Partnership (WLHWBP) identified reducing alcohol related hospital admissions as a priority. The rate of alcohol related hospital admissions in West Lancashire in 2013 was 2,206 per 100,000 population. This was significantly worse than the England rate of 1,895 per 100,000 population⁵. The rate of alcohol related hospital admissions in West Lancashire was significantly worse than the England rate for each of the 5 years 2009 to 2013.

In order to better understand how to address this priority WLHWBP has agreed that discussions need to take place with those populations most affected across the borough. These discussions aim to better understand what it is like to live in these communities and what role alcohol plays. This report aims to inform these discussions and ensure they are targeted appropriately.

This report and subsequent discussions with defined populations will complement delivery of existing work streams that are targeting the 7 most deprived wards in West Lancashire.

This report utilises two sources of data - Hospital Episode Statistics (HES) for the six year period 2008/09 to 2013/14 and hospital provider spells⁶ recorded between January 1st 2011 and December 31st 2013. It examines the following:

- Trend in alcohol related hospital admissions over the 6 year period 2008/09 to 2013/14 in males and females
- West Lancashire alcohol related hospital admissions in males and females in 2013/14 compared to national and local peers
- Alcohol related hospital admissions in the 3 year period January 1st 2011 and December 31st 2013 in males and females by condition, age, deprivation and geography

This report also summarises key recommendations from the National Institute for Health and Care Excellence (NICE) documents '*Alcohol: Preventing Harmful Alcohol Use in the Community – Quality Standard 83*⁷' and '*Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)*⁸' to highlight evidence based interventions to reduce levels of alcohol related harm.

¹ Public Health England, (2012), Longer Lives, Available: <http://longerlives.phe.org.uk>

² Health Survey for England 2012. Health and Social Care Information Centre

³ Lancashire 14 are the 12 districts within the Lancashire County Council Area plus the 2 unitary authorities of Blackburn with Darwen and Blackpool

⁴ Drink Wise North West. (2012), The Cost of Alcohol to the North West Economy, Available: <http://www.clph.net/details.aspx?pageid=388&resid=4446>, Last accessed 23/05/2014.

⁵ Public Health England (2013): West Lancashire Health Profile 2013

⁶ Hospital provider spells are the total summary of hospital episodes over the course of a patients stay

⁷ National Institute for Health and Care Excellence (2015): Alcohol: Preventing Harmful Alcohol Use in the Community – Quality Standard 8

⁸ National Institute for Health and Care Excellence (2010): Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)

Summary of key findings

West Lancashire male *narrow alcohol-related*⁹ hospital admissions:

- In the three year period 2011 to 2013 in West Lancashire there was an average of 323 all age male narrow alcohol-related hospital admissions per year
- In the six year period 2008/09 to 2013/14 the West Lancashire all age male narrow alcohol-related hospital admission rate has remained consistently above the England all age male narrow alcohol-related hospital admission rate
- In the six year period 2008/09 to 2013/14 the West Lancashire all age male narrow alcohol-related hospital admission rate has remained fairly static, increasing just 0.37% from 647.63 per 100,000 population to 650.01 per 100,000 population
- In 2013/14 West Lancashire had the 7th lowest rate of all age male narrow alcohol-related hospital admissions when compared to the Lancashire -14 districts
- In 2013/14 West Lancashire had the 2nd highest rate of all age male narrow alcohol-related hospital admissions when compared to its 20 national peers in the ONS cluster 'Prospering Smaller Towns – A'¹⁰
- In the 3 year period 2011 to 2013 in West Lancashire 47% of all age male narrow alcohol-related hospital admissions were coded to nine ICD-10 codes
- In the 3 year period 2011 to 2013 in West Lancashire 78% of all age male narrow alcohol-related hospital admissions were coded as non-elective admissions
- In the 3 year period 2011 to 2013 in West Lancashire 21% of all age male narrow alcohol-related hospital admissions were coded as 'Mental and Behavioural Disorders Due to the Use of Alcohol'
- In the 3 year period 2011 to 2013 in West Lancashire males aged under 5 years accounted for 3% of all male narrow alcohol-related hospital admissions (compared to 0.9% in females). This equates to 26 admissions
- In the 3 year period 2011 to 2013 in West Lancashire all age male narrow alcohol-related hospital admissions were highest in the wards of Tanhouse, Skelmersdale South, Digmoor, Birch Green, Moorside. All of these wards are in the Skelmersdale area

West Lancashire female narrow alcohol-related hospital admissions:

- In the three year period 2011 to 2013 in West Lancashire there was an average of 227 all age female narrow alcohol-related hospital admissions per year
- In the six year period 2008/09 to 2013/14 the West Lancashire all age female narrow alcohol-related hospital admission rate remained consistently above the England all age female narrow alcohol-related hospital admission rate
- In the six year period 2008/09 to 2013/14 the West Lancashire all age female narrow alcohol-related hospital admission rate increased by 16% from 311.26 per 100,000 population to 360 per 100,000.
- In 2013/14 West Lancashire had the 6th lowest rate of all age female narrow alcohol-related hospital admissions when compared to the Lancashire -14 districts
- In 2013/14 West Lancashire had the 3rd highest rate of all age female narrow alcohol-related hospital admissions when compared to its 20 national peers in the ONS cluster 'Prospering Smaller Towns – A'
- In the 3 year period 2011 to 2013 in West Lancashire 16% of all age female narrow alcohol-related hospital admissions were coded as 'Mental and Behavioural Disorders Due to the Use of Alcohol'

⁹ Narrow alcohol related hospital admissions relates to persons admitted to hospital where the primary diagnosis is an alcohol-attributable code, or one of the secondary codes is an external alcohol attributable code

¹⁰ 'Prospering Smaller Towns – A' is the Office for National Statistics recommended peer group for the West Lancashire population

- In the 3 year period 2011 to 2013 in West Lancashire 16% of all age female narrow alcohol-related hospital admission codes contained the word 'poisoning'
- In the 3 year period 2011 to 2013 in West Lancashire 74% of all age female narrow alcohol-related hospital admissions were coded as non-elective admissions
- In the 3 year period 2011 to 2013 in West Lancashire female narrow alcohol-related hospital admissions were highest in the wards of Birch Green, Tanhouse, Scott, Dignumoor and Newburgh. All of these wards, with the exception of Scott and Newburgh ward are in the Skelmersdale area. Scott ward incorporates an urban area of Ormskirk as well as a rural area between Ormskirk and Burscough. Newburgh incorporates a relatively rural area including Lathom and Newburgh village

Understanding the data

When an individual is admitted to hospital a clinician will document in the patient's notes a reason for admission as well as any other relevant conditions. A clinical coder will then assign each of the documented conditions a code. The diagnoses coding system currently in use in the United Kingdom is the [International Classification of Diseases \(ICD\) version 10](#) (ICD-10).

- The coder must identify a primary code, which could be seen as the main reason for admission.
- The coder can record up to 19 secondary codes which describe other diagnoses that affect treatment.
- The coder can also record an external cause code in order to help understand more about the admission. These might include codes indicating a *motor accident, fall* or *assault*. External cause codes can be listed within the 19 secondary codes but *cannot be recorded as a primary code*.

Alcohol causes, or can contribute to the development of many health conditions. Academics have been able to use high quality research evidence to estimate what proportion of cases of a health condition are alcohol-related.

Conditions such as alcoholic liver disease where alcohol is the sole cause are known as alcohol-specific or wholly alcohol-attributable conditions and their alcohol-attributable fraction is 1.0 (100 per cent).

For other conditions where alcohol has a proven relationship but it is one of a range of causative factors an estimate of the contribution alcohol makes has been calculated. For example it is estimated that alcohol plays a causative role in 25-33 per cent of all age all persons cardiac arrhythmias. These are the partially alcohol-attributable conditions and the alcohol-attributable fractions in this example are 0.25-0.33.

Fractions differ slightly for men and women and by age. For example 8% of male cases cardiac arrhythmias relating to patients aged 45-54 said to be partially alcohol-attributable to alcohol and 12% of cardiac arrhythmias involving female patients aged 45-54 said to be partially alcohol-attributable.

Some external cause codes also have an alcohol-attributable fraction. For example, 27 per cent of assaults are estimated to be alcohol-related and therefore the alcohol-attributable fraction is 0.27.

Example:

The alcohol-attributable fraction for colorectal cancer for the population aged 16 to 24 years is 0.16 for males and 0.11 for females.

Summing five males and five females aged 16 to 24 years admitted for colorectal cancer will give a total of 1.35 alcohol-related admission episodes.

Alcohol Related Hospital Admissions Measure

There are three measures relating to alcohol hospital admissions reported by Public Health England (PHE), via the [Local Alcohol Profile for England tool \(LAPE\)](#). These are:

- *Alcohol-specific admissions*
- *Alcohol-related admissions (narrow)*
- *Alcohol-related admissions (broad)*

This report focuses on the narrow alcohol-related hospital admissions measure. This relates to persons admitted to hospital where the primary diagnosis is an alcohol-attributable code, or one of the secondary codes is an external alcohol attributable code¹¹.

