





**Brighton & Hove
City Council**

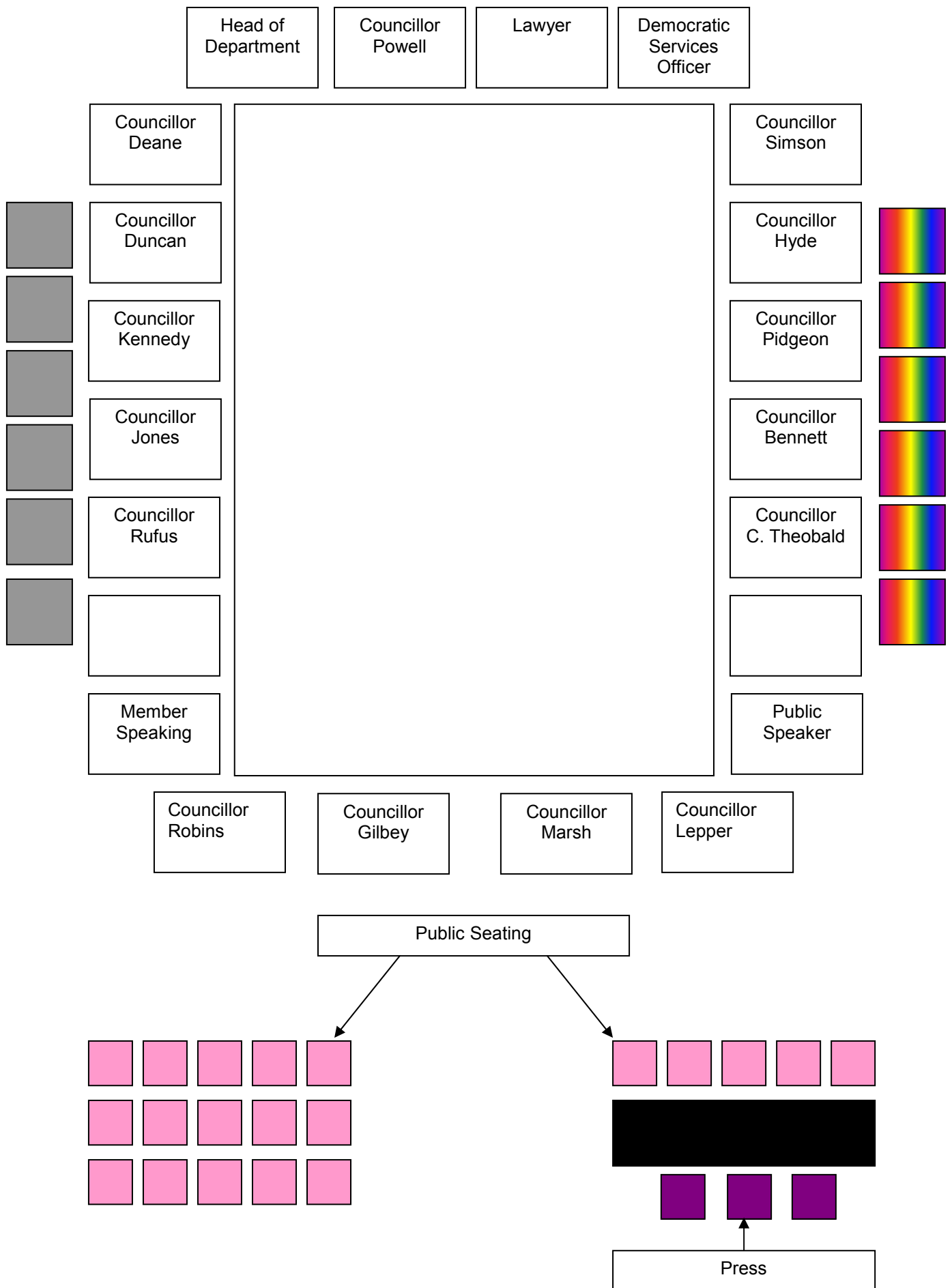
Licensing Committee

(Licensing Act 2003 Functions)

Title:	Licensing Committee (Licensing Act 2003 Functions)
Date:	27 June 2013
Time:	3.30pm (or conclusion of Non 2003 Committee)
Venue	Council Chamber, Hove Town Hall
Members:	Councillors: Powell (Chair), Deane (Deputy Chair), Simson (Opposition Spokesperson), Lepper (Opposition Spokesperson), Bennett, Duncan, Gilbey, Hyde, Jones, Kennedy, Marsh, Pidgeon, Robins, Rufus and C Theobald
Contact:	Penny Jennings Democratic Services Officer 01273 291065 penny.jennings@brighton-hove.gov.uk

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Democratic Services: Meeting Layout



AGENDA

1. PROCEDURAL BUSINESS

(a) Declaration of Substitutes: Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

- (a) Disclosable pecuniary interests not registered on the register of interests;
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) Exclusion of Press and Public: To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading either that it is confidential or the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the categories of exempt information is available for public inspection at Brighton and Hove Town Halls.

2. MINUTES OF THE PREVIOUS MEETING

1 - 8

Minutes of the meeting held on 14 March 2013 (copy attached)

3. CHAIR'S COMMUNICATIONS

4. PUBLIC INVOLVEMENT

LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)

To consider the following matters raised by members of the public:

- (a) **Petitions:** to receive any petitions presented by members of the public to the full Council or at the meeting itself.
- (b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on 18 June 2013.
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on 18 June 2013.

5. MEMBER INVOLVEMENT

To consider the following matters raised by Members:

- (a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
- (b) **Written Questions:** to consider any written questions;
- (c) **Letters:** to consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion.

6. REPORT OF THE ALCOHOL PROGRAMME BOARD (JUNE 2013) 9 - 50

Report of the Head of Planning and Public Protection (copy attached)

Contact Officer: Tim Nichols Tel: 29-2163
Ward Affected: All Wards

7. SCHEDULE OF REVIEWS 51 - 52

Report of the Head of Planning and Public Protection (copy attached)

Contact Officer: Jean Cranford Tel: 29-2550
Ward Affected: All Wards

8. SCHEDULE OF APPEALS RECEIVED 53 - 54

Report of the Head of Law (copy attached)

Contact Officer: Rebecca Sidell Tel: 29-1511
Ward Affected: All Wards

9. ITEMS TO GO FORWARD TO COUNCIL

To consider items to be submitted to 18 July 2013 Council meeting for information.

In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition,

LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)

any Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the eighth working day before the Council meeting at which the report is to be made, or if the Committee meeting take place after this deadline, immediately at the conclusion of the Committee meeting

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Penny Jennings, (01273) 291065, email penny.jennings@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Wednesday, 19 June 2013

LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)	Agenda Item 2 Brighton & Hove City Council
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BRIGHTON & HOVE CITY COUNCIL

LICENSING COMMITTEE (LICENSING ACT 2003 FUNCTIONS)

3.00PM 14 MARCH 2013

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Duncan (Chair), Deane (Deputy Chair), Cobb (Opposition Spokesperson), Lepper (Opposition Spokesperson), Gilbey, Hamilton, Hawtree, Hyde, Jones, Marsh, Pidgeon, Rufus, Simson, C Theobald and Wakefield

Apologies: Councillor Buckley

PART ONE

18. PROCEDURAL BUSINESS

18a Declaration of Substitutes

18.1 Councillor Wakefield declared that she was substituting for Councillor Buckley.

18b Declarations of Interest

18.2 There were none.

18c Exclusion of the Press and Public

18.3 In accordance with Section 100A of the Local Government Act 1972 ('the Act'), the Committee considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press or public were present during that item, there would be disclosure to them of confidential information (as defined in Section 100A(3) of the Act) or exempt information (as defined in section 100I of the Act).

18.4 **RESOLVED** - That the press and public be not excluded from the meeting during consideration of any item on the agenda.

19. MINUTES OF THE PREVIOUS MEETING

- 19.1 Councillor Simson referred to the comment attributed to her in Paragraph 16.2 of the minutes stating that she wished to clarify that she had been referring to the value of periodic licensing visits e.g., the Committees' annual licensing visit, she was not advocating that visits take place prior to consideration of every application.
- 19.2 **RESOLVED** – That the minutes of the Licensing Committee (Licensing Act 2003 Functions) Meeting held on 22 November 2012 be agreed and signed as a correct record.

20. CHAIR'S COMMUNICATIONS

- 20.1 There were none.

21. PUBLIC INVOLVEMENT**21a. Petitions**

- 21.1 There were none.

21b Written Questions

- 21.2 There were none.

21c Deputations

- 21.3 There were none.

22. ISSUES RAISED BY MEMBERS**22a Petitions**

- 22.1 There were none.

22b Written Questions

- 22.2 There were none.

22c Letters

- 22.3 There were none.

22d Notices of Motion

- 22.4 There were none.

