

Report of the AD Governance & ICT

Night Time Economy Review – Draft Final Report

Summary

1. This report presents updated information on the work completed to date by Members of the Health Overview and Scrutiny Committee (OSC) in relation to the corporate review into York's Night Time economy and their recommendations to the Corporate Scrutiny Management Committee (CSMC).

Background

2. At its meeting on 24 June 2013, CSMC expressed interest in developing a theme around the Night Time Economy worthy of 'corporate review', and received a briefing paper in support.
3. The briefing suggested a number of possible areas for review associated with the Night Time Economy which would support the Council's current key priorities in its Council Plan 2011-2015. They agreed to proceed with the theme and requested each of the Overview and Scrutiny Committees identify a suitable review remit in line with their individual terms of reference.
4. The Health OSC acknowledged that the Night-Time economy presented a number of challenges from a health standpoint, in particular a peak in violent crime and anti-social behaviour in the city centre in the evening and night (particularly on Saturdays).
5. They recognised the strain this was putting on resources at York Hospital's Accident and Emergency Department (A&E - now the Emergency Department) between midnight and 2am, and at their meeting on 11 September 2013 therefore agreed the following review remit:

Aim

6. 'To work with key partners to identify the relevant issues within the 'health environment' (including the impact on A&E at peak times) and suggest what measures need to be taken in order to address the issues identified'

Objectives

7. To support the aim above, the Committee agreed the draft timetable shown at Annex A and the following objectives:
 - i. Understand how a peak in violent crime and anti-social behaviour in York City Centre impacts on late night and early morning resources at the A&E department
 - ii. Investigate potential health risks to residents and visitors to York City Centre at night and early morning
 - iii. Evaluate responses from staff consultation and a hospital questionnaire to understand people's perception about visiting A&E at night
 - iv. Examine the impact of any campaigns previously run in York and elsewhere to encourage a reduction in excessive drinking, in an effort to identify successful campaigns for future use in York

Consultation

8. The Director of Public Health provided a list of key organisations that could be consulted to support the review including representatives of the Emergency Department (ED) at York Teaching Hospitals NHS Foundation Trust (YTHNFT); the Vale of York Clinical Commissioning Group (CCG); the GP Out of Hours Service; Yorkshire Ambulance Service (YAS) and York Street Angels.
9. Health OSC agreed to consult with ED attendees during planned night visits to the Emergency Department (ED) as well as a survey of ED staff.

Information Gathered

York Hospital Emergency Department

10. In support of Objective (i) two committee Members met with the Programme Director - Service Development and Improvement, the Directorate Manager for York Emergency Department and a Consultant in Emergency Medicine.
11. They provided information on the ED's "flag system" used to record reasons for attendance using a number of categories, including mental health, domestic violence and alcohol.
12. In 2007 the National Bureau of Statistics reported that a quarter of York's population were in the higher risk category related to alcohol. However, because of the way attendances were being coded in the flag system, the statistics were found to be not properly reflecting the true picture e.g. someone admitted to the ED with a head injury was being coded as such, not as someone who was under the influence. At the time clinical coding of alcohol was anecdotal and unreliable.
13. In order to address this issue, in 2011 the ED carried out an alcohol audit within York ED. Data was collected for one week per quarter throughout the year from January to December, based on date, arrival time, sex, age, partial postcode, arrival method, disposal type, alcohol involvement and diagnosis. The findings from the audit were published in the Emergency Medicine Journal in 2013 and presented as "Are you being served? The estimated burden of alcohol on York Emergency Department", on 25 April 2013).
14. During 2011 total ED attendances were 74,128 and in the four weeks audit period total attendances were 5,704. Of the total in the audit period, just 46 were flagged under the old criteria as being related to alcohol. Using the audit results, that figure rose to 533 for the same period, accounting for 6% of the total number of attendances during the day and almost 20% at night.
15. Based on the data collected during the audit period the estimated burden on the ED indicated 9.8% of total attendances were due to alcohol, i.e. 7,265 alcohol related ED attendances from a total attendance of 74,128.

