



## Meeting Agenda

**Policy Development Scrutiny Committee,  
Town Hall, Lytham St. Annes  
Thursday 6 January 2011, 6:15pm**

**The main doors to the Town Hall will be open to the public at 6:00pm**  
The maximum capacity for this meeting room is 60 persons –  
once this limit is reached no other person can be admitted.

# **POLICY DEVELOPMENT SCRUTINY COMMITTEE MEMBERSHIP**

CHAIRMAN	Fabian Craig-Wilson
VICE-CHAIRMAN	Kiran Mulholland

## **Councillors**

Brenda Ackers	Ben Aitken
George Caldwell	Frank Andrews
Patricia Fieldhouse	Richard Fulford-Brown
Craig Halewood	Leonard Davies
John Davies	Karen Henshaw JP
David Chedd	Elizabeth Oades
Elaine Silverwood	Heather Speak

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## **Our Vision**

*Fylde Borough Council will work with partners to provide and maintain a welcoming, inclusive place with flourishing communities.*

## **Our Corporate Objectives**

- To Promote the Enhancement of the Natural & Built Environment
  - To Promote Cohesive Communities
  - To Promote a Thriving Economy
- To meet the Expectations of our Customers

## **The Principles we will adopt in delivering our objectives are:**

- To ensure our services provide value for money
- To work in partnership and develop joint working



## A G E N D A

### PUBLIC PLATFORM

*To hear representations from members of the public in accordance with  
Committee procedure rules*

ITEM	PAGE
<b>1. DECLARATIONS OF INTEREST:</b> <i>If a member requires advice on Declarations of Interest he/she is advised to contact the Monitoring Officer in advance of the meeting. (For the assistance of Members an extract from the Councils Code of Conduct is attached).</i>	4
<b>2. CONFIRMATION OF MINUTES:</b> <i>To confirm as a correct record the minutes of the Policy Development Scrutiny Committee held on 9 December 2010. As attached at the end of the agenda.</i>	4
<b>3. SUBSTITUTE MEMBERS:</b> <i>Details of any substitute members notified in accordance with council procedure rule 26.3</i>	4
<b>4. SUBSTANCE MISUSE IN FYLDE - AN OVERVIEW</b>	<b>7 - 18</b>
<b>5. TRANSFER OF ASSETS TO TOWN/PARISH COUNCILS</b>	To Follow

**Personal interests**

8.—(1) You have a personal interest in any business of your authority where either—

(a) it relates to or is likely to affect—

- (i) any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by your authority;
- (ii) any body—
  - (aa) exercising functions of a public nature;
  - (bb) directed to charitable purposes; or
  - (cc) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union),

of which you are a member or in a position of general control or management;

- (i) any employment or business carried on by you;
  - (ii) any person or body who employs or has appointed you;
  - (iii) any person or body, other than a relevant authority, who has made a payment to you in respect of your election or any expenses incurred by you in carrying out your duties;
  - (iv) any person or body who has a place of business or land in your authority's area, and in whom you have a beneficial interest in a class of securities of that person or body that exceeds the nominal value of £25,000 or one hundredth of the total issued share capital (whichever is the lower);
  - (v) any contract for goods, services or works made between your authority and you or a firm in which you are a partner, a company of which you are a remunerated director, or a person or body of the description specified in paragraph (vi);
  - (vi) the interests of any person from whom you have received a gift or hospitality with an estimated value of at least £25;
  - (vii) any land in your authority's area in which you have a beneficial interest;
  - (viii) any land where the landlord is your authority and you are, or a firm in which you are a partner, a company of which you are a remunerated director, or a person or body of the description specified in paragraph (vi) is, the tenant;
  - (xi) any land in the authority's area for which you have a licence (alone or jointly with others) to occupy for 28 days or longer; or
- (b) a decision in relation to that business might reasonably be regarded as affecting your well-being or financial position or the well-being or financial position of a relevant person to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward, as the case may be, affected by the decision;

(2) In sub-paragraph (1)(b), a relevant person is—

- (a) a member of your family or any person with whom you have a close association; or
- (b) any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- (c) any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000; or
- (d) any body of a type described in sub-paragraph (1)(a)(i) or (ii).

**Disclosure of personal interests**

- 9.—(1) Subject to sub-paragraphs (2) to (7), where you have a personal interest in any business of your authority and you attend a meeting of your authority at which the business is considered, you must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.
- (2) Where you have a personal interest in any business of your authority which relates to or is likely to affect a person described in paragraph 8(1)(a)(i) or 8(1)(a)(ii)(aa), you need only disclose to the meeting the existence and nature of that interest when you address the meeting on that business.
- (3) Where you have a personal interest in any business of the authority of the type mentioned in paragraph 8(1)(a)(viii), you need not disclose the nature or existence of that interest to the meeting if the interest was registered more than three years before the date of the meeting.
- (4) Sub-paragraph (1) only applies where you are aware or ought reasonably to be aware of the existence of the personal interest.

- (5) Where you have a personal interest but, by virtue of paragraph 14, sensitive information relating to it is not registered in your authority's register of members' interests, you must indicate to the meeting that you have a personal interest, but need not disclose the sensitive information to the meeting.
- (6) Subject to paragraph 12(1)(b), where you have a personal interest in any business of your authority and you have made an executive decision in relation to that business, you must ensure that any written statement of that decision records the existence and nature of that interest.
- (7) In this paragraph, "executive decision" is to be construed in accordance with any regulations made by the Secretary of State under section 22 of the Local Government Act 2000(d).

