



Coventry Safeguarding Children Board

Mrs D Blackburn
Principal Licensing Officer
Licensing Team
3rd Floor Broadgate House
Coventry
CV1 1NH

Dear Mrs Blackburn

Licensing Act 2003

I write in respect of the review hearing for Society, Tower Street, Coventry. Coventry Safeguarding Children's Board fully support this application for the Premises Licence to be reviewed following an incident where a young person under 18 suffered serious harm at an event on 15th March 2015.

The Safeguarding Children Officer, together with a member of the Licensing Team attended the Club on 28th February 2014 and completed an inspection of the premises. The visit highlighted the following:

- There were no training records in relation to age restricted sales.
- There was no refusals log

The lack of both of these documents was highlighted to the Designated Premises Supervisor, Mr Bassi. He was advised to ensure that both documents were put in place.

Coventry Safeguarding Children Board now feels that the business has failed to take the necessary steps to uphold the licensing objective 'Protection of Children from harm' and therefore supports this review application.

Yours Sincerely

Rebekah Eaves
Child Violence and Sexual Exploitation Co-ordinator



Coventry City Council

Director of Public Health Coventry Public Health Team

To
Rebekah Eaves

Date
25th March 2015

From
Angela Hands
Telephone 024 7683 1315
angela.hands@coventry.gov.uk

Subject
Society, Tower Street

Our reference
PHL/180

Re: Application to review a premises licence

Location: Society, Tower Street, Coventry, CV1 1JN

On behalf of Coventry's Director of Public Health as a Responsible Authority, I am responding to the above License review application. My representation relates to the public safety licensing objective.

I have the following comments to make:

- **Public Health as a Responsible Authority**

Since April 2012, Directors of Public Health became responsible authorities under the Licensing Act 2003, and can now have a say in local decisions about alcohol licensing. This means the Director of Public Health can present health-related evidence and make relevant representations to the licensing authority relating to new licence applications, licence variations and licence reviews such as this. The licensing objective representation will relate to public safety which includes the prevention of accidents and injuries and other immediate harms that can result from alcohol consumption.

- **Public Health**

Coventry's Director of Public Health acts as the lead officer in Coventry for health and championing health across the whole of the authority's business. Thus the Director of Public Health will be the person elected members and other senior officers will consult on a range of health and wellbeing issues. ***This responsibility now includes licensing and the associated risks to the health of Coventry people.*** The Director of Public Health works with local criminal justice partners and the Police and Crime Commissioners to promote safer communities and engages with wider civil society to enlist them in fostering health and wellbeing.

- **Health and Alcohol**

According to the Government's Alcohol Strategy published in March 2012, binge drinking isn't a fringe issue, it accounts for half of all alcohol consumed in this country. The crime and violence it causes drains resources in our hospitals, generates mayhem on our streets and spreads fear in our communities. The Government is clear that it is not just the responsibility of Government or local agencies to tackle the issue of alcohol-related harm. It is the ethical responsibility of the entire industry – alcohol retailers, alcohol producers and both the on-trade and off-trade – to promote, market, advertise and sell their products in a responsible way. Individuals need to take control of and change their behaviours – though some may need help to do so.

- 83% of those who regularly drink above the guidelines do not think their drinking is putting their long term health at risk;
- Whereas most smokers wish to quit, only 18% of people who drink above the lower-risk guidelines say they actually wish to change their behaviour; and

External and environmental factors can hugely influence – positively and negatively – the amounts that individuals or groups of the population drink and the ways they drink. Around a third of adult men (25-64) and a fifth of women in the same age group say they drink at levels above the lower-risk guidelines. Moreover, 8% of men and 4% of women in this age group admit to drinking at levels more than twice the lower-risk guidelines. Many in this age group are parents, whose excessive parental drinking will be a risk to their children. It has become acceptable to develop a habit of routinely using alcohol for stress relief, putting many people at risk of chronic diseases, such as liver disease; diabetes; cardiovascular disease; and cancers of the breast and gastrointestinal tract. The latest estimate is that up to 70,000 people could die avoidably over the next twenty years if the wrong actions are taken.

