# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOREWORD</td>
<td>3</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>5</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>6</td>
</tr>
<tr>
<td>SECTION 1: INFORMATION, GUIDANCE &amp; TOOLS</td>
<td>8</td>
</tr>
<tr>
<td>SECTION 2: CASE STUDIES</td>
<td>26</td>
</tr>
</tbody>
</table>
FOREWORD

Alcohol is one of the biggest challenges for public health and the burden it places on London is significant. The NHS, local government and metropolitan police currently spend billions of pounds each year dealing with the negative effects of alcohol across London. Responsibility for addressing this is shared by a range of sectors and agencies, all of whom have a key role to play.

Under the Police Reform and Social Responsibility Act (2011), councils have greater powers in relation to licensing, and health bodies – now regarded as a ‘responsible authority’ – will play an active part in licensing decisions. With the transfer of public health to local government, much of the new responsibility for engagement in licensing will come under the remit of the Director of Public Health (DPH) or an authorised representative.

It is therefore crucial that local teams understand how they can work together and make the best use of data to ensure robust licensing decisions are made for their local populations. This Information Pack aims to help local teams turn data into tangible actions and enhance partnership working. The London Licensing Network was established to strengthen the links between
licensing managers, public health specialists, environmental health officers and representatives from trading standards and explore the way in which these teams can work more effectively together.

The Network has played a key role in developing this information pack. It is, in essence, a response to their request for an easily accessible source of information to support local licensing decisions. The information pack has been designed to help local teams gain a more accurate picture of the impacts of alcohol in their local area. It includes a series of innovative case studies that highlight how local teams are already working together, along with links to data sources to ensure that teams have all the necessary information they require when making licensing decisions.

I would like to thank everyone who has contributed to the Information Pack. I hope you and your teams find it a useful and valuable tool to complement and improve local action in addressing the negative effects of alcohol across London.

Will Tuckley
Chief Executive, London Borough of Bexley
ACKNOWLEDGEMENTS

Authors
Carlos Coke
Peninah Murage
Maria Smolar
Margot Tong

Contributors
We would like to thank the following for contributing case studies to the Licensing Information Pack
Navdeep Ari
Meic Goodyear
Karen Law
Jon Paris

Reviewers
We would like to thank the following people for reviewing the draft Information Pack and for their helpful comments
Dr. Matthew Andrews
Janine Avery
David Booker
Patrick Crowley
John Cushion
Aaron Mills
Dr. Ghazaleh Pashmi
Dr. Paul Plant
INTRODUCTION

This interactive Licensing Information Pack will help responsible authorities create an evidence base for local, alcohol-related strategies and decision-making, in line with the four objectives of the 2003 Licensing Act. These are:

1. The prevention of crime and disorder
2. Public safety
3. The prevention of public nuisance
4. The protection of children from harm

The pack is designed to support local teams by signposting them to sources of evidence that highlight the impact of alcohol-related issues on health, crime and anti-social behaviour, this will enable teams to think beyond alcohol point of sale and take a more holistic approach to licensing.
The two sections of the Information Pack are:

**SECTION 1: INFORMATION, GUIDANCE & TOOLS**

Section 1 outlines a range of national and local data sources, as well as the organisations that collect them, and how to access the data. The data is organised under five themes; drinking behaviours, health impacts, alcohol-related crime, economic impact and local authority data.

The information cited includes raw data, statistics, and publications. It is also important to acknowledge that, across a range of local authority teams, there is a substantial amount of locally collected and maintained data, which may be relevant to licensing. This includes data collected on anti-social behaviour/public nuisance and information collected by trading standards. The information provided is drawn from a range of agencies, and thus complements the data that has historically been available, but is not an exhaustive list of the information sources available.

**SECTION 2: CASE STUDIES**

Section 2 presents four case studies, which show how application of the evidence-based information has been used to inform local area decision-making and licensing policy in practice. The case studies have been produced in conjunction with Community Safety Partnerships and local Public Health teams, specifically selected to show the various ways that local teams use the information provided in section 1.

