

Report of: Corporate Director Environment and Regeneration

Meeting of:	Date	Ward(s)
Licensing Committee	17 October 2017	All

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SUBJECT: Licensing Policy 2018-2022

1. Synopsis

- 1.1 This report introduces the draft Licensing Policy 2018-2022 which is currently out to consultation.
- 1.2 The report explains the approach we have taken to reviewing our Licensing Policy, the evidence that has been considered, the proposed key changes to the policy and our approach to consultation and resident engagement.

2. Recommendations

- 2.1 To note and consider the draft policy at Appendix 1, prior to its submission to Council for approval.

3. Background

- 3.1 Under the Licensing Act 2003 the council is required to publish a statement of licensing policy every 5 years. The purpose of the Licensing Policy is to inform applicants and residents about the way in which the Licensing Authority intends to make decisions about licence applications and how licenced premises are likely to be permitted to operate.

As a Licensing Authority, the council has a duty to promote the following licensing objectives and these objectives should underpin every decision that it makes

- Prevent of crime and disorder
- Secure public safety
- Prevent public nuisance

- Protect children from harm

3.2 Our current Licensing Policy takes effect until January 2018 and over the last nine months a review of the policy has been conducted and we are now in a position to consult on a draft Licensing Policy for 2018-2022.

This report explains:

- the approach we have taken to the reviewing the Licensing Policy 2013-2017
- the evidence we have considered in formulating the draft policy
- our assessment of cumulative impact areas
- proposed key changes to the policy
- the statutory consultation and resident's engagement process.

3.3 **The Review Process**

The review process has been led by the Executive Member for Community Development and the Licensing Committee. Members have met on three occasions to review evidence, explore options and to formulate a draft policy for formal consultation. The Police, Trading Standards, Environmental Health (Noise and Public Safety), Public Health and Community Safety have also been consulted and invited to contribute to the policy review. Officers have also ensured that proposals arising from the draft Licensing Policy are consistent with other Council's Economic Development and Arts Strategies.

3.4 **The Evidence**

The documentary evidence considered by the Licensing Committee is attached as appendix 2.

A summary of the evidence is provided below:

1. Patterns of alcohol (mis)use in Islington and its Impacts
 - a. Islington has the fourth highest rate of alcohol related crime and alcohol related violent crime in London. In both cases rates are significantly higher in Islington than the London average
 - b. Alcohol related ambulance callouts and crime peak in the early hours of the morning
 - c. Underage drinking is in general decline but the rate of hospital related admissions for under 18's with alcohol specific conditions is greater than the London and national average
 - d. Highest levels of alcohol related crime occurs Friday, Saturday and Sunday
 - e. There is a correlation between the location of premises and ambulance callouts and alcohol related crime.
 - f. There is a higher concentration of ambulance callouts, alcohol related crime and alcohol related violent crime in designated cumulative impact areas
2. London School of Hygiene and Tropical Medicine (LSHTM) Research

This independent research by LSHTM evaluated the impact of our 2013-2017 cumulative impact policy and concluded that:

- a. The introduction of the cumulative impact policy did not appear to have affected the total number of applications submitted
 - b. The cumulative impact policy had not resulted in the displacement of applications to areas outside the cumulative impact area
 - c. Cumulative impact has not been a barrier to obtaining a licence but businesses have adapted to the requirements of the policy
 - d. Trading times and closing times were consistent with a policy which aimed to reduce alcohol availability through the introduction of framework hours
 - e. The 2013-2017 Licensing Policy had been broadly effective in achieving its objective to reduce crime and antisocial behaviour and ambulance callouts, restrict off licence sales and reduce trading times for the sale of alcohol
3. Research paper – measurable effects of local alcohol licensing policies on population health in England

- a. The research confirmed a strong reduction in alcohol related hospital admissions in areas with a more robust approach to licensing policy
4. Operation Nightsafe – annual report on the activities carried out by the Parkguard Night Safe Patrol Service funded by the Late Night Levy paid by all licenced premises selling alcohol after midnight.
 - a. Parkguard daily, quarterly and annual reports provide a comprehensive sources of information and intelligence about the night time economy in Islington
 - b. The headline statistics for activities carried out by Parkguard Nightsafe Patrol Officers are:
 - i. Health and welfare checks of 724 people found vulnerable due to excess alcohol or drug use resulting in ill health or incapacity
 - ii. Assisted 536 members of the public in need and provided crime prevention advice to 157 people found in vulnerable positions
 - iii. Provided medical assistance on 97 occasions preventing 77 ambulance callouts
 - iv. Dealt with 784 incidents involving violent or aggressive behaviour, the majority of which resulted in patrol officers using techniques to prevent escalation to violence or serious injury
 - v. Requested or directed 675 people to disperse or leave an area and warned or advised 1235 about conduct
5. Report on the Islington Alcohol Summit 2017 attended by a wide range of people representing residents and service users, businesses and statutory agencies
 - a. General consensus was the need for Islington to tackle price and availability, in particular
 - i. Street drinking
 - ii. Cheap alcohol
 - iii. Proximity of licenced premises to facilities visited by high risk populations such as wet/dry centres, mental health facilities
6. Street Population – extract of data relating to street drinking
 - a. The number of calls to Police and LBI ASB hotline is increasing
 - b. Hotspots include Elthorne Park & Kings Cross
7. Islington Police – overview of Policing issues in the Night-time Economy in Islington by Superintendent in Charge of Operations
 - a. Concerned that off licence sales after people have left licenced premises are contributing to alcohol related crime
 - b. Busiest time for police continues to be the early hours of the morning with 55% offences with an alcohol flag occurring between 11pm and 5am
 - c. Level of glass injury in licenced premises is significantly lower in Islington provides evidence that our proactive approach working
8. Operation Nightsafe –Police activities funded by the Late Night Levy include:
 - a. Reviewing 2253 night time economy crime reports relating to licenced venues and taking follow up action
 - b. Applied for 12 closure orders and agreed action plans for 54 premises at the Licensing Officer Panel
9. Alcohol Related Harm in Islington Public Health – summary of alcohol related harm in Islington by Islington and Camden Assistant Director (Public Health)
 - a. Islington is experiencing some of the greatest levels of alcohol related problems in London
 - b. It is estimated that alcohol contributes to 1 in 14 deaths in Islington
 - c. Estimates from 2012 suggested that the cost of alcohol related hospital admissions was nearly £7.5 million, the equivalent of £39 for every Islington resident
10. Alcohol in the Night Time economy
 - a. Alcohol related crime has been steadily decreasing over the last 7 years
 - b. There continues to be a correlation of location of alcohol related offences with cumulative impact areas

- c. Peak times for alcohol related crime are:
 - i. Saturday midnight to 3am and 9pm to midnight
 - ii. Sunday midnight to 3am
- d. Peak times for calls to Islington ASB team regarding licenced premises, rowdy and drunken behaviour and drinking in public places are:
 - i. Saturday midnight to 3am and 9pm to midnight
 - ii. Sunday midnight to 3am and 9am to 12 noon
 - iii. Thursday and Friday 9pm to midnight

11. Charts and maps

- a. Cumulative impact areas in Islington
- b. Number of licenced premises 2011- 2017
- c. Number of premises selling alcohol beyond midnight 2011-2017
- d. Licence applications received and granted 2009-2016
- e. Map showing location of all alcohol licenced premises
- f. Map showing location of premises licenced to sell alcohol after midnight
- g. Map showing location of premises selling alcohol for consumption off the premises

3.5 **Assessment of Cumulative Impact Policy**

The Licensing Policy 2013-2017 introduced 6 cumulative impact areas in the borough. Cumulative impact areas are those where the combined effects of a significant number of licenced premises concentrated in one area is likely to undermine the licensing objectives. In cumulative impact areas, there is a presumption that the Licensing Authority will refuse or impose limitations on applications which are likely to add to the cumulative impact unless the applicant can demonstrate that there will be no negative cumulative impact on the licensing objectives. The existence of a cumulative impact does not affect the Licensing Authority's duty to consider each application on its merits and it can only refuse or impose limitations where representations are received from residents, businesses or responsible authorities.

3.6 Based on the evidence described above and feedback from residents, partners and ward councillors the review of licensing policy confirmed that the cumulative impact area policy had achieved its objective and the 6 areas should continue for a further 5 years. The cumulative impact policy applies to all premises licence applications and club premises certificates for all licensable activities, including late night refreshment. For each cumulative impact area, the draft licensing policy provides guidance on the types of applications and limitations which may rebut the presumption of refusal.

3.7 Evidence and feedback indicates that more needs to be done to control the negative impacts associated with off licences therefore the proposal is to seek views on a borough-wide cumulative impact policy in relation to off licences.

3.8 **Proposed key policy changes**

As well as consulting residents, businesses and partner agencies about our proposal to maintain our key policies relating to cumulative impact and framework opening hours we are seeking views on the following key changes:

- Encouraging applications from businesses that support our vision to provide a safe and welcoming evening economy with a diverse range of socialising opportunities for residents and visitors
- Extending the Kings Cross Cumulative Impact Area beyond the Caledonian Road railways bridge to Frederica Street
- Introducing a new cumulative impact policy for premises selling alcohol for consumption off the premises
- Introducing stricter controls over opening hours for new premises located in Clerkenwell, Archway or in close proximity to areas visited by street drinkers
- Extending match day control on the sale of alcohol to off licences frequented by football supporters
- Introducing a new policy on safeguarding women and young adults frequenting pubs

bars and clubs

3.9 **Statutory consultation and resident engagement**

The Licensing Act 2003 specifies who the Licensing Authority must consult with before publishing its Licensing Policy. In addition to this the Communications Team are assisting with the delivery of a comprehensive resident engagement plan.

The formal public consultation process runs from 15 September to 29 October 2017.

4. **Implications**

4.1 **Financial implications:**

The cost of preparing and publishing the revised policies has been met from existing budget.

4.2 **Legal Implications:**

Section 5 of the Licensing Act 2003 requires a licensing authority to prepare and publish a statement of its licensing policy every five years. Before determining its policy, the licensing authority must consult:

- The chief officer of police for the area
- The fire and rescue authority for the area
- The local authority's Director of Public Health
- Persons/bodies representative of local premises licence holders
- Persons/bodies representative of local club premises certificate holders
- Persons/bodies representative of local personal licence holders
- Persons/bodies representative of businesses and residents in the area

In determining its policy, the licensing authority must have regard to the Home Office Guidance and give appropriate weight to the views of consultees.

The cumulative impact of licensed premises on the promotion of the licensing objectives is a proper matter for a licensing authority to consider in developing its licensing policy statement. Once adopted, cumulative impact policies should be reviewed to assess whether they are still needed or if they should be amended. The adoption of cumulative impact policies is currently set out in the Home Office Guidance but will have a statutory footing once s5A of the Licensing Act 2003 (as inserted by s141 of the Policing and Crime Act 2017) is in force. This section will require the licensing authority to carry out a review of its cumulative impact assessment every three years.

The Licensing Act 2003 provides that the licensing authority cannot delegate the determination of its licensing policy to the licensing committee. The Local Authorities (Functions and Responsibilities) Regulations 2000 (as amended) provide that this function cannot be discharged by the Executive and should be determined by the full Council.

4.3 **Environmental Implications**

The Licensing Policy identifies issues associated with the consumption of alcohol which have environmental implications – noise, odours, littering and street fouling. The policy seeks to ensure these issues are minimised when granting licences.

4.4 **Resident Impact Assessment:**

Please retain this standard paragraph and add relevant text about specific impacts and mitigation below:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment on the proposed changes to the Licensing Policy was completed on 11 September 2017 and the summary is included below:

Equality Impacts:

- The proposal will have neutral impacts on all residents (with protected characteristics)
- The proposal will have neutral impact on good relations between communities and the rest of the population of Islington

Safeguarding and human rights impacts

- There are no safeguarding and human rights risks associated with this Policy.

5. Reason for recommendations

- 5.1 The review of the Licensing Policy in 2017 indicated that the Policy had achieved its objectives and that the cumulative impact areas should be retained. The statutory consultation process will be seeking residents, business and partners view on our proposals to retain cumulative impact areas and to make other changes to the Policy.

Licensing Committee are requested to note the draft policy and supporting evidence.

Appendices

1. Draft Licensing Policy 2018-2022
2. Evidence supporting policy and assessment of cumulative impact policy

Background papers:

Nil

Final report clearance:

Signed by:



28/09/17

Corporate Director Environment & Regeneration Date

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Licensing Policy 2013-2017

Licensing Act 2003

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Licensing Policy 2018-2022

Licensing Act 2003

INTRODUCTION

The Licensing Policy is intended to inform applicants and residents about the way in which the Licensing Authority will make licensing decisions and how licenced premises are likely to be permitted to operate so as to promote the licensing objectives.

As a Licensing Authority we have a duty to promote the following four licensing objectives and these objectives will underpin every decision that we undertake:

- the prevention of crime and disorder;
- public safety;
- the prevention of public nuisance;
- the protection of children from harm

In reviewing and updating our Licensing Policy we have been mindful that Islington's residents continue to suffer from late night antisocial behaviour and high levels of alcohol-related ill health and early deaths. Evidence shows alcohol consumption is a major factor behind violent crime and disorder in the borough with serious consequences to victims, businesses and local communities

In 2013 we introduced area based cumulative impact policies and framework hours to manage the negative impacts of the night time economy on residents and public services. Our review of Licensing Policy in 2017 concluded that these policies had achieved their objectives and should be retained to ensure that the benefits that they had created were maintained.

Through our Licensing Policy for 2018 – 2022 we believe we can build upon the success of the last 5 years by providing clearer guidance to applicants on the sort of applications that might be exceptions to the cumulative impact policy. We want to encourage and support applications that contribute to the day time and evening economy, especially those that will widen socialising opportunities to people visiting, working and living in the borough This approach is consistent with not only our duty as a Licensing Authority to promote the four licensing objectives but also with the council's key commitment to creating a fairer borough and key strategic policies on economic development, employment and culture.

Whilst the Licensing Policy should be used as a tool for guiding applicants on Licensing Authority expectations we will continue to consider each application on its merits and through the Licensing Policy we will:

- Carefully manage the number of late night premises supplying alcohol, imposing restrictions where appropriate
- Encourage and support businesses that are unlikely to add to the cumulative impact in terms of crime, disorder and public nuisance
- Seek to promote high standards of management in licensed premises to ensure businesses operate responsibly and the experiences of residents and visitors are not ruined by poorly run businesses both on the premises and in the surrounding environment
- Promote a safe, welcoming and varied evening economy where businesses work with the Licensing Authority and Responsible Authorities
- Safeguard the interests of vulnerable residents and children

The Licensing Policy is intended as a guide for applicants and residents. The Licensing Authority expects applicants to have regard to the Policy when preparing their application and operating schedule. Applications that are not consistent with the policy are likely to be subject to representations from responsible authorities, ward councillors and local residents.

Representations from residents, ward councillors and responsible authorities should relate to one or more of the licensing objectives and, where possible, provide sufficient information to help the Licensing Committee assess the impact of the application on the licensing objectives.

Where representations are received, the application will be determined by a public hearing of the Licensing Committee and a decision will be made on the merits of the application whilst having regard to the Licensing Policy and the duty to promote the licensing objectives.

Where no representations are received, applications will be granted on the terms and conditions applied for.

LICENSING POLICY IN CONTEXT

Islington is one of London's most distinctive areas, offering arts, entertainment, good eating and drinking, a huge variety of specialist shops, lively street markets and a rich and fascinating history. The sense of community feel around Islington is one of the things that make this relatively small London borough unique.

Islington, however, is undergoing a process of rapid change and this is likely to continue. The number of people living in the borough increased by 15% to 206,000 between 2001 and 2011 and this trend looks set to continue. Housing demand has been high and this need has been met by fast paced redevelopment including turning old factories and business premises into residential use. This has turned

many parts of the borough, which were previously exclusively commercial, into mixed-use hubs incorporating commercial and residential premises in very close proximity. The council is keen to preserve a diverse mix of premises through the borough and wants to work with businesses, residents and partners through its Licensing Policy to achieve this.

The Licensing Authority recognises that licensed premises make a significant contribution to the wellbeing of the borough by providing a wide variety of entertainment, arts and cultural activities, business, employment and career opportunities. However, uncontrolled expansion of this sector could provide disproportionately negative benefits for local residents and public services.

It is also a particular feature of Islington that densely populated residential areas are located in very close proximity to commercial areas, and that poorly managed premises can have a very immediate impact on nearby local residents.

Going forward the Licensing Authority wants to continue to manage any expansion of the late night economy, that is premises trading beyond midnight, as these activities pose the greatest risk of undermining the licensing objectives, whilst supporting well managed businesses that will contribute to the borough's vibrant and diverse evening economy.

SAFER ISLINGTON PARTNERSHIP

The Safer Islington Partnership (SIP) is the body that brings together all relevant services and agencies working to reducing crime and disorder in the borough. The objective of the partnership is to facilitate effective working on agreed priorities, ensuring that where partners commit to action they are held to account for it and to add value to work of individual services and agencies through joined up outcome focused activities.

Alcohol-related crime and disorder is a major concern of the Partnership.

PUBLIC SPACE PROTECTION ORDER (PSPO)

A Public Space Protection Order creates a borough wide controlled drinking zone to help us reduce anti-social behaviour arising from drinking alcohol in the street. The Order gives the police and Operation Nightsafe Patrol Officers the ability to confiscate alcohol or require a person to stop drinking in public if they are causing a nuisance. The powers do not prohibit drinking in public places and it can only be used where it is associated with negative behaviour

OPERATION NIGHTSAFE

Operation Nightsafe is a unique partnership between the Licensing Authority, Licenced Trade the Police and our delivery partner Parkguard Ltd. It is funded by the Late Night Levy which is paid by all licenced premises selling alcohol beyond midnight.

The aim of Operation Night Safe is to support and promote the late night economy in Islington by:

- providing a safe, welcoming night time environment for residents, workers and visitors
- reducing late night alcohol related crime, disorder, antisocial behaviour and nuisance
- minimising negative impacts on local residents

This is achieved by funding:

- a Police Sergeant and Constable to coordinate policing the night time economy including follow up enforcement activities
- Parkguard to provide a high visibility street based patrol service 4 nights per week with the capacity to provide assistance to licenced premises and members of the public in need.

DEVELOPMENT PLANNING

Licensing Policy 1

The Licensing Authority expects applicants to ensure that they have planning consent for the intended use and hours of operation, or otherwise have lawful planning status, before making an application for a premises licence.

1. The Planning Consent for a premise determines its use and the hours of operation. If this is not in place at the time the licensing application is heard, there may be a conflict between the two and the applicant will be required to comply with any planning consent granted. It is expected that the necessary planning consent will be in place to ensure that this conflict does not arise and applicants receive a decision from the licensing process which they can immediately implement.
2. Applicants are advised that prior approval of a licence application is not generally held to be a material consideration when the council determines a planning application.
3. Where the terminal hour has been set as a condition of planning permission and these hours are different to the licensing hours, applicant must observe the earlier closing time. The granting of a licence by the licensing committee does not mean the applicant will not need to apply for planning permission. Premises operating without the necessary planning permission will be liable to prosecution under planning law.
4. Planning permission is usually granted for the permitted opening hours of the premises and will include the time it takes customers to leave the premises. This time will normally be later than the time when licensing activities cease so that there is sufficient time for customers to leave the premises gradually to minimise impact on nearby residents.
5. The process of applying for a licence or varying an existing licence should not

be a re-run of the planning process. Where premises have obtained planning permission prior to the submission of a licence application, the determination of the licence will focus on controls necessary to achieve the licensing objectives.

6. Objectors who are dissatisfied with the planning outcome may still make representations through the licensing process but their representations will only be relevant where they relate to one or more of the following four licensing objectives:

- the prevention of crime and disorder;
- public safety;
- the prevention of public nuisance;
- the protection of children from harm

7. The council's planning policies are set out in Islington's Development Plan which can be found on our website:

<https://www.islington.gov.uk/planning/planningpol>

LOCATION, CUMULATIVE IMPACT AND SATURATION

Licensing Policy 2

In considering applications for new licences, variations to existing licences and licence reviews the Licensing Authority will take the matters listed below into account:

- **whether the premises are located in an area of cumulative impact**
- **the type of premises and their cumulative impact upon the area and the mix of premises in the area**
- **the location of the premises and character of the area**
- **the proximity to residential properties**
- **the views of responsible authorities**
- **the views of other persons**
- **past compliance history of current management**
- **the proposed hours of operation**
- **the type and numbers of customers likely to attend the premises**
- **whether the applicant is able to demonstrate commitment to a high standard of management**
- **the physical suitability of the building proposed for licensable activities, i.e. in terms of safety, access, noise control etc.**

8. Islington has one of the highest densities of licensed premises in England and

careful consideration will be given to the need to add to these numbers when applications are received. As there is often no delineation or separation between residential and commercial areas careful management is required to prevent conflict between the different uses.

9. Applicants should consider the general operating hours in Licensing Policies 5 & 6 and should not try to replicate later opening hours even if there are other premises nearby that currently operate for longer. The Licensing Authority will need to carefully balance the conflicting needs of residents, patrons and businesses in relation to the introduction of premises and flexible opening hours for the sale and supply of alcohol and late night refreshments.

CUMULATIVE IMPACT POLICY AREAS

Licensing Policy 3

The Licensing Authority has adopted a special policy relating to cumulative impact in relation to the supply of alcohol in:

- **Clerkenwell**
- **Bunhill**
- **Kings Cross**
- **Upper Street and Angel**
- **Holloway Road and Finsbury Park**
- **Archway**

This special policy creates a rebuttable presumption that applications for the grant or variation of premises licences or club premises certificates which are likely to add to the existing cumulative impact will normally be refused or subject to certain limitation, following the receipt of representations, unless the applicant can demonstrate in the operation schedule that there will be no negative cumulative impact on one or more of the licensing objectives

10. Cumulative impact is concerned with the potential impact on the licensing objectives of a significant number of licenced premises concentrated in one area. As borough with one of the highest concentrations of licenced venues in London, this is a significant issue for Islington. Whilst it could be argued that the whole of the borough meets the cumulative impact test the Licensing Authority has identified six areas in the borough where the threshold for cumulative impact has been met.
11. This special policy is not absolute. The circumstances of each application will be considered on its merits and the Licensing Authority shall grant applications where the applicant has demonstrated that the operation of the premises is unlikely to add to the cumulative impact on one or more licensing objectives.
12. It must be stressed that the presumption created by this special policy does not relieve responsible authorities or other persons of the need to make a representation. If there are no representations, the licensing authority must grant the application in terms that are consistent with the operating schedule submitted

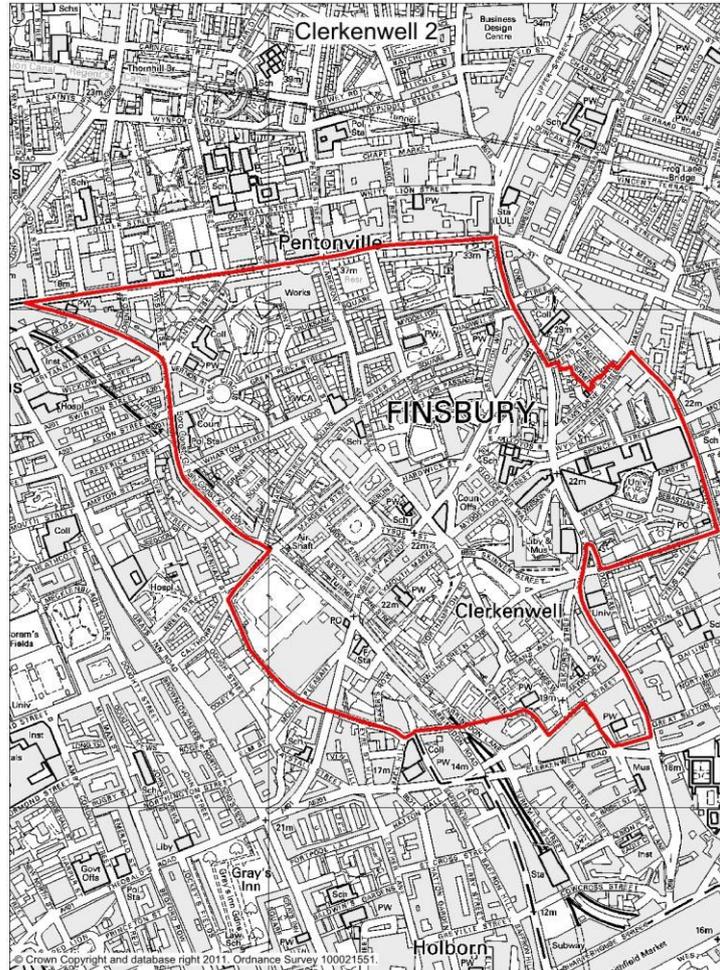
13. Applicants are strongly advised to give consideration to mitigating potential cumulative impact issues when setting out steps they will take to promote the licensing objectives in their application.
14. As a general rule the Licensing Authority does not consider the following criteria as exceptional to the application of its cumulative impact policy:
 - premises will be well managed and run
 - premises will be constructed to a high standard
 - applicant operates similar premises elsewhere without complaint
 - similar premises operate in the area
15. After receiving representations in relation to a new or variation application the licensing authority will consider whether it would be justified in departing from this special policy in the light of the individual circumstances of the case. The impact of an application can be expected to be different for premises with different styles and characteristics. If the licensing authority decides that an application should be refused, it will still need to show that the grant of the application would undermine one or more of the licensing objectives and that conditions or restrictions would be an ineffective solution.

REVIEW OF CUMULATIVE IMPACT AREAS - SUPPORTING EVIDENCE

16. In determining its draft Licensing Policy for 2018 - 2022 the Licensing Authority undertook a review of its licensing and cumulative impact policy and considered the following evidence:
 - a. Independent research undertaken by the London School of Hygiene and Tropical Medicine
 - b. Alcohol Related Crime and Disorder Statistics
 - c. Alcohol related ambulance callouts
 - d. Alcohol related hospital admissions data
 - e. Operation Nightsafe Patrol reports
 - f. Noise and antisocial data associated with licenced premises
 - g. Residents feedback via complaints and discussion with Licensing Team and resident's representations
 - h. Feedback from residents following the 2010 policy consultation
 - i. Feedback from Community Safety Team and Safer Islington Partners
 - j. Feedback from Responsible Authorities
 - k. Feedback from Police and Local Authority Licensing Officers
 - l. Feedback from ward councillors, Licensing Committee members and Executive Members
 - m. Feedback from stakeholders, which included premises licence holders, voluntary sector groups and adult and children support services, attending the Alcohol Summit in June 2017
17. This evidence is published on our website www.islington.gov.uk/consultations

CLERKENWELL CUMULATIVE IMPACT AREA

18. The map below shows the Clerkenwell cumulative impact area:



19. Clerkenwell supports a diverse and vibrant evening and night time economy and the Licensing Authority is committed to working with potential applicants and existing licence holders to ensure that licenced premises are well managed and any negative impacts on local residents in terms of crime, disorder, nuisance and antisocial behaviour are minimised.

20. Businesses in Clerkenwell make a significant contribution to the economic prosperity of the borough through the provision of employment opportunities, the well-established creative industries hub and the distinct cultural, leisure and historical offer in the area which attracts local, national and international visitors alike.

21. It is anticipated that the business sector is likely to expand in Clerkenwell as Farringdon Station transforms into one of the most significant transport hubs in London bringing new business and leisure opportunities.
22. The Licensing Authority recognises that it has to balance the needs of businesses with those of local residents and it will utilise its Licensing Policy to address these local issues:
- Clerkenwell has the highest number of complaints about drinking in the street than any other ward in the borough
 - Residents continue to experience adverse impacts of the late night licenced venues
23. The review of our Licensing Policy in 2017 confirmed that the cumulative impact policy for Clerkenwell had achieved its objective and that this policy should continue for a further 5 years however within the scope of this policy the Licensing Authority is able to give more detailed guidance on the sort of applications that could be considered to be an exception to the cumulative policy for Clerkenwell.

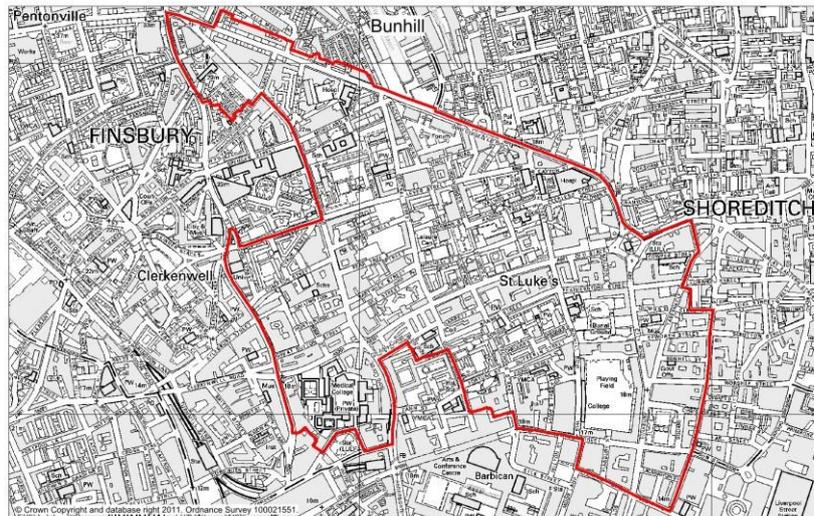
Possible exceptions to the Clerkenwell Cumulative Impact Policy

24. Applications with comprehensive operating schedules that meet all the following criteria may be viewed as promoting the licensing objectives:
- a. The provision of mixed use or flexible premises that
 - i. Support the people visiting the area during the day
 - ii. encourage people to stay in the area after work
 - iii. encourage people staying in local hotels to socialise in the area
 - iv. support the wider cultural offer in the area
 - b. Premises that are not alcohol led
 - c. Premises with hours of operation consistent with framework hours
 - d. Premises supplying alcohol for consumption on the premises with robust arrangements to prevent vertical drinking, for example fully seated venues
 - e. Premises that can demonstrate high standards of management with respect to preventing public nuisance associated with waste management & littering
 - f. Premises supplying alcohol for consumption off the premises operating to the following framework hours:

Monday to Thursday	8am to 11pm
Friday	8am to 8pm
Saturday	10am to 8pm
Sunday	10am to 11pm
 - g. Commitment from the premises licence holder to:
 - actively support Pubwatch through regular attendance and engagement at meetings
 - implement the Operation Nightsafe Best Practice Standards

BUNHILL CUMULATIVE IMPACT AREA

25. The map below shows the Bunhill Cumulative Impact Area:



26. The establishment of Tech City, one of the largest technology start up clusters outside USA, and new major residential developments in the area and in neighbouring Hackney, has attracted more licenced venues to Bunhill to meet demand. This trend is likely to continue as more residential developments are built and the predicted long term impact of the redevelopment Farringdon Station moves towards east London.
27. The Licensing Authority is committed to working with potential applicants and existing licence holders to establish a well-managed evening economy that meets residents and business needs whilst minimising any adverse impacts in terms of crime, disorder, nuisance and antisocial behaviour.
28. The Licensing Authority recognises that it has to balance the needs of businesses with those of local residents and it will utilise its Licensing Policy to address these local issues:
- Adverse impacts associated with late night venues
 - Alcohol related antisocial behaviour
 - Minimise the opportunities for drinking in the street and preloading
29. The review of our Licensing Policy in 2017 confirmed that the cumulative impact policy for Bunhill had achieved its objective and that this policy should continue for a further 5 years however within the scope of this policy the Licensing Authority is able to give more detailed guidance on the sort of applications that could be considered to be an exception to the cumulative policy for Bunhill.

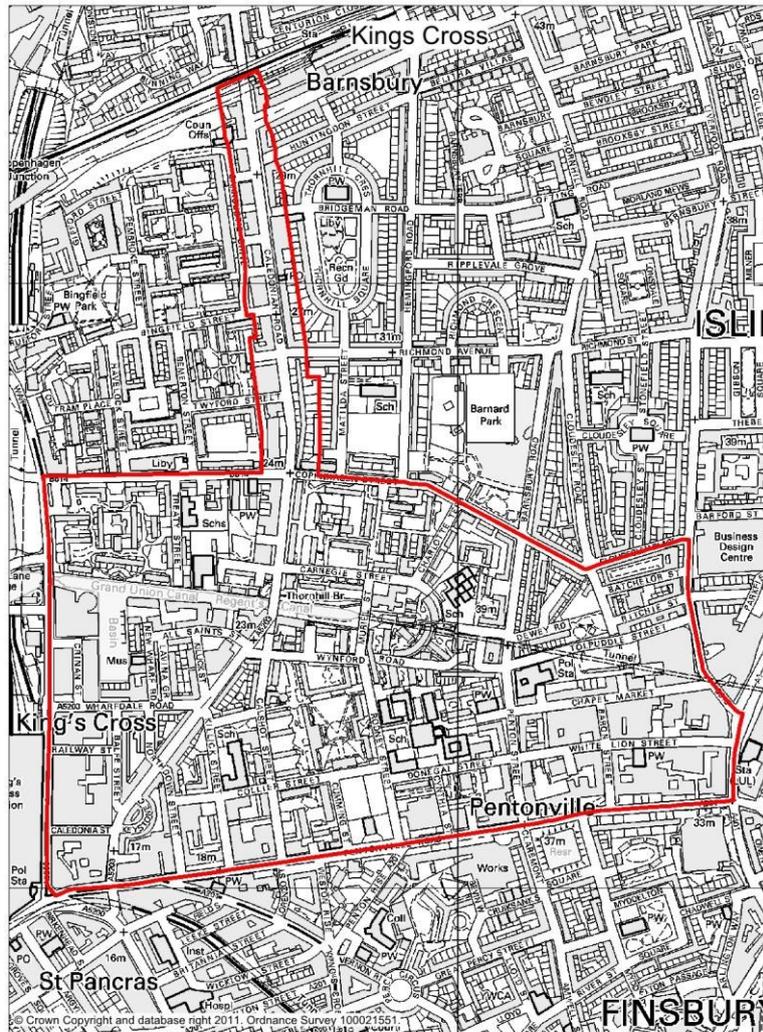
Possible exceptions to the Bunhill Cumulative Impact Policy

30. Applications with comprehensive operating schedules that meet all the following criteria may be viewed as promoting the licensing objectives:

- a. The provision of mixed use or flexible premises that
 - support the people visiting the area during the day
 - encourage people to stay in the area after work
 - support the wider cultural offer in the area
- b. Premises with hours of operation consistent with framework hours
- c. Premises that can demonstrate high standards of management with respect to preventing public nuisance associated with waste management & littering
- d. Commitment from the premises licence holder to
 - actively support Pubwatch through regular attendance and engagement at meetings
 - implement the Operation Nightsafe Best Practice Standards

KINGS CROSS CUMULATIVE IMPACT AREA

31. The map below shows the current Kings Cross Cumulative Impact Area:



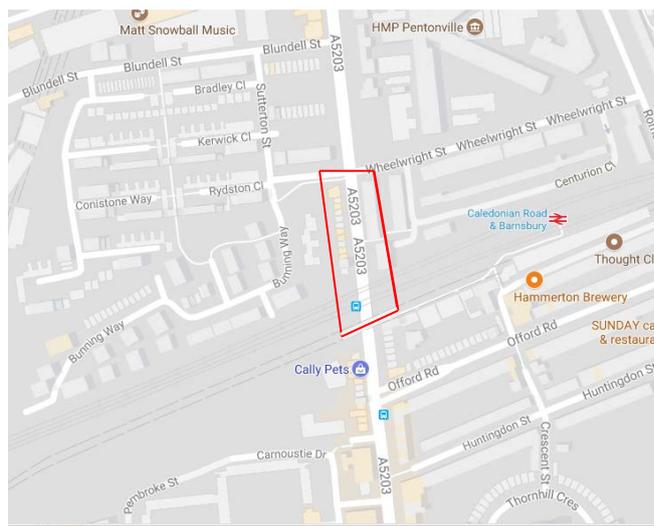
32. King's Cross has undergone some radical changes in recent years as a result of redevelopment creating King's Cross Central across the border in Camden and Regent's Quarter in Islington.

33. These changes, as well as the proposed developments in the area, have already led to an increase in the numbers of licence applications and an associated increase in representations from residents and ward councillors citing problems with cumulative impact issues such as noise disturbance, drunken fights and crime due to intoxicated persons in the area.

34. Due to its proximity to Kings Cross station the area is regularly used by visitors to sporting and other large scale events in London and whilst it is recognised that the overwhelming majority of visitors are well behaved, a small minority are associated with public nuisance and crime and disorder and

antisocial

35. Licensing Authority is committed to working with potential applicants and existing licence holders to maintain a well-managed evening economy that meets residents and business needs whilst minimising any adverse impacts in terms of crime, disorder, nuisance and antisocial behaviour.
36. The Licensing Authority recognises that it has to balance the needs of businesses with those of local residents and it will utilise its Licensing Policy to address these local issues:
- Adverse impacts associated with late night venues
 - Alcohol related antisocial behaviour
 - Negative impacts associated with visitors attending large scale sporting and other events
37. The review of our Licensing Policy in 2017 confirmed that the cumulative impact policy for Kings Cross had achieved its objective and that this policy should continue for a further 5 years however feedback from members and residents indicated that the area should be extended along Caledonian Road to Frederica Street.
38. The map below shows the area outlined in red which we propose to include in the Kings Cross Cumulative Impact Area



39. Within the scope of the extended Kings Cross cumulative impact area the Licensing Authority is able to give more detailed guidance on the sort of applications that could be considered to be an exception to the cumulative impact policy.

Possible exceptions to the extended Kings Cross Cumulative Impact Policy

40. Applications with comprehensive operating schedules that meet all the following criteria may be viewed as promoting the licensing objectives:

- Premises that are not alcohol led
- Premises with hours of operation consistent with framework hours
- Premises supplying alcohol for consumption on the premises with robust arrangements to prevent vertical drinking, for example fully seated venues

ANGEL AND UPPER STREET CUMULATIVE IMPACT AREA

41. The map below shows the Angel and Upper Street Cumulative Impact Area:



42. Angel and Upper Street supports a diverse and vibrant evening and night time economy and the Licensing Authority is committed to working with potential applicants and existing licence holders to ensure that licenced premises are well managed and any negative impacts on local residents in terms of crime, disorder, nuisance and antisocial behaviour are minimised.
43. As a successful visitor destination, licenced premises in Angel and Upper Street make a significant contribution to the to the reputation and economic prosperity of Islington. The area is renowned for being a vibrant place to live, work and socialise with a diverse evening economy characterised by a wide range of restaurants and cafes, pub and bars, live music venues, theatres, 2 cinemas and many interesting niche or independent shops
44. Whilst many of the licenced venues operating in the area demonstrate high levels of commitment to providing safe and welcoming evening and night time environment the area continues to feature as as alcohol related crime hotspot.