- **Coventry specific statistics**

I have attached a copy of the Local Alcohol Profile for England – Coventry 2012/13 which shows that Coventry is significantly worse than the rest of England for a number of alcohol related and alcohol specific indicators. This is labelled as Appendix 1.

- **Society Representation**

Following receipt of the licence review application from colleagues in West Midlands Police, three investigations were carried out with West Midlands Ambulance Service, University Hospital Coventry & Warwickshire, and St. John Ambulance. This concerns the incident that happened in the early hours of Sunday 15th March 2015.

1. A search of WMAS data was carried out against postcode CV1 1JN which comprises the premises under review. The search found that at approximately 01:00 on Sunday 15th March 2015
 - 5 WMAS resources were deployed to Society, Tower Street, Coventry
 - 5 patients in total were treated
 - 3 patients were conveyed to UHCW.
2. A search was carried out of LINX data, which reports alcohol related violence admittances to hospitals across the West Midlands. The search found that at approximately 02:00 on Sunday 15th March 2015,
 - 4 alcohol related violent incidents causing patients to be admitted to hospital which were definitely connected to Society, Tower Street, Coventry.
 - 3 of these patients were admitted to UHCW, Coventry (of which 1 was RIP)

- 1 patient (a member of staff) was admitted to City Hospital, Birmingham,

3. St. John Ambulance

A search of St. John ambulance data showed that in the early hours of Sunday 15th March 2015, the organisation treated the following patients at Society, Tower Street, Coventry.

- 1 penetrating wound to neck
- 1 penetrating wound to back
- 1 laceration to arm
- 1 laceration to foot

Under the licensing objective of public safety and given the evidence above, I fully support the application for the review of the Society premises licence requesting that the licence is revoked.

Please do not hesitate to contact me if you require further information.

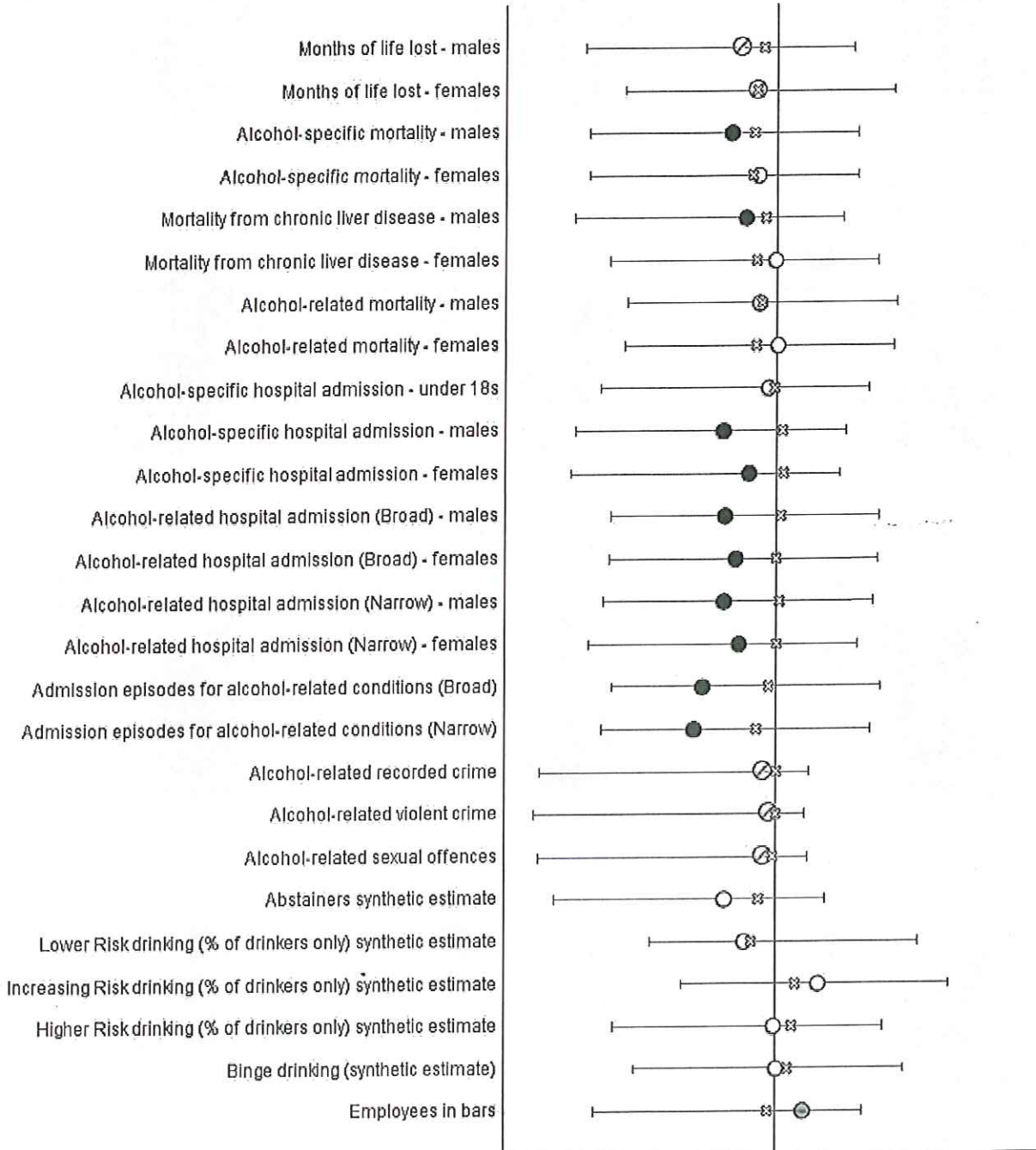
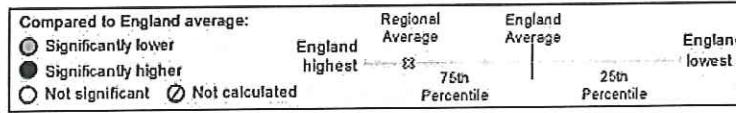
Kind Regards