The case studies are:

1. Managing Anti-Social Behaviour in the London Borough of Bexley
2. Profiling alcohol-related assault hotspots in the London Borough of Lewisham
3. Supporting evidence for a Special Policy Area (SPA) in the London Borough of Camden
4. Alcohol-Related Crime and Disorder, Licensing and Safer Socialising in the London Borough of Hackney
SECTION 1:
INFORMATION, GUIDANCE & TOOLS

A  Drinking Behaviours
B  Health Impacts
C  Alcohol-related Crime
D  Economic Impacts
E  Local Authority Data
Drinking Behaviours

Patterns of alcohol consumption in the UK are changing. According to the Office of National Statistics report ‘Statistics on Alcohol in England, 2012’, there have been reductions in the frequency and extent of alcohol use over the past 10-15 years. For example:

- In 1998, 75% of men and 59% of women drank in the week prior to interview, compared to 68% of men and 54% of women in 2010.
- In 2010, 13% of secondary school pupils aged 11 to 15 reported drinking alcohol in the week prior to interview, compared with 18% of pupils in 2009 and 26% in 2001.

However, there have been dramatic changes in patterns of consumption over the last 50 years, with a rise in home drinking. This includes a significant increase in wine consumption across the population, the development of new alcohol products such as ‘alcopops’ and strong white ciders, and a higher affordability of alcohol (now 45% more affordable than in 1980).

Furthermore, the Office of National Statistics (ONS) report shows that in 2011 there were 167,764 prescription items for the treatment of alcohol dependency, an increase of 63% on the 2003 figure.

The data sources in this theme can be used to better understand the patterns in drinking behaviours of your local residents, and how this compares to other areas. In addition, it includes information on the perceptions of the local community regarding the availability and effects of alcohol in the area.

<table>
<thead>
<tr>
<th>Information available</th>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-2009 synthetic estimate of the percentage of population aged 16 years and over</td>
<td>Local Alcohol Profiles for England (LAPE).</td>
<td>Download a report for your borough, free from:</td>
</tr>
<tr>
<td>Mid-2009 synthetic estimate of the percentage within the drinking population (not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including abstainers) aged 16 years and over who report engaging in lower risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>drinking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-2009 synthetic estimate of the percentage within the drinking population (not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including abstainers) aged 16 years and over who report engaging in increasing risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>drinking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-2009 synthetic estimate of the percentage within the drinking population (not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including abstainers) aged 16 years and over who report engaging in higher risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>drinking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthetic estimate of the percentage of the population aged 16 years and over who</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Information available

<table>
<thead>
<tr>
<th>Information available</th>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall alcohol consumption, by gender.</td>
<td>Survey research undertaken by ICM Research on behalf of Regional Public Health Group-London (RPHG-L) and the Greater Local Authority (GLA), published March 2012.</td>
<td></td>
</tr>
<tr>
<td>Overall alcohol consumption, by age and socio-economic groups.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer pressure to consume alcohol.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community’s ability to deal with local alcohol-related problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of alcohol in your local area, too many, too few, or about the right amount.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>London Ambulance Service: Call Outs to Alcohol-Related Illness.</td>
<td>Safestats website, from SCAN (Strategic Crime Analysis) team at the GLA Intelligence Unit.</td>
<td>This data is available from April 2001 onwards, at borough, ward, and subward (LSOA) levels, both in raw excel form and in a range of mapping and visualisation products.</td>
</tr>
<tr>
<td>Binge drinking incidents by ambulances – Monthly ambulance service call out data, by Borough, Ward, and Lower Super Output Area (LSOA).</td>
<td>Original source from the Strategic Crime Analysis team at the GLA Intelligence Unit.</td>
<td>Access to data and tools is free to relevant professionals (including Borough Analysts), but registration is required. <a href="http://safestats.org.uk/">http://safestats.org.uk/</a></td>
</tr>
</tbody>
</table>

Datasheets by borough and individual London Borough reports available at:

This data is available from April 2001 onwards, at borough, ward, and subward (LSOA) levels, both in raw excel form and in a range of mapping and visualisation products.

Access to data and tools is free to relevant professionals (including Borough Analysts), but registration is required.
http://safestats.org.uk/

Data available from the London Datastore.
http://data.london.gov.uk/datastore/package/monthly-ambulance-service-incidents-borough
Health Impacts

Alcohol consumption has a clear impact on public health, which can be seen through the range of alcohol-specific and alcohol-related conditions, and their impact on morbidity and mortality rates.

According to the ONS, there were more than 1.1 million admissions due to alcohol-related conditions in 2010/11, double the number of 2002/03. Of these admissions, approximately 200,000 arose from individuals admitted to hospital due to conditions directly attributable to alcohol, an increase of 2.1% on the previous year, and 40% since 2002/03. These facts suggest that the health impacts of alcohol are growing.

The data sources for this theme will provide an overview of the health impacts of alcohol consumption on your local population.

