

# PROSPECTUS FOR LOCAL ALCOHOL ACTION AREAS: PHASE 2

September 2016



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## 1. Programme Overview

1. Strong, sustained and effective partnership working is at the heart of successful approaches to reduce alcohol-related harms. The police, local authority and health partners need to work alongside local businesses to devise local solutions and strategies for preventing alcohol-related crime and disorder and reducing alcohol-related health harms. While the Government has a role to play in facilitating partnership working, the day-to-day response to alcohol-related harms can only be delivered locally. That is why the Government's Modern Crime Prevention Strategy committed to launch a second phase of the local alcohol action areas (LAAA) programme.
2. The LAAA areas programme has three core aims:
  - i. Preventing alcohol-related crime and disorder;
  - ii. Reducing alcohol-related health harms; and,
  - iii. Generating economic growth by creating a vibrant and diverse night time economy.

### *Phase one*

3. The first phase ran between February 2014 and March 2015. 20 areas from across England and Wales developed local solutions, plans and strategies to reduce alcohol-related crime and disorder, alcohol-related health harms and promote economic growth by diversifying the night time economy.
4. The programme was a success. It offered areas opportunities to share learning with others and access expert advice to identify the most effective means of addressing alcohol-related harms. It also enabled areas to strengthen partnership working, including with health, crime, licensing, industry and other partners. Participating areas took forward work looking at a variety of issues relating to alcohol-related harms, from protecting vulnerable people in the night time economy, to improving treatment pathways for those with alcohol dependency issues. Further information about the first phase of the programme can be found at Annex B.
5. The first phase identified three key points crucial to ensuring the success of local solutions:
  - i. Partnership working enabled areas to share resources, pool ideas, skills and assets to sustain activity. Collaboration was not limited to public sector partners. Improved working with private sector partners also enabled areas to achieve more.
  - ii. Senior level support gave initiatives greater priority, brought new partners on board and made resources available to support new initiatives.
  - iii. Sharing and analysing better quality data provided local areas with a clearer picture of where and when problems existed and enabled them to deploy their resources more effectively.

## *Phase two*

6. Up to 40 places are available for the second phase of the programme, which will build on the success of the first phase and will last for two years. Participating areas will be required to tackle one or more of a core set of challenges focused on preventing crime and disorder in the night time economy:
  - i. How can local areas improve the collection, sharing and use of data between A&E Departments, local authorities and the police?
  - ii. How can local authorities, the police and businesses ensure the safe movement of people in the night time economy?
  - iii. How can local areas expand their use of safe spaces?
  - iv. How can local authorities, the police and business work together to help prevent the sale of alcohol to drunks in both the off- and on-trades?
  - v. How can local authorities, the police and business work together to help design out crime?
7. Areas will be asked to identify local solutions to locally identified problems, put in place plans and strategies to tackle those problems and monitor their effectiveness. They will be able to call on support from the Home Office, Public Health England, the Welsh Government and Public Health Wales to assist them in their work, as well as support from other sources where appropriate.
8. The remainder of this prospectus provides further information on the programme as follows:
  - Core challenges – section two
  - Programme requirements – section three
  - Guidance on how to assess projects – section four
  - Government sources of support – section five
  - Other sources of support – section six
  - How to apply – section seven
9. Invitations to apply have been sent to all local authority chief executives, all Police and Crime Commissioners and all Chief Constables in England and Wales. Areas are required to submit their applications by 18 November. The Government will aim to announce areas selected to participate in the programme in December.

## 2. The Programme's Core Challenges

1. At the heart of the second phase of the programme are a set of core challenges, which relate closely to the aims of the alcohol chapter of the Modern Crime Prevention Strategy. In selecting these challenges we hope to develop a common understanding of how areas can prevent alcohol-related violence. The challenges are phrased in broad terms to allow areas the flexibility to devise solutions that best meet local circumstances. Case studies providing examples of how these challenges have been tackled in areas across England and Wales are provided in annex A.

### **Challenge 1: how can local areas improve the collection, sharing and use of data between A&E Departments, local authorities and the police?**

We will expect areas selecting this challenge to develop solutions that improve local intelligence and support licensing decisions by local authorities and the police by providing them with access to information held by A&E departments about hospital admissions for alcohol-related violent incidents.

### **Challenge 2: how can local authorities, the police and businesses ensure the safe movement of people in the night time economy?**

We will expect areas selecting this challenge to develop approaches to help prevent crime in the night time economy and to identify situations in which offenders are targeting vulnerable people. These approaches may use other members of the night time economy workforce (e.g. door staff, street marshals, street pastors, or taxi marshals) to play a more active role in crime prevention.

### **Challenge 3: how can local areas expand their use of safe spaces?**

We will expect areas selecting this challenge to focus on integrating safe spaces into the management of the night time economy. This may include expanding their use, raising awareness among premises operating in the night time economy, or using them as a point at which to trigger follow-up support for people to change their behaviour.

### **Challenge 4: how can local authorities, the police and business work together to help prevent the sale of alcohol to drunks in both the off- and on-trades?**

We will expect areas selecting this challenge to develop partnership interventions that focus on greater test purchasing and supporting bar staff to refuse admission to premises as well as at point of sale.

### **Challenge 5: how can local authorities, the police and business work together to help design out crime?**

We will expect areas selecting this challenge to focus on taking steps to address the physical environment inside and outside premises. This may include making designing out crime assessments available at the pre-license application stage, and coming up with innovative approaches to support this.

### **3. Programme Requirements**

1. Local agencies, including the police, local authorities and those responsible for public health, as well as local businesses, experience at first hand the problems caused by alcohol, and are best placed to devise and develop the strategies and plans for tackling those problems. The experience of phase one of the LAAA programme suggests that areas are most likely to be successful where they establish strong partnership working, have senior level support and where information is shared between local areas.
2. To build on the successes of the first phase of the programme, there are a number of requirements areas will be expected to meet during the programme. Areas should provide an indication of how they intend to meet these requirements as part of their application.

#### *Programme aims and core challenges*

3. Areas must identify which of the programme's three aims they intend to address. They must also identify at least one of the core challenges (see section two) for inclusion in their local plans.
4. Areas are free to develop new initiatives or to include existing plans or already initiated approaches that are continuing to develop within their local plan. Where an existing approach is included, we would expect the area to provide an indication for the length of time that approach has been in operation and evidence of its effectiveness, if known.

#### *Working in partnership*

5. The first phase of the LAAA programme provided a clear indication that effective partnership working – between the police, local authorities, health services and, where appropriate, local businesses – can make the best use of time and resources. In their applications, areas will need to demonstrate their ability to build strong partnerships, for example, by highlighting the strength of existing partnership arrangements and the commitment of a range of local organisations to deliver plans to tackle alcohol-related harms. If areas intend to develop new partnerships through the programme they will need to set out how they intend to make those partnerships effective.