45. The Licensing Authority recognises that it has to balance the needs of businesses with public service and residents and it will utilise its Licensing Policy to address these local issues:

- a) the impact of late night venues on local residents
- b) alcohol related crime and violence
- c) providing safe and secure venues, especially for women and young adults

46. The review of Licensing Policy in 2017 confirmed that the cumulative impact policy for Angel and Upper Street had achieved its objective and that this policy should continue for a further 5 years

47. Within the scope of the Angel and Upper Street Cumulative Impact area the Licensing Authority is able to give more detailed guidance on the sort of applications that could be considered to be an exception to the cumulative impact policy.

Possible exceptions to the Angel and Upper Street Cumulative Impact Policy

48. Applications with comprehensive operating schedules that support the evening economy and that meet all the following criteria may be viewed as promoting the licensing objectives:

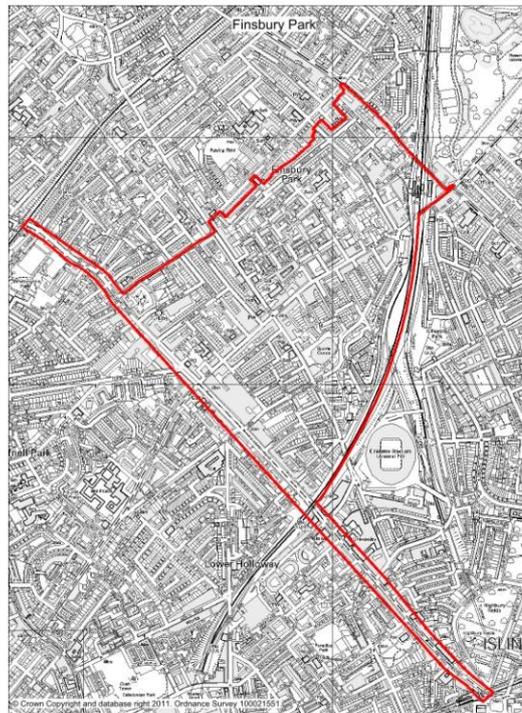
- a. Premises with hours of operation consistent with framework hours
- b. Premises that change the area from being a place where people live, work and shop to an area where people socialise in the early evening,
- c. Retail premises with off sales of alcohol ancillary to the main activity of the premises where the risk that this will result in drinking alcohol in the street is minimal
- d. Alcohol lead premises providing seating for 100% customers and operating within the framework hours

49. It is expected that all applicants will be prepared to

- Actively support Pubwatch through regular attendance and engagement at meetings
- Achieve Operation Nightsafe Best Practice Standards

HOLLOWAY AND FINSBURY PARK CUMULATIVE IMPACT AREA

50. The map on the next page shows the Holloway Road and Finsbury Park Cumulative Impact Area:



51. This commercially busy area of Islington includes Holloway Road, Nags Head Town Centre and Finsbury Park.
52. Regeneration in Finsbury Park is attracting new businesses and the Licensing Authority is committed to supporting the development of a new grass roots live music hub in the area.
53. Whilst many licenced premises in the wider Holloway and Finsbury Park area are well managed a combination of the economic viability of some businesses and the high turnover of proprietors continues to impact on management standards and licenced businesses operating in the area have made a disproportionate demand on the Licensing Authority's enforcement resources.
54. Licensing Authority is committed by working with potential applicants and existing licence holders to maintain a well-managed evening economy that meets residents and business needs whilst minimising any adverse impacts in terms of crime, disorder, nuisance and antisocial behaviour.
55. The Licensing Authority recognises that it has to balance the needs of businesses with those of local residents and it will utilise its Licensing Policy to address these local issues:
 - a) Adverse impacts associated with the late night venues
 - b) Alcohol related antisocial behaviour, especially as a result drinking in the street
 - c) Negative impacts associated with visitors to large scale sporting and other events

56. The review of our Licensing Policy in 2017 confirmed that the cumulative impact policy for Holloway and Finsbury Park had achieved its objective and that this policy should continue for a further 5 years.

57. Within the scope of the Holloway and Finsbury Park cumulative impact area the Licensing Authority is able to give more detailed guidance on the sort of applications that could be considered to be an exception to the cumulative impact policy.

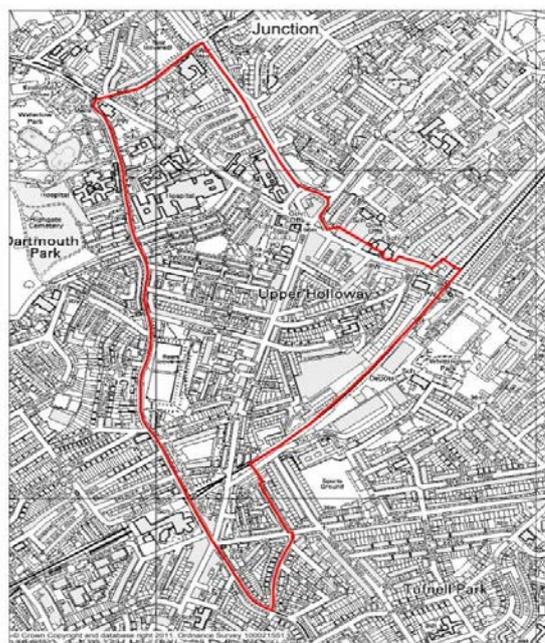
Possible exceptions to the Holloway and Finsbury Park Cumulative Impact Policy

58. Applications with comprehensive operating schedules that are consistent with framework hours and that meet the following criteria may be viewed as promoting the licensing objectives:

- a) Premises that are not alcohol led
- b) Premises with hours of operation consistent with framework hours
- c) Premises providing live music and other cultural activities
- d) Premises implementing match and event day controls in Licensing Policy 15 where recommended by the Police or Licensing Authority

ARCHWAY CUMULATIVE IMPACT AREA

59. The map below shows the Archway Cumulative Impact Area:



60. One of the main issue of concern in the Archway Cumulative Impact area is the number of off licences operating in the area and the impact that widely available alcohol is having on local residents in terms of nuisance and

antisocial behaviour, and public services dealing with alcohol related ambulance call outs and crime and disorder.

61. Not only does the area have one of the highest concentrations of off licences of any ward in the borough, with an average of one off licence per 317 residents, the area is home to Whittington Hospital, mental health facilities as well a busy transport hub. These pressures contribute to cumulative impacts and the Licensing Authority response has been to maintain the cumulative impact policy for the area and to introduce bespoke framework hours for off licences in Archway.
62. To address the imbalance, the Licensing Authority wants to encourage applications that bring cultural opportunities for residents and it is committed to working with potential applicants and existing licence holders to establish a diverse well-managed evening economy that meets residents and business needs whilst minimising any adverse impacts in terms of crime, disorder, nuisance and antisocial behaviour.
63. A secondary issue of concern is late night venues, including late night takeaways and the Licensing Authority will continue to apply its cumulative impact policies in relation to these types of application where representations are submitted by responsible authorities or residents.
64. The Licensing Authority recognises that it has to balance the needs of businesses with those of local residents and it will utilise its Licensing Policy to address these local issues:
- Adverse impacts associated with premises supplying alcohol for consumption off the premises
 - Alcohol related antisocial behaviour associated with drinking alcohol in the street
 - Lack of venues providing leisure and social activities
 - Negative impacts associated with late night venues
65. The review of our Licensing Policy in 2017 confirmed that the cumulative impact policy for the Junction area of Archway had achieved its objective and that this policy should continue for a further 5 years however within the scope of this policy the Licensing Authority is able to give more detailed guidance on the sort of applications that could be considered to be an exception to the cumulative policy for Archway

Possible exceptions to the Archway Cumulative Impact Policy

66. Applications with comprehensive operating schedules that meet all the following criteria may be viewed as promoting the licensing objectives:
- a) Premises that do not supply alcohol for consumption off the premises
 - b) Premises providing cultural activities

- c) Premises supplying alcohol for consumption on the premises with robust arrangements to prevent vertical drinking, for example fully seated community pubs
- d) Premises supplying alcohol operating to the following framework hours:

Monday to Sunday 9 am to 11 pm

OFF SALES OF ALCOHOL FROM SHOPS AND OTHER PREMISES

Licensing Policy 4

The Licensing Authority has adopted a special policy relating to cumulative impact in relation to shops and other premises selling alcohol for consumption off the premises.

This special policy creates a rebuttable presumption that applications for the grant or variation of premises licences or club premises certificates which are likely to add to the existing cumulative impact will normally be refused or subject to certain limitation, following the receipt of representations, unless the applicant can demonstrate in the operation schedule that there will be no negative cumulative impact on one or more of the licensing objectives

- 67. The Licensing Authority's cumulative impact and framework hours' policies have been successful in reducing negative impacts associated with late night supplies of alcohol however more needs to be done to deal with cumulative impacts arising from the supply of alcohol for consumption off the premises.
- 68. The number of off licences operating in the borough in most areas has reached the cumulative impact threshold and in areas where there is a successful evening and night time economy off sales of alcohol are contributing to cumulative impacts as result of preloading.
- 69. Feedback from Partners working in Health, the Emergency Services and Adult Social Care and at our Alcohol Summit in 2017 indicated that more had to be done to control the ease of access to alcohol in street drinking hotspots and areas visited by vulnerable people during the day.
- 70. Public Health data on impact of underage drinking shows that whilst Islington is seeing a downward trend in alcohol related hospital admissions and ambulance callouts amongst under 18's the rate is significantly higher than the average rate for London and England.
- 71. As a result, the Licensing Authority has adopted a special cumulative impact policy with respect to off sales of alcohol.
- 72. This special policy is not absolute. Each application will considered on its merits and the Licensing Authority shall grant applications that are unlikely to add to the cumulative impact on the licensing objectives.

73. After receiving representations in relation to a new or variation application the licensing authority will consider whether it would be justified in departing from this special policy in the light of the individual circumstances of the case.
74. The impact of an application can be expected to be different for premises operating in different areas. If the licensing authority decides that an application should be refused, it will still need to show that the grant of the application would undermine one or more of the licensing objectives and that conditions or restrictions would be an ineffective solution.

Possible exceptions to the cumulative impact policy for off sales of alcohol

75. Applications with robust operating schedules that meet all the following criteria may be viewed as promoting the licensing objectives:
- a) Specialist premises selling alcohol ancillary to main activity of business e.g. florist providing champagne with flowers, cheese shop selling wine to accompany cheese
 - b) Premises that can demonstrate that the risk of alcohol purchased from the premises being consumed on the street is minimal due to the nature and type of alcohol being sold
 - c) Premises that are not in the vicinity of schools, wet or dry centres, mental health establishments nor street population hotspots
 - d) Premises outside the area based cumulative impact areas
76. All applicants and licence holders are expected to demonstrate high standards of management through their operating schedules and it is expected that these will provided details of
- Competency arrangements for staff and managers
 - Induction and refresher training
 - Challenge 25
 - Procedures in place to prevent the sale of illicit alcohol
 - Reduce the strength policies
 - Arrangements for communicating with staff and customers

LICENSING HOURS

Licensing Policy 5

Where representations are received from responsible authorities or other persons the Licensing Authority may seek to restrict hours of opening where it is appropriate to promote the licensing objectives.

The Licensing Authority may impose further limitations on hours upon review of the licence, particularly where the premises are shown to be the focus or cause of nuisance or anti-social behaviour.

77. The Licensing Authority supports the principle of flexibility in its approach to

licensing hours and will consider the merits of each individual application however it is mindful that Islington has become saturated with late night premises selling alcohol and it is concerned about the cumulative impact that the proliferation of late night venues and retailers in the borough is having on the promotion of the licensing objectives.

78. The Licensing Authority is mindful of the argument that in some situations, longer licensing hours for the sale of alcohol can help to minimise the impact of large concentrations of customers leaving premises simultaneously. In Islington, many licenced premises are already open into the early hours of the morning and this has contributed to the development of a thriving evening and night-time economy
79. Balanced against this is the evidence in Islington that extended opening hours has seen increased levels of crime and anti-social behaviour such as noise and disturbance to local residents living near licenced premises, fast food outlets, bus stops, train and underground stations that continues through the early hours of the morning.
80. Later opening hours can also impact on the response times for the Police, Fire and Ambulance Service as peak demand for their services extends across the night and early hours of the morning, correlating with the increase in late opening. The number of late night premises is now at a level where to allow more would adversely impact on this balance

Licensing policy 6

When dealing with new and variation applications the Licensing Authority will give more favourable consideration to applications with the opening and closing times listed in the table below:

Public Houses and Bars	Sunday to Thursday	8am to 11pm
	Friday and Saturday	8am to midnight
Nightclubs	Sunday to Thursday	8am to 1am the following day
	Friday and Saturday	8am to 2am the following day
Restaurants Cafes & Coffee Shops	Sunday to Thursday	8am to 11pm
	Friday and Saturday	8am to midnight
Hot food and drink supplied by takeaways & fast food premises	Sunday to Thursdays	11pm to midnight
	Friday and Saturday	11pm to 1am the following morning
Off Licences	Monday to Sundays	8am to 11pm
Hotels - residents only :	Monday to Sundays	24 hours sale of alcohol

Hotels- guests and non-residents	Sunday to Thursdays	8am to 11pm
	Friday and Saturday	8am to midnight
Shops and off sales of alcohol in Clerkenwell	Monday to Thursday	8am to 11pm
	Friday	8am to 8pm
	Saturday	10am to 8pm
	Sunday	10am to 11pm
Premises selling alcohol in Archway	Monday to Sunday	9am to 11pm
Premises selling alcohol for consumption off the premises in high risk areas*	Monday to Sunday	10am to 11pm

***High risk areas includes premises in the in vicinity of schools, wet or dry centres, mental health establishments or street population hotspots**

81. The above hours are intended to guide applicants on the Licensing Authority's expectations when preparing their Operating Schedules. The above hours are not pre-determined and each application will be considered on its merit. In some situations, local issues may indicate that shorter licensing hours are appropriate to promote the licensing objectives.

82. Applicants for premises licences falling outside the above hours are expected to fully explain in their operating schedule the arrangements that they will put in place to ensure that the premises will not add to the cumulative impact. Operating schedules with insufficient detail are more likely to be refused, attract limitations in hours, or have conditions imposed on them by the Licensing Authority.

83. For applications within the above hours there is no presumption that the application will automatically be granted in all cases where relevant representations are made. If no representations are received, the application will be granted by the Licensing Authority under delegated powers.

84. A comparison of alcohol related violence prior to deregulating licensing hours in 2004 with 2011 shows that in 2004 alcohol related crime peaked between the hours of 11pm and midnight. By 2011 the peak hours for alcohol related crime had expanded and shifted to midnight to 5am with a corresponding 600% increase in alcohol related crime.

85. Furthermore, the Licensing Authority considers that the possibility of disturbance to residents is more likely to occur at night and in the early hours of the morning and despite the best efforts of businesses to manage the

dispersal of patrons it can be very difficult to eliminate any such disturbance to residents when patrons have left the vicinity of a licenced premises.

86. Applicants who wish to provide licensable activities outside the hours specified above should ensure that the operating schedule specifies detailed measures to mitigate against crime, disorder and public nuisance taking into account:

- the location of the premises and the character of the area in which they are situated
- the proposed hours during which licensable activities will take place
- the adequacy of the applicant's proposals to prevent crime and disorder and prevent public nuisance
- whether customers have access to public transport when arriving at or leaving the premises
- the proximity of the premises to other licensed premises in the vicinity and the hours of operation of those other premises policies and proposals for the orderly dispersal of customers.

THE OPERATING SCHEDULE

Licensing Policy 7

The Licensing Authority seeks to encourage the highest standards of management in licensed premises and expects this to be demonstrated through the operating schedule.

In particular, it expects applicants to:

- **explain how they will promote the licensing objectives**
- **address the relevant guidance in this policy.**

87. The operating schedule must include all information necessary to enable the Licensing Authority, responsible authorities or other persons to assess whether the steps outlined for the promotion of the licensing objectives are satisfactory. This will mean that applicants will need to complete their own detailed risk assessments on their businesses prior to completing their operating schedule.

88. Where the operating schedule does not provide enough details, there is an increased likelihood that representations will be made and that the Licensing Committee hearing the application will have insufficient information to satisfy itself that the application will promote the licensing objectives.

89. Applicants are reminded that the late submission of additional written evidence to support an operating schedule should be submitted at least 2 clear working days prior to the Licensing Committee hearing to allow the Licensing Committee and any responsible authority or residents making representations to consider the new information before the start of the hearing.

90. Any proposed changes to the operating schedule must be notified to the Licensing Authority and depending on the nature of the changes proposed, the Licensing Authority may require a new premises licence application or the submission of an application to vary the existing licence.

MANAGEMENT STANDARDS

Licensing Policy 8

When assessing the applicant's or licensee's ability to demonstrate a commitment to high standards of management the Licensing Authority will take into account whether the applicant or licensee:

- **can demonstrate comprehensive knowledge of best practice**
- **has sought advice from the responsible authorities**
- **has implemented any advice that been given by the responsible authorities**
- **is able to understand verbal and written advice and legal requirements**
- **can demonstrate knowledge of the licensing objectives, relevant parts of the Licensing Policy and their responsibilities under the Licensing Act 2003**
- **is able to run their businesses lawfully and in accordance with good business practices**
- **can demonstrate a track record of compliance with legal requirements**
- **can explain how they will brief staff on crime scene preservation**

Where there is a history of non-compliance associated with the management of the premises the Licensing Authority is unlikely to grant a new or variation application, or permit premises to continue to operate without further restrictions on review, unless there is evidence of significant improvement in management standards.

91. The Licensing Authority is committed to promoting high standards of management in all licenced premises and expects applicants and licensees to demonstrate this through their operating schedule and management practices. Experience indicates that where these requirements are not adhered to the licensing objectives are likely to be undermined.

DIVERSITY IN THE EVENING AND NIGHT TIME ECONOMY

Licensing Policy 9

The Licensing Authority seeks to promote applications for venues that are not alcohol led. Mixed use venues, with alcohol sales being offered to customers alongside entertainment or food, and applications for premises that will provide an all seated environment for customers are encouraged.

Applications for premises licences to provide vertical drinking are not encouraged but if made, the operating schedule will be expected to demonstrate robust arrangements for promoting the licensing objectives.

92. Islington already has a large number of licensed premises operating in a densely populated area. Our experience has shown that the design and offer within premises has a strong influence on levels of drinking and behaviour.
93. The Licensing Authority wants to encourage and support diversity in the evening and night time economy and welcomes applications for mixed use premises or premises where alcohol is not the dominant feature so as to broaden the appeal to a wider range of people.

CULTURAL VENUES

Licensing Policy 10

The Licensing Authority wishes to encourage more cultural spaces to be opened in the borough so that the cultural offer is widely available and accessible to residents and visitors.

94. The Licensing Authority aims to balance its support for community entertainment to encourage and celebrate cultural diversity with the need to provide safe venues and events which do not have an adverse impact in terms of crime, disorder, and public nuisance. It also wants to encourage small scale live music, grassroots live music, dancing and theatre in licensed premises for the wider cultural benefit of communities generally.
95. The borough boasts key creative hubs in the performing arts and in the performing arts training sector, most notably dance and theatre which alongside a vibrant music, literature and visual arts offer support a bustling evening economy. Islington is proud of its live music scene and Licensing Authority and wants to build on recent successes to support grass roots music venues setting up in the borough.
96. The Licensing Authority supports and encourages communities to celebrate culture at grass roots level and promotes community use of the council's own venues, open spaces and parks. To support and encourage community use, 15 of our parks and open spaces are licenced for entertainment
97. Where issues arise with activities in existing premises because of new developments or change in existing arrangements in the locality, the Licensing Authority will encourage informal and formal dialogue avenues between interested parties before any review measures are instigated. The Licensing Authority will take due regard of adherence to this approach when considering any review applications for premises providing this type of activity.

WORKING TOGETHER AND SUPPORTING BEST PRACTICE

Licensing policy 11

The Licensing Authority believes that applicants and premises licence holders operating, or aspiring to operate, well managed premises will want to work with responsible authorities to develop, support and share best practice. There are a number of schemes that the Licensing Authority promotes to support this objective:

- **Participation in local pubwatch**
- **Operation Nightsafe – Best Practice for Managing Venues**
- **Operation Nightsafe – Best Practice for Managing Off Licences**
- **The Licensees Charter - Pubs, bars and clubs to adopt**

PUBWATCH

98. The borough-wide pubwatch network encourages licensees to work together to promote the licensing objectives in their premises by providing a forum for sharing information, disseminating best practice and meeting with representatives of the licensing authority, the police and other responsible authorities.
99. The Licensing Authority encourages all licensees to actively participate in their local pubwatch scheme and it will support the development of more schemes where there is a demand.

OPERATION NIGHTSAFE BEST PRACTICE

100. Operation Nightsafe Best Practice standards, based on the nationally recognised Best Bar None Award, have been developed by the Licensing Authority, Police and licenced trade representatives on the Late Night Levy Board. The standards were originally designed for late night venues and off licences but the principles can be applied to all premises.

LICENSEES' CHARTER

101. The Charter, developed in conjunction with businesses and residents, is designed help licensed venues minimise the negative impacts of their business whilst respecting rights of customers and residents. The Licensing Authority is keen to encourage all pubs, clubs and bars to adopt the Charter.

TRAINING AND BRIEFING SESSIONS

102. From time to time the Licensing Authority will arrange or facilitate bespoke training and briefing sessions to assist premises licence holders with their responsibilities to operate safe and compliant businesses. Recent examples include Selling Age Restricted Products, Protective Security Awareness

Business Continuity Management, Music Venue Project and the Alcohol Summit. Licence holders are encouraged to attend these events so that best practice can be widely disseminated.

TEMPORARY EVENT NOTICES

Licensing Policy 12

When considering objections to temporary event notices the Licensing Authority will consider the:

- **circumstances of the objection**
- **the applicant's willingness to comply with the conditions attached to the premises licence**
- **history of complaints**
- **the track record of the applicant**
- **any other proposed control measures to mitigate the objection**
- **the notice has been submitted within an appropriate time for the responsible authorities to assess the event**

103. The majority of temporary event notice applications are accepted by the licensing authority as requested. Where representations are received from the responsible authorities (Police or Environmental Health) the Licensing Authority will issue a counter notice which either prohibits the event taking place or advises that the matter will be determined by the Licensing Committee.

104. The Licensing Authority expects anyone submitting a temporary event notice to consider the concerns of the responsible authorities and to implement appropriate measures to mitigate against the risk of the event undermining the licensing objectives.

105. Whilst the Licensing Act 2003 prescribes minimum timescales for temporary event notices, events requiring an event management plan, noise management plan or those that fall within the of an event that needs to be presented to a Safety Advisory Group meeting will require a longer lead in time.

RISK ASSESSMENTS

Licensing Policy 13

The Licensing Authority expects all applicants, premises licence holders and people submitting temporary event notices to undertake a comprehensive risk assessment to ensure that the four licensing objectives are considered and appropriate control measures put in place to promote the licensing objectives.

Risk assessments should be completed prior to licensable activities taking place on a premises and updated for non-routine events such as externally promoted events. These include events such as:

- externally promoted events that could be deemed high risk
- events with alcohol that could attract a younger audience
- mixed age group activities
- events that run beyond the framework hours
- events with special effects or activities that require specialist risk assessments
- where there is an existing condition on the premises licence.

106. Further advice on event safety and risk assessment can be found on the following websites:

<https://www.islington.gov.uk/libraries-arts-and-heritage/arts/organising-an-event/guides-insurance-and-risk-assessment>

and

<http://www.hse.gov.uk/event-safety/running.htm>

107. For externally promoted events premises licence holders are encouraged to use the Metropolitan Police Promotion/Event Risk Assessment Form 696 and submit at least 14 days before the event and to:

CO14@met.police.uk,
licensing@islington.gov.uk
ni_licensing@met.police.uk

108. Form 696A, After Promotion/Event Debrief, should also be emailed to the above after the event.

ALCOHOL INDUCED CRIME, DISORDER AND ANTISOCIAL BEHAVIOUR

Licensing Policy 14

The Licensing Authority expects licensees to operate to the highest standards of management, and to cooperate with responsible authorities, to prevent:

- alcohol induced crime, disorder and antisocial behaviour inside, outside and in the near vicinity of premises
- the sale of alcohol to underage children
- serving alcohol to customers who are drunk
- drunkenness on premises
- irresponsible drinks promotions
- street drinking in the local vicinity

Specific measures may include:

- A designated outside drinking area
- A specified time for outdoor areas to be clear
- Measures in place to monitor and supervise customers in outside

- drinking areas**
- **The use of CCTV**
- **Door supervisors**
- **Operational policies underpinned by staff training and management support**
- **Refrain from selling high strength alcohol**
- **Preventing pavement obstructions**
- **ID scanning scanning**

Where the Licensing Authority receives representations from responsible authorities that the management of a premise is supporting such activities, or that there is strong evidence linking patrons with alcohol related crime, disorder or antisocial behaviour the Licensing Authority will consider reviewing the licence to impose appropriate sanctions to prevent or minimise the impact.

109. Applicants and licence holders are expected to work with the Licensing Authority and Police to minimise the risk of alcohol induced crime, disorder and antisocial behaviour. Where localised problems exist licence holders are expected to implement additional robust measures to minimise adverse impacts on residents and public services.
110. Where appropriate the Licensing Authority will consider imposing controls on products sold where representations indicate localised problems. This provision could include banning the sale of super strength beer, larger and cider in premises or banning specific promotions, as part of a package of measures to deal with problems associated with drinking in the street.

SELLING ALCOHOL ON EVENT AND MATCH DAYS

Licensing policy 15

The Licensing Authority expects all applicants and premises licence or certificate holders to support the council in promoting public safety and minimising alcohol related crime and disorder on large scale event and match days by including the following large scale event and match day arrangements listed below in their operating schedules:

- **Refrain from selling alcohol until 11 am on Monday to Saturday and midday on Sunday, unless otherwise agreed with the police.**
- **Manage patrons drinking outside the premises in designated areas using registered door supervisors.**
- **For 4 hours before advertised start of the match or event and until 1 hour after the match or event finishes to only sell alcohol in plastic containers, save in an area set aside from for the consumption of food commencing i.e. restaurants, area set aside from main bar in public house for the primary consumption of food.**

- **To not support the consumption of alcohol in glass containers on the public highway including any dedicated authorised tables and chairs licence.**

111. The above restrictions apply to all shops, off licence, pubs, bars and restaurants that may attract football supporters at any designated match at Emirates Stadium or people attending large scale events at either at the Emirates Stadium or Finsbury Park. A large scale events is defined as an event with an expected capacity in excess of 10,000.

112. The Licensing Authority has specific concerns about the consumption of alcohol in public places on these occasions and the potential that this has on local residents and public services in terms of alcohol induced disorder and anti-social behaviour, increased litter, and the necessity for Police or Local Authority intervention. Premises licence holder are also expected to:

Not knowingly sell alcohol to persons where the licence holder suspects it will be consumed on the public highway or adjacent public spaces.

USE OF TOUGHENED GLASS AND POLYCARBONATES

Licensing Policy 16

The Licensing Authority expects applicants and licence holders to take a risk based approach to the use of toughened glassware and polycarbonate.

The Licensing Authority will consider imposing a condition prohibiting the sale of alcohol in annealed glass containers (glasses and bottles) and require the use of polycarbonate or other safer alternatives where:

- **local needs dictate**
- **a relevant representation is received**
- **the premises are operating beyond midnight**
- **the licence permits drinking outside**

113. Evidence indicates that the majority of incidents with lacerations from annealed glass occurring inside licensed premises are accidents. However, some are malicious and cause horrific injuries and lifetime scarring. In recent years there have been a number of high profile cases where people have suffered serious injuries resulting from glass attacks.

114. Outside premises, glass containers, as well as being potential weapons, add to street debris, pose risks to street cleaners and pedestrians and generally undermine the objective to minimise public nuisance.

115. The Licensing Authority believes that the use of safer alternatives to annealed glass will help promote public safety and the prevention of crime and disorder in licensed venues.

116. The Licensing Authority will take into account the nature of the venue when considering imposing conditions restricting the use of glass, including the uses of bottled drinks. Considerations will include:
- the type of venue
 - the customer base
 - the hours of operation
 - the standard of management demonstrated by the current licensee
 - the history of alcohol related crime and disorder associated with the premises
 - the extent to which drinking is permitted outside
 - the licensee's risk assessment
 - the views of the local police

ILLICIT GOODS

Licensing Policy 17

The Licensing Authority expects applicants and premises licence holders to have arrangements in place to prevent the sale of illicit, non-duty paid or stolen goods.

Where arrangements are not proposed or in place the Licensing Authority will impose licence conditions or sanctions that are appropriate for promoting the licensing objectives.

117. The Licensing Authority expects applicants and premises licence holders to understand that the supply of illicit, non-duty paid or stolen goods undermines the licensing objective to prevent crime and disorder. The criminal offence of fraud, arising from illicit trade, can occur as a result of non-payment of duty, theft or counterfeiting. Premises selling alcohol are expected to have procedures in place to prevent the sale of illicit alcohol including:
- a purchasing policy
 - product recall arrangements
 - training of all staff, including casual staff
118. The sale of illicit goods, such as non-duty paid tobacco will be considered as evidence of poor management. Foreign tobacco should not be kept anywhere on the premises, except for one single pack for the legitimate personal use for members of staff, and quantities in excess of this will be deemed to be tobacco intended for sale to customers.

DRUG POLICIES

Licensing Policy 18

The Licensing Authority is committed to ensuring that, where appropriate, the

design and management of licenced venues maximises the safety of customers, performers and staff. The Licensing Authority will normally expect the submission of a drug policy as part of the operating schedule for applications for new premises licences and for variations to existing licences for night clubs and similar premises.

Where there are issues of concern the Licensing Authority will expect to see evidence that the drug policy has been implemented and reviewed.

119. Within the context of promoting the licensing objectives for preventing crime and disorder and ensuring public safety the Licensing Authority expects applicants and licensees to:

- take all reasonable steps to prevent the entry of drugs into licensed premises
- take all reasonable steps to prevent drugs changing hands within the premises
- train staff to recognise understand the signs of drug misuse in people so that practical steps can be taken to deal with any instances that occur
- have appropriately trained staff to deal with drug related incidents
- display appropriate drug safety awareness information for customers
- provide a first aid room and first aid equipment, including a defibrillator in larger venues
- deploy staff trained to assist with medical incidents
- implement a robust banning policy for persons found in possession of drugs

SAFER TRAVEL AT NIGHT

Licensing Policy 19

In determining late night applications, the Licensing Authority will consider the arrangements for securing safe access to public transport facilities for customers leaving the premises.

The Licensing Authority expects late night venues to include safer travel arrangements for departing customers in their operating schedule.

Appropriate arrangements may include:

- **ease of access to late night public transport in the local area**
- **making facilities available for customers to contact a local taxi firm**
- **facilities to allow patrons to wait for taxis and mini cabs in a safe environment where they will not cause disturbance to local residents**
- **taxi queue management**
- **provision of clear, accessible, comprehensive and up-to-date information to customers**

- **proposals deterring illegal mini cabs touting for business outside the venue**
 - **appropriate staff training programme**
120. Applicants for new licences and those wishing to increase their operational hours or the capacity of their premises will need to demonstrate that due consideration has been given to arrangements for the quick, safe and quiet dispersal of customers from their venues. The emphasis should be on promoting public transport, taxis and licenced mini cabs as car parking facilities are limited and experience indicates that customers parking cars in residential areas often create noise and interrupts the sleep of local residents
121. The Licensing Authority is concerned about the impact of mini cabs waiting outside licensed premise on nearby residents and the nuisance and safety issues arising from unlicensed mini cabs touting for business outside venues. It expects licensees to proactively manage the demand for taxis and mini cabs and to minimise their impact on residents. It also expects applicants and licence holder to implement measures to support enforcement agencies dealing with illegal mini cabs.

SAFE AND SECURE LICENSED VENUES

Licensing Policy 20

In determining applications for pubs, clubs and bars the Licensing Authority will expect the applicant to explain its approach to creating a safe and secure environment for everyone, including safeguards to mitigate against sexual harassment of women and the protection of young adults in licenced venues.

122. Whilst aiming to create safe and secure environment for everyone working and socialising in in pubs, clubs and bars licenced premises the Licensing Authority wants to encourage applicants and premises licence holders to consider arrangements that could be put in place to manage the risk of sexual harassment of women and to protect young adults.
123. Applicants and licence holders for these types of venues should include women's safeguarding measures in their operating policies and are encouraged to consider adopting the following measures as appropriate:
- Promoting 'Ask Angela'
 - Display posters which discourage harassment and encourage reporting to staff/managers
 - Take every report of harassment seriously and take appropriate action
 - Take steps to support person who report sexual harassment
 - Train and support staff implementing venue policies
 - Proactive measures to ensure women leave the venue safely
 - ID scanning at venues attracting a younger clientele (18-25 year olds)

PUBLIC NUISANCE

Licensing Policy 21

The Licensing Authority is committed to preventing public nuisance by protecting the amenity of residents and businesses in the vicinity of licensed premises. Applicants and premises licence holders are expected to address these issues in their operating schedules.

Where relevant representations are received, the Licensing Authority will impose appropriate restrictions or controls on the licence to support the prevention of public nuisance due to

- **light pollution**
- **odour, smells and smoke**
- **litter, waste and street fouling**
- **flyposting**
- **highways and pavement obstructions**
- **noise**
- **recycling facilities**
- **deliveries and collections**
- **outside drinking, eating and smoking**
- **dispersal of patrons**
- **urinating in public**

124. Public nuisance can apply to a wide range of activities that prevent residents, members of the public or other businesses carrying out their normal activities or that cause the council to have to take remedial action. The Licensing Authority expects applicants and premises licences holders to implement measures to minimise public nuisance associated with the above.

125. Further advice on the measures that should be considered appropriate to prevent public nuisance in relation to light pollution, odours, litter, waste and street fouling can be found in appendix B

NOISE ASSOCIATED WITH LICENSABLE ACTIVITIES

Licensing Policy 22

The Licensing Authority is committed to protecting the amenity of residents and businesses in the vicinity of licensed premises, particularly when late hours have been sought. Where relevant representations are received the Licensing Authority will impose appropriate restrictions and controls on the premises licence to prevent public nuisance and undue disturbance to local residents from licensed premises

126. Complaints about antisocial behaviour and noise in Islington have risen substantially over the last ten years and the expansion of the night-time

economy has increased noise within urban settings above the national average. It is in the context of these trends that noise disturbance from licensed premises will be considered by the Licensing Authority. The Licensing Authority will seek to balance the protection of residents from undue disturbance against noise and the activity that is the natural by-product of people going about their business, entertainment or leisure.

127. The Licensing Authority expects that premises intended for the provision of noise-generating licensable activities are acoustically controlled and engineered to a degree whereby the noise from the premises when compared to the ambient noise level will not cause undue disturbance. The Licensing Authority recognises specific difficulties associated with other premises structurally linked to would-be licensed premises and the limit of sound insulation performance that can be achieved. In some circumstances licensed premises with amplified music above the volume level of acoustic musical instruments adjoining residential properties may not be appropriate.
128. There are exemptions for live and recorded music from being licensable activities in certain circumstances. Licensees and applicants must recognise that these activities may still give rise to noise nuisance and be aware of remedies available to the Council should noise nuisance be established. Licensees should work in partnership with the relevant officers to avoid the need for enforcement action to abate noise nuisance once informed of any issues.
129. Where the Licensing Authority receives representations or a review application in relation to deregulated entertainments it will seek to impose restrictions or conditions that are appropriate for preventing noise nuisance. Licensees should be aware that the Licensing Authority can apply to have a deregulation removed by means of review of the premises licence.

NOISE FROM DELIVERIES AND COLLECTIONS

Licensing Policy 23

Licence holders and applicants are encouraged to consider whether early morning deliveries and collections to their premises could potentially result in a public nuisance and to introduce measures to minimise the impact where appropriate. The Licensing Authority recognises that refuse collection and delivery times can sometimes be outside the control of the premises licence holder but encourages the appointment of contractors who can carry out collections and deliveries during normal hours of work and outside the night time hours of 23:00 to 07:00. Collections of bottles and other waste glass should be avoided during the above hours.

130. Licence holders and applicants are encouraged to consider whether early morning or overnight deliveries to and collections from their premises could potentially disturb residents in the vicinity resulting in public nuisance. It is recommended that licensees and applicants consider this aspect of their

business and introduce measures to minimise noise impact of their activities during night-time hours which according to the World Health Organisation should be a period of 8 hours between 23:00 – 07:00 local time.

131. Applicants should consider suitable provision for refuse storage, recycling facilities and other waste inside premises in order to facilitate daytime collections. Waste and materials for recycling should not be stored on the public highway.
132. Where representations are received from local residents in the vicinity of licensed premises stating they are being disturbed by early morning or night time collections and deliveries, the applicant or premises licence holder will be requested to renegotiate different times outside the night time period with their contractors and to liaise with local residents where appropriate to seek agreements on acceptable hours. In the event that informal agreements cannot be reached the appropriate Responsible Authority may seek to impose delivery and collection times as conditions on premises licences by means of review of the premises licence where they do not already exist.

SMOKING, DRINKING AND EATING OUTSIDE.

Licensing Policy 24

The Licensing Authority recognises that where gardens and tables and chairs outside are provided for smoking, drinking or eating, users can cause nuisance.

Where smoking, eating and drinking takes place outside the Licensing Authority expects applicants to provide comprehensive details in their operating schedule on:

- **the location of outside areas to be available for use**
- **how the outside areas will be managed to prevent:**
 - **noise**
 - **smell**
 - **pavement obstructions**

Where the Licensing Authority receives representations or a review application regarding the use of an outside area it will impose restrictions or conditions that are appropriate for preventing a public nuisance.

133. The provision of tables and chairs outside the premises, either on the highway or on private land, and the provision of beer gardens, can enhance the attractiveness of the venue. It can have the benefit of encouraging a continental style café culture and family friendly venues. However, late at night, tables and chairs and beer gardens can cause significant public nuisance to residents whose homes overlook these areas. In some premises these facilities can encourage patrons and passers-by to loiter rather than disperse and in many cases, noise control measures are not feasible.

134. The use of such areas, especially pavements, should take account of potential access issues for people with disabilities and the safe use of wheelchairs and other access equipment.
135. The placing of items such as tables, chairs and barriers on or adjacent to the highway needs to be licensed by the Council's Street Trading Team Division and applicants will usually be expected to hold that licence when their application is made or prior to using the external area.

DISPERSAL POLICIES

Licensing Policy 25

The Licensing Authority will normally require all licensed premises to be cleared of patrons within a reasonable period, usually 30 minute, after the end of the time permitted for licensable activities. Where appropriate, or required by a responsible authority, the arrangements for clearing the premises should be incorporated in the operating schedule.

136. The general principle will be that the carrying on of licensable activities at premises should cease some time before the end of the operational hours granted by planning consent to allow for the premises to be cleared of patrons in a gradual and orderly manner. The Licensing Authority recognises that the time required for clearing premises of patrons will differ from business to business depending on the type of licensable activities provided and the nature of the clientele. It is for applicants themselves to judge what time scale is reasonable however, the Licensing Authority recommends that between 30 minutes and a maximum of one hour would be sufficient for the majority of businesses.

