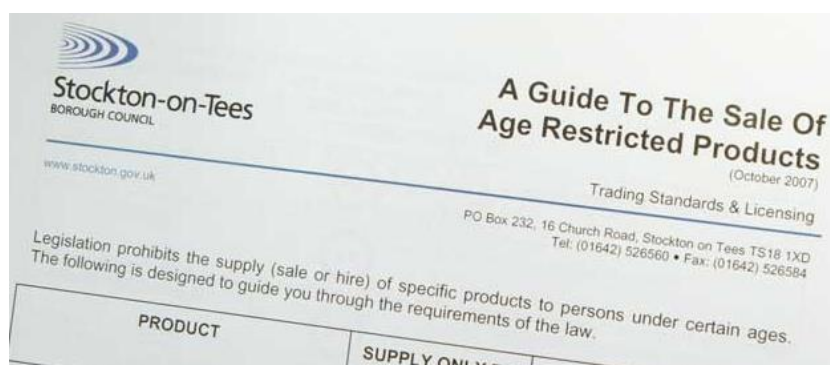


Corporate and Social Inclusion Select Committee

Scrutiny Review of Licensing and Public Health



12 March 2015



Stockton-on-Tees
BOROUGH COUNCIL

Big plans, bright future

Corporate and Social Inclusion Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
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Councillor Stott (Vice Chair)

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ACKNOWLEDGEMENTS

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Foreword

I have been proud to be the Chair of this committee which has undertaken many and varied reviews in the last four years. It is now with pleasure that I am able to introduce what is the final report of the Corporate and Social Inclusion Select Committee.

The Committee Members have worked hard to get a comprehensive understanding of the issues faced by dedicated officers who work for the betterment of residents. The problems faced by the increased easy access of density rich foods and alcohol play no small part to the deterioration of public health in the borough. It is not the intention to make what is pleasurable become difficult to acquire but without individual constraints for the overconsumption of either or both there is shown to be the likelihood of a correlating health impact. Whilst it is the individual that is directly affected with ill health, or behaving anti-socially from too much alcohol, there is a cost to society which is borne by the public sector such as the police, public health, and the NHS.

National government has only gone so far in tackling the problems but there remain solutions that can be introduced locally which the Committee advocate. The legislation alone hasn't introduced what seem the sensible extension of licensing powers hence the amount of lobbying being proposed by the Committee to lessen the restrictions faced by the Director of Public Health and the Licensing Committee of the Council.

With the discrepancy of male life expectancy between affluent and deprived wards in Stockton Borough being the greatest in the country the Committee wishes to give the clearest message of its support to everyone involved in the necessary work to improve the health of residents.

Cllr Stoker – Chair

	<p>Councillor Stoker (Chair) – CSI Select Committee</p>		<p>Councillor Stott (Vice-Chair) – CSI Select Committee</p>
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Original Brief

Which of our strategic corporate objectives does this topic address?

A healthier borough - Reduce Levels of Obesity in Children and Young People
A Safe Stockton-on-Tees – Ensure our residents are safe

What are the main issues and overall aim of this review?

- There is a 16 year life expectancy gap between the top decile and bottom decile for men within Stockton Borough. (Stockton-on-Tees Health Profile 2014)
- levels of obesity in adults and children in Stockton Borough are higher than the England average.
- Rates of hospital stays for alcohol related harm are higher than average.
(From Stockton-on-Tees Joint Health and Wellbeing Strategy 2012-2018)

The Committee will undertake the following key lines of enquiry:

Explore the opportunities for addressing health concerns of Stockton Borough residents through licensing as a means to:

- regulating the number and concentration of outlets. In particular:
 - planning permission for fast food outlets should include consideration of the potential impacts on prevention and reduction of cardiovascular disease
 - planning permission could be restricted in certain areas (e.g. within walking distance of schools)
 - there could be a review and amendment of classes of use orders to address disease prevention related to the concentration of fast food outlets.