23. WORK OF THE LICENSING AUTHORITY 2011/13

- 23.1 The Committee considered a report of the Head of Planning and Public Protection which set out the licensing functions carried out between 1 April 2011 and 31 January 2013.
- 23.2 The number of premises in Brighton & Hove during 2011/12 (latest figures reported to Home Office) was 1507 made up of 1460 premises licences and 47 club premises certificates. Included in that figure are 58 applications for new licences with 53 applications for new licences being granted (5 refused).
- 23.3 In 2011/12 the Council had received 36 applications for variations to premises licences, 32 of which were granted. 58 premises went to panel hearings. 41 minor variations were received during this period; 38 of which were granted. 10 reviews were carried out of premises licences.
- 23.4 Between 1 April 2012 and 31 January 2013, 34 applications for new licences had been received with 24 new licences being granted. 22 applications for variations to premises licences were received of which 12 were granted. 45 premises went to panel hearings. 69 minor variations were received during this period; 50 were granted. Two reviews of premises licences had taken place.
- 23.5 2011/12 had seen 946 Temporary Event Notices (TENs) being processed 51 of which were withdrawn and 381 personal licences issued during that time; 3 personal licence applications went to a hearing. The number of TENs and personal licences issued from 01.04.12 to 31.12.12 are 768 and 241.
- 23.6 Councillor Simson welcomed the report stating that this level of detail it contained was both helpful and very informative. The number of reviews undertaken had decreased and hopefully this was an indication that operators were aware of the diligent approach taken when their premises fell short of the standards expected of them. The fact that very few appeals had been lodged was also indicative of the hard work put in by Panel Members to ensure that they made reasoned and robust decisions. It was clear there was consistency in the decision making process and that Panel Members took their duties very seriously.
- 23.7 Councillor Simson also enquired regarding the apparent increase in the number of TENs applied for, especially over recent months. The Licensing and Health Manager explained that there could be a number of reasons for this but, often this was a consequence of premises wishing to hold more than the permitted number of events within any given year.
- 23.8 Councillor Marsh echoed Councillor Simson's comments, in her view the report gave "the bigger picture" and indicated that the Licensing Authority and Panel's were standing firm on their agreed policies and that they had been successful in doing so. It was also pleasing to note the proactive working that was going on e.g., the "Marwood's" application had been resolved with the consent of all parties.
- 23.9 Councillor C Theobald sought clarification of the wording "with costs to the Council" which appeared in relation to 5 of the appeals set out in Appendix 2 to the report. The Legal Adviser to the Committee explained that this meant that the Council had been awarded its costs, rather than that costs had been awarded against it.

- 2310 Councillor Hawtree stated that recent items appearing in the media seemed to indicate that Central Government was back tracking in relation to its alcohol pricing policy, enquiring regarding any impact this was having locally. It was explained the conditions placed on premises licences in respect of “offers” and how alcohol was displayed were rigorous.
- 23.11 Councillor Gilbey referred to a recent letter which had appeared in the “Argus” which had been misleading in that it had indicated that no licences had been revoked during the year. The Head of Regulatory Services, Environment and Licensing referred to several cases which had involved the sale of counterfeit alcohol and or the sale of alcohol on which the appropriate level of duty had not been paid and on which investigations remained on-going.
- 23.12 – **RESOLVED** - (1) That the Committee notes the contents of the report; and
- (2) That Members consider the significant rise in temporary event notices as a matter for future policy consideration.

24. GAMBLING LICENSING AUTHORITY REVIEW

- 24.1 The Committee considered a report of the Head of Planning and Public Protection setting out recent gambling licensing issues which had been dealt with by the city council over the past year. The Licensing authority took responsibility for Licensing Authority functions, extending the range of regulations covered by the Primary Authority including age restricted sales of gambling, co-regulation and intelligence sharing between the Licensing Authority, Gambling Commission and the Police, premises licence trends in relation to Betting Shops and local trends.
- 24.2 Councillor Wakefield stated that she had concerns in relation to the London Road area of the city centre where there appeared to be a proliferation of gambling establishments, enquiring regarding measures available to limit their proximity to one another. The Head of Regulatory Services, Mr Nichols explained that this could be prove difficult. Three recent applications submitted in December 2012 had not given rise to any objections, hence licences had been granted in January 2013. Whilst in some parts of the country problems had arisen where such premises were situated in close proximity to one another, such problems had not been experienced in Brighton and Hove and in consequence its Policy was concise whilst recognising this as a potential issue. However any future policy review could, if necessary, address an emerging situation were gambling establishments/betting offices etc to become a source of disorder.
- 24.3 Councillor Hawtree stated that he was aware by virtue of his position as Chair of Planning Committee that the use classes which included these types of establishment were very wide.
- 24.3 Councillor Simson referred to the extant licence mentioned in paragraph 3.5.1 of the report and sought clarification as to whether if an alternative venue was subsequently found the operator would need to apply for a new licence. It was explained that the Grosvenor Casino’s licence was current but the owners would not be operating until such time as the economy picked up and they could find a viable venue within the city.

- 24.5 **RESOLVED** – (1) That the Committee note the contents of the report;
- (2) That officers should continue to monitor trends of applications and illegal activity to inform future policy; and
- (3) That officers report to BRDO (Better Regulation Delivery Office) that proposed changes to test purchasing and regulation are unnecessary and inappropriate.

25. ARRANGEMENTS FOR LICENSING PANELS

- 25.1 The Committee considered a report of the Head of Legal and Democratic Services which proposed changes to the current arrangements for the organisation and administration of Licensing Panels with a view to creating a fairer and more efficient process that could be used in future to better meet the demands of licensing within the authority. The report gave information on the contextual background; the current process; suggestions for improvements and outlined the proposed new arrangements.
- 25.2 The Democratic Services Officer, Mr Keatley, explained that in the past there had often been difficulties with Members coming forward to sit on Panels and that this could put pressure on the authority's statutory obligation to hear applications within set deadlines, this also impacted on the amount of work required in setting up Panels and could result in additional stress and uncertainty around a process which was already constrained by statutory deadlines.
- 25.3 As a way forward for the future it was recommended that:
- (1) the Committee note the current arrangements, and the problems these had caused in the administration of Licensing Panels; and
- (2) that the Committee agreed to proceed with the new arrangements outlined in paragraph 3.8 of the report for the 2013/14 municipal year with the appointment of the Sub Committee taking place at the first meeting of the Licensing Committee in the new municipal year.
- 25.4 Councillor C Theobald stated that she considered the tables indicating the number of Panels attended by individual Members were unhelpful. Some Members had greater availability/ flexibility to attend Panels whilst other Members who sat on a number of other Committees or had more onerous responsibilities might be less able to attend. This did indicate that they were unwilling to attend, they did so when they were available to do so. Councillor Hamilton concurred stating that he had been appointed to the Licensing Committees following the Councillor Turton's resignation he had limited availability and if he was expected to cover a large number of Panels on a regular basis that would seriously compromise his ability to sit as a Member of the Committee and under such circumstances he would need to review his position.
- 25.5 Councillor Marsh stated that she saw no reason to change from the current system, as she was not aware of any instances where meetings had been unable to take place due to a lack of Panel Members. She stated that often places on Panels were filled very quickly, Panels appeared to be allocated on a "first come, first served basis", she had often been informed that Panels were already "full". In the past, a few days delay had

been built into the lead in time for preparation of papers enabling Members to consider their other commitments and to then volunteer if they were available. She considered that this arrangement had worked better as it provided a greater opportunity for more Members to sit on Panels, she considered that this arrangement should be reverted to, particularly as she was not aware that this was a significant problem. Councillor Gilbey concurred stating that this had also happened to her on several occasions.

- 25.6 Councillor Lepper stated that she considered that it was not appropriate for all Members to cover the same number of meetings, she considered that the onus was on the Administration and that the primary responsibility in covering Panels should fall to the Chair and Deputy Chair. Councillor Lepper stated that although she had limited availability due to her other commitments she would always cover a Panel meeting if there was a shortage of Members and she was available, Democratic Services were aware of this. Councillor Duncan, the Chair stated that he endeavoured to sit on the majority of Panels and that he was aware that a time delay was built in as he was aware that he was given several days to respond in order to confirm his availability.
- 25.7 Councillor Cobb enquired whether there had been instances where a Panel had needed to be cancelled due to a lack of Panel Members as she was not aware of instances where this had been the case. The Democratic Services Officer, Mr Keatley explained that although this had not actually happened, it had resulted on occasion, in an increased amount of pressure needing to be placed on Members to sit on Panels which in turn placed additional stress and uncertainty around the process which was already constrained by statutory deadlines. Councillor Cobb also asked if there was a requirement for Panels to be politically balanced. It was confirmed that there was no requirement for them to be so. Councillor Cobb stated due to a medical problem and to her other commitments she was unable to confirm that she was able to sit on a any given Panel a number of weeks in advance, however if she was available she would sit on Panels when dates were notified nearer to the actual meeting date.
- 25.8 Councillor Hyde stated that whilst she supported the proposals in principal, she was however, concerned as to how they would work in practice, considering that confusion could arise as a result. Councillor Gilbey agreed stating that she considered that it could very difficult for Members or their substitutes to commit their time so far ahead, notwithstanding that it was proposed that a substitute arrangement was proposed to be put into place.
- 25.9 Councillors Deane and Hawtree stated that they were aware of the problems that sometimes arose in setting Panels, Councillor Hawtree had been called to sit on a Panel which he had attended in order to observe from the Public Gallery. Councillor Rufus stated that the proposed amendment arrangement of setting up 5 fixed membership Panels would enable him to sit on a greater number of Panels although he noted the comments made by other Members regarding what they considered to be the draw backs of amending the existing arrangements.
- 25.10 Councillor Marsh proposed and it was seconded by Councillor Lepper that the current arrangements for raising Licensing Committee Panels remain in place but that Members be given a period of several days in which to respond before Membership of any given Panel was finalised.