#### **Prejudicial interest generally**

- 10.—**(1) Subject to sub-paragraph (2), where you have a personal interest in any business of your authority you also have a prejudicial interest in that business where the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest.
- (2) You do not have a prejudicial interest in any business of the authority where that business—
- (a) does not affect your financial position or the financial position of a person or body described in paragraph 8;
  - (b) does not relate to the determining of any approval, consent, licence, permission or registration in relation to you or any person or body described in paragraph 8; or
  - (c) relates to the functions of your authority in respect of—
    - (i) housing, where you are a tenant of your authority provided that those functions do not relate particularly to your tenancy or lease;
    - (ii) school meals or school transport and travelling expenses, where you are a parent or guardian of a child in full time education, or are a parent governor of a school, unless it relates particularly to the school which the child attends;
    - (iii) statutory sick pay under Part XI of the Social Security Contributions and Benefits Act 1992, where you are in receipt of, or are entitled to the receipt of, such pay;
    - (iv) an allowance, payment or indemnity given to members;
    - (v) any ceremonial honour given to members; and
    - (vi) setting council tax or a precept under the Local Government Finance Act 1992.

#### **Prejudicial interests arising in relation to overview and scrutiny committees**

- 11.—** You also have a prejudicial interest in any business before an overview and scrutiny committee of your authority (or of a sub-committee of such a committee) where—
- (a) that business relates to a decision made (whether implemented or not) or action taken by your authority's executive or another of your authority's committees, sub-committees, joint committees or joint sub-committees; and
  - (b) at the time the decision was made or action was taken, you were a member of the executive, committee, sub-committee, joint committee or joint sub-committee mentioned in paragraph (a) and you were present when that decision was made or action was taken.

#### **Effect of prejudicial interests on participation**

- 12.—**(1) Subject to sub-paragraph (2), where you have a prejudicial interest in any business of your authority—
- (a) you must withdraw from the room or chamber where a meeting considering the business is being held—
    - (i) in a case where sub-paragraph (2) applies, immediately after making representations, answering questions or giving evidence;
    - (ii) in any other case, whenever it becomes apparent that the business is being considered at that meeting;
 unless you have obtained a dispensation from your authority's standards committee;
  - (b) you must not exercise executive functions in relation to that business; and
  - (c) you must not seek improperly to influence a decision about that business.
- (2) Where you have a prejudicial interest in any business of your authority, you may attend a meeting (including a meeting of the overview and scrutiny committee of your authority or of a sub-committee of such a committee) but only for the purpose of making representations, answering questions or giving evidence relating to the business, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise.

# REPORT



REPORT OF	MEETING	DATE	ITEM NO
GOVERNANCE AND PARTNERSHIPS	POLICY DEVELOPMENT SCRUTINY COMMITTEE	6 JAN 2011	4

## SUBSTANCE MISUSE IN FYLDE – AN OVERVIEW

### Public Item

This item is for consideration in the public part of the meeting.

### Summary

A report to present an overview of the current situation of substance misuse in Fylde with information on the level of service provision by partners within the Community Safety Partnership.

### Recommendation

1. To consider the content of this report and identify areas where members may wish to support service provision and recommendations made by members of the Fylde Community Safety Partnership.

### Cabinet Portfolio

The item falls within the following Cabinet portfolio:

Social Wellbeing – Councillor Cheryl Little

### Report

The Lancashire Drug and Alcohol Action Team (LDAAT) is the body responsible for delivering the National Drug Strategy (NDS) in Lancashire. It is a partnership of public and voluntary sector agencies working together to reduce the harm that substance misuse brings to the community. The LDAAT mission statement is to “*work in partnership to reduce substance misuse and make Lancashire a healthier and safer place*”.

Continued....

Treatment service provision within the Fylde District is managed by a range of agencies as follows:

- Substance Misuses – Drugs & Alcohol
- Young People – Young Addaction North
- Adult Tier 3 – Journey to Recovery (J2R)
- Criminal Justice – Addaction, formerly known as the Tower Programme

Under the existing Lancashire Area Agreement (LAA) there are two key National Indicators related to substance misuse:

- NI 39 - Alcohol related hospital admission rates
- NI 40 - Drug Users in effective treatment
- LDAAT is the responsible agency for NI 40 and reports regularly on progress. LDAAT provide updates via the Joint Commissioning Group and the County performance group.

## Local Data

### Numbers in Treatment by Service – Fylde District ( End Qtr1)

Provider	Numbers in treatment
J2R - Drugs	150
J2R – Alcohol	111
<b>Total - Adult</b>	<b>261</b>
Young Addaction North – Young People’s Services	38
Addaction – Criminal Justice	82
<b>Grand Total</b>	<b>381</b>

North Lancashire has the largest proportion of current injectors in Lancashire of all new treatment journeys compared to The Eastern Locality and in Central Lancashire.

Numbers in treatment as a % of population is the second lowest in the county (behind Ribble Valley); the highest in the County being Burnley.