The total number of alcohol-related hospital admissions as described by these indicators are not a number of actual people or a number of actual admissions. It is an estimated number of admissions calculated by adding up all of the fractions identified. Furthermore the three measures *do not* include attendances to Accident and Emergency Departments.

¹¹ Updating England-Specific Alcohol-Attributable Fractions (2014): Public Health England <http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf>

Narrow alcohol-related hospital admissions

This section of the report examines *narrow alcohol-related hospital admissions*. This relates to persons admitted to hospital where the primary diagnosis is an alcohol-attributable code, or one of the secondary codes is an external alcohol attributable code¹². Hospital Episode Statistics (HES) for the six year period 2008/09 to 2013/14 have been used, with all admission rate calculations referring to a directly age-standardised rate per 100,000 population (standardised to the European Standard Population) and relates to the West Lancashire district resident population.

Deprivation

In 2013/14 17 of the 20 districts in England with the highest rates of all persons narrow alcohol-related hospital admissions were within the top 20% most deprived districts in England, as per the Index of Multiple Deprivation (IMD) 2010.

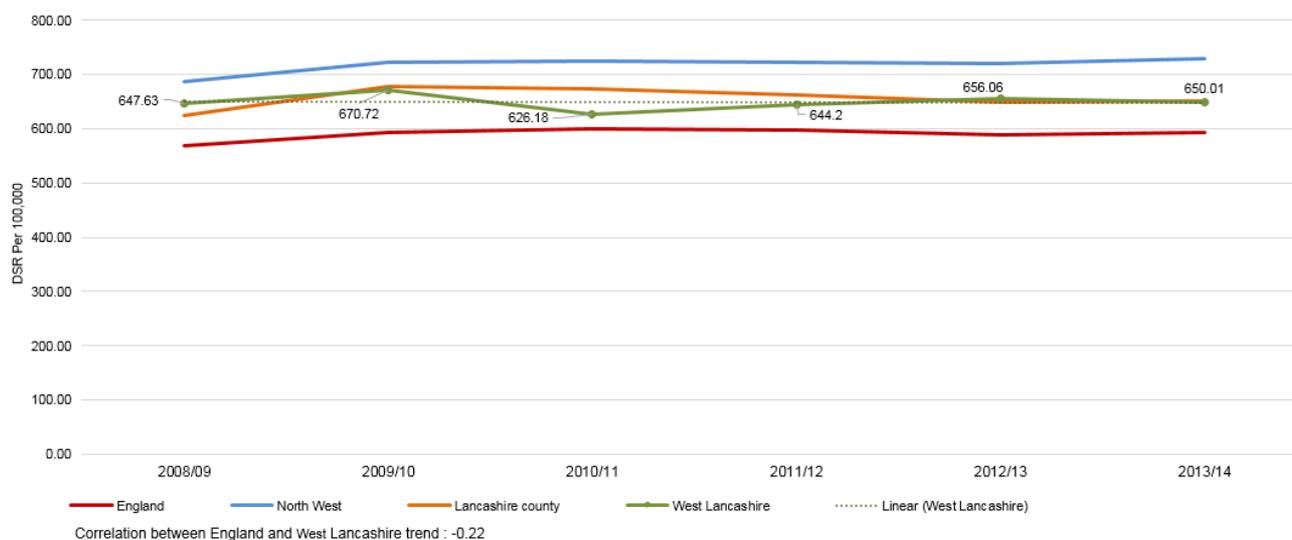
In 2013/14 13 of the 20 districts in England with the highest rates of all persons narrow alcohol-related hospital admissions were within the North West of England, and 3 were from the Lancashire-14 area (Blackburn with Darwen, Blackpool and Burnley). In 2013/14 West Lancashire had the 63rd highest rate of all persons narrow alcohol-related hospital admissions when compared against all 326 districts in England, placing the district in the top 20%.

6 Year Trend

Figure 1 shows that in the 6 year period 2008/09 to 2013/14 the West Lancashire male all age narrow alcohol-related hospital admission rate remained fairly static, going from 647.63 per 100,000 population in 2008/09 to 650.01 per 100,000 population in 2013/14, an increase of 0.37%. Over this period the West Lancashire rate remained consistently above the England rate, which increased by 4.27%. The North West rate increased 5.76% and the Lancashire rate increased by 4.18%.

In the 6 year period 2008/09 to 2013/14 on average 332 males from West Lancashire were admitted to hospital each year for narrow alcohol-related conditions.

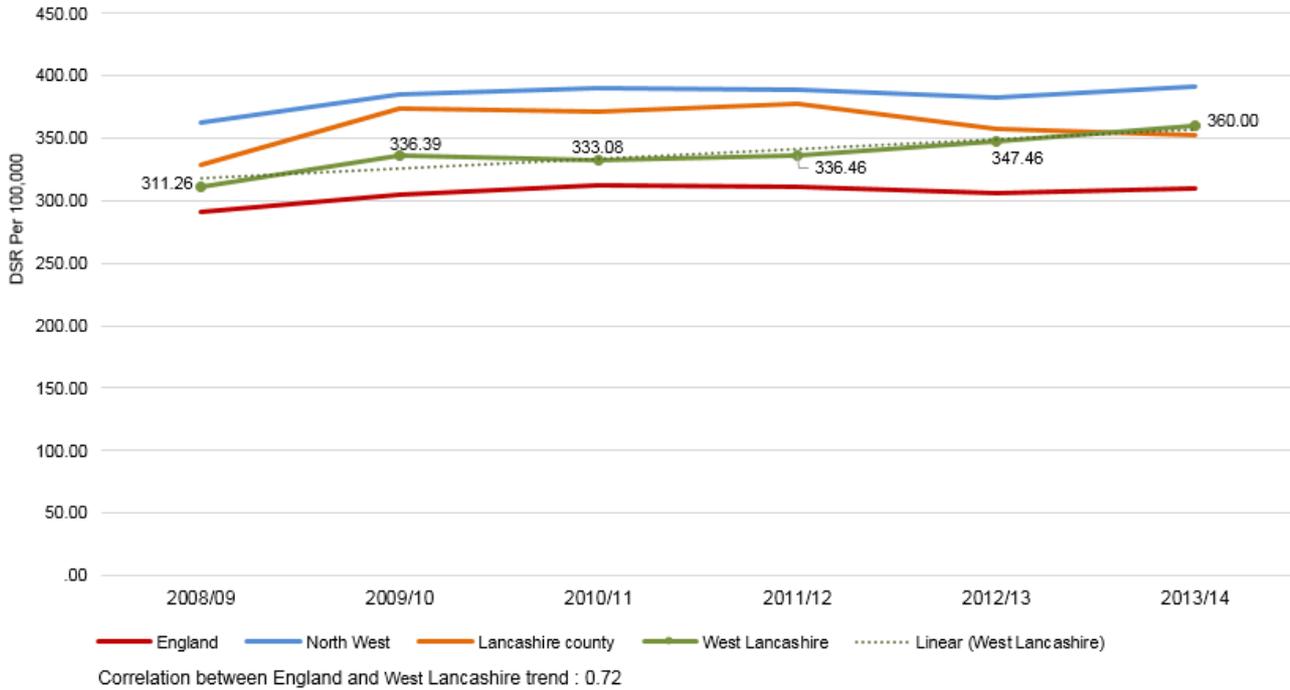
Figure 1: *Narrow alcohol-related* hospital admission rate per 100,000 population in males all ages in West Lancashire compared to England, North West and Lancashire County for the 6 year period 2008/09 to 2013/14



¹² Updating England-Specific Alcohol-Attributable Fractions (2014): Public Health England <http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf>

Figure 2 shows that in the 6 year period 2008/09 to 2013/14 the West Lancashire female all age narrow alcohol-related hospital admission rate increased by 16% from 311.26 per 100,000 population in 2008/09 to 360 per 100,000 population in 2013/14. Over this time period the England and Lancashire rates increased by 7% and the North West rate by 8%. Over this time period, the rate in West Lancashire has remained consistently above the England rate.

Figure 2: Narrow alcohol-related hospital admission rate per 100,000 population in females all ages in West Lancashire compared to England, North West and Cumbria and Lancashire for the 6 year period 2008/09 to 2013/14



West Lancashire Compared to Local and National Peers

Figure 3 shows that in 2013/14 the West Lancashire male all age narrow alcohol related hospital admission rate was 650.01 per 100,000 population. This was the 7th lowest rate of when compared to the Lancashire-14 districts. The rate was above the England rate of 651.32, but this is not statistically significant.