16. Of the 553 alcohol related attendances in the audit period the following diagnoses were made:
- 34% (186) trauma¹;
 - 19% (103) adult medical;
 - 18% (98) mental health;
 - 11% (62) social / behavioural;
 - 11% (63) head injuries.
17. As part of the new flagging system the partial postcode data collected showed that 62% of the total number of alcohol related attendances were from the City of York with a significant percentage of the remainder coming from neighbouring areas (11% from Selby, for example).
18. At the weekend the percentage for York postcodes dipped to 54%, still more than half the total number of alcohol related attendances.
19. To further support Objective (i) statistics were provided which showed the highest percentage of alcohol related attendances at ED were at night.

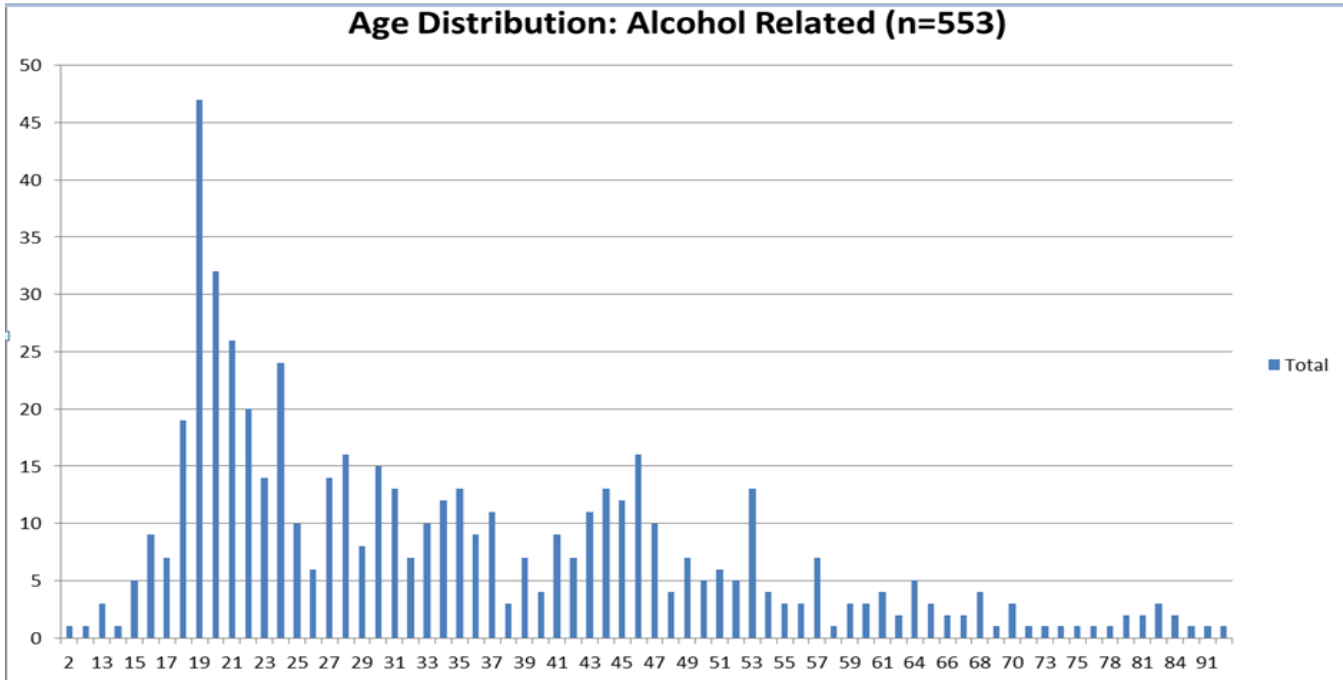
Attendances: Day (9am-9pm) v Night (9pm v 9am)

	No alcohol	Alcohol related	Total	Proportion
Day	3,914	249	4,163	5.98%
Night	1,237	304	1,541	19.73%
Total	5,151	553	5,704	9.69%

20. The audit period review revealed the rise in alcohol related admissions at night led to a spike in these admissions from 11pm to 5am peaking at 1am.