- 25.11 A vote was taken and on a vote of 10 to 1 with 1 abstention Members agreed (Recommendation 1) to note the current arrangements for calling Panels and agreeing that they Panels should remain in place taking on board the comments made regarding further refinements which could be made.
- 25.12 A further vote was taken in respect of Recommendation 2 and this was lost on a vote of 10 to 1 with 1 abstention.
- 25.13 **RESOLVED** - That the current arrangements for raising Licensing Panels be retained but that the feedback received regarding time frame for contacting members and the other issues raised be taken into account when organising future Panels.

26. SCHEDULE OF REVIEWS

- 26.1 The Committee considered a schedule prepared by the Head of Planning and Public Protection detailing the number of reviews which had taken place during the period covered by the report.
- 26.2 **RESOLVED** – That the content of the Schedule be received and noted.

27. SCHEDULE OF APPEALS RECEIVED

- 27.1 None had been received during the period covered by the report.

28. ITEMS TO GO FORWARD TO COUNCIL

- 28.1 There were none.

The meeting concluded at 4.20pm

Signed

Chairman

Dated this

day of

Subject:	Work of the alcohol programme board		
Date of Meeting:	27 June 2013		
Report of:	Head of Planning and Public Protection		
Contact Officer:	Name:	Tim Nichols	Tel: 29-2163
	Email:	tim.nichols@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report aims to inform Members of the alcohol programme board work and raise the awareness of Licensing Members in the context of licensing policy and application decisions.
- 1.2 The report will also look at the work of the four Strategy Domain Groups but specifically SDG2 (availability) and update Members on the Health Trainer Recovery project.

2. RECOMMENDATIONS:

- 2.1 That Members note the content of this report.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The Alcohol Programme Board with very senior input from across the city (Health, City Council, and Police) was set up following the Alcohol Intelligent Commissioning Pilot in 2010.
- 3.2 The aim of the Alcohol Programme Board was to lead a programme of work in tackling the adverse consequences of alcohol consumption in Brighton and Hove. There are four 'domains' of work within the Programme Board Action Plan:
 - The drinking culture
 - Availability of alcohol
 - The night time economy
 - Early identification, treatment and aftercareEach domain has an identified lead and for each action activities, anticipated outcomes, milestones, resource implications, leads and key performance indicators were identified.
- 3.3 SDG2 (availability of alcohol) was lead by the licensing team and the key objective of this domain is to *'reduce the consumption of alcohol across the city focusing in particular on young people and heavy drinkers'*.

- 3.4 In keeping with interim findings from the Big Alcohol Debate, the boundaries of the cumulative impact zone were reviewed and with the approval by the Licensing Committee, extended from 0.8% to 1.5% of the city area.
- 3.5 Adjacent to the cumulative impact zone is a '*special stress area*' where operators are expected to make positive proposals to minimise any impact from alcohol use. These include additional training for staff, membership of accredited crime reduction schemes and safety measures such as the use of polycarbonate glass and lockable glass bins. In order to promote '*the right type of alcohol retail establishment*' for the city a new matrix model for licensing decisions has been adopted. Three matrix criteria are:
- A. Location of the proposed establishment;
 - B. Type of establishment;
 - C. Hours of opening.

So for example, a restaurant would now be granted a licence to serve alcohol in a residential area until 11.30pm, in the cumulative impact zone until midnight or in the special stress area until 2am; an off-licence would only be allowed to open in a residential area and only until 8pm; and super-pubs would not be permitted a license in any location.

- 3.6 **Reducing Illegal Alcohol Sales:** Investigation was carried out into smuggled, falsely described and illicit alcohol supplies. Work is underway with trading standards and environmental health to tackle the emerging and significant food fraud with potential public health implications. This can mean the selling of wine or beer not of the nature, substance or quality demanded by the customer. Joint work between the Council and Sussex Police has led to the development of a pilot project from the Joint Delivery Programme. The pilot began on 1st January 2013 and ran for three months. It allowed intelligence to be shared more successfully, and was the first of its kind in the country.
- 3.7 SDG1 has the key objective in this domain to '*create a cultural shift away from problematic drinking through community engagement and mobilisation*'; SDG3 is '*to reduce the impact of alcohol harm arising out of the night time economy*' and SDG4 is '*to reduce the risk from consumption of alcohol through effective early identification and screening, and onward referral to appropriate treatment and aftercare*'. Action plans from the four SDGs can be found at appendix 1.
- 3.8 A full report of the work of the Alcohol Programme Board was reported to Health and Wellbeing Overview and Scrutiny Committee on 26 February 2013 – here is a link [http://present.brighton-hove.gov.uk/Published/C00000728/M00004127/AI00031418/\\$20130319124655003175_0014681_ReportTemplateCommittee.doc.pdf](http://present.brighton-hove.gov.uk/Published/C00000728/M00004127/AI00031418/$20130319124655003175_0014681_ReportTemplateCommittee.doc.pdf).
- 3.9 Health Trainers (HTs) have worked with partner organisations to develop a project and as part of the commissioning brief the Health Trainer Recovery Project was asked to work with 4 key Recovery service providers in the city; Brighton Housing Trust (BHT), CRI and Sussex Partnership Trust (SMS services) and Oasis (BOP).
- 3.10 Referral Information: To date the HT Recovery Project has received 15 referrals with 13 referrals (via above links) made to the Core HT service, making the total number referred from recovery services 28; there was also one self-referral received.

3.11 Referrals into Core HT service via this project: Promotion of the new HT Recovery Project to the recovery services has generated awareness and interest in the core Health Trainer service as well as in the Recovery project. Although not initially a primary aim of the HT Recovery Project, the referrals generated for the core Health Trainer service have already had some positive benefits to the overall project. These are:

- 1) An opportunity to build a relationship with recovery clients who may not yet be ready to leave treatment service and a platform from which they can go on to access the HT Recovery service once they are ready. Engaging clients with the HT service to see what is 'on offer' while still within the 'safety' of the treatment services.
- 2) Provides clients with a deeper understanding of the service and how it could support them when they leave recovery / treatment services.
- 3) 'Word of mouth' - information about the HT service is promoted through clients using the core service.
- 4) Service providers (care coordinators) have better understanding of the way Health Trainers work through feedback from their clients and build working relationships with the Health Trainers.
- 5) For treatment services the Core HT service is something else we are offering their clients – this helps to build the relationship and partnerships between the services.
- 6) Providing an opportunity for clients to engage with the HT service where otherwise they may not have heard about the service or had the support to access it.

Referrals made to the Core HT service are managed and resourced within the main HT service.

3.11 Next steps: Continue to develop partnerships with treatment services (& BHCC Sheltered Housing) to increase numbers of referrals; explore options for including HT Recovery project into care pathways within treatment service (building on work BHT are trialling); develop service promotional material with input from service user representatives (via SUSTAIN meetings); explore routes for self-referral for example AA and peer-led groups and developing case studies for clients engaging with the HT Recovery service.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Alcohol Programme Board: A comprehensive needs analysis was undertaken by a multidisciplinary team across the city and views were gathered from members of the public, community and voluntary sector organisations and professionals. Members of the alcohol industry were also engaged in a wider alcohol debate following the introduction of the Public White Paper *Healthy Lives, Healthy People*. Funded through the Healthy City resources, a 'Big Alcohol Debate' ran from October 2011 to January 2012 and asked contributors a number of open questions including 'What would you do about alcohol in Brighton and Hove if you were in charge?' The debate used established and new methods to capture a range of views: postcard and on-line surveys, focus groups, a mobile 'Big Brother' style video pod and, to launch the debate, a 24 hour mass 'twitterthon', with participation from residents, retailers, A&E staff and the police. The debate and very successful 'twitterthon' saw more than 154,000 exchanges.

- 4.2 Health Trainers work with providers and residents across the city. They recently held two focus groups to think about how they could improve the service, to understand what is working well and also how they can do more to engage and support their clients through their time of making changes and improving health.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 None arising from the recommendation in this report.

Finance Officer Consulted: Jeff Coates Date: 17/05/13

Legal Implications:

- 5.2 None to this report: for information.

Lawyer Consulted: Rebecca Sidell Date: 28/05/13

Equalities Implications:

- 5.3 None to this report: for information.

Sustainability Implications:

- 5.4 None to this report for information

Crime & Disorder Implications:

- 5.5 There are clear crime and disorder implications involved in the use and misuse of alcohol. Health trainers work with clients from recovery services as well as the Probation service.

Risk and Opportunity Management Implications:

- 5.6 None to this report for information.

Public Health Implications:

- 5.7 Alcohol misuse has wide public health implications, which are reflected in the Alcohol Programme Board's remit. Health trainers aim to make changes in order to improve the health and wellbeing of the residents of Brighton & Hove.

Corporate / Citywide Implications:

- 5.8 None. This report is for information.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 None.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 To update and inform members of the Licensing Committee.

SUPPORTING DOCUMENTATION

Appendices:

1. Alcohol Strategy Domain Group Action Plan 2013-14.

Documents in Members' Rooms

1. None.

Background Documents

1. None.

Alcohol Strategy Domain Group 1: Addressing the Drinking Culture

Action Plan 2013-14

Key Objective:

Prevention - to create a city-wide cultural shift which challenges and changes tolerance to problematic drinking through community engagement, mobilisation and increased social awareness and education both universally and targeted at different groups within the population.