Figure 3: Narrow alcohol related hospital admission rate per 100,000 population in males all ages in West Lancashire compared to England, North West, Lancashire County and the Lancashire -14 in 2013/14

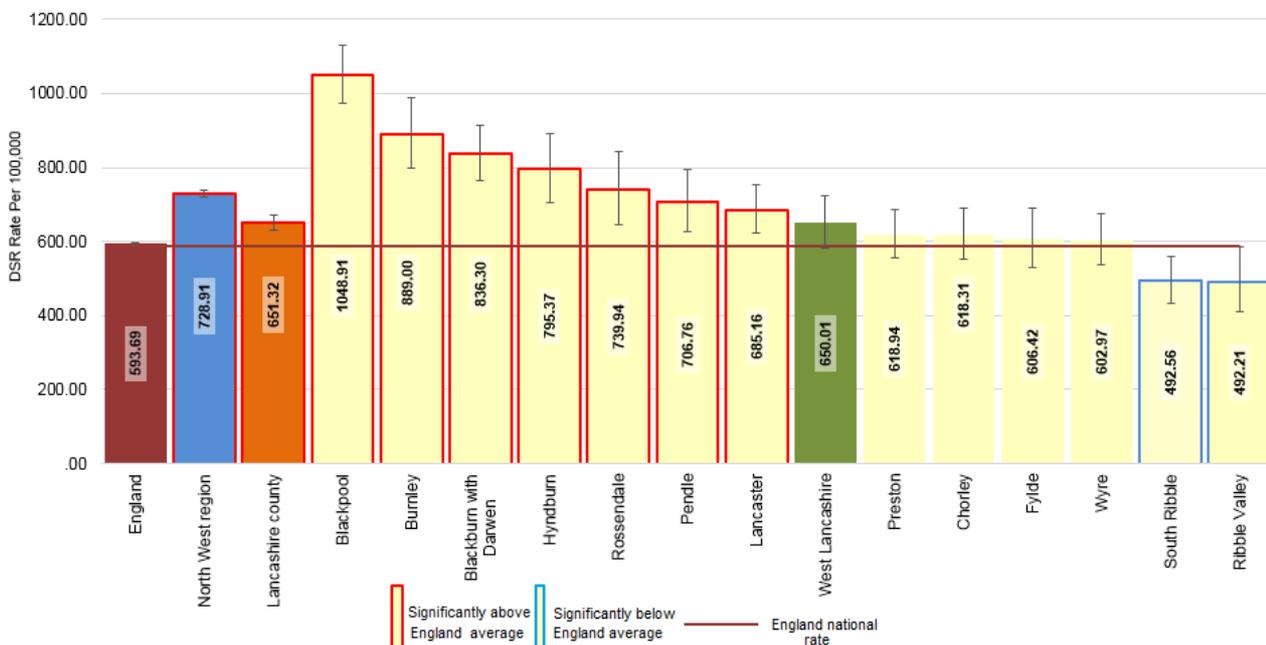


Figure 4 shows that in 2013/14 West Lancashire male all age narrow alcohol related hospital admission rate was the 2nd highest when compared to the 20 districts in its ONS Peer Group 'Prospering Smaller Towns – A'.

Figure 4: Narrow alcohol-related hospital admission rate per 100,000 population in males all ages in West Lancashire compared to England, North West, Lancashire County and the ONS Peer Group 'Prospering Smaller Towns – A' in 2013/14

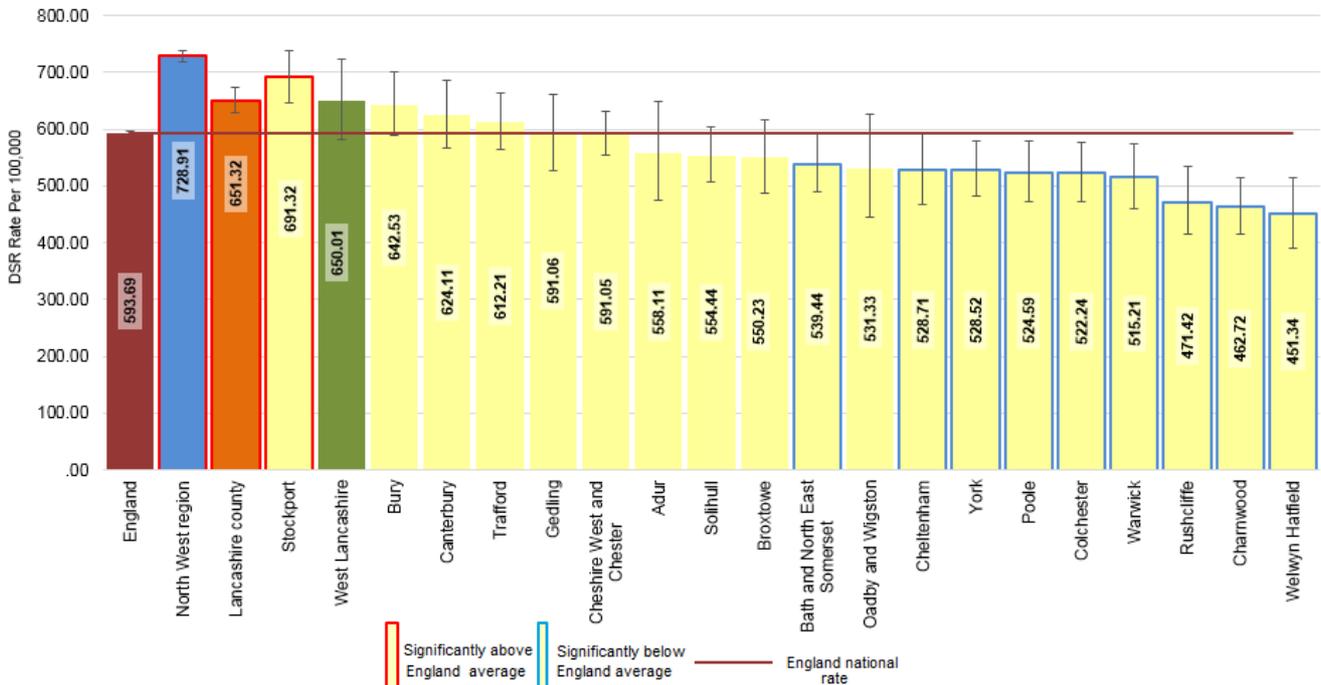


Figure 5 shows that in 2013/14 West Lancashire female all age narrow alcohol related hospital admission rate was 360 per 100,000 population. This was the 6th lowest rate when compared to the Lancashire-14 districts. The rate was above the England rate of 310.28 per 100,000 population, but this is not statistically significant.

Figure 5: Narrow alcohol-related hospital admission rate per 100,000 population in females all ages in West Lancashire compared to England, North West, Lancashire County and the Lancashire -14 in 2013/14

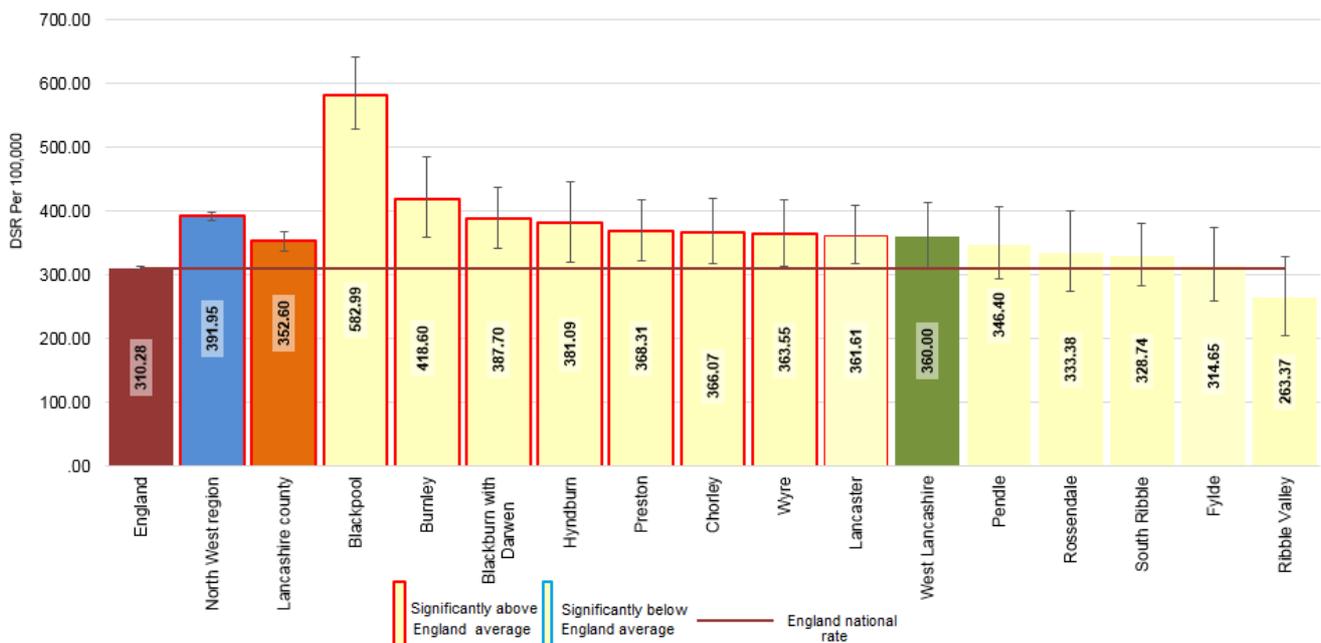
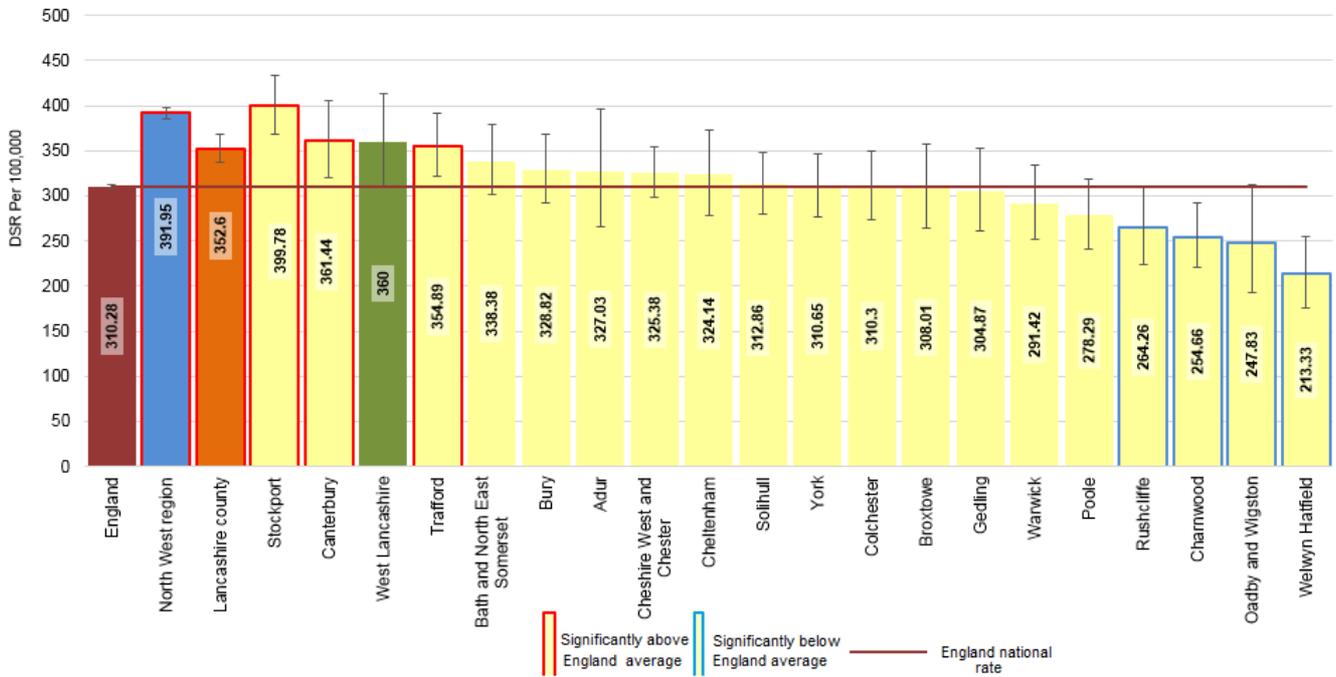