¹ Trauma is defined as a physiological wound caused by an external source. It can also be described as a “physical wound or injury, such as a fracture or blow”.

21. In the audit period the average age of the total 5,704 ED attendees was 40.4 years while the average for the 553 alcohol related attendees was 34.6 years, covering a span from 2 to 91 years, as shown in the graph below:



22. It is evident there was a spike in alcohol related admissions at age 19 and 20 but the graph shows this is not just a young person’s problem.

Under 30

30 or over

Total attendances = 2,411
Due to alcohol = 263

Total attendances = 3,293
Due to alcohol = 290

10.91%

8.81%

23. And it was not just men. Of the total number of alcohol related admissions 36% were women. Results from the audit period found:

Female attendances = 2,725
Due to alcohol = 199

Male attendances = 2,979
Due to alcohol = 354

7.3%

11.88%

24. Effect on length of Stay

Alcohol related attendances during the audit period accounted for 9.6% of admissions staying in the department between two and three hours; 13.7% between three and four hours; 14.9% between four and six hours and 20% over six hours. It means a disproportionate number of patients go into breach i.e. over four hours. Many of the alcohol related attendances were not considered to be a healthcare issue but a protection issue.

25. In addition, half of all patients coming to ED with mental health issues are under the influence of alcohol. Before they can be seen by a psychiatrist they have to be sober, and can block a cubicle or a bed for several hours.

26. The case of a 29-year-old man was cited to highlight the way cubicles and beds can be blocked. He was brought in by ambulance and was too drunk to speak or stand. He slept in a cubicle for two hours and it was a further two hours before he was sober enough to stand – with two security men in attendance to stop him wandering off around the department and falling over. When he was finally able to stand properly he needed to pass water but was still too drunk to fill a bottle and urinated all over the cubicle. He had money and keys for accommodation and left after five hours following an ambulance journey, multiple observations, a security presence, and a blocked cubicle.

27. Effect on Hospital Staff and Other patients

Staff had to deal with many instances of intoxicated people who were often confused, unable to stand up and abusive. In many instances these people were accompanied by friends in a similar state. Some ED staff also reported to their managers that they were not keen to stay in the department because of the abuse they got. However, this did not stop them giving all their patients the care they needed.

28. Effect on Ambulance Service

Information provided showed that 18% of the 1,655 ambulance attendances at ED during the audit period were alcohol related. Of the alcohol related arrivals at ED during that period 54.6% (302 people) arrived by ambulance while of the non-alcohol related arrivals 26.27% arrived by ambulance.

Yorkshire Ambulance Service NHS Trust

29. As part of the Review, Members met the York Ambulance Service (YAS) Head of Emergency Operations for North Yorkshire to gather further evidence in support Objective (ii).
30. Demand on YAS increases by 28% at the weekends and staff in the Emergency Operations Centres see a noticeable increase in the number of people calling for an ambulance where alcohol is believed to have been a factor.
31. Ambulance crews working night shifts at the weekends, particularly those who operate in the city, expect to spend much of their time dealing with alcohol-related incidents such as falls, assaults and alcohol poisoning.
32. Below are the numbers of calls by category from York City centre between 10pm and 4am on Friday/Saturday and Saturday/Sunday over a full 12 month period from December 2012 to November 2013. Included in the figures are the numbers of calls to people who were not transported to hospital, which are identified separately in the final column of the tables below.