Explore designating special policies across specific areas of the borough i.e. Cumulative Impact Zones (also known as saturation zones) to deal with a proliferation of particular outlets including premises licensed to sell alcohol.

1.0 Executive Summary and Recommendations

- 1.1 The overall aim of this review was to explore the opportunities for addressing health concerns of Stockton Borough residents through licensing and consider designating special policies across specific areas of the borough i.e. Cumulative Impact Zones (also known as saturation zones) to deal with a proliferation of particular outlets including premises licensed to sell alcohol.

Planning

- 1.2 In 2010, Stockton's Spatial Planning Team produced a report entitled 'Investigation into a Hot Food Takeaway Policy' outlining the contemporary research relating to health and hot food takeaways (HFTs) in the town planning context. There was a significant perception that HFTs had proliferated and their offering of energy dense, nutrient poor food was a significant contributor to childhood obesity, although there was limited evidence to support a direct link.
- 1.3 Local Planning Authorities around the country have since implemented policies and guidance which seek to restrict HFTs on the grounds of their health impacts and impact on obesity and use them to determine planning applications. These usually restrict the development of (or change of use to) HFTs in close proximity to schools and other facilities likely to attract young people such as parks and playgrounds. This is usually done using a 400m exclusion zone (to represent a reasonable walking distance) around the boundary or centre point of the site, within which new HFTs would not be permitted. In some cases, this includes existing retail centres.
- 1.4 There is difficulty in having Community Impact Zones to deal with hot food takeaways however it was suggested that making very local policies restricting HFTs in areas where specific concerns have been identified would enable local responsiveness. This would need to be included in the various planning documents but would enable some control.

Licensing

- 1.5 Stockton Borough Council's Statement of Licensing Policy with which the Council carries out its functions under the Licensing Act 2003 (the Act) promotes the following objectives:
- a) the prevention of public nuisance
 - b) the prevention of crime and disorder
 - c) ensuring public safety
 - d) protection of children from harm
- 1.6 Each objective is of equal importance. It is important to note that there are no other licensing objectives therefore these four objectives are paramount considerations at all times. Health issues were not added as an objective when revised guidance was published in 2014.
- 1.7 In October 2014 the Home Office published Revised Guidance issued under section 182 of the Licensing Act 2003 which is now in force and includes the local authority's Director of Public Health as a 'responsible authority' who must be fully notified of applications and who is entitled to make representations to the licensing authority in

relation to the application for the grant, variation or review of a premises licence. The representations must still be considered 'relevant' by the licensing authority and relate to one or more of the licensing objectives for an area any part of which is in the licensing authority's area.

- 1.8 Where a local authority's Director of Public Health in England (DPH) exercises its functions as a responsible authority, it should have sufficient knowledge of the licensing policy and health issues to ensure it is able to fulfil those functions. If the authority wishes to make representations, the DPH will need to decide how best to gather and coordinate evidence from other bodies which exercise health functions in the area, such as emergency departments and ambulance services.
- 1.9 Also in October 2014 Public Health England and the Local Government Association published "Public health and the Licensing Act 2003 – guidance note on effective participation by public health teams" which has provided viable solutions to begin to address licensing objectives and how Stockton Council's public health team engages with the licensing process.
- 1.10 The Committee is aware of the relationship between increased outlet density and alcohol consumption in adults and young people. The number of alcohol outlets density can mean an increase in alcohol consumption, increased alcohol-related crime and violence and under-18 alcohol-specific hospital admissions. A cluster of licensed premises are also more likely to compete on price and promotions which can lead to increased consumption and alcohol related injury and violence.
- 1.11 The low cost of alcohol and 24 hour availability was a concern to Members who didn't want to see alcohol as a 'loss leader' in promotions to attract custom. They were reassured that alcohol must be sold at cost plus vat. There is a floor price which means it can't be sold at a loss but determining what the cost is for a retailer plus vat is difficult and time consuming which can be costly to the licensing department.
- R1 The Committee recommend the planning department work with the public health team to draft policy for consideration of appropriate hot food takeaway locations in the borough to be included in planning documents.**
- R2 The Committee support the DPH and Public Health England in that preliminary consideration of public health's strategic goals should reflect the promotion of the four licensing objectives and recommend that the DPH and public health team:**
- **engage with the licensing authority when the Statement of Licensing Policy (SLP) is reviewed and what the review process will be**
 - **conduct a health-impact assessment of alcohol in the local area or a specific study to assess if problems arise from the cumulative impact of licensed premises; or, where one has been completed, assess its relevance to licensing**
 - **engage with and collect the local views of the community and wider public health community**
 - **investigate the health data for the area, including the wider public health and local alcohol profiles for England (LAPE)**