ADULT ENTERTAINMENT

Licensing Policy 26

The Licensing Authority expects all applicants and licensees intending to provide adult entertainment to include the relevant details in their operating schedule, including any controls they intend to put into place.

When considering applications which include adult entertainment the Licensing Authority will take into account the nature of the area, the marketing, and advertising arrangements and external views of the premises together with other factors proposed by the proprietor to mitigate against concerns.

137. Premises providing adult entertainment on a regular basis will be subject to the licensing regime for Sexual Entertainment Venues. Premises licenced under the Licensing Act 2003 that are exempt from this regime will be subject to the following paragraphs of this Policy.
138. The location of the premises will be an important factor as it can impact on all

four of the licensing objectives. The licensing authority will take into account the cumulative effect of the premises on the area and whether applications for new and variation premises licences that are located in close proximity to sensitive premises should be granted. Sensitive premises may include:

- residential accommodation,
- schools,
- children's and vulnerable persons' centres,
- youth and community centres,
- religious centres and public places of worship,

CHILDREN AND LICENSED PREMISES

Licensing Policy 27

The Licensing Authority wants to encourage family friendly venues and does not seek to limit the access of children to any premises unless it is appropriate for the prevention of physical, moral or psychological harm. Applicants are expected to include its approach to admitting children in their operating schedule and any control measures that it intends to implement to prevent harm.

In determining applications for licenced premises that admit children without accompanying responsible adults the Licensing Authority will expect the operating schedule to contain enhanced measures for ensuring public safety and a safeguarding children policy.

139. The Licensing Authority has identified the Child Protection Team, Children's Services, as the responsible authority for protecting children from harm.
140. The Licensing Authority supports the provision of licenced events and venues specifically for children and young people, however it also recognises that children are one of the most vulnerable groups in our society and that additional safeguarding and general safety measures may need to be put on place
141. Where appropriate the Licensing Authority will expect appropriate management arrangements to be in place to safeguard children which may include:
 - a safeguarding children policy
 - limiting the hours when children may be present
 - restricting access to specific parts of the premises
 - requiring proof of age on admission
 - limiting unobserved contact between employees and children
 - increased staffing ratios

- Disclosure and Baring Service checks.

142. Operating schedules for venues showing films should explain the arrangements for compliance with British Board of Film Classification (BBFC) age restrictions in relation to any specialist film festivals or other screenings where films are not classified by the BBFC. In such cases the Licensing Authority will require the submission of the film intended to be shown at least 28 days before the proposed screening so that it can apply an appropriate classification.

CHILDREN AND ALCOHOL

Licensing Policy 28

The Licensing Authority expects applicants and premises licence holders to implement appropriate measures, including Challenge 25 to prevent the sale of alcohol to children, including proxy sales when adults buy alcohol for children.

Applicants and licence holders providing remote sales of alcohol and alcohol delivery services should have arrangements in place to comply with age verification requirements at both the point of sale and delivery to customers.

143. Restricting access to alcohol for children under 18 has been a high priority area in Islington for many years to help reduce the anti-social behaviour and health issues associated with underage drinking. The Licensing Authority expects operating schedules to detail the arrangements for preventing underage sales and failure to implement controls is likely to result in additional controls and sanction with repeat offenders running the risk of having their licences reviewed.

ENFORCEMENT

144. Enforcing the requirements of the Licensing Act 2003 is shared between the Police and the Licensing Authority with both organisations employing dedicated Licensing Officers who are co-located in Islington Council's offices in Upper St. The Police and Local Authority Licensing Officers are charged with the responsibility of ensuring compliance with licensing requirements and working with the licenced trade, other responsible authorities and council services to promote the licensing objectives.

145. The Police and Council Licensing Officers take a joined up approach to

- sharing information and intelligence
- targeting inspection and monitoring resources toward agreed problem area and high risk premises,
- joint problems solving tasking
- follow up enforcement action.

146. Police Licensing Officers lead on significant crime and disorder issues associated with licenced premises and activities that involve other specialist

officers within the Metropolitan Police.

147. Licensing Authority Licensing Officers lead on general non-compliance with licence conditions, residents' complaints, issues that may involve other teams within the council associated with public safety, protecting children from harm and public nuisance.
148. The Licensing Officers can task Operation Nightsafe Patrol Officers to deal with street based issues of concern to improve safety and reduce nuisance and antisocial behaviour arising from the night time economy activities.
149. Where there is evidence of a premises failing to comply with licence conditions or undermining the licensing objectives the premises licence holder will be invited to attend an Officer Panel to review the evidence and to agree an action plan to prevent recurrence. The Officer Panel, organised by the Licensing Authority, involves both the Police and Licensing Authority with representatives from other responsible authorities attending as and when required.

REVIEW OF PREMISES LICENCES

Licensing Policy 29

The Licensing Authority will apply the full range of powers available to it when a review of a premise licence becomes necessary, including:

- **Restricting hours of operation**
- **Removing licensable activities from the premises licence**
- **Imposing additional conditions**
- **Requiring the removal of a designated premises supervisor**
- **Suspending a licence**
- **Revoking a licence**

150. The Licensing Authority believes that the promotion of the licensing objectives is best achieved in an atmosphere of mutual co-operation between all stakeholders. Reviews will therefore be mainly reserved for circumstances where early warnings of concerns and the need for improvement have gone unheeded by the management of the licensed premises.
151. Reviews of licences may be triggered at any stage by responsible authorities or other persons because of a matter arising at the licensed premises and relating to one of the four licensing objectives. Reviews may also become necessary following the service of a closure order by the police or any formal enforcement action by officers of the local authority.
152. Where a licence is revoked, any new application for the premises will be considered against the policy – there will be a full consideration of the applicant and the operating schedule with no assumption that a licensed premise can continue in that location.

Patterns of alcohol (mis)use in Islington & its impacts

June 2017

1





Patterns and prevalence of alcohol (mis)use in Islington and its impacts

- In 2014, around **2%** of the Islington adult population was estimated to be dependent on alcohol, around 3,600 people.
- **24%** of adults living in Islington were estimated to be drinking more than 14 units of alcohol a week, a level that poses an **increased risk** (CMO guidance on alcohol). This was not significantly different from London or England.
- Around 16.4% of surveyed adults living Islington reported **binge drinking** on their heaviest drinking day in the last week between 2011-2014; this was not significantly different from the London (13%) or England (16.5%) averages.

Categories of alcohol consumption		
Category	Men	Women
Lower risk (units per week)	<15 units	<15 units
Increased risk (units per week)	15 – 50 units	15 – 35 units
Higher risk (units per week)	>50 units	> 35 units
Binge drinking (units per day)	>8 units	> 6 units

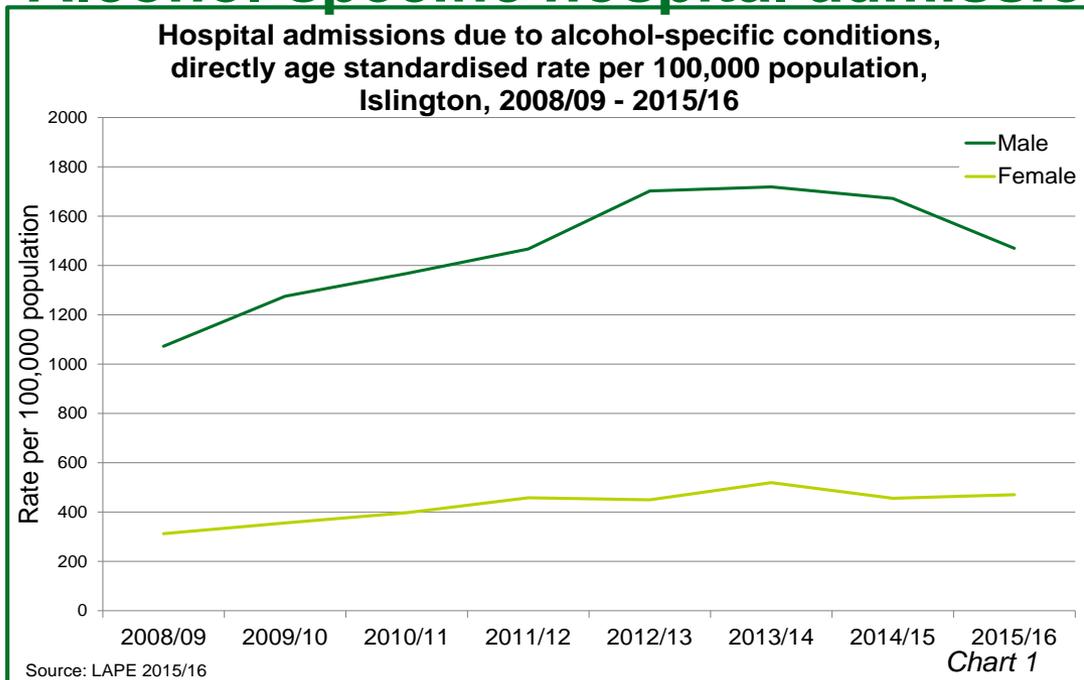
- In 2016, Islington had the **third highest rate of benefit claimants due to alcoholism** in London (177 per 100,000 working age population), significantly higher than London (105) and England (132).
- The average years of life lost due to alcohol related conditions for people in Islington was 625 years per 100,000 population; this was higher (though not statistically significantly) than London (439 years per 100,000) or England (542 years per 100,000).
- In 2015/16, the rate of alcohol-specific hospital admissions for all people residing in Islington (948 per 100,000 population), was **the highest rate in London**.

Source: Islington PH GP Dataset 2015; LAPE 2014/15; Estimates of Alcohol Dependence in England based on APMS 2014, RE Pryce

Alcohol-specific hospital admissions

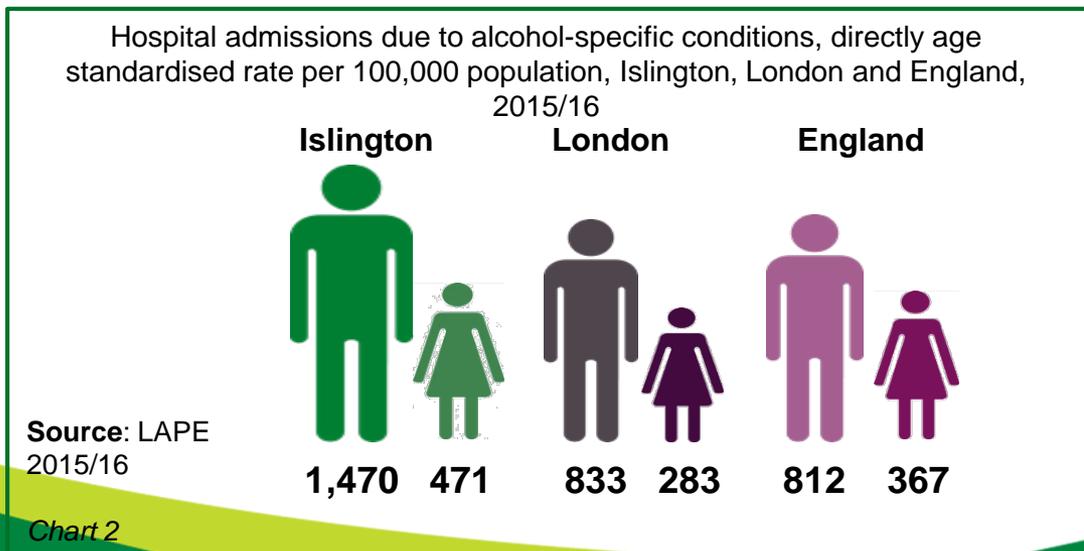


ISLINGTON



- Islington, in line with other areas, has seen an increase in alcohol-specific admissions for women since 2008/09. For men the rate has decreased slightly since 2011/12.
- In 2015/16, there were 1,093 alcohol-specific admissions for men and 422 in women in Islington.
- Islington ranked second in London for rates of alcohol-specific admissions for both men and women in 2015/16 (for men and women combined, Islington had the highest rate in London).

Local analysis has shown that among Islington residents:



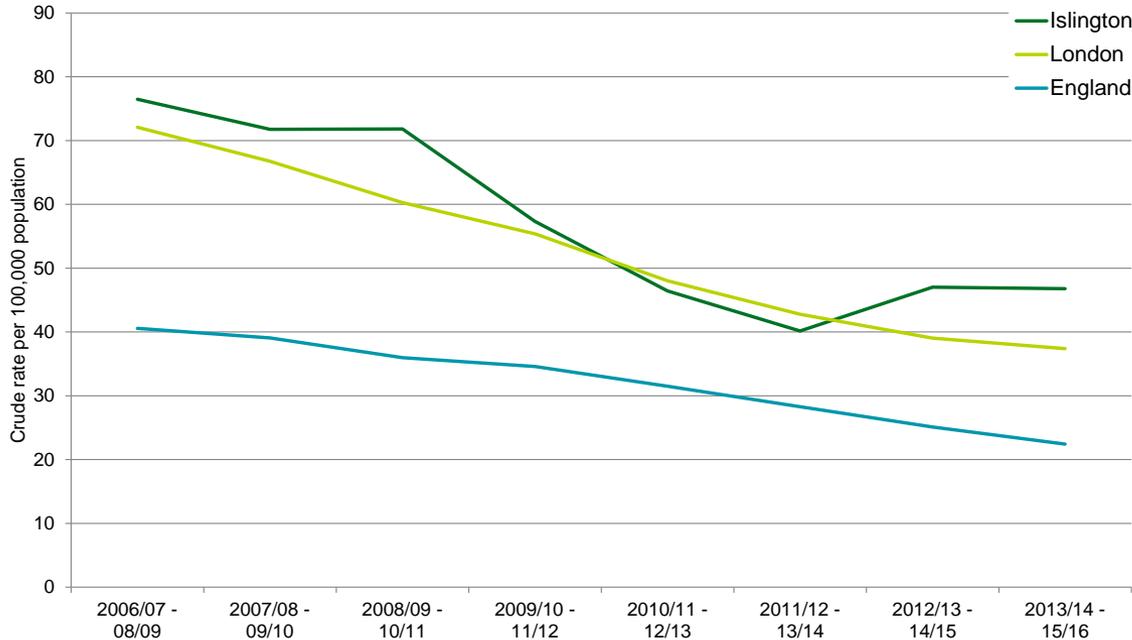
- The highest rate of alcohol specific admissions occur in the 40-64 age group for women and the 65+ age group for men
- Of those admitted to hospital for alcohol-specific reasons, 30% were admitted more than once. 7% were admitted 5 or more times; however these individuals were responsible for 31% of all alcohol-specific admissions and 27% of all bed days.

The impacts of underage drinking & sales



ISLINGTON

Admissions to hospital due to alcohol-specific conditions, under 18 year olds, crude rate per 100,000 population, Islington, London and England 2006/07-2015/16



Source: LAPE 2014/15

Chart 3

- The rate of under-18 year olds admitted to hospital due to alcohol-specific conditions in Islington has shown a general decline in recent years, however Islington has the **second highest rate in London**.
- There were approximately **54 alcohol specific admissions** during the period 2013/14 – 2015/16 in Islington in residents under the age of 18 years.
- National survey data indicates a slight fall in the proportion of young people consuming alcohol during the past decade.
- There were 31 alcohol-related ambulance callouts for people aged under 18 in 2016 at locations in Islington.
- In 2016/17, 18% (11/61) of all 'test purchases' of alcohol by under 18's resulted in a sale. Failed test purchases provide a key trigger for an intervention with licenced premises.

Islington Schools Health Related Behaviour Survey 2015

Of the 14-15 year olds surveyed, in the 7 days prior to completing the survey: 15% said they had consumed at least one unit of alcohol.

Alcohol Related Crime



ISLINGTON

Based on all offences with an **alcohol related marker** on the MET Crime Reporting Information System (CRIS*), Islington was ranked 4th out of 32 boroughs for alcohol related crime per 1,000 population and 4th for alcohol related violent crime per 1,000 population. **Violent** alcohol related crime accounted for 55% of all alcohol related crime.

Crime and violent crime with alcohol feature - crude rate per 1,000 population (London and by borough) in 2016/17

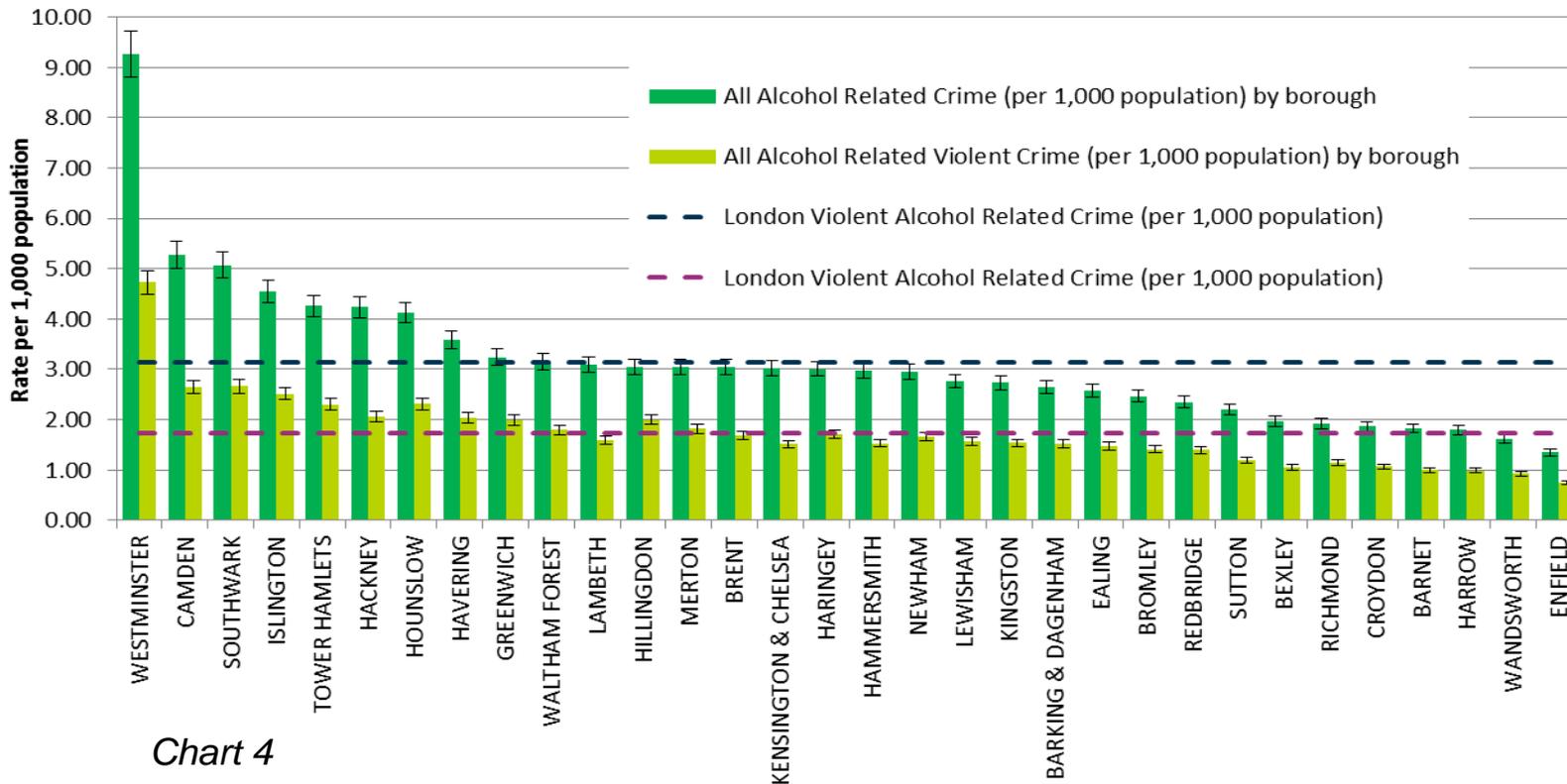


Chart 4

* Each crime may be allocated a feature marker. Alcohol related 'feature's' on CRIS includes "Alcohol consumed", "Suspect has been drinking" or "Victim has been drinking". The feature is added by the officer onto CRIS. There may be some alcohol related criminal offences excluded due to the marker not being entered on CRIS

London Ambulance Service (LAS) Alcohol Related Call-Outs ISLINGTON

In 2016 there were 1,324 alcohol related call-outs to the London Ambulance Service (LAS) across Islington. There were **31 call-outs to people aged under 18**. The 48-57 age group recorded the largest number of calls per 1,000 of Islington's population (based on 2011 census).

Based on the proportion of alcohol related calls to the LAS in 2016, the ward recording the highest proportion of calls relating to people aged under 18 was **Barnsbury Ward** (10% of all calls).

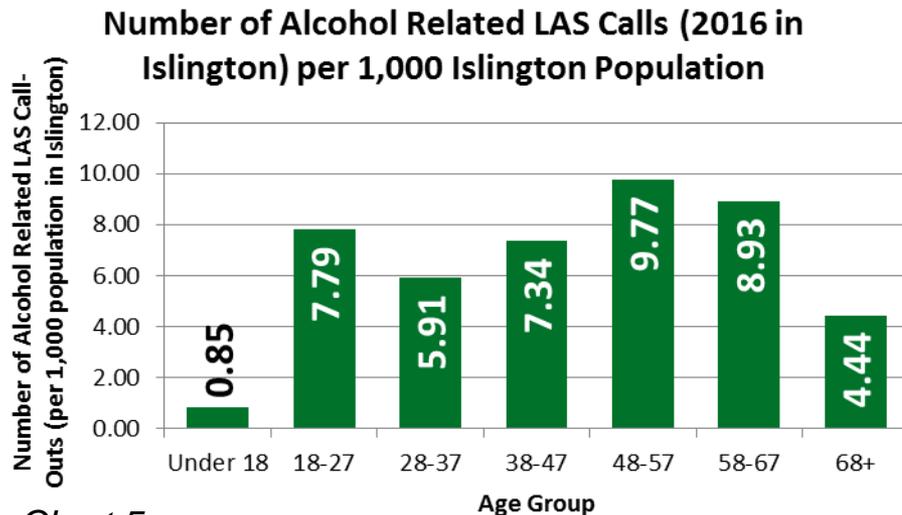


Chart 5

Table 1 shows the top 5 wards recording the highest proportion of alcohol related LAS calls in 2016 in Islington where the person was aged under 18.

Table 1: Ward (Top 5)	Proportion of Total Alcohol Related LAS Calls where person is aged under 18
Barnsbury	10%
St George's	5%
Holloway	4%
Highbury East	3%
Clerkenwell	3%

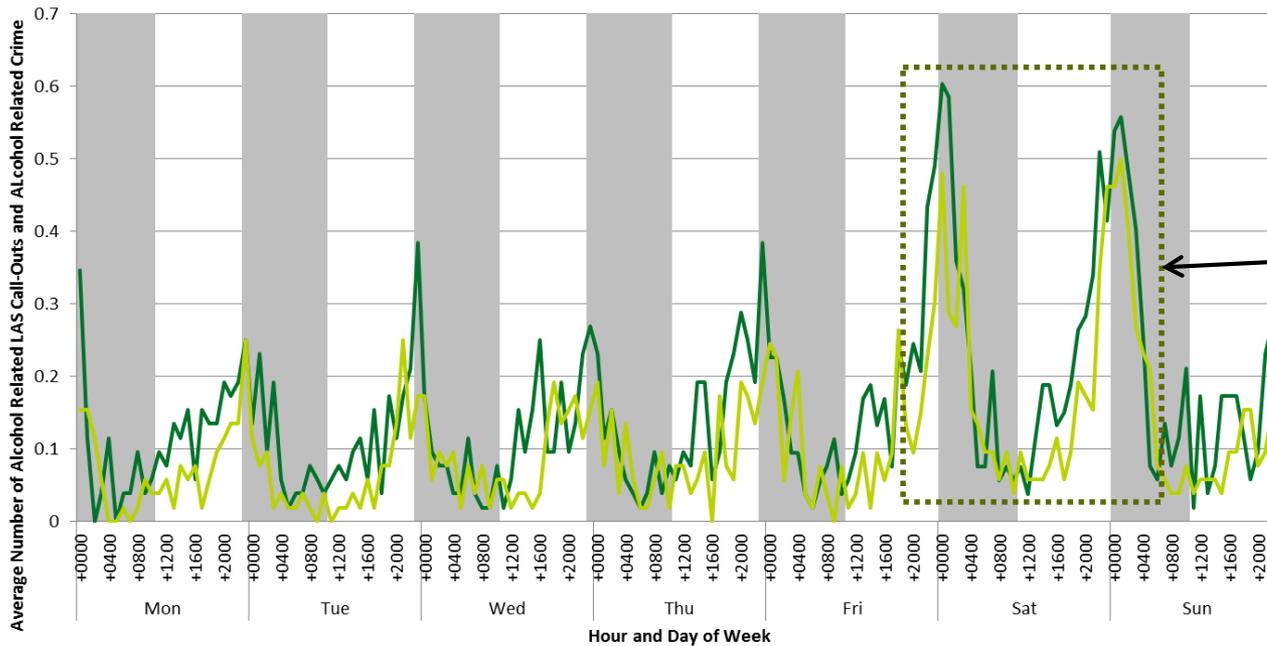
Alcohol-related ambulance callouts and alcohol-related crime



Restricting the physical availability of alcohol can reduce the total volume of alcohol consumed and alcohol-related problems. Greater outlet density has been shown to be associated with increased alcohol consumption and alcohol-related harms. Restrictions on times when alcohol can be sold can also be used effectively to reduce alcohol availability.

The number of alcohol-related ambulance callouts and alcohol-related crimes increase during the weekday, the peaks broadly coinciding with the end of framework opening hours.

Number of Alcohol Related Callouts (LAS 2016) and Alcohol Related Crime (MET Police 2016/17) per Hour and by Day of Week



At the weekend the peaks are higher and later, occurring between one and two hours after the end of the framework open hours as set out in Islington's licensing policy (for the purposes of this work the core hours for Public Houses, Bars & Restaurants and Cafes have been used. Club core hours end later).

Chart 6

Outside Core Hours Alcohol Related LAS Call Outs Alcohol Related Crime

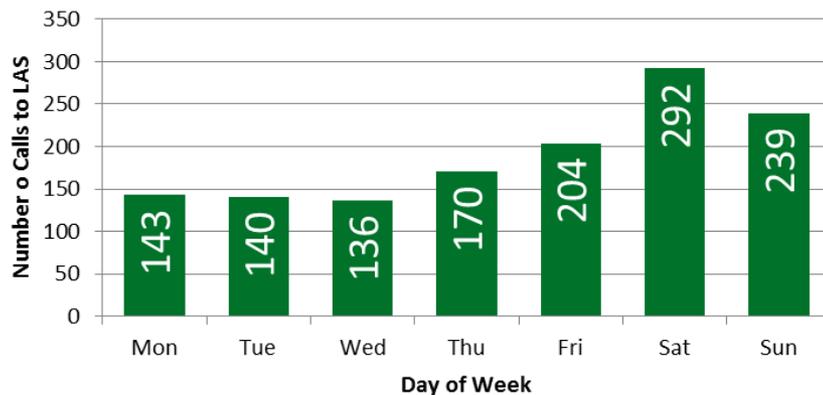
Alcohol related ambulance callouts timeline



Chart 4 shows the number of alcohol related calls by day of week. Calls peaked throughout the weekend. Monday to Wednesday were the quietest days. There were 292 calls on Saturdays.

During the week, alcohol related LAS callouts tended to peak 1 hour after framework hours (chart 5) (0.3 calls per hour). During the weekend there was also a peak in the average number of calls per hour, 2 hours after framework hours (0.6 calls per hour 1 hour after and 2 hours after framework hours). There were more calls recorded per hour throughout the weekend.

Number of Alcohol Related LAS Call Outs by Day of Week during 2016



Average Number of Alcohol Related LAS Call-Outs per Hour (Framework Hours and Hourly intervals after) (2016)

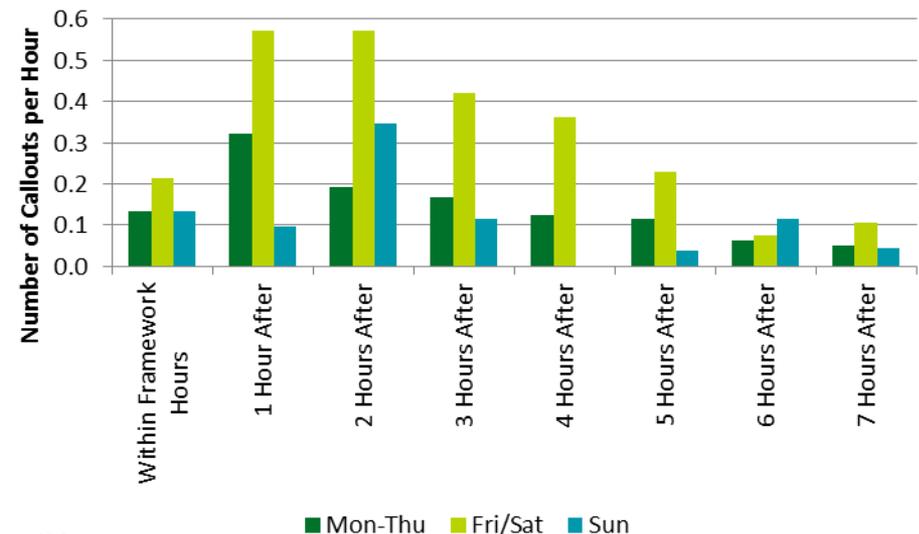


Chart 7

Chart 8



Alcohol Related Crime

Chart 9 shows the number of alcohol related criminal offences by day of week. Offences peaked throughout the weekend. Monday to Thursday were the quietest days. There were 214 offences recorded on Saturdays.

During the week, alcohol related crime tended to peak 1 to 2 hours after framework hours (chart 10) (0.2 offences per hour). During the weekend offences peaked one hour after framework hours (0.5 offences per hour). Levels remained high until 4 hours after framework hours. Crime levels remained higher on Fridays and Saturdays compared to Monday to Thursday and Sundays.

Number of Alcohol Related Offences by Day of Week during 2016/17

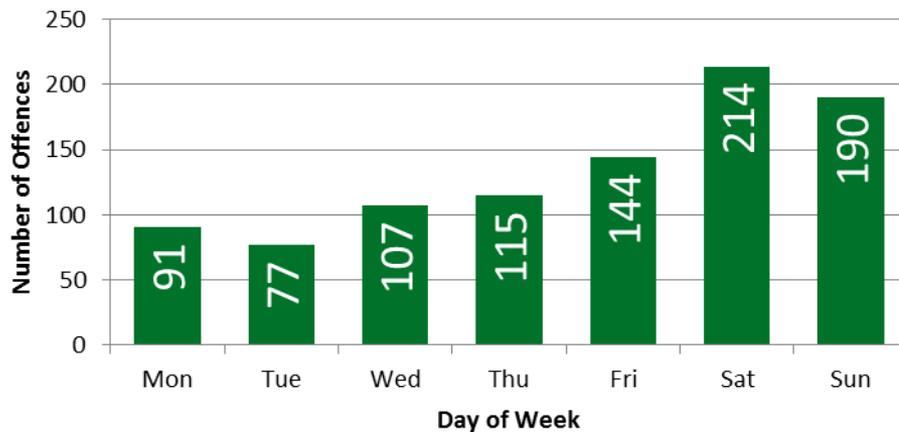


Chart 9

Average Number of Alcohol Related Offences per Hour (Framework Hours and Hourly intervals after) (2016/17)

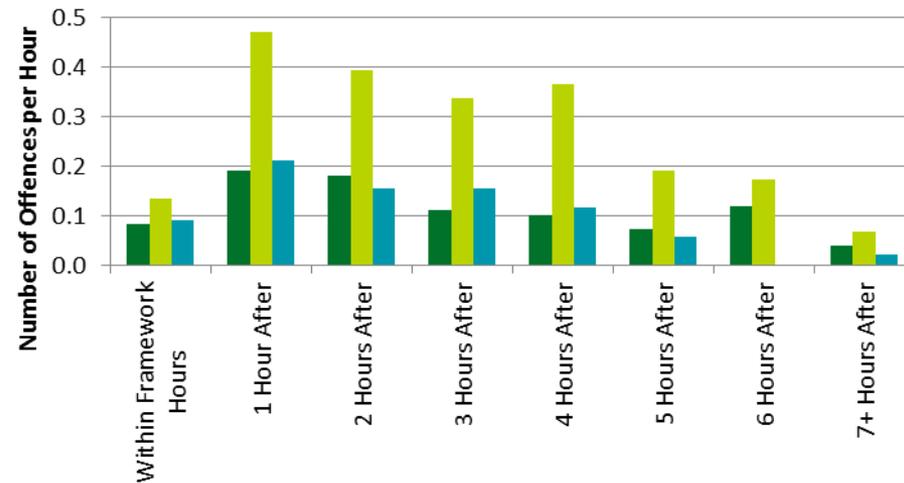


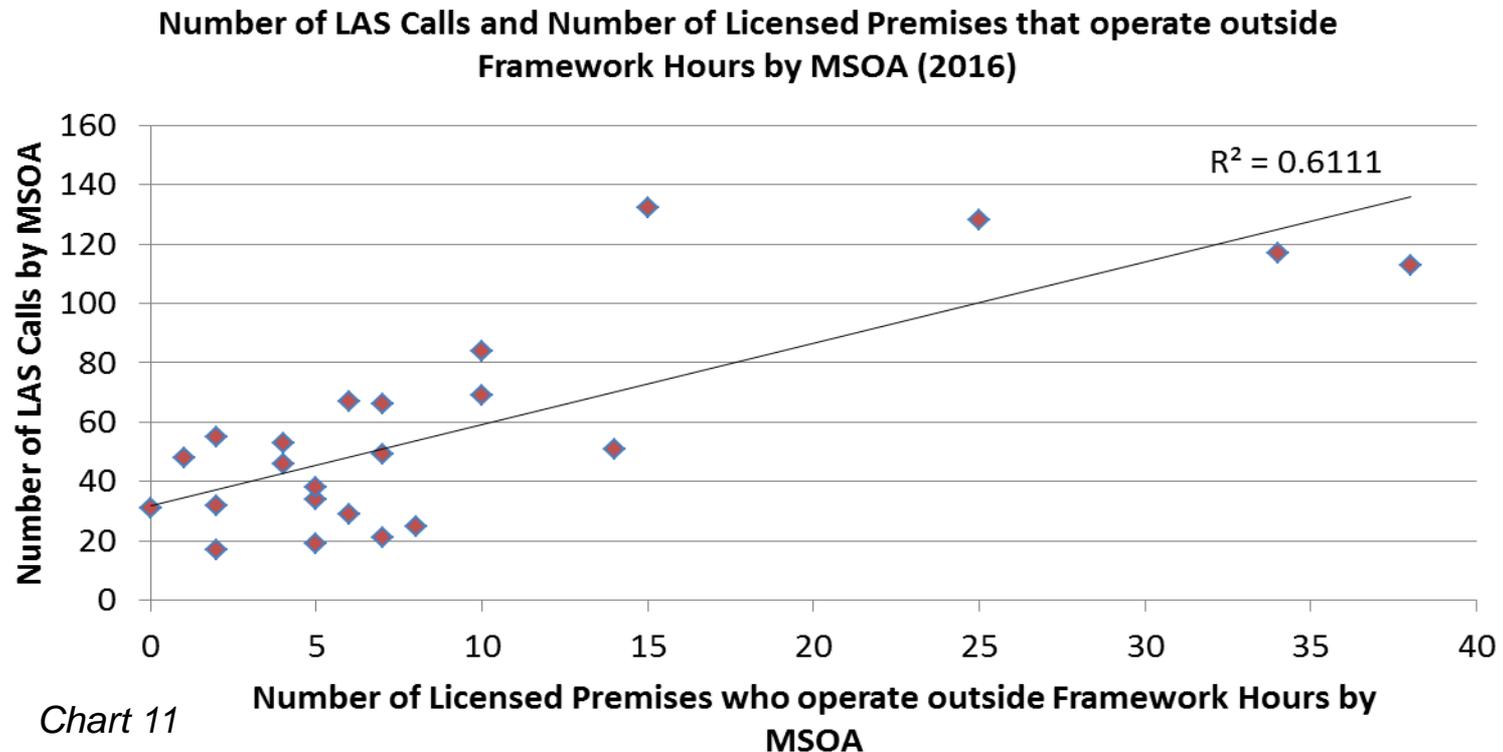
Chart 10

■ Mon-Thu ■ Fri-Sat ■ Sun



Density of licensed premises vs alcohol related ambulance callouts

- There is a correlation (although fairly weak) between the number of licenced premises and the number of alcohol-related ambulance callouts per small geographical area.
- Although this pattern is seen to a certain extent at all times, it is strongest outside of framework hours
- Other geographical features such as transport hubs are associated with increased alcohol-related ambulance activity.





Density of licensed premises vs alcohol related crime

- There is a correlation (although fairly weak) between the number of licenced premises and the number of alcohol-related criminal offences per small geographical area.
- Although this pattern is seen to a certain extent at all times, it is strongest outside of framework hours
- Other geographical features such as transport hubs are associated with increased alcohol-related crime.