Heroin continues to be the main drug of choice for those approaching treatment services in North Lancashire.

## Drug Related Crime in Fylde

Fylde police crime statistics for the period December 09 to November 10 show the following:-

All Drugs Offences – 124 no change on 124 Offences in 08/09  
Drugs Trafficking - 20 down 16.7% on 24 Offences in 08/09  
Drugs Possession - 104 **up 5.1%** on 99 Offences in 08/09  
Drugs (Other Offences) - 0 compared to 1 offence in 08/09  
Drug Fraud and Forgery - 115 **down 5.0%** from 121 in 08/09  
Other Drugs Crimes - 61 **up 3.4%** on 59 offences in 08/09

It must be noted, numbers are relatively low when compared to other areas of the county. However as the national economy continues to shrink under the ongoing recession, it



should be anticipated that any such increases are likely to continue as evidence historically links increases in substance misuse and crime to periods of economic downturn.

## **Legal Highs**

During 2010 there has been a lot of media frenzy surrounding the new 'recreational' drugs which have been flooding the market. Effectively these drugs are readily available to purchase, but their consequences are similar to the effects of amphetamines.

An example of one of these substances is Mephedrone or 'Bubble' which is in fact plant food, but as a result of its effects, particularly on young people it was declared a Class B Drug, in April 2010. As in the rest of the country, the situation regarding the use of Legal Highs is being constantly monitored.

## **Young people**

Alcohol continues to be the main substance of choice for young people across North Lancashire; including Fylde; followed by cannabis.

'Young Addaction' delivers services at Tier 2 and Tier 3 for young people up to the age of 21, across the North Lancashire footprint. LDAAT manage the contract and report back to local areas via the Joint Commissioning Group; however partners are able to attend in person and the Fylde Community Safety Manager often does so.

Young Addaction manages the Young People's Specialist alcohol worker. A steering group for this post is up and running to ensure that the post meets the needs of the local community.

All High Schools in Fylde are invited to take part in the 'Northern Beat' initiative which this year asked pupils to produce a short play/presentation on the subject of substance misuse and teenage pregnancy. The finalists were invited to the Grand Theatre, Lancaster to present their play in front of an invited audience. Carr Hill High School came second with their presentation.

Additionally a professional drama group were funded by the CSP to attend three of Fylde's High Schools to deliver a further message on substance misuse.

## **Alcohol**

The Local Area Profiles for England (LAPE) (See Appendix A) illustrate the general alcohol harm experienced by Fylde. This profile illustrates that in many areas Fylde measures above the England average and there are no areas where Fylde measures significantly worse than the England average. Over the past 6 years, there has been an upward trend in alcohol attributable and alcohol specific hospital admissions, as there has been nationally. Over recent years there has also been an increase in alcohol specific mortality for males, possibly from chronic liver disease.

There has been concern regarding alcohol specific mortality for females living in the Fylde area, which was significantly worse than the England average. This has been on a downward trend and is now comparable to the England average.

There is concern in Fylde regarding the use of alcohol by young people. LAPE illustrates that the hospital admissions for young people aged 18 and under are comparable to those of the England average. However, with rates of chronic liver disease increasing and the age of onset reducing, it is essential that appropriate harm reduction opportunities are utilised to encourage young people to drink responsibly and the Chief Medical Officer's *Guidance on the consumption of alcohol by children and young people* (DH, 2009) are shared in all advice and information resources provided to families and relevant organisations.

Home drinking is an increasing area of concern. This is as a result of the high availability and affordability of alcohol via the off license trade. People may choose to drink solely at home or pre-load their drinks prior to going out to save money. It is difficult to compile data regarding this issue in Fylde due its hidden nature. Work is ongoing in Fylde to explore this issue further.

Fylde CSP have produced an Alcohol Strategy which forms part of the North Locality Alcohol Harm Reduction Group

The Action Plan for Fylde is constantly reviewed and updated to address the issues which directly concern the people of Fylde. Resources will be aimed at the Health, Wellbeing and Safety of all age groups.

The four thematic groups within the local group are attended by Fylde Borough Council Community Safety, FBC Licensing, Lancashire Constabulary, Lancashire Fire and Rescue, North Lancs Primary Care Trust, Lancashire Drug and Alcohol Action Team and Lancashire Young Peoples Services.

### **Specialist Alcohol Worker For Young People**

The continuation of the work of a Fylde Specialist Alcohol Worker for Young People was secured this financial year by funding made available from LDAAT, drawing on the success of the previous years work, it was agreed to spread this work across the Locality to enable the Districts of Wyre and Lancaster to benefit from the experience gained in Fylde over the past three years. The work continues to be provided and managed by Young Addaction with ongoing performance contract monitoring conducted by the Lancashire Drug and Alcohol Action Team. Attempts are ongoing to maintain the position prior to the re-commissioning of Young Peoples Services in relation to substance misuse across Lancashire. The Fylde initiative has been evaluated and acknowledged as an initiative which should be considered as best practice and the way forward.

The Tier 2 Specialist Alcohol Worker for Young People continues to provide alcohol misuse education and services and dealing with referrals as well as group work and one to one work. The worker takes a prominent role within the Community Safety Partnership.