Expected outcomes 2013 - 14:

- 1. Fewer people drinking above recommended guidelines - focus on LGBT, families, older people, young people, schools and pregnant women (clarified in SDG4)*
- 2. Fewer numbers of young people aged 14 - 16, drinking to get drunk on a regular basis. - SAWS Safe and Wellbeing survey results*
- 3. Employers are better able to identify and support hazardous alcohol consumption in their workforce – Baseline to be established in year 1 and identification of high risk occupations.*
- 4. Alcohol-related problems are identified early in increasing risk families/groups and appropriate responses are provided – Continue and review programmes*

PRIORITY AREAS FOR 2013/14

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
2013/14 PRIORITIES						
Understand and act upon key findings from the Big Alcohol Debate	<ul style="list-style-type: none"> Providing alternatives to drinking, shifting the emphasis away from just alcohol by highlighting potential opportunity to local business 	<ul style="list-style-type: none"> Working with The Bevy, community pub initiative in Bevendean 	Produce a film of the process behind the development of the first community pub in B&H	4K	Kate Lawson Jake Barlow	Raise awareness in local community and City to raise funds and support for project
		<ul style="list-style-type: none"> 'Pink Fringe' at Pride – series of events providing an alternative to alcohol for St James's Street Village Party 	Work with fringe organisers to build on success of last year	None	Jake	Ticket figures for Preston Park and No (headcount) at Pink Fringe
		<ul style="list-style-type: none"> Alternatives to alcohol in the evenings. 	Tony Wright and Kate to investigate possibilities.	None	Kate	Alternatives to alcohol available in the evenings in City centre
		<ul style="list-style-type: none"> Rebranding the city and offering alternatives to the conventional hen and stag nights 	Work local adventure organisations/ businesses	None	Kate +Jake	

Targeted marketing campaigns developed & evaluated, to reach identified priority audiences	<ul style="list-style-type: none"> Pregnant women have a better understanding of the risks associated with alcohol consumption during pregnancy 	<ul style="list-style-type: none"> Develop range of resources for pregnant women on the risks of alcohol consumption during pregnancy. To be distributed by midwives 	•	£3,000	Michelle Kane Penny Ashby, Health Promotion	<ul style="list-style-type: none"> Monitor resources distributed and evaluate women's responses to usefulness of resource. Resources to complement training pilot as below.
Training for priority workforces (initially midwives) in early identification	<ul style="list-style-type: none"> Midwives are competent to provide screening and brief advice Midwives are to refer pregnant women on to Jan Mattis, Specialist Midwife 	<ul style="list-style-type: none"> Training schedule in progress 		£2,000	Health promotion to co-ordinate with Maternity BSUH and Jan Mattis, Specialist Midwife BSUH	<ul style="list-style-type: none"> Date tbc with BSUH Numbers of key workforce trained Change in midwives confidence/competence to screen % increase on baseline of self reported confidence and competence of midwives as result of training Improved referrals to Specialist Midwife
Quality of secondary school SRE and drug and alcohol education practice is improved with a particular focus on an entitlement for students in Years 9 and 10. Support engagement providers to delivery SRE and drug education as part of Personal and Social Development.	<ul style="list-style-type: none"> Reduction in high risk alcohol related behaviour and attitudes in the SAWSS 	Agree observations /joint teaching/ coaching sessions with PSHE co-ordinators. Deliver PSHE co-ordinators Development Day and CPD in schools on request. Work with focus groups of students to review and develop practice in SRE and drug and alcohol education. Development of materials to be	March 2012 – July 2013	Post within existing contract arrangements	Healthy Schools Team	<ul style="list-style-type: none"> SAWSS shows an increased student satisfaction with SRE and drug and alcohol education.

		presented to teachers. Action Plans for development in place in all schools				
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SDG1 – ACTION PLAN

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
1. Improved communication & engagement on alcohol related issues						
1.2 Targeted marketing campaigns developed & evaluated, to reach identified priority audiences (e.g young people aged 10-15yrs, pregnant women, older people)	<ul style="list-style-type: none"> • Increased knowledge of drinking guidelines and short and long term dangers of alcohol use and associated risky behaviour in priority audiences • A 'safe' drinking culture/approach is created • Young people are better able to recognise, cope and avoid situations where peer pressure may lead to use of drugs or alcohol • Pregnant women have a better understanding of the risks associated with alcohol consumption during pregnancy • Older people better able to recognise appropriate levels of consumption 	<p>Completion of segmentation process for <25's from A&E data – who lives where, etc. Identify the profiles and matched with effective communication responses/tools to engage with.</p> <p>Develop resources for pregnant women on the risks of alcohol consumption during pregnancy. To be distributed by midwives.</p>	April 2012 – March 2013	£25k additional funding required for resources Post within existing contract arrangements	<p>Liz Tucker to complete MOSAIC profiling</p> <p>Michelle Kane Public Health</p> <p>Youth Service</p>	<ul style="list-style-type: none"> • 3 media & communications campaigns/annum targeted at high risk groups; May Festival campaign agreed by SDG1 on 15th March • 3 behaviour change resources for above campaigns developed • Alcohol and Cannabis DVD resource is progressing and is aimed at 13 – 15 year olds in Youth Work settings. • Changes in knowledge to be based on focus groups with pregnant women, older people, under 25's • Monitor "thinkdrinkdrugs" website usage Changes in attitude of older people based on Health Counts 2, and Cheers report. • Monitor resources distributed and evaluate women's responses to usefulness of resource.
1.3 Quality of Secondary School SRE and Drug and	Reduction in high risk alcohol related behaviours and	Agree observations/ joint teaching/	March 2012 – July 2013	Post within existing contract	Healthy Schools	SAWSS shows an increased student satisfaction with SRE

Alcohol Education practice is improved with a particular focus on an entitlement for students in Years 9 and 10	attitudes in the SAWSS	coaching sessions with PSHE co-ordinators. Deliver PSHE co-ordinators Development Day and CPD in schools on request. Work with focus groups of students to review and develop practice in SRE and drug and alcohol education. Development of materials to be presented to teachers. Action Plans for development in place in all schools		arrangements	Team	and drug and alcohol education.
2013 Ongoing -						
Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
1. Improved support to manage alcohol related issues						
2.1 To equip parents to be able to provide young people with appropriate advice and support around drugs and alcohol (Link with SDG2 – Availability + SDG 3 – NTE)	<ul style="list-style-type: none"> Parents know how to support their teenagers in managing issues related to alcohol Parents have increased understanding of health risks & other consequences associated with proxy-purchasing of alcohol for young people Parents of substance misusing young people have a clear understanding of their support role in treatment 	<p>Parenting sessions in schools and information disseminated via schools communication processes</p> <p>Production of safer drinking guide for parents in partnership with young people</p> <p>Parents meetings at Ru-ok?</p>		£4k requested for resource and group work.	Kerry Clarke and Healthy Schools Team + RUOK Health Promotion	<ul style="list-style-type: none"> No of safer drinking guidelines for parents & teenagers distributed via health promotion events and parent information sessions in 3 schools (Appendix A) Areas of activity and outcome TBC Self reported increase understanding of support role for parents within treatment programs Key messages developed and promoted with and for parents on proxy-

						purchasing & house parties – community working together
2.2 To promote sensible drinking messages to enable employers to make informed choices and ensure access to specialist services as required	<ul style="list-style-type: none"> Increasing and higher risk alcohol consumption is reduced in the workforce Key messages targeted to employees that includes them as individual and employees Sign posting to local services and the provision of information and self help leaflets to enable employees to seek independent and confidential advice and support 	<p>Consultation exercise with staff to develop policy</p> <p>Key messages provided via individual workforce communication processes focusing on the person as employers & people i.e. as young people, parents, etc.</p> <p>Promote the Workplace Wellbeing Charter to all businesses (includes a standard for alcohol and substance misuse)</p>	April 2011– March 2012	Resource neutral	Michelle Kane , Tony Wright, Workplace s, CRI post,	<ul style="list-style-type: none"> Workplace alcohol health Promotion events Number of policies in place across workforce Consultation processes within individual workforce teams Monitor key message distribution and evaluation of reach Number of businesses signed up to the Workplace Wellbeing Charter Baseline to be established on what % of workforce drinking at increasing risk levels and identification of high risk occupations via questionnaires. (Appendix B). <p>New workplace alcohol Health Promotion resource has been developed and is being translated into Polish and Spanish.</p>

2011 Ongoing - Look at refocusing - depends on outcome of 1.1

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
2. Improved early identification in high risk families						
3.1 Training for priority workforces (initially midwives) in early identification is embedded in staff induction programs and the professional workforce development schedule (Link with LEAD SDG4 – Treatment & Aftercare in providing training as part of contracts)	<ul style="list-style-type: none"> Reduced early exposure to parental drinking in families – during pregnancy & under 5s Reduced experimentation with alcohol in 14-16yrs Staff are competent to provide screening, brief advice and interventions 	<p>Training schedule in progress</p> <p>Midwifery</p>	April 2011 to March 2012	Within core funding	Health promotion to co-ordinate with Maternity BSUH and Jan Mattis,	<ul style="list-style-type: none"> Numbers of key workforce trained. No-FAS training expected June/July 2013, dates tbc with BSUH. Change in confidence/competence of key staff to screen % increase on baseline of self reported confidence