- engage the health and wellbeing board (HWB) in the consultation process to identify issues that would benefit from the support of licensing
 - reference the SLP in alcohol harm-reduction strategies and other key local public health documents to ensure public health and licensing are aligned
- R3 The Committee recommend that Stockton Borough Council lobby its local MPs in support of the Directors of Public Health campaign for public health issues to become an objective in licensing to which the Council carries out its functions under the Licensing Act 2003.
- R4 The Committee recommend that appropriate and relevant Balance report findings are taken into consideration during the review of Stockton Council's Statement of Licensing Policy.
- R5 The Committee recommend that Stockton Borough Council consider, where necessary, introducing a "Cumulative Impact Zone Policy" in relation to where the number, type and density of licensed premises are concentrated and serious problems of nuisance and disorder may arise or have been shown to arise at licensed premises, outside licensed premises or otherwise connected with such premises.
- R6 The Committee recommend that SBC Trading Standards Department continue to monitor the position of the price of local alcohol sales and to take appropriate action when alcohol is sold for less than cost of duty plus VAT.
- R7 The Committee recommend that Stockton Borough Council lobby its local MPs in support of the Directors of Public Health and Public Health England's campaign for the introduction of a national minimum unit pricing of alcohol.
- R8 The Committee recommend that Stockton Borough Council support the Local Government Association campaign for the introduction of locally-set licensing fees allowing local authorities to recover the actual cost of applications.

2.0 Introduction

2.1 The main issues and overall aim of this review was to:

- Explore the opportunities for addressing health concerns of Stockton Borough residents through licensing as a means to:
 - regulating the number and concentration of outlets. In particular:
 - planning permission for fast food outlets should include consideration of the potential impacts on prevention and reduction of cardiovascular disease
 - planning permission could be restricted in certain areas (e.g. within walking distance of schools)
 - there could be a review and amendment of classes of use orders to address disease prevention related to the concentration of fast food outlets.
- Explore designating special policies across specific areas of the borough i.e. Cumulative Impact Zones (also known as saturation zones) to deal with a proliferation of particular outlets including premises licensed to sell alcohol.

3.0 Background

3.1 The Committee began its evidence gathering by receiving background information relevant to this review for both alcohol and fast food consumption from Stockton Council's Public Health Team.

Alcohol	Food
<ul style="list-style-type: none"> • Almost 2 in 5 adults drinking at risky levels • 95% of risky drinkers believe they are light or moderate drinkers • High levels of health harms – though figures starting to show small reductions • 9 under 30s admitted to hospital per week • 43 alcohol-related crimes recorded every day • Alcohol costs almost £81m a year • £227,000 a day to clear up the problems 	<ul style="list-style-type: none"> • 27.7% Stockton adults are obese (24.2% England average) (2006/08 data) • 22.1% Stockton children are obese at yr 6 (19.2% England av.) (2013 data) • Healthy weight consultation 2014 (approx. 620 survey & face-to-face, plus focus groups): 56% of respondents consider their current weight to be either very or quite healthy; 96% would like to lose weight • Overweight and obesity correlated with higher prevalence of CVD, stroke, diabetes, cancer. Also links to poorer mental health