The £160K secured from the Lancashire Drug and Alcohol Action Team the LPSA (Local Public Service Agreement) reward grant money for 'Capital', was approved by the Joint Commissioning Group. This funding contribution has now provided a Youth Café (Chillies Café) in the Paterson Building, St Albans Road, St Annes where attendance is growing. Adult service provision is now also operating from the premises, where J2R are able to meet Fylde clients on a one to one basis. This facility will assist in addressing concerns by the local community about the growing numbers of groups of young people found drinking alcohol and the effects this has on their health and the perceptions given to the community about the level of ASB particularly 'Rowdy and Inconsiderate Behaviour'

## **Criminal Justice Services**

Drug Interventions in the criminal justice system remain a key role in the Government's delivery of the new National Drugs Strategy. All criminal justice drug interventions contribute towards the aim of, "protecting communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour" (*Drugs: protecting families and communities. The 2008 drug strategy, 2008*). The strategy directs the development of treatment and social care intervention programmes in the criminal justice system commissioned through Drug Action Teams, and promotes neighbourhood policing approaches to support communities. The delivery mechanism for criminal justice interventions in Lancashire has been through The Tower Programme. The Tower Programme presents a whole system case management approach to dealing with the range of drug misusing offenders and incorporates the principles of the Drug Interventions Programme (DIP).

Through 2010 the Tower Programme will be dismantled as part of the LDAAT modernisation agenda. North Lancs. will have a stand alone Criminal Justice Service provided by Addaction – this contract will be extended by 2 years from April 2010.

Addaction continue to work across all points within the criminal justice system, including the following interventions: Targeted Offender Schemes, Arrest Referral, Conditional Cautioning, Tough Choices, Court Referral, Drug Rehabilitation Requirements (DRR) and Prison Link.

The aims of the Tower Programme are to:

- Reduce drug related offending
- Reduce reconviction rates
- Reduce drug related deaths
- Improve health and social functioning of drug misusing offenders
- Reduce and prevent relapses

This Service is an adult based (18+) drug service

## **Adult Services**

LDAAT and NHS North Lancashire have managed the re-commissioning of adult substance misuse (drug and alcohol) services in North Lancashire. This has had a positive impact on each of the three districts in North Lancashire with a new service specification in place to deliver services focused on the need of services users and their families and carers.

There is now an improved data collection system with more local based data at the North Lancashire and district levels.

Fylde District is regularly represented at the North Lancashire Joint Commissioning Group which is.

LDAAT and NHS North Lancs. completed the recommissioning of adult drug and alcohol services in 2009 with J2R being awarded the contract provider of 1<sup>st</sup> October 2009. The service is delivering a new service model which will take some time to embed into the district. LDAAT will keep the Fylde Partnership fully informed on developments; however members of the LDAAT Partnership have an open invite to the Contract Management meetings for this new contract.

## **Data**

As of April 2010 LDAAT have been better placed to deliver more localised data. J2R, Addaction and Young Addaction North will all have their own NDTMS codes linking data to the North Lancs. Locality.PMF data is now being collected at a district level which will give improved insight into the developments locally. However NI 40 will remain a Lancashire Partnership target and all data for NI 40 will be on a partnership level.

## **LDAAT and Fylde Partnership Working Budget**

- √ £160K capital for YMCA building providing a treatment venue in  
St Annes
- √ £3K PPO fund (Flexible Budget, residue carried forward into 2010/2011)
- √ £1k DVD Alcohol education in schools

## **Illegal Tobacco**

Key points:

- In a study carried out across the North of England, one in five smokers admitted to buying illegal tobacco, but amongst 14-17 year old smokers, the figure rose to one in three
- Those who bought illicit tobacco on average consumed more cigarettes (daily consumption of 18 cigarettes compared to an average of 16 cigarettes among all smokers)
- The main supply sources cited by respondents were friends, family and colleagues. Shops, pubs, clubs, tab houses and street sellers were recalled but less frequently
- Demographically, the sellers were more likely to be male, in manual work or unemployed

## **Statistics related to Fylde:**

Data is limited to Lancashire County Level but the following are available:

- Lancashire County Council Trading Standards Schools Tobacco Survey (includes questions on illicit tobacco for young people) – attached
- NEMS data used for the attached report broken down to local authority but not district level (please note that the 6000 questionnaires were taken across the whole of the North of England so really only the stats used in the report are reliable)

## **Smoking prevalence data related to Fylde:**

- We are now quoting the Integrated Household Survey data as standard smoking prevalence data . The most recent survey shows us that whilst smoking prevalence overall in Fylde is 19.3%, 28.7% of the adults in the Routine & Manual group are current smokers. This is particularly relevant to illicit tobacco as we know from our research above that sellers were more likely to be in manual work. It thus makes sense that we are starting to see criminal court cases against men involved in the smuggling and sale of illicit tobacco in Fylde.

### Key points relevant to Fylde:

- In 2009, a cigarette smuggling gang who imported over 2 million illicit cigarettes into the country via wheelie bins were jailed for a total of nine years. Two of the gang members (one of which was identified as the gang leader) were from Wesham and were sentenced to a total of 54 months between them. Two further gang members who were residents of Lytham St Annes were given suspended sentences. The Serious and Organised Crime Unit investigation which spread across three European countries revealed the group was 'smuggling' cigarettes from Germany, via Holland, into the UK. The group had disguised the true nature of the cigarettes within loads of wheelie bins and used legitimate transport companies to import the goods, in order to avoid paying duty.
- In a current trial, a man from St Annes has pleaded guilty to conspiracy to evading tax duty. The trial, which opened on November 3, has heard that the prosecution allege the men were involved in bringing into the country more than 11m cigarettes and evading £1.8m excise duty. The trial continues.