---


<table>
<thead>
<tr>
<th>Information/Indicators available</th>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months of Life Lost due to alcohol: Males and females aged less than 75 years (2008-2010).</td>
<td>Local Alcohol Profiles for England (LAPE), Profiles developed and published by North West Public Health Observatory.</td>
<td>Download a report for your borough, free from: <a href="http://www.lape.org.uk/">http://www.lape.org.uk/</a></td>
</tr>
<tr>
<td>Alcohol-Specific Mortality: Males and females, all ages, Directly Standardised Rate DSR per 100000 population (2008-2010)(^6).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality from Chronic Liver Disease: Male and female, all ages, DSR per 100000 population (2008-2010).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol-Attributable Mortality: Males and females, all ages, DSR per 100000 population (2010).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 18s admitted to hospital with alcohol specific conditions: Crude rate per 100000 population (2008/09-2010/11).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions to hospital with alcohol specific conditions: DSR per 100000 population (2010/11).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions to hospital with alcohol attributable conditions: DSR per 100000 population (2010/11).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission episodes for alcohol-attributable conditions (previously NI39): DSR per 100000 population (2010/11).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

\(^6\) Directly Standardised Rate (normally, Directly age and sex standardised rates). This is where statistics in each area have been adjusted to take account of differences in underlying population.
### Information available

<table>
<thead>
<tr>
<th>Description</th>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
</table>
| Spending patterns on alcohol and perception of alcohol consumption and spending patterns, grouped by various social groups. | **Question Time:** A survey of attitudes and perceptions towards alcohol consumption in London.  
Survey research undertaken by ICM on behalf of RPHG-London and the GLA, published March 2012. | Raw data and reports by borough available at:  

### Data source

- **Hospital Episodes Statistics (HES).**
  - Raw dataset of hospital admissions in the UK, which includes a summary of fields:
    - Method of admission
    - Diagnosis
    - Gender
    - Ethnicity and Socio-Economic Group (SEG)
    - HRG (Health Resource Group) tariffs
  - HRG (Health Resource Group) tariffs is to facilitate costing
  - The genders, age, local authority of residence of patients are identifiable.
  - The data can also be used to analyse the costs of alcohol-related hospital admissions, but a specialised analyst would be needed to undertake this (for a local estimate, see Closing Time Report, above).

- **Hospital Episodes Statistics (HES).**
  - Data is collected nationally from care providers, and stored and maintained by the NHS Information Centre (IC).
  - Data is provided annually and quarterly on inpatient, outpatient, and A&E attendances.
  - The admission dataset is high quality; other datasets on HES such as the A&E are experimental.

- **Hospital Episodes Statistics (HES).**
  - Dataset maintained by the NHS information centre.
  - Access to the data is restricted to those who have received training and signed up to their local Caldicott agreement.
  - Access to HES is role-based and to employees who have been provided with training by HSCIC.
  - Local Health Teams can also access hospital admissions data figures.
  - Bespoke analyses can be requested from the information centre (the organisation works on a cost recovery basis).
  - http://www.ic.nhs.uk/interest
  - http://www.ic.nhs.uk/bespokedata
<table>
<thead>
<tr>
<th>Information available</th>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons and rate of persons (per 100,000) admitted to hospital with conditions directly related to the consumption of alcohol, 2005/6 to 2010/11. Available by Local Authority by year. Emergency admissions for alcohol-related liver disease, numbers, and standardised per 100,000 (2010/11, 2011/12). Available by Clinical Commissioning Group (CCG) code. Mortality from chronic liver disease including cirrhosis – variety of measures available and given by region and by Local Authority.</td>
<td>NHS Information Centre (IC) Indicator Portal.</td>
<td>Publicly available from the Information Centre. [Select Compendium of Population Health Indicators/Local Basket of Inequality Indicators/Section 13: Tackling the Major Killers]. Select Clinical Commissioning Group Indicators/Domain 1-Preventing People Dying Prematurely. Select Compendium of Population Health Indicators/Digestive Diseases and Disorders/Chronic Liver Disease. <a href="https://indicators.ic.nhs.uk/webview/">https://indicators.ic.nhs.uk/webview/</a></td>
</tr>
<tr>
<td>Accident and Emergency (A&amp;E) assault data. Information on victims of assault admitted to hospital via A&amp;E, the data collected includes; • Age and gender of victim • Location of assault • Weapon of assault • Day and time of assault • Relation to alcohol (some boroughs collect further information such as dog bites and whether the assault was gang related).</td>
<td>This is an initiative to promote information sharing between Accident and Emergency (A&amp;E) departments and Crime and Disorder Reduction Partnerships (CDRP). Around two-thirds of A&amp;Es in London are actively collecting and sharing this data with their local government teams.</td>
<td>Data collected by the A&amp;E department. An Information Sharing Agreement (ISA) between the hospital and local government is required to facilitate the sharing of information.</td>
</tr>
</tbody>
</table>