Figure 6 shows that in 2013/14 the West Lancashire female all age narrow alcohol related hospital admission rate was the 3rd highest when compared to the 20 districts in its ONS Peer Group 'Prospering Smaller Towns – A'.

Figure 6: Narrow alcohol-related hospital admission rate per 100,000 population in females all ages in West Lancashire compared to England, North West, Lancashire County and the ONS Peer Group 'Prospering Smaller Towns – A' in 2013/14



Patient level analysis

For this part of the report the narrow alcohol-related hospital admission calculation has been applied to all hospital provider spells recorded between January 1st 2011 and December 31st 2013. It relates to patients registered to NHS West Lancashire Clinical Commissioning Group (CCG), which is a similar size to the resident population¹³. This has been done using a data extract of hospital provider spells¹⁴ from the SUS_CDS database provided by the Lancashire Commissioning Support Unit (CSU). Hospital provider spells are the total summary of hospital episodes over the course of a patients stay.

This is not an exact replication of the LAPE methodology, which is applied to hospital provider episodes and the resident population of West Lancashire, however a sense check using the financial year 2012/13 identified that the LAPE tool reports 333 male admissions, whilst the SUS extract found 326, a difference of 7. Similarly for females the LAPE tool uses a count of 198, whilst the SUS extract came to 215 a difference of 17.

Figure 7 shows that in total it is estimated that over the three year period 2011 to 2013 there were 1,650 non-elective narrow alcohol-related admissions into secondary care, 59% of which were for male patients.

Figure 7: Total estimated narrow alcohol-related hospital admissions, all ages, males and females registered to NHS West Lancashire CCG in the 3 year period 2011 to 2013



Patient level activity (males)

Figure 8 shows that in the three year period 2011 to 2013 968 males registered to NHS West Lancashire CCG were admitted to hospital due to a narrow alcohol-related condition, with an average of 323 per year. 47% of these admissions were coded to 9 ICD-10 codes, 6 of which make a direct reference to alcohol. Additionally, 21% of all these admissions referred to mental health disorders.

Figure 8: Narrow alcohol-related hospital admissions in males, all ages, registered to NHS West Lancashire CCG by primary diagnosis in the 3 year period 2011 to 2013

Primary diagnosis	Count	% of total
F103 : Mental And Behavioural Disorders Due To Use Of Alcohol	93	10%
F100 : Mental And Behavioural Disorders Due To Use Of Alcohol	88	9%
I120 : Hypertensive Renal Disease With Renal Failure	82	9%
J181 : Lobar Pneumonia, Unspecified	52	5%
K703 : Alcoholic Cirrhosis Of Liver	43	4%
J189 : Pneumonia, Unspecified	28	3%
K709 : Alcoholic Liver Disease, Unspecified	25	3%
F102 : Mental And Behavioural Disorders Due To Use Of Alcohol	23	2%
K704 : Alcoholic Hepatic Failure	18	2%
top nine	452	47%
Others	516	53%
Grand Total	968	100%

¹³ Mid-year 2013 population district estimate 111,314, 2013/14 CCG registered population 111,946 – Difference 632 (1%)

¹⁴ A hospital spell is made up of one or more hospital episodes and refers to the total continuous stay of a patient in hospital http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/h/hospital_provider_spell_de.asp?shownav=1

Figure 9 shows that in the 3 year period 2011 to 2013 78% of males registered to NHS West Lancashire CCG who were admitted to hospital due to narrow alcohol related hospital admissions were classed as non-elective admissions. 68% were coded as non-elective admissions (NEL) and 10% coded as non-elective short stay admissions (NELST).

Figure 9: Narrow alcohol-related hospital admissions in males, all ages registered to NHS West Lancashire CCG, by activity type in the 3 year period 2011 to 2013

POD group	POD	count	% of total
NON ELECTIVE	NEL	662	68%
	NELST	96	10%
ELECTIVE	EL	68	7%
	DC	61	6%
	REGDA	46	5%
NELNE	NELNE	34	3%
Grand Total		968	100%

Patient level activity (females)

Figure 10 shows that in the 3 year period 2011 to 2013 682 females registered to NHS West Lancashire CCG were admitted to hospital due to a narrow alcohol related hospital admission, with an average of 227 admissions per year. 49% of these admissions were coded to 10 ICD-10 codes, 4 of which make a direct reference to alcohol. 3 of the 10 ICD-10 codes for females contained the word 'poisoning', whereas none of the top 9 ICD-10 codes for males contained the word 'poisoning'.

In the 3 year period 2011 to 2013 in West Lancashire 16% of all age female narrow alcohol-related hospital admissions were coded as 'Mental and Behavioural Disorders Due to the Use of Alcohol' and 16% contained the word 'poisoning'. One possible explanation for this is links between poisoning as a method of suicide in females.

Figure 10: Narrow alcohol-related hospital admissions in females, all ages, registered to NHS West Lancashire CCG by diagnosis in the 3 year period 2011 to 2013

Primary diagnosis	Total	% of total
T391: Poisoning: 4-Aminophenol Derivatives	67	10%
F100: Mental And Behavioural Disorders Due To Use Of Alcohol	61	9%
I120: Hypertensive Renal Disease With Renal Failure	44	6%
C509: Malignant Neoplasm: Breast, Unspecified	43	6%
F103: Mental And Behavioural Disorders Due To Use Of Alcohol	37	5%
T432: Poisoning: Other And Unspecified Antidepressants	29	4%
K703: Alcoholic Cirrhosis Of Liver	14	2%
T402: Poisoning: Other Opioids	13	2%
F102: Mental And Behavioural Disorders Due To Use Of Alcohol	12	2%
O039: Spontaneous Abortion	11	2%
	Top ten	331
	Others	351
	Grand Total	682
		100%

Figure 11 shows that in the 3 year period 2011 to 2013 74% of females registered to NHS West Lancashire CCG who were admitted to hospital due to narrow alcohol related hospital admissions were classed as non-elective admissions. 69% were coded as non-elective admissions (NEL) and 5% coded as non-elective short stay admissions (NELST).