### Suggested recommendations:

- Agencies to advertise the 'Get Some Answers' public facing campaign against illicit tobacco: [www.get-some-answers.co.uk](http://www.get-some-answers.co.uk) and advertising of the Crimestoppers phone number as the call to action for intelligence
- Briefings to PCSO's and other key members of staff who are most likely to be aware of the sale of illicit tobacco
- Trading Standards to ensure that local retailers are aware of the Get Some Answers Campaign and aware of call to action of Crimestoppers if they have intelligence.
- The sale of illicit tobacco to be mentioned in local Smokefree/tobacco free policies, making it clear that it will not be tolerated as it is a criminal offence and advertising of Crimestoppers phone number
- Local distribution of Get Some Answers Campaign materials.
- Adherence to the media sharing protocol on illicit tobacco (ensuring that the public receive the right messages about illicit tobacco and not just old myths)

IMPLICATIONS	
Finance	None
Legal	None arising from the report
Community Safety	Substance Misuse and Alcohol Harm have been identified as a priority in the recently conducted Strategic Assessment
Human Rights and Equalities	None arising from the report
Sustainability and Environmental Impact	None arising from the report
Health & Safety and Risk Management	None arising from the report

Report Author	Tel	Date	Doc ID
Councillor Cheryl Little	(01253) 658658	22/12/ 2010	Substance Misuse in Fylde Report

List of Background Papers		
Name of document	Date	Where available for inspection
Document name		Council office or website address

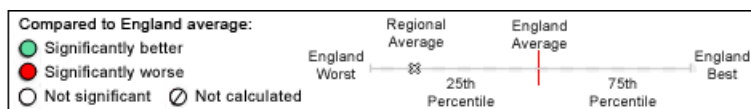
### **Attached documents**

1. (Appendix A) Fylde Profile of Alcohol Related Harm

# LAPE

Local Alcohol Profiles For England

## Profile of alcohol related harm - Fylde

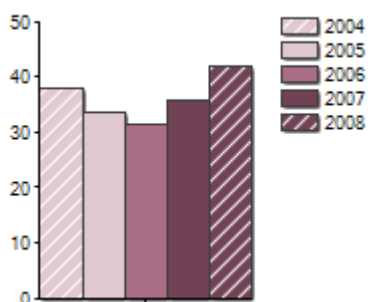


# LAPE

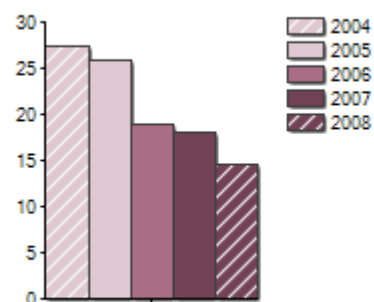
Local Alcohol Profiles For England

## Profile of alcohol related harm - Fylde

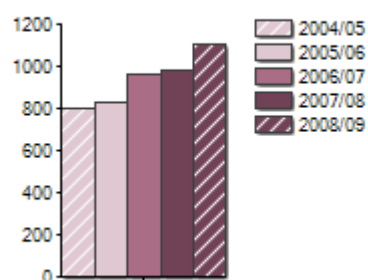
Alcohol-attributable mortality - males



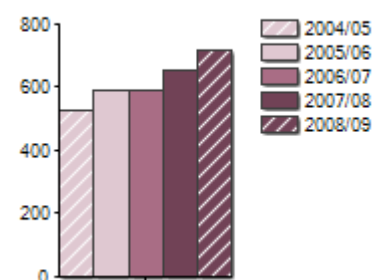
Alcohol-attributable mortality - females



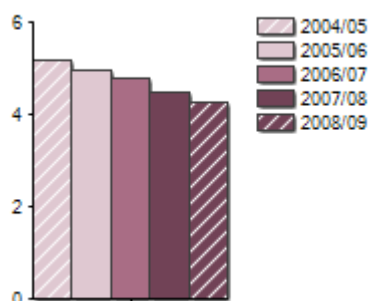
Alcohol-attributable hospital admission males



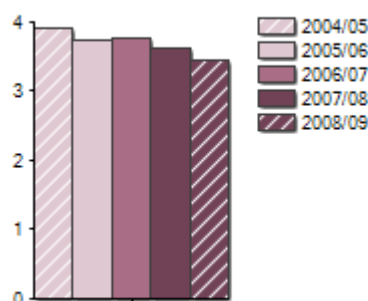
Alcohol-attributable hospital admission females