---

7 Effective NHS Contributions to Violence Prevention; The Cardiff Model
Alcohol-related Crime

Alcohol is a major contributory factor to crime and violent crime. However, it can frequently be difficult to gain a full picture of alcohol-related crime because, for example, not all alcohol-related violence will be reported to the police. In essence, alcohol-related crime data is captured in different ways and by a number of different organisations, but putting the data together will require multi-agency working.

The data sources here will help to gain a fuller picture of the crime-related impacts of alcohol in your area. However, contacting your local crime analysts and/or local Community Safety Partnership first is advisable, as they may already have collected and/or collated much of the relevant evidence and have set up information sharing agreements with local organisations.


<table>
<thead>
<tr>
<th>Information/Indicators available</th>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent crimes attributable to alcohol: Persons, all ages, crude rate per 1000 population (2011/12).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual crimes attributable to alcohol: Persons, all ages, crude rate per 1000 population (2011/12).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concern about alcohol-related anti-social behaviour.</td>
<td>Survey research undertaken by ICM on behalf of RPHG-London and the GLA, published March 2012.</td>
<td></td>
</tr>
<tr>
<td>Concern about long-term health issues linked to alcohol consumption.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information available</th>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range of monthly datasets from the London Ambulance Service, Metropolitan Police Service, Transport for London (TfL), British Transport Police, London Fire Brigade and others. Includes non-police data on alcohol-related assaults, drug and alcohol overdoses, alcohol-related anti-social behaviour.</td>
<td>Safestats website, from SCAN (Strategic Crime Analysis) team at the GLA Intelligence Unit.</td>
<td>Available at borough, ward, and subward (LSOA) levels, both in raw excel form and in a range of mapping and visualisation products. Access to data and tools is free to relevant professionals (including Borough Analysts), but registration is required. <a href="http://safestats.org.uk/">http://safestats.org.uk/</a></td>
</tr>
<tr>
<td>Notifiable crimes (i.e. crimes that must be reported to the Home Office) and criminal offences where the suspect has been flagged as drinking.</td>
<td>Crime Recording Information System (CRIS), the dataset in which the Metropolitan Police Service (MPS) record all offences. Note that the data is ‘live’, as Police Officers constantly update the data. The system has a function that allows users to input alcohol-related terms and so identify, or ‘flag’, relevant incidents.</td>
<td>Data is confidential. Access is limited to the MPS. Check with your local crime analysts working in your local Community Safety Partnership. These analysts will be able to access the data in full, and may be willing to undertake more detailed analyses (including highlighting locations of alcohol-related crimes). If there is no access locally, consider making contact with the MPS Performance Directorate who will be able to supply aggregated figures for crimes where the suspect has been flagged as drinking, at borough level, by calling 02072714444 or sending a request to: Doi Mailbox– <a href="mailto:performedirectoratehelpdesk@met.police.uk">performedirectoratehelpdesk@met.police.uk</a></td>
</tr>
</tbody>
</table>
### Information available

<table>
<thead>
<tr>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand And Resourcing Information System (DARIS).</td>
<td>See CRIS database above.</td>
</tr>
<tr>
<td>Control and Dispatch Management Information System (CADMIS). The CADMIS database records 999 calls to the Police. The method of recording information in CADMIS may not be ideal for data analysis, as it includes many free text fields rather than simple coding. An analyst may therefore need to go through a process of cleaning and coding if they wish to undertake statistical analysis.</td>
<td></td>
</tr>
<tr>
<td>Accident and Emergency (A&amp;E) assault data. Information on victims of assault admitted to hospital via A&amp;E, the data collected includes;</td>
<td></td>
</tr>
<tr>
<td>• Age and gender of victim</td>
<td></td>
</tr>
<tr>
<td>• Location of assault</td>
<td></td>
</tr>
<tr>
<td>• Weapon of assault</td>
<td></td>
</tr>
<tr>
<td>• Day and time of assault</td>
<td></td>
</tr>
<tr>
<td>Relation to alcohol (some boroughs collect further information such as dog bites and whether the assault was gang-related).</td>
<td>Data collected by the A&amp;E department. An Information Sharing Agreement (ISA) between the hospital and local government is required to facilitate the sharing of information.</td>
</tr>
</tbody>
</table>