Friday night (20:00 to 04:00 Saturday)

	Call Category							
Month	Green1	Green2	Green3	Green4	Red1	Red2	Grand Total	Number not transported
2012								
Dec		8	8	5		13	34	13
2013								
Jan		5	2	3		6	16	8
Feb	1	5	1	2		5	14	3
Mar		10	3		5	6	24	9
Apr		5	2	4	1	14	26	10
May		4		1		6	11	2
Jun		6	3	1		17	27	12
Jul		11	1	2		10	24	12
Aug	1	7		3	1	11	23	12
Sep	1	5	1	2		8	17	6
Oct	1	10	3			17	31	14
Nov		15	4	2	1	12	34	11
Grand Total	4	91	28	25	8	125	281	112

Saturday night (20:00 to 04:00 Sunday)

	Call Category								
Month	Green1	Green2	Green3	Green4	Red1	Red2	NULL	Grand Total	Number not transported
2012									
Dec	1	18	8	4	2	12	1	46	16
2013									
Jan		9	3	2	1	17		32	16
Feb		16	4	2	2	10		34	9
Mar		5	5	5		11		26	9
Apr	1	8	1	5		5		20	5
May		9	1	2	2	17		31	15
Jun	2	10	6	1	1	19		39	18
Jul	1	8	3	3	1	13		29	11
Aug	2	7	3	1	1	14		28	10
Sep	2	9	4	5	1	11		32	12
Oct		10	1	6	2	21		40	17
Nov	1	12	4	5		13		35	16
Grand Total	10	121	43	41	13	163	1	392	154

33. In the full year period from December 2012 to November 2013 the Ambulance Service transported a total of 673 people from the city centre to York Hospital on Friday night/Saturday morning and Saturday night/Sunday morning with a further 266 calls which did not involve transportation.
34. A breakdown of the figures show that a total of 281 people were taken by ambulance from the city centre to hospital on Friday nights/Saturday mornings with a further 112 not transported and 392 were taken to hospital by ambulance on Saturday nights/Sunday mornings with a further 154 not transported.
35. As it is imperative that the most serious, life threatening calls are dealt with first, calls are prioritised according to nationally agreed categories and are colour-coded red or green. Red coded calls are classed as life threatening and require emergency response (with blue lights).

Red 1	Red 2	Green 1	Green 2	Green 3	Green 4
Response within 8 minutes 19 minute transport standard Most time critical which may be immediately life threatening and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction.	Response within 8 minutes 19 minute transport standard Calls that are serious and may be life threatening but are less immediately time critical and cover conditions such as stroke and fits.	Response within 20 minutes Serious calls but not life threatening Diabetic problems or suspected stroke with no serious symptoms	Response within 30 minutes Serious calls but not life threatening Suspected fractured arm or leg with injuries that may hamper mobility	Telephone assessment within 20 minutes or on-scene response within 50 minutes Overdose with no symptoms or a non serious assault injury	Telephone assessment within 60 minutes or on-scene response within 90 minutes Minor scalding, a fall with no apparent injuries of someone in pain but with no urgent symptoms.

36. To highlight the impact on ED (Objective i) the Head of Emergency Operations told members that he had seen as many as 14 ambulances parked outside the hospital on a weekend night.
37. The Trust has been working closely with its healthcare partners and the police to address the difficulties it experiences in dealing with city centre incidents. A joint initiative has seen police and paramedic teams in rapid response vehicles operating in the city centre.

People who have suffered a minor injury are seen more quickly as the police have a paramedic immediately on scene. They can deal with incidents there and then. Members who met Ambulance officials were told that the police-paramedic car manages, on average, 15-20 patients per night.

38. YAS also operates a static medical unit staffed by an Emergency Care Practitioner in the city centre on Friday and Saturday nights. Again this is to prevent people being taken to ED. On a busy night the unit deals with 8-10 cases.
39. Any ambulance waiting more than 25 minutes is considered delayed but problems arise with increased volumes of patients as paramedics cannot leave the hospital until beds have been found for their patients.
40. According to statistics published by the Vale of York Clinical Commissioning Group in May 2013, in the 12 weeks up to 24 March 2013 an average of 60% of ambulances were not turned around within 25 minutes of arriving at ED.
 - 40% - less than 25 minutes;
 - 32% - 25-40 minutes;
 - 16% - 40 minutes-1 hour;
 - 8% - 1-1.5 hours;
 - 3% - 1.5-2 hours;
 - 1% - 2-3 hours
41. Ideally, the Ambulance service would like access to somewhere other than hospital on weekend nights and information was provided on an Alcohol Treatment Centre (ATC) housed in a former church in Cardiff city centre which provides additional capacity to offset the high volume of intoxicated individuals attending Cardiff city's ED at the weekend – for further information see:
www.vrg.cf.ac.uk/Files/20130118_ATC_final.pdf
42. The Cardiff unit deals with between 15 and 20 patients a night, the majority of whom are able to sleep off the effects of drinking too much resulting in a reduction of ambulance journeys to the emergency department.