#### *Adopting a systematic approach: monitoring and assessing progress*

6. Areas will be expected to demonstrate how they intend to monitor and assess the effectiveness of their work and what plans they have in place to collect information (whether from existing sources or new information). Areas will need to identify the aims of their local projects, the actions they will take forward to achieve those aims, the desired effect of the project and how they intend to measure whether or not they have achieved that effect. Areas should also set out any plans for more in-depth assessment, for example to test whether an intervention has reduced alcohol-related crime in the local area.

7. Areas will be required to provide short progress reports on a quarterly basis throughout the duration of the project. This is essential to facilitate shared learning between areas, as well as to guide support managers in the support that they offer areas.

#### *Sharing ideas*

8. The success of the programme depends on the willingness of participating areas to share their experience, both where they have succeeded and where they have not. We will expect areas to agree to provide this information if they participate in the programme. We will also expect areas to welcome inquiries from other areas; and to consider the opportunities for working together where two areas are tackling the same problem.

#### *Securing senior support*

9. To participate in the second phase, we will expect areas to have support from their:
  - Police and Crime Commissioner or Chief Constable or local authority director responsible for community safety (crime aim)
  - Director of Public Health (health aim)
  - Local authority director responsible for planning and economic development (diversification aim)
10. Areas may also wish to seek the support of other groups or individuals, for example from local businesses or local chambers of commerce, particularly if they choose to focus on generating economic growth by diversifying the night time economy.

#### *Planning with a view to long-term sustainability*

11. Areas should actively look for ways to ensure that measures they take persist beyond the end of the LAAA programme. For example, considering where ongoing responsibility will sit for ensuring that effective changes are maintained, and how project work can be embedded as business as usual.

#### 4. Guidance on Assessing a Project

1. The invitation to apply to participate in the programme requires areas to develop and deliver an action plan. An important part of this action plan will be for local areas to monitor and assess progress of their LAAA initiatives - we expect successful bids to have carefully planned through assessment of their LAAA from the outset.
2. The longer time period (the second phase will last for two years) should give areas greater opportunity to implement their plans, observe their effects for longer and assess their impacts. Areas will be required to build in plans to monitor and assess the effectiveness of their projects. This will be particularly important for the work areas do to tackle one of the five core challenges, although areas may also wish to extend their assessments to cover any locally developed solutions to locally identified problems they may wish to take forward during the programme.
3. This section provides guidance to areas on how they can assess their projects. Further support will be available throughout the duration of the programme from support managers.

##### *Planning an assessment*

4. At the planning stage, areas should set out the project aims clearly, how they intended to achieve those aims and the evidence needed to demonstrate that they have been achieved.

##### **Example: Planning an assessment**

Areas may wish to focus on answering the following questions:

- How is the problem defined?
- Are there existing data that could be used to measure any change available locally? Or, do new data need to be collected and new monitoring systems put in place?
- Is there a baseline against which to compare future performance?
- Should the views of the community be gathered to assess the impact of the problem?

5. Identifying measurable outcomes will help articulate what success will look like and provide a framework for monitoring progress. Outcomes should reflect local circumstances, but examples of potential outcomes could be:
  - implementation of effective A&E data sharing between health and crime agencies, leading to a reduction in violent incidents and related A&E attendances;



- a reduction in the acute alcohol-related health harms within the lifetime of the project, and in chronic alcohol-related health harms in the longer term;
  - an increase in the provision of Identification and Brief Advice;
  - a reduction in the types of crime in the night time economy that measures were intended to address;
  - reductions in attendances at A&E and in ambulance call outs for acute alcohol-related health issues.
  - a improvement in community perceptions of the safety of the night time centre; and,
  - a reduction in bar staff serving alcohol to drunken customers.
  - an increase in footfall in the night time centre
6. Areas should consider using the SARA (Scanning, Analysis, Response and Assessment) approach to plan and assess their projects. This problem solving model is often used to identify and address crime reduction and community safety problems. Further information is available from the following resources.

[The Home Office National Support Framework, Delivering safer and confident communities. Passport to Evaluation v2.0](#)

This guide sets evaluation in a problem-solving context, using the (SARA) approach which has become the most recognised problem solving model to identify and address crime reduction and community safety problems.

[HM Treasury Magenta Book: Guidance for Evaluation](#)

The Magenta book is the recommended central government guidance on evaluation that sets out best practice for Government departments to follow. However, it is useful for all policy makers and analysts, including those in local government and the voluntary sector. The guidance presents standards of good practice in conducting evaluations, and seeks to provide an understanding of the issues faced when undertaking evaluations of projects, policies, programmes and the delivery of services.

[Improving your evidence: Evaluation hints and tips paper published by Clinks and the New Philanthropy Capital \(NPC\)](#)

This note is a brief introduction to some of the main themes around research and evaluation, providing useful tips for those thinking about undertaking evaluation.

7. Areas may benefit from using the CLear assessment tool when planning to reduce alcohol-related health harms. The tool brings together all those working to reduce alcohol-related harm in a locality to evaluate what is working well and to identify the opportunities for further improvement. CLear provides a framework for strategic review and analysis of local structures and delivery focusing on local outcomes and priorities, and its completion should result in the agreement of a place-based action plan.
8. Completing the self-assessment for alcohol can help local partnerships to:
- clarify how services and structures support place-based aims to reduce alcohol-related harm

- check that local activity is in line with NICE guidelines
- recognise good and innovative practice
- bring together key stakeholders and reinvigorate collaborative working on this agenda
- drive local improvement in outcomes achieved across primary, secondary and tertiary prevention services.

9. The alcohol CLear self-assessment tool and other supporting materials are available at [www.alcohollearningcentre.org.uk/CLear](http://www.alcohollearningcentre.org.uk/CLear)

### *Monitoring local projects*

10. Monitoring is the systematic collection and analysis of information. It provides real-time information on the progress of an initiative, for instance whether outputs have been successfully delivered, milestones met and outcomes achieved (or being progressed towards). *As a minimum, it is essential that local areas identify the local data and information they will use to monitor the progress of their projects.*

11. Areas should establish a baseline at the outset of the project so that change can be demonstrated as the project progresses. Data needs will depend on the desired outcomes; areas will need to take account of available resources (for example, in deciding whether to collect new data or rely on existing data sources) and of alignment with the geographical area covered by the project. Some examples of local data sources that may be useful are:

- police crime and anti-social behaviour data;
- A&E department data;
- local authority data about licensed premises;
- ambulance service data;
- local survey data;
- data on resources used for the project; and,
- data collected by local alcohol support services.

Further information on the data already available to areas is set out in table 1 below.

### *Evaluating the scheme*

12. In addition to monitoring, areas may wish to consider whether they are able to carry out a more in-depth evaluation of their projects. There are two main types of evaluation:

- A process evaluation. This form of evaluation asks how, why and under what conditions a project works, or fails to work, rather than the effect that project may have. This type of evaluation typically seeks information on the contextual factors, mechanisms and processes underlying the project and can help to refine and improve processes as the project progresses.

- An impact evaluation. This form of evaluation seeks to measure the impact of the initiative in terms of what was expected at the outset, or compared with some other initiative, or with doing nothing at all.