(Appendix C has training update)	and manage risk within their own service as opposed to refer on, where appropriate. Midwives are to refer pregnant women on to Jan Mattis, Specialist Midwife				Specialist Midwife BSUH	and competence of staff as result of training <ul style="list-style-type: none"> Improved referral rates specialists/ alcohol treatment services
3.2 Increase in CAF/CAF+ activity, reducing the need for higher tier interventions and thereby improving VfM (Link with SDG4 – Treatment & Aftercare and taken from the VFM prevention highlight report)	<ul style="list-style-type: none"> Reduction in children/young people entering the care system Families are identified early for support where domestic violence, alcohol / substance misuse and mental health issues and other risks are present Increase the numbers of family CAFs where screening and intervention for alcohol use form part of the action plan Improved referrals rates into appropriate alcohol treatment services 	Performance activity to be agreed with service reviews for health visitors and school nurses Targets set and achieved across children's services commissioned activities	April 2011– March 2012	Within core funding	Value For Money Prevention Work stream.	<ul style="list-style-type: none"> LAC : Target is for 24.8 FTE children to be prevented from entering into care 100 CAFs to be initiated every month and at least 75% of these to have completed assessments within the target of 30 days. 20% increase on baseline of those with CAF's screened for substance misuse and appropriate action taken % improvement for parents undertaking parenting intervention programs.
3.3 Work with managers to improve existing screening, intervention and referral process for young people at increased risk of substance misuse, particularly those aged 13-18yrs (Link with SDG4 – Treatment & Aftercare)	<ul style="list-style-type: none"> Reduced experimentation, binge drinking, increasing and higher risk drinking in yp Improved early identification & screening Improved care/CAF action plans for yp who are hard to engage / pre-contemplative to treatment Improved referrals rates into alcohol treatment services 	Targets set and achieved across children's services commissioned activities	April – March 2012	Within core funding	Commissioning team Supporting people CAMHS, Social care Youth Services Kerry Clarke RUOK	<ul style="list-style-type: none"> Performance KPI's as part of the performance compacts between the Commissioning Unit and Delivery unit – social care, housing, youth services and CAMH's

Alcohol Programme Board
SDG 2 : Availability

Activity Area	Impact	Current Activity	Time Frame	Cost Impact	Leads	Identified KPIs and Progress
1. Key Priorities 2012/13						
National Licensing Changes						
1.1 Late Night Levy	<ul style="list-style-type: none"> § Reduced late night opening § Funding stream for taxi marshalls and Safe Space § Revenue for Sussex Police 	<ul style="list-style-type: none"> § Monitoring and response to Home Office consultation § Report to Licensing Committee § Anticipation of regulations § Engagement of Council, Sussex Police and PCC § Consideration within Licensing Strategy Group (1.00am commencement) 	<ul style="list-style-type: none"> § Commencement October 2012 § Election of PCC in Nov 2012 § PCC police strategy 	<ul style="list-style-type: none"> § Theoretically collection self funding § Concern over complexity of collection and sufficient funding for projects § Potential cost to local economy 	Head of Regulatory Services; Sussex Police; PCC; Licensing Committee	<ul style="list-style-type: none"> § Changes to late night authorisations § Revenue realised § Funding of Taxi Marshalls and Safe Space (Income may not cover. LSG feel 1.00am will return pubs to earlier

		<ul style="list-style-type: none"> † for late night authorisation and hotel exemption?) § Calculation of revenue for different late night authorisations + exemptions § Monitoring national picture 				<ul style="list-style-type: none"> closing times) § 5 LA considering in E&W
Activity Area	Impact	Current Activity	Time Frame	Cost Impact	Leads	Identified KPIs and Progress
1.2 Early Morning Restriction Orders	<ul style="list-style-type: none"> § Reduced late night opening in locality 	<ul style="list-style-type: none"> § Monitoring and response to Home Office consultation § Report to Committee § Anticipation of regulations § Consideration within Licensing Strategy Group (As a measure 	<ul style="list-style-type: none"> § Commencement October 2012 	<ul style="list-style-type: none"> § Potential cost to local business (lost revenue) 	Head of Regulatory Services; PCC; Residents' Associations; Licensing Committee	<ul style="list-style-type: none"> § Late night opening hours reduced § 4 LA considering in E&W

		unlikely to counter general disturbance in city centre) § Monitoring national picture				
2. Business as Usual Reducing Illegal Alcohol Sales						
2.1 Investigation of smuggled, falsely described and illicit alcohol supply	Reduction of duty, labelling, food standards and trademark offences, reducing cheap illicit alcohol in the market.	Intelligence led investigations, licence reviews and formal action All food enforcement staff checking wine, etc. provenance as part of inspection programme. Intelligence sharing: Sussex Police, HMRC, TS, EH, licensing.	2012/13 Business Plan (Trading Standards)	Fair Trading Officer (£25k) Part of programme (10 food safety officers inspecting 1,200/3,300 FBOs pa	§ Trading Standards Officers § EHOs § Sussex Police Licensing Unit § Licensing Panels	§ Reviews and formal action § 13 Reviews and 1 prosecution since 1.4.10 § HMRC raid
Activity Area	Impact	Current Activity	Time Frame	Cost Impact	Leads	Identified KPIs and Progress
2.2 Proxy purchase and underage sale investigations	Reduction of age restricted sales offences	<u>2012/13, 1st quarter</u> 13 premises – test purchase operations;	2012/13 Business Plan (Trading	Fair Trading Officer (£25k) Unit cost/TP	§ Trading Standards Officers § Sussex	§ Review and formal action § 5 Reviews in

and test purchase operations		40 business support visits	Standards)	operation = £110	Police Licensing Unit § Licensing Panels	2011/12 (3 also concerned counterfeit)
2.3 Street drinking	Reduce sale of high strength lager and cider and street drinking.	Sale of high strength beer and cider, incorrectly labelled beers attracting street drinking in over 20 specific off licences serving street drinkers around the city, particularly: York Place/London Road, Queen's Road and Western Road, Brighton/Hove boundary. Policy currently recognises Level.	2013/14	Fair trading officer with Sussex Police Licensing Unit	§ Trading Standards Officers § Sussex Police Licensing Unit	Informal action to convince off licence proprietors. Potential new policy considerations.
2.4 Business Support Training	Reduction of supply of alcohol to children and	<u>2012/13, 1st quarter</u> 25 businesses (65 staff)	2012/13 Business Plan	Business charged £40 (2012/13	Trading Standards Officers	Businesses trained

	young people		(Trading Standards)	budget)		
3. Inclusion and engagement						
3.1 Improve community involvement in licensing decisions	Increase representations on applications. More appropriate businesses serving communities	Presentation at LATS, weekly lists to Ward Councillors. Changes to website (PRSR). Public register published and advertised. Advice on representations. 2012/13 :	Continuous	Within Licensing core budget	Head of Regulatory Services	Presentations to LATs and Residents' Associations
Activity Area	Impact	Current Activity	Time Frame	Cost Impact	Leads	Identified KPIs and Progress
		Moulsecoomb LAT. EBRA, East Street LAT, CMPCA, BARG, Central Hove, Licensing Strategy Group, LAT Chairs				
3.2 Strengthen links with the local	Increased understanding of policy,	Presentations at business association meetings.	ongoing	Within Licensing core budget	Head of Regulatory Services	Presentations to business associations

licensed trade	applications appropriate to community and better expectation for applicants. Inappropriate applications deferred.	<u>2012/13</u> Village Pubwatch Tourism Alliance Destination Management Forum				
4. Government Alcohol Strategy						
4.1 <u>Minimum Unit Pricing</u> Likely Government consultation on 45p	Can beer (1.8 units) = 81p 1L spirit : £18 (40% abv) Scotland (50p MUP) anticipates 50 fewer deaths in year 1, 300 fewer deaths in year 10	Home Office consultation on new licensing measures to cut crime, save lives and reduce alcohol consumption. There's a 10-week consultation period on: 1. a ban on multi-buy promotions 2. a review of the	APB response to consultation and representation on two Home Office technical groups – health as alcohol licensing objective for cumulative impact and review of mandatory code.	None Cost to local economy? (increased revenue?)	Head of Regulatory Services	Alcohol related hospital admissions. National reduction in consumption measured in litres of alcohol. APB response made. Consultation closed – 6 Feb 12. Budget – beer duty escalator

		<p>mandatory licensing conditions</p> <ol style="list-style-type: none"> 3. a minimum unit price of 45p 4. a new health-related objective for alcohol licensing 5. cutting red tape for responsible businesses 				cancelled reducing general beer duty by two per cent from 25 March 2013.
Activity Area	Impact	Current Activity	Time Frame	Cost Impact	Leads	Identified KPIs and Progress
<p>4.2 <u>Licensing</u></p> <ul style="list-style-type: none"> § Health bodies as responsible authorities § Licensing Authority as responsible authority § Lower 	Reduced new outlets	<p>Policy and processes amended</p> <p>Liaison with DPH.</p> <p>Simplification of weekly application list.</p> <p>Pre-application for supermarket in CIZ</p>	Current	None	Head of Regulatory Services	Trends in licensed premises numbers

evidence test. Removal of vicinity test § Child protection – increased fine § Zoning permitted § CIZ/ Public health connection						
4.3 <u>Taxation</u> Escalator Reduced duty rate	General duty rates 2% over inflation 2014/15 <2.8% ABV beer	Beer duty escalator cancelled reducing general beer duty by two per cent by March 2013 budget.				
Activity Area	Impact	Current Activity	Time Frame	Cost Impact	Leads	Identified KPIs and Progress
New tax	High strength beers (> 7.5% ABV)					
5. Responsibility Deal/Existing Licensing Enforcement						