Figure 11: Narrow alcohol-related hospital admissions in females, all ages registered to NHS West Lancashire CCG, by activity type in the 3 year period 2011 to 2013

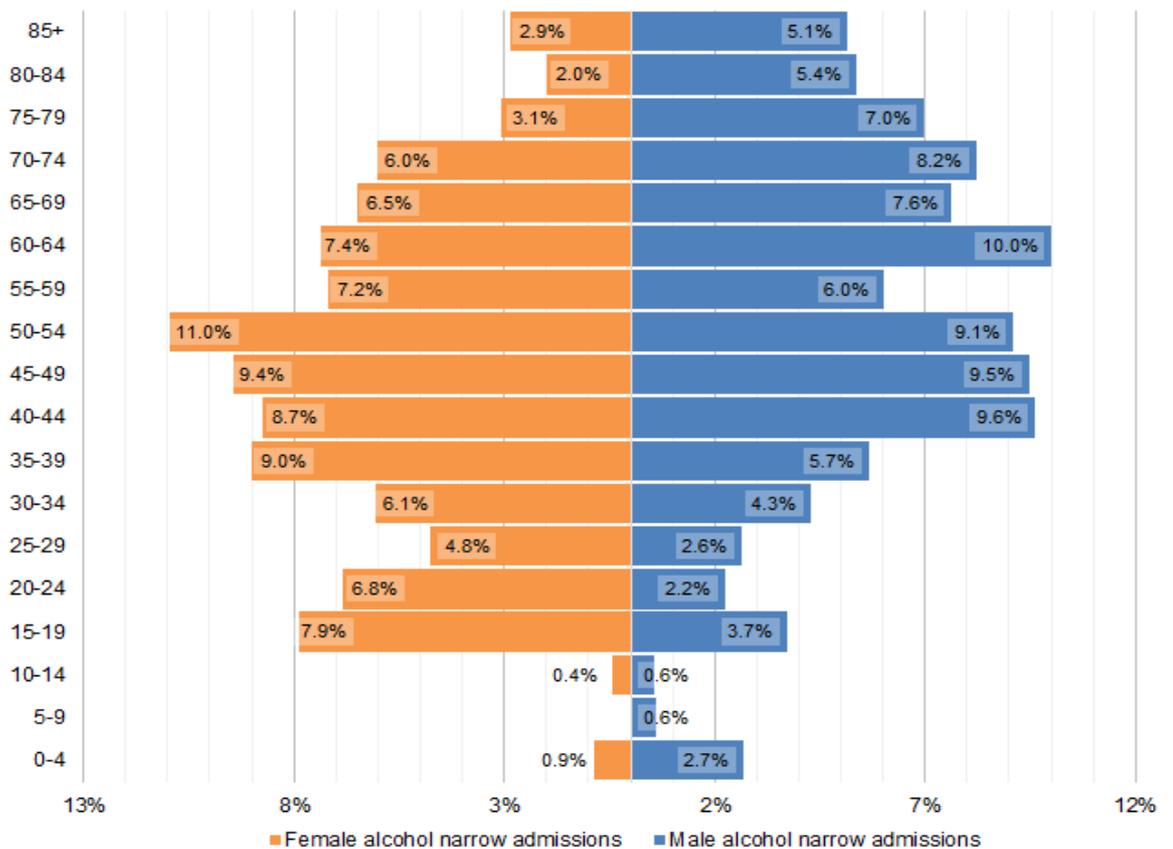
POD group	POD	count	% of total
NON ELECTIVE	NEL	471	69%
	NELST	33	5%
ELECTIVE	EL	68	10%
	DC	67	10%
	REGDA	45	7%
NELNE	NELNE	12	2%
Grand Total		682	100%

Admissions population pyramid

Figure 12 identifies the percentage of narrow alcohol-related hospital admissions for males and females registered to NHS West Lancashire CCG by age group for the 3 year period 2011 to 2013.

For the 3 year period 2011 to 2013 males aged 0-4 years accounted for 2.7% of all male narrow alcohol-related hospital admissions registered to NHS West Lancashire CCG, compared to 0.9% in females. In the 3 year period 2011 to 2013 approximately 26 males aged 0-4 years were admitted to hospital due to narrow alcohol related hospital admissions.

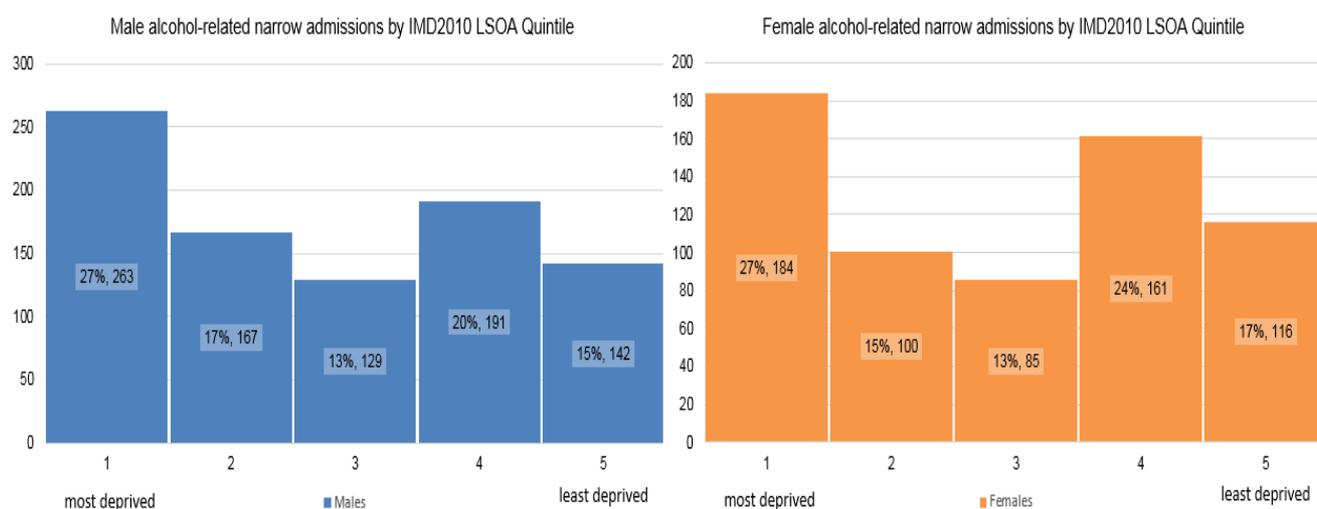
Figure 12: Percentage of narrow alcohol-related hospital admissions for males and females registered to NHS West Lancashire CCG by age group for the 3 year period 2011 to 2013



Deprivation analysis

Figure 13 identifies that in the three year period 2011 to 2013 the majority narrow alcohol-related hospital admissions in all persons registered to NHS West Lancashire CCG are resident within areas classed as being in deprivation quintile one, which relates to those living within the 20% most deprived areas in England. However, patients from deprivation quintiles four and five, representing the least deprived areas in England, accounted for 35% of male admissions and 31% of female admissions¹⁵.

Figure 13: Percentage of narrow alcohol-related hospital admissions all ages, registered to NHS West Lancashire CCG, by males and females, grouped by deprivation quintile for the 3 year period 2011-2013