13. The extent to which a useful evaluation can be undertaken is likely to be influenced by a number of factors, including:

- Consideration of whether it is possible to robustly evaluate impact. How the intervention is implemented, and whether it is possible to compare the outcomes with what would have happened without the intervention (the counterfactual), may affect whether or not an impact evaluation is feasible.
- Resources available to the LAAA. Evaluation can be time and resource intensive. You should consider whether sufficient resources are available, both in terms of staff time and expertise.
- Whether you are piloting an innovative approach which is not already supported by good evidence or whether you are implementing a well evidenced intervention. If there is already strong evidence that a particular intervention is effective further evaluation may not be as necessary.

**Table 1: Examples of existing data sources**

<b>Data Source</b>	<b>Description</b>	<b>Geographic coverage</b>	<b>Link</b>
Crime Survey for England and Wales (CSEW)	The Crime Survey provides information on households' experiences of crime.	England and Wales	<a href="#">Link</a>
Crime Statistics: Short Story on Anti Social Behaviour	Statistics on anti social behaviour, including figures on alcohol-related anti social behaviour.	England and Wales	<a href="#">Link</a>
Police Recorded Crime (PRC)	Crimes recorded by the police.	England and Wales - Police Force Area	<a href="#">Link</a>
Opinions and Lifestyle Survey (OPN)	The OPN provides information on drinking habits among adults, including a measure of very heavy drinking.	Great Britain - Region	<a href="#">Link</a>
Health Survey for England (HSE)	The HSE also provides information on drinking habits among adults, including a measure of average consumption.	England - Region	<a href="#">Link</a>
National Survey for Wales	Provides information on drinking habits among adults in Wales.	Wales	<a href="#">Link</a>
Smoking, Drinking and Drug Use Among Young People in England	Information on drinking in school children aged 11 to 15.	England - Region	<a href="#">Link</a>
Alcohol Related Deaths in the UK	Deaths related to alcohol.	UK - Region	<a href="#">Link</a>

Alcohol Statistics from the National Drug Treatment Monitoring System (NDTMS)	Provides statistics on alcohol treatment activity in England.	England	<a href="#">Link</a>
Alcohol Statistics from the annual report of the Welsh National Database for Substance Misuse (WNDSM)	Provides statistics on alcohol treatment activity in Wales.	Wales	<a href="#">Link</a>
Alcohol Statistics from Reading Between the Lines: The Annual Profile of Substance Misuse in Wales	Provides alcohol statistics on health, social care and education services in Wales through the life course	Wales	<a href="#">Link</a>
Young People's Statistics from the National Drug Treatment Monitoring System (NDTMS)	Provides statistics on treatment activity, including alcohol, for young people in England.	England	<a href="#">Link</a>
Hospital Episodes Statistics (HES)	Statistics on alcohol related hospital admissions. Figures are also available on admissions for assaults and assaults by sharp object (2nd link).	England - Strategic Health Authority and Primary Care Trust	<a href="#">Link</a> <a href="#">Link</a>
Local Alcohol Profiles for England (LAPE)	Numerous indicators of alcohol related harm on a Local Authority level.	England - Local Authority	<a href="#">Link</a>
Alcohol and late night refreshment licensing England and Wales	Statistics on the number of licensed venues by licensing authority in England and Wales.	England and Wales - Licensing Authority	<a href="#">Link</a>

## 5. Government Support

1. Areas selected to participate in the programme will receive support from central Government. This section provides information on what support areas can expect to receive.

### *Support Managers*

2. Each area will have a support manager, who will act as their primary point of contact. The support manager will make regular contact with areas, building up their knowledge of local issues and contributing to planning and review processes. Support managers will provide access to support and expertise from central government and from mentors when needed. Support managers will be selected on the basis of the aims on which areas choose to focus. Support for the crime aim will be provided by the Home Office's Drugs and Alcohol Unit. Support for the health aim will be provided by Public Health England's centre-based alcohol lead or by the Welsh Government Substance Misuse Policy Branch, assisted by Public Health Wales. The majority of support will be provided by telephone or email. An area's support managers will operate independently of each other, while maintaining regular communication to ensure a shared awareness of issues and developments.
3. The support manager will:
  - work with local areas to build their understanding of the issues facing the area;
  - make regular contact to check on progress and ongoing needs;
  - act as a critical friend during planning and delivery of the project;
  - promote a partnership working approach;
  - provide advice and support to the area on their area of expertise;;
  - suggest opportunities for shared learning or joint working, particularly around the five core challenges, where several areas may be working on similar initiatives;
  - help to persuade those reluctant to engage with the project of its merits;
  - contribute knowledge of what has worked elsewhere; and,
  - advise on additional assistance available when areas identify needs.

### *Mentors on reducing alcohol-related crime and disorder*

4. In addition, support managers will be able to provide access to expert advice from elsewhere in Government, and from a set of mentors who may be able to provide insight and expertise to help areas tackle problems they may be encountering. Mentors have been chosen for each of the programme's core challenges and for issues that the first phase of the programme suggests will be common. Further information about the mentors that will support the programme will be made available to participating areas.

### *Support to Welsh areas on alcohol-related data*

5. The Welsh Government and Public Health Wales will offer support to areas in generating and presenting baseline alcohol-related data, including general alcohol-related harm data, and alcohol treatment specific data from the Patient Episode Database for Wales and the Welsh National Database for Substance Misuse.

### *Workshops/Webinars*

6. Throughout the first year of the programme the Home Office and PHE will arrange a series of thematic workshops. The workshops will be an opportunity to hear from subject-matter experts, and share practice and ideas with other participating areas. At the mid-point of the programme, the Home Office will host an event in London at which the most promising local initiatives will be invited to share their learning with the other local areas.

## **6. Other Offers of Support**

1. In addition to support provided by central government, areas may also access additional sources of support where they believe it is appropriate to do so. This includes support from Nightworks, schemes that are members of the Local Alcohol Partnership Group, Drinkaware and Secured by Design.

### *Support for areas that choose to focus on generating economic growth by creating a more diverse and vibrant night-time economy*

2. Specialist input will be provided by a not-for-profit company (Nightworks) to areas who choose to focus on generating economic growth by creating a more diverse and vibrant night-time economy. Nightworks receives funding from Diageo.
3. Nightworks aims to foster and promote safe, healthy, affordable and prosperous mixed-use hospitality areas, entertainment zones and hubs. It draws on twelve years' research and experience of raising quality and improving choice in the evening and night-time economies – including from phase one of the LAAAs. The aim is that diversification techniques be developed, tested and proved during LAAAs and that Nightworks becomes a lasting legacy for the programme.
4. The Nightworks LAAAs programme will consist of a Core Programme, that is free-to-user, and a fee-supported Outreach Programme. The Core Programme will have four components:
  - i. Diversity Guidelines and Good Practice. A baseline report drawing together relevant project experience from the UK and overseas.

- ii. A Core Workshop programme, focusing on the main ingredients of success in delivering diversity projects.
- iii. Practical Advice to LAAAs participants from Nightworks team members and on the Nightworks website.
- iv. A Diversity Award to recognise achievement, success and innovation.