Non-notifiable crimes, such as drink driving, and those arrested/held in custody but not charged, where drink is flagged as a factor. Relevant categories of incidents in the Demand And Resourcing Information System (DARIS) include, for example:

- 202 Rowdy Or Inconsiderate Behaviour
- 204 Rowdy / Nuisance Neighbours
- 209 Street Drinking
- 211 Noise
- 301 Licensing

More specifically, incidents may include:

- 204 Rowdy / Nuisance Neighbours
- 209 Street Drinking
- 211 Noise
- 301 Licensing

Accident and Emergency (A&E) departments and Crime and Disorder Reduction Partnerships (CDRP). This is an initiative to promote information sharing between Accident and Emergency (A&E) departments and Crime and Disorder Reduction Partnerships (CDRP). Around two-thirds of A&Es in London are actively collecting and sharing this data with their local government teams.
Economic Impact

The sale of alcohol, and the function of licensed premises as places of employment, recreation, and entertainment, means that they can be an important part of the local economy. However, unhealthy consumption of alcohol also leads to a societal cost.

For example, data submitted by the Department of Health to the Health Select Committee\(^\text{10}\) estimates the costs of alcohol misuse as follows:

- NHS in England – £3.5 billion per year (at 2009/10 costs).
- Lost productivity in the UK – £7.3 billion per year (at 2009/10 costs).
- Crime in England – £11 billion per year (at 2010/11 costs).

The information sources here are intended to help you identify the factors, which might be taken into account when trying to understand the benefits of licensed premises against unintended negative impacts.

### Information available

<table>
<thead>
<tr>
<th>Information available</th>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>A tool to develop a cost benefit analysis of the Night Time Economy (NTE) and its related impacts by Local Authority. The full report lists a large number of factors that might be taken into account when assessing the advantages and disadvantages of the NTE. Note that the tool only includes valuation of aspects which were measurable with publically available data, and that your borough may be able to find or collect the data needed to create a more complete picture.</td>
<td>GLA Intelligence Unit.</td>
<td><a href="http://www.london.gov.uk/publication/alcohol-consumption-night-time-economy">http://www.london.gov.uk/publication/alcohol-consumption-night-time-economy</a></td>
</tr>
<tr>
<td>Information available</td>
<td>Data source</td>
<td>Data format/access</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>A tool to estimate demand for and cost of alcohol treatment services by borough.</td>
<td>Rush Model Spreadsheet for the Average PCT, from the Alcohol Learning Centre.</td>
<td>The figures for an average Primary Care Trust (PCT)(^{11}) are provided in a spreadsheet, and can then be adapted to your local area. <a href="http://www.alcohollearningcentre.org.uk/Topics/Browse/Data/Datatools/?parent=5113&amp;child=5134">http://www.alcohollearningcentre.org.uk/Topics/Browse/Data/Datatools/?parent=5113&amp;child=5134</a></td>
</tr>
</tbody>
</table>

\(^{11}\) From April 2013, will be known as a Clinical Commissioning Group (CCG)
<table>
<thead>
<tr>
<th>Information available</th>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost of and cost per person of alcohol-related hospital admissions: inpatient,</td>
<td>Alcohol Concern Harm Map.</td>
<td><a href="http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map">http://www.alcoholconcern.org.uk/campaign/alcohol-harm-map</a></td>
</tr>
<tr>
<td>outpatient, and A&amp;E, 2010/2011 (note the change of year and wider scope means these</td>
<td>Costing of inpatient admissions uses HES and HEG codes. For more information go to HES online link.</td>
<td></td>
</tr>
<tr>
<td>estimates are larger than those in the Closing Time report, which only looks at</td>
<td><a href="http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937">http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937</a></td>
<td></td>
</tr>
<tr>
<td>inpatient admissions).</td>
<td>Costing of outpatients is based on a survey of heavy drinkers in Birmingham. For more details go to:</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.sips.iop.kcl.ac.uk">http://www.sips.iop.kcl.ac.uk</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A&amp;E admissions are calculated from a survey of A&amp;E staff perceptions of the average proportion of A&amp;E</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E attendances relating to alcohol, costed using SIPS data.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.sips.iop.kcl.ac.uk">http://www.sips.iop.kcl.ac.uk</a></td>
<td></td>
</tr>
</tbody>
</table>
Local Authority Data

In addition to the datasets referenced in the previous four themes, there are likely to be substantial additional sources collected by local teams and organisations, which can add value to licensing decision-making. In particular, some local datasets may have evidence relating to specific locations or even premises, and is more likely to be provided at smaller geographic levels such as LSOA or postcode.