43. Yorkshire Ambulance Service confirmed they would welcome such a facility in York where it could be manned by police, paramedics, Emergency Care Practitioners and Street Angels, providing both clinical care and a place of safety.

Emergency Department visits

44. Over the weekend of 15/16 November two Members spent Friday and Saturday nights at York Hospital's Emergency Department followed by a debrief with the Directorate Manager for ED on 26 November 2013.
45. Among other things they witnessed people being sick in the department and people sleeping off the effects of too much alcohol.
46. On the Friday average waiting time between 6pm and midnight was 02:40 hours, rising to 03:45 between midnight and 6am Saturday. On the Saturday average waiting time was 03:07 between 6pm and midnight and 04:08 between midnight and 6am Sunday.
47. Between 6pm and midnight on the Friday there were 60 hospital attendances and eight cases went into breach. There were 20 attendances between midnight and 6am Saturday with eight breaches during that time. On the Saturday there were 48 attendances and 10 breaches between 6pm and midnight and 33 attendances and nine breaches between midnight and 6am Sunday.
48. Due to pressure on staff time the questionnaires distributed in the Emergency Department did not elicit significant data and the department was too busy to provide meaningful evidence from the patient survey.

GP Out of Hours Service

49. The Out of Hours service operates when GP surgeries are closed. It is for urgent and serious medical problems that cannot wait until the next day. The service operates out of York Hospital and is located in the emergency department. Information to the Committee from the acting Clinical Director for Unscheduled Care which covers the GP Out of Hours (OOH) service revealed the Night-Time Economy had almost no impact on the service but accepted it did have a considerable impact on the ED itself. While OOH doctors are at the hospital patients have to be referred to them.

Vale of York Clinical Commissioning Group

50. To further progress work on Objective (i) a meeting was held with the Senior Improvement and Innovation Manager of the Vale of York Clinical Commissioning Manager on 4 October 2013.
51. The Clinical Commissioning Group (CCG) is responsible for the planning and purchasing of the vast majority of health services across the area. This includes hospital care, mental health and community services. CCG has Emergency Care Practitioners based at GP surgeries across the area. One of their roles is to enable patients to be treated in their own home so they do not need to attend ED. The Emergency Care Practitioners are able to carry out minor medical procedures such as stitching and can also administer some medications such as antibiotics.
52. The CCG also compiles data around hospital admissions which revealed that most of their attendance data around alcohol comes in as cuts and minor injuries and most are at night.
53. The figures reveal a peak around the younger part of the population and that half are discharged without treatment, indicating these are the ones who are not medically unwell and do not need to be admitted to hospital.

Street Angels

54. To support Objective (ii) a meeting was held with Street Angels team leaders in November 2013 to discuss their work and how they help ease the strain on the hospital's Emergency Department.
55. Street Angels York is a Church-led initiative that is made up of volunteers who want to help make York city centre a safer and better place. Volunteers walk the city streets in the late evenings on Friday and Saturday and into the early hours of Saturday and Sunday caring for, practically helping, and listening to people, especially those in vulnerable or difficult situations.
56. All the volunteers are trained and the team leaders were keen to stress that they did not go looking for trouble but they work with people who are in trouble. Their role is to look out for people in a vulnerable situation such as those who have had too much alcohol and those who had become separated from their group or party.