#### *Support from the Local Alcohol Partnerships Group*

- 5. The Local Alcohol Partnerships Group is committed to set up new schemes in areas where none currently exist or help revive existing schemes that are not meeting their full potential. The schemes covered by the Local Alcohol Partnerships Group are a good way of enabling local authorities, the police and local businesses to work together to reduce alcohol related harms. Further information the schemes covered by the Local Alcohol Partnerships Group is set out below.

#### Best Bar None

- 6. Best Bar None is a national award scheme which aims to raise operational standards and the management of pubs, bars and clubs. Its works to reduce alcohol related crime and disorder and anti-social behaviour in a town or city centres by creating a working partnership between the licensed trade, police, local authorities and the private sector. Any licensed premises can apply to join its local scheme, but accreditation is only granted after a thorough assessment to ensure that minimum standards are met. Best Bar None has been adopted by more than 70 towns and cities across the UK. Further information can be found at: [www.bbnuk.com](http://www.bbnuk.com)

#### Community Alcohol Partnerships

- 7. Community Alcohol Partnerships (CAPs) bring together local retailers & licensees, trading standards, police, health services, education providers and other local stakeholders to tackle the problem of underage drinking and associated anti-social behaviour. By providing advice, guidance and resources, CAP support communities in developing their own capability to deliver a coordinated, localised response to underage alcohol misuse. There are currently 100 CAPs operating across the United Kingdom. Further information can be found at: [www.communityalcoholpartnerships.co.uk](http://www.communityalcoholpartnerships.co.uk)

#### Pubwatch

- 8. Pubwatch is a long-established national initiative, run by licensees and supported by the police. The scheme brings licensees together, enabling them to take collective action to ban troublemakers, provide an early warning system and develop good working relations between licensees, the police and local authorities. Pubwatch schemes can be found in most UK towns and cities. It is a proven and effective forum for stakeholders to develop targeted interventions to tackle alcohol related disorder in the night time economy and support other best practice schemes. There are 650 Pubwatch schemes registered with the National Pubwatch Committee, which supports local schemes. Further information can be found at: [www.nationalpubwatch.org.uk](http://www.nationalpubwatch.org.uk)

### Proof of Age Standards Scheme (PASS)

9. Alongside these schemes, the principal trade associations involved with the sale and promotion of age restricted products and services established PASS – The UK's Proof of Age Standards Scheme - in 2001. PASS cards provide a reliable form of ID for both the retailers of age restricted products and for individuals required to prove their age. PASS is endorsed by the Home Office; the Police, through the National Police Chiefs' Council; the Security Industry Authority, which licences door and security staff; and the Chartered Trading Standards Institute. Further information can be found at: [www.pass-scheme.org.uk](http://www.pass-scheme.org.uk)

### Purple Flag

10. Purple Flag is the international accreditation scheme for towns and cities that have created a safe, vibrant and diverse early evening and night time economy. The programme looks at the negative impacts of the evening and night time economy that need to be addressed and the potential for economic growth, increased conviviality and community enhancement. Areas are assessed against the core themes: Wellbeing, Movement, Appeal, Place and Policy. Areas who meet the standards are able to fly the purple flag as a sign of the vibrancy of their night time economy. Around 65 towns and cities in the United Kingdom and Ireland hold Purple Flag status with the programme now also being taken up internationally. Further information can be found at: [www.purpleflag.org.uk](http://www.purpleflag.org.uk)

### Street Pastors

11. Street Pastors is an inter-denominational Church response to problems that occur in the night time economy. Street Pastors patrol the streets, visiting pubs and nightclubs and building good relationships with premises and the staff working in the night time economy. Street Pastors provide a range of assistance, for example, tending to people who have suffered minor injuries or helping people to find taxis to get people home safely if they have lost their friends or become disorientated. There are now some 14,000 trained volunteers in around 250 teams around the United Kingdom. Further information can be found at: [www.ascensiontrust.org](http://www.ascensiontrust.org)

### Portman Group Training

12. The Portman Group offers free training on its Codes of Practice, which apply to the naming, packaging and promotion of alcoholic drinks. Available online or face-to-face, the CPD certified training can help stakeholders improve their understanding of how the rules are interpreted. Further information can be found at: [training@portmangroup.org.uk](mailto:training@portmangroup.org.uk).

### *Support from Drinkaware*

13. Drinkaware is the UK's leading alcohol education charity which aims to reduce alcohol-related harm by helping people to make better choices about their drinking. Following its research 'Drunken Nights Out: motivations, norms and



rituals in the night-time economy', it developed the Drinkaware Crew. The Drinkaware Crew was trialled for three months in Nottingham city centre during phase one of the LAAA programme, as a result of work between Drinkaware, the Nottingham Crime and Drugs Partnership and the Nottinghamshire Police and Crime Commissioner. The trial has since been expanded into a six month pilot, involving venues in Nottingham city centre and the South West of England.

14. The Drinkaware Crew aim to help keep people young people safe on a night out and reduce instances of drunken antisocial behaviour by promoting a positive social atmosphere. They also provide assistance to those who may be vulnerable as a result of excessive alcohol consumption. They are trained staff who work in pairs in large venues whose core customers are 18-24 year olds. Drinkaware would welcome the opportunity to work in partnership with local authorities and PCCs to expand the Drinkaware Crew scheme in further venues across the UK as part of phase 2 of the LAAA programme.
15. Drinkaware also offers a range of information, tools and online support to help people make better choices about their drinking which may be useful to areas. For more information can be found at: [www.drinkaware.co.uk](http://www.drinkaware.co.uk)

#### *Support from Secured by Design*

16. Secured by Design (SBD) is a group of national police projects focusing on the design of and security for new and refurbished homes, commercial premises and car parks. SBD was established in 1989 and around 50% of all new homes are now SBD approved. Where developments have incorporated design principles and products to standards of physical security recommended by SBD, independent academic research consistently demonstrates crime reduction benefits of up to 75%<sup>1</sup>.
17. SBD has recently developed new guidance and processes to provide a nationally recognised set of standards on the safe and secure operation of new licensed premises. Participating areas will be able to pilot the new guidance processes, working with local businesses, to enable premises to obtain a new SBD Licensed Premises Award. The award will enable applicants to demonstrate compliance with acceptable standards of design when making a licence application.
18. Premises that are not part of a national or regional chain will engage with the police during pre-build or conversion discussions to agree the security specifications for the premises. Both parties would sign an SBD pre-build agreement. The agreement would then form part of the licence application.
19. For premises that are part of a regional or national chain, operators may choose to agree their standard specification with the National SBD organisation, reducing the need for local involvement. Further information will be made available to interested areas following decisions about participation in the second phase of the LAAA programme.

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<sup>1</sup> R. Armitage and L. Monchuk, Re-Evaluating Secured by Design in West Yorkshire - Ten Years On (2009)

## 7. The Application Process

1. All applications should be returned by 18 November. They should be sent to [laaa@homeoffice.qsi.gov.uk](mailto:laaa@homeoffice.qsi.gov.uk).
2. Areas that participated in phase one of the LAAA programme may submit an application for phase two. Applications are also welcome from areas that wish to collaborate across local authority boundaries to tackle common issues of alcohol-related harm.