Ward Level Analysis

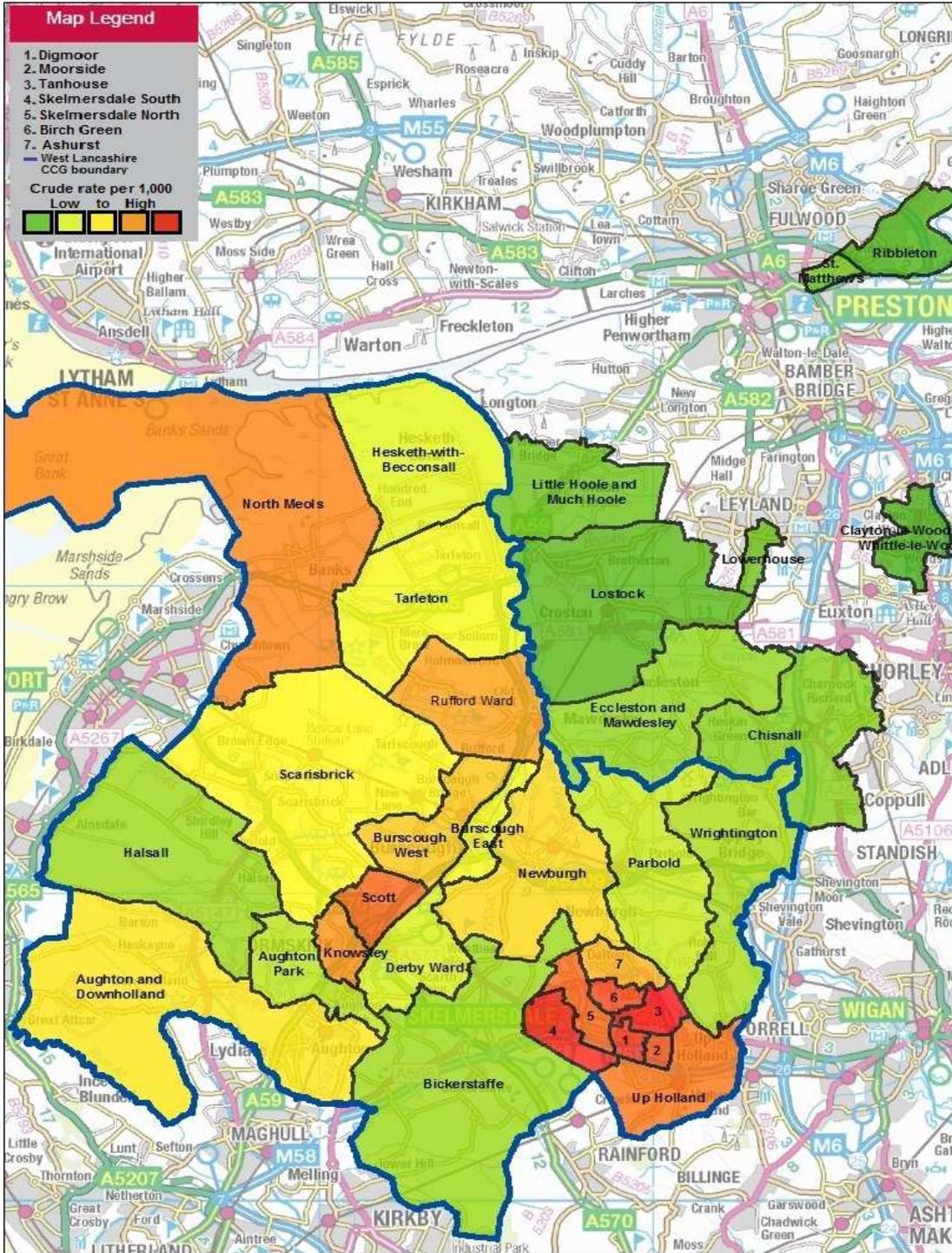
Figure 14 examines the rate of narrow alcohol-related hospital admissions in males all ages registered to NHS West Lancashire CCG by ward for the 3 year period 2011 to 2013. Appendix 1 shows that in the 3 year period 2011 to 2013 in West Lancashire all age male narrow alcohol-related hospital admissions were highest in the wards of Tanhouse, Skelmersdale South, Digmoor, Birch Green and Moorside. All of these wards are in the Skelmersdale area.

Figure 15 examines the rate of narrow alcohol-related admissions in females all ages registered to NHS West Lancashire CCG by ward for the 3 year period 2011 to 2013. Appendix 1 shows that in the 3 year period 2011 to 2013 in West Lancashire female narrow alcohol-related hospital admissions were highest in the wards of Birch Green, Tanhouse, Scott, Digmoor and Newburgh. All of these wards, with the exception of Scott and Newburgh wards are in the Skelmersdale area.

Scott ward incorporates an urban area of Ormskirk as well as a rural area between Ormskirk and Burscough (See Appendix 2). Newburgh incorporates a relatively rural area including Lathom and Newburgh village (See Appendix 3).

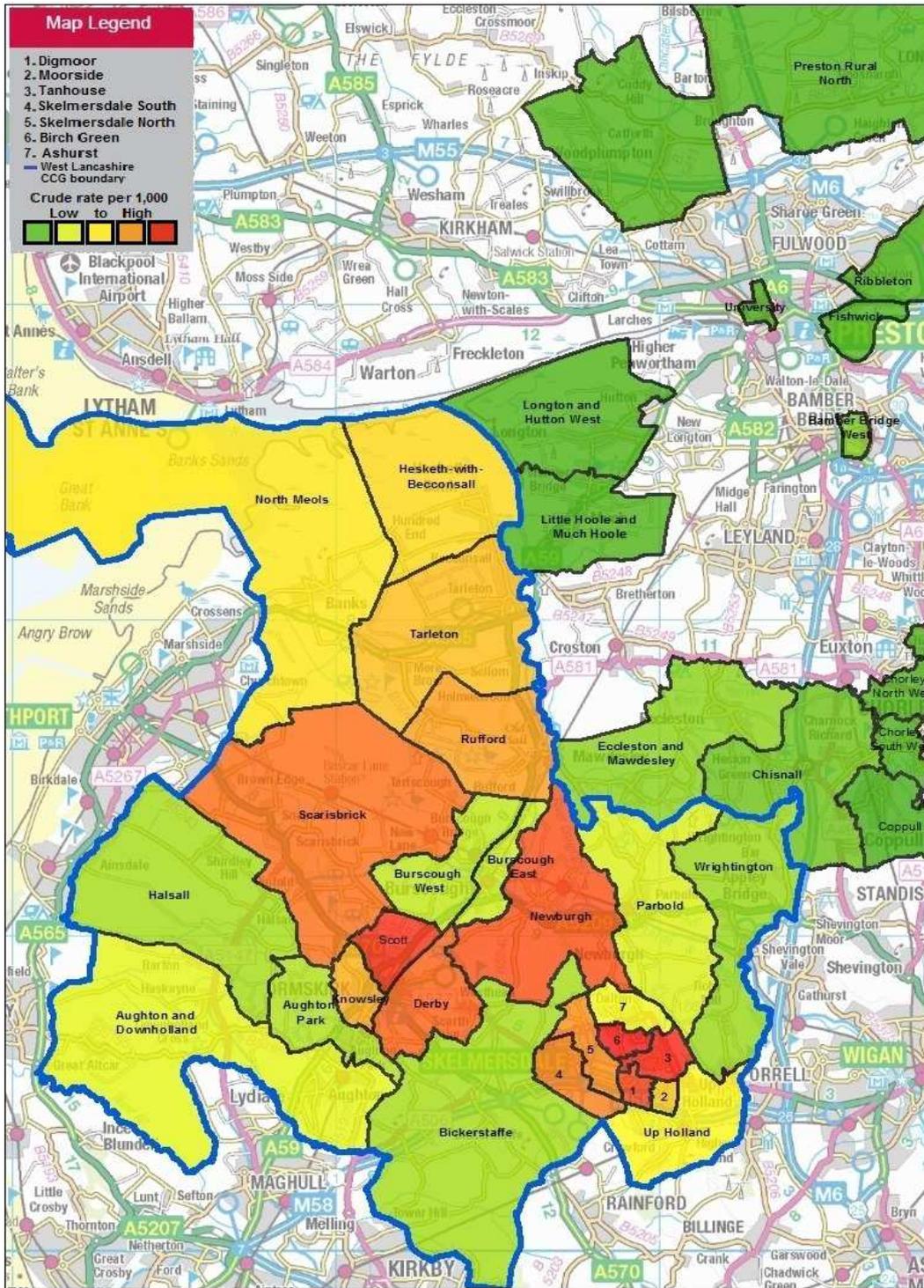
¹⁵ 112 admissions had either no assigned LSOA or came from an LSOA with no IMD score assigned to it.

Figure 14: Male narrow alcohol-related hospital admissions per 1,000 population, all ages, registered to NHS West Lancashire CCG for the 3 year period 2011-2013



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Figure 15: Female narrow alcohol-related hospital admissions per 1,000 population, all ages, registered to NHS West Lancashire CCG for the 3 year period 2011-2013



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Evidence Based Approaches

There is an abundance of national, regional and local evidence available regarding approaches to reduce alcohol related harms. This evidence takes various forms.

A useful and credible source of evidence is the National Institute for Health and Care Excellence (NICE). NICE is a Non Departmental Public Body (NDPB) that provides national guidance and advice to improve health and social care. NICE has published a number of documents that relate directly to alcohol. These include:

- Alcohol: Preventing Harmful Alcohol Use in the Community – Quality Standard 83¹⁶
 - This quality standard covers a range of approaches at a population level to prevent harmful alcohol use in the community by children, young people and adults. These statements are particularly relevant to trading standards, other local authority teams, the police, and schools and colleges. This document includes 4 quality statements regarding the following:
 - Local authorities use local crime and related trauma data to map the extent of alcohol-related problems, to inform the development or review of a statement of licensing policy.
 - Trading standards and the police identify and take action against premises that sell alcohol to people under 18.
 - Schools and colleges include alcohol education in the curriculum.
 - Schools and colleges involve parents, carers, children and young people in initiatives to reduce alcohol use.

- Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)¹⁷
 - The guidance is for government, industry and commerce, the NHS and all those whose actions affect the population's attitude to – and use of – alcohol. This includes commissioners, managers and practitioners working in local authorities, education and the wider public, private, voluntary and community sectors. In addition, it may be of interest to members of the public. The guidance makes recommendations that relate to:
 - Price
 - Availability
 - Marketing
 - Licensing
 - Screening and brief interventions
 - Supporting children and young people aged 10-15 years
 - Referral

Consideration needs to be given to the relevance of these evidence based interventions and their potential application in specified areas of West Lancashire that have the highest rates of alcohol related hospital admissions. This should take into account existing work streams that relate to alcohol at a district, county and regional footprint.

¹⁶ National Institute for Health and Care Excellence (2015): Alcohol: Preventing Harmful Alcohol Use in the Community – Quality Standard 8

¹⁷ National Institute for Health and Care Excellence (2010): Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)

Conclusions

This report provides information regarding how population groups in West Lancashire are affected by narrow alcohol-related hospital admissions.