In this section, we suggest a range of helpful evidence sources that may be collected locally, and which teams may either collect or have access to. These are a guide only, as there may be local variability in what is collected and who it is held by. It would be advisable to ask your local teams about any additional sources that might be available.
<table>
<thead>
<tr>
<th>Information available</th>
<th>Data source</th>
<th>Data format/access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local information on ‘Test Purchases’ and Outcomes e.g. monitoring sales to underage patrons.</td>
<td>Local Trading Standards service.</td>
<td>Specific local area and local partnerships.</td>
</tr>
<tr>
<td>Local area data on disturbances, anti-social behaviour, noise nuisance.</td>
<td>Public Health Nuisance Teams. Environmental Health Teams.</td>
<td>Specific local area and local partnerships.</td>
</tr>
<tr>
<td>Information on licensed premises and locations of those premises sorted by postcode.</td>
<td>All licensing authorities are obliged to maintain a list of all licensed premises. Other potential source is Ordnance Survey ‘Point of Interest’ data, which includes e.g.: 0034 Pubs, bars and inns 0311 Discos 0312 Nightclubs 0314 Social clubs 0671 Alcoholic drinks sales including off-licenses and wholesalers</td>
<td>Specific local area and local partnerships.</td>
</tr>
<tr>
<td>Information on people seeking help for drug and alcohol dependency.</td>
<td>Local Drug and Alcohol Team.</td>
<td>Specific to local area and local partnerships.</td>
</tr>
</tbody>
</table>
SECTION 2: CASE STUDIES

1. Managing Anti-Social Behaviour in the London Borough of Bexley
2. Profiling alcohol-related assault hotspots in the London Borough of Lewisham
3. Supporting evidence for a Special Policy Area (SPA) in the London Borough of Camden
4. Alcohol-Related Crime and Disorder, Licensing and Safer Socialising in the London Borough of Hackney
Managing Anti-Social Behaviour in the London Borough of Bexley

Background
The London Borough of Bexley has developed a multi-agency, collaborative approach to licensing and enforcement in response to a number of alcohol-related issues. This narrative looks at their approach in using both anecdotal evidence and datasets to inform practice.

Datasets used
London Ambulance Service (LAS) data

The analysis in brief
By mapping postcode details collected from the LAS data, the crime analyst was able to identify two major crime and anti-social hotspots (Figure 1), this allowed the responsible agencies to adopt a targeted approach, as outlined below.

The Partnership, Crime and Disorder analyst visited the two identified ‘hotspots’ and noticed a concentration of anti-social elements and a number of street drinkers.

Figure 1
Thematic map of Alcohol overdose pick-ups using LAS data
The findings

Hotspot One – Was a poorly lit open area with a church, multiple benches, and bus stops used by schoolchildren. Street drinkers sold cigarettes and alcohol to children at inflated prices in order for the street drinkers to fund their own drinking habit.

Hotspot Two – Street drinkers were reported to cause nuisance and behave in a manner that was intimidating to the patrons of a riverside pub.

The approach to licensing

Partnership working, with a particular emphasis on information sharing, was fundamental to developing an effective approach for managing alcohol-related anti-social behaviour in Bexley. The intelligence was presented at the responsible authorities meetings which are attended by multiple partners such as Police, Environmental Health, Trading Standards, Neighbourhood Services and London Fire Brigade.

The responsible authorities agreed on a number of community safety approaches such as removing bushes, increasing street lighting, installing CCTV and targeting fare evaders. They also recommended joint working efforts such as partner work between licensing teams and police in order to enforce the Alcohol Control Zones; the involvement of support services such as outreach workers to engage with individuals with mental well-being issues; and working with schools to encourage teachers to patrol the identified hotspots.

Bexley’s partnership model illustrates how a multi-agency approach can be successfully applied to tackle alcohol-related anti-social behaviour and to support licensing objectives.

Contact

Name – Navdeep Ari, Crime Analyst
Email – Navdeep.Ari@bexley.gov.uk

1 The targeting of fare evaders was undertaken in connection with Transport for London, with an increase in Police Community Safety Officers (PCSOs) on buses. The objective was to displace anti-social elements on a bus route that connected two problem areas.
Profiling alcohol-related assaults in the London Borough of Lewisham

Background
Information sharing between Accident and Emergency (A&E) departments and Crime and Disorder Reduction Partnerships (CDRP) has been effectively demonstrated to help reduce crime and violence¹. This case study from Lewisham illustrates how sharing of simple anonymised A&E assault attendances data can enhance local understanding of alcohol-related assaults and thereby support policing and licensing objectives.