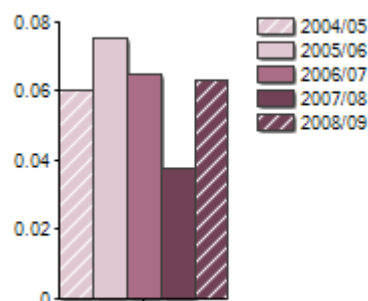
Alcohol-related recorded crimes - all



Alcohol-related violent crimes



Alcohol-related sexual offences





## Alcohol related indicators - Fylde

ID	Indicator	Measure (a)	National Rank (b)	Regional Average
1	Months of life lost - males	9.4	199	11.9
2	Months of life lost - females	4.5	212	6.0
3	Alcohol-specific mortality - males	13.9	220	18.5
4	Alcohol-specific mortality - females	8.0	260	10.0
5	Mortality from chronic liver disease - males	21.0	289	20.3
6	Mortality from chronic liver disease - females	9.5	262	11.5
7	Alcohol-attributable mortality - males	41.7	241	46.4
8	Alcohol-attributable mortality - females	14.5	174	20.6
9	Alcohol-specific hospital admission - under 18s	62.1	193	109.2
10	Alcohol-specific hospital admission - males	329.4	168	611.7
11	Alcohol-specific hospital admission - females	215.1	232	315.5
12	Alcohol-attributable hospital admission - males	1,099.9	135	1,669.4
13	Alcohol-attributable hospital admission - females	712.8	195	958.5
14	Hospital admissions for alcohol-related harm (NI 39)	1,365.2	147	2,070.8
15	Alcohol-attributable recorded crimes	4.3	48	7.8
16	Alcohol-attributable violent crimes	3.4	73	5.5
17	Alcohol-attributable sexual offences	0.1	23	0.1
18	Claimants of incapacity benefits - working age	114.1	219	195.1
19	Mortality from land transport accidents	1.4	96	1.5
20	Increasing risk drinking (synthetic estimate)	19.8	186	22.1
21	Higher risk drinking (synthetic estimate)	4.3	129	6.3
22	Binge drinking (synthetic estimate)	23.1	259	23.3
23	Employees in bars - % of all employees	2.0	134	2.2

Footnotes	Definition
Alcohol-specific	Conditions that are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose). A list of alcohol-specific conditions with their ICD-10 codes and associated attributable fractions can be found at: <a href="http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf">http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf</a>
Alcohol-attributable	Alcohol-specific conditions plus conditions that are caused by alcohol in some, but not all, cases (e.g. stomach cancer and unintentional injury). For these latter conditions, different attributable fractions are used to determine the proportion related to alcohol for males and females. A list of alcohol-attributable conditions with their ICD-10 codes can be found at: <a href="http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf">http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf</a>
a)	The actual indicator value for the local authority as calculated in the definitions below.
b)	The rank of the local indicator value among all 326 local authorities in England. A rank of 1 is the best local authority in England and a rank of 326 is the worst. Two local authorities (City of London and Isles of Scilly) have been omitted from indicators 20, 21 and 22 so in these cases the worst local authority has a rank of 324. For indicator 23, a rank of 1 is the lowest and a rank of 326 is the highest value, as the desirability of the value (what is better or worse) has not been determined.



ID	Definition
1,2	Months of life lost- males/females - An estimate of the increase in life expectancy at birth that would be expected if all alcohol-attributable deaths among males/females aged under 75 years were prevented. (NWPHO from 2006-2008 England and Wales life expectancy tables for males and females [Government Actuary Department], alcohol-attributable deaths from Public Health Mortality File 2006-2008 in males/females aged under 75 and Office for National Statistics mid-year population estimates for 2006-2008).
3,4	Alcohol-specific mortality- males/females - Deaths from alcohol-specific conditions (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (NWPHO from Office for National Statistics Public Health Mortality File for 2006-2008 and mid-year population estimates for 2006-2008).
5,6	Mortality from chronic liver disease- males/females - Deaths from chronic liver disease including cirrhosis (ICD-10: K70, K73-K74) (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2006-2008 pooled).
7,8	Alcohol-attributable mortality- males/females - Deaths from alcohol-attributable conditions (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (NWPHO from Office for National Statistics Public Health Mortality File for 2008 and mid-year population estimates for 2008).
9	Alcohol-specific hospital admission- under 18s - Persons admitted to hospital due to alcohol specific conditions (under 18s, persons), crude rate per 100,000 population. Numerator counts of between 1 and 5 have been suppressed (indicated as *). Some secondary suppression was necessary to prevent disclosure by subtraction. (NWPHO from Hospital Episodes Statistics 2006/07-2008/09 and Office for National Statistics mid-year population estimates 2006-2008). Does not include attendance at A&E.
10, 11	Alcohol-specific hospital admission- males/females - Persons admitted to hospital due to alcohol-specific conditions (all ages, male/female), directly standardised rate per 100,000 population. Numerator counts of between 1 and 5 have been suppressed (indicated as *). Some secondary suppression was necessary to prevent disclosure by subtraction. (NWPHO from Hospital Episodes Statistics 2008/09 and Office for National Statistics mid-year population estimates 2008). Does not include attendance at A&E.
12, 13	Alcohol-attributable hospital admission- males/females - Persons admitted to hospital due to alcohol-attributable conditions (all ages, male/female), directly standardised rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2008/09 and Office for National Statistics mid-year population estimates 2008). Does not include attendance at A&E.
14	Hospital admissions for alcohol-related Harm (NI39) - Hospital admissions for alcohol-related harm: Directly age and sex standardised rate per 100,000 population, 2008/09. (Department of Health using Hospital Episode Statistics and Office for National Statistics 2008 mid-year population estimates).
15, 16, 17	Alcohol-attributable recorded crimes - Alcohol-attributable recorded crimes, crude rate per 1,000 population. (NWPHO from Home Office recorded crime statistics 2009/10). Office for national Statistics 2008 mid year population were used. Attributable fractions for alcohol for each crime category were applied, based on survey data on arrestees who tested positive for alcohol by the Strategy Unit. Please note that data is missing for a small number of areas.
18	Claimants of incapacity benefits- working age - Claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism, crude rate per 100,000 (working age, persons) population. (NWPHO from Department for Work and Pensions data Aug 2009 and Office for National Statistics 2008 mid-year population estimates for males aged between 16-64 years and females aged 16-59 years). NB Important Note Supplied by DWP - Causes of incapacity are based on the International Classification of Diseases, 10th Revision, published by the World Health Organisation. To qualify for IB/SDA, claimants have to undertake a medical test of incapacity for work which is called the Personal Capability Assessment. Therefore, the medical condition recorded on IB/SDA claim form does not itself confer entitlement to incapacity benefits, so for example, the decision for a customer claiming IB on grounds of alcoholism would be based on their ability to carry out the range of activities in the Personal Capability Assessment; or on the effects of any associated mental health problems. Figures exclude Employment Support Allowance (ESA), introduced in October 2008 to replace IB/SDA. ESA is not currently available by medical condition. The introduction of ESA has led to a reduction in the number of Incapacity Benefit claimants.
19	Mortality from land transport accidents - Estimated number of deaths attributable to alcohol from land transport accidents (ICD-10: V01-V89) (all ages, persons) directly standardised rate per 100,000 population (standardised to the European Standard population). (NWPHO from Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2006-08 pooled and Office for National Statistics mid-year population estimates 2006-2008). The Strategy Unit's alcohol-attributable fraction was applied to obtain the estimates.



