



## **NOTTINGHAMSHIRE ALCOHOL LICENSING MATRIX**

### **Introduction**

Nottinghamshire County Council has developed a data matrix to support an evidence-based approach to making alcohol licensing representations.

Leeds City Council have an operational alcohol licensing matrix. The matrix ranks Middle Super Output Areas (MSOA's) within Leeds based on the relative alcohol harms across a number of data indicators. This provides an evidence base for targeted representations against alcohol licensing applications. Learning from this model, Nottinghamshire County Council have adopted a similar approach.

The matrix is due to go live on the 7<sup>th</sup> of January 2024, in line with the release of the updated each District and Borough Council's Statement of Licensing Policy (SOLPs). The matrix has been developed in partnership with the Nottinghamshire Authorities Licensing Group (NALG).

### **Purpose and aims of the matrix**

The licensing matrix has been developed to encompass a range of data related to the health harms of alcohol and to the four licensing objectives see Appendix 1. In recognition that Public Health does not have a licensing objective, however the Directors of Public Health is a responsible authority, data indicators from a variety of health, adult social care and children's social care sources have been used. This data is weighted based on alignment with the licensing objectives and potential impact on individuals and communities.

The matrix will be used to identify whether a licensing application is being made for a premise in an area with relatively high alcohol-related harms. Nottinghamshire County Council identifies potential mitigating measures that could be applied to the application. As a result of these potential measures, Licensing Objectives will be achieved alongside a likely reduction in alcohol-related health harm among the local population.

The matrix data sources will be updated yearly, therefore any representations taken forward will be based on the most recent available data. The application will be assessed against the matrix and any applications flagged as very high in relation to potential alcohol-related harm, the applicant will be approached to discuss these potential mitigating measures and, where necessary, making a representation. The matrix will be used in conjunction with other considerations, including the nature of

the premise, other factors which may explain the ranking such as proximity to major sporting venues, and details proposed in each licensing application.

The matrix will only be used for the purposes described above and will not have a wider impact on individual premises, such as for example insurance premiums or securing suppliers.

Evaluation of the matrix tool has been considered to determine its effectiveness and there are discussions with Public Health Intervention Responsive Studies Teams (PHIRST) to conduct an evaluation.

## Matrix indicators

The choice of matrix indicators has been informed by a guidance document produced by Public Health England<sup>1</sup> for Public Health involvement in licensing. Each of the indicators used have direct links to the licensing objectives. The 'health and other' indicators (e.g., deprivation, alcohol specific mortality) either relate directly to health or have been included to help provide added context and geography (e.g., deprivation and number of schools in close proximity).

Table 1 below shows all the 15 indicators used in the matrix and highlights to which licensing objective they align to.

**Table 1**

	Nottinghamshire County Indicators	Linked to which licensing objective
1	Deprivation (with crime removed)	Health and other
2	Number of schools in close proximity	Protection of children from harm
3	Average attainment 8 score*	Protection of children from harm
4	Number of children's social care assessments where alcohol is identified as a factor	Protection of children from harm
5	Alcohol specific mortality	Health and other
6	Alcohol specific admissions (19 and over)	Health and other
7	Alcohol specific admissions (under 19s)	Protection of children from harm and Health and other
8	On and off licensed premises	Health and other
9	Number of adults in alcohol treatment	Health and other
10	Alcohol-related ambulance callouts	Crime and disorder and Health and other
11	Antisocial behaviour, alcohol related	Crime and disorder and public nuisance
12	Violent crime where alcohol flagged	Crime and disorder
13	Test purchases/underage sales	Public safety
14	Parental substance use	Protection of children from harm
15	Estimate of adults who are most likely to drink	Health and other
	* Attainment 8 is a measure published annually showing the average academic performance of a secondary school.	

Please see Appendix 2 for the rationale and evidence relating to the inclusion of each indicator.

<sup>1</sup> [Public Health England Alcohol harms and licensing: available data resource](#)

Indicators have also been chosen based on data availability at Middle Super Output Area (MSOA) or Lower Super Output Area (LSOA) level to support targeted representations. Please see Appendix 3 for detail description of MSOA and LSOA.

Furthermore, where there are low numbers within the data (5 or lower), data will cover multiple years to ensure that individuals are not able to be identified.

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## Appendix 1

The Licensing Act 2003 requires the Licensing Authority to uphold four equally important licensing objectives when carrying out its licensing functions, these are:

- the prevention of crime and disorder: for example, drug-related problems, disorder, drunkenness, and anti-social behaviour.
- public safety: the physical safety of people using the venue.
- the prevention of public nuisance: for example, noise from music, litter, and light pollution.
- the protection of children from harm: including moral, psychological, and physical harm.

## Appendix 2

### Rationale

1. Anti-social behaviour and violent and sexual crimes with an alcohol flag:

Research highlights links between alcohol consumption and an increase of violence, public disorder, and anti-social behaviour.<sup>2,3</sup> Alcohol is associated not only with

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<sup>2</sup> Beck, A and Heinz, A., 2013. Alcohol-Related Aggression – Social and Neurobiological Factors. *Deutsches Arzteblatt International*. 100(42) pp. 711-715.