### *Mandatory selection criteria*

3. As this prospectus makes clear, there are a small number of mandatory criteria that applications to participate in phase two of the programme must meet. Those criteria are:
  - i. For areas that choose to focus on preventing alcohol-related crime and disorder, the application must have the support of the Police and Crime Commissioner or Chief Constable or local authority director responsible for community safety;
  - ii. For areas that choose to focus on reducing alcohol-related health harms, the application must have the support of the local Director of Public Health. English areas intending to focus on reducing alcohol-related health harms should also confirm that they have discussed their plans with the relevant regional Public Health England team;
  - iii. For areas that choose to focus on generating economic growth by creating a diverse and vibrant night time economy, the application must have the support of the local authority director responsible for planning and economic development. Areas may also wish to discuss their plans with relevant local businesses or local business groups.
  - iv. The application must be accompanied by a plan that sets out the actions the area intends to take as part of the programme. These actions must include at least one that relates to a core challenge of the programme (this condition applies all areas, including those that do not choose to focus on preventing alcohol-related crime and disorder). Where actions require funding, the plan must indicate if this has been found.

### *Other selection criteria*

4. In addition to the mandatory selection criteria, applications will be scored against the following criteria:
  - i. Evidence of alcohol-related harms relevant to the area's chosen aims e.g. the extent of the alcohol-related crime and disorder issues or the extent of the alcohol-related health harms. Areas choosing to focus on generating economic growth by creating a diverse and vibrant night time economy, may wish to provide evidence of the connections between crime and

- disorder, the choices available for people who go out at night, and the state of the night time economy.
- ii. The extent of existing efforts to tackle those harms and how successful they have been.
  - iii. Effective partnership arrangements and, where appropriate, engagement with local businesses.
  - iv. How the area intends to ensure delivery of its plans, including responsibility for overall delivery.
  - v. How the area will assess the effectiveness of its initiatives.
  - vi. Evidence of energy, enthusiasm and ambition.

Ministers will aim to announce areas selected to participate in the programme in December.

#### *Further information*

5. If you have any questions about the programme, please contact Andy Parsons [andrew.parsons1@homeoffice.gsi.gov.uk](mailto:andrew.parsons1@homeoffice.gsi.gov.uk) or 020 7035 1921.

#### *Application*

6. Applications should be submitted on the form at annex C.

## Annex A

### Case studies on the programme's core challenges

1. Some areas have already taken forward local projects to tackle the issues identified in the five core challenges. The following cases studies provide an illustration of what areas have done. Further examples from the first phase of the LAAA programme can be found at Annex B.

#### **Challenge 1: how can local areas improve the collection and sharing of data between A&E Departments, local authorities and the police?**

##### **Embedding Public Health in Coventry's Revised Statement of Licensing Policy**

When Coventry's statement of licensing policy came up for revision, the public health team set about gathering data and information to support their licensing colleges in refreshing the policy. The public health team looked at the scale of alcohol misuse within Coventry, and estimated that each year alcohol:

- causes 38,000 A&E attendances;
- leads – or is a factor in - 3,100 crimes; and
- is an issue in one in five child protection cases.

The resulting collaboration provided an opportunity for health and wellbeing to be considered during the refresh of Coventry's statement of licensing policy. Consequently public health and health inequalities are now embedded throughout the policy. The policy recognises that Coventry's Director of Public Health will:

- Explore the impact of alcohol related incidents on emergency services such as West Midlands Ambulance Service.
- Consider the proximity of licensed premises to schools, youth centres, play groups and family centres.
- Share anonymised A&E data with other responsible authorities relating to young people and alcohol related incidents.
- Analyse data on attendance at emergency departments and the use of ambulance services following alcohol related incidents.
- Collate anonymised data on incidents relating to specific premises and present to Licensing Sub-Committees when representations are made.
- Support the police by facilitating access to health information such as anonymised A&E data due to alcohol related admissions, e.g. as part of a license review application.
- Provide Trading Standards with evidence of the health impact of illicit/counterfeit alcohol
- Support the sharing of health information such as anonymised A&E data with other responsible authorities where it links to public safety.
- Provide evidence on the impact of the health and wellbeing of vulnerable groups such as street drinkers, and the affect this has on antisocial behaviour.

- Engage with Coventry Safeguarding Children Board to share relevant information such as data on young people accessing substance misuse services.
- Investigate links between ambulance callouts and attendance to irresponsible practices at specific licensed premises.

## **Challenge 2: how can local authorities, the police and businesses ensure the safe movement of people in the night time economy?**

### **Street marshals: Camden Quiet Streets initiative**

Quiet Streets is an initiative of a partnership between the police, Camden Council, Camden Town Unlimited, and Camden Business Against Crime (CBAC). Participating businesses allocate staff to act as street marshals for 20-30 minutes around closing time. Each marshal wears a branded high-visibility jacket. 48 venues – including the majority in main night time economy area of Camden Town – now take part.

Operating within sight of their premises, the marshals engage with people on a night out, offering directions or a reminder that they are in a residential area and a request to keep noise levels to a minimum. Police provide back-up support if requested to do so. Large and small premises now work together in a coordinated way to ensure the safety of all patrons of Camden's night-time economy. There is an increased usage of the CBAC radio system, linking premises directly with Camden Council CCTV control room.

## **Challenge 3: how can local areas expand their use of safe spaces?**

### **Help for the vulnerable: Swansea Help Point**

Swansea Council's Community Safety Section had been providing a triage service since 2011. The service did not operate consistently and the service could only cope with one vulnerable or intoxicated person at a time. Home Office Innovation funding was match-funded by the Police and Crime Commissioner and by Abertawe Bro Morgannwg Health Board to deliver a permanent help point. The help point was located close to the centre of the night time economy and St. John Ambulance was commissioned to provide medical care at the Help Point. Support was provided by students on a public services course at The University of Wales Trinity St. David.

Initial calculations undertaken by Swansea Centre for Health Economics indicate that the help point sees an estimated 1,300 number of people per year, and has helped local agencies involved in delivering the help point achieve the following savings:

- Approximately 2,560 hours of police time;
- Approximately £200,000 financial savings to the local NHS Trust as a result of fewer people needing to attend A&E. Calculations

indicate that around 80% of people are now diverted from A&E to the help point;

- An estimated reduction of 80% in the number of ambulances needed to take people from the city centre to A&E.

An academic evaluation of the Help Point will be available soon.

#### **Challenge 4: how can local authorities, the police and business work together to help prevent the sale of alcohol to drunks in both the off- and on-trades?**

##### **Sales to Drunks: Buxton's Intoxicated - No Sale initiative**

Buxton took action following by an increase in incidents of crime and disorder in pubs. The campaign was launched in October 2012 and rolled out to six other Derbyshire towns during 2013. Before the launch, licensees and door staff were given the opportunity to attend seminars to explain the scheme, which also focused on raising public awareness through a communications campaign and marketing material.