Angela Hands

Public Health Practitioner

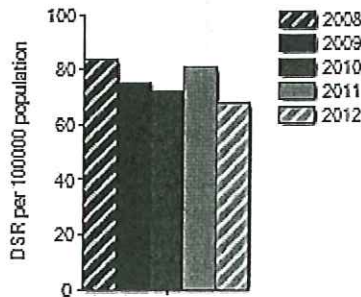
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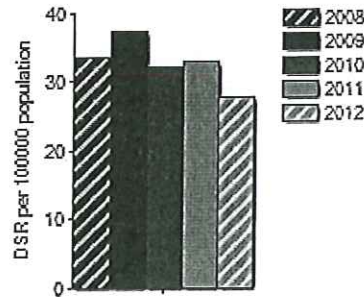




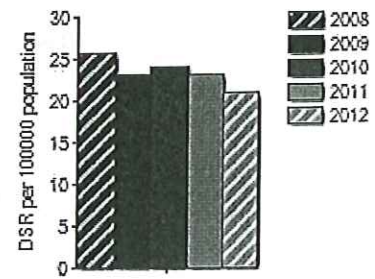
Alcohol-related mortality - males



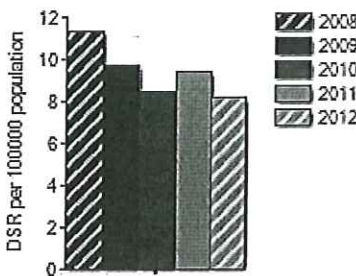
Alcohol-related mortality - females



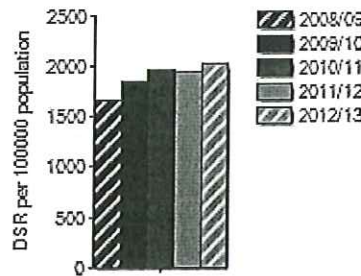
Mortality from chronic liver disease - males



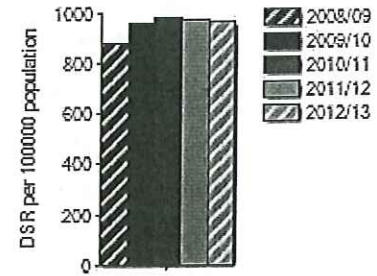
Mortality from chronic liver disease - females