3.2 Reference was made to the National Institute for Health and Clinical Excellence (NICE) quoting three key elements when considering what affected the levels of alcohol use:

1) **Affordability:** *“making alcohol less affordable is the most effective way of reducing alcohol related harm.”*

2) **Availability:** *“...making it less easy to buy alcohol is...another effective way of reducing alcohol related harm.”* It was stated that the Licensing Act has a presumption to approve applications and the number of licensed premises has doubled since the 1950s. There has been a move to off-sales with the number of

public houses closing but there has also been a move to introduce alcohol sales at what could be considered inappropriate locations such as soft play centers, and tanning salons.

3) **Promotion:** “...children and young people should be protected as much as is possible by strengthening the current [marketing] regulations.” This would need to counteract evidence that suggest:

- 1 in 4 cinema ads are for alcohol
- Children see more TV alcohol ads than adults
- Football on TV – 111 visual references to alcohol an hour
- UK has some of laxest regulation in Europe

3.3 There are said to be similar issues of affordability, availability, promotion and restrictions of current national policy and legislation with regard to fast food outlets which would need to be addressed by:

- Use of restrictions and conditions on licenses
- Consistent enforcement around promotions
- Public Health working with planning and trading standards colleagues
- Signposting re: evidence-based interventions
- Using objective re: protection of children on health grounds
- Promoting healthier options with businesses
- Build evidence base through test purchase audits and evaluations
- Lobbying to influence national policy and legal frameworks

4.0 Evidence

Planning

4.1 In 2010, the Spatial Planning Team produced a report entitled ‘Investigation into a Hot Food Takeaway Policy’ outlining the contemporary research relating to health and hot food takeaways (HFT) in the town planning context. The report also set out a number of examples where Local Planning Authorities (LPAs) were using planning policy and guidance to mediate the impact of hot food takeaways on the health of their populations. There was a significant perception that HFTs had proliferated and their offering of energy dense, nutrient poor food was a significant contributor to childhood obesity, although there was limited evidence to support a direct link.

4.2 The planning system can be used to direct the types of uses which can locate in different places when individuals or organisations apply for planning permission. Because HFT have their planning own use class (A5), an application is required to develop a new HFT or to change the use of an existing building. All planning applications must be determined in accordance with the development plan, unless material considerations indicate otherwise. In some cases, applications can be approved with conditions to make them acceptable where they otherwise wouldn’t be, or include ‘S106 agreements’ which require developers to make contributions (either financial or in kind) to mitigate the impact their development will have on the local area.

4.3 Most LPA’s planning policies control HFT in order to group local facilities in the most accessible locations and to reduce their impact on the amenity of residents and other

occupiers, for example through smells, noise and parking issues. This is a long established approach, made possible because HFT have their own Planning Use Class (A5) and can be separated from other types of shop. HFT's are also restricted by policies which seek to protect retail uses in retail centres and avoid clustering of evening economy uses. This means that HFT are encouraged to locate in neighbourhood, local, district and town centres, but only where this will not have a negative impact on the centre's vitality and viability.

- 4.4 There is evidence that since 2010, LPAs around the country have been implementing policies and guidance which seek to restrict HFT on the grounds of their health impacts and impact on obesity and using them to determine planning applications. These usually restrict the development of (or change of use to) HFTs in close proximity to schools and other facilities likely to attract young people such as parks and playgrounds. This is usually done using a 400m exclusion zone (to represent a reasonable walking distance) around the boundary or centre point of the site, within which new HFTs would not be permitted. In some cases, this includes existing retail centres.
- 4.5 In 2010, policies and guidance restricting HFT on health grounds were relatively new and evidence about their performance was largely anecdotal. Because planning policy is largely reactive, there is often a delay between planning policies being adopted and their implementation through planning decisions. If a policy seeks to