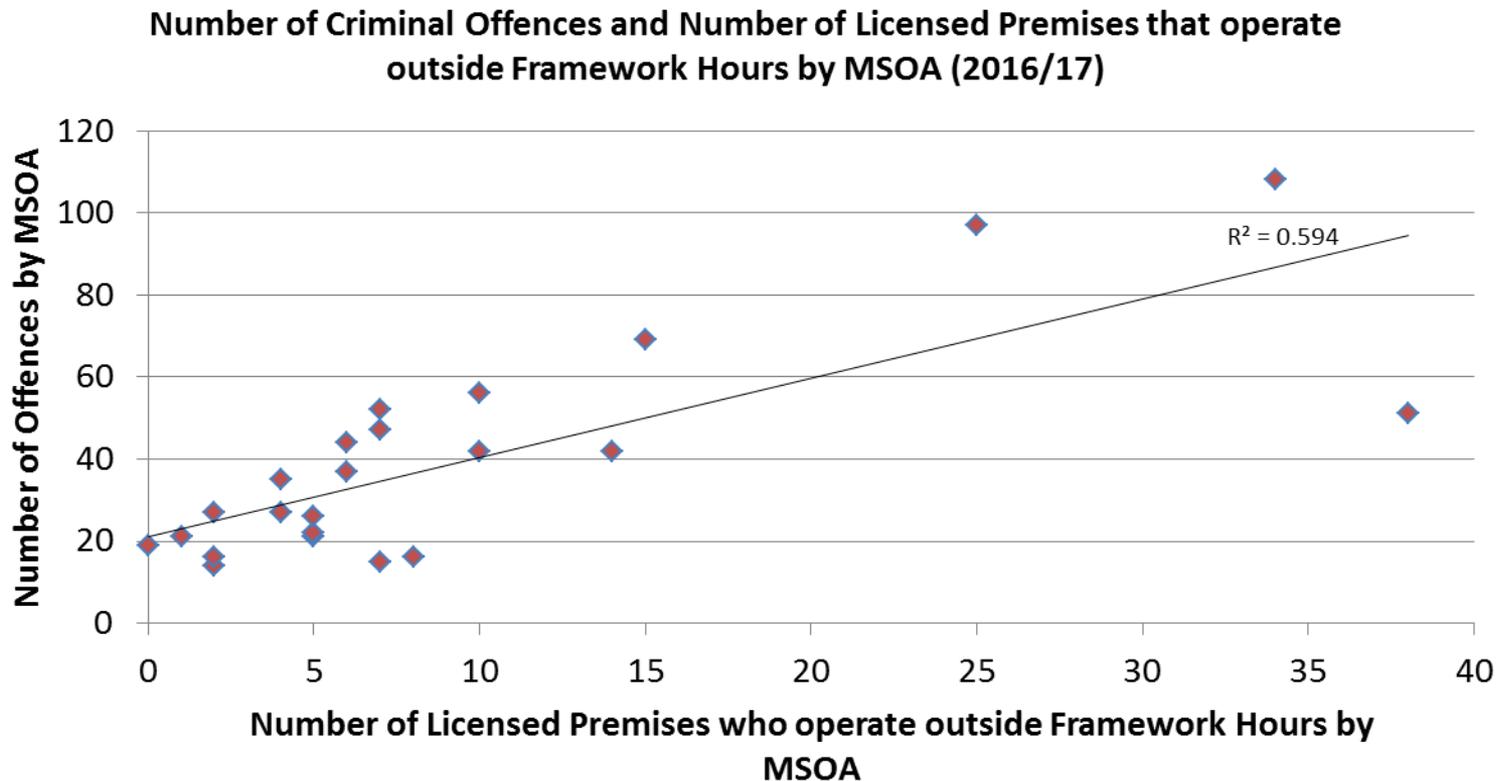


Chart 12

Alcohol related ambulance callouts & density of premises



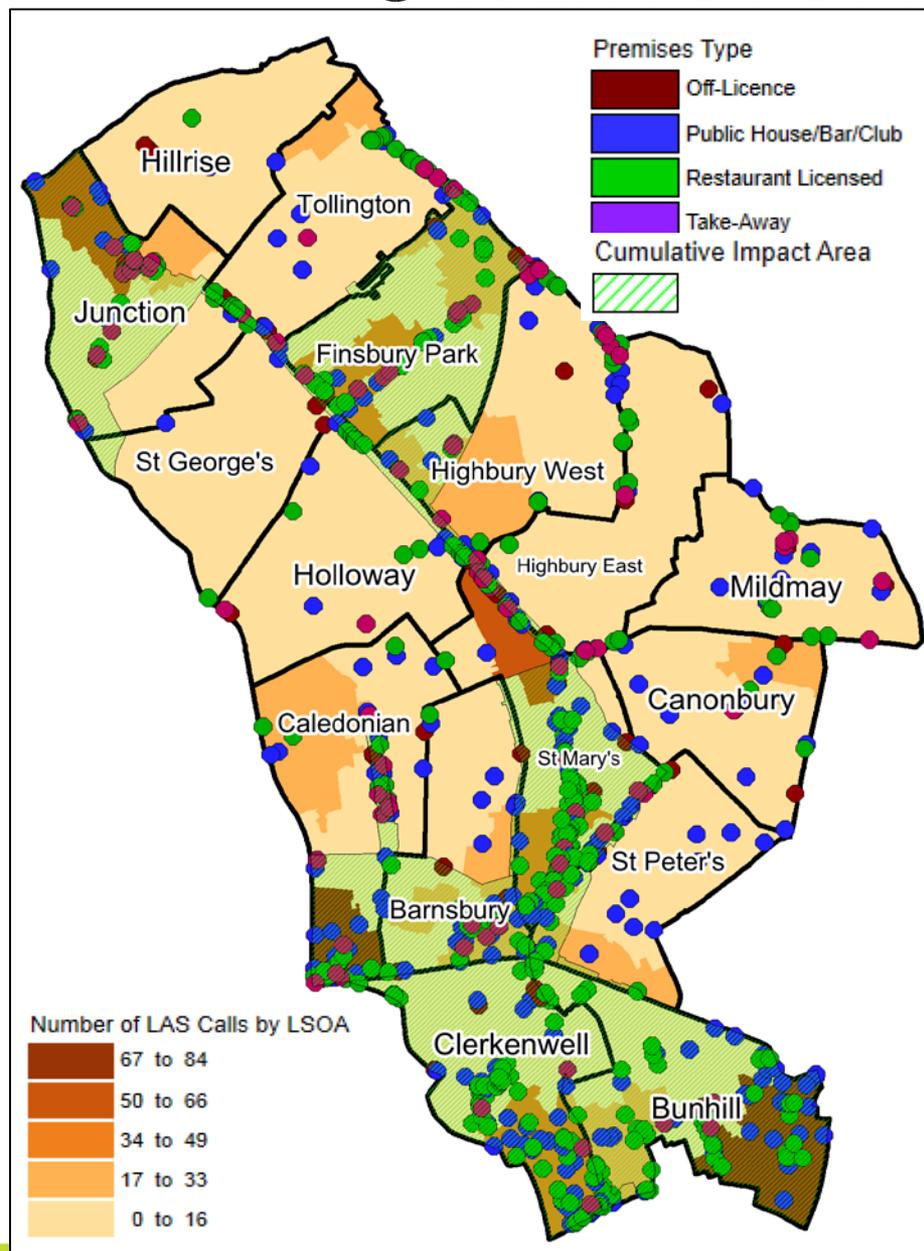
ISLINGTON

There were a total of 1,324 alcohol related ambulance callouts in Islington during 2016, an average of 11 per Lower Super Output Area (LSOA).

The darkest shaded areas on the map show the LSOAs where there were more than 5 times the average number of alcohol-related ambulance callouts compared to the Islington LSOA average.

Areas with higher alcohol-related ambulance activity include south of Old Street, close to Kings Cross/Caledonian Road junction, Highbury Corner/Holloway and Archway.

As the map shows, large clusters of licenced premises coincide with the areas of higher alcohol-related ambulance call-outs).

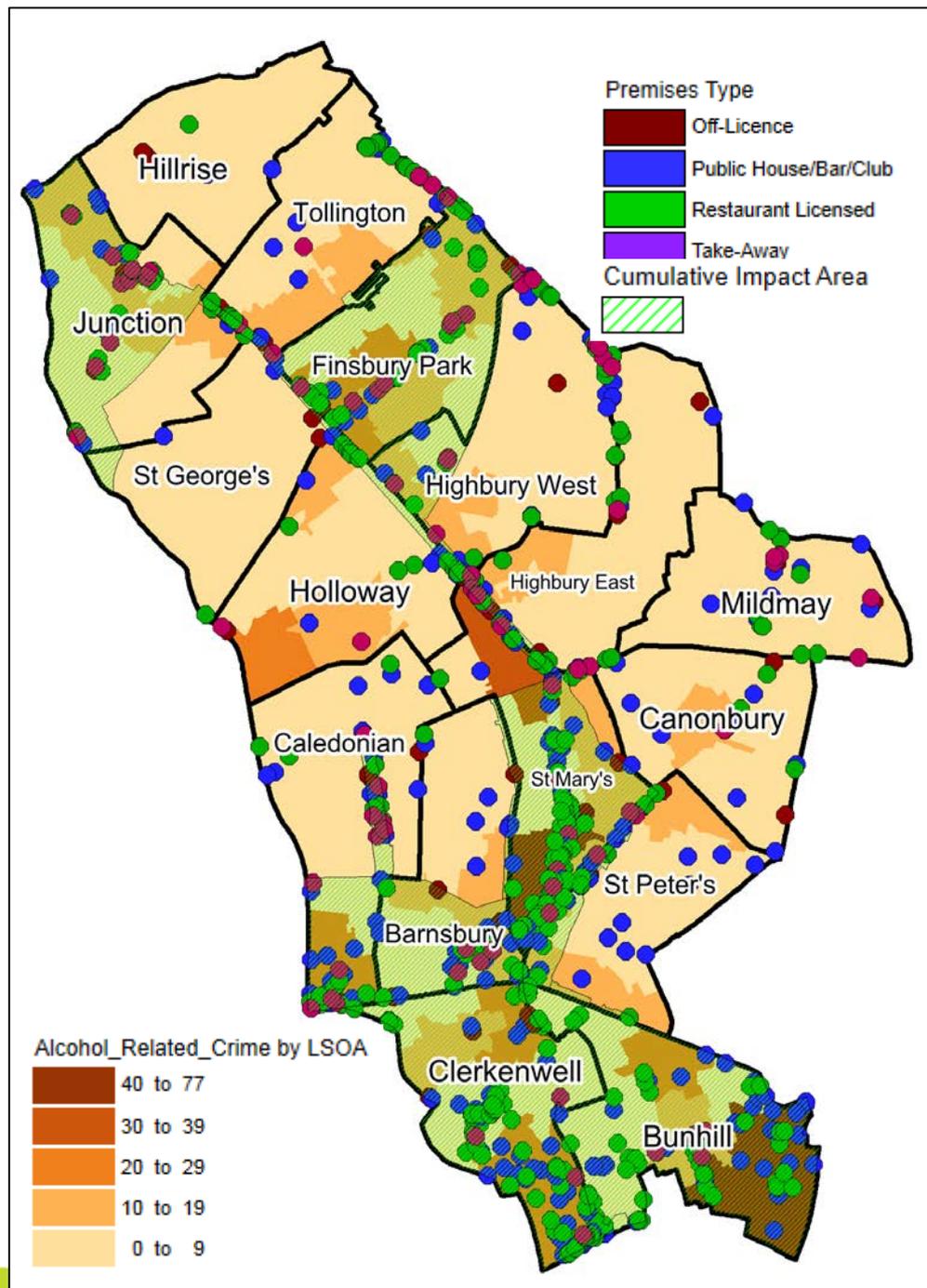


Alcohol related crime & density of premises

There were a total of 938 criminal offences with an alcohol related marker in Islington between 1 April 2016 and 31 March 2017, an average of 8 per Lower Super Output Area (LSOA).

The darkest shaded areas on the map show the LSOAs where there were more than 5 times the average number of alcohol-related crime compared to the Islington LSOA average.

The highest concentrations of alcohol related crime were found on Upper Street and Angel, but also in Bunhill ward, heading into central London. The highest concentrations of alcohol related crime are generally in areas with higher concentrations of licensed premises.

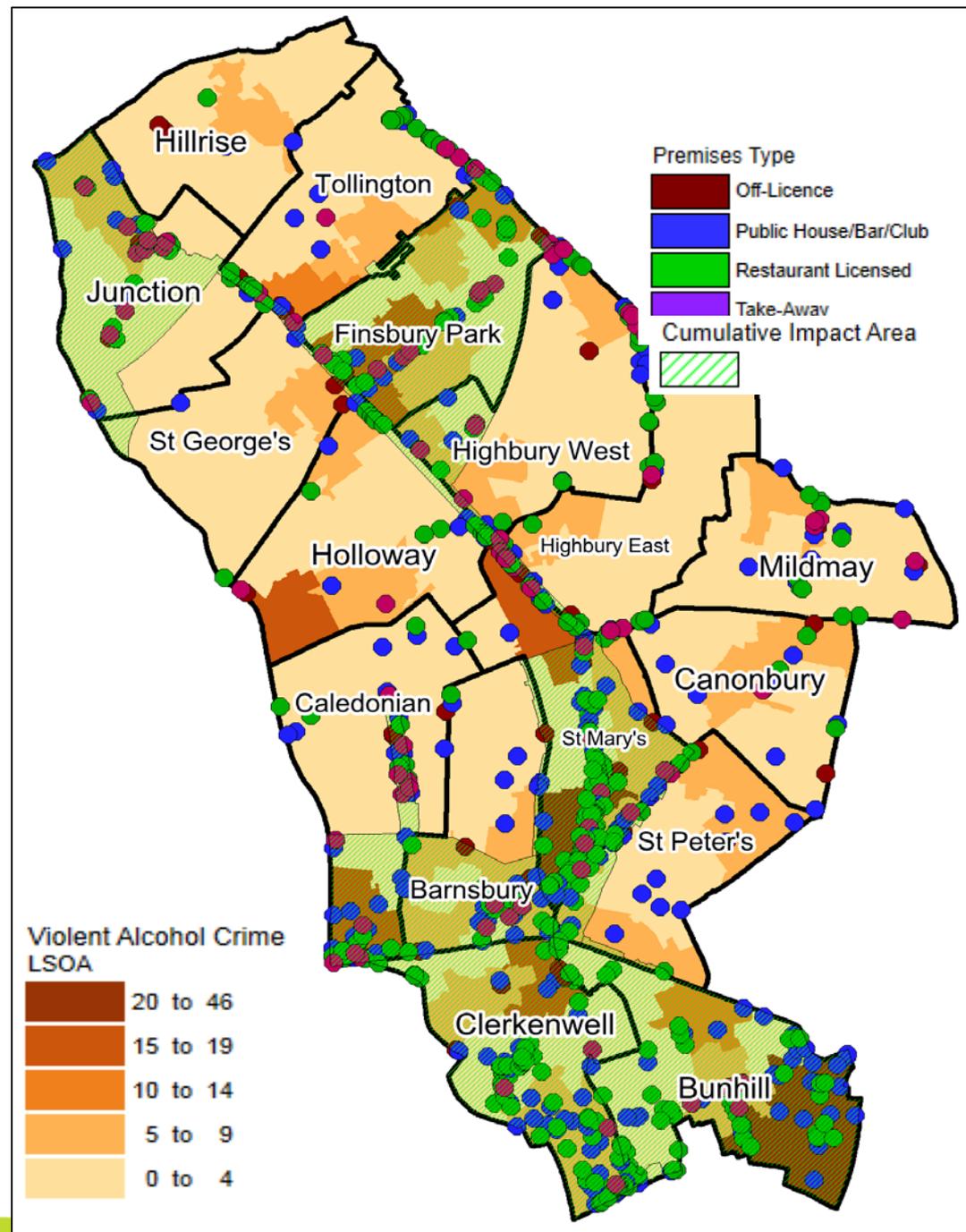


Alcohol related violent crime & density of premises

There were a total of 519 alcohol related violent offences recorded in Islington between 1 April 2016 and 31 March 2017, an average of 4 per Lower Super Output Area (LSOA).

The darkest shaded areas on the map show the LSOAs with the highest concentrations of alcohol related violent crime recorded in 2016/17.

Similarly to all alcohol related crime, higher concentrations are found in the town centre areas and where there are higher concentrations of licensed premises.



**Evaluating the impact of a Cumulative Impact Policy
in the London Borough of Islington**

**Quantitative impact evaluation of
alcohol licensing, crime, ambulance call outs and retail sales data**

Triantafyllos Pliakas, Matt Egan and Karen Lock

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London School of Hygiene and Tropical Medicine.**

Executive Summary

Introduction

Following introduction of a Cumulative Impact Policy by the London Borough of Islington in 2013, an evaluation was conducted by the School for Public Health Research team at the London School of Hygiene and Tropical Medicine (<http://sphr.lshtm.ac.uk>).

The objectives of the evaluation were to understand how, and to what extent, the Cumulative Impact Policy had affected alcohol licencing decisions, alcohol availability and alcohol-related harms (including crime and health), in order to inform the review of Licencing Policy in the London Borough of Islington (2017-2022).

The context

Islington has one of the highest densities of pubs, bars, clubs and off licences in the country and second highest in London after the City of Westminster. Alcohol consumption has been identified as a major factor behind violent crime and disorder in the borough with consequences to victims, businesses and local communities.

Islington's residents also suffer from high levels of alcohol-related ill health and early deaths. The 2012 Annual Public Health Report, *'One too many? The impact of alcohol in Islington'* provides in-depth analysis of the impact of alcohol and proposals to reduce alcohol-related harm in Islington [1].

The Licensing Act 2003 [2] enables English local authorities to implement Cumulative Impact Policies (CIPs). CIPs strengthen the powers of local authorities to reject licence applications for retail alcohol sales in cumulative impact zones (CIZs), where adverse effects of alcohol availability can be demonstrated.

In 2013, Islington's statement of Licencing Policy implemented a Borough-wide Cumulative Impact Policy (CIP), which introduced designated areas of cumulative alcohol impact and saturation ('cumulative impact zones') in Clerkenwell, Bunhill, Kings Cross, Upper Street and Angel, Holloway Road and Finsbury Park, and Archway [3].

This policy also adopted a new guide-line framework of closing times for businesses applying for new and variation applications as follows: (i) off-licences - 11pm; (ii) night clubs - 1am Sunday to Thursday, 2am Friday and Saturday; (iii) restaurants, cafes and bars - 11pm Sunday to Thursday, midnight Friday and Saturday; (iv) hot food and drink

from takeaways - midnight Sunday to Thursday, 1am Friday and Saturday; (v) 24 hour sales of alcohol to hotel residents [3].

Methods

We examined the impact of the introduction of the new cumulative impact zones across Islington in January 2013 on a range of outcomes including:

- number of alcohol license applications submitted,
- rates of successful alcohol license applications, i.e. those for which a license was granted (*'success rates'*),
- duration and times of alcohol sales permitted by licenses,
- rates of overall crime and anti-social behaviour (ASB),
- alcohol related ambulance call outs
- retail alcohol sales (limited to a sample of on-licence sales only, predominantly comprising pubs and bars).

We used a time series approach to assess both the immediate impacts (i.e. short term changes at the time of CIP introduction) and impacts over the longer term (i.e. a relative change comparing trends before and after the introduction of CIP - from 2008 to 2016) in CIZ and non CIZ. Assessment of short term changes depended on the data source. They were estimated at 3 months after CIP introduction for the number of alcohol license applications submitted and for success rates in license applications, and at 6 months for all other licensing data outcomes, including duration and times of alcohol sales permitted by licenses. Short term changes were estimated at 3 months after CIP introduction for crime and ambulance callouts.

Findings

Licensing applications

The introduction of CIP in Islington has not led to any significant changes in the total number of alcohol licenses submitted in the long term. Nor did introduction of the CIP displace licence applications from CIZ to non CIZ.

For total licence applications, the proportion of successful licence applications (*'success rates'*) showed a statistically significant decrease in the short term after CIP

introduction, followed by a longer term significant increase in both CIZ and non CIZ. There was also a statistically significant decrease in the success rates for off licence applications in the first 6 months after CIP introduction, although this has not been sustained over time. This indicates that CIP has not been a barrier to gaining a licence to sell alcohol in Islington and suggests successful businesses have been able to adapt to comply with the current Licencing Strategy requirements.

Trading times

Findings on trading and closing times are consistent with the current licencing policy objectives that aims to reduce temporal alcohol availability by removing 24hr licensing, reducing after midnight opening and reducing early trading.

There were statistically significant longer term decreases observed in the average weekly duration of trading hours after CIP introduction, with the reductions in trading hours post CIP being more pronounced in on-license applications and in non CIZ.

The rates of licence applications with closing times before midnight on Friday and Saturday nights increased before 2013, but showed a statistically significant decrease after CIP introduction in CIZ only. This could be explained by market saturation for later night licenses before CIP was introduced and the fact that newer licenses would have to be agreed on shorter opening times consistent with the new Licencing Strategy.

Crime data

Between December 2010 and April 2016 there were a total of 194,003 crime incidents recorded in Islington, of which 52,754 were anti-social behavior incidents. Rates of total crime and anti social behaviour decreased overall between 2011 and 2016. Following CIP introduction, the evaluation found a significant short term decrease in overall crime rates in both CIZ and non CIZ (but no immediate change in anti social behaviour rates). Comparing trends before and after CIP introduction, total crime and anti social behaviour declined at a slower rate after CIP introduction.

Alcohol-related ambulance call-outs

Between April 2008 and March 2016 there were a total of 20,250 alcohol-related ambulance call-outs in the London Borough of Islington. Overall there was a decreasing trend in alcohol-related ambulance call outs between 2011 and 2016 in both CIZ and

non CIZ. Although alcohol related ambulance call outs decreased after CIP introduction, we found no statistically significant immediate and longer term impact related to CIP introduction.

Retail alcohol sales

We analysed a small sample of retail sales data for Islington, limited to a 10% sample of on-licence premises (mainly limited to pubs and bars).

Overall between 2010 and 2016 there was an increasing trend in total weekly average per premise alcohol sales value (£). When comparing long term trends statistically before and after the introduction of CIP, the impact of CIP was a small, non statistically significant increase in CIZ, and a small statistically significant decrease in non CIZ for weekly average per premise alcohol sales (£).

For total average weekly units of alcohol sold per premise, there was a small, statistically significant increase in units of alcohol sold in both CIZ and a small, statistically significant decrease in non CIZ in the long term after the CIP introduction.

We found little evidence of any impact on the average weekly quantity of alcohol products sold per premise in CIZ. In contrast, there were small, statistically decreases in weekly quantity of alcohol products sold per premise in non CIZ, both immediately after CIP introduction and longer term.

The findings for retail sales data should be interpreted with caution due to the small numbers and selective nature of the dataset but it seems to suggest that CIP introduction has had little impact economically on alcohol retail businesses in Islington.

Conclusion

The evaluation focused on the introduction of Cumulative Impact Zones across the Islington in January 2013, but also took into account concurrent implementation of other aspects of the current Licencing Strategy (2013-2017) including a focus on reducing trading hours, reducing off-licence availability, and improving the quality of alcohol retailing overall.

The results of the evaluation show that the Licencing Strategy overall, and the Cumulative Impact Policy specifically, have been broadly effective. The implementation

of the strategy has met the objectives of reducing crime, anti-social behaviour and alcohol-related ambulance call outs, reducing the rate of successful applications for off-licences, reducing the average weekly trading times of alcohol licences granted.

Concurrently, three years after CIP introduction there have actually been increases in rates of alcohol licences granted overall. There also appears to be little or no impact on alcohol retail sales volume and sales revenues since 2013.

This evaluation appears to show that the London Borough of Islington's Licencing Strategy and the CIP have reduced alcohol related harms without negatively impacting on the overall night-time economy in Islington and the ability of alcohol retailers to operate if they meet the conditions required.

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- Research report

Measurable effects of local alcohol licensing policies on population health in England



Authors

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Abstract

Background English alcohol policy is implemented at local government level, leading to variations in how it is put into practice. We evaluated whether differences in the presence or absence of cumulative impact zones and the ‘intensity’ of licensing enforcement—both aimed at regulating the availability of alcohol and modifying the drinking environment—were associated with harm as measured by alcohol-related hospital admissions.

Methods Premises licensing data were obtained at lower tier local authority (LTLA) level from the Home Office Alcohol and Late Night Refreshment Licensing data for 2007–2012, and LTLAs were coded as ‘passive’, low, medium or highly active based on whether they made use of cumulative impact areas and/or whether any licences for new premises were declined. These data were linked to 2009–2015 alcohol-related hospital admission and alcohol-related crime rates obtained from the Local Alcohol Profiles for England. Population size and deprivation data were obtained from the Office of National Statistics. Changes in directly age-standardised rates of people admitted to hospital with alcohol-related conditions were analysed using hierarchical growth modelling.

Results Stronger reductions in alcohol-related admission rates were observed in areas with more intense alcohol licensing policies, indicating an ‘exposure–response’ association, in the 2007–2015 period. Local areas with the most intensive licensing policies had an additional 5% reduction ($p=0.006$) in 2015 compared with what would have been expected had these local areas had no active licensing policy in place.

Conclusions Local licensing policies appear to be associated with a reduction in alcohol-related hospital admissions in areas with more intense licensing policies.

- [ALCOHOL](#)
- [PUBLIC HEALTH](#)
- [PUBLIC HEALTH POLICY](#)

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Introduction

The costs of alcohol misuse to the National Health Service (NHS) have been estimated at 3.5 billion pounds annually for England alone, with additional costs of £11 billion per year because of alcohol-related crime and £7.3 billion annually in lost productivity.¹ Despite the proportion of people drinking regularly having fallen between 2005 and 2012,² about 31% of women and 44% of men in England drink more than the recommended weekly alcohol limits,³ with frequent drinking becoming more common during mid to older age.⁴ Alcohol policy is controversial with opposing views and alternative strategies expressed by government, industry and health professionals.⁵

Two key strategies concern alcohol price and availability. Alcohol tax and price policies have been shown to have significant effects on alcohol-related disease and injury rates,⁶ but since the 1980s, the affordability of alcohol has been increasing,² and the introduction of minimum unit pricing, a policy designed to remove the cheapest alcohol from the market, has been rejected for the time being in England, and is delayed due to legal challenges in Scotland. Several recent legislative changes have, however, strengthened the ability of local authorities to address public health through licensing policies. The 2011 Police Reform and Social Responsibility Act⁷ gave local Health Boards and Primary Care Trusts the status of 'Responsible Authority', which means they must be consulted on, and may object to, all licence applications. In addition to this, guidance issued in 2005 extended the 2003 Licensing Act⁸ to give local authorities new powers to address the cumulative impact of alcohol sales.⁹ Alcohol outlet density has been shown to be associated with violence and health,^{10–13} and the licensing process is primarily aimed at immediate harms associated with alcohol sales at a particular premises, and has no explicit remit to reduce alcohol-related population health harms.¹⁴ More specifically, it is stated that public health cannot be the primary consideration for a licensing decision, but may only be used to support licensing decisions based on any of the four objectives set out by the 2003 Licensing Act; that is, prevention of crime and disorder, public safety, prevention of public nuisance or protection of children from harm.^{8, 9} Nonetheless, local authority licensing policy statements allow for alcohol consumptions to be addressed at a broader level than the individual premises, for example, through early morning restrictions and late night levies;¹⁴ although they have not been widely implemented and are open to legal challenges.⁹ Local authorities can also designate cumulative impact zones (CIZs) to control new alcohol outlets in areas where the cumulative stress caused by existing overprovision of alcohol outlets threatens the licensing objectives.¹⁵ In these CIZs, which can apply to on-trade, off-trade or both, applicants for a new alcohol licence have to demonstrate how they will avoid threatening the licensing objectives, which is a reversal of the normal burden of proof.¹⁴ It has been suggested that CIZs and restrictions in the licensing of new premises, which aim to regulate the availability of alcohol and modify the drinking environment, may be effective in reducing consumption and related harms.^{16, 17}

Although all local authorities operate under the same policy framework, concerns about the societal and health harms of alcohol consumption will differ between authorities, and they consequently will differ in respect of prioritisation of alcohol control interventions.¹⁷ Empirical evidence indicates that higher on-premise outlet density is related to violence and antisocial behaviour, whereas that higher off-premise alcohol outlet density is related to rates of chronic alcohol-related disease^{18, 19} and has, for example, been shown to increase liver disease incidence rates in the USA.²⁰

We hypothesised that the CIZs and the intensity of licensing scrutiny may impact on the density of outlets selling alcohol to be consumed off the premises, or, alternatively, affect the drinking environment through conditional licensing, thereby positively affecting alcohol-

related hospital admissions. In this study, we aimed to evaluate whether differences in the implementation of CIZs and licensing scrutiny by local councils, aimed at regulating the availability of alcohol and modifying the drinking environment, has had a measurable impact on population health at the local level.

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Methods

Data

Alcohol licensing data were obtained for lower tier local authorities (LTLAs) in England from the Home Office's 'Alcohol and Late Night Refreshment Licensing England and Wales data' for the years 2007/2008 and 2011/2012,²¹ which are completed by each LTLA's licensing lead. More details on LTLAs can be found elsewhere.²²

Performance of various alcohol-reduction policies, programmes or initiatives are often benchmarked against official data of related harm. For monitoring of trends in alcohol-related harms, several measures of alcohol-related hospital admissions for England have been developed by Public Health England,²³ with the two most used being the 'broad' and 'narrow' measures²⁴ based on the International Statistical Classification of Diseases and Related Health Problems (ICD 10).²⁵ The broad measure counts every admission where one of the diagnoses is a condition that is at least partially alcohol attributable, whereas the narrow measure counts only those admissions where the primary diagnosis is alcohol-related. Since every admission must have a primary code, the narrow measure is less sensitive to variations in coding practices (either between hospitals or over time) but may also underestimate the overall burden of alcohol on health services compared with the broad measure.²⁴ We therefore used the narrow measure in order to ensure maximum comparability in the data used across different LTLAs, which may have heterogeneous coding practices. Quarterly data of directly age-standardised rates per 100 000 population (standardised to the European standard population) of unique persons (all ages) admitted to hospital with alcohol-related conditions were obtained from publicly available Local Alcohol Profiles for England (LAPE) data for the period 2009–2015; four full years and the first quarter of 2015.²⁶ Alcohol-related crime rates were also obtained from the LAPE data set and used in the analyses to adjust for non-random implementation of policies.

Annual population size and deprivation data (measured using the index of multiple deprivation²⁷) for 2007 and 2010 were obtained at the same LTLA level from the Office of National Statistics.

Exposure—licensing intensity

The level of implementation of CIZs and the intensity of licensing scrutiny aimed at controlling licensing and alcohol availability (ie, the exposure) for each LTLA was based on whether a licensing authority used CIZ (coded as yes/no); and whether any licences for new premises were successfully challenged by the LTLA in a particular year (coded as yes/no). These were aggregated for each available year to obtain a three-level metric for CIZ implementation and licensing enforcement intensity: the area has no CIZ and also no licensing applications have been refused (0), some new licenses applications have been

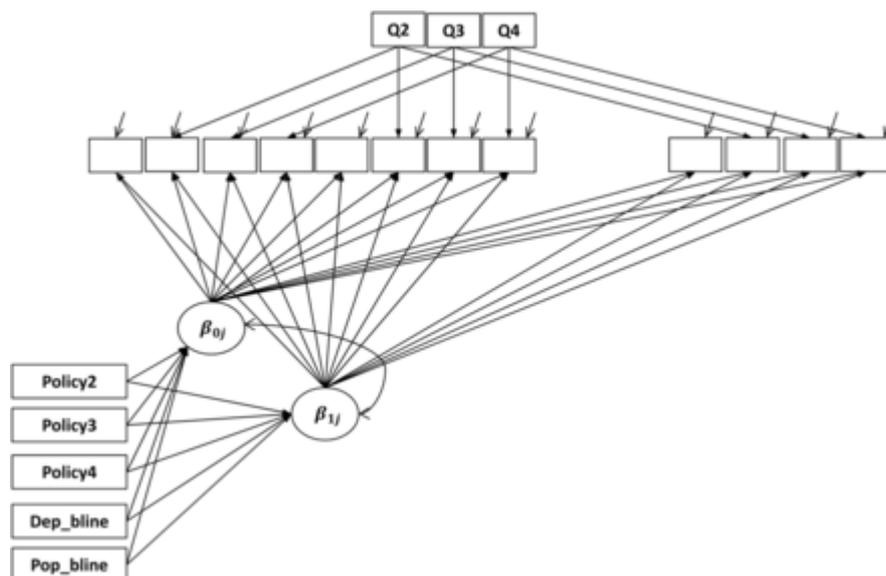
refused OR a CIZ is in place (1), and new license applications have been refused AND a CIZ is in place (most active=2). The outcome of a new application can result in a conditional licence rather than one which is refused; something that is not included in this metric because we a priori interpreted refusal of new applications as being indicative of more intense licensing scrutiny compared with procedures resulting in conditional licensing. Although local alcohol policies were relatively stable over the period 2007–2015, changes did occur within some LTLAs, and to incorporate these, we aggregated the annual scores for each LTLA to generate a total 2007–2015 (cumulative) licensing intensity score. This cumulative score was then divided into four categories: no activity (passive), and three levels of intensity (low, medium, high), based on tertiles of the distribution. This categorisation was subsequently added to the statistical models described below both as a main effect, to adjust for baseline differences between the areas with different policy intensities, and as an interaction term with time to evaluate if policy intensity was related to different trends in rates of alcohol-related hospital episodes.

Analytical methods

Hierarchical growth modelling was used to analyse these data. Quarterly age-standardised alcohol-related hospital episode statistics (HES) rates (Y) were log-transformed and estimated to be related to a set of explanatory covariates; that is, a log-rate model.²⁸ Because the main aim was to determine average changes in alcohol-related hospital admission rates, variability between LTLAs at baseline and individual LTLA time trends were modelled by means of hierarchical random-intercept-random slopes mixed-effects models with quarter (eg, January–March to October–December) included as a covariate to account for seasonal trends. This unconditional growth model, without additional covariates (for clarity, see equation S1 in online supplementary material), had an acceptable fit to the data, although there were several outliers in different LTLAs (see details in online supplementary material figure S1). In multivariate analyses, models were further adjusted for baseline (2007/2008) population size, deprivation and alcohol-related crime rates to control for non-random implementation of policies in LTLAs (eg, more intense alcohol policies were more likely to be implemented in areas with more problems).

We also conducted two sensitivity analyses (data presented in online supplementary material): (1) instead of the cumulative policy intensity metric, classification of LTLAs the year before health outcomes were available (2007–2008) was used. The 2007–2008 status was interpreted as the cause of alcohol-related hospital admission trends in the subsequent years (2009–2015); and (2) because the 2014/2015 data were only preliminary data at the time of analyses, we ran the same model but using only the data from 2009 to 2013.

All models were run using the *lme4* package and corresponding p values for fixed effects were obtained using the *lmerTest* package in R (V.3.0.1). CIs were calculated using profile likelihoods. Model fit was assessed based on evaluation of residuals and with comparisons based on Bayesian Information Criterion (BIC), since all models are considered equally probable a priori.²⁹ For clarity, the model described above is shown graphically in [figure 1](#).



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Figure 1

Graphical representation of the conditional model 2. B_{0j} indicates intercept, β_{1j} indicates slope, Pop_bline and Dep_bline indicate population size and deprivation at baseline (2009/2010), Q2–4 indicate quarterly, seasonal estimates and Policy 2–4 indicate effect of low, medium and high cumulative (relative to none) policy on intercept and slope. Empty boxes indicate repeated measures within a lower tier local authority.

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Results

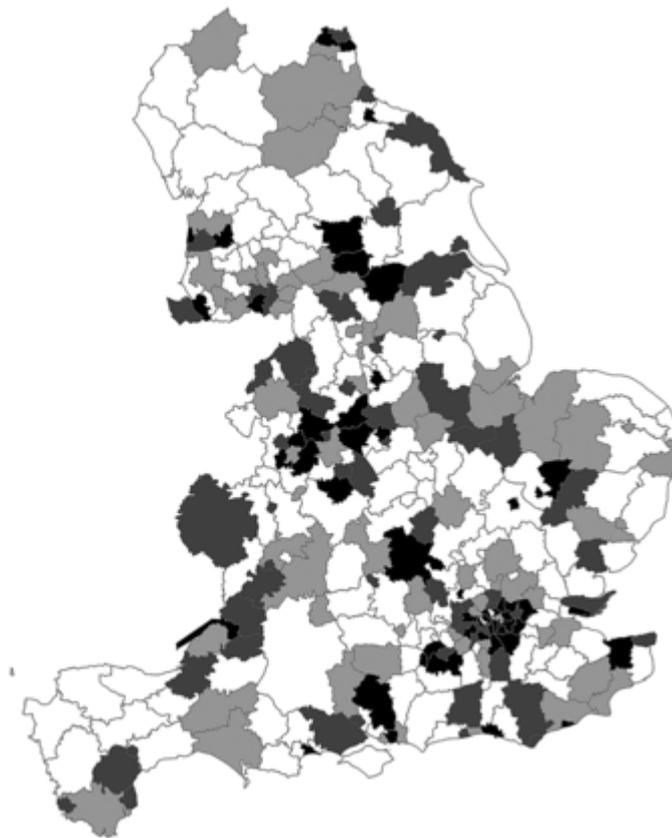
The available data are shown in [table 1](#). From a total of 326 LTLAs, data relating to 319 could be used in the analyses. Seven LTLAs were excluded primarily because data on licensing activity were unavailable. Up to a fivefold difference in age-standardised rates of alcohol-related hospital episodes between LTLAs was observed at baseline. One hundred and eighteen LTLAs (37%) were classified as having some form of active alcohol policy in 2007/2008, and 24 of these (20% of them and 7% of total) used CIZs as well as an active policy for new premises. Cumulative policy intensity, as described above, was medium or high for 19% and 16% of LTLAs, respectively. There were changes in local policies in the 2007–2014 time period in 63 LTLAs (201 minus 138) moving from having no active policy in 2007/2008 to adopting one for the period thereafter. [Figure 2](#) shows the geographical spread of cumulative policy intensity stratified in the four groups across England.

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Table 1

Study sample demographics



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Figure 2

Lower tier local authority cumulative policy intensity, stratified in the four categories: none (white), low (light grey), medium (dark grey) and high (black).

[Table 2](#) shows the results for three versions of the growth models. The unconditional model describes the trend without additional explanatory variables, the first conditional model includes baseline covariates and an interaction between policy and time, and the second conditional model describes an expansion of conditional model 1 to include interactions with time for all covariates. The unconditional model indicates that the variance in time trends (slopes) between the different LTLAs is twice as large as the LTLA 2009 baseline variances (0.115 vs 0.057, respectively), and that there is a small national decline in alcohol-related hospital admission rates in the 2007–2015 period (-0.048 meaning that the annual rate is reducing by about 0.5% per annum).

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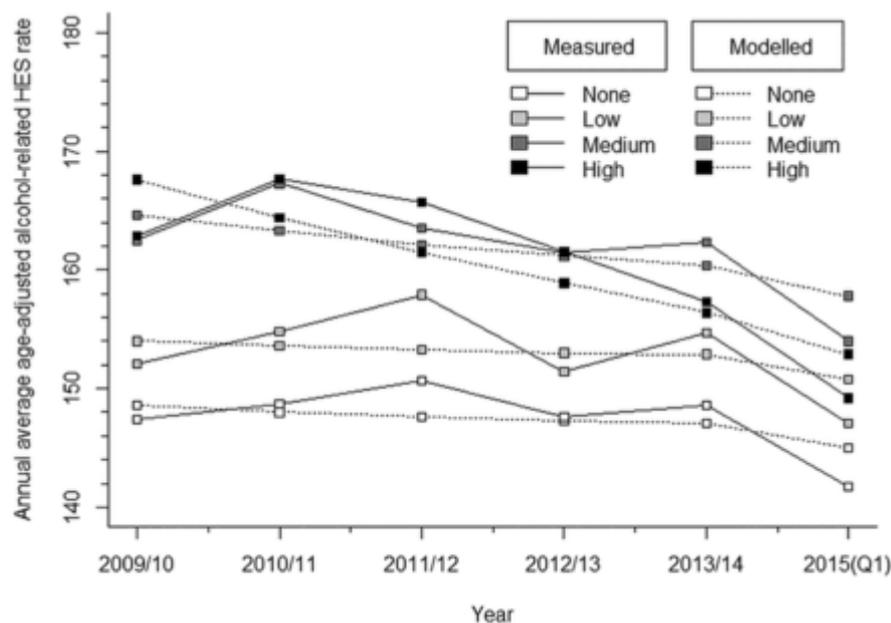
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Table 2

Results growth models (2009–2015 alcohol-related hospital episodes statistics)

Inclusion of baseline deprivation, population size and alcohol-related societal harm (modelled as alcohol-related crime rates)—conditional models 1 and 2—explains about 50% of the baseline variability in admission rates between LTLAs. Beyond that, they do not provide any evidence that differences in population deprivation, population size or alcohol-related crimes could explain observed changes in admission rates over the 2009–2015 time period (p values 0.34, 0.26 and 0.16, respectively). There was some evidence that areas with more active (cumulative) alcohol licensing policies may have had higher baseline rates of alcohol-related hospital admissions compared to those with no active policies (p values 0.23 and 0.05, depending on the model).