<sup>3</sup> Office for Health Improvement and Disparities, 2023. Local Alcohol Profiles for England – Alcohol and crime. Available at: [Local Alcohol Profiles for England - Alcohol and crime - OHID \(phe.org.uk\)](https://www.phe.org.uk/local-alcohol-profiles-for-england)

incidents of violence but also with increased severity, including in relation to domestic violence.<sup>4</sup>

## 2. Number of schools within close proximity:

Proximity and density of on- and off-license premises has been associated with increased likelihood of adolescents drinking frequently.<sup>5</sup>

## 3. Number of children's social care assessments where alcohol is identified as a factor, alcohol treatment episodes for parents or adults living with a child and average attainment 8 scores:

Parental alcohol use can have adverse effects on the mental, emotional, and physical health of children, which can be compounded by other related factors such as domestic abuse and deprivation. This can lead to negative behaviours, poor educational attainment and, in some cases, substance use in the child.<sup>6,7</sup> In analysis of serious case reviews of instances of child harm and/or death between 2011 and 2014, parental substance use was a factor in 36% of cases.<sup>5</sup>

Average attainment 8 scores, whilst not directly attributable to parental or child alcohol use, are used to help paint a broader picture of the potential alcohol-related harms in a community. Alcohol has been linked with an increased likelihood of not being in employment, education or training, lower GCSE scores and leaving full-time education at the age of 16.<sup>8</sup> This could perpetuate income deprivation and increase the likelihood of a person experiencing other deprivation-related health harms and reduced life expectancy.

## 4. Alcohol-specific hospital admissions for under 19s:

This measure indicates the prevalence of harmful alcohol consumption in under 19s. As described above, alcohol consumption is linked with poor education, training, and

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<sup>4</sup> Gadd, D., et al., 2019. The Dynamics of Domestic Abuse and Drug and Alcohol Dependency. *The British Journal of Criminology*. 59(5) pp. 1035-1053.

<sup>5</sup> Young, R., Macdonald, L. and Ellaway, A. 2013. Associations between proximity and density of local outlets and alcohol use among Scottish adolescents. *Health & Place*. 19. 124-130.

<sup>6</sup> Hedges, S. and Kenny, C. 2018. Parental Alcohol Misuse and Children. Available at: [Parental Alcohol Misuse and Children - POST \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care/parental-alcohol-misuse-and-children/)

<sup>7</sup> Public Health England, 2021. Parents with alcohol and drug problems: adult treatment and children and family services. Available at: [Parents with alcohol and drug problems: adult treatment and children and family services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/94444/parents-with-alcohol-and-drug-problems-adult-treatment-and-children-and-family-services.pdf)

<sup>8</sup> Department for Education, 2010. Young people's alcohol consumption and its relationship to other outcomes and behaviour. Available at: [Report Title \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/141444/young-people-alcohol-consumption-and-its-relationship-to-other-outcomes-and-behaviour.pdf)

employment outcomes, but is also linked to other risk-taking behaviours including unsafe sexual behaviours, smoking and other substance use.<sup>9, 10</sup>

#### 5. Deprivation:

It is recognised that those in higher socioeconomic groups tend to consume more alcohol than people in lower socioeconomic groups.<sup>11</sup>

#### 6. Alcohol-specific mortality and alcohol-specific hospital admissions for persons aged 19 or over:

Alcohol-specific hospital admissions are admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. The narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions<sup>12</sup>. This measure, along with rates of alcohol-specific mortality, helps to highlight the levels of high-risk drinking undertaken in any one area. Studies have concluded that both a higher density of on-trade outlets and a higher density of licensed convenience stores are associated with higher hospital admission rates for conditions wholly attributable to alcohol.<sup>13</sup>

#### 7. Number of on- and off- license premises:

Higher density of on- and off-license premises has been linked with higher rates of violent crime, road traffic collisions, domestic abuse, and child abuse.<sup>14, 15</sup> Furthermore, alcohol outlet proximity to the workplace could be an additional determinant of harmful alcohol consumption behaviour. Reducing the number of alcohol outlets could reduce the level of harmful alcohol consumption<sup>16</sup>.

#### 8. Number of alcohol treatment episodes (adults) and number of alcohol-related ambulance callouts:

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<sup>9</sup> Marshall, E. J., 2014. Adolescent Alcohol Use: Risks and Consequences. *Alcohol and Alcoholism*. 49(2) pp. 160-164.

<sup>10</sup> Bonomo, Y. *et al.*, 2002. Adverse outcomes of alcohol use in adolescents. *Addiction*. 96(10) pp. 1485-1496.