Datasets used
A&E data on assault
London Ambulance Services (LAS) data

The analysis in brief
Lewisham hospital collects data on A&E attendance resulting from assaults which includes: location of violence, weapon use, day and time of assault, gender, age and whether it was alcohol-related. The analysis enables the Public Health team to create an accurate profile of the victims and nature of assaults.

The London Ambulance Services collects data on the location of ambulance pickups by UK National Grid reference, the location details of this dataset is used to complement the A&E data in pin-pointing where the assaults are most likely to take place.²

Figure 1
A&E attendances for violence and assault, January to August 2012
The findings
Simple analysis of patterns in A&E assault related attendances show links between assaults, age and gender, and time of day:–

- Most attendances take place over the weekend; the greatest number of Sunday attendances are between midnight and 1:00am (following Saturday pub closing time) and between 3:00am and 4:00am, after club closing time (Figure 1)
- Assaults for people aged 18 and under are more likely to take place between 11:00pm and 1:00am, while those for individuals aged 18-30 are more likely to occur between 3:00am and 4:00am
- Males are twice as likely to be assaulted as females, with the likelihood increasing when assault is linked to alcohol use or when weapon of assault is ‘glass’.

The approach to licensing
The Lewisham Public Health team hope that further improvements of the A&E data will make it possible to forecast the times when incidents are more likely to occur in high-risk local areas. This will allow the police and licensing enforcement officers to adopt preventative strategies to limit the levels of alcohol-related violence. Plans are underway to complement the current analysis with locally available information, including locations of licensed premises to help link assaults to particular venues or high-density areas.

Contact
Name – Meic Goodyear, Public Health Intelligence Specialist
Email – meicgoodyear@nhs.net

1. Effective NHS Contributions to Violence Prevention; The Cardiff Model.
2. Data on location of assault at Lewisham Hospital system is recorded as free text, which makes systematic analysis difficult. Lewisham public health team uses the location data collected by the London Ambulance Service as a proxy indication of where assaults maybe taking place.
Supporting evidence for a Special Policy Area (SPA) in the London Borough of Camden

Background
The Partnership Information Unit (PIU) provides research and analysis to the Camden Community Safety Partnership; it is made up of Information Analysts who are employees of either Camden Council or Camden police. Council Analysts in the PIU are ideally placed within the HQ of Camden Police, as they are trained to use the police crime databases. Conversely, Police Analysts have access to relevant Council datasets, the sharing of knowledge and experience continues to improve analysis and problem solving in Camden.

In 2009, the PIU was asked by the Council Licensing Department to assess the need to extend an existing Special Policy Area (SPA) in Covent Garden. The SPA aims to reduce the impact of anti-social behaviour and crime linked to the night time economy, by creating an ‘assumption to refuse’ new licence applications and extensions to existing licences.

Datasets used
CRIS (Crime Reporting Information System)
DARIS (Demand and Resourcing Information System)
Council’s Licensed Premises and Anti-social behaviour records
London Ambulance Services (LAS) data

The analysis in brief
The above datasets were used to create a ‘problem profile’ for the SPA. There is no simple or consistent way of identifying police recorded crime collected on CRIS as linked to alcohol or licensed venues. However, PIU found a way around this by using bespoke queries to search specific keywords within the database; alcohol-related offences are identified by searching for keywords such as ‘drunk’, ‘intox’, ‘alcohol’, ‘nightclub’.

Information from the four databases above were brought together to develop a crime profile, which was mapped.
The findings

Geographic mapping of the licensed premises revealed that the areas covered by the current and proposed Covent Garden Special Policy Areas contained a high density of licensed premises, including around seventy restaurants and cafes, and over fifty bars, public houses and clubs, (Figure 1).

The number of premises and the volume of people they attract means that there are more alcohol-related incidents in the area than in other locations in the borough, although Camden Town is comparable (Figure 2).

The approach to licensing

The analysis provided supporting evidence for the existing Special Policy Areas (SPA’s) and the proposed extension in Covent Garden, by demonstrating the high concentrations of venues and the corresponding impact on the local communities. The findings were presented to Camden’s Licensing Panel and the extension was agreed and is now in force.