The most important finding of these analyses is that we observe different effects on the slope depending on the cumulative policy intensity (p=0.006). These results indicate that the intensity of alcohol licensing policies in LTLAs was associated with measurably larger reductions in alcohol-related hospital admissions, with larger effects in LTLAs with more intense policies. More specifically, these models indicate an additional, non-significant, decrease in admission rates of 0.6% annually in LTLAs with a medium intensity policy, which equates to a doubling of the reduction in the average admission rate over the 2009–2015 time period compared with the non-active LTLAs. The change in alcohol-related hospital admission rates in the areas with the highest intensity policies was –2% (95% CI –3% to –2%) annually (p<0.05), equating to (accounting for other modelled changes in population) an additional 5% reduction, or eight unique alcohol-related hospital admissions per 100 000 people fewer in 2015 compared with what would have been expected if these areas had not had active policies in place ([figure 3](#)).



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Figure 3

Measured and modelled annual average rate (eg, $\exp(Y)$) of alcohol-related hospital episode statistics (HES) admissions (narrow definition). Deeper colour indicates more active policy in the 2007–2015 period. Note that the figure shows annual averages instead of the modelled quarters, to reduce scatter and improve clarity of figures.

Sensitivity analyses using the policy intensity in 2007/2008 (see online supplementary material table S2) instead of baseline policy show comparable results, and sensitivity analyses using validated 2009–2013 data only (see online supplementary table S3) also show similar results, although with smaller effect sizes and weaker evidence ($p=0.06$).

[Figure 3](#) shows the measured and modelled national annual average hospital admission rates. (Annual averages have been used instead of quarterly data to make the figure easier to interpret.) These show that (1) the conditional growth model reflects the measured data well and (2) that the more intense the alcohol policies in local areas were during the 2007–2014 period, the more pronounced was the reduction in admission rates. Online supplementary figures S2A and S2B show the measured and modelled age-adjusted alcohol-related hospital admission rates for the six selected LTLAs, which are case studies in complementary research being conducted by the NIHR School for Public Health Research (Bristol, Islington, Ipswich, Bradford, Newcastle-upon-Tyne and Blackpool) and similarly indicate that the model fits the data well for a range of different situations.

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Discussion

An average decrease in alcohol-related hospital admissions of 0.5% per year was observed during the period 2009–2015. Our analyses show that there was a greater reduction in alcohol-related hospital admissions in local government areas where CIZs were present and with more intense scrutiny of alcohol licence applications. Although the effects on the age-adjusted rates are modest, about an additional 2% per year in the areas in the high-intensity group, given the expected relatively large amount of non-differential measurement error in especially the ‘exposure’,³⁰ we would expect the modelled effect sizes to be an underestimate of true effects.

These data do not allow for firm conclusions on the causality of the observed association to be drawn, because although they indicate a dose–response association where larger reductions in admission rates are observed in the LTLAs classified as having the highest cumulative (covering the entire time period) intensity of enforcement and presence of CIZs, this could also be the result of these councils being more proactive not only in implementing CIZ, but also in adopting a range of alcohol policies in those areas for which we do not have data. These could include, for example, co-introduction of late night levies or co-investment in a range of polices aimed at reducing social and health harms, including alcohol screening and brief intervention programmes. Additionally, it may be that the shift from the selling of

alcohol to be consumed on the premises (on sales) to sales for consumption off the premises (off sales)¹⁷ has been less pronounced in the areas where CIZs and more intense scrutiny was in place (potentially, but not necessarily, as a result of these policies).

The sensitivity analyses provide further support for our interpretation of the results; use of the 2007/2008 baseline policy data to categorise LTLAs results in comparable associations, but with slightly less fit, than would be expected from a result of changes in policy in the 2007–2014 period. We included outcome data that are yet to be fully validated for 2014; however, restricting the analysis to 2009–2013 data results in a similar pattern to that observed for the complete dataset, but with around an additional 1% annual decrease and weaker statistical evidence given lower power.

Although our stratification into four ‘cumulative exposure’ groups is relatively crude, we believe this to be less subject to measurement error compared with individual LTLA data, which have been shown to contain errors in the registered number of CIZs or in the number of licensing cases in some LTLAs.³⁰ By grouping LTLAs into three groups based on the presence or absence of CIZs and licensing application refusals rather than the actual numbers, and because we defined the categorisation a priori, it seems unlikely that misclassification would have been substantial or differential. Nonetheless, a stronger argument on causality could be made if intermediate data on consumption or local area sales data were included. Unfortunately, these data were not available for these analyses.

Alcohol policies, as confirmed by the statistical models, are not introduced in random areas, but more active policies are introduced in areas with greater (baseline) levels of harm. We have adjusted for this in both models by using baseline deprivation, population size and alcohol-related crime as markers of societal impact of alcohol consumption, but residual confounding may still be present. A possible approach to assess this post hoc in more detail is to match areas using propensity scores and evaluate matched pairs in more detail using, for example, a qualitative methodology to gain insights into LTLA-specific policies for areas with similar baseline characteristics (F de Vocht, R Campbell, A Brennan, *et al.* Propensity score matching for selection of local areas as controls for evaluation of effects of alcohol policies in case series and quasi case-control designs. Submitted for publication, 2015).

Temporal autocorrelation was adjusted for by the mixed-effects models used. Although spatial autocorrelation was present ($p < 0.05$), this was minor (Moran's $I = 0.024$). In addition, since alcohol policies are neither implemented nor evaluated at this level, we opted not to include this level, as we were also limited in statistical power by the 319 LTLAs in our analyses. [Figure 2](#) shows the spatial distribution of our policy metric.

Although counts were also available from LAPE,²⁶ we used log-rate growth models instead of Poisson models to allow for direct modelling of age-standardised available rates. Parallel analyses were conducted using quasi-Poisson models (*gllmPQL* in the *R MASS* package³¹), with comparable results (data not shown).

The outcome measure is a composite measure including a mixture of conditions wholly attributable to alcohol, such as alcohol liver disease and ethanol poisoning, as well as partly attributable conditions, such as malignant neoplasms of the oesophagus and hypertensive diseases.²³ Therefore, what remains unclear from these analyses is how much changes in admission rates reflect changes in the distribution of pathologies rather than an absolute change in incidence. A further disadvantage of this metric is that HES does not include

accident and emergency (A&E) department visits. Local council alcohol policies are often primarily aimed at reducing acute societal impacts such as criminal behaviour, acute alcohol poisoning and nuisances in public areas,¹⁴ and, as such, a more direct link between A&E department visits and alcohol policies is likely to be present. Further analyses of the impact on alcohol-related A&E or splitting hospital admissions by different disease types could help further explain the patterns seen in our study. Nevertheless, in terms of public health impact, our analyses indicate a potential longer lasting benefit of a more intensive licensing policy.

The tendency to focus on acute harms in studies looking at alcohol availability in relation to harm¹⁷ also applies to evaluations of initiatives to restrict licences in proscribed geographical areas comparable to CIZs, such as the Sydney licence freeze.³² Our current approach, therefore, in terms of public health impact, may be indicative of a longer lasting benefit. For local authorities in the UK, where Directors of Public Health have now been allocated ‘responsible authority’ status with regard to being consulted about new licence applications,³³ the results may also encourage a broader appreciation of the definition of harms that can be taken into consideration and may ultimately help make the case for inclusion of health as a fifth licensing objective of alcohol policy in England.

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Conclusions

These analyses suggest that, the more intensely alcohol licensing policies are implemented in a local area, the stronger their effect on reduction in alcohol-related hospital admissions, with an additional annual average reduction of 2% in alcohol-related hospital admission rates; or about eight unique admissions averted per 100 000 people in 2015, had those licensing policies not been in place. Moreover, because of the inherent measurement error in the available data, the actual impact may well be larger, but further elucidation will require more specific data and a better understanding of the measurement error to enable incorporation of this in the statistical modelling.³⁴ These analyses contribute to the available evidence on the effectiveness of population-level alcohol licensing policies specifically for England, and are the first to demonstrate that the intensity with which selected alcohol licensing policies are implemented and scrutinised is related to measurable reductions in alcohol attributable hospital admissions.

What is already known about this subject

- Although all local authorities in England operate under the same policy framework, concerns with the societal and health harms of alcohol consumption led to differences in the prioritisation of alcohol control interventions.

What this study adds

- This paper shows that local government areas in England with more intensive alcohol licensing policies are also the places where measurably larger reductions in alcohol-related admissions have taken place. This may be direct causation of the policies themselves or it could be an indirect association, but in either case, these analyses suggest a longer lasting population health benefit of local government initiatives to restrict alcohol licences.

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Acknowledgments

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Footnotes

- Measurable effects of local alcohol licensing policies on population health in England.
- Contributors FdV conceived of the study. FdV, JH, JM and MH established the methodology, with subsequent input from all the other authors. FV and JH conducted the statistical analyses with input from MH, CA and AB. FdV wrote the first draft, and all the authors reviewed this and provided input. All the authors read and approved the final version.
- Disclaimer The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.
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- Competing interests None declared.
- Provenance and peer review Not commissioned; externally peer reviewed.
- Data sharing statement All data are publicly available as described in the manuscript.

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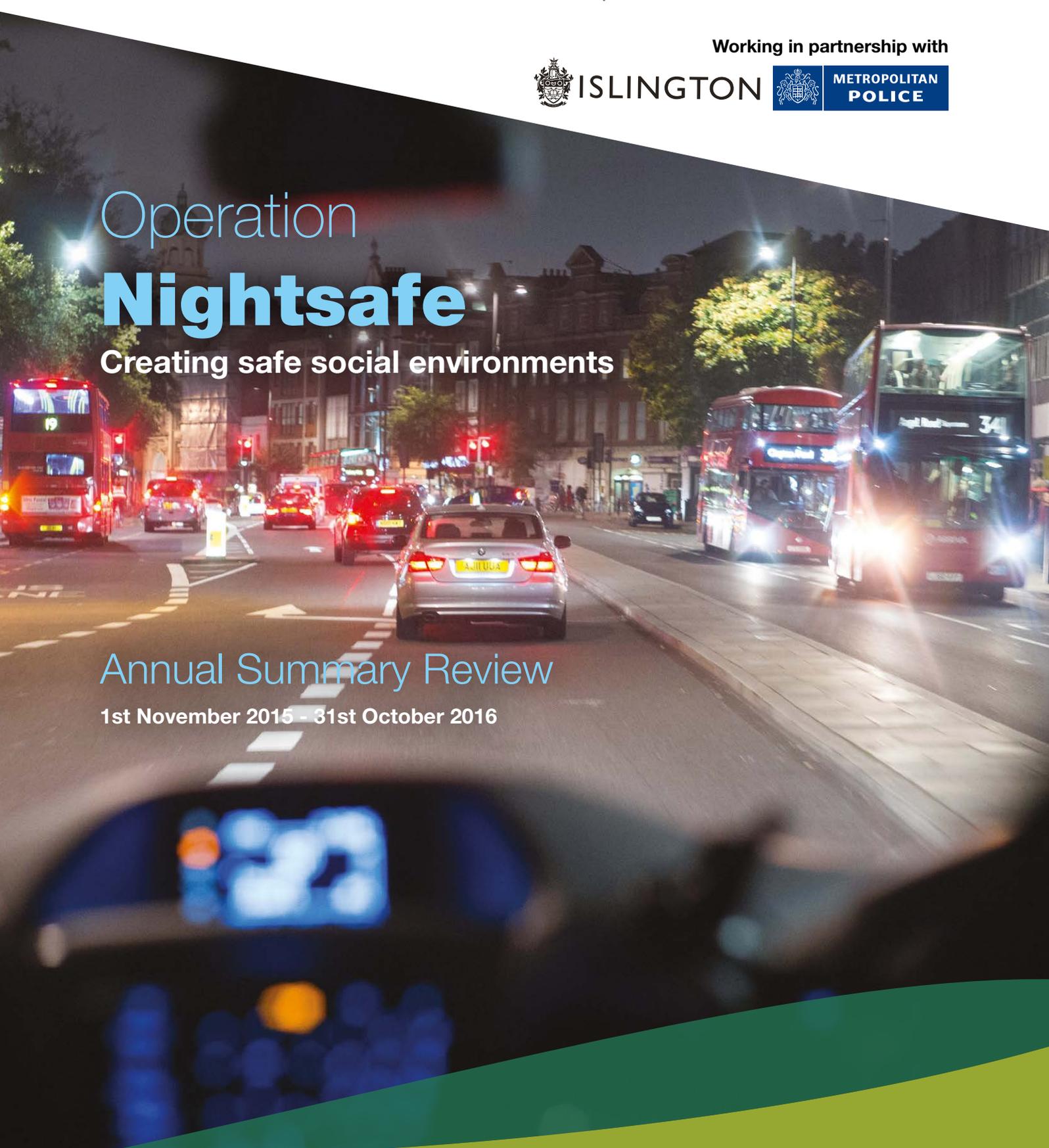
Operation

Nightsafe

Creating safe social environments

Annual Summary Review

1st November 2015 - 31st October 2016



Operation Nightsafe

Annual Summary Review

1st November 2015 - 31st October 2016

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This review is of the Parkguard Team's actions only and excludes Police, Council and Licensing Team data or outcomes generated, either independently by them or as result of follow-up action enabled by this team (such as criminal or civil prosecutions, imposing regulation/conditions or other subsequent interventions).

Background and Service

In 2014 Islington adopted the power to impose a Late Night Levy on all businesses selling or supplying alcohol between midnight and 6am. The amount of levy payable is prescribed by central government to help improve the Night Time Economy (NTE).

By law 70% of the income generated by the levy must be allocated to the Police to spend on activities to reduce crime and disorder associated with the late night sale and consumption of alcohol. The remaining 30% will be retained by the Local Authority to spend on activities to improve the local NTE and the environment in which these activities are concentrated.

In Islington, the Police and Council, with support from the Mayor's Office for Policing and Crime (MOPAC), have agreed to pool the levy income and to deliver a dedicated, multi-agency partnership called Operation Nightsafe. The team consists of Police and Council Licensing, the Parkguard Nightsafe Patrol Team, Special Constables and Policing resources from Safer Neighbourhoods.

The Parkguard element of Operation Nightsafe consists of a Police Accredited, street-based tasking team, delivered by Parkguard on behalf of Islington Council and working in partnership with the Metropolitan Police in a support capacity. The overall aim of this four person team is to provide a dedicated service at key times to aid in tackling NTE issues through presence patrolling, safeguarding, information and intelligence gathering, as well as enforcement where required. The primary purpose of this operation is to support the public, licensees and other partner agencies in the overall management of public disorder, crime and other forms of nuisance associated with NTE and to minimise risks to public safety and impact on the wider community.

Winners of the first Metropolitan Police Police and Security (PaS) London Awards 2016

Partnership & Engagement category



The area of responsibility is borough wide and the deployment is determined on a nightly basis by intelligence-led tasking, call response and Police team briefings.

The team provides a dual function service, combining medical and policing support that is focused around key crime generators such as off-licences, pubs, clubs and high footfall streets for NTE. In addition to general crime and anti-social behaviour their role also includes addressing licensing, street trading and taxi touting issues. To deliver this role, Parkguard Officers are appointed persons empowered to act on behalf of the Local Authority in an enforcement capacity, as well as utilising delegated powers as part of the Metropolitan Police Community Safety Accreditation Scheme under the Police Reform Act.

Promoting public safety and providing support

Supportive Action & Promotion of Safety

Assisted member of public in need	536
Health & welfare check People checked due to a concern for safety	724
Medical Support Provided <small>*Note: Ambulance called to attend x20. Which is a potential reduction on LAS NTE calls of 77</small>	97
Crime Prevention Advice Provided to people found in a vulnerable position	157

The reasons for checking on welfare ranged from serious assaults down to inebriation

“The team provides a dual function service, combining medical and policing support that is focused around the Night Time Economy.”

Operation Nightsafe

Patrol Medic Overview

Due to the nature of the role being that of proactive patrolling, the team predominantly find issues or arrive on scene just as an incident unfolds or it is coming to a conclusion.

Over this period the Patrol Medic has attended to:

29	Patients requiring treatment, solely due to intoxication
25	With traumatic injuries requiring specialist treatment
17	Patients with significant head injuries
14	Patients with serious facial injuries
5	Patients with life threatening injuries to a limb
18	Minor injuries

Parkguard needed to ensure that the team are equipped to deal with a wide variety of incidents until other relevant service can be alerted and arrive on scene. Given that our focus is the night time economy, we are often first on scene to incidents that involve injury or concern for safety through alcohol, drug use, trips and falls, assaults and so on. Based on this, we anticipated that we would require a medical element to the patrol team, to ensure that we can give the best immediate response to all, to safeguard and support them. Over this period, the Patrol Medic has provided care on 108 occasions to those either working in or enjoying Islington's NTE.

We have also further invested in training and equipment over the period to provide an enhanced level response and to enable the best possible care until the arrival of the London Ambulance Service (LAS) or other appropriate services.

As a by-product this has also enabled us to help reduce unnecessary demand on the LAS by resulting calls that did not require an emergency response. This is due to calls being made due to poor judgement or panic and often from the callers also being drunk. Through assessment and intervention of a Medic, we were able to cancel or prevent the dispatch of 57 ambulances that could be re-deployed to life threatening emergencies and which prevents a minimum spend of approximately £14,478.

The Patrol Medic has also provided definitive treatment to 108 patients on the street that would have required attendance to an Emergency Department or Urgent Care Centre, again preventing a minimum spend of approximately £11,664 (source: NHS evidence.nhs.uk, NICE, kingsfund.org.uk).

Medical Support

Examples of good work:



Team found a collapsed male and the Medic identified male was in cardiac arrest. CPR was conducted by the team whilst the Medic secured an advanced airway and attached the defibrillator. The third and final shock proved successful in restarting the male's heart just as the advanced trauma team arrived. They were able to progress straight to administering life support drugs. The male was transported to St Barts Heart Attack Centre where he received lifesaving treatment. **The Medic and team were commended by the consultant surgeon and HEMS advanced trauma team for providing lifesaving interventions.**

The teams attention was drawn to a female bleeding profusely from her head. It was established she had fallen back landing on a cocktail jug which penetrated her head, resulting in her losing around 2 pints of blood. Medic managed to eventually control the bleed using specialist trauma dressings. Due to a lack of available ambulances the team rushed the female to a nearby trauma centre where she received definitive treatment. **The team were thanked by the Ambulance Duty Officer.**

Medic provided lifesaving interventions to an unconscious male that had been subjected to a serious assault where his head had been stamped on. Spine and airway protected prior to ambulance arrival, allowing specialist trauma team to package and transport male immediately to a trauma centre.

Medic stabilised a male that had been stabbed in the abdomen. Bleeding stemmed and wound closed using specialist dressings which proved to be lifesaving. **Handed over to HEMS trauma team who commended the medic for his management of the patient.**

Medic identified a male leaving a venue that appeared to have overdosed with a recreational drug. Ambulance summonsed without delay and male conveyed to a specialist centre due to body temperature. **Early intervention saved the male's organs from serious damage.**

Team located an unconscious female down an alleyway on her back, with vomit blocking her airway preventing her from breathing. **Airway cleared and oxygen administered which proved to be lifesaving.**

Team found a male that had sustained significant head injuries following a serious assault with bottles. **Bleeding stemmed by Medic and handover to Trauma Team.**

Medic responded to call for assistance from Police due to lack of available ambulances, with an unconscious male with a significant head injury. Lifesaving intervention was provided by the Medic who identified the male had a blocked airway due to trauma.

Team came across a male having a violent seizure in the middle of a busy carriageway. The team protected the scene whilst the medic stabilised the male. **It was established the male had absconded from hospital and needed urgent treatment.**

Welfare Overview

A core function of this team is to safeguard people who become vulnerable through circumstances, excess alcohol or drug and to prevent them becoming victims of crime or injured or worse.

These individuals are normally located in the immediate vicinity of licensed premises or more isolated locations where they have wandered off before their situation deteriorates.

The support provided is very wide ranging, but the most regular types of support were:

- Locating people unconscious or asleep or suffering exhaustion at bus stops, in adjacent residential areas or in side streets and alley ways as a result of the influence of alcohol and or drugs.
- Finding people alone, vomiting and vulnerable. The Patrol Team assisted them in cleaning themselves up, providing medical assessment, water and refuge at the vehicle until transport home can be secured or guardians located. The teams have often also provided disposable bowls and waste bags for the onward journey and assisted with cleaning the scene due to bodily fluid left outside front doors etc.
- People who are disorientated and have become lost while trying to make their way home or are unable to get themselves to a transport hub as they are incapacitated through excess alcohol. Many of these also had minor cuts or abrasions from falls or stumbling along building walls. Cleaning wipes and plasters were often provided but they did not want to be treated officially by the Patrol Medic so these are not included within the medic returns.

S.O.S / Welfare Unit

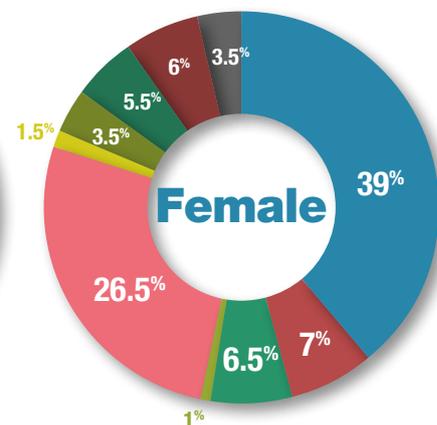
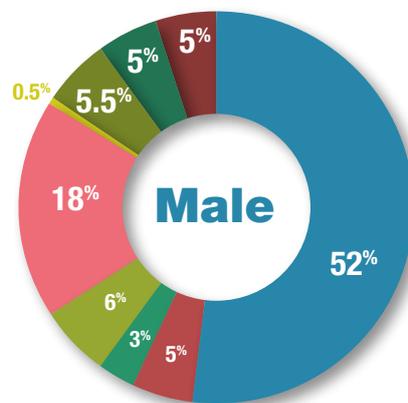
Over this period we deployed a fully equipped and marked emergency Ambulance for **23** shifts at peak time on core nights. This deployment comprises of two medics' stationing as directed by the Nightsafe Team and Police, predominantly in the most high foot fall and priority night time economy areas. These locations changed as the night progresses, mirroring that of party goers transition from pubs to late bars and clubs and then routes to transport hubs. The deployment also contained a reactive element in which they were re-tasked to different areas and incidents based on information and intelligence received from Police and patrol units in real-time. The purpose of this deployment was to provide medical care to those injured or ill through drugs and or alcohol and provide a safe place for people to seek assistance and be safeguarded. The unit also acted as additional, capable guardians to alert the Police and Nightsafe Team to any potential or actual issues, as well as providing general advice, information and referral to other means of support.

23
Shifts



Welfare support by category

Reason	Male	%	Female	%
Drunk	238	52%	186	39%
ill	22	5%	32	7%
Victim	13	3%	30	6.5%
Asleep	26	6%	5	1%
Waiting Transport	84	18%	126	26.5%
Taken Home	2	0.5%	7	1.5%
Medic	24	5.5%	17	3.5%
Directions	23	5%	26	5.5%
Friends/Lost	23	5%	29	6%
Phone	0	0%	17	3.5%
Total	455		475	



- Drunk
- Waiting Transport
- Directions
- Ill
- Taken Home
- Friends / Lost
- Victim
- Phone
- Asleep
- Medic

In terms of victim code by gender, males tended to be victims of crime ranging from snatches to major assaults. The majority of females found were feeling unsafe in unfamiliar surroundings as lost or alone, or in fear following unwanted or aggressive attention being paid to them by individual males or groups of males. In terms of the Medic/Illness code, males tended to require assistance due to accidents as result of risk taking, horse play or altercations. With females it tended to be illness as a result of excess alcohol or trips and falls.

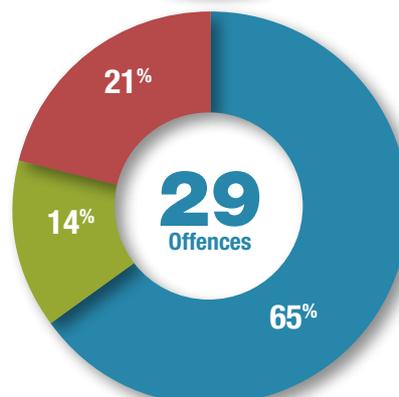
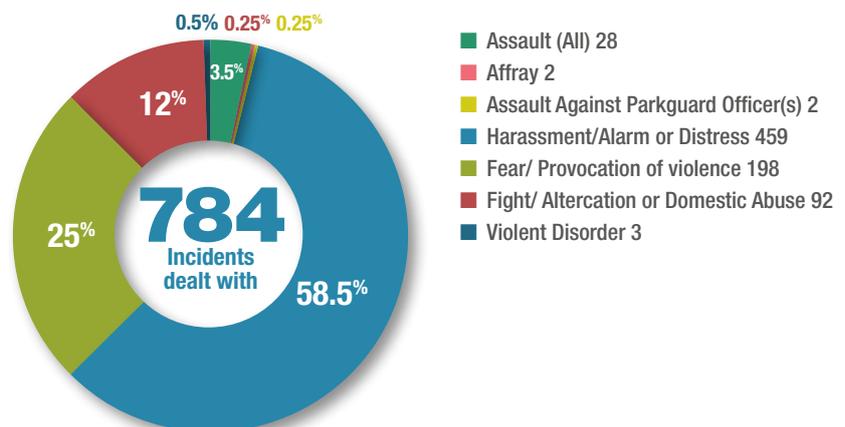
NTE Violence and disorder



Over the 12 months the team have dealt with 784 incidents involving violent or aggressive behaviour within a NTE setting and the majority included multiple individuals and people under the influence of alcohol and/or drugs.

The specific delivery of this service is complimentary of borough policing, but intrinsically different in aspects of deployment. This enables the team to apply predominantly proactive patrol techniques and therefore focus on early intervention, through being present at the time of potential escalation to violence.

This early prevention means the team intervene through verbal resolution or physical interventions, which reduces the number of actual assaults. The large number of incidents shown below where violence was either threatened or intimated would more often than not have been added to the total number of assaults if not for the team's intervention and de-escalation. Equally where there were people already found starting to physically engage in a fight, the intervention has served to prevent these escalating and then resulting in serious injury. Of the 784 incidents there were 31 confirmed and processed assaults, the majority of which occurred prior to the team's arrival.



There were 23 people arrested as a result of Patrol intervention for 29 offences ranging from public order, possession of a class A drugs to offensive weapons and serious assaults.

- Violence and disorder 19
- Drugs and drink 4
- Other crime 6

Enforcement action

The majority of arrests were as a result of varying types of assault including domestic abuse.

Enforcement action taken	
Patrol generated arrests	29
Person (s) Requested / directed to leave/ disperse	675
Person (s) Warned & Advised at scene due to conduct	1235
Suspects, Offenders and relevant issues brought to the attention of the Police	51
Person (s) Warning via Report/other (20) and Relevant Person Informed (32)	52
Person (s) Warning via Report / other	20
Area Search - Person/Article	5
Area Search – For suspect or witness appeal	152
Persistent / prolific offender detected, Monitored & Reported	22

Violence / Disorder

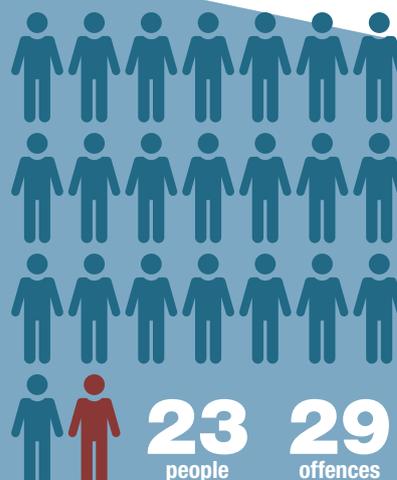
Of the 784 violent incidents there were 31 confirmed assaults, the majority of which occurred prior to the team arrival.

Examples of patrol generated arrests of note include:-

- The Team were called to a large scale brawl at the premises involving approximately 30 people fighting using belts and other weapons. On Parkguard's arrival several suspects made off before they could be detained. Police were called and Parkguard Officers assisted with disarming and detaining 3 suspects. The Patrol Medic rendered intensive first aid to several victims of this fight. Three arrests were made for Violent Disorder.
- Whilst parked opposite a venue Officers observed an altercation taking place outside the venue. An investigation took place and one victim was Italian but Parkguard were able to speak to him due to the multi-lingual ability of one of the officers. As a result of this investigation a male was detained and subsequently arrested by Police for Actual Bodily Harm (ABH). First Aid was rendered by the Patrol Medic.

- The Team were called to an assault and whilst the Patrol Medic administered treatment the other Officer made local enquiries which resulted in the detention and arrest of a male for ABH.
- Whilst on a short foot patrol Officers witnessed a drug exchange and intervened, 1 female was arrested for possession with intent to supply a class A drug (MDMA).

These are excellent results when considering the patrol is one vehicle, covering borough wide 4 days per week and that the primary focus is supportive roles for the public, Levy payers, Police and Council through prevention, safeguarding and welfare as opposed to enforcement.



NTE Violence and disorder

Consistent, familiar liaison and forming trusted relationships are vital to effective information gathering, crime reduction and prevention. It also aids in finding collaborative solutions and delivering tangible, productive support to new and emerging issues. As this team has a far lower call demand than emergency services, they are able to dedicate sufficient time to engagement and liaison.



- Liaised - (Public) For the purpose of reassurance information & intelligence gathering. These are occasions not number of people (36.2%). Average encounter per visit or specific area patrol 5 to 10
- Liaised - Door Supervisors, Designated Premises Supervisor (DPS) & venue owners and council staff (56.2%) Occasions not number of people. Average encounter per visits 2 to 6 door staff (Repeat liaison)
- Liaised (Police) 343 occasions (7.6%)

Joint working and additional service provision

Supportive Action & Promotion of Safety	
Police Joint Patrol	8
Met S/C Development Duty	0
Attended Police Operation	0
Joint Patrols with Licensing/ Street trading	0
Additional Tasking Team Deployed (2nd unmarked vehicle to focus on specific taskings)	31
NTE meetings (Pub Watch, Review, monitoring & forward planning)	16
Attended court to give evidence	0
Welfare Unit Deployed	23

Other priority returns

Street population related incidents dealt with	
Begging	4
Homelessness	43
Disorderly Street Drinkers	44
Known Street Drinkers present - No Offences	20
Vehicle related incidents dealt with	
Vehicle (ASB/Nuisance)	45
Road Traffic Collision	12
Road Traffic Offence	56
Suspicious Vehicle	64
Taxi Touting	107
Drug Offences	
Drug Offence – Possession/ Supply (PWITS)	12
Drug Paraphernalia Found	72
Acquisitive crime	
Theft	11
Robbery	0

Nuisance: rowdy and inconsiderate behaviour

Nuisance - Incidents dealt with	
Nuisance (Adult/over 18)	1445
Nuisance (Illegal Traders)	83
Nuisance (Littering)	141
Nuisance (Licensed Premises)	223
Nuisance (Noise complaint)	554
Nuisance (Urinating in Public)	83
Nuisance (Youths under 18)	85

The Team's enthusiasm and commitment has been the cornerstone of the success in making the night time economy a safer place.

The Metropolitan Police 2016

Other incidents dealt with	
Criminal Damage	2
Discrimination – Racially Aggravated	7/2
Dog Related Incident (All)	1
Gathering Young People - No ASB	27
Offensive Weapon Recovered	6
Person check and/or Suspect person monitored	109
Property found and handed in	4
Health and Safety concerns	8
Intelligence received from member of the public	12
Street Refuse; Fly Tipping (4) Nuisance Litter (141)	145

Information and intelligence gathering

In the 12 months that this report covers, this single patrol team working 4 days per week, generated patrol reports that totalled 620,292 words of information and intelligence. This creates an intelligence picture which is not only quality assured, but produced in real time after each shift into Council Licensing, Police and Public Protection, which makes the volume usable and of significant value in the overall management and response to NTE. This is a picture that is unlikely to be held by any other Local Authority/Police Service when it is then combined with Police calls and Officer reports, Licensing reports and calls to the Council's out-of-hours ASB reporting line. This makes mapping and proportionately and efficiently responding to NTE issues at specific venues and areas, exceptional. This enables a multi-agency collaborative service delivery to encourage a busy and popular NTE and create a safe social environment.

words of information and intelligence generated:

620,292

Increased presence to promote public safety

Assigned to this service is a marked, dedicated and highly visible vehicle. This serves the purpose of preventing crime and disorder by deterring, disrupting and displacing offending, as well as providing reassurance through high profile presence patrolling. Over this 12 month period this vehicle has travelled 9150 miles, over less than a 9 square mile area, predominately within high footfall areas. This is the equivalent of driving from the London Borough of Islington to Miami and back; or the length of the borough, from Archway to Farringdon (via Holloway Road and Upper Street) 1900times.

Triggers - Total directed attendance

1715

Pre-Shift: Non-Police Tasking visits & request (self-generated, Council, other partners)

1031

Pre-Shift: Police Tasking visits & request (email & nightly briefing)

400

Called by Public/ Door Staff (Direct) to attend

175

Called by ASB Line Control Room to attend

68

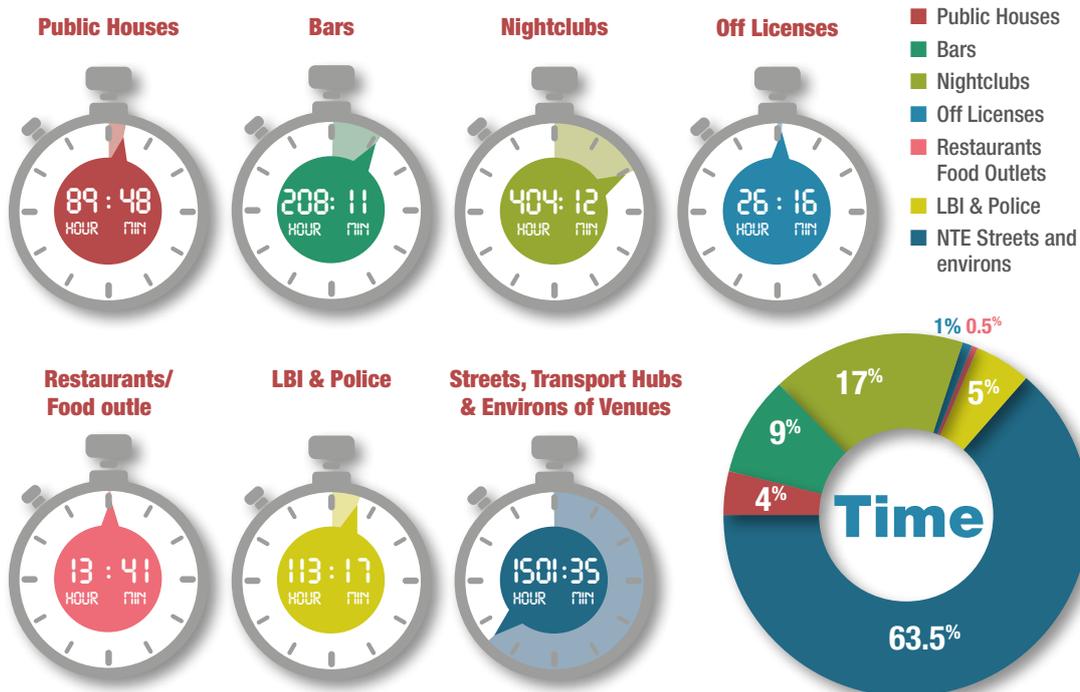
Called by other Parkguard unit

26

Called by Police to attend

15

Breakdown of premises by time and type:



Ward Coverage 260 days

(Thursday to Sunday inclusive per week)

*Data excludes no ward specified entries recorded under LBI

Ward	% of Visits	Number of Visits to Ward	Number of actions
St Mary's	23.14	738	242
Barnsbury	20.01	638	189
Clerkenwell	14.83	473	211
Bunhill	14.3	456	216
Caledonian	11.57	369	156
Junction	5.3	169	39
Finsbury Park	3.38	108	17
St Peter's	2.69	86	24
Holloway	1.53	49	18
Highbury East	1.09	35	7
Highbury West	1.06	34	6
St George's	0.28	9	2
Canonbury	0.25	8	1
Hillrise	0.18	6	0
Tollington	0.18	6	0
Mildmay	0.09	3	0
		3187	1128

Since the introduction of this team after the 1st 11 months there was a 17% reduction in alcohol – related crime and a 14% reduction in violence.

The Metropolitan Police 2016



In addition to the locations & venues which are all ward based, visits were conducted and incidents dealt with at venues which are not on the provided Islington Licensed Premises Register. Where possible the incident was tagged to the nearest premises on our system. Where we are called to or deal with a premises on a repeat basis then that venue is added to the reporting system. However, NTE problems are by their nature fluid, so numerous incidents occurred away from establishments, on the way to transport hubs and main roads. This necessitated mobile patrols along these routes. The Appendices show the breakdown and statistics around them. In addition to the ward based venues noted above, 289 visits were made under the umbrella location of London Borough of Islington. These would include “Street Patrols” i.e. the vehicle conducted passing patrols around an area rather than just a single street and did attend a given venue. This generic location is also used for “one-off” visits to new premises.

The remaining patrol time has been spent in the vicinity of licensed premises and high NTE footfall roads, addressing NTE related issues generated by people on the way to and from venues. Although is not linked to a venue type, it is of equal importance as the issues are still related to the commercial activity of the collective licensed premises, as a safer area supports better business.

Company Overview

Parkguard provides a wide range of community safety services, predominantly on behalf of Local Authorities and Police, as well as in partnership with various other statutory providers.

Parkguard is an Association of Chief Police Officers (ACPO) approved company under their Crime Prevention Initiatives and a Police accredited company under the Police Reform Act 2002 for the Metropolitan Police Service, Hertfordshire Constabulary and Essex Police. This Act allows Chief Constables to accredit certain organisations that work within a community safety remit and can meet extremely strict Police criteria. As such, we have become part of the extended policing family under the Community Safety Accreditation Scheme (CSAS). As an accredited organisation since 2005, Parkguard was the first private sector company and currently the only organisation to hold multiple area accreditations which facilitates cross-border working.

By being part of the wider Police family our services are sanctioned by state and our staff have to pass National Police Personnel Vetting and receive enhanced training above the standard industry requirements currently in the private sector. Our staff hold a number of delegated Police powers, not normally available outside of the Police service. We have maintained this standard and exercised these powers appropriately and consistently for over a decade across our service areas. Having a lawful right to act within the public domain, and the ability to exercise these powers means that we deliver tangible, effective action against offenders and our services operate within their own right, generating legitimacy and public confidence. Parkguard has a proven track record of delivering consistent partnership services, which hold value to local communities. By performing these roles collaboratively with the Police, Local Authority and other agencies through information sharing and established processes as a recognised partner, we are able to provide supportive roles that compliment local policing and the work done by partners. This aids in the reduction of a broad range of local issues and provides greater promotion of community safety when responding to public concerns. Due to these services being delivered in this way, as part of the wider Police family, we are subject to statutory control and afforded inclusion, which is often not found with private companies. We deliver our services in line with public service controls, ensuring transparency and accountability which allow protection in terms of delivery standards to the public that our Local Authority clients serve.