57. The Street Angels have two forms of contact 'casual' and 'significant'. Significant contact is where team members spent a lot more time with those people in need and these are recorded at the end of the night. In York centre there are between two and six recorded significant contacts each night they are on patrol.
58. As a result they estimate that their work is able to prevent an average of five ED attendances every weekend, approximately 260 a year. Street Angels consider it their duty to care for these people to enable them to get home safely. A lot of the people they care for are very drunk and the Street Angels sit with them, usually in their minibus, until they are sober enough to make their way home.
59. Example 1: A Street Angels Team needed to help a very drunk girl who it later transpired has just broken up with her boyfriend. She was on anti-depressants and was not supposed to drink, but she did. She was frothing at the mouth and clearly distressed. They called for paramedics to assess her but rather than send her to hospital they stayed with her until she was well enough to get home.
60. Example 2: Volunteers were concerned about a man in his 40s. He was dressed in a suit and had blood on his face. They followed him and he pulled a tag off his wrist and threw it away. The tag revealed he had discharged himself from Bootham Park Hospital. He then broke a bottle and tried to cut his own throat. They called the ambulance services and the police also attended. The police stood back while paramedics spoke to the man and resolved the situation. The Volunteers praised the way in which the police and paramedics regularly work together in this way to achieve best outcomes for people in distress.
61. Example 3: They noticed a young man acting strangely. He was dressed in combat gear and would not speak to the volunteers. He began jumping on the stalls at Newgate Market. The police were called but they told the volunteers there was nothing they could do unless he committed a crime. It transpired the man had mental health issues and had not had his medication that day. It took the volunteers two to three hours to encourage him to take a Mars Bar.
62. Example 4: A man started lashing out and caught one of the Street Angels. They were concerned for their own safety and the safety of passers by. The man lashed out again then fell to the floor and banged his head and was able to be helped and treated.

63. The volunteers have also helped people who have had seizures and others who have threatened to jump off bridges.
64. In support of Objective (ii) the volunteers identified several issues they considered presented health risks.
65. Issue 1: The spiking of drinks is said to be a growing risk to people using licensed premises. Drinks can be spiked by extra shots of alcohol or by drugs. In the main this involves younger females who are sometimes abandoned in the street because people think they are drunk when often they are not.
66. Issue 2: The volunteers reported there was a significant amount of “pre-loading” in York. This is when people drink cheaper alcohol at home or elsewhere before coming to the city centre.
67. Issue 3: Some girls get drunk and become very vulnerable because of the predatory nature of some of the men in the city centre. Street Angels are trained to notice anything unusual and look at the age and attire of people in the city centre. On occasions such as university Freshers’ Week they noted an increase in the number of 30-40 year old men in the centre. If the volunteers notice girls in a vulnerable situation they stay with them until they are reunited with their friends or are able to get home safely.
68. Issue 4: There is a lot of broken glass on the city centre streets at night bringing the potential for injury. The night-time patrols are often called to help with minor injuries caused by broken glass. At the end of an evening out women who have been wearing heels often go barefoot, sometimes resulting in their feet being cut.
69. Street Angels – who give flip-flops to these people – highlighted an ongoing national campaign to get glass banned from late-night city centre bars and clubs, - for further information see:
www.pop-campaign.co.uk/
70. Street Angels confirmed the campaign has been rolled out by some local authorities with a great deal of success. It was launched in 2004 after a worker was assaulted on Christmas Eve when he tried to assist and protect a female colleague. He was attacked with a glass bottle and was left fighting for his life after his face and throat were slashed.
71. They asked that the Committee give their support to this campaign and any other campaigns that address the binge drinking culture, and/or examine how some pubs and clubs are able to offer low priced drinks to attract people to their premises.

72. The team leaders wanted the committee to note that the city centre police, ambulance service and door staff are all helpful and professional but they understood their frustrations.