The proportion of applications refused by the Licensing Panel has increased since the introduction of the SPA in 2009, when one in eight applications were refused; this compares to one quarter being refused in 2012.

Contact

Name: Jon Paris. Analyst, Camden Community Safety Partnership
E-mail: Jon.paris@met.police.uk

Figure 1
Thematic map of all licensed premises in Camden

Figure 2
Alcohol-related violence in the Covent Garden SPA per hectare, by output area. Data from MPS Crime Report Information System (CRIS)
Background
The Hackney Community Safety Partnership (CSP) utilises evidence from multiple sources in the development of its key strategic priorities. These evidence sources include; crime and policing data, London Ambulance Services (LAS) data and assaults data recorded by A&E departments. The latter provide an alternative perspective to crime data by filling the gaps in under-reporting\(^1\), and enabling the partnership to understand the complex and inter-related themes that contribute to incidents resulting from alcohol misuse.

Datasets used
CRIS (Crime Reporting Information System)
DARIS (Demand and Resourcing Information System)
Council’s Licensed Premises and Anti-social behaviour records
London Ambulance Services (LAS) data
A&E data on assault

The analysis in brief
Alcohol-related crime is not consistently flagged on the CRIS dataset, borough-based CSP analysts rely on secondary crime data provided by Metropolitan Police analysts. As a proxy measure of alcohol-related crime, incidents occurring between 2000 and 0759 hours recorded as VAP (violence against the person) were assumed to be alcohol-related\(^2\).

Further, alcohol-related incidents were also obtained from the DARIS dataset by searching on the alcohol qualifying code. It is likely there is some overlap between the CRIS and DARIS datasets; alcohol incidents captured on DARIS may include incidents later recorded as notifiable crime in CRIS.

The LAS and A&E assault data provided information on location of assaults whereas the Licensed Premises data gave insight on the concentration of the night-time economy (NTE).
The findings

The analysis provided a clear link to the night-time economy as below:

- There appears to be a correlation between location of alcohol-related incidents and assaults and the location of licensed premises. This is particularly so in the south of the Borough and up the A10 (Figures 1 & 2).
- Most alcohol-related incidents and assaults take place at weekends, and from 2200 hours, reaching a peak between 0300 and 0359 hours.
- A&E data shows that assaults are likely to occur in public locations especially in the vicinity of bars, clubs and pubs.
- Assault victims are most likely to be male aged between 18 and 35 years, and injuries are most notably caused by kicking and punching; the use of bottles was twice as prevalent during weekends than at any other time. A quarter of victims said they had no intention of reporting to police, which highlights the need for partnership between hospitals and A&E.
- More recent work has focused on the relationship between acquisitive crime and licensed premises in the NTE. This found that the same locations (and times) account for approximately a third of all theft type crime in Hackney.
- Further, 40% of all ambulance alcohol-related calls occurred in only 6% of census output areas (Figure 2).

The approach to licensing

Use of multiple sources of evidence made it possible to get a fuller picture of the extent of alcohol-related incidents and assaults in Hackney. The analysis and recommendations prompted the CSP to focus on alcohol-related crime and disorder in partnership with the borough licensing team and the police in order to enforce breaches, as well as with licensed businesses in order to promote good practice.

This partnership plan currently has two main delivery objectives:

- Tackling and reducing crime in these ‘hot’ locations, one of which relates to violent incidents occurring at weekends at higher-risk locations (bars, pubs & clubs)
- Town centre management and regulated licensing requirements, such as the use of plastic glasses in licensed establishments located in higher-risk locations.

Contact

Name – Karen Law, Strategic Analysis & Performance Manager
Email – Karen.Law@hackney.gov.uk

1 According to the ‘Guideline for information sharing to reduce community violence’ developed by the College of Emergency Medicine, around 80% of assault victims requiring emergency department treatment do not report their assault to the police which leaves significant gaps in police intelligence.

2 CSP analysts in Hackney do not have access to the full dataset and so alcohol-related violence was estimated on the basis of any violent crime occurring between the hours of 2000 and 0759 hours (NTE hours). Whilst not all violence occurring between these hours is alcohol-related, there will be a very high proportion of alcohol-related crimes in the hotspot areas.

3 Acquisitive crime covers aspects of robbery and burglary such as street crime, business and retail crime and motor vehicle crime.
Figure 1
Violence against a person (VAP) occurring between 2000 and 0759 hours (shaded map) and licensed premises (blue points).

Figure 2
Ambulance calls related to alcohol occurring between 2000 and 0759 hours (shaded map) and licensed premises (blue points).