

LICENSING COMMITTEE

14 MARCH 2019

EXAMINATION OF THE MEASURES OF HARM AND BURDEN ASSOCIATED WITH ALCOHOL

1.0 Purpose of Report

1.1 For Members to consider the work undertaken in conjunction with the Nottinghamshire County Council Public Health Team examine the measures of harm and burden associated with alcohol

2.0 Background

2.1 The primary aim of this piece of work is to illustrate variation at sub-district level in measures associated with alcohol and to identify areas where the combined measures are the greatest. The set of measure (or indicators) used are set out at **Appendix 1**.

3.0 Introduction

3.1 Alcohol is now a part of society through both its consumption and distribution. Inappropriate use can lead to poor health outcomes for individuals and groups, either directly or indirectly and increase the burden on services. In this sense where harm may come to the population it is a public health concern.

3.2 Public Health England have an online data tool (LAPE) that profiles the impacts on public health of alcohol using a range of measures presented at upper tier and lower tier level. While useful as a general tool for context it does not reveal variation within district or link to the alcohol licensing objectives.

3.3 The Licensing Team has worked with the Public Health Team at Nottinghamshire County Council to develop the indicators and then map them on a district wide basis.

3.4 Members will be aware that consideration of public health is not a direct alcohol licensing objective however there are harms and burdens that fall under existing alcohol licensing objectives enabling public health themes to be considered indirectly.

3.5 This piece of work is an attempt to explore what information is available and useful and to present it in a form that shows how there is variation at sub-district level in measures of interest to public health but also align with the alcohol licensing objectives to assist the Licensing Authority in its decision making process.

3.6 In simple terms a number of indicators (**Appendix 2**) have been aggregated together and mapped to summarise the accumulation of cumulative impact of all these measures. The results are expressed as rankings for the district so they are not comparable with other areas outside Newark & Sherwood.

3.7 A further selection of maps are attached as **Appendix 2**.

4.0 Discussion of the Findings

4.1 Summary of all Measures

Areas with overall relatively higher levels of harm and burden related to alcohol include:

North and East

- Ollerton
- Part of Boughton
- Part of Edwinstowe and Clipstone
- Towards Clipstone
- Part of Rainworth South and Blidworth
- Towards Blidworth

South West

- Castle, Bridge, Devon

4.2 These areas represent a summary across all the measures considered to suggest where harms and burden are cumulatively higher. This does not mean that these areas show relatively higher harm and burden for all measures.

4.3 Drinking at Least Once a Day

This is an estimate of the percent of the population who drink at least once a day.

4.4 Perhaps surprisingly it is the rural areas of that show relatively high levels of those estimated to drink once or more per day. There is almost, but not quite, an apparent inverse relation with areas of deprivation – suggesting those living in less deprived areas are more likely to drink at least once a day.

4.5 Hospital Admissions Attributable to Alcohol

An estimate of the scale of hospital admissions attributable to alcohol. The 'alcohol-related narrow' definition is used here. This is a more focussed consideration of alcohol related hospital admissions. Contrast to the 'alcohol-related broad' definition which is more relaxed in selecting episodes but is sensitive to improving coding standards and the 'alcohol-specific' definition which focusses on only a subset of alcohol attributable conditions.

4.6 Location of Licensed Premises.

Breakdown by On-License, Off-License and Entertainment only License.

4.7 Licensed premises seem to cluster around dense urban areas. Dense urban areas are mostly, but not always and not exclusively, associated with worse combined outcomes for the alcohol related measures considered. Clusters of licensed premises do not always align with areas of worse outcomes for alcohol related measures.

4.8 These maps may confirm or challenge existing understanding of spatial variation in measures associated with alcohol at sub-district level. The maps are limited in theme coverage by available data for certain measures. The measures provide context to issues associated with alcohol however not all measures link directly to Alcohol Licensing Objectives.

5.0 **RECOMMENDATION**

That Members consider the information provided and identifies any future information that they may want to consider for future mapping.

Background Papers

T2127 Alcohol Licensing Layers

For further information please contact Alan Batty on 01636 655467

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