In the 6 year period between 2008/09 and 2013/14 the rate of narrow alcohol-related hospital admissions in males and females in West Lancashire is consistently above the England rate. However there are evident differences between the rates males and females. In the 6 year period between 2008/09 and 2013/14 the rate of narrow alcohol-related hospital admissions in males in West Lancashire remains above the rate of narrow alcohol-related hospital admissions in females, however the rate of increase over this period is higher in females.

In 2013/14 the rate of narrow alcohol-related hospital admissions in both males and females in West Lancashire compared favourably to the rate in the Lancashire 14 districts. However they compared less favourably when compared to their peers in the ONS Peer Group 'Prospering Smaller Towns – A', which from a population perspective is a more accurate comparator.

In the 3 year period 2011 to 2013 mental and behavioural disorders were a significant reason for narrow alcohol-related hospital admissions in both males and females in West Lancashire. Poisoning was also a significant reason, but only in females.

In the 3 year period 2011 to 2013 the majority of narrow alcohol-related hospital admissions in both males and females in West Lancashire were due to non-elective admissions. This means unplanned admissions.

Deprivation appears to be a significant factor in alcohol related hospital admissions nationally, regionally and locally. In the 3 year period 2011 to 2013 in West Lancashire 27% of admissions in males and 27% of admissions in females for narrow alcohol-related hospital admissions were from individuals who lived in IMD Quintile 1.

However, it is also noticeable that in the 3 year period 2011 to 2013 that in West Lancashire 35% of males and 41% of females admitted to hospital due to narrow alcohol-related hospital admissions live in IMD quintiles 4 and 5.

The majority of the 5 wards with the highest rates of narrow alcohol-related hospital admissions in West Lancashire are in Skelmersdale. However the noticeable exceptions are Newburgh and Scott wards.

Examining narrow alcohol-related hospital admissions in West Lancashire by age group identifies that for the 3 year period 2011 to 2013 males aged 0-4 years accounted for 3% of all male narrow alcohol-related hospital admissions registered to NHS West Lancashire CCG, compared to 0.9% in females. It is suggested that this is worthy of further qualitative and quantitative investigation.

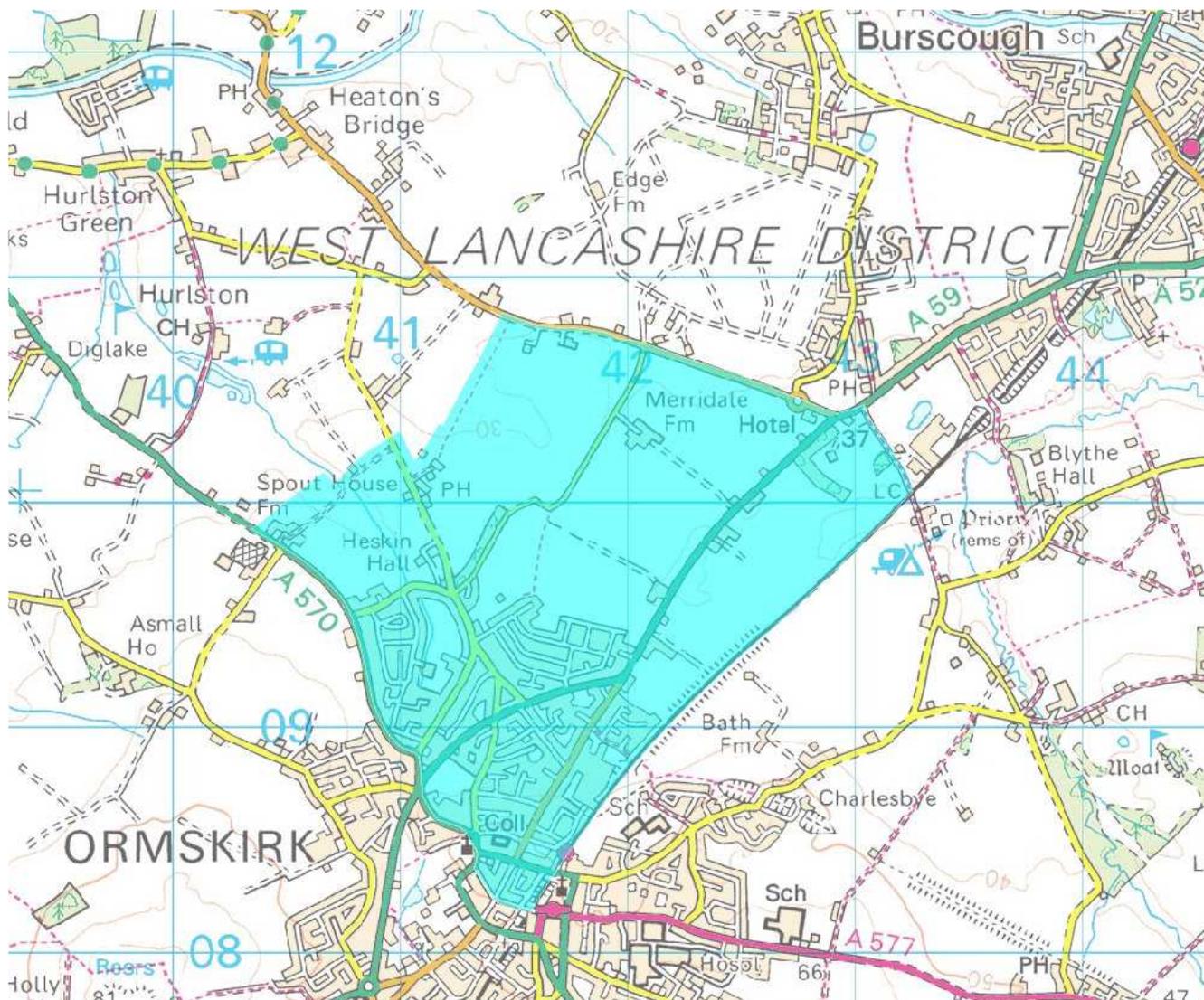
There is an abundance of national, regional and local evidence available regarding approaches to reducing alcohol related harms. This evidence takes various forms. A useful and credible source of evidence is NICE. Consideration should be given to the 4 quality statements in *Alcohol: Preventing Harmful Alcohol Use in the Community – Quality Standard 83* and the recommendations in *Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)*. These should be considered alongside the outcomes from the insight discussions in targeted areas of West Lancashire regarding alcohol.

The findings of this report should be used to inform discussions at WLHWBP regarding the priority of alcohol related hospital admissions. Specifically the findings should also be used to inform the planning of discussions with targeted populations in West Lancashire regarding alcohol