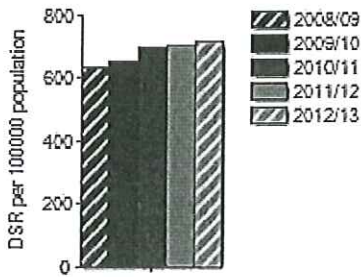
Alcohol-related hospital admission (Broad) - males



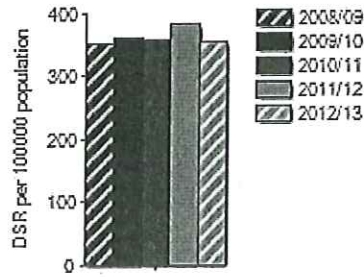
Alcohol-related hospital admission (Broad) - females



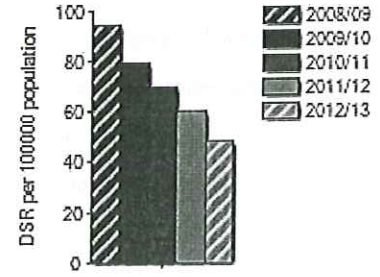
Alcohol-related hospital admission (Narrow) - males



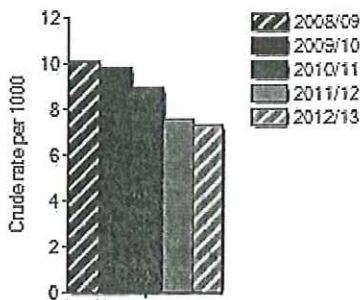
Alcohol-related hospital admission (Narrow) - females



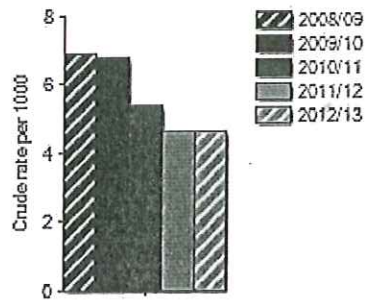
Alcohol-specific hospital admission - under 18s



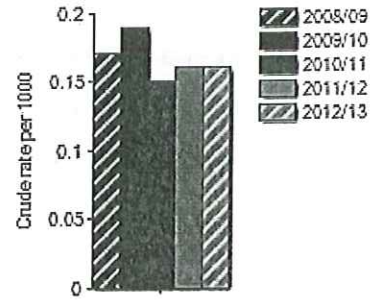
Alcohol-related recorded crimes



Alcohol-related violent crimes



Alcohol-related sexual offences



Knowledge & Intelligence team (North West)

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ID	Indicator	Measure (a)	National Rank (b)	Regional Average
1	Months of life lost - males	14.4	283	12.4
2	Months of life lost - females	6.2	265	6.1
3	Alcohol-specific mortality - males	20.8	287	17.7
4	Alcohol-specific mortality - females	8.2	255	8.7
5	Mortality from chronic liver disease - males	20.6	274	17.5
6	Mortality from chronic liver disease - females	8.4	203	9.9
7	Alcohol-related mortality - males	68.2	231	67.6
8	Alcohol-related mortality - females	27.7	184	30.6
9	Alcohol-specific hospital admission - under 18s	48.1	211	45.4
10	Alcohol-specific hospital admission - males	762.9	299	471.7
11	Alcohol-specific hospital admission - females	291.2	270	213.1
12	Alcohol-related hospital admission (Broad) - males	2,010.8	291	1,638.0
13	Alcohol-related hospital admission (Broad) - females	966.5	278	828.8
14	Alcohol-related hospital admission (Narrow) - males	715.0	294	577.8
15	Alcohol-related hospital admission (Narrow) - females	356.1	279	303.7
16	Admission episodes for alcohol-related conditions (Broad)	2,680.9	302	2,090.0
17	Admission episodes for alcohol-related conditions (Narrow)	862.9	315	689.9
18	Alcohol-related recorded crime	7.2	270	5.6
19	Alcohol-related violent crime	4.6	251	3.8
20	Alcohol-related sexual offences	0.2	277	0.1
21	Abstainers synthetic estimate	20.8	30	17.9
22	Lower Risk drinking (% of drinkers only) synthetic estimate	74.1	59	73.9
23	Increasing Risk drinking (% of drinkers only) synthetic estimate	19.2	40	19.6
24	Higher Risk drinking (% of drinkers only) synthetic estimate	6.8	194	6.5
25	Binge drinking (synthetic estimate)	19.9	182	18.8
26	Employees in bars	1.3	55	1.9

