

## **HEALTH AND WELLBEING BOARD**

**21<sup>st</sup> January 2015**

### **Public Health and Licensing Update Report**

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#### **Summary**

This paper provides an update on the recent work Public Health has undertaken in the area of alcohol licensing. It outlines the work undertaken by Public Health to identify priority areas and the key workstreams being taken forward.

#### **1. Budget and Policy Framework**

- 1.1 The Police Reform and Social Responsibility Act 2011 and the Health and Social Care Act 2012 made the Director of Public Health a Responsible Authority in the Licensing Act 2003.
- 1.2 One of the primary reasons for including the Director of Public Health as a responsible authority is that public health teams may have access to information that is unavailable to other Responsible Authorities, which help the licensing authority exercise its functions.
- 1.3 The Licensing Act 2003 regime is concerned with the promotion of the four licensing objectives (prevention of crime and disorder, public safety, prevention of public nuisance and the protection of children from harm), which collectively seek to protect the quality of life for those who live, and work in the vicinity of licensed premises and those who socialise in licensed premises. This focus on the wellbeing of the wider community via licensing is an important addition to public health teams' existing work to promote the wellbeing in their localities.
- 1.4 Guidance was issued in October 2014 by Public Health England and the Local Government Association (Public Health and the Licensing Act 2003 - Guidance note on effective participation by public health teams. This report sets out some key aspects of the Guidance and how public health and licensing teams are working together to give effect to the guidance and deliver positive outcomes for Medway.

## **2. Background**

- 2.1 The post of Health Improvement Project Coordinator for Alcohol within the Public Health team was created and recruited to in September 2013 to increase capacity within the directorate to respond to its function as a Responsible Authority. This post also supported the work of a steering group established to review how licensing may be used to reduce alcohol related harm in Medway. The early priority for the post was to scope, investigate and evaluate the evidence available to Public Health to identify priority areas and also provide the evidence base for Public Health to submit representations to new licence applications and variations of licence in areas where there was a strongly evidenced case to do so. As a result of this work the Director of Public Health has successfully submitted three representations in relation to licensing applications.
- 2.2 The report included evaluated data and observations from a comprehensive range of sources including: Environmental Health (Noise Team), Trading Standards, Community Wardens, Residents Associations, Elected Members, Town Centre Managers, Town Centre Policing Teams, South East Coast Ambulance Service, Medway CCG and Licensing Teams from the Council & Police. The report was presented to the steering group and highlighted several areas for further investigation. The two following areas of concern were agreed by the group for immediate consideration:
  - 2.2.1.1 Prolific street drinking in the ward Gillingham South, centred on the area of Balmoral Gardens.
  - 2.2.1.2 Crime, disorder, noise and anti social behaviour in the area of Rochester High-street.
- 2.3 The Historic Rochester working group was formed to investigate measures which could address the issues in Rochester and scope potential projects or initiatives to reduce alcohol related incidents in the Rochester night time economy. As such Public Health and the Council's licensing team along with other partners jointly supported the Medway Community Safety Partnership (CSP) in re-launching the safer socialising award (SSA) for Rochester. At the launch event in July 2014 a consultation with stakeholders from the licensed trade in the Rochester area also took place for their views on pursuing a Purple Flag. Purple Flag is an award run by the Association of Town Centre Managers issued to town and city centres which meet or surpass a standard of excellence in managing the evening and night-time economy. Public Health committed to funding an initial assessment by Purple Flag the findings from which would help partners make an informed decision about the viability of pursuing this scheme. Activity on this work stream had to slow however due to the announcement of the Rochester and Strood by-election and resulting period of Purdah. During this time the post of Health Improvement Project Coordinator for Alcohol was also re advertised and recruited to following the departure of the post holder. The new post holder has already established productive working relationships with the Licensing team, and it has been agreed that she will accompany licensing enforcement officers on a premises visit.
- 2.4 In relation to tackling the issue of street drinking in the area of Gillingham South. Public Health facilitated discussions to expand Operation Impede to Gillingham from Chatham involving the new Substance Misuse treatment

provider Turning Point. Operation Impede was identified in the report produced by Public Health as a positive initiative which had delivered a visible reduction in street drinking in Chatham. It was also acknowledged in the report that the proliferation of off licensed premises in a small area of Gillingham may have been facilitating street drinking in the area. To that end the introduction of a Cumulative Impact Policy (CIP) was considered. However, no such policy was introduced because the available evidence base did not support its introduction.

- 2.5 In addition to the activity mentioned, Public Health have used the evidence collected for report to successfully make representations to three off-licences in areas with evidence of street drinking. The conditions implemented on the granted licences included conditions such as “no sales of single cans of beer/cider” and no sale of super strength beers or cider with the intention that these premises would not contribute to further street drinking in their surrounding area.