Training was also provided for bar staff and the police. Training included the British Institute of Innkeeping's level 1 award in responsible alcohol retailing, places on SAB Miller's scholars programme, training funded by the local Community Safety Partnership, as well as refresher training for the police on licensing. The campaign was also extended to door staff, who were also able to access training and the scheme's marketing material. Over 200 staff from six towns have undertaken the training.

Indicative findings from a small number of people working in the night time economy in the towns covered by the scheme showed promising results. All had completed training; premises owners had reinforced the key messages of not serving alcohol to drunken customers to their staff; and 43% of staff considered that there had been a reduction in the level of drunkenness they witnessed in their premises. Incidents of crime and disorder in licensed premises in Buxton pubs also fell.

#### **Challenge 5: how can local authorities, the police and business work together to help design out crime?**

##### **Designing out crime: re-shaping Southend's seafront**

To address negative perceptions of the town, Southend created a night-time multi-agency group. The group combined finances, pooling resources, and bidding for additional sources of funding to contribute towards a re-design of the seafront and parts of the town centre.

Partners involved were drawn from private, public and third sector agencies. The seafront was given a complete overhaul. Lighting columns spaced

equally along the promenade were installed to provide illuminations; shared spaces with attractive paving and safe crossing points improved the feel and appearance of the seafront, supported by new public seating point, and new family facilities beach side.

Crime and disorder in Southend has fallen by more than 30% since 2007/ 08. In a 2015 Purple Flag community survey, 63% of respondents felt that Southend had got safer in the last 12 months.

## **Reducing alcohol-related health harms**

### **Meeting the needs of problem drinkers: adopting the Blue Light model in Lincolnshire**

94% of problematic drinkers in Lincolnshire are not engaged with treatment. Many place heavy demands on emergency services as well as having a negative effect on those around them. Lincolnshire adopted the Blue Light model in order to meet the needs of those individuals and to reduce the pressure on front line services.

Lincolnshire devised a three-pronged approach to increase the number of problematic drinkers engaged with treatment.

- Training staff to deliver identification and brief advice to problem drinkers;
- Establishing multi-agency engagement groups across the county. The groups develop action plans to address the needs of individual drinkers to reduce the impact they have on local services; and
- A targeted outreach service. Two outreach workers cover the county, using police analysis to identify individuals who commit out high numbers of incidents when drunk. Outreach workers work with clients to address the issues that cause them to come into contact with the police and other emergency services.

Indicative findings suggest that after five months of operation there has been a 30% reduction in police incidents relating to those Blue Light clients who are now being supported by the outreach workers.

## **Generating economic growth by creating a diverse and vibrant night time economy**

### **Partnership working with local businesses: Bournemouth**

A rapid expansion of licensed premises in the 1990s led to a significant deterioration of the image and perception of Bournemouth. To tackle this perception, the area developed a strong partnership between public and private sectors. The partnership focused on all aspects of the operation of the town at night and its future development.

Local businesses and the local authority jointly-funded a Night Time Economy Co-ordinator, who was responsible for managing existing schemes and strategies to reduce alcohol-related crime and disorder and to implement new ones. The co-ordinator is much appreciated by night time businesses.

Local businesses and the local authority also funded a strategic review of the night time economy in 2012. The resulting 'Bournemouth by Night' report addressed a wide range of topics such as land use planning, urban design interventions, street lighting and the animation of public spaces. The report's recommendations, along with a Purple Flag audit, set the strategic direction for improving the night-time economy that Bournemouth is now following.



## Annex B

### Local Alcohol Action Areas First Phase: Case Studies From The Areas

#### Introduction

The purpose of the local alcohol action areas programme was to strengthen partnerships and enable them to take the right action for their community. The programme supported 20 areas across England and Wales to deliver against one or more of three aims: to reduce alcohol-related crime and disorder; to reduce the health harms caused by alcohol; and to promote economic growth by diversifying the night-time economy. Areas were free to choose to work towards one or more aim and were responsible for devising their own action plans to deliver against the aims they had selected.

The programme ran between February 2014 and March 2015 and provided intensive short-term support to the selected areas. It offered areas opportunities to share learning with others and access expert advice to identify the most effective means of addressing alcohol-related harms. It also enabled areas to strengthen partnership working, including with health, crime, licensing, industry and other partners.

The short time frame, the diversity and the variety of the local initiatives that formed the basis of the programme meant that formal evaluation was not possible. However, the feedback from the areas was overwhelmingly positive. This report provides a summary and example case studies of some of the activity undertaken. It provides examples of promising practice and the foundations for other local areas to build future action on.

Participating areas view three key points as crucial to ensuring success for their projects:

- iv. Partnership working enabled areas to share resources, pool ideas, skills and assets to sustain activity. Collaboration was not limited to public sector partners. Improved working with private sector partners also enabled areas to achieve more.
- v. Senior level support gave initiatives greater priority, brought new partners on board and made resources available to support new initiatives.
- vi. Sharing and analysing better quality data provided local areas with a clearer picture of where and when problems existed and enabled them to deploy their resources more effectively.

As part of the LAAA programme, 13 areas<sup>2</sup> took forward work to explore how evidence from health data could be used by public health bodies<sup>3</sup> to reduce health harms and play a more effective role in the existing licensing process.<sup>4</sup> Areas

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<sup>2</sup> Blackpool, Croydon, Doncaster, Greater Manchester (Bury, Tameside, Wigan), Hastings, Liverpool, Middlesbrough, Nottingham City, Pembrokeshire, Slough, Stoke on Trent

<sup>3</sup> Directors of Public Health in England or Local Health Boards in Wales.

<sup>4</sup> Decisions under the Licensing Act 2003 must be based on grounds of promoting the four licensing objectives: the prevention of crime and disorder; public safety; the prevention of public nuisance; and the protection of children from harm. Issues relating to acute health harms, such as alcohol-related

received support from the Home Office and PHE, including guidance on engaging with the existing licensing framework, accessing existing data sources, training and support visits.

The LAAA areas showed that where local authorities have routine access to health data and the necessary analytical capability to turn it into useful evidence, robust evidence bases to support licensing decisions within the existing licensing framework can be established. Where areas have access to wider health data on chronic conditions, to enable accurate mapping of vulnerable populations, this could help to inform approaches to tackling wider alcohol-related health harms. Where this evidence can be combined effectively with information on where those populations obtain their alcohol from this can further help to build a local picture of the causes of harm in an area. However, the work also showed challenges remain, including ensuring better access to all types of health data, improving data sharing agreements, and ensuring sufficient analytical resource at a local level.

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injuries and assaults, can be raised within the existing licensing framework. Issues relating to chronic health harms, such as alcohol-related liver disease, cannot be raised under the existing framework.

## Case Studies

Areas involved in the LAAA programme took a wide range of actions that have the potential to contribute to transforming their communities. Presented below are examples of those actions that relate to each of the aims of the programme. Readers are encouraged to reflect on these examples and to adopt what may help in tackling local issues.

### Aim 1: Reducing alcohol-related crime and disorder

17 areas took forward work to reduce alcohol-related crime and disorder. There were three common themes to this work:

1. Reducing street drinking;
2. Reducing vulnerability in the evening and night time economy (ENTE); and
3. Reducing violence in the ENTE.