Generally our services fall into two main areas:

1

The design, implementation and subsequent delivery of public services on behalf of the Local Authority, such as Community Warden Schemes, Parks Patrol Services, Anti-Social Behaviour (ASB) Response Teams, outreach support and Night Time Economy policing support.

2

The second is alternative approaches for specific local concerns such as gang exit programmes, youth diversion, outreach/harm reduction, education-based responses and dealing with irresponsible dog ownership and dangerous dogs.

Our main activities within these areas include high-visibility patrolling to deter and disrupt offending and to gather information and intelligence to aid in efficient wider action. These patrols promote community safety by providing early intervention, prevention and by actively targeting and prioritising lower level nuisance and other forms of Anti-social Behaviour. The overall aims of our services are to enable, facilitate and support wider action by the authority and Police to then collaboratively achieve longer term solutions to community issues and also elevate service demand. This enables the Local Authority and Police to address higher priority calls, improve response with appropriate use of resources and also focus on their core responsibilities without being abstracted to action tasks that do not require a Police or higher level response.



Parkguard Ltd

Service provider to Local Authorities & Police

www.parkguard.co.uk

Our Local Authority and Police support services are regulated by the authorities for whom we work to ensure accountability and transparency. As a result many are integrated within existing Local Authority or Police teams in order to deliver tangible results in a complimentary way - as one service, in which all members of the community have open and equal access.

Parkguard is an innovative company, which covers all areas of crime prevention, specialising in partnership approaches to solve problems. Parkguard is not an opportunistic product of austerity or diversifying focus, to capitalise on current perceived fear of rising crime and reductions in policing by the public. Parkguard continues, as intended to be from the start, a community safety service provider. Our core services have been delivered for many years with little change to delivery or role type and are well established within our areas of work.

The company also has a General Security Division which compliments our specific and unique approach outlined above. We have selected a pricing structure for the General Security Division that is competitive within the security industry, placing us in the low to mid-range pricing bracket. However, due to our Police Accredited status, this division is of a higher standard than the industry average to prevent any negative impact on the primary company focus and our reputation. This means clients using our General Security Division are afforded high quality staff and equipment, combined with specialist area policing knowledge, while maintaining low industry prices.

From our unique ways of working, Parkguard has achieved numerous awards. In 2010 we were recognised by Hertfordshire Police for our significant contribution to community safety. In 2012 we received an award from Essex Police for our commitment to community safety and being the longest serving accredited organisation and we also achieved BS ISO 14001. In 2013 we were awarded by the Metropolitan Police as Partner of the Year and during 2014 we achieved ISO 9001 status and awarded the London Living Wage Mark. In 2015 we achieved BS ISO 18001 and we developed a supportive policing role to aid in managing Night Time Economy issues in partnership with Islington Council & the Metropolitan Police; this type of approach was a national first. In 2016 we were awarded by the Metropolitan Police Service for partnership & engagement in London at the Police & Security Awards and also received a certificate of appreciation from Ealing Police for our hard work and continued support to the Police and the people of Ealing.

Follow Parkguard on Twitter

- Main Feed: @ParkguardLtd
- Night Time Economy policing support (Islington): @Parkguard_NTE
- Recruitment: @Parkguard_Rec

Alternative Contacts:

- Parkguard Office: 0845 467 3023
Email Info@parkguard.co.uk

Community Safety Accredited Company:

- Association of Chief Police Officers (ACPO) Approved Company
- Accredited by Essex Police
- Accredited by Hertfordshire Constabulary
- Accredited by Metropolitan Police

Awards:

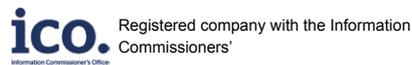
- Awarded by Hertfordshire Constabulary for significant contribution to community safety
- Awarded by Essex Police for commitment to Community Safety as the longest serving CSAS Company
- Awarded Metropolitan Police Partner of the Year (Islington Borough) 2013
- Winners of the Metropolitan Police "Police and Security (PaS) London Awards 2016" for Partnership & Engagement
- Awarded by the Metropolitan Police "For hard work and continued support to Ealing Police and the people of Ealing" 2016

Company Information

Company Registration Number: 6157958
VAT Registration Number: 906598196
Registered with the Information Commissioner's Office

- BS EN ISO 14001: 2004
- BS EN ISO 9001: 2008
- BS OHSAS 18001: 2007

Accreditations





Islington Alcohol Summit 2017	
Date and location	28 th June 2017 Platform, Hornsey Road Baths, 2 Tiltman Place, off Hornsey Road, London, N7 7EE
Introduction to this document	<p>A total of XX delegates attended the event and represented a range of organisations and stakeholder partners including: Councillors, community safety; Public Health; licensing; commissioning; substance misuse treatment providers; London Fire Brigade; Metropolitan Police; London Ambulance Service; supported housing providers, licensed premises; Whittington; UCLH; Camden & Islington NHS Foundation Trust; Islington CCG; ASB team; park guard; children's services; GPs and service users.</p> <p>This document provides a brief summary of the session and key points raised during each activity undertaken throughout the day.</p>
Event objectives	<p>The aim of the day was :</p> <p>To focus on reducing alcohol related harm in Islington</p> <p>And the objectives were:</p> <p><u>Raised awareness of licensing</u></p> <ul style="list-style-type: none"> • To provide an overview of work carried out around prevention of alcohol misuse and enforcement • To provide an overview of alcohol licensing policy, what has been achieved and future plans <p><u>Shared knowledge of the health and social impacts of alcohol misuse</u></p> <ul style="list-style-type: none"> • To understand the national and local picture of alcohol harm • To understand the impact of alcohol misuse on both Council and other services, including police, crime and public safety • To give an overview of treatment services available <p><u>Development of future plans</u></p> <ul style="list-style-type: none"> • To develop recommendations to improve the alcohol misuse services locally • To provide an opportunity to input into the Islington alcohol harm reduction action plan • To identify approaches and partnerships for maximising the impact of data and intelligence around alcohol • To learn from examples of good practice elsewhere • To explore how we can improve awareness around reducing alcohol related harm • To identify gaps and opportunities for reducing alcohol related harm
Format	The summit involved a mix of approaches including guest speakers, presentations, workshops and round table discussions.
The Programme	



<p>Welcome</p>	<p>An initial welcome was conducted by Councillor Watts followed by an introduction to the day by the independent facilitator, Alison Wheeler.</p>
<p>Setting the scene</p>	<p>A number of short panel presentations were provided. These set out the achievements and specific local challenges. Speakers were also asked to identify ‘their ask to the room’. The salient points of the presentations are given below.</p> <p>Paul Hobbs, London Fire Brigade:</p> <ul style="list-style-type: none"> • Shift to early intervention is key. • In 2016, 2 incidents relating to alcohol resulted in fatalities. But alcohol has range of impacts on LFB, not just fires, but also issues such as providing assistance when someone is so intoxicated they fall and can’t get up. • The fire service carry out home visits every month but they feel they aren’t always visiting the right places. • Ask of the day is around better identifying those who could benefit from a visit - and working closely with organisations who can direct the fire service to the most vulnerable. <p>Nick Davies, Metropolitan Police:</p> <ul style="list-style-type: none"> • Want to work with pubs and clubs to support a well-run Night-Time Economy (NTE). • Alcohol has a massive impact on police – estimate 80% of weekend arrests are alcohol related. • Half of the police’s time is taken up by alcohol related incidents and often the issues they are responding to need a response from other agencies. • Previously there was an 11pm busy peak, but this has expanded to the whole night up to 5am. Thursday – Sunday busiest days between 11pm – 5am. • April – September is when anti-social behaviour rises. • Park guards help with NTE. • Need a longer-term solution, 1 – 2 year plan. Also, can we work together to do some targeted (ward) work around particular issue areas <p>Jan Hart, Public Protection and Community Safety (Islington Council):</p> <ul style="list-style-type: none"> • One area of focus is responsible management of off licenses including selling alcohol to those under 18. • A lot of requests from bars wanting to serve until 3 – 4am. Particular issue is every shop wants to serve alcohol now. • Late night levy is in place, extra police and patrolling from midnight to 6am. • The number of license applications is the same but a lot more interesting and different applications. • Positive - alcohol related violence has reduced. • Problems – people buying alcohol and drinking at home or on the streets, does feel bars are under control. • Ask would be around how we can improve the information we get from partners around areas of concerns for instance shops selling alcohol to those who are clearly intoxicated or who are vulnerable because of their drinking.



	<p>Charlotte Ashton, Public Health (Islington Council):</p> <ul style="list-style-type: none"> • Have developed a systematic process for reviewing and submitting representations • We have increased our approach to identification brief advice • We have developed approaches to ensure wider health and well-being of those in alcohol services are addressed e.g. NHS health checks at treatment services • However alcohol continues to have a major impact on the health of borough residents. • Islington experiences significantly higher rates of hospital admissions than England - the highest rate across London and 31st highest out of 150 boroughs in England • Over a one year period, 563 individuals were admitted to hospital as a result of alcohol, and in total there were 1025 admissions. With a group of 41 individuals each having 5+ admissions. These 41 accounted for 31% of all admissions. • Actions during the next 12 months: Early help intervention/awareness raising; Treatment service redesign; Local alcohol action areas. • Ask of the day: How we can maximise our approach to alcohol harm reduction by working closer together - better share information and ensure our messaging is clear and consistent. As an example how we can work more closely together to support those 41 people admitted to hospital more than 5 times in 12 months.
<p>Key speaker</p>	<p>Learning from Liverpool, Ian Canning, Strategic Lead Alcohol & Drugs / Head of Neighbourhood Management</p> <p>A presentation about the approaches and outcomes of the Liverpool Alcohol Strategy.</p> <p>Segmentation:</p> <ul style="list-style-type: none"> • Chardonnay socialites. • Ritual relaxers. • Balanced bingers – less receptive to health messages. • <i>Drinkers in denial - less receptive to health messages (living for today).</i> <p>Chardonnay socialites & Ritual relaxers:</p> <ul style="list-style-type: none"> • People don't respond to units. • Calories are a big driver for men and women. • Contextualise food to drink in calories. • Receptive to change and health information. <p>Balanced bingers & Drinkers in denial – Drink less, Enjoy more:</p> <ul style="list-style-type: none"> • Started intervention before people arrived at the city centre – e.g. outdoor advertising on routes in to the city. • Bars received information about fines – stop serving people if too drunk. • Media activity - Capital FM, outdoor advertising, Google ads, social media. Tweets sent out on specific days and times of the week. • In bar promotion – beer mats, bar mats. 20 – 30 minute staff training before the night starts in most at risk bars. • Communication campaign isn't enough. • Police contact was key - they sent letters to bars stating it's illegal to serve alcohol to



	<p>someone who's very drunk or for people to buy them alcohol.</p> <ul style="list-style-type: none"> • Bar staff felt more confident to refuse alcohol. • When bars re-license the bar staff training is compulsory. • Working with door staff didn't work as well as we'd hoped. <p>Evaluation:</p> <ul style="list-style-type: none"> • Awareness; Media coverage, digital advertising. • Engagement: Digital advertising. • Behaviour change: Survey Monkey.
<p>Table discussion 1</p>	<p>What I can do for licensing and what can licensing do for me?</p> <p>Issues experienced:</p> <ul style="list-style-type: none"> • Convenience stores selling to street drinkers – but then complaining about ASB at their premises. • Low turnover businesses – find a tool to keep businesses, “change their behaviour”. • Changing appearance of small convenience stores to attract different clientele. • Bar in Kings Cross targets drunkenness and uses sensitive approach to manage them. • Difficulty for off license premises being able to say NO to drunk customers. • Uncertain how decisions are made when granting licenses. • Population groups – can segment population by premises type and think about issues associated. • Can we encourage non-alcoholic led businesses to open in Islington (e.g. ping pong bar) – encourage more food-led premises. • Local advertising by premises needs to be more responsible (e.g. happy hour). • Reduce stigma around licensees selling non-alcoholic drinks and offer alternatives e.g. Dry January, mocktails. • Zero % scheme – companies can show they support this. • Street drinkers in hostels – vulnerable, attacks. • Hospital admission – White Ace, key product. Special K also brand of concern. • Post Office next to off license – benefits then to ‘offy’. • Off licenses serving residents that are drunk; street drinkers served under the influence. • Bigger groups of street drinkers. • Begging – spending on alcohol. • Lots of soft intelligence about where people buy alcohol. • Premises knowing when enforcement teams are out. • Football crowds - manage messages. <p>What could I do to support a robust approach to licensing?</p> <ul style="list-style-type: none"> • Adherence to “good management standards” and training of good practice in premises. • Longer term approach – supporting store staff to refine selling alcohol, can do but



would affect resources elsewhere.

- Explore the revolving door, detox cohort (background, help and support etc).
- Provide information to licensing about where cheap alcohol can be obtained by drinkers and information on the source of cheap alcohol.
- Four audiences in licensing – champions, residents, licensing officers; key messages targeted licensees.
- Need to do more to involve the different target groups so their values are well represented.
- A pathway to licensing to refer issues.
- Community safety – coordination – MAGPI was useful – troubleshoot.
- Location of off licenses – think about high risk groups in relation to this.
- Identify wet/dry centres – conditions around super strength for premises nearby.
- Raise awareness of people in shops about local issues – e.g. mental illness/mental health, spotting vulnerable people.
- Can we deliver mental health awareness and alcohol awareness training in shops?
- Target off-licenses and put strict control on them – mystery shoppers to check.
- Reducing strength campaign.
- Communicate more with voluntary sector.

What further information from licensing would be useful:

- Other responsible authorities – public health, London Fire Brigade – not just the police.
- Need to share information, need local repository for intelligence.
- Use powers from other organisations e.g. fire brigade.
- Data from ambulance service, A&E data too vague?
- Route of communication to pass on intel to licensing.
- Residents need to be clear on licensing pathways.
- Information sheet on what licensing and trading standards can do
- Clarity on licensing laws and times alcohol can be sold – publicity, social media, leaflets. Using social media, more tweets to staff so that it's in their heads. Eyes, ears of all staff.
- Information on home drinking, what licensee role is on home drinking?
- Council share posters, for premises that are concerned about reducing strength campaign – big impact.
- Specifics about premises/times people are using.

Other thoughts, comments or actions:

- Stores don't always understand licensing process/rationale – need to get message across.
- Increase in convenience stores becoming unofficial cafés.
- Feedback from stores/CCTV to gather intelligence on buying patterns and how drinkers get around restrictions like "single can" purchases.
- Local authorities can offer consistency with issuing/approving license applications.
- Adopt "higher standards of management", can store staff effectively communicate to



	<p>explain reasons for refusal for sale.</p> <ul style="list-style-type: none"> • Some stores struggling financially – hard to incentivise to not sell to street drinkers. • Reinforcing knowledge of legislation. • Obligatory water on tables for people (and sell water in bottles) – enforced by late night levy. • ‘Undercover’ assessments of off-licenses could be more frequent. • Would be good to regenerate areas in general so there are alternatives to drinking. • Can’t reprimand people. • Really interested in Liverpool and culture change. • Neighbourhood profiles – for licensing applications. • Publicise the good work that staff are doing. • Education, information on super strength alcohol. • Consistent messages – campaign on off licenses/supermarkets. • Voluntary schemes and trusts between owners. • Lack of consistency across London.
<p>Speakers</p>	<p>The local Impacts: perspective from Providers and Service Users</p> <p>Dr Voi Shim Wong</p> <ul style="list-style-type: none"> • Detox in hospital for 5-7 days, this doesn’t have to be in hospital. • They have an alcohol nurse in a side room in A&E. • Loss of job, death in family etc. all start of the downward spiral. • Patient age group has got older – as we get older we spend more time alone. A lot of patients are living alone and will fall/hurt themselves. • Good to link services together – a lot of people I see need somewhere to live and social support to prevent them from the downward spiral. <p>Will Digan, Service user representative</p> <ul style="list-style-type: none"> • Services have started coming together. • Alcohol misuse and mental health getting treated at the same time – always relapsed because the cause of drinking wasn’t addressed. • ‘Services that work together make it easier for service users’ to maintain a sustained recovery. • Had a good key worker when I came out of rehab – they noticed there was something more (depression, anxiety). • Had 100 hours of counselling and now weekly therapy. It’s taken 40 years to sort and finally stopped being passed around – if people don’t work together the system isn’t going to work. • Service users want to make sure that different parts of different services don’t undermine each other but provide Islington with a co-ordinated approach and understanding of recovery within the community to support those who have been affected by drugs or alcohol into long term sustainable recovery. • Service users don’t want to have to keep repeating themselves by telling their stories over and over again, we want to see a service, that see us as a whole and don’t simply



try to treat 'part' of our needs.

- Key message – cannot address issues on their own – need to look at the whole picture

Ruth Beecher, Targeted and Specialist Children and Families Service (Islington Council)

- Parents and carers sometimes not being classed as dangerous drinkers but their behaviour will affect children.
- Can lead to child neglect causing mental health issues, learning and behaviour problems.
- Children may become young carers.
- Debt, poverty and risk of becoming homeless.
- Any reports – family will get help from schools etc.
- Only 4% of adults will be honest – a lot of families come to us with other issues such as debt or child's bad behaviour. Alcohol issue hidden and comes out later.
- 1 in 10 families is an under report (of alcohol related issues). 800-900 families have domestic abuse related to alcohol.
- Key message: Ban "referral", notice what is happening to children that come into your view and offer support to parents how you'd offer it to your sister. Ban "signpost", do it with them, guide them and help the more vulnerable to services.

Dr Liz McGrath, Camden and Islington NHS Foundation Trust

- Ambivalence – a word often used in client meetings.
- Young people are confused about guidelines and units, people are losing out on that education.
- Think about your own attitudes towards alcohol and how to approach conversations.
- There's a gap in people that need us and how to get to us.

Kate Robinson and Dr Annie McGuinness, UCLH

- Brief and extended interventions.
- Homeless – challenge. Only place for them to go is A&E, not going to get into rehab or hostels.
- A lot more homeless women who've lost everything to alcohol
- See every weekend homeless coming in after drinking bottles of vodka but don't have money for food or accommodation
- It would be great to have a safe place (a dry out unit). Drunk people don't always have to come to A&E, they could go to a place to sober up and be directed to services.
- Alcohol is too cheap, can buy a bottle of vodka for less than £10.
- Price of non-alcoholic drinks is expensive compared to alcohol
- Sweden alcohol outlets close at 5pm.
- It's not socially acceptable to smoke around children now, let's make it the same with alcohol.

Table discussion 2

Working better together: *Consider the key issues partners are experiencing in their area relating to alcohol and how could the issues be addressed by*



working together.

What are the major issues:

- Street drinkers
- License conditions – longer drinking times, violence/aggressive behaviour towards staff attending to repair damaged property.
- Discharge planning – mutual aid, AA.
- Safe spaces particularly for individuals with no fixed abode
- Big issues linking mental health and substance misuse – working in isolation and different assessments.
- Looking at a person as a whole and not just a specific area (alcohol issues, mental health services etc.)
- Better joint working and communication between agencies.
- Consistency of procedures across the agencies – when to refer people and at what time.
- Information sharing across services. One agency withholding data from others because of data protection – need investment in this.
- People with alcohol dependency are signposted but not given appointment so onus is on them to self-refer.
- Culture around alcohol.
- Local resources not working together. Not taking a preventative approach but dealing with crisis.
- Caseloads increased – managing expectations. Having to tell story to different partners after referral.
- Availability of cheap alcohol – knock on effect to late night economy (pre-loading).
- Services changing all the time.

Who are those that are affected/key groups to target:

- Old people.
- 13+.
- Those affected by alcohol on the periphery e.g. families.
- LGBT group.
- Sex workers – female.
- Chronic drinkers using services intensively. A&E/urgent services used by people in the absence of anything else.
- Revolving door residents, complex needs, couples conflict and parents.
- Older people on streets.
- Pre-loading – younger: older people can afford on license – locals.
- Non-UK nationals sitting on the streets.

How could the issues be addressed by working together?

- Sharing information.
- Establish data sharing agreement between organisations – allowed to track street



drinkers.

- Initial concerns not necessarily being shared – early intervention and prevention.
- Look at improving the information flow across services around an individual (transferrable records).
- Set up more satellite services so one user is seen all at once – plan coordinated care.
- IT can help but issues of data protection to share information.
- Need to limit availability of alcohol.
- Need to create cultural shift around alcohol.
- Increase education and awareness.
- Need shift around not making alcohol acceptable (need to take population level approach to think about everyone's risks).
- Knowing how to have conversations when you aren't an alcohol specialist.
- Not assessing people by type i.e. middle class also have drinking habits.
- Changing boundaries, different ways of working – i.e. on phone, named housing officer who can talk to client.
- Taking a long-term approach.
- Good practice – identify and amplify, advertise the innovation.
- Make sure residents know what has changed – marketing messages.
- More regular contact between departments/services to discuss issues/co-produce solutions.

Identifying actions: What tangible, clear actions and commitments would those around table make to support this work:

- Calorie counting promotion.
- Encourage young people to enjoy socialising without alcohol.
- Putting together a core package which has been contributed to by all agencies.
- Shift in culture of drinking – make it more ASB related. Some form of deterrent, not as extreme as being charged.
- Responsibility of agencies exposed to alcohol dependant people who may have mental health issues (for example) to highlight these to right people.
- Need more people who can provide dual diagnosis and support – need a service that provides that (addiction and mental health).
- Change messaging around alcohol and campaigns around alcohol harm.
- If you are a business, need to promote responsibility – reducing alcohol sales, happy hours.
- Voluntary scheme around responsible alcohol sales – for everyone.
- Agreement amongst retailers to reducing health harms – needs to be consistent and coherent.
- Nationally, culture change needed like for smoking.
- Integrated services.
- Train and motivate staff - having conversations, upskill all staff.

Other thoughts, comments or actions:



	<ul style="list-style-type: none"> • Covert monitoring of venues to see where people are coming out of. • Map of provision (VCS). • Don't think much emphasis on targeting the at-risk drinkers that are coping but could downward spiral – largely being missed out in terms of prevention.
Breakout session	<p>Targeting our awareness work: an area in development</p> <p>Gary Wootten, Hitch Marketing</p> <ul style="list-style-type: none"> • Social marketing; looking at behaviour change and what incentivises and disincentivises people's behaviour, based on a sound evidence base. Can be used to inform policy, designing a service and used for targeted campaigns. • Piece of work just starting across Islington to develop more targeted messaging around reducing alcohol related harm. • Process to include scoping (desk research, stakeholder mapping/interviews, interviews with segments of population), developing campaign/interventions, implementing during 12 month period, and evaluating behaviour change linked with increasing risk, and risky drinking behaviours. • Invitation for stakeholders to inform and shape the project.
Speakers	<p>Working together to bring about change: Thinking differently</p> <p>Mahnaz Shaukat and Emma Stubbs, Islington Council</p> <ul style="list-style-type: none"> • Islington has been working with the Design Council to think differently about how we can improve outcomes for people in supported accommodation, who often have multiple needs. • The presentation conveyed the importance of using methods to understand issues from a human centred perspective as opposed to a service perspective. All of which are very relevant to work around alcohol harm reduction • The experience with the Design Council introduced tools such as observations in and out of context, journey mapping, getting service users to keep journals about day to day activity. This insight has led to a shift from the original focus which was largely on case co-ordination, transitions, no wrong door, to areas such as alleviating the boredom that residents are experiencing, better ways of motivating residents to develop structure to their day and making better use of peer mentoring support.
Breakout discussions	Open space discussions were undertaken with delegates free to choose the area of interest. This involved in-depth discussions on a variety of themes, summarised below.

1. Increasing links with, access to, and use of treatment services

What are the major issues:

- Supporting those with no access to public funds.
- Focus on need not person.
- Managing older people needs is an increasing issue
- No consistent responses from services.

Suggested solutions & opportunities:

- Recommissioning.
- IDASS & CAL attending hotels and hospitals (ward rounds).
- Information sharing.



<ul style="list-style-type: none"> • Accommodation that is stable • System vs individual outcomes. • 3 months of sobriety required for dry accommodation (blocks to accommodate). • Service user has to go to agency – not enough outreach. • Opening times specifically prescribing for drug users. 	<ul style="list-style-type: none"> • Awareness raising of what's available – reduce duplication. • Meaningful activities. • Partnerships with other boroughs. • Peer mentoring – support with getting to appointments. • Managing messages regarding street activity. • Training for staff. • Training for GP receptionists about registering homeless people. • Think about outreach contract management process.
<p>Commitments of those on table to take this forward:</p> <ul style="list-style-type: none"> • Share integrated care network information. • Share information on FAS meetings • Whittingham and UCLH sharing more info on admissions and liaison, how to facilitate this? • Challenge other services. • Sharing good practice 	<p>What success would look like:</p> <ul style="list-style-type: none"> • Service users using services appropriately – only using A&E for emergencies. • Registered with GPs. • Accessible services – open when people need them. • Drop in numbers of new people entering services. • No barriers to anyone accessing what they need. • Discharge planning from hospital on day 1. • Service users feel life is worth living.
<p>2. Supporting the night-time economy:</p>	
<p>What are the major issues:</p> <ul style="list-style-type: none"> • Ease of access vs zero tolerance. • Enforcement vs education of alcohol. • Alcohol promotion – companies making money from alcohol. • Media – “one” extra before you leave. • Off-licences. • Bigger and smaller venues together to share best practice. • Kings cross development. • Strength of drinks. • Everyone's judgement of drunk is different. • Baseline standard. • Lack in duty of care. • People are just 'let off' if drunk. • Every shop wants to sell alcohol. • Every café wants to sell alcohol – alternative offer needed. 	<p>Suggested solutions & opportunities</p> <ul style="list-style-type: none"> • Health – continued pressure and encourage minimum price. • Not many premises doing deals? • Cost of drink in Islington prohibits young. • Education not for under 25 – going out less, spending less. It is the 25 years and older that are the issue. • Support work Hitch is doing. • Licensing policy – hours. • Charter – we have had this in the past. • Reduce the strength. • Diverse NTE. • Share information about problematic groups – e.g. those refused. • Engage early on in life. • Linking premises and ward partnerships and Pubwatches and can we include night watch/pub? • Working with major drinks companies
<p>Commitments of those on table to take this forward</p> <ul style="list-style-type: none"> • Poster campaign – push away from alcohol, middle age people drink more. • Messages – how to influence • Park guard look out for preloading. 	<p>What success would look like:</p> <ul style="list-style-type: none"> • Genuine diversity in NTE - not just alcohol, late plays, late films. • Sharing information.



<ul style="list-style-type: none"> • Prevent preloading. • Pubwatch – reinvigorate. • Liverpool lessons around bar staff • Off license training increasing participation • Support for charter/DPN night safe. • Champion venues that have engaged in activity as an alternative to alcohol e.g. night markets, retail. 	<ul style="list-style-type: none"> • Licensing – all partners feedback information, where, when, who, what? • Bespoke trading hours. • Opening hours – 7am not acceptable. • Educate buyers. • For problematic premises, park guard – feedback information. • Education – Liverpool way. • Diversity of NTE services available – e.g. leisure/gyms.
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3. Supporting families/young people

<p>What are the major issues:</p> <ul style="list-style-type: none"> • Reluctance to disclose. • Identify – not set up well to talk to children. • Do not let children into treatment services. • Identification during assessments but do not do much. • Not many 18 year olds referred. • Notification of services. • Is it a high priority to link in well across the board? • Supporting services to navigate each other. • Challenge is secondary schools as not as engaged with parents at that age. • Treatment services with no childcare – impacts on some service users engaged. • Home office – are online sales of alcohol of challenge – no digital age identification. 	<p>Suggested solutions & opportunities</p> <ul style="list-style-type: none"> • Out of hours - outreach including children. • Some in-house services for children. • Making services better – focused at identifying young people earlier. • Co-locating CASA with families. • Outreach to be better for groups of street drinking. • Engagement with schools and colleges about substance misuse/alcohol. • What do we do to find alternatives for young people outside of school? • Supporting parents through schools to discuss alcohol use of young people. • Understanding the young drinkers need to be approached differently.
<p>Commitments of those on table to take this forward:</p> <ul style="list-style-type: none"> • Improve the profiles of the young drug users. • Improve the profile of the ASB. • Feeding back to licensing where young people are getting alcohol. 	<p>What success would look like:</p> <ul style="list-style-type: none"> • Supporting substance misuse services – CASA/FF. Family services to input into services. • Circulate family services to everyone. • More education for families. • Starting or trialling a parent group. • Integrating alcohol into parenting groups – through IYPDAS.

4. Preventing harm through early intervention, better awareness and messaging

<p>What are the major issues:</p> <ul style="list-style-type: none"> • Cultural/social normalisation around drinking nationally and amongst particular groups in Islington. • Structure of British daily life and certain life circumstances seem to be linked to increasing and higher risk drinking behaviours. • Some of the barriers to reducing alcohol consumption seem to be related to lack of awareness and education 	<p>What success would look like:</p> <ul style="list-style-type: none"> • Islington residents have improved understanding about the health risks related to alcohol. • Current drinking behaviours are de-normalised amongst Islington residents. • Islington residents (particularly increasing and higher risk drinkers) reduce their alcohol consumption.
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<p>around the harms, but for some people e.g. doctors and nurses and others, there may be more complex reasons.</p> <ul style="list-style-type: none"> Particular groups of residents in Islington are more vulnerable than others to increasing and higher risk drinking. The discussion group identified the following middle-aged “segments” in Islington: <ul style="list-style-type: none"> Irish community, London born. Eastern Europeans – post work drinkers (come from working sites). Binge drinking related to football – before, during and after match. Professionals – finish work and start drinking (even from lunchtime). Second generation non-worker, single parents unable to get out – drinking at home. 	<ul style="list-style-type: none"> Islington residents seek advice and support for their drinking, where appropriate. Support for social marketing being one way to the achieve success.
<p>Commitments: Actions I will take back to my organisation?</p> <ul style="list-style-type: none"> Happy to engage with the social marketing project to help inform further insights about the target groups. Take some of the shared insights about local alcohol issues and resident ‘segments’ back to their organisations to inform their work and support these ‘segments’/address these issues. 	<p>Suggested solutions & opportunities</p> <p>Use social marketing approaches as one way to:</p> <ul style="list-style-type: none"> De-normalise current drinking behaviours in Islington. Improve awareness and understanding around current understanding of health risks associated with alcohol. Target the groups in Islington who are more vulnerable to increasing and higher risk drinking. Continue engaging with local stakeholders and residents to ensure our work around alcohol harm reduction is informed by local knowledge and need.

Posters

Posters were placed around the room to allow all participants to make comments on the various issues that were discussed during the day. Comments made are summarised below.

Licensing: Issues experienced by partners & information held that could support local approach to alcohol licensing

- Multi agency days of ‘positive action’ (support, health advice, licensing visits) using mobile office in street drinking hotspots.*
- Licensing and others should do more to encourage non-alcohol and more activity-led and food-led venues in the borough.*
- Create an exciting borough and NTE and setting a different culture.*
- Services need to work together by treating the service users as a whole person and not one piece of a jigsaw.*
- Better routes of communication to licensing to pass information about where cheap drinks are being purchased.*
- Off licenses considered most tricky. Customers often only go to these to buy alcohol. These may not feel able to say ‘no’ to drunk customers.*
- Could we take more of a zero-tolerance approach when conditions of licensing are breached?*



- Service users want to make sure that different parts of different services understand each other.
- Need to empower residents/champions to feedback on problem premises.
- 'Begging' – understand where your money goes when you fund people who beg.

Working better together: Local issues related to alcohol – related harm & how can we address these?

- Services that work together make life easier for service users.
- Need to make sure people with alcohol dependency also have their mental health needs seen to in a timely and holistic way.
- Source information and data, also sharing neighbourhood profiles.
- Training – local issues and area profiles.
- Consider introducing a local, voluntary agreement amongst retailers to reduce alcohol harms. E.g. include reduction/control around happy hour and increase in sales on non-alcoholic drinks. Needs to be consistent and coherent.
- Keeping discussions going.
- Continuity of care – supporting before and after.
- Need a cultural shift around alcohol and de-normalising consumption and reducing availability.
- Increase awareness and education.
- Work with other councils and need strong leadership/messaging from central government.

Licensing: Issues experienced by partners & information held that could support local approach to alcohol licencing

- Role of premises sharing best practice through venue meetings (alternative to Pubwatch).
- Using radios (or WhatsApp) for premises to share information on problem (drunks).
- Would be useful to segment the population by the premises that they use/visit.
- Lack of consistent approach across London (licensing and treatment).
- Information about where wet hostels are to support evidence around licensing application – community responsibility around alcohol sales.
- Do we/can we provide neighbourhood profiles for premises?
- Helping community members and organisations to understand the role they can play in licensing: supporting representations and proving information for reviews.
- SHP: can we get a regular feed around information on alcohol incidents related to alcohol in hostels and other housing officers, supporting people.
- Investment in good IT systems for service providers to share information in a database that can be accessed by all who need to know.

Facilitators thoughts on the key themes

- How do we pull everything together into a single plan?
- Closer partnerships where everyone can feed their concerns to one point.



- *Longer terms solutions at a ward level, working with the problems.*
- *How can we work differently around most significant vulnerable 41 people?*
- *What does partnership working mean?*
- *How can we link services together to wrap around people as they leave services?*
- *How do organisations work together to improve and include service users?*
- *How do we support services to have conversations with people that they will understand?*
- *How do we ensure as a borough that we talk to people about alcohol?*
- *How do people find services that don't fit people and vice-versa?*
- *Work with pubs*
- *Tackle price and availability of alcohol.*

Street Population

Islington Picture

6

May 2017

Matthew Bunce, Crime & Disorder Intelligence Analyst.

Council Out of Hours ASB Reporting Line

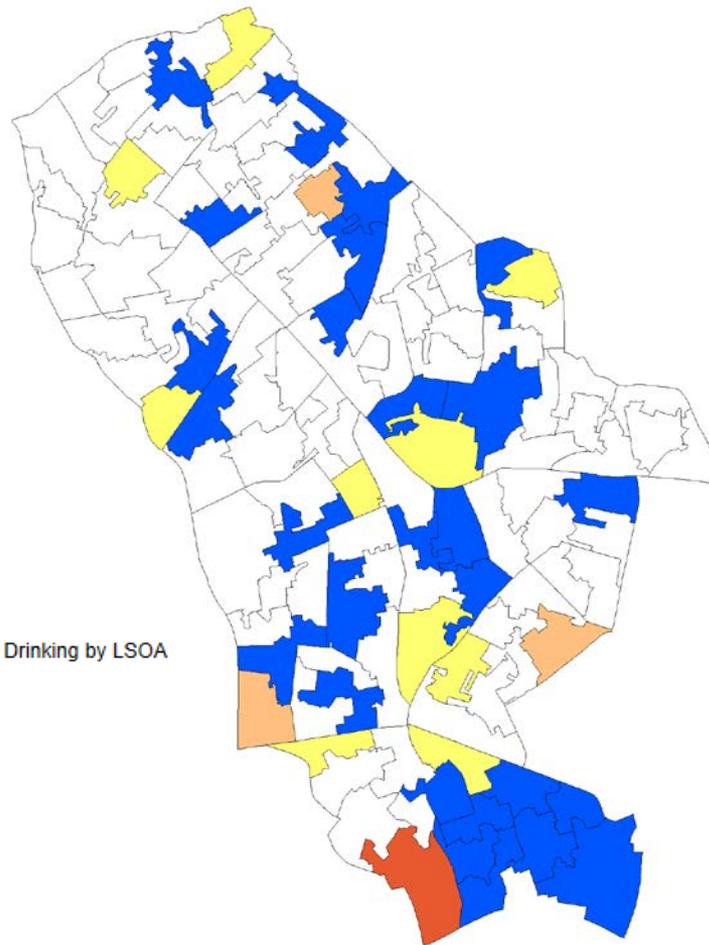
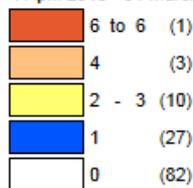


ISLINGTON

All complaints to the council out of hours team in 2016/17, categorised as related to 'Street Drinking' were mapped. A thematic map showing the number of incidents by Lower Super Output Area (LSOA) is shown below.

- There were 63 reports to the council categorised as 'drinking in a public place' (35 in 2016/17 and 28 in 2015/16).
- Incidents peaked between **2200 and 0059**.
- There were hot spots at Ray Walk, Wilton Square and Britton Street

Complaints to Council relating to Street Drinking by LSOA
1 April 2015 - 31 March 2017

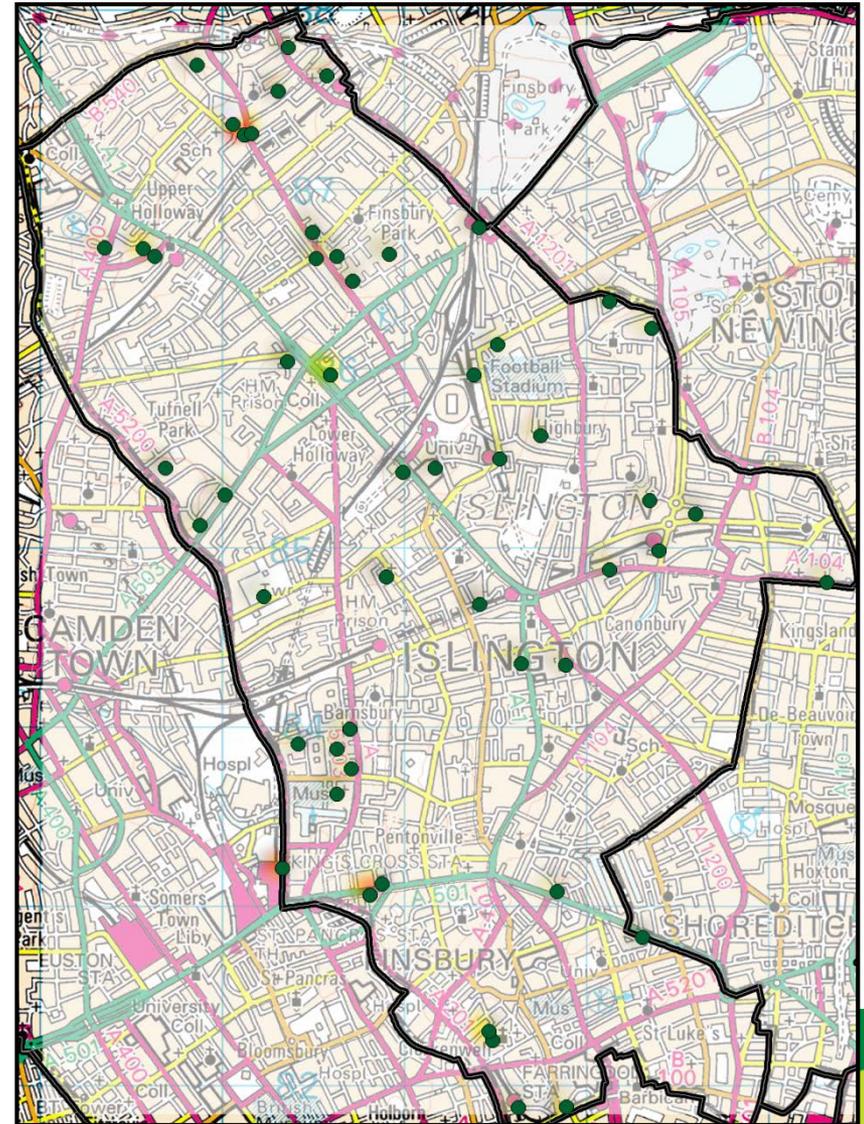


Police ASB Calls (999/101) Street Drinking

All ASB calls to the police categorised as ‘**Street Drinking**’ were extracted and mapped. There were 30 calls to the police in 2016, representing an 11% increase from 2015. The points mark rough location.