<sup>11</sup> Alcohol Change UK, n.d. Alcohol and Inequalities. Available at: [Alcohol and inequalities | Alcohol Change UK](#)

<sup>12</sup> [Local Alcohol Profiles for England: short statistical commentary, October 2021 - GOV.UK \(www.gov.uk\)](#)

<sup>13</sup> Alcohol Research UK (July 2018) [Alcohol outlet density and alcohol-related hospital admissions in England: a geographical analysis](#)

<sup>14</sup> Fone, D., *et al.* 2012. Change in alcohol outlet density and alcohol-related harm to population health (CHALICE). *BMC Public Health*. 12(428).

<sup>15</sup> Trangenstein, P. J., *et al.* Outlet Type, Access to Alcohol, and Violent Crime. *Alcoholism, clinical and experimental research*. 42(11) pp. 2234-2245.

<sup>16</sup> Access to Alcohol Outlets From Home and Work in Sweden: Longitudinal Associations With Problem Drinking, Raza, Auriba, *et al.*, *Journal of Studies on Alcohol & Drugs*, 2023. 84(1), pp. 37-44

These indicators provide further evidence of the prevalence of high-risk drinking within each area. It should be noted that number of alcohol treatment episodes likely presents an underestimate of high-risk drinking and alcohol dependency, as a significant proportion of alcohol dependent adults are not receiving treatment.<sup>17</sup>

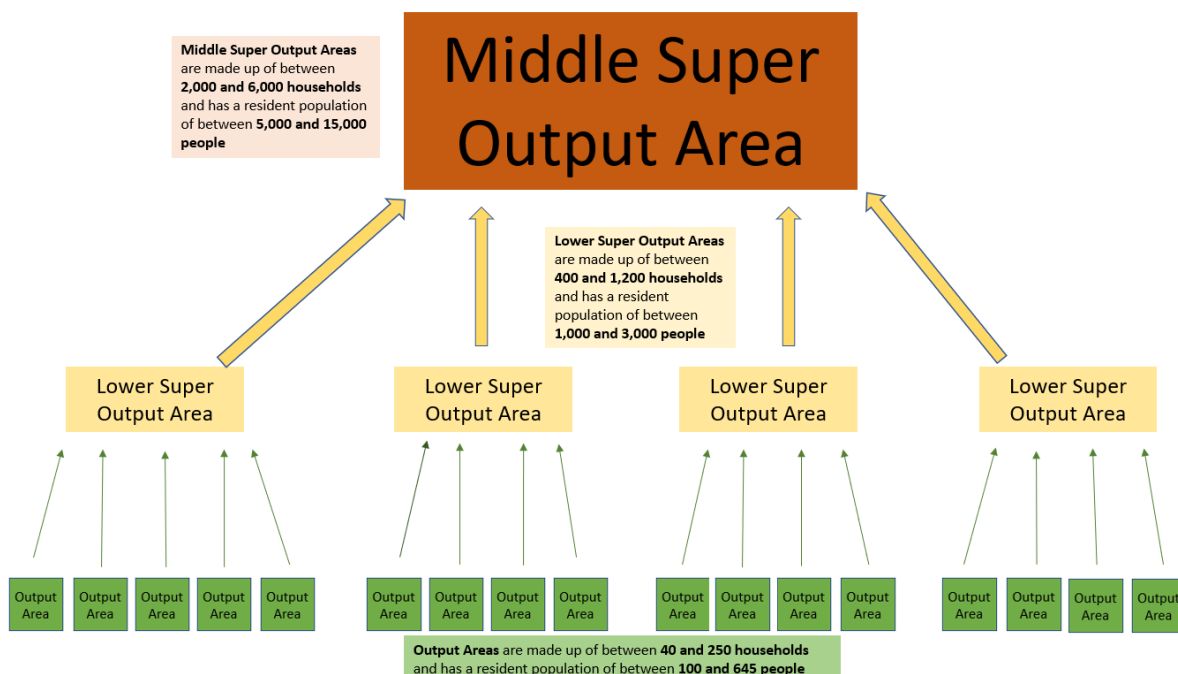
### 9. Estimate of adults who are most likely to drink:

Based on Experian Mosaic segmentation groups and types, this indicator uses a range of factors to estimate the proportion of adults who are likely to drink alcohol at least once per day. This information provides additional context around which areas may be more at risk of high levels of alcohol-related health and social harm.

## Appendix 3

Middle Super Output Areas (MSOAs) are geographic areas designed to improve the reporting of small area statistics and comprise of between 2,000 and 6,000 households and have a usual resident population of between 5,000 and 15,000 people<sup>18</sup>.

Lower Super Output Areas (LSOAs) are made up of groups of Output Areas (OA), usually four or five, which comprise of between 400 and 1,200 households and have a usual resident population of between 1,000 and 3,000 people. This is represented by the image below.



<sup>17</sup> Alcohol Change UK., n.d. Alcohol Statistics. Available at: [Alcohol statistics | Alcohol Change UK](#)

<sup>18</sup> [Census 2021 geographies - Office for National Statistics \(ons.gov.uk\)](#)