#### 1. Reducing street drinking

##### **HASTINGS: Managing and supporting street drinkers in a seaside town**

Hastings and St Leonards has experienced problems linked to the behaviour of street drinkers for many years. A reducing the strength scheme, in which shopkeepers agreed to stop selling high strength beer and cider, was launched in January 2014.

In April 2014, the area commissioned a specialist treatment and recovery service to provide an alcohol and drugs outreach worker to engage drinkers and drug misusers, alongside a service to provide positive activities for substance misusers in the street community. Over 100 individuals received treatment in the first 6 months of the project.

In July 2014, Sussex Police led a Street Community Hub involving a wide range of agencies working together over a 3 day period. 58 clients went through a triage process which led to the development of individual care packages. This was followed by weekly case conferencing meetings to track and sustain support.

The local MP convened a series of stakeholder meetings during the project to gauge views on the impact of the work to manage and support street drinkers. At the last of these in February 2015, there was a consensus that public drunkenness had been reduced and that the area was generally calmer. Sussex Police recorded a reduction in reported incidents of street drinking of 63%.

## 2. Reducing vulnerability in the ENTE

### **NOTTINGHAMSHIRE: Club hosts**

Drinkaware worked with Nottinghamshire to pilot a Club Hosts scheme. The Hosts operated in two bars in Nottingham and one in Mansfield between October and December 2014. The Hosts patrolled in pairs and provided help for people who seemed vulnerable or upset. They confronted harassment and contacted security if they witnessed anything more serious. 88% of people needing help from a Host were female. The most common type of incident (84%) the hosts dealt with was people who had drunk too much and become lost, unwell or had fallen asleep.

### **SCARBOROUGH: Mandatory safeguarding training for taxi drivers**

Scarborough made safeguarding training a mandatory condition of a taxi driver's licence. The training covered adult and child safeguarding, child sexual exploitation, hate crime and domestic abuse. 420 taxi drivers were trained.

Drivers said they felt more confident to challenge inappropriate behaviour and report concerns. The training helped to develop closer relationships between the council and taxi drivers, increasing the information and intelligence provided by taxi drivers. In one incident, a taxi driver became concerned about a young woman who had got in the taxi with a man. The driver called the police and it transpired that a sexual assault had already occurred and that the woman was likely to have suffered further harm.

### **BLACKPOOL: Night safe haven**

Since its introduction in 2008, the Night Safe Haven has helped over 10,000 people by providing immediate medical care and health interventions to intoxicated, incapable and vulnerable individuals in Blackpool town centre during the night-time economy. During 2014, it successfully diverted 166 patients who would have attended A&E, also reducing the number of ambulance call-outs.

To improve the Haven, Blackpool's Public Health Department commissioned a one year pilot where Haven services were provided by an emergency medical service lead. The pilot's report concluded that emergency clinical knowledge and ability to access to the local emergency department were key to effective delivery of the service.

[See also the case study on Swansea's Help Point in Annex A.](#)

### 3. Reducing violence in the ENTE

#### **NOTTINGHAMSHIRE: Doorwatch scheme**

Mansfield has several different teams of door supervisors. There was animosity between the different teams, who were not working together or communicating well with local agencies.

In response, Nottinghamshire established a Doorwatch scheme involving door staff teams. The scheme encouraged door staff to share information and raise concerns, and provided them with access to police and CCTV reports. Door staff also received training on vulnerability and fire evacuation. As a result of the scheme, there has been a significant improvement in incident reporting and in levels of contact with CCTV operators.

#### **NORTHAMPTONSHIRE: Sobriety bracelets**

The police in Northamptonshire piloted the use of sobriety bracelets to test the technology, process and outcomes using conditional cautioning. The pilot began with a small cohort of eligible individuals who had committed offences under the influence of alcohol, although over time it was extended to cover other offenders identified by the Dangerous Persons Management Unit. It did not include those who were in treatment or assessed as alcohol dependent.

A trial of sobriety bracelets with high risk sex offenders was supported by multi-agency public protection arrangements and a probation hostel. The use of the bracelet was supported by incentives, for example a reduction in the frequency of probation signing-on conditions. When using bracelets, individuals were able to work through a move on plan more effectively. The scheme also enabled offender managers to identify periods where the offender was struggling with substance misuse.

## **Aim 2: Reducing alcohol-related health harms**

Seventeen areas took forward work to reduce alcohol-related health harms. There were three common themes:

1. improving treatment pathways;
2. reducing the number of young people drinking alcohol;
3. reducing drinking during pregnancy.

Areas also carried out exploratory work on the use of health data in the licensing system and to reduce wider health harms.

### **SOUTHEND: Assertive outreach model for complex needs**

Southend commissioned Family Mosaic, a provider of care and support services, to deliver intensive work via assertive outreach to individuals with complex needs. This project has been in place since 1 January 2015.

The service works with between 25 and 40 clients at any one time. Clients have complex alcohol dependency problems combined with mental ill health, homelessness, other substance dependencies, engagement in criminal and/or anti-social behaviour and a range of other challenges. As a result of the work:

- 83% accessed and/ or engage with substance misuse treatment services, many for the first time;
- 53% addressed housing issues, including a 44% reduction in rough sleeping;
- 61% improved a variety of physical and mental health issues, resulting in 72% reducing the frequency of A&E attendances; and
- police intervention among the client group was reduced by 50%.

There is already evidence that this service is cost effective and has reduced the burden on public services. Whilst ongoing support may be required for some, many others are now in stable housing and fully engaged in treatment, with some having successfully completed treatment and on the way to full recovery.

## **2. Reducing the number of young people drinking alcohol**

### **SCARBOROUGH: Increased trading standards activity on underage sales**

The North Yorkshire Alcohol Strategy secured funding for additional Trading Standards (TS) capacity. The additional capacity funded additional work by local TS to follow up all complaints made about under-age sales, as well as other failures to comply with the Licensing Act 2003, including increased test purchasing at supermarket self-service tills.

This activity was supported by action at Scarborough College to provide 1500 students with free nationally recognised identification cards.

## **GREATER MANCHESTER: Let's Look Again At Alcohol - Alcohol and Children Don't Mix campaign**

Directors of Public Health commissioned Drink Wise<sup>5</sup>, to develop a bespoke campaign focused on protecting children. The campaign engaged moderate drinkers and challenged social norms surrounding alcohol. Two elements of the campaign were:

- (1) The Party Fox campaign film about society's normalisation of alcohol consumption, especially around children; and,
- (2) The Drink Wise Challenge, a quiz designed to kick-start informal conversations on alcohol on the street, in the workplace, or online.

The Party Fox film has been viewed over 3,000 times online and shared widely on social media. It was also shown in GP surgeries, council offices and local hospitals. Independent research found that around two thirds (67%) of those surveyed said that the film made them think about the harm caused by children being exposed to alcohol. Just under half said the film made them less likely to drink in the presence of children. Over 2,500 people took part in the Drink Wise Challenge. Eighty nine percent of respondents were in favour of greater protection of young people from alcohol.