Due to small numbers, there were no real hot spots identified, however there were more incidents recorded in **Elthorne Park**, the **Kings Cross area/** **Copenhagen Street** and also around the **Andover Estate**.

Based on the last two years of data, incidents peaked between 1800 and 2059 hours.



Islington Police – overview of Policing issues in the Night-time Economy in Islington

June 2017

Superintendent Nick Davis

- Islington has about 1300 licenced venues and is one of the biggest night time economies in London and therefore the country. We all want a successful, safe NTE. As the police, we want to support well-run premises when they have problems and take measured, proportionate action, in agreement with our partners, when we have to deal with more difficult venues.
- There is no doubt that alcohol fuelled crime is a major issue from a policing perspective. An Institute of Alcohol Studies paper of 2015 estimated the total cost to the police, and ultimately therefore the taxpayer, to be between 8-13 billion pounds every year.
- Approximately 80% of weekend arrests are alcohol related
- About 25% of crimes during the NTE in Islington take place inside licensed premises. However, the higher concentrations of alcohol related crime in the borough are associated with a greater number of licensed premises which suggests the impact of off-license sales and crimes occurring after people leave venues.
- Half of police officer's work time was estimated to be taken up with alcohol related issues
- 92% of police survey respondents stated that they had done the job of another emergency service when dealing with alcohol related incidents.
- 68% of police survey respondents blamed the introduction of 24 hour licensing for alcohol fuelled crime and ASB. Perhaps more pertinently, the licensing laws have led to logistical problems for the police in that 'closing time' at about 2300 is no longer the busiest time; this has been pushed in to the early hours of the morning and is not predictable from area to area.

Islington

- There aren't many surprises in the data regarding violence against the person and anti-social behaviour associated with alcohol use; it is highest between April and September when the weather tends to be better.
- With specific reference to Islington, four areas of the borough can be identified as of particular concern around alcohol fuelled crime and ASB:
 - Angel (19% alcohol fuelled crime)
 - Highbury Corner
 - Old Street (7%)

Finsbury Park

- 55% of offences in Islington flagged as alcohol fuelled took place between the hours of 2300-0500. This is probably an under-estimation given that the times of some offences, for example criminal damage, can't be determined.
- We estimate that about 54% of alcohol fuelled offences in Islington are violent crimes.
- The busiest days are Thursday to the early hours of Sunday morning – very predictable – but the busiest times are 0000-0300. 0400 in the morning is busier for alcohol fuelled crimes than the period between 1900-2100. This has a big impact because most of the time, the only people working to tackle that issue are the emergency services. In Islington, we are lucky to have the support of Parkguard and council teams.
- 51% of the victims of these crimes are between the ages of 20-30.
- Analysis from 1st April 2016 to 31st March 2017 shows that Islington had the fourth highest rate of alcohol related crime and alcohol related violent crime out of the 32 London boroughs.
- Five years ago, the Islington Alcohol Summit heard from Professor Jonathan Shepherd, Chairman of the Violence Prevention Group, Cardiff Community Safety Partnership. Among the actions taken as a result of the successful 'Cardiff Violence Prevention' project were a traffic light system established for crimes at pubs, targeted street patrols, CCTV, plastic glassware, identification of domestic violence – all of which we have collectively taken steps to address in Islington
- Taking as one example the use of glass/bottles as weapons, Islington sits in 12 place out of the 32 London boroughs with 282 offences during the past five years. Given the size of the night time economy, this is lower than would be anticipated and may be attributable to the use of license condition restricting use of glass. For example, another borough sits in eleventh place in the table with 311 recorded incidents despite having about 400 fewer licensed premises
- Challenges remain including
 - i) Street drinking with all the associated crime and vulnerabilities.
 - ii) Massively expanding night time economy in the Kings Cross area – it will affect Islington as well.
 - iii) Maintaining our response whilst absorbing reductions to our budget.

Late Night Levy Police Funded Activities

Year 2 - 1 November 2015 to 31 October 2016

Police Licensing

Targeted deployment and briefing of dedicated police night time economy officers every Thursday, Friday, Saturday and Sunday

102 arrests in the NTE for various offences including serious assaults, possession with intent to supply drugs, sexual assault and public order

Responded to over 500 calls to 999 or 101 from licenced premises requesting assistance in relation to violence, public order, drugs, weapon or theft

Applied for and enforced 12 closure notices

Called in 54 premises to the Licensing Officer Panel for action planning purposes

Completed 245 licensing compliance visits,

788 site visits and meetings with licenced premises managers, supervisors, promoters or licence holder to provide advice and support

Reviewed 2253-night time economy crime reports relating to licenced venues and taking appropriate follow up action, including action to assist investigation and action planning

16 meetings with hotel operatives held to develop good working practices regarding Child Sexual Exploitation awareness and licensing

European Championship football – 180 advisory visits to licenced premises

Domestic Abuse Proactive (Alcohol) Unit:

Arrests: 291 – for outstanding domestic abuse suspects.

Arrest Enquiries: 461

Victim welfare and action planning visits: 469 – individual action plans put in around victims and vulnerable people including safe houses, attack alarm installations and multi-agency care plans.

Prisoners processed: 78 – interviewed, advice sought from Crown Prosecution Service, charged or otherwise disposed of.

ALCOHOL RELATED HARM IN ISLINGTON

PUBLIC HEALTH - CAMDEN AND ISLINGTON

1. Alcohol-related harm in Islington is a particular cause of concern, with analysis highlighting how in a number of areas Islington is experiencing some of the greatest levels of alcohol-related problems in London.
2. Alcohol plays an important and positive role in social and family life and contributes to employment and economic development locally. However, social traditions and economic benefits should not mask the fact that alcohol is a toxic substance that can have a detrimental effect on physical and mental health and wellbeing.

DRINKING LEVELS AND PATTERNS

3. The Chief Medical Officer's¹ guideline for both men and women is that:
 - To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis
 - If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.
 - The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
 - If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

ALCOHOL RELATED HEALTH HARM

4. Regularly drinking more alcohol than the recommended daily limit can damage health. Excessive alcohol consumption is associated with over 60 medical disorders. For instance, alcohol has been identified as a causative factor in the following conditions²:
 - Mouth, throat, stomach, bowel, liver and breast cancer
 - Cirrhosis of the liver
 - Heart disease
 - Depression
 - Stroke
 - Pancreatitis
 - Liver disease
5. Islington currently experiences some of the greatest levels of alcohol related problems in London, for instance³ (also see appendix 1A for further information):
 - The highest rate of alcohol-related deaths
 - Second highest rate of alcohol specific deaths

- Second highest rate of under 18 alcohol-specific admissions
 - Highest rate of both alcohol specific hospital admissions (19th highest in England) and alcohol related hospital admissions (31st highest in England)
6. Alcohol is estimated to contribute to one in fourteen deaths in Islington (this includes deaths in which alcohol is wholly responsible and those where it has played a lesser role). Over the period 2013-15, 60 people died directly as a result of alcohol consumption.
 7. Estimates from 2012 suggest the cost of alcohol-related admissions for Islington residents to be nearly £7.5 million, equivalent to £39 for every Islington resident.⁴
 8. In 2016, there were 1324 ambulance call-outs responding to alcohol-related incidents in Islington. Analysis has shown that the number of alcohol-related calls peak during the evenings and early hours, particularly at weekends, when the night-time economy is at its busiest. Calls tend to be clustered around areas where there is a high density of licensed premises and good public transport links, mirroring the same patterns seen for alcohol-related recorded crime and violent crime (see also appendix 1A).
 9. Given the scale of alcohol-related harm in Islington, a proactive and collaborative approach is required to reduce the detrimental health impacts of alcohol. Alcohol harm reduction has been identified as a priority issue by Islington Health and Well-Being Board. Islington plans to publish an alcohol harm reduction plan in 2017, with local licensing activity being seen as a core component of this work.

AVAILABILITY OF ALCOHOL

10. There is national and international evidence that availability of alcohol is linked to alcohol consumption and alcohol related harm. Reducing the density of licensed premises and reducing permitted hours of sale can reduce violence and other alcohol-related harm. Evidence indicates that increasing numbers of outlets or extended hours of sale potentially increases the competitive pressures on existing outlets, which may result in price reductions that tend to lead to increased levels of consumption⁵. This is supported by work from the National Institute for Health and Care Excellence (NICE)⁶ who, in an evidence review in 2014, suggested that a higher density of off-premises alcohol outlets may be associated with increases in deaths, rates of admission to hospital because of assault or alcohol-related disease, and domestic violence. Higher density of other types of licensed premises may also be associated with increases in admission to hospital because of assault or alcohol-related disease.
11. One study from Scotland⁷ showed similar findings to those in the NICE review but additionally identified that alcohol-related hospitalisations of those under the legal minimum drinking age were also related to off-site outlet densities. The study suggested that the local impact of off-license sales of alcohol is much higher as people tend to use off licenses that are close to the place they consume alcohol, such as the home. This emphasises the importance of addressing off-license sales in harm reduction and licensing work.

12. Several studies have looked at the impact of changing licensing hours on alcohol related hospital admissions. For instance, a retrospective analysis⁸ of admissions to St Thomas' Hospital in London showed a 5.1% increase in alcohol-related attendances, 0.9% increase in alcohol related assault, 2.5% increase in alcohol related injury and 1.9% increase in alcohol-related admissions. These findings were also seen in attendances for assault to a Cambridgeshire emergency department using a retrospective design⁹. The mean annual number of assaults rose by 133 from 1,083 to 1,216 following the implementation of the Act. Similar to other studies, the peak time of presentation moved from a sharp peak between 01:00am and 01:59am to a broad peak between 01:00am and 3:59am.

BINGE DRINKING AND PRELOADING

13. It is not only the amount of alcohol consumed that increases the risk of harm, but also the amount consumed in one sitting. Binge drinking, which refers to a pattern of drinking in which a person consumes a lot of alcohol in one sitting (defined as women drinking more than 6 units, men more than 8 units), can cause acute intoxication and lead to acute, short-term problems. Short term risks are the immediate risks of harm, injury and accident (sometimes fatal) linked to drinking a large amount of alcohol on one occasion, which often leads to drunkenness. They include:

- head injuries
- fractures and other injuries
- facial injuries and scarring
- alcohol poisoning
- accidents

14. The risks of injury to a person who has been drinking recently have been found to rise between two and five times when 5-7 units are drunk in a 3-6 hour period.

15. It is estimated that among Islington residents 16.4% binge drink on their heaviest drinking day, which is similar to the estimate for England (16.5%) and higher than the London average (13.2%)³.

16. The detrimental impact of binge drinking in Islington is particularly significant because of the vibrant night-time economy which attracts visitors from across London as well as further afield.

17. Most common in younger age groups, binge drinking is often associated with 'preloading'. Preloading is a term that relates to people, particularly young people, drinking alcohol at home or in streets before going on to pubs and clubs. It has been associated with higher overall alcohol consumption and a greater likelihood of being involved in a violent incident¹⁰.

18. People pre-load on alcohol because it's much cheaper to buy in the supermarket or other off licence than in a pub or bar. More people are now drinking at home, and over 70% of all alcohol in England is now purchased through the off trade¹¹. For instance it was estimated in 2012 that 6.4 litres of alcohol per person were consumed off-trade compared to 3.2 litres on-trade¹². This highlights the

importance of considering the impact of the off-licence trade within local licensing policy.

19. Later closing hours of licensed premises and cheap off-licensed alcohol create problems for the on-trade sector because customers can attend premises intoxicated from drinking at home. It is against the law to serve alcohol to those who are intoxicated, but research in the UK shows this law is routinely broken. A study conducted in Liverpool in 2013 found that 84% of alcohol purchase attempts by pseudo-intoxicated actors in pubs, bars and nightclubs were successful (i.e. alcohol was sold to the actor)¹³.
20. Multi-component programmes are the best approach to addressing issues relating to preloading. These aim to reduce alcohol-related harm in drinking environments by co-ordinating and strengthening local preventative activity. If effective, they can help reduce costs to health services, criminal justice agencies and other public services. These typically include efforts to mobilise communities, such as media campaigns and community forums, supporting and working with licensed premises such as server training and voluntary schemes to avoid easy access to cheap alcohol from off-licences (such as through reduced the strength campaigns and not selling single cans and bottles) and increased enforcement activity, such as targeted visits and training.

STREET DRINKING

21. Street drinkers (including those who are homeless and those who are vulnerably housed) are likely to be a subset of a wider group of change resistant drinkers who are particularly vulnerable. Their drinking is likely to be having a significant impact on their health as well as causing a range of problems in the local community. A small number of street drinkers can incur significant costs: crime and anti-social behaviour on the street but also associated costs such as hospital visits, repeated 999 calls and the opportunity costs of resources used to target their needs. Alcohol Concern's Blue Light¹⁴ project estimated that the average annual cost of a high risk, change resistant drinker is around £35,000 including health, criminal justice and anti-social behaviour costs.
22. Street drinkers depend on a local supply of alcohol. They tend not to buy large quantities for fear that it will be confiscated, or that they will be targeted by other drinkers. Therefore, most need to be near shops¹⁵. They also tend to drink particularly high strength, cheap alcohol such as white cider. For instance, one study in Glasgow and Edinburgh showed 25% of alcohol treatment patients drink white cider, and of these 45% drink it exclusively¹⁶. According to ThamesReach¹⁷, which works with rough sleepers in London, "super-strength drinks have become one of the biggest causes of premature death of homeless people in the UK", with their data indicating that super-strength drinks are doing more damage than both heroin and crack cocaine, with 78% of the deaths in ThamesReach hostels are attributed to high strength alcohol.
23. 2016 guidance from the Police and Crime Commissioners¹⁸ suggest that a multi-component approach is needed to tackle street drinking, which includes a multi-agency group, alcohol services which provide outreach and supports change

resistant drinkers and appropriate legal powers aimed at individuals. This needs to be supported by a retail environment which discourages street drinking.

24. Initiatives designed to tackle the problems associated with street drinking have removed the sale of low-priced, high strength alcohol products, through voluntary agreements with local retailers. Such schemes have resulted in a reduction in crime and anti-social behavior.
25. Cumulative Impact Areas can also support areas particular affected by street drinking¹⁹. Through the use of policies not 'aimed' at the night-time economy but instead targeting off-licences and late night refreshment in areas with significant health inequality and a large number of hostels. This can include can marking initiatives to identify where cans used by street drinkers came from and having targeted patrols from the police in areas where there are concerns. Such measures can have a significant impact on alcohol related crime and anti-social behaviour.

ALCOHOL RELATED VIOLENCE

26. Islington experiences a considerable amount of alcohol related violence. For instance based on all offences with an alcohol related marker on the Metropolitan Police Crime Reporting Information System (CRIS), Islington was ranked 4th out of 32 boroughs in London for alcohol related crime per 1,000 population and 4th for alcohol related violent crime per 1,000 population. Violent alcohol related crime accounted for 55% of all alcohol related crime.
27. Studies have shown that intoxication can lead to violent behavior in those predisposed to aggression and it has been suggested that consumption leads to weakened inhibitions and relaxed normative behavior (i.e. perceived allowance of aggression). This can result in an increased risk of alcohol-related violence inside and around drinking premises. For instance Livingston et al²⁰ found that all types of license were significantly associated with admissions to hospitals because of assault. The largest effect size was for off-licences (0.54), with smaller effect sizes for general (0.13) and on-premises licences (0.06).
28. Glassing related violence is another important issue that can be addressed through licensing. A "glassing" is a physical attack using glassware as a weapon. These attacks especially affect bars and clubs, where glassware is the principal weapon in licensed premises related violence. It is estimated that 80,000 glass and bottle attacks occur in the UK each year, accounting for 4% of violent crime²¹. These attacks, fueled by alcohol, put a huge strain on NHS resources.
29. Research undertaken by the University of Bristol estimated that bar glassware accounted for 10% of assault injuries in A&E departments²². The Licensing Act 2003 enables licensing authorities to require glassware to be replaced by safer alternatives in individual licensed premises where a problem has been identified and representations have been made. The impact of such action has been found to be positive. For instance:
 - In Lancashire, a study into the differences between annealed glass, and polycarbonates found that there were no glass breakages in the venues with

polycarbonates²³. Surveys suggest that patrons were happy to use polycarbonates, and that this did not affect sales in licensed premises.

- Glasgow City Council banned glassware from all venues holding an Entertainment Licence within the city's centre during the hours after midnight. Drinks had to be served in toughened glass or other recognised safety products. No conventional glass bottles, whether open or sealed were allowed to be given to customers. Overall patrons responded positively, with people feeling safer in these venues, and venues that took up plastic were found to incur less injury risk²⁴.

CHILDREN AND ALCOHOL

30. CMO guidelines²⁵ state that an alcohol-free childhood is the healthiest and best option. However, if children drink alcohol underage, it should not be until at least the age of 15 years. If young people aged 15 to 17 years consume alcohol, it should always be with the guidance of a parent or carer or in a supervised environment. Parents and young people should be aware that drinking, even at age 15 or older, can be hazardous to health and that not drinking is the healthiest option for young people.

31. If someone is under 18, it's against the law:

- to sell them alcohol
- For them to buy or try to buy alcohol
- For an adult to buy or try to buy alcohol for them
- For them to drink alcohol in licensed premises (eg a pub or restaurant)

32. National surveys suggest 30% of young people in London aged 11 to 15 have never had a drink, which is lower than average for England (45%). National data also suggests a steady decline in the proportion of young people who had drunk alcohol. For those young people who did drink alcohol, the most commonly reported sources were friends (21%), parents (20%), asking someone else to purchase alcohol (proxy sales, 13%) and taking alcohol from home (12%)²⁶.

33. Consideration also needs to be given to the harm alcohol causes to people other than the person who is drinking, sometimes referred to as 'social harm' or 'passive drinking'. Children of parents misusing alcohol may experience severe emotional distress, physical abuse and violence as well as a general lack of care, support and protection. Alcohol is a very common feature of domestic violence, with alcohol, in 2016/17 there were 938 criminal offences with an 'alcohol related marker' of which 32.5% also have a 'domestic abuse' flag attached.

34. Children and young people experience significant harm as a result of alcohol. The number of young people (under 18 years) admitted to hospital in Islington as a result of alcohol between 2013/14 and 2015/16 was 55, significantly higher than the London average³ – there would have been more who were taken to A&E but not admitted. In addition, there were 31 alcohol related ambulance call-outs to young people under the age of 18 years in Islington in 2016.

BEST PRACTICE

35. Islington strongly promotes working in partnership with licensed premises and the adoption of high standards of management at all premises. We recognise that many licensees are supportive of the need to address the health issues relating to alcohol and suggest the following actions that can be adopted through conditions:

- Restrict "special offers" like: cheap shots; 'Happy Hours'; Buy One Get One Free; or buy 2 glasses of wine, get whole bottle. This slows down consumption, the rate at which blood alcohol concentrations increase and the peak levels reached by drinkers. Rapidly ascending and high blood alcohol concentrations are shown to be associated with violence and uninhibited behaviour.
- Align pricing with Alcohol by Volume (ABV), and ensure that non-alcoholic drinks are kept much cheaper.
- Increase seating for customers to reduce more intensive drinking.
- Reduce the volume of music as loud music can increase alcohol consumption.
- Actively promote designated driver schemes where a driver is offered discounted or free non-alcoholic drinks.
- Make food available in late venues.
- Start the sale of alcohol later in the day and not align it purely with opening hours.
- No advertisements for alcohol in the shop window.
- Storing alcohol behind the shop counter.
- No display boards or other advertising showing on the shop floor.
- Cans of alcohol should not be sold singly.
- Bottles of beer under 1 litre should not be sold singly.
- No beer or cider over 5.5% ABV should be sold.
- No alcopops should be sold where they could attract under age purchasers.

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³ PHE. Local Alcohol Profiles for England, <http://fingertips.phe.org.uk/search/alcohol> (accessed May 2017), 2017

⁴ Murage P, Hamm J and Feleke R. Closing time. Counting the cost of alcohol attributable hospital admissions in London. London Health Observatory, 2012

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⁷ Richardson, EA., Hill, SE, Michell, R, Pearce, J and Shortt, NK. Is local alcohol outlet density related to alcohol-related morbidity and mortality in Scottish cities? *Health and Place*, 2015; 33, 172- 180.

⁸ Newton A, Sarker SJ, Pahal GS, van den Bergh E, Young C. Impact of the new UK licensing law on emergency hospital attendances: a cohort study. *Emerg Med J*. 2007.;24(8):532–4

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¹⁰ Hughes K, Anderson Z, Morleo M, Bellis MA. Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes. *Addiction*. 2008 Jan;103(1):60-5.

¹¹ Health Committee - The Government's Alcohol Strategy. Written evidence from the Association of Licensed Multiple Retailers (GAS 65). May 2012.

¹² PHE The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review, 2016

¹³ Hughes, K, Bellis, MA, Leckenby, N, Quigg, Z, Hardcastle, K, Sharples, O, Llewellyn, D (2014) Does legislation to prevent alcohol sales to drunk individuals work? Measuring the propensity for night-time sales to drunks in a UK city. *JECH Online First*

¹⁴ Alcohol Concern. Alcohol Concern's Blue Light Project Working with change resistant drinkers, 2014

¹⁵ Ward, M (2009) Tackling Street Drinking PCC guidance on best practice: Supporting evidence. Alcohol Concern <http://www.apccs.police.uk/wp-content/uploads/2013/11/Street-Drinking-Supporting-Evidence-and-Best-Practice.pdf>

¹⁶ Black, H. et al *White Cider Consumption and Heavy Drinkers: A Low-Cost Option but an Unknown price*. *Alcohol and Alcoholism*, 2014; 49:6, pp675-80

¹⁷ Thames Reach. Calls for high-strength cider duty increase. Available from: < <http://www.thamesreach.org.uk/news-and-views/calls-for-high-strength-cider-duty-increase/>> [Accessed 23 March 2017], 2017

¹⁸ National Consortium of Police and Crime Commissioners (2016) Tackling Street Drinking: Guidance on Best Practice. <http://www.apccs.police.uk/wp-content/uploads/2013/11/Tackling-Street-Drinking-PCC-Guidance-on-Best-Practice.pdf>

¹⁹ Police and Crime Commissioner (2009). Tackling Street Drinking PCC guidance on best practice. <http://www.apccs.police.uk/wp-content/uploads/2013/11/Tackling-Street-Drinking-PCC-Guidance-on-Best-Practice.pdf>

²⁰ Livingston M, Chikritzhs T, Room R. Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug Alcohol Rev.* 2007;26(5):557–66

²¹ Kershaw C, Nicholas S, Walker A. (2008) *Crime in England and Wales 2007/08. Findings from the British Crime Survey and police recorded crime.* London, Home Office

²² DH. Safe. Sensible. Social. The next steps in the National Alcohol Strategy. http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_075219.pdf, 2007

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²⁶ Fuller E. (Ed.) *Smoking, drinking and drug use among young people in England in 2011.* Leeds: NHSIC, 2012

10

Islington Community Safety Intelligence Team

Alcohol related crime and the night time economy Islington

March 2017

About this profile

Purpose

This report looks at alcohol related crime and disorder across the London Borough of Islington in the last 12 months with the aim of informing the annual Late Night Levy review.

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Further information and feedback

This report was created by the Community Safety Intelligence Team led by Keith Stanger (Community Safety Manager).

We would also very much welcome your comments on this report, so please do contact us with your ideas and thoughts.

Summary

- In 2016, there were 921 crimes recorded with an alcohol related feature, accounting for 3.3% of all crime across the borough and representing a 21% reduction in alcohol related crime compared to 2015.
- ASB calls to the police with an 'alcohol' opening code and late-night economy related ASB incidents reported to the council have also shown decreases in 2016 compared to 2015.
- Alcohol related crime hot spots have been found down Upper Street and in the Old Street/City Road areas. This is similar to night-time economy related incidents reported to the Islington 'Out of Hours ASB reporting line'. A lot of repeat locations are around commercial premises.
- Offences categorised as Violence against the Person are over-represented when allocated an alcohol related feature (53% of crime) compared to all crime across the borough (23% of crime).
- Both alcohol related crime, ASB calls to the police and night-time economy related ASB peaks between 2100 and 0259 hours over the weekend.

Police Crime Data

In 2016, there were 27,832 total notifiable offences recorded across Islington (according to MPS performance data). Of these, 921 recorded an alcohol related feature on CRIS including “**Alcohol consumed**”, “**Suspect has been drinking**” or “**Victim has been drinking**”. This accounted for 3.3% of all crime. In the previous 12 months (2015), alcohol related crime accounted for 4.1% of all crime. Overall there has been a 21% reduction in alcohol related crime between 2015 and 2016.

Chart 1 shows crime with an alcohol-related feature by month between April 2010 and February 2017. Alcohol related crime has been steadily decreasing throughout the 7 year period. Chart 2 shows all crime across Islington by month for the same period. The same trend is not seen here.

Chart 1 – Long term trends showing all crime which has an alcohol related feature in CRIS

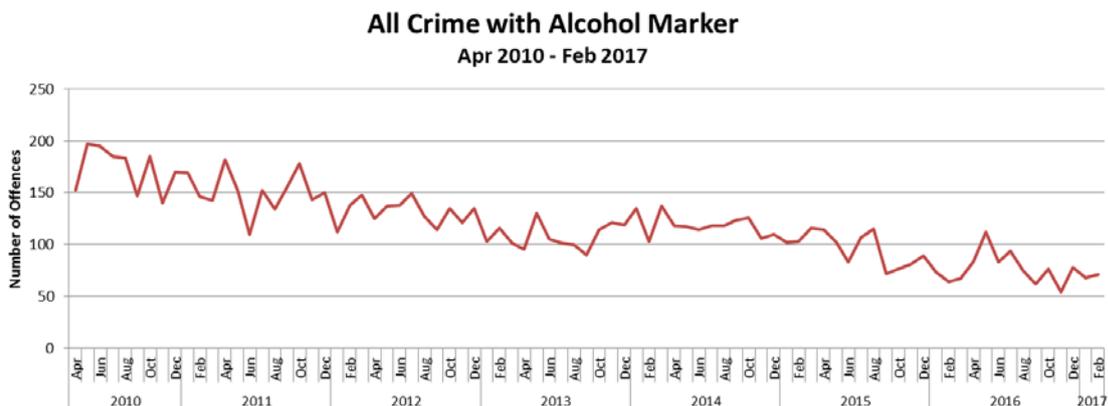
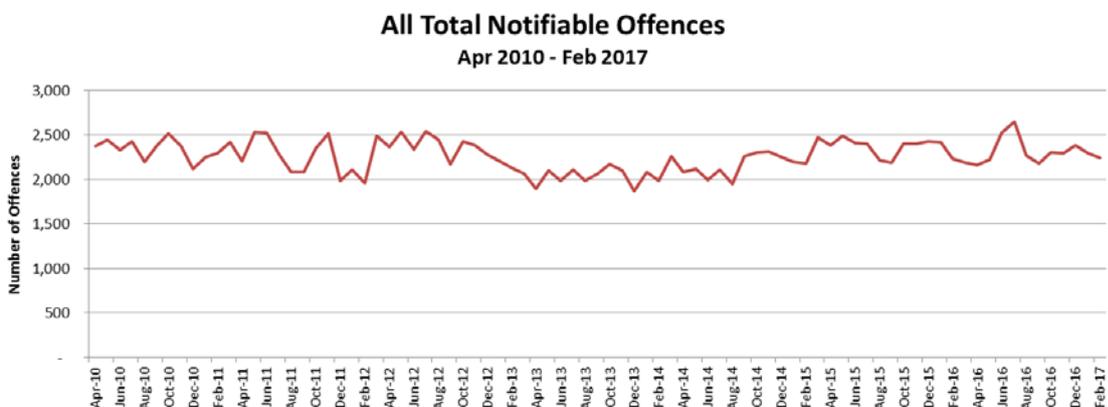


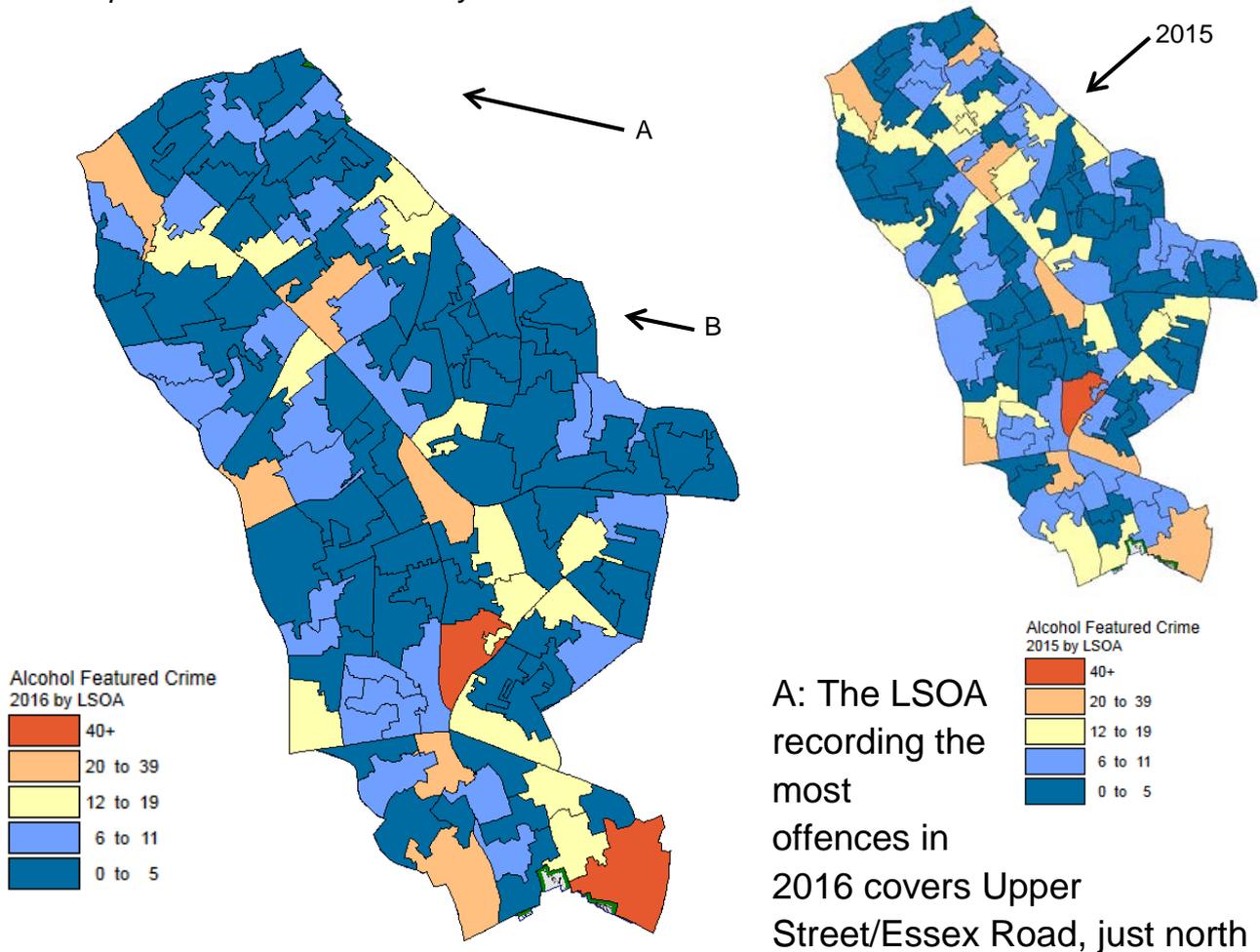
Chart 2 – Long term trends showing all crime (total notifiable offences) across Islington by month



Where are offences located?

Map 1 shows a thematic map of where crime containing alcohol related features in 2016 are located by Lower Super Output Area (LSOA). The map on the right shows how this compares in 2015.

Map 1: Alcohol related crime by LSOA



of Angel Underground station. There were 69 offences recorded in this LSOA during 2016. A lot of these offences can be attributed to commercial premises.

B: There were 44 offences recorded in the LSOA that covers Old Street. Again a lot of these offences can be attributed to inside or outside commercial premises.

What is happening?

The table below shows alcohol related crime by **crime type** (based on Home Office code). The table shows the number of offences and the proportion of crime this accounts for. In 2016, 53% of alcohol related crime was categorised as **Violence against the Person**, over-represented compared to all crime across Islington, where Violence against the Person accounted for 23% of offences.

Table 1: Alcohol related crime in 2015 and 2016 by crime type (including proportions)

Category	2015		2016		Proportion of <u>All Crime</u> Islington 2016
	Alcohol related crime (number of offences)	Proportion of Total	Alcohol related crime (number of offences)	Proportion of Total	
Violence Against the Person	575	50%	489	53%	23%
Theft and Handling	126	11%	103	11%	40%
Criminal Damage	82	7%	57	6%	6%
Sexual Offences	64	6%	53	6%	1%
Robbery	47	4%	37	4%	3%
Drugs	29	3%	23	2%	6%
Burglary	15	1%	16	2%	6%
Other Notifiable Offences	49	4%	26	3%	2%
Other Accepted Crime	173	15%	117	13%	12%
Total	1,160	100%	921	100%	100%

Of the 1,739 VAP domestic crimes recorded across Islington during 2016, 151 offences recorded an alcohol marker (9% of offences). The remaining 6,021 VAP offences that did not record a domestic violence flag, 338 recorded an alcohol marker (6% of offences).

When is it happening?

Over the last three years, there has been no notifiable seasonal trend with crime containing alcohol features; however in 2016 offences peaked in May.

Chart 3 shows the proportion of alcohol related crime by day and time period. There is a clear peak in both 2015 and 2016 between 0000 and 0259 on Saturday and Sunday mornings, peak times for the weekend night-time economy in Islington.

Chart 3: Alcohol related crime by day of week and time frame

Time Period	2015							2016						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
0000-0259	2%	2%	3%	3%	4%	7%	7%	2%	2%	2%	2%	4%	6%	7%
0300-0559	1%	1%	1%	1%	1%	4%	3%	0%	0%	1%	1%	2%	3%	4%
0600-0859	1%	1%	0%	1%	1%	1%	2%	0%	0%	1%	0%	1%	1%	1%
0900-1159	0%	1%	0%	1%	0%	1%	1%	1%	0%	1%	1%	1%	2%	1%
1200-1459	0%	0%	0%	1%	1%	1%	1%	1%	0%	1%	1%	1%	1%	1%
1500-1759	1%	1%	1%	1%	1%	2%	1%	1%	0%	1%	2%	2%	1%	2%
1800-2059	3%	1%	2%	2%	2%	3%	2%	2%	1%	2%	2%	2%	3%	2%
2100-2359	1%	2%	2%	4%	5%	4%	3%	3%	3%	2%	2%	4%	5%	3%
Total	10%	10%	9%	13%	14%	23%	20%	10%	8%	11%	12%	17%	21%	21%

A similar trend can be seen when looking at just the offences categorised as ‘**Violence against the Person**’ (VAP).

Chart 4: Alcohol related crime categorised as VAP by day of week and time frame

Time Period	2015							2016						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
0000-0259	2%	2%	3%	3%	4%	6%	7%	2%	1%	2%	3%	4%	6%	7%
0300-0559	1%	1%	0%	1%	1%	4%	3%	0%	1%	1%	2%	1%	2%	3%
0600-0859	1%	0%	0%	1%	1%	1%	2%	0%	1%	1%	1%	1%	1%	2%
0900-1159	0%	1%	0%	1%	1%	1%	1%	1%	0%	2%	1%	1%	2%	1%
1200-1459	1%	0%	1%	2%	1%	1%	1%	0%	1%	0%	1%	1%	1%	1%
1500-1759	2%	2%	1%	2%	1%	1%	1%	1%	0%	1%	2%	2%	1%	2%
1800-2059	2%	1%	2%	2%	2%	4%	2%	2%	1%	3%	2%	2%	2%	2%
2100-2359	1%	2%	2%	4%	4%	4%	3%	3%	3%	2%	3%	2%	4%	3%
Total	5%	4%	5%	7%	7%	11%	10%	5%	4%	7%	7%	9%	10%	12%

Suspects and Victims

Based on data entered on CRIS, there were 812 records showing the age (or estimated age) of the suspect of crime containing alcohol related features and 994 victim records (there can be more than one victim or suspect listed for each crime). Table 2 shows the number of suspects per 1,000 Islington population and number of victims per 1,000 Islington population. Both victims and suspects were almost evenly spread across the 18 to 57 age groups.

Table 2: Age group of victim and suspect of crime containing alcohol features and rates per 1,000 Islington population

Age	Islington Population (2011 census)	Suspects	Suspects (Per 1,000 population)	Victims	Victims per 1,000 population
Under 18	36,385	18	0.5	20	0.5
18-27	43,761	247	5.6	286	6.5
28-37	47,540	261	5.5	314	6.6
38-47	30,096	166	5.5	186	6.2
48-57	20,160	96	4.8	128	6.3
58-67	13,555	18	1.3	44	3.2
68+	14,628	6	0.4	16	1.1

A total of 50% of victims were recorded as male, 45% were female and 5% were either not recorded or recorded as other. A total of 78% of suspects were male, compared to 16% who were female and 6% were not recorded or were recorded as other.

Police ASB CAD Data

Chart 5 shows ASB calls to the police on either 999 or 101 by month between August 2011 and December 2016. There is less of a clear trend here, where there have been peaks and troughs throughout the year. In 2016 there were 1,198 ASB calls allocated with an 'alcohol' opening code, representing a 9% decrease from 2015 (where there was 1,315 calls).