5.1 Mandatory code	<ul style="list-style-type: none"> § Designated premises supervisor § Personal licence holder authorisation § Irresponsible promotions § Age verification § Smaller measures (½pint beer, 25ml spirit, 125ml wine) 	Under review (Home Office) Represented on Home Office technical group	Risk based inspection programme	Existing core licensing budget	Licensing Officers	Inspection numbers
5.2 Health information on labels	Unit content CMO guidelines Pregnancy warning Drinkaware (optional) Responsibility statement (optional)	Currently voluntary code (Portman Group)				

Discharged Activities – Achievements 2011/12

Activity Area	Impact	Subsequent Activity	Leads	KPIs
6. Licensing Policy				
6.1 Cumulative Impact Zone expanded January 2012	Special policy creating rebuttable presumption for refusal	Application to Licensing Panel hearings where representations made within CIZ	Licensing Officers and Members	Policy applies to 1.5% of administrative area (city centre). Outcome of applications within CIZ.
6.2 Statement of Licensing Policy Matrix policy	Zoned approach to applications	Application to Licensing Panel hearings where representations made within CIZ	Licensing Officers and Members	Outcome of applications within zones
7. National Alcohol Strategy				
7.1 Amended licensing procedures	Licensing and Public Health are responsible authorities. Increased weight of Police	Less permissive regime	Licensing Officers	Public Health representations. Licensing Authority representations.

	representations. Lower evidence threshold.			
Activity Area	Impact	Subsequent Activity	Leads	KPIs
7.2 Amended Statement of Licensing Policy	New responsible authorities. Reinforces recent policy changes.	Alcohol strategy appears supportive to hypothesis that concentrations of alcohol outlets in city centres are detrimental to health	Licensing Lawyer Licensing Officers Licensing Panel	Licensing Panel determinations
8. Licensing Councillor Expertise				
8.1 Officer training Licensing Councillors. External training. Member visits.	Increased Licensing Councillor expertise, leading to proportionate decisions.	Continuous Member development and induction for new Licensing Councillors	Head of Regulatory Services Licensing Lawyer	<ul style="list-style-type: none"> • Trained Councillors • Report to Licensing Committee • New Licensing Councillors for 2013/14 to be trained.

Brighton & Hove - Alcohol Programme Board

Strategy Domain Group 3 (SDG3) – Night Time Economy Action Plan

Group Aims:

1. To significantly reduce the impact of alcohol harm arising out of the night time economy
2. To review the impact and effectiveness of existing measures in place to manage the night time economy, and ensure the continuation of those which already have a positive impact
3. Make recommendations for the joint commissioning of services when there is credible business case for a likely reduction in alcohol related harm.

Group Objectives:

- 1) **Create** a positive and sustainable Night Time Economy which reduces the focus on alcohol and encourages alternative less harmful alternatives.
- 2) **Promote** in partnership with the licensing trade a culture of business responsibility and support to local communities
- 3) **Influence** customers of all ages to question social norms, drinking habits and to seriously consider less harmful alternatives
- 4) **Recognise** co-dependencies arising from other SDG initiatives.

Activity

Activity Area	Impact	Current and Proposed Activity	Timeframe	Cost Impact	Lead/s	Identified KPIs
1. Economy						
1.1 Work within the partnership to ensure that any late night levy is used to best effect in managing the reduction of alcohol-related harm within the NTE	Preservation of existing effective measures whilst providing a funding stream for other activities which encourage a healthy and sustainable community	Home Office consultation coming to an end and representations made to Advisers. Local consultation taking place. Awaits PCC. Links to SDG2	12 months	Indirect cost reduction in conjunction with other activities. Admin costs.	Nick Griffin Off-Sales Lead	<ul style="list-style-type: none"> • A&E Presentations • Number of public place assaults with injury • Police NTE spending
1.2 Support a scheme developed by businesses selling alcohol for consumption on and away from the premises, which encourages the highest standards of practice and community responsibility	Opportunity for culture shifts and improved diversity within the NTE, attractive to all groups. An improved partnership with the industry which also rewards the capable and reduces the need for onerous conditions	Tensions arising as a result of the proposed CIZ/SSA expansion and the LNL. Home Office agree that BCRP should be a scheme suitable for discounts. Counter smuggling and fake goods risks have been mitigated Links to SDG2	6 months to launch an appropriate scheme, after which the benefits will grow	Indirect cost reduction in conjunction with other activities. Negligible administration costs	Nick Griffin Off-Sales Lead	<ul style="list-style-type: none"> • Percentage of businesses reaching the agreed standard • Number of relevant business failures p.a. • Health KPIs
1.3 Work with the local authority arts team to develop alternative events throughout the year which encourage responsible drinking and promote the city as a focus for cultural activity which is attractive to all groups.	Broader choice of social options and alternatives available to all age groups as an established norm. Sponsorship opportunities and cost reductions	Recent White Night achieved broad audience diversity and successful trials of new concepts e.g. Soundscape. Soundscape remains under development as an opportunity. No further success within council events.	12 months	Indirect cost reduction in conjunction with other activities. Promotion costs if council-led events	Jean Cranford Donna Close	<ul style="list-style-type: none"> • Number of relevant events and schemes in place p.a. • Public perceptions of safety and drunkenness

2. Crime and Anti-Social Behaviour	Impact	Current Activity	Timeframe	Cost Impact	Lead/s	Identified KPIs
2.1 Encourage alternative activities for children and young people through the effective oversight of collective services as directed by the youth service review	Improved choice and coordination for this key group. Joint commissioning opportunities to increase opportunities whilst minimising costs	Decisions due 20/01/12 and strategy will be based around a neighbourhood need model. Budgets being agreed. No updates received	Recommendations and changes in 2011 Health improvement over medium to long term.	Likely cost reduction, particularly in the medium/long term.	Steve Barton Chris Parfitt	Chris Parfitt to provide now that the plans are in place. No updates received
2.2 Support the existing Park and Marble operations with opportunities to divert, refer and manage persistent and high risk offenders e.g. curfews	Enhance the current work in line with the review above and expanding the intentions to include the promotion of healthy living	Op Park activity now shaped by ASB policy. Alcohol Diversion Scheme now in place and being rolled out into city centre.	6-12 months	Likely cost reduction, particularly in the medium/long term.	Martin Edwards Chris Parfitt	<ul style="list-style-type: none"> • Number of brief interventions • Responses to specific campaigns • ADS referrals
2.3 Control and influence behaviour in public areas through planning and development opportunities. Protect existing people-calming measures while exploring new opportunities to shape attitudes	In support of the measures put in place to prevent harm within premises, enhance the public spaces to positively influence behaviour	Environmental Improvement Team now dealing and working within the Safe in the City Delivery Unit	Initiated	Indirect cost reduction in conjunction with other activities. Otherwise, associated costs which would have to be off-set	Council Planning (TBC) Donna Close	<ul style="list-style-type: none"> • Public safety surveys
2.4 Continue the development of the Cardiff Model with A&E staff to reduce the risk of assaults and injuries occurring within licensed premises	Identify environmental risks within licensed premises arising due to poor management and reduce the number of persons presenting themselves to A&E	Evaluation completed. Work continuing to explore possibilities for reducing domestic abuse.	Immediately	Net savings for A&E and policing process costs	Simon Nelson Liz Tucker	<ul style="list-style-type: none"> • Number of assaults occurring within licensed premises • Number of patients presenting themselves at A&E with assault injuries

3. Health	Impact	Current Activity	Timeframe	Cost Impact	Lead/s	Identified KPIs
3.1 Support a reduction in serious assaults within licensed premises by encouraging the development of viable serve alternatives	Reduction in the number of serious injuries caused by broken glass whilst protecting other business and consumer interests	Government sponsored trials. Some use of expensive and unpopular alternatives Still awaiting government standard.	12-18 months	Low number of victims but high costs for treatment and investigation	Simon Nelson Nick Griffin	Number of serious injuries caused by glass
3.3 Protect existing measures and initiatives which already prevent harm (Ref. Appendix A - BCRP Action Plan). Ensure that effective interventions are in place and stakeholders recognise their role in reducing alcohol-related harm.	Safeguard existing health benefits emanating from schemes vulnerable to cost pressures	Taxi Marshals secured for the rest of the year. Sustainable solutions required via an established joint-commissioning process. Exchange of bail/curfew information between Probation Service and BCRP has already improved.	6-12 months	Cost savings already identified e.g. Safe Space, Taxi Marshals. Operating costs still to be met	John Patience Nigel Liddell	Numbers diverted from A&E and police custody

Action Plan 2012-13

Alcohol Strategy Domain Group 4: Early Identification, Treatment and Aftercare

Key Objective:

To reduce the consumption of alcohol amongst those at lower*, increasing* and higher risk* through: effective early identification and screening; onward referral to appropriate and effective treatment; and good aftercare services.

**lower risk: no more than 2 to 3 units a day for women and 3 to 4 units a day for men*

Increasing risk: regularly drinking more than 2 to 3 units a day for women and more than 3 to 4 units a day for men

Higher risk: over 6 units a day or 35 units a week for women and over 8 units a day or 50 units a week for men

For under 18s there are no safe limits

Expected outcomes 2012/13

Primary outcome:

- 1 Reduction of consumption of alcohol amongst people who are at lower, increasing and higher risk; in treatment; and following treatment.