Campaigns

73. Members received the following information in support of Objective (iv) – to examine the impact of any campaigns previously run in York and elsewhere to encourage a reduction in excessive drinking, in an effort to identify successful campaigns for future use in York.
74. There are many high-profile national media campaigns launched at regular intervals throughout the year involving wide-scale newspaper and television coverage and national advertisements. Most recently these have included the British Liver Trust 'Love Your Liver' campaign in January 2013; the 'Change4life' campaign in February/March 2013 to raise awareness of health risks associated with drinking too much; 'Alcohol Awareness Week in November 2013 and Alcohol Concern's Dry January 2014 campaign 'Dryathlon' which encourages people to abstain from alcohol for a month.
75. In addition, there are numerous leaflets and posters highlighting the risks of alcohol abuse produced nationally and made available from, and displayed in such places as GP surgeries, Health Centres and Hospitals throughout the city.

Analysis

York Hospital Emergency Department

76. The committee noted that 19.73% of the night time attendances during the audit period were alcohol related. However there was no definitive evidence to prove the spike in Emergency Department attendances on Friday and Saturday nights (as detailed in paragraphs 18 & 19 above) was as a direct result of the city centre's late night economy, as it was not known what percentage of the attendances are as a result of drinking in licensed premises in the city centre, at home or elsewhere.
77. And whilst the Ambulance Service could confirm the numbers of people collected from the city centre there was no evidence to show whether those people had consumed all their alcohol in the city centre or whether people had been pre-loading prior to going out in the city centre.

78. The Committee also acknowledged there was no concrete evidence to confirm the high percentage of alcohol related diagnoses of trauma; social / behavioural and head injuries could be put down to violent crime or anti-social behaviour linked to the city centre night-time economy.
79. Those Members that took part in the ED visits identified the following issues:
- i. Members recognised that alcohol related attendees spent a disproportionate length of time in ED as highlighted in paragraphs 25-27;
 - ii. The length of stay for alcohol related attendees had huge implications for staff and other attendees with some patients having to wait in inappropriate places for hours;
 - iii. It was unpleasant for other patients to be in a department where people were drunk, and Members agreed that patients with a need to attend ED should expect a better experience.
 - iv. The number of people attending ED who should not be there and did not need the expertise of staff in ED. A spot check at midnight on one of the two nights indicated that 20 people should not have been there. They also counted eight people who they considered to be in ED as a direct result of alcohol although they acknowledged there were probably more where alcohol contributed to the ailment / injury.
80. Finally, in light of the postcode data provided at paragraph 17 Members recognised the number of alcohol related attendances was not a tourist problem, a student problem or a stag or hen party problem – it was a York problem.

Yorkshire Ambulance Service

81. Members recognised that an ambulance crew caught up dealing with an anti-social or alcohol-related incident that could have been avoided could be delayed from reaching someone with a more serious life-threatening condition such as a heart attack.

82. In regard to the information provided by YAS and in particular the information they provided on the Alcohol Treatment Centre (ATC) in Cardiff (paragraphs 41-43), the members who met with them acknowledged that a similar facility in York could help ease the strain on York's ED resources, a suggestion that was accepted by senior staff at the hospital.
83. In light of the statistics provided at paragraph 28 regarding the number of ambulance attendances the Committee recognised that if the 18% alcohol related ambulance attendances at ED were removed from the equation the ambulance service would hit all its turnaround targets.
84. Members acknowledged the shared view of the ambulance service and ED that alcohol posed a disproportionate burden on their resources and were pleased to note both were involved in initiatives to manage the problem.
85. They acknowledged ambulance crews' frustrations at their numerous journeys between the city centre and ED on weekend nights and agreed it would be more efficient to manage these people through better access to pathways that do not involve ED.
86. With this in mind and having considered the information provided on the Cardiff Alcohol Treatment Centre Members agreed it would be a good idea for York. Such a unit could help reduce the effect of alcohol-related attendances on the hospital, and would provide an appropriate alternative for people who did not really need ED. Alcohol related attendances were a good example of people who did not need to be there.

Street Angels

87. In regard to the issues raised by Street Angels (as shown in paragraphs 54-72 above) the members who met with them noted their efforts to reduce the numbers attending the ED, expressed their appreciation in the work done by Street Angels, and questioned whether more could be done to support their volunteers. The Committee noted that Street Angels was a voluntary organisation but some funding was provided by Safer York Partnership.