# LAPE

## Local Alcohol Profiles For England

ID	Definition
20	Increasing risk drinking (synthetic estimate) - Mid-2005 synthetic estimate of the proportion (%) of the population aged 16 years and over who report engaging in increasing risk drinking, defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females. NB The term 'increasing risk' replaces the term 'hazardous' used in previous LAPE releases. (NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates and mortality data and the Census of Population 2001). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from 1 to 324. Please note that values for the new Local Authorities arising from the April 2009 boundary changes are a population weighted average of the component Local Authority predicted prevalence's only. Amendments will be made to these values when these synthetic estimates are updated.
21	Higher risk drinking (synthetic estimate) - Mid-2005 synthetic estimate of the proportion (%) of the population aged 16 years and over who report engaging in higher risk drinking, defined as consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females. NB The term 'higher risk' replaces the term 'harmful' used in previous LAPE releases. (NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates and mortality data and the Census of Population 2001). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from 1 to 324. Please note that values for the new Local Authorities arising from the April 2009 boundary changes are a population weighted average of the component Local Authority predicted prevalence's only. Amendments will be made to these values when these synthetic estimates are updated.
22	Binge drinking (synthetic estimate) - Synthetic estimate of the proportion (%) of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more units for women). Estimates produced for the Association of Public Health Observatories (2007-2008). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from 1 to 324. Please see Health profiles for further information <a href="http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES">www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES</a>
23	Employees in bars- % of all employees - The number of employees employed in bars (SIC2003: 5540), as a percentage of all employees. (Annual Business Inquiry 2008, National Statistics, from Nomis website: <a href="http://www.nomisweb.co.uk">www.nomisweb.co.uk</a> ). A rank of 1 is the lowest local authority value in England and a rank of 326 is the highest. Values that are significantly lower than the England average have been highlighted green and values that are significantly higher have been highlighted red. The desirability of the value (what is better or worse) has not been determined.
24	Alcohol treatment- prevalence per 1,000 population - The number of adults aged 18-75 years receiving structured treatment for alcohol misuse (National Alcohol Treatment Monitoring System 2008/09), as a rate per 1,000 population (Office for National Statistics mid-year population estimates 2008). Currently only available at primary care organisation level.

Local Alcohol Profiles for England are produced by the North West Public Health Observatory  
 Contact: North West Public Health Observatory, Centre for Public Health, Liverpool John Moores University, Third Floor, Henry Cotton Building, 15-21 Webster Street, Liverpool L3 2ET|Email: [nwpho-contact@ljmu.ac.uk](mailto:nwpho-contact@ljmu.ac.uk) | [www.nwpho.org.uk](http://www.nwpho.org.uk)



## Policy Development Scrutiny Committee



Date	9 December 2010
Venue	Town Hall, St Annes
Committee members	Councillor Fabian Craig-Wilson (Chairman) Councillor Kiran Mulholland (Vice-Chairman)  Brenda Ackers, Ben Aitken, Frank Andrews, Maxine Chew, John Davies, Leonard Davies, Karen Henshaw JP
Other Councillors	Cheryl Little
Officers	Paul Walker, Gary Sams, Darius Ward, Annie Womack
Others	-

### Public Platform

There were no members of the public wishing to speak.