Footnotes	Definition
Alcohol-specific	Alcohol-specific outcomes include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis. The alcohol-attributable fraction is 1.0 because all cases (100%) are caused by alcohol.
Alcohol-related	Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls. The attributable fractions for alcohol-related outcomes used here range from between 0 and less than 1.0. For example, the alcohol-attributable fraction for mortality from pneumonia among men aged 75 and over is 0.10 because the latest epidemiological data suggest that 10% of pneumonia cases among this population are due to alcohol. Outcomes where alcohol has a protective effect (i.e. the fraction is less than 0) are not included when the alcohol-attributable fractions are applied to mortality and hospital episode statistics data.
Indicator value	The actual indicator value for the Local Authority as calculated in the definitions below.
Ranks	The rank of the local indicator value among all 326 Local Authorities in England. A rank of 1 is the lowest value Local Authority in England and a rank of 326 is the highest except for indicators 21 & 22 where the ranking is reversed (1 is the highest value and 326 the lowest).
Suppression	Where values in 'Trend Charts' and 'Data' are blank, data have been suppressed to prevent disclosure unless otherwise stated. For mortality data counts below 3 have been suppressed and for HES data, counts below 6 have been suppressed (HES counts of 0 do not require suppression). Further suppression has been applied to the datasets in LAPE to prevent disclosure through subtraction.