## **4. Reducing drinking during pregnancy**

### **HALTON: Reducing alcohol consumption during pregnancy campaign**

Halton Public Health and the Halton Health Improvement Team developed an integrated multi-channel social marketing campaign to reduce alcohol consumption during pregnancy.

The campaign aimed to improve women's understanding of the risks from drinking alcohol during pregnancy and dispel the myths around the beneficial properties of certain products. The campaign also aimed to change attitudes about drinking alcohol during the pregnancy and its acceptance in certain social groups. Local evaluation, although from a small sample, revealed promising results in terms of recollection of the campaign leaflet and changing women's perceptions of drinking alcohol in pregnancy. Campaign resources have been distributed across the North West of England and there has also been interest from Canada.

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<sup>5</sup> [Drink Wise](#) supports North West Directors of Public Health, and is commissioned by the ten AGMA authorities to provide alcohol advocacy and improvement services. Drink Wise has led much of the campaign work delivered in 2014/15 under the LAAA.

## **Exploratory work on the use of health data in the licensing system and to reduce wider health harms**

### **DONCASTER: Local Data Observatory**

The Doncaster Local Data Observatory improves joint working by facilitating access to and sharing of quality information and intelligence about Doncaster and its populations. Analysts from several local partner organisations, including the local authority, police and NHS administer and maintain the laboratory and collaborate on research projects with each partner signing up to agreed data sharing arrangements.

The partnership had no funding and had to overcome a number of challenges including establishing governance arrangements, technical and IT issues, and legal and ethical issues around sharing data. However, over time it has helped to generate efficiency gains, build better relationships with partners and buy-in from the local trade.

### **MIDDLESBROUGH: Hospital Intervention and Liaison Team**

The Middlesbrough Hospital Intervention and Liaison Team (HILT) was set up to identify, assess and appropriately signpost patients who present to the James Cook University Hospital with alcohol and/or substance misuse-related problems. The HILT screens patients coming through A&E between the hours of 08.00 – 00.00, 7 days per week, picking up on acute and chronic alcohol-related health harms. The team analyses previous history of contact with the health care system, and the potential risk of patients that have only experienced acute alcohol-related health harms developing liver disease. The assessment is based on a range of scores as part of an audit, including details on where they live.

The health information is combined with other data including crime and licensing authority intelligence to provide a visual report of alcohol-related problems in a ward area and enable hotspots to be identified. Further intelligence has been gathered (including from treatment services and street drinking Audits) to map where patients with alcohol-related problems have been buying their alcohol and the products they have been buying. It has also enabled mapping of the relationship between the lowest unit price of alcohol by ward and the number of admissions, unique cases and off-licence premises. This combined mapping of various data sources has been used effectively to support several reviews of premises licences, to prevent the sale of alcohol where appropriate and to evidence Cumulative Impact Policies.



### **STOKE-ON-TRENT: Alcohol and Tobacco Survey**

In 2013 Stoke-on-Trent Public Health Team commissioned a survey on alcohol and tobacco, based on a sample of around 2,400 from a total adult population of approximately 200,000. The alcohol-related part of the survey focused on awareness of national guidance, such as alcohol units and on encouraging 'alcohol-free days', as well as an assessment of drinking behaviours across the sample. Findings from this survey have been used by the Public Health Team to inform promotional activities, improve the accuracy of smoking and alcohol-related prevalence estimates and inform local health commissioning.

The survey was low-cost and the public health team hoped it would be repeated in the near future and did not anticipate any problems with adding new questions about where the local population bought its alcohol and the type of products they typically buy.

### **Aim 3: Diversification of the night-time economy**

Fourteen areas took forward work to diversify the ENTE. Efforts centred on broadening the appeal of the ENTE.

### **SWANSEA: Night Time Economy Promotional Initiative**

Swansea built anticipation and interest ahead of the announcement that its ENTE had been awarded a Purple Flag. The area gained the support of a local newspaper, which featured a series of Canterbury Tales-style articles, each one featuring the experiences of a different worker in the night time economy. The newspaper became a key part of the campaign, and generated important publicity for improvements Swansea had made to its ENTE.

### **GRAVESHAM: Christmas Programme**

Gravesham developed a Christmas events programme. The programme brought businesses, retailers, agencies and the community together to develop the ENTE economy in Gravesend. The programme encouraged local retailers to extend their shop opening hours on key evenings and local bars, restaurants and venues were asked to run at least one event to support the programme. The programme won the support of 24 venues, who gave very positive feedback.

Many businesses that took part also registered an interest in becoming more involved in 2015 celebrations. Feedback suggests that the Programme increased footfall, encouraged visitors to the town centre who may not have visited otherwise and helped to change some of the negative perceptions of the town centre.

### **GLOUCESTER: The Cavern**

The Cavern is a non-alcoholic bar in Gloucester for teenagers to divert them from gathering outside local fast food outlets. It opened during the LAAA programme and attracted teenagers and young people. It was fitted out in a vibrant way, with trading hours set to attract young people and keep them off the street.

## Application to take part in the Local Alcohol Action Areas programme

1.	Who will be the lead contact for your area? (Name / Job Title / Organisation / Phone / Email)	
2.	Who is the Senior Responsible Owner for your proposed project? (Name / Job Title / Organisation / Phone / Email)	
3.	What is the exact location of your proposed LAAA?  (a LAAA can be any size from a single town centre to a whole county or metropolitan area)	
4.	Which of the three LAAA aims will your project address?  (Please see section 1 of the programme's prospectus for a description of the three aims)	
5.	Which of the programme's five core challenges will your area take action on?  (Please see section 2 of the programme's prospectus for further information about the core challenges. Note that taking action on at least one is a required)	
6.	Please describe the issues that make your chosen aim(s) and challenge(s) a priority for your area. (500 words max.)	
7.	Please set out what action is currently taken to tackle these issues and how successful it has been. (500 words max.)	

8.	Please describe the current state of partnership working in your area (500 words max.)	
9.	If the actions that you plan will need the cooperation of local businesses or impact on them, please describe how you plan to engage with them (500 words max.)	
10.	<p>Please confirm that this application has the support of the following:</p> <p>Crime aim - Police and Crime Commissioner or Chief Constable or local authority director responsible for community safety.</p> <p>Health aim - Director of Public Health</p> <p>Diversification aim - local authority director responsible for planning and economic development</p>	
11.	If one of your project's chosen aims is to reduce health harms, please confirm that you have discussed your action plan with your Public Health England regional office.	
<p>Name:</p> <p>Organisation:</p> <p>Contact details if not provided above:</p>		

**Please note that this application must be accompanied by a plan that sets out the actions your area intends to take as part of this programme. These actions must include at least one that relates to a core challenge of the programme. Where actions require funding, the plan must indicate if this has been found. It should also describe how the effectiveness of all actions will be assessed (maximum four pages).**

Please return this form to [laaa@homeoffice.gsi.gov.uk](mailto:laaa@homeoffice.gsi.gov.uk) by 18 November.  
If you have any queries regarding the application process please contact Andy Parsons on 020 7035 1921 or at the email addresses above.