Chart 5: ASB calls to the police with 'alcohol' opening code

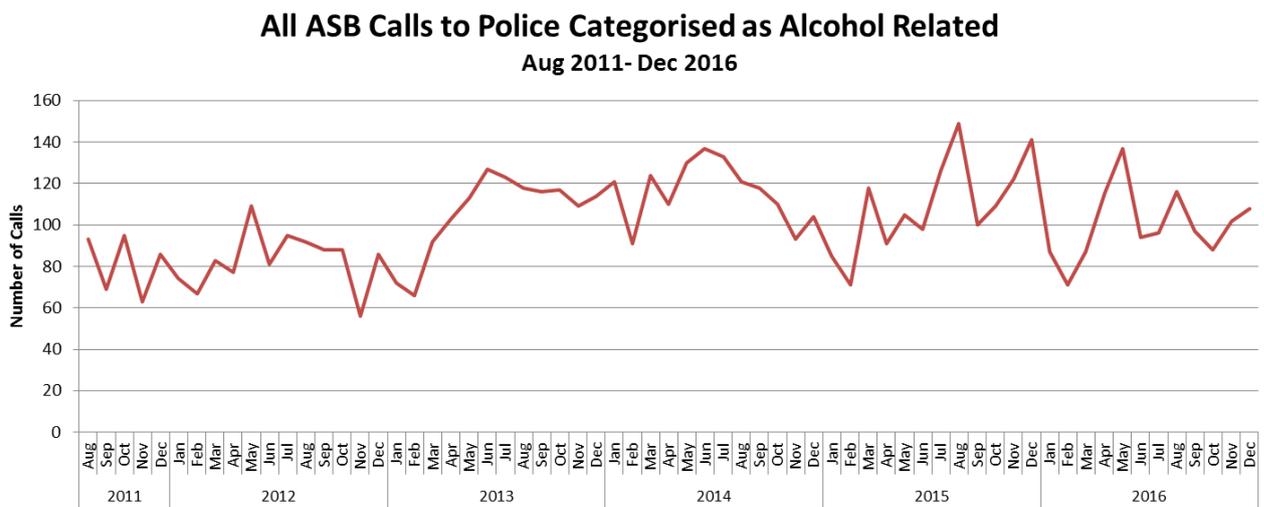


Chart 6 shows the times and day of the week of the calls. Peak times are Saturday and Sunday from 21:00 to 02:59 in both of the last two years.

Chart 6: Police ASB calls with 'alcohol' opening code by day of week and time frame

Time Frame	2015							2016						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
0000-0259	2%	2%	2%	2%	3%	5%	5%	1%	1%	2%	2%	3%	5%	5%
0300-0559	1%	0%	1%	2%	1%	3%	3%	0%	0%	0%	1%	2%	3%	3%
0600-0859	0%	0%	0%	1%	1%	2%	1%	1%	0%	1%	0%	1%	2%	1%
0900-1159	0%	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%
1200-1459	1%	1%	1%	1%	2%	2%	2%	1%	1%	1%	2%	1%	1%	2%
1500-1759	2%	2%	1%	2%	2%	2%	2%	2%	2%	2%	1%	2%	2%	1%
1800-2059	1%	2%	2%	1%	2%	3%	2%	2%	3%	2%	3%	3%	3%	2%
2100-2359	3%	3%	3%	2%	5%	4%	3%	2%	2%	2%	4%	4%	5%	3%
Total	10%	11%	11%	11%	16%	22%	19%	10%	11%	11%	13%	17%	21%	18%

Calls to Council Out of Hours ASB Team

Incidents reported to Islington Council ASB Team in 2015 and 2016, which have been categorised as;

- ‘Licensed Premises Noise – Music’
- ‘Licensed Premises Noise – People’,
- ‘Rowdy/Drunken Behaviour’ and
- ‘Drinking in a Public Place’

have been extracted from M3 and summarised in table 3. In 2016 there were 968 calls found in these categories, representing a 24% decrease from 2015. In 2016, 51% of these calls were categorised as ‘Licensed Premises Noise – Music’.

Table 3: Night-time economy calls to ASB reporting line by type

Category	2015		2016	
	Number of Incidents	Proportion of Incidents	Number of Incidents	Proportion of Incidents
NI04 - Licensed Premises Noise-Music	482	38%	490	51%
NI05 - Licensed Prem Noise-People	324	26%	256	26%
RB01 - Rowdy/Drunken Behaviour	434	34%	193	20%
SD01 - Drinking in a Public Place	27	2%	29	3%
Total	1,267	100%	968	100%

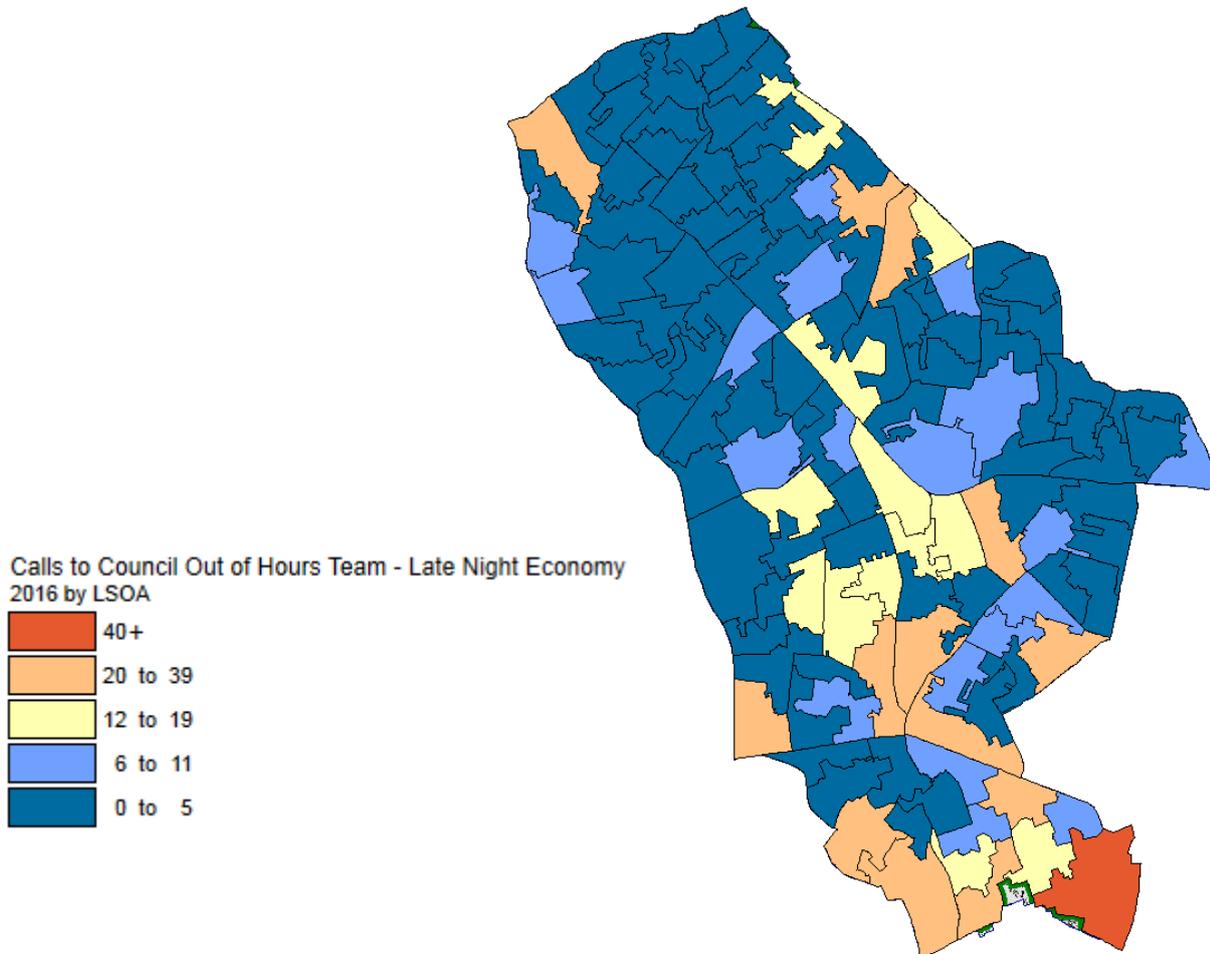
Incidents peaked Thursday evenings (between 2100 and 2359) and over the weekend between 2100 and 0259 hours.

Chart 7: Night-time economy calls to ASB reporting line by day of week and time frame

Time Scale	2015							2016						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
0000-0259	2%	1%	2%	1%	3%	6%	8%	2%	1%	1%	1%	2%	6%	7%
0300-0559	0%	0%	0%	0%	1%	2%	2%	0%	0%	0%	0%	1%	1%	1%
0600-0859	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
0900-1159	1%	0%	1%	0%	1%	0%	1%	2%	1%	1%	1%	1%	0%	6%
1200-1459	1%	1%	0%	0%	1%	1%	0%	1%	1%	0%	1%	1%	1%	1%
1500-1759	1%	1%	1%	1%	1%	2%	1%	2%	1%	1%	1%	1%	1%	2%
1800-2059	2%	1%	2%	4%	5%	3%	4%	1%	1%	2%	2%	3%	2%	2%
2100-2359	3%	3%	4%	6%	6%	9%	4%	3%	3%	4%	9%	7%	8%	3%
Total	11%	8%	9%	14%	16%	23%	19%	11%	8%	8%	15%	16%	20%	22%

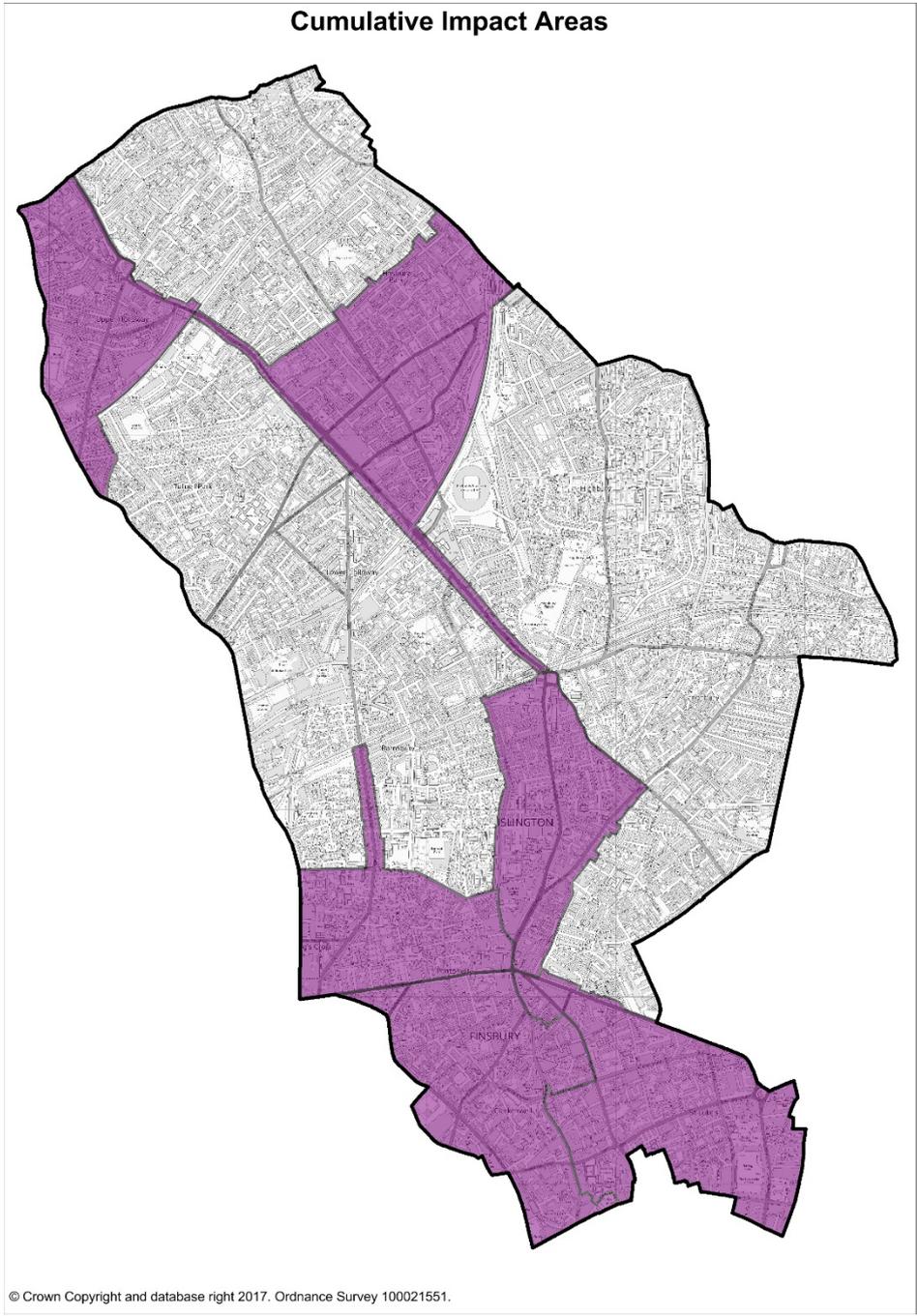
Map 2 shows the number of reports relating to 'night time economy' to the 'Council out of Hours ASB team' by LSOA in 2016. There were high levels of calls along Upper Street, whilst the most calls were recorded in the LSOA close to **City Road** including **Tabernacle Street**.

Map 2: Night-time economy calls to ASB reporting line by LSOA

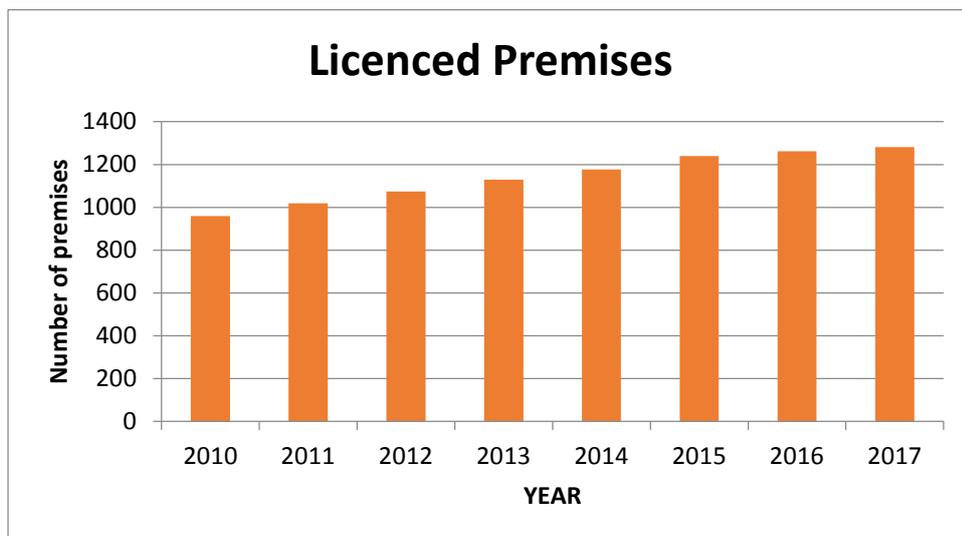


Charts and Maps

Cumulative impact areas in Islington

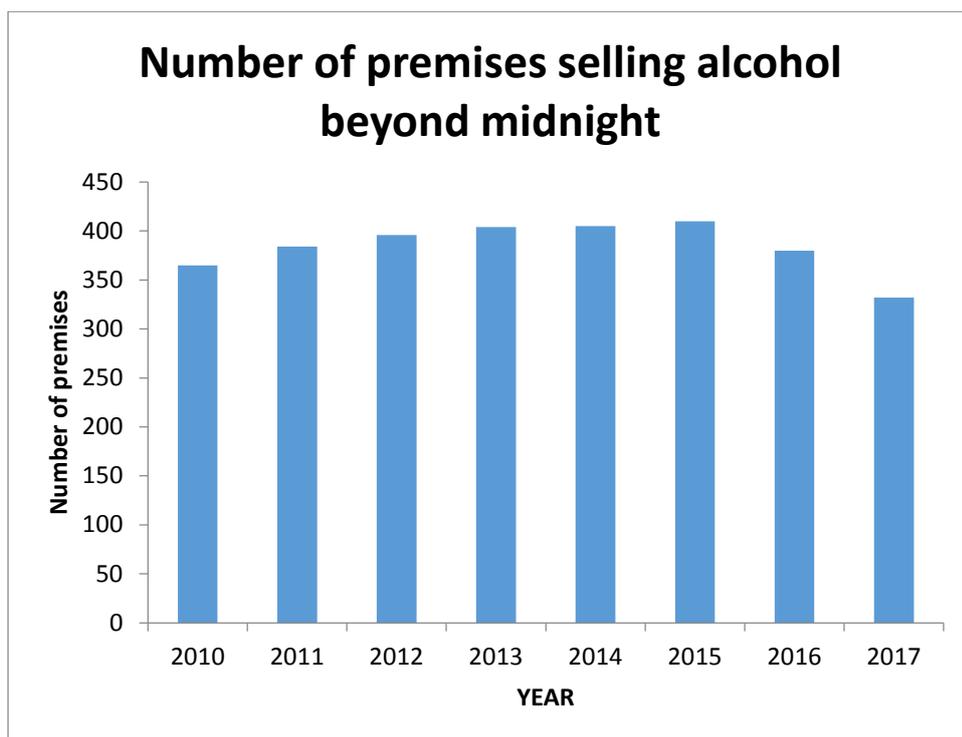


Number of licenced premises 2011- 2017



- Year on year increase in number of licenced premises

Number of premises selling alcohol



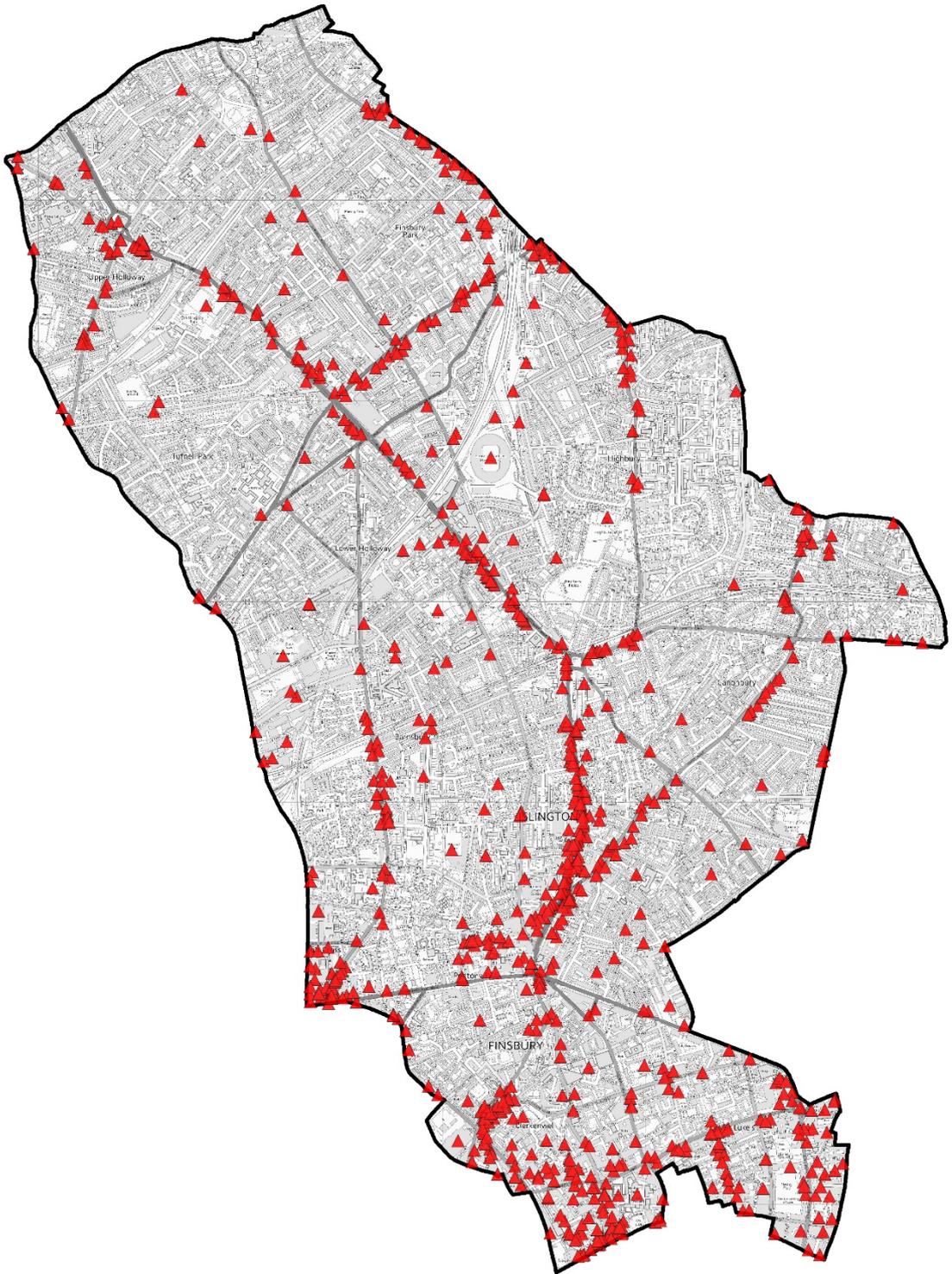
- Licensing Policy Framework hours introduced in 2013 resulted in the number of premises licenced to sell alcohol after midnight plateauing at approx. 400
- Late Night Levy introduced November 2014 resulted in a reduction in premises licenced to sell alcohol

Applications received and granted

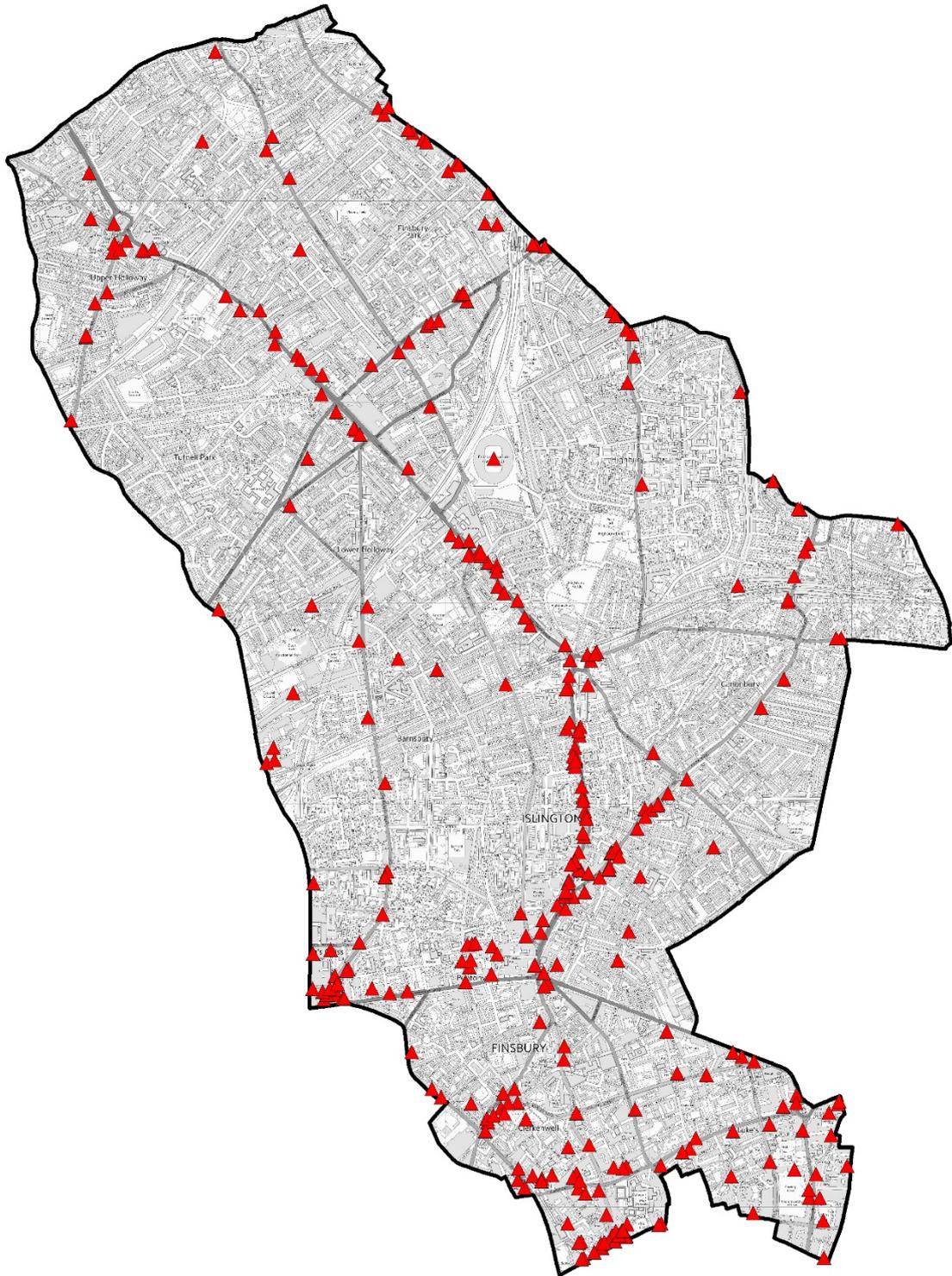
YEAR	Number new apps received	Number new apps granted	No new and variation apps for A beyond midnight	No new and variation apps GRANTED for A beyond midnight
2009	68	67	46	44
2010	70	70	38	35
2011	77	70	26	23
2012	83	65	21	18
2013	77	51	9	4
2014	86	65	13	6
2015	105	73	3	0
2016	81	65	8	5

- Significant reduction in number of application granted to permit alcohol sales beyond midnight since introduction of 2013 Licensing Policy
- 5 late night alcohol applications approved in 2016 – 2 were for hotels and three where for premises that previously had late night alcohol licences that lapsed

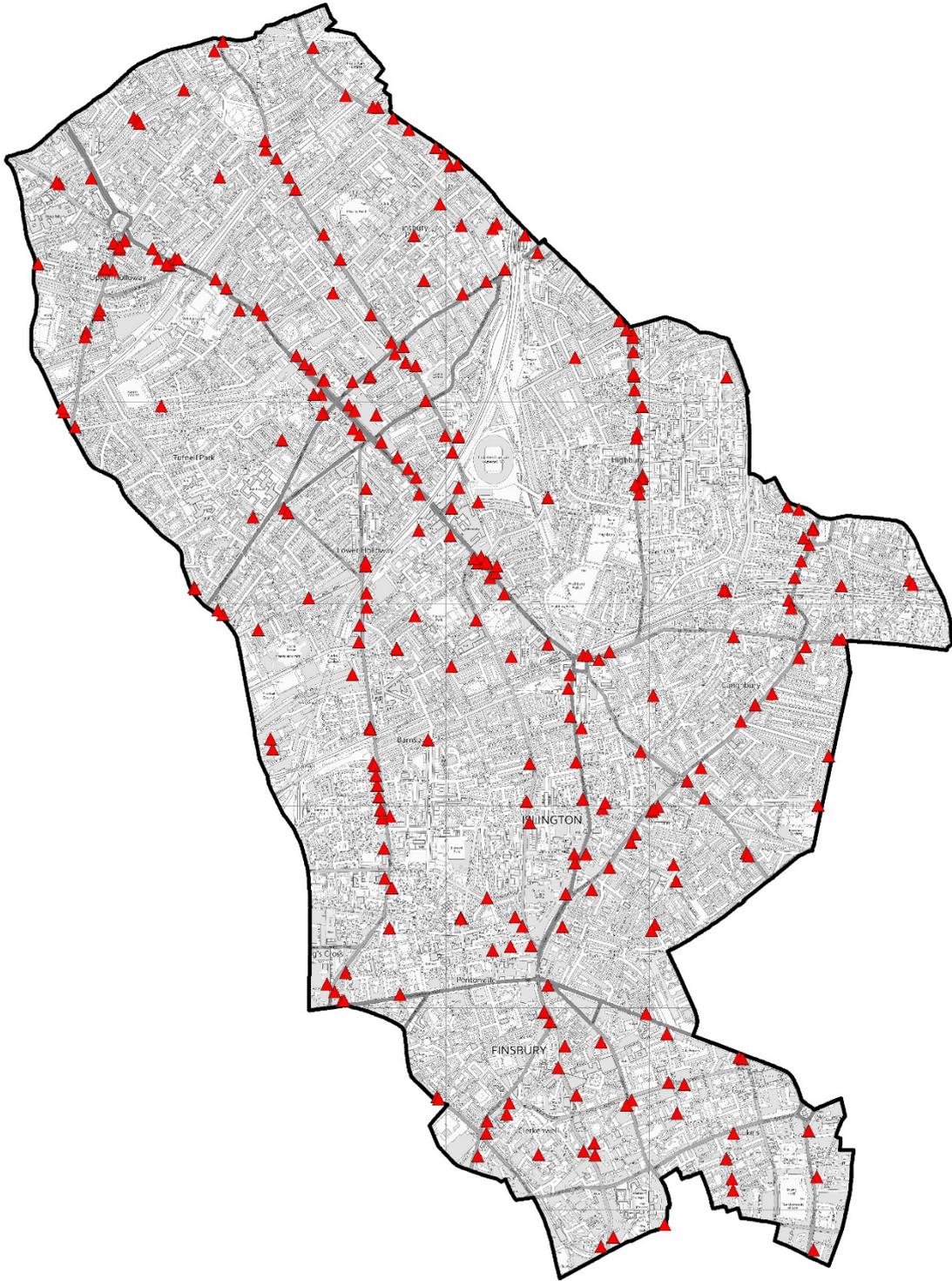
On licenses and off licenses



Alcohol sales after midnight



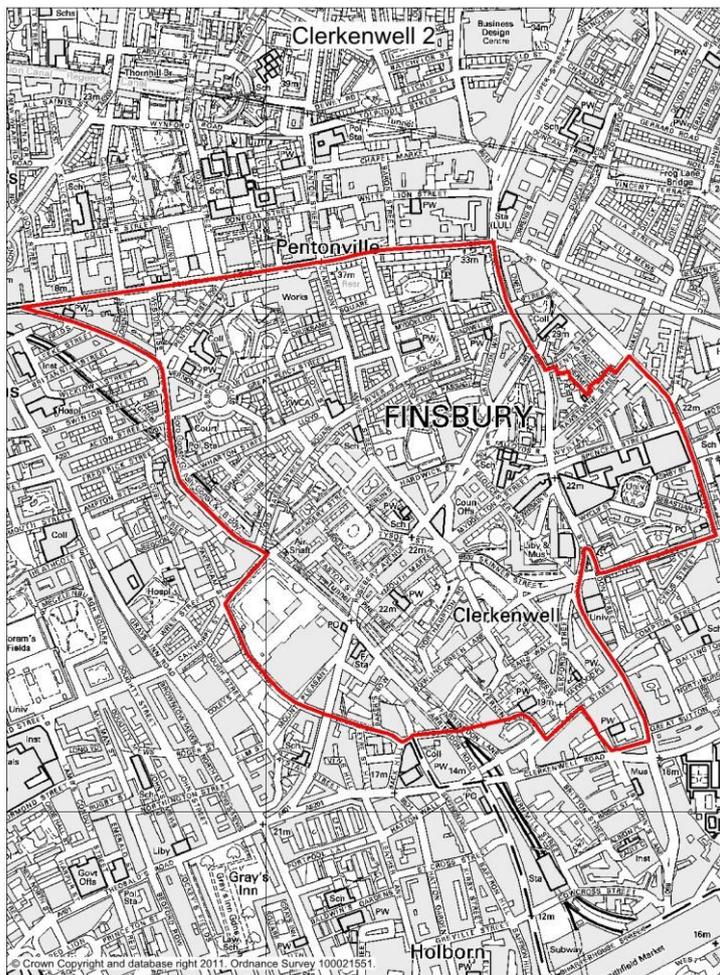
Off licenses



CLERKENWELL CUMULATIVE IMPACT AREA

2017 Profile of Licenced Premises in Clerkenwell Cumulative Impact Area	
Pubs, bars, clubs	35
Restaurants and cafes	66
Shops	38
Culture/leisure	3
Takeaways	4
Other	7
Total	153
Premises selling alcohol after midnight	70 (46%)

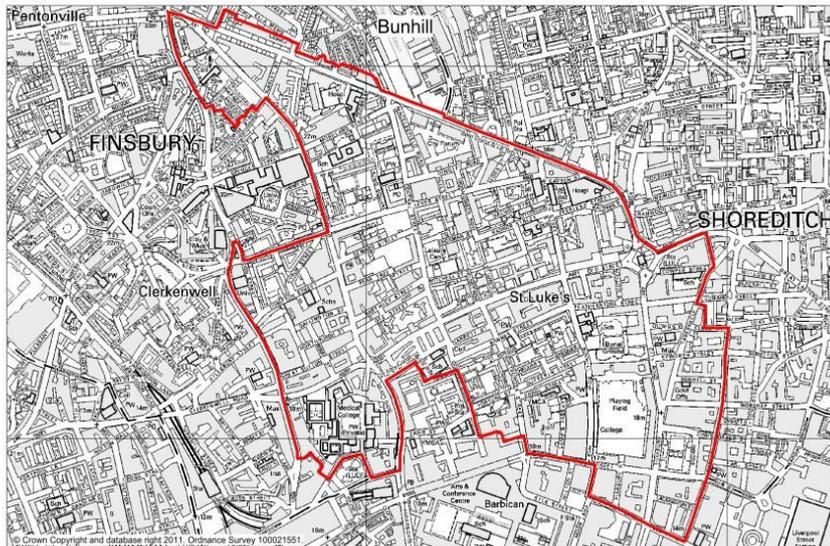
Map of Clerkenwell Cumulative Impact Area:



BUNHILL CUMULATIVE IMPACT AREA

2017 Profile of Licenced Premises in Bunhill Cumulative Impact Area	
Pubs, bars, clubs	43
Restaurants and cafes	67
Shops	16
Culture/leisure	3
Takeaways	6
Other	24
Total	159
Premises selling alcohol after midnight	61 (38%)

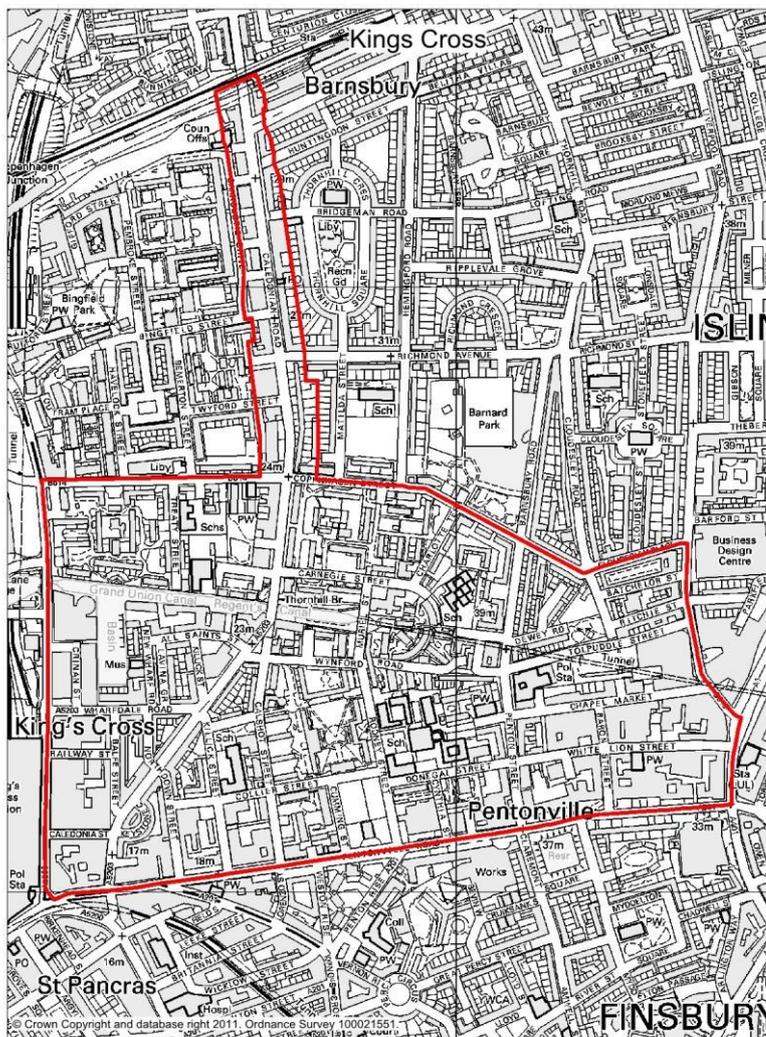
Map of Bunhill Cumulative Impact Area:



KINGS CROSS CUMULATIVE IMPACT AREA

2017 Profile of Licenced Premises in Kings Cross Cumulative Impact Area	
Pubs, bars, clubs	27
Restaurants and cafes	36
Shops	23
Culture/leisure	2
Takeaways	12
Other	8
Total	108
Premises selling alcohol after midnight	30 (28%)

Map of Kings Cross Cumulative Impact Area:



ANGEL AND UPPER STREET CUMULATIVE IMPACT AREA

2017 Profile of Licenced Premises Angel and Upper Street Cumulative Impact Area	
Pubs, bars, clubs	50
Restaurants and cafes	95
Shops	24
Culture/leisure	8
Takeaways	13
Other	13
Total	203
Premises selling alcohol after midnight	47 (23%)

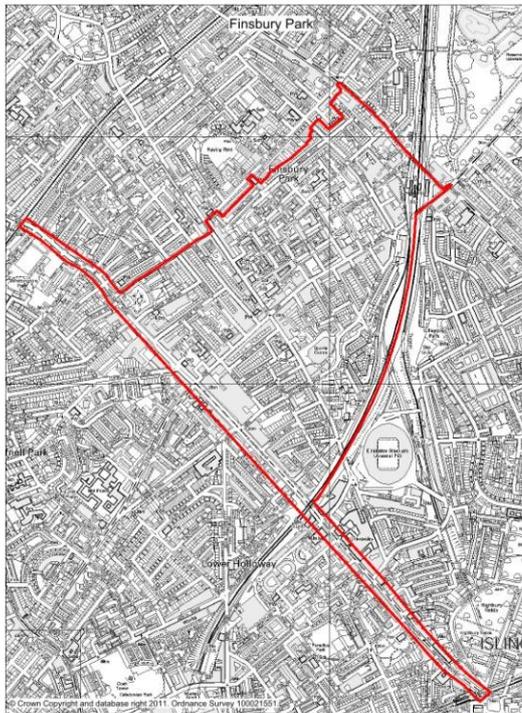
Map of Angel and Upper Street Cumulative Impact Area



HOLLOWAY AND FINSBURY PARK CUMULATIVE IMPACT AREA

2017 Profile of Licenced Premises Holloway and Finsbury Park Cumulative Impact Area	
Pubs, bars, clubs	18
Restaurants and cafes	54
Shops	18
Culture/leisure	2
Takeaways	14
Other	30
Total	136
Premises selling alcohol after midnight	45 (33%)

Map of Holloway and Finsbury Park Cumulative Impact Area



ARCHWAY CUMULATIVE IMPACT AREA

2017 Profile of Licenced Premises in Archway Cumulative Impact Area	
Pubs, bars, clubs	13
Restaurants and cafes	16
Shops	20
Culture/leisure	0
Takeaways	11
Other	3
Total	63
Premises selling alcohol after midnight	24 (38%)

Map of Archway Cumulative Impact Area