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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-related deaths among males/females aged less than 75 years were prevented. Knowledge and Intelligence Team (North West) from 2010-2012 England and Wales life expectancy tables for males and females (from Office for National Statistics), alcohol-related deaths from the Public Health Mortality File 2010-2012 for males/females aged less than 75 years and the Office for National Statistics mid-year population estimates for 2010-2012.
3,4	Alcohol-specific mortality- males/females - Deaths from alcohol-specific conditions, all ages, males/females, directly age-standardised rate per 100,000 population (standardised to the European standard population). Knowledge and Intelligence Team (North West) from the Public Health Mortality File for 2010-2012 and Office for National Statistics mid-year population estimates for 2010-2012.
5,6	Mortality from chronic liver disease- males/females - Deaths from chronic liver disease including cirrhosis (International Classification of Diseases, version 10: K70, K73-K74), all ages, males/females, directly age-standardised rate per 100,000 population (standardised to the European standard population). Knowledge and Intelligence Team (North West) from the Public Health Mortality File for 2010-2012 and Office for National Statistics mid-year population estimates for 2010-2012.
7,8	Alcohol-related mortality - males/females - Deaths from alcohol-related conditions, all ages, males/females, directly age-standardised rate per 100,000 population (standardised to the European standard population). Knowledge and Intelligence Team (North West) from the Office for National Statistics Public Health Mortality File for 2012 and mid-year population estimates for 2012.
9	Alcohol-specific hospital admission - under 18s - Persons admitted to hospital due to alcohol-specific conditions, under 18 year olds, crude rate per 100,000 population. Knowledge and Intelligence Team (North West) from hospital episode statistics 2010/11 to 2012/13. Office for National Statistics mid-year population estimates 2010, 2011 and 2012. Does not include attendance at Accident and Emergency departments.
10, 11	Alcohol-specific hospital admission - males/females - Persons admitted to hospital due to alcohol-specific conditions, all ages, males/females, directly age-standardised rate per 100,000 population (standardised to the European standard population). Knowledge and Intelligence Team (North West) from hospital episode statistics 2012/13. Office for National Statistics mid-year population estimates 2012. Does not include attendance at Accident and Emergency departments.
12, 13, 14, 15	Alcohol-related hospital admission - males/females - Persons admitted to hospital due to alcohol-related conditions (broad measure [primary diagnosis or any secondary diagnosis] and narrow measure [primary diagnosis or any secondary diagnosis with an external cause]), all ages, males/females, directly age-standardised rate per 100,000 population (standardised to the European standard population). Knowledge and Intelligence Team (North West) from hospital episode statistics 2012/13. Office for National Statistics mid-year population estimates 2012. Does not include attendance at Accident and Emergency departments.
16, 17	Admission episodes for alcohol-related conditions - Admission episodes for alcohol-related conditions (broad measure [primary diagnosis or any secondary diagnosis] and narrow measure [primary diagnosis or any secondary diagnosis with an external cause]), all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population). Knowledge and Intelligence Team (North West) from hospital episode statistics 2012/13. Office for National Statistics mid-year population estimates 2012. Does not include attendance at Accident and Emergency departments.
18, 19, 20	Alcohol-attributable recorded crimes - Alcohol-related recorded crimes (based on the Home Office's former 'key offence' categories), all ages, persons, crude rate per 1,000 population. Knowledge and Intelligence Team (North West) from Office for National Statistics recorded crime statistics 2012/13. Office for National Statistics 2011 mid-year populations. Attributable fractions for alcohol for each crime category were applied where available, based on survey data on arrestees who tested positive for alcohol by the UK Prime Minister's Strategy Unit.
21	Abstainers synthetic estimate - Abstainers: Mid 2009 synthetic estimate of the percentage of abstainers in the population aged 16 years and over who report abstaining from drinking. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk (as a percentage of drinkers), increasing risk (as a percentage of drinkers) and higher risk drinkers (as a percentage of drinkers) in local authority populations. The Local Alcohol Profiles for England 2012 refresh of this indicator (and included in subsequent refreshes of data) was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.
22	Lower Risk drinking (% of drinkers only) synthetic estimate - Lower risk drinking (as a percentage of drinkers): Mid 2009 synthetic estimate of the percentage of drinkers in the population aged 16 years and over who report engaging in lower risk drinking (consumption of fewer than 22 units of alcohol per week for males, and fewer than 15 units of alcohol per week for females). Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk (as a percentage of drinkers), increasing risk (as a percentage of drinkers) and higher risk (as a percentage of drinkers) drinkers in local authority populations. The Local Alcohol Profiles for England 2012 refresh for this indicator (and included in subsequent refreshes of data) was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.

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ID	Definition
23	Increasing Risk drinking (% of drinkers only) synthetic estimate - Increasing risk drinking (as a percentage of drinkers): Mid 2009 synthetic estimate of the percentage of drinkers in the population aged 16 years and over who report engaging in increasing risk drinking (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). Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk (as a percentage of drinkers), increasing risk (as a percentage of drinkers) and higher risk (as a percentage of drinkers) drinkers in local authority populations. The Local Alcohol Profiles for England 2012 refresh for this indicator (and included in subsequent refreshes of data) was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.
24	Higher Risk drinking (% of drinkers only) synthetic estimate - Higher risk drinking (as a percentage of drinkers): Mid 2009 synthetic estimate of the percentage of drinkers in the population aged 16 years and over who report engaging in higher risk drinking (consuming more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females). Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk (as a percentage of drinkers), increasing risk (as a percentage of drinkers) and higher risk drinkers (as a percentage of drinkers) in local authority populations. The Local Alcohol Profiles for England 2012 refresh for this indicator (and subsequent refreshes of data) was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.
25	Binge drinking (synthetic estimate) - Synthetic estimate of the percentage of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, eight or more units for men and six or more units for women). Estimates produced for the Association of Public Health Observatories (2007-2008). Revised dataset published March 2011 and updated to Local Alcohol Profiles for England resources in April 2012. Please see Public Health Observatories Datasets for further information: www.apho.org.uk/resource/view.aspx?RID=91736 .
26	Employees in bars - % of all employees - The number of those in employment in the beverage serving activities industry sector (Standard Industrial Classification 2007: 563), as a percentage of all in employment. Business Register and Employment Survey September 2012, Office for National Statistics from Nomis: www.nomisweb.co.uk .

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