Sub outcomes, to achieve the primary outcome:

- 2 The level of staff competence within each part of the referral and treatment pathway is improved
- 3 The number of people screened and offered advice by non-specialist health professionals is increased
- 4 The number of people offered a brief intervention is increased
- 5 The number of people signposted into community treatment services is increased
- 6 The number of people successfully completing treatment (no longer requiring structured alcohol treatment) is increased
- 7 The number of individuals avoiding relapse following treatment is increased
- 8 The number of 18-25 year olds receiving effective (and where appropriate, early) interventions is increased
- 9 The number of people attending A&E/being admitted to hospital with an alcohol related issue is reduced

PRIORITY AREAS FOR 2012/13

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
PRIORITY AREAS FOR 2012/13						
1. Increase the number of people being screened and offered appropriate alcohol treatment services	<ul style="list-style-type: none"> • Identification of more people who are drinking at above safe levels • More people being offered brief interventions • More people entering structured alcohol treatment • More people successfully completing treatment 	See actions <ul style="list-style-type: none"> • 1.1 • 1.2 • 1.3 • 1.4 • 1.5 • 1.7 • 2.1 • 2.3 • 2.4 • 2.5 • 2.6 				<ul style="list-style-type: none"> • Number of people screened in primary care • Number of people receiving a brief intervention (from CRI community service) • Number of people receiving a brief intervention (from SPFT A&E service) • Number of people entering structured treatment services • Number of people successfully completing treatment
2. Commissioning for recovery and reintegration	<ul style="list-style-type: none"> • Existing services reviewed to ensure that they are recovery focussed. Pathways revised if necessary. • Where relevant, additional services commissioned/funded that support people to recovery and be reintegrated into the community 	See actions <ul style="list-style-type: none"> • 1.5 • 3.1 • 3.2 • 4.1 				<ul style="list-style-type: none"> • Number of people who successfully complete treatment and do not relapse within 6 months • Number of people supported by Health Trainers and Albion in the Community achieving the outcomes set out in their Personal Health Plan •
3. In line with the Audacious Goals work programme, work with Mental Health Commissioning colleagues to improve mental health (and associated alcohol) urgent care pathways	<ul style="list-style-type: none"> • Reduction in the number of people attending A&E with an alcohol related issue • Reduction in the number of people being admitted to hospital with an alcohol related issue 	<ul style="list-style-type: none"> • Work on four key mental health crisis reduction areas being led by mental health colleagues. Alcohol use is closely associated with mental health 	TBC	If achieved, overall reduction of 200 non-elective admissions will result in a saving of £294,873 (net impact to acute contract)	Kathy Caley for alcohol, Anne Foster and Simon Lawrence for Mental Health	<ul style="list-style-type: none"> • Overall reduction of 200 non-elective admissions across 2012/13

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Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
		<p>crises and so links will be made to each of the work areas.</p> <ul style="list-style-type: none"> • Audacious Goals programme will also focus on identifying alternatives to A&E attendance for people misusing alcohol <p>Plus, see actions</p> <ul style="list-style-type: none"> • 1.4 • 1.5 • 1.6 • 1.7 • 2.2 	TBC			

SDG4 – ACTION PLAN

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
1. Improved early identification, screening and onward referral						
1.1 Provide alcohol awareness, identification and screening training packages and support for the Tier 1 and 2 workforce e.g. ante/post natal staff (midwives, health visitors), police, probation, mental health staff, housing/hostel workers, domestic violence workers, social workers, health trainers. [Link with SDG1: Addressing the Drinking Culture]	<ul style="list-style-type: none"> Improved early identification and screening. Improved onward referral rates into relevant alcohol treatment services. Improved inter-agency collaboration/ care co-ordination. 	<p>Current training packages are offered, but are not part of core training for key staff identified.</p> <p><u>Planned</u> Penny Ashby to co-ordinate training providers from a range of services.</p> <p>SPFT and Alcohol Services providers are meeting on 3rd October to discuss a possible on-line resource for SPFT staff, with potential for practice workshops. Bespoke training is ongoing, e.g. A&E nurses and Midwives.</p>	12 months, and rolling programme thereafter.	<p>Three Health Promotion Advisors in post providing training and support (both drugs and alcohol)</p> <p>Cost of alcohol HP support approximately £82.5k for alcohol</p> <p>£10k identified for additional training if necessary</p>	Penny Ashby, Health Promotion	<ul style="list-style-type: none"> Number of training sessions delivered and individuals trained and training evaluation data. Number of referrals to Tier 2 and 3 alcohol services via a sample of trained workers. [Increase on baseline at start of training]. The Alcohol Health Promotion and the Workforce post offers workshops and training sessions to employers and employees, as well as students in 6th form colleges accessing employment / work placements
1.2 Review Primary Care LES with a view to improving identification and outcomes for patients with increasing and higher risk drinking patterns presenting to primary care.	<ul style="list-style-type: none"> Improved early identification and screening. Improved brief interventions to patients. Improved onward referral to relevant alcohol treatment 	<p><u>Planned</u> Review format and payment structure of LES</p>	Decision needed on whether LES is amended	Allocated budget of £75k (actual spend is dependent on provider activity)	Kathy Caley with colleagues	<p>TBC – existing KPIs:</p> <ul style="list-style-type: none"> Increase the number of practices delivering the alcohol LES Number of patients screened, offered brief advice, and followed up at six months Number of patients referred onto community brief

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
	<p>services.</p> <ul style="list-style-type: none"> Reduction in number of people drinking at levels harmful to health. 					intervention service
1.3 Monitor restructured Community Brief Interventions (BI) Service	<ul style="list-style-type: none"> Initial screening/brief intervention undertaken by front line worker Appropriate referral made to BI workers 2 to 6 BI sessions offered Onward referral to treatment services where necessary 	Restructured service began in May 2012. Work continuing on referral pathways and promotion of BI workers	Routine Quarterly monitoring as part of wider CRI contract reviews for 2012/13	£75k for two BI workers pa	Kathy Caley with colleagues from CRI	<ul style="list-style-type: none"> 2 to 6 BI sessions per individual Approximately 250 probation referrals pa expected <p>Alcohol Consumption At intervention completion:</p> <ul style="list-style-type: none"> 40% of 'increasing risk' drinkers to be drinking at safe level 20% of 'higher risk' drinkers to be drinking at safe level <p>At 6 month review:</p> <ul style="list-style-type: none"> 30% of 'increasing risk' drinkers to be drinking at safe levels 15% of 'higher risk' drinkers to be drinking at safe level <p>BI Completion rates</p> <ul style="list-style-type: none"> 70% for 'increasing risk' 60% for 'higher risk'
1.4 Review SPFT A&E Alcohol Liaison Nurse service	<ul style="list-style-type: none"> Improved commissioner knowledge of how existing service works Most efficient service model, and associated pathways, in place to reduce A&E attendances and hospital admissions Training provided to A&E frontline staff by 	Meeting with SPFT, Commissioners and Audacious Goals project manager on 14 th Aug 2012 to understand existing service	Initial meeting in Aug 2012 with a view to implementing any pathway changes as soon as possible to receive maximum	£156k	Kathy Caley	<p>Alcohol Consumption At intervention completion:</p> <ul style="list-style-type: none"> 40% of 'increasing risk' drinkers to be drinking at safe levels 20% of 'higher risk' drinkers to be drinking at safe level 20% of moderately dependent drinkers to be drinking at safe levels 15% of severely dependent

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
	<p>SPFT alcohol nurses</p> <ul style="list-style-type: none"> Activity recording categories amended to reflect brief interventions provided 		benefit			<p>drinkers to be drinking at safe levels</p> <p>At 6 month review follow up</p> <ul style="list-style-type: none"> 30% of 'increasing risk' drinkers to be drinking at safe levels 15% of 'higher risk' drinkers to be drinking at safe level 15% of moderately dependent drinkers to be drinking at safe levels 15% of severely dependent drinkers to be drinking at safe levels <p>Brief Interventions</p> <p>Delivered</p> <ul style="list-style-type: none"> 2,400 BI sessions to be delivered per annum Simple BI: 1 session Extended BI: 2 to 4 sessions <p>Completion Rate</p> <ul style="list-style-type: none"> Increasing risk – simple BI 100%, extended BI 60% Higher Risk – simple BI 100%, extended BI 70%
<p>1.5 Overall alcohol pathway improvement programme to ensure that services are as effective as possible. National Treatment Agency are providing support on this area. Brighton and Hove are one of the 14 sites identified nationally for additional support.</p>	<ul style="list-style-type: none"> Transparent and comprehensive care pathway, with clearly defined referral mechanisms to ensure that all non-specialist frontline providers are fully aware of how support alcohol treatment support is provided Increased numbers of 	<p>This will include:</p> <ul style="list-style-type: none"> Improved commissioner understanding of alcohol care pathway Enhanced performance monitoring of alcohol treatment providers at the Treatment 	<p>October 2012 onwards.</p> <p>NTA programme will have milestones completing in March 2013</p>	<p>CAT budget £291k</p> <p>Equinox funding: £60k</p> <p>Taxi Marshall funding £10k</p> <p>What other budget lines have not been included</p>	<p>Kathy Caley</p>	<ul style="list-style-type: none"> TBC