### **3. New guidance**

- 3.1 New guidance and changes in existing guidance are listed below. The amendment of some guidance may mean that previous options believed to be unsuitable may now be able to be implemented. The guidance changes which are relevant are listed below.
- 3.2 Cumulative Impact Policies can now relate to any licensable activity, including the sale of alcohol on and off the premises, and the sale of hot food and drink between 2300 hours and 0600 hours. This includes late night fast food outlets that are not licensed to sell alcohol.
- 3.3 The Section 182 Statutory Guidance was revised in October 2014, updated advice in sections 9.11 and 9.20 to 9.24 to Directors of Public Health concerning the use of data available to health in supporting or making representations on applications under the Licensing Act.
- 3.4 Public Health England published guidance in October 2014 advising on the effective participation by public health in the licensing process. This included:
  - 3.4.1 Emphasis on the importance of public health being familiar with the Council’s statement of licensing policy and early engagement with the licensing team in relation to the review of the policy to public health. The Statement of Licensing Policy (“SLP”) cannot legally create new requirements for applicants outside of the Licensing Act, but it can invite them to consider local issues and set out how they can contribute towards positively addressing them. The SLP provides an important opportunity to incorporate relevant local public health concerns within the wider policy context of the local licensing authority. For example, including local health statistics on alcohol consumption, along with highlighting action that could help remedy any particular concerns. The input of public health in the development and review of the SLP will need to be relevant to the promotion of the four statutory licensing objectives (as public health itself is not a licensing objective).

- 3.4.2 The type of data public health can use to inform and support the Licensing Authority in making licensing decisions.
- 3.4.3 Examples of best practice where public health have informed and been involved in licensing decisions, such as contributing to the evidence base for Cumulative Impact Policies, representations to licensing applications, supporting other responsible authorities in reviews and wider partnership working and data sharing, all of which have addressed local health priorities as well as licensing objectives.

#### **4. Next steps**

- 4.1 Refresh data within alcohol report.
- 4.2 Explore the issue of the data recorded by A&E and attempt to address its relevance by looking at the feasibility of introducing a questionnaire which would result in the production of more relevant data in order to support licensing representations, applications and initiatives.
- 4.3 Assess the connection between alcohol premises density and violence, in particular domestic violence in order to identify any gains that may be obtained in the reduction of domestic violence figures by the control of licensed premises in specific identified geographical areas.
- 4.4 Assess the connection between hot food takeaway premises and violence to identify any gains that may be obtained in addressing the sale of hot food between 2300 hours and 0600 hours and the reduction in violence in specific identified geographical areas.
- 4.5 Explore other forms of evidence gathering such as speaking to local councillors, residents, service providers and businesses in addition to health data, to support representations by Public Health, applications and initiatives, including Safer Socialising and Purple Flag.
- 4.6 Identify geographical areas where the data and evidence may suggest that action is required to address alcohol-related harm.
- 4.7 Explore the inclusion of public health into the Medway Statement of Licensing Policy as set out in paragraph 4.1.3.1 of this report to support and strengthen representations and recommendations by the Director of Public Health to the Licensing Committee.
- 4.8 Continue to assess each licensing application and make representations where appropriate in respect of the four licensing objectives where Medway public health aims are consistent with one or more of the licensing objectives.
- 4.9 Progress will continue to be reported to the Medway Alcohol Health & Licensing Partnership Group.

## 5. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Budget constraints	Moratorium on spending in Quarter 4 may delay progress on some elements of the project such as Purple Flag scoping.	Evidence can still be gathered to present to Purple Flag inspectors in Q1.	Low

## 6. Financial implications

6.1 There are no direct financial implications arising from this report.

## 7. Legal implications

7.1 All licensing decisions have legal implications. All reports and recommendations will be passed through the Council legal department before progressing.

## 8. Recommendations

8.1 That members of the board note the contents of this report and the continued work progressing to reduce alcohol related harm through the use of licensing powers.

### Lead officer contact

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### Background papers

Nice Guidance PH24 available at: <https://www.nice.org.uk/guidance/ph24>

Public Health England: Public Health and Alcohol Licensing in England available at:  
[http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=a9c78d54-db3f-4d8f-bef2-d915dc8db1d5&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=a9c78d54-db3f-4d8f-bef2-d915dc8db1d5&groupId=10180)

Section 182 Statutory Guidance available at:  
<https://www.gov.uk/government/publications/explanatory-memorandum-revised-guidance-issued-under-s-182-of-licensing-act-2003>