Appendix 1: Alcohol-admissions narrow measure thematic map background data table

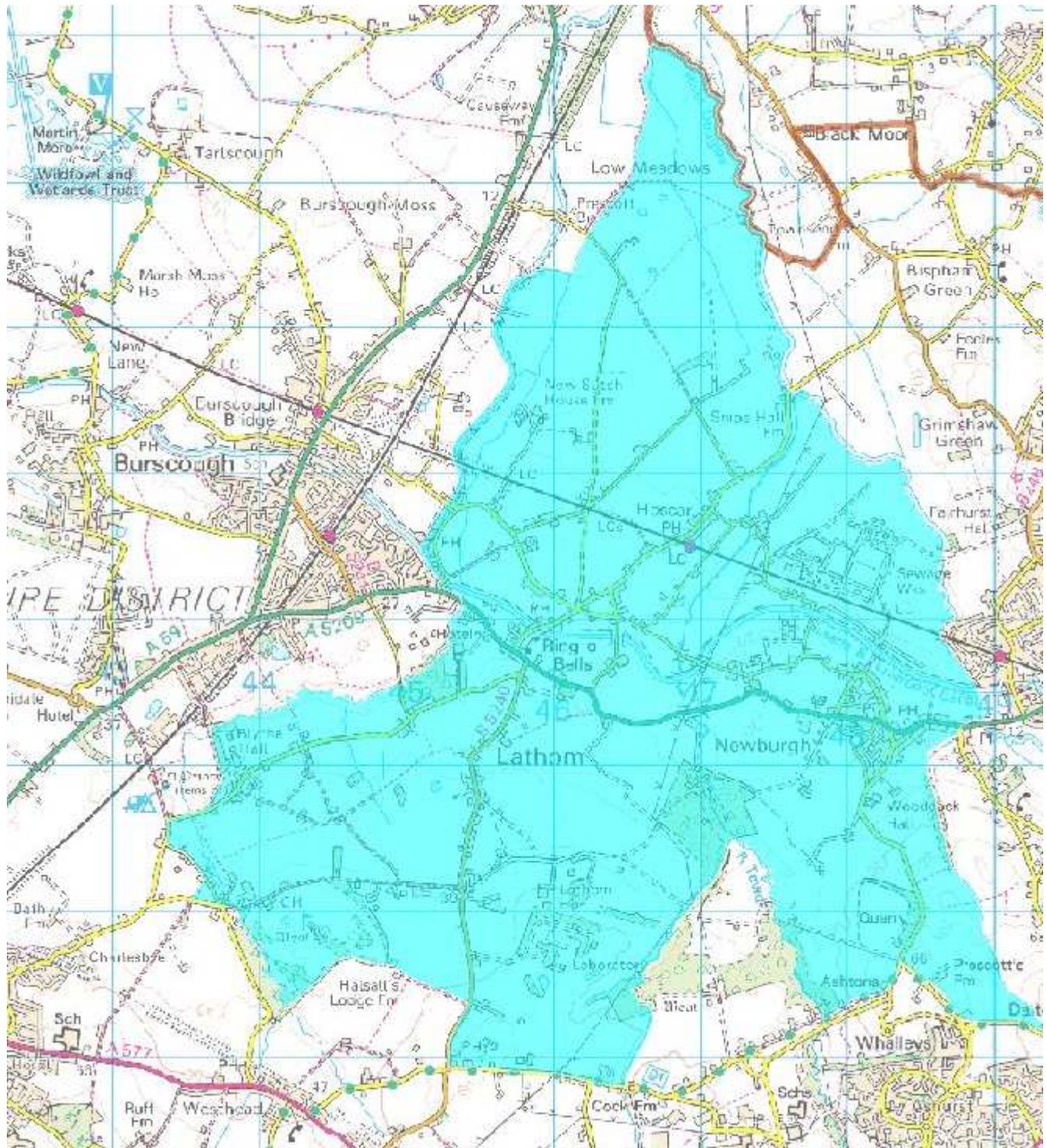
Ward code	Ward name	Males				Females			
		Fractions total (2011-13)	Population (mid-year 2011-2013)	Crude rate per 1,000	Rank	Fractions total (2011-13)	Population (mid-year 2011-2013)	Crude rate per 1,000	Rank
E05005376	Tanhouse	70.28	7700	9.13	1	40.34	7559	5.34	2
E05005375	Skelmersdale South	83.81	9467	8.85	2	25.07	6176	4.06	9
E05005364	Digmoor	57.62	6621	8.70	3	31.69	6901	4.59	4
E05005360	Birch Green	50.74	6227	8.15	4	53.79	6697	8.03	1
E05005368	Moorside	34.02	5539	6.14	5	23.01	6111	3.77	13
E05005373	Scott	50.53	8350	6.05	7	40.5	8788	4.61	3
E05005374	Skelmersdale North	35.9	5932	6.05	6	40.45	9872	4.10	8
E05005378	Up Holland	52.65	8972	5.87	8	32.4	9511	3.41	16
E05005369	North Meols	33.37	5951	5.61	9	22.37	6184	3.62	15
E05005371	Rufford	16.01	3054	5.24	11	12.18	3022	4.03	10
E05005367	Knowsley	42.33	7996	5.29	10	35.28	8845	3.99	11
E05005357	Ashurst	42.85	9171	4.67	12	29.74	9602	3.10	17
E05005362	Burscough West	33.83	7338	4.61	13	19.32	7638	2.53	21
E05005381	Newburgh	13.18	2924	4.51	14	13.36	2954	4.52	5
E05005358	Aughton and Downholland	35.37	7999	4.42	15	24.65	8369	2.95	18
E05005372	Scarisbrick	25.61	5853	4.38	16	24.52	5763	4.25	7
E05005377	Tarleton	35.97	8473	4.25	18	33.07	8482	3.90	12
E05005361	Burscough East	26.33	6195	4.25	17	17.04	6472	2.63	20
E05005366	Hesketh-with-Becconsall	24.75	5928	4.18	19	22.88	6172	3.71	14
E05005363	Derby	40.42	9699	4.17	20	49.49	11562	4.28	6
E05005370	Parbold	21.1	5452	3.87	21	17.16	5891	2.91	19
E05005359	Aughton Park	19.05	5359	3.55	22	12.37	5862	2.11	22
E05005379	Wrightington	17.77	5817	3.05	23	8.57	6347	1.35	25
E05005380	Bickerstaffe	7.33	2877	2.55	24	4.92	3002	1.64	24
E05005365	Halsall	7.68	3017	2.55	25	5.19	3163	1.64	23
E05005178	Eccleston and Mawdesley	8.34	8803	0.95	26	3.58	9162	0.39	26
E05005168	Chisnall	1.67	6149	0.27	27	0.77	2052	0.38	27
E05005287	St Matthew's	1	13497	0.07	29				
E05005348	Lowerhouse	0.28	5890	0.05	30				
E05005345	Little Hoole and Much Hoole	0.28	6089	0.05	31	0.08	2034	0.04	33
E05005226	Castle	0.37	10793	0.03	33				
E05003184	Cleator Moor North	0.17	6353	0.03	34				
E05005182	Lostock	0.28	12231	0.02	35				
E05005284	Ribbleton	0.14	13074	0.01	36	0.11	4394	0.03	35
E05005174	Clayton-le-Woods and Whittle-le-Woods	0.04	12048	0.00	38				
E05003117	Broughton St Bridget's					1	6275	0.16	28
E05005332	Bamber Bridge West					1	6801	0.15	29
E05005214	Milnshaw					1	7205	0.14	30
E05005168	Chisnall	1.67	6149	0.27	27	0.77	6148	0.13	31
E05005162	Rosehill with Burnley Wood					0.4	9025	0.04	32
E05003243	Grange North					0.1	3055	0.03	34
E05005167	Brindle and Hoghton					0.08	3290	0.02	36
E05005241	Silverdale					0.06	3239	0.02	37
E05005306	Primrose					0.07	4802	0.01	38
E05005345	Little Hoole and Much Hoole	0.28	6089	0.05	31	0.08	6001	0.01	39
E05005291	University					0.08	6885	0.01	40
E05005159	Lanehead					0.1	9373	0.01	41
E05005171	Chorley North West					0.09	9162	0.01	42
E05005275	Fishwick					0.08	8657	0.01	43
E05005156	Gannow					0.08	8722	0.01	44
E05005283	Preston Rural North					0.09	10189	0.01	45
E05005284	Ribbleton	0.14	13074	0.01	36	0.11	12975	0.01	46
E05005346	Longton and Hutton West					0.06	8520	0.01	47
E05005161	Rosegrove with Lowerhouse					0.06	10227	0.01	49
E05005173	Chorley South West					0.08	13519	0.01	48
E05005177	Coppull					0.02	9455	0.00	50
NULL	records with a NULL LSOA code	48.01				33.83			

Appendix 2: Map of Scott Ward



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Appendix 3: Map of Newburgh Ward



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Bibliography

Centre for Public Health, Liverpool John Moores University (2013): [Updating England-Specific Alcohol-Attributable Fractions](#)

Appendix 4

Response from Council's Environmental Protection and Community Safety Manager

CIP

As you know a licensing authority can state in its "licensing policy statement" whether it thinks that a concentration of licensed premises in a particular area is considered to be already causing a cumulative impact on one or more of the licensing objectives. There needs to be clear evidence of exceptional issues to allow the issue to be considered.

One area of concern for me would be the Prevention of Public Nuisance, in relation to noise. The WLBC policy states that "The Authority is committed to ensuring that the operation of licensed premises does not unreasonably interfere with the personal comfort or amenity of immediate neighbours or the nearby community". In addition, my role as the Community Safety manager and manager of the Community Safety Partnership (CSP), I would also have an interest in relation to the Prevention of Crime and Disorder. For this the policy states "The Authority is therefore committed to supporting its Partnership (CSP) work in the fight against crime and disorder in West Lancashire". I can also provide comments in relation to CCTV in the Town Centre as the Contract Manager for this service.

Clearly any cumulative impact issues would relate to Ormskirk, with its concentration of licensed premises. Between 1st April 2014 and 20th October 2015 the Council logged 15 noise complaints which related to pubs or bars in Ormskirk. These 15 complaints related to 8 separate premises. In this time period, none of those required either a legal notice or a review of their licence. In comparison 27 complaints were received about similar premises in Skelmersdale, again concerning 8 premises. I would struggle to say the Ormskirk figures were exceptional or highlighted a problem.

The Environmental Protection and Community Safety team does not have the powers to deal with the perpetrators of "street noise", the powers available to them relate to noise from premises. As a result, these complaints are rarely logged and such complainants are referred to the Police.

The CCTV operators have a good working relationship with the local Police and are also in contact with them via the Police radio. Where a matter which requires Police assistance or looks like it could do, the operators will alert the Police. They will also assist in directing the Police to the event and following suspects/perpetrators. Ormskirk Town Centre is well covered by cameras and the images are excellent. The operators do refer issues to the Police on a regular basis, but the frequency and content of these referrals could not be classed as "exceptional". In a recent Lancaster University study into Ormskirk Town Centre's Night Time Economy following numerous interviews with relevant parties and individuals (including CCTV staff), they stated "Not one highlighted violence as a disproportionate problem". They also described the incidents of violence that do arise as "relatively rare and minor". Despite witnessing a serious incident, they still detailed that "incidences of violence at

this level were extremely rare". The study highlights a "persistent problem of lower level behaviour that disturbs local residents", however I do not think this is an exceptional issue and is likely in close proximity to most Town Centres, with a busy Night Time Economy.