#### 1. Declarations of interest

Members were reminded that any personal/prejudicial interests should be declared as required by the Council's Code of Conduct adopted in accordance with the Local Government Act 2000.

#### 2. Confirmation of minutes

RESOLVED: To approve the minutes of the Policy Development Scrutiny Committee meeting held on 21 October 2010 as a correct record for signature by the chairman.

#### 3. Substitute members

The following substitutions were reported under council procedure rule 22.3:

Councillor Maxine Chew for Councillor David Chedd

#### 4. Partnership Working Annual Report

This report was presented by Mr Darius Ward, the council's Corporate Performance and Efficiency Officer. Each year the relevant scrutiny committee reviews the council's partnership working.

He explained that the schedule attached to the report had been broken down into formal and informal partnerships, and that the assessment for this year included the funding committed (relevant to 11 of the partnerships), and a commentary on how the partnerships had contributed to the council's strategic objectives.

Mr Ward invited members to comment on or question the effectiveness of the partnerships. Any requests for more detailed information could be brought back to a later meeting.

Members commented that they did not think that the schedule was up-to-date as some of those partnerships listed did not have the correct membership, or did not meet any longer. Members also doubted whether every partnership actually achieved anything of value, and that where they were failing they should be identified and taken out of the schedule, as they wasted officer time.

After a discussion, the committee RESOLVED:

1. To note the report
2. As individuals to examine in detail the schedule of partnerships and to send comments or queries to Democratic Services for collation, and a new report to be prepared for the committee meeting on 3 February 2011.

*There was no recorded vote as the Chairman decided that the matter was not controversial, and the resolution was carried by show of hands.*

## 5. Management of Leisure Assets

Mr Paul Walker, Director of Strategic Development, and Mr Gary Sams, Principal Estates Surveyor presented this report to the committee, which summarised the procedures which are in place to facilitate and regulate the sales, letting and management of property assets, particularly leisure assets. The latest draft of the Asset Management Plan was attached for members' comments prior to its adoption in January 2011.

Mr Walker reminded members that as a result of recommendations from the former Policy and Service Review Scrutiny Committee, Land Transaction Procedure Rules were now incorporated into the Constitution specifically to govern the disposal and acquisition of property assets.

Members were advised of the roles and decision-making links of the Asset Management Group, which used to have a Member Champion for assets.

Leisure assets can be let on formal leases or on licence agreements / concessions. The committee was shown pictures of various leisure assets and received a commentary on the specific arrangements. It was explained that

lets on formal leases were more difficult to actively manage as the tenants have the protection of the Landlord and Tenant Act 1954, and in fact the leases could be sold on by the original tenants. Some lets had previously been agreed on an undervalue to certain organisations, such as Lytham Windmill Museum, the Sea Scouts Boathouse and the bowling and tennis clubs, although it was recognised that they would need to be reviewed in light of the council's financial situation. The council had nevertheless achieved an average 32.5% increase in income from rents, licence fees and sea front concessions. There was also a proposal for a reintroduction of beach huts which was still being assessed for feasibility.

The officers also touched on the council's major leisure assets – the Island Leisure Complex, Fairhaven Lake and Ashton Gardens, each of which will have its own masterplan which will be the principal policy document governing the use of assets in those areas.

Members had several queries and comments, and in particular wanted to know whether the council acted in a commercial manner in the granting of leases, licences and concessions. They did not believe that the council should be subsidising lawn tennis clubs and cruising clubs and wanted officers to review all such subsidies.

Mr Sams was asked whether Fairhaven Cottage could be let whilst the Masterplan for Fairhaven Lake is completed and he confirmed that they were looking at a commercial use for the property. In the long term the nature of this use would be shaped by the Masterplan but in the meantime the property will be advertised as available for a short term let.

After a full debate the committee RESOLVED:

1. To request that officers review all our leisure assets to identify
  - (a) where there are subsidies provided and
  - (b) to examine these on a case by case basis to see whether commercial charges should be applied
2. To request that a Member Champion for assets be nominated and appointed

*There was no recorded vote as the Chairman decided that the matter was not controversial, and the resolution was carried by show of hands.*

## 5. Review of PACTs – Task & Finish

Scrutiny Management Board had received from Councillor Keith Hyde a suggestion for reviewing the role of PACTs (Police and Community Together) in increasing community safety, and the role that the council as a whole and individual councillors could play in that process.

The Board agreed that there was potential for a review and a meeting was arranged in order to set the scope for a potential investigation of the topic. The resulting scoping document was attached to the report.

The Portfolio Holder for Social Wellbeing, Councillor Cheryl Little, was present and advised members that she had a copy of a document entitled *PACT Plus* which had been nominated for an award, and which, if invited to, she would like to bring to a Task and Finish Group meeting to inform the review.

Members discussed the scoping of the review and RESOLVED:

1. To form a Task and Finish Group for a review of PACTs

*There was no recorded vote as the Chairman decided that the matter was not controversial, and the resolution was carried by show of hands.*

Following the vote the Chairman asked for volunteers to be on the T&F Group, and the following Councillors offered to be on the group:

Leonard Davies, Maxine Chew, Karen Henshaw, Fabian Craig-Wilson and Kiran Mulholland.

The Chairman stated that if anyone else wanted to volunteer they should contact the Principal Democratic Services Officer.

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