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
		medical cover available so that more people could be safely treated, and therefore prevented from attending A&E.				
1.7 a. Work with local universities to promote safer alcohol consumption and to increase uptake of brief interventions/treatment services where appropriate. b. Make links with the Student Union bodies to look at how alcohol can play less of a role in student life.	<ul style="list-style-type: none"> Reduced alcohol consumption Reduction in alcohol related A&E attendances Less sponsorship of events by clubs, bars, alcohol companies 	Meetings planned: <ul style="list-style-type: none"> 4th April 2013 – Student Union reps 9th April 2013 – university of Sussex medical practice 				<ul style="list-style-type: none">
2. Improved treatment effectiveness for high risk groups						
2.1 Improve effectiveness of services for young adults, in line with the evidence base, through: <ul style="list-style-type: none"> Identify whether there is a need for alcohol and cannabis services for young adults not meeting thresholds for adult services/not presenting to treatment 	<ul style="list-style-type: none"> Improved access by engagement with services and successful completions for 18-25 year olds Will impact on two cohorts of 18 to 25 year olds: <ul style="list-style-type: none"> Those who have previously engaged with under 18 services but are below traditional adult service thresholds Those who have never engaged in treatment services 	<ul style="list-style-type: none"> Small scale needs assessment to be undertaken Review of best practice and service model in other areas If need identified, look to develop service (dependent on resources) Initial review of findings indicate high alcohol related A&E attendances in student population – will 	Meeting to review needs assessment on 14 th Aug 2012 Student led initiative runs Jan 2013 to May 2013	<ul style="list-style-type: none"> Using students volunteering as part of their work experience placements 	Kathy Caley and Kerry Clarke. Needs assessment by Liz Tucker	<ul style="list-style-type: none"> Recommendations for/development of (depending on time available) health promotion campaign materials to reduce the number of students inappropriately

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		undertake student led health promotion campaign		so should be no cost, other than expenses		presenting to A&E with an alcohol related issue.
<p>2.2 Monitor the Frequent Attenders Assertive Outreach worker (CRI) and the Hostel Alcohol nurse (BHT) focusing on:</p> <p>2.2.1 A&E attendance and hospital admissions</p> <p>2.2.2 Hostel residents.</p>	<ul style="list-style-type: none"> Reduced number of A&E attendances and hospital admissions Reduced number of SECAMB/police call outs Improved rates of referral and engagement into structured alcohol treatment. Improved housing outcomes and step down for hostel residents. 	<p>Both posts funded for a further 12 months (2012/13)</p> <p>Activity to be discussed in quarterly contract review meetings with CRI and BHT</p>	Funded for 2012/13	<p>Frequent flier post - £35k</p> <p>Hostel Nurse - £42k</p>	<p>2.2.1 CRI</p> <p>2.2.2 BHT: Nikki Homewood</p>	<ul style="list-style-type: none"> Number of A&E attendances, ambulance conveyances, and hospital admissions for identified cohorts. Number of treatment referrals, engagement and successful outcomes for identified cohorts.
<p>2.3 Support for families affected by Substance Misuse</p> <p>Will include</p> <p>2.3.1 Implementation of Joint Protocol between Adult Substance Misuse services and Children's services.</p> <p>2.3.2 Joint work between POCAR (parenting our children, addressing risk) service and Claremont Centre</p> <p>2.3.3 Establishment of a</p>	<ul style="list-style-type: none"> Increase in number of referrals to adult treatment services Reduced number of children and young people being taken into care Children's services better equipped to support families with lower level problems before they escalate into more serious problems. 	<p>2.3.1 Protocol complete and ready to be disseminated</p> <p>2.3.2 Joint meetings underway and have identified the need for a more wider 'network' meeting between children's services and adult treatment services.</p>	<p>2.3.1 Protocol to be launched Jan 2013</p> <p>2.3.2 Meeting to be set up early 2013</p> <p>2.3.3 Post to be comment</p>	<p>2.3.1 No cost</p> <p>2.3.2 No cost</p> <p>2.3.3 Maximum cost £45k</p>	Kathy Caley and Kerry Clarke	<p>2.3.1 Protocol used by all children's services and adult treatment providers.</p> <p>2.3.2 Greater sharing of information between agencies</p> <p>2.3.3</p> <ul style="list-style-type: none"> Agree and implement a

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
one year secondment from adult treatment services to children's service, with a remit of providing skills, tools and support for social workers to support families where drug abuse and alcohol is an issue.		2.3.3 SPFT working to second appropriately skilled staff member	29 th April 2013	(shared between Children's and Adult treatment services commissioner)		common risk assessment process <ul style="list-style-type: none"> • Ensure staff are trained to deliver brief interventions • Develop and agree a menu of interventions • Agree set outcome measures that show the impact for families of interventions provided • Develop joint plans between adult treatment services and social care teams for cases that fall below the thresholds for POCAR
2.4 Continued focus on engaging and sustaining LGBT community in treatment services	<ul style="list-style-type: none"> • Increased uptake of treatment services by LGBT community • 	Existing post funded for a further 12 months	Ongoing	£30k	Kathy Caley and CRI	<ul style="list-style-type: none"> • Number of LGBT individuals supported by the LGBT worker to engage in treatment services • Number of LGBT individuals successfully completing treatment (where this measurement is possible) <p>TBC</p>
2.5 Focus on poly drug/alcohol using women with multiple exclusions and complex needs via community of practice project with Kings College and Revolving Doors	<ul style="list-style-type: none"> • Improved co ordination of support • Reduction on use of services • Reduction in risk to client group • Better understanding of effective interventions for client group • Increased staff competence and confidence • 	Community of practice commences in May – monthly meetings till October	Commences may 2012 Ends October 2012	Cost Neutral – no cost to provider/part of wider national project	Jo-Anne Welsh	Final report to be produced

Activity/Action	Outcome/Impact	Current/Planned Activity	Timeframe/ Milestones	Cost/Resource Implications	Lead/s	Identified KPIs
2.6. Focused work on alcohol misuse in pregnancy NATURE OF WORK PROGRAMME TBC	•					Need to decide if this a priority for 2013/14
	•					
3 Improved effective aftercare						
3.1 Sustain and monitor the Women's Group Aftercare Programme pilot initially funded via the SE Regional Alcohol Innovation Fund.	<ul style="list-style-type: none"> Improved longer term outcomes for women who have become abstinent from alcohol during treatment. Reduced alcohol related social harms e.g. STDs, unplanned pregnancies and DV. 	Funding allocated for 2012/13	Began in late 2012	£15,000	Jo-Anne Welsh, Brighton Oasis Project.	<ul style="list-style-type: none"> Number of women still abstinent after follow up period. FOLLOW UP WITH OASIS FOR MORE DETAIL
3.2 Health Trainer service for people successfully completing drug and alcohol treatment services	<ul style="list-style-type: none"> People completing treatment to be supported by Health Trainer to help prevent re-lapse Reduction in the number of people relapsing and re-presenting to treatment More people reintegrated within the community and engaged in meaningful activities 	<ul style="list-style-type: none"> Existing HT materials modified slightly to meet needs Training set up for appropriate staff Referral pathways developed 	<p>Development work between May and July 2012</p> <p>Likely start date of Aug 2012 for first HT clients</p>	Approximately £20k allocated to date.	Kathy Caley with Health Trainer Colleagues	<ul style="list-style-type: none"> Number of clients supported Number of clients undertaking a Personal Health Plan (PHP) Number of clients achieving or part achieving a PHP goal Number of clients who successfully reduce substitute prescribing whilst participating in the Health Trainer Programme (NEEDS MORE DISCUSSION) Number of clients supported by health trainers who remain abstinent six months after successfully completing treatment

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4 General Commissioning						
<p>4.1 Proposal to re-tender for drug and alcohol treatment services, with a view to new contracts being in place from 1st April 2014.</p> <p>This is yet to be confirmed. Council likely to make a decision either way in January 2013</p>	•	<ul style="list-style-type: none"> Paper taken to Health and Wellbeing Overview and Scrutiny Committee in Feb 2013 re work of APB generally, including intention to re-tender. Outcome of Committee is agreement that an Alcohol Scrutiny Panel is needed. This is currently being set up. 	• TBC			•

Summary of key developments in 2011/12

- Community Brief Interventions Service evaluated and restructured to focus more on providing (extended) brief interventions to increasing risk and higher risk drinkers
- Additional Health Promotion Advisor Post funded in 2012/13 to increase the alcohol training and support provided to non-specialist front line works. This will allow more front line workers to be training in screening and the provision of brief advice and information.
- Positive evaluations of the A&E Frequent Attender pilot and the Hostel Alcohol nurse pilot. Funding secured for a 2012/13 to continue the work.

**LICENSING COMMITTEE
(LICENSING ACT 2003
FUNCTIONS)**

Agenda Item 7

Brighton & Hove City
Council

Reviews table November 2012 – March 2013

<u>NAME AND ADDRESS OF PREMISES</u>	<u>Date consideration of closure order received from Magistrates</u>	<u>DATE OF HEARING</u>	<u>DETERMINATION</u>
Vavavoom 31 Old Steine Brighton BN1 1EL		11.02.13 / 07.03.13	The initial hearing on 11th Feb was adjourned until 7th March to allow for the 28 day suspension period to elapse with transfer etc. The 28 day period has now passed without a transfer so the licence has lapsed following surrender and therefore the general consensus is that the 7th March hearing is no longer required so letters have been sent to all parties to explain this. The committee hearing has also been cancelled.
Pop In Store 32 North Road Brighton BN1 1YB		12.03.13 /27.03.13	3 month suspension with conditions

**LICENSING COMMITTEE
(LICENSING ACT 2003
FUNCTIONS)**

Agenda Item 8

Brighton & Hove City Council

**Schedule of Licensing Appeals: Date of Meeting: 27th June
2013**

Premises	Appellant	PTR	Hearing	Outcome
Fish and Chips, 39 Kings Road, Brighton	Premises			