88. In regard to the issue of broken glass on city centre streets, the Committee noted that the NTE Review being undertaken by the Community Safety Overview & Scrutiny Committee would be addressing the issues around city centre street cleaning and the impact of anti-social behaviour associated with commercial waste presentation during the evening.

Campaigns

89. In light of the numerous national campaigns that are run on a regular basis, the Committee agreed it would be better for CYC Public Health officers to ensure York is included in these rather than running local campaigns and that the full array of nationally produced leaflets/posters continue to be made available across the city.
90. Members who met with Street Angels noted the concerns raised about the use of glass in late-night bars and clubs in the city centre and the ongoing Pop-Campaign. They queried whether the Council Gambling, Licensing and Regulatory Committee could introduce a licensing condition regarding the use of glass and agreed this should be further investigated,

Conclusions

91. While the Committee recognised the adverse effects of alcohol consumption on the work of health partners and the patients they are caring for they concluded it was difficult to identify where the alcohol was consumed although there is anecdotal evidence from Street Angels of preloading before people come into the city centre.
92. However, they agreed it was reasonable to conclude that the huge influx of people frequenting licensed premises in the city centre at the weekend would have a significant bearing on the hospital attendance figures – particularly alcohol related attendances
93. They also concluded that the high number of alcohol related attendances at night was putting an unnecessary strain on staff, their time, beds and cubicles and waiting times at the Emergency Department and on the Ambulance Service, as evidenced in paragraphs 14-20 and 28.
94. Therefore, the Committee would strongly support the further investigation of the introduction of a city centre treatment and recovery centre.

95. The Committee concluded that the cost of running a local alcohol awareness campaign could not be justified given the number of wide-reaching national campaigns and therefore this should not be pursued. In regard to the Pop-Campaign, detailed in paragraphs 68-71, they agreed the ongoing problem of broken glass in the city centre as a result of anti-social behaviour needed to be addressed.
96. Finally, the Committee wished to acknowledge the value of the good working relationships between the key organisations including police, ambulance staff, Street Angels and door staff, working in the city centre.

Draft Review Recommendations

97. Having considered the evidence above the Committee makes the following recommendations:
- i. That the Council and health partners investigate the establishment of a city centre treatment and recovery centre to operate on Friday and Saturday nights to provide both clinical care and a place of safety;
 - ii. That the Council continue to support the work of Street Angels, and encourage Safer York Partnership to continue their financial support, whilst working in partnership with them.
 - iii. That York Hospital Trust be actively encouraged to continue to monitor the reasons for people arriving in ED and identify what else needs to be done to manage the pressures on ED, both on the services that are provided and the strains on staff;
 - iv. That the Council's Public Health team continue to promote any future public health campaigns in relation to alcohol, by proactively linking with NHS England;
 - v. Further to the Pop Campaign, the Council's Gambling, Licensing and Regulatory Committee be recommended to investigate the implications of introducing a licensing condition regarding the use of glass in late night bars and clubs in the city centre.

Options

98. Having taken into account the information above, the Committee can identify what, if any, further information may now be required, or it can approve the recommendations and submit them to CSMC for further consideration as part of the wider review on the night-time economy (YorkAfter5) it is undertaking.

Implications

99. The implications associated with the recommendations arising from this review will be identified and reported to Health OSC at its meeting on 19 February.

Risk Management

100. There are no direct risks at this stage associated with recommendations in this report. Any risks associated with any implications which may be reported to the Committee will be identified at the meeting on 19 February.

Council Plan 2011-15

101. This review relates to the following key element of the Council Plan 2011-2015: 'To Protect Vulnerable People'.

Report Recommendations

Having considered the information provided within the report the Committee are asked to approve the recommendations set out in paragraph 97.

Reason: To conclude the work on this Review in compliance with scrutiny procedures, protocols and workplans.

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Report Approved



Date

7 Feb 2014

Wards Affected:

All



Background Papers: None

Annexes:

Annex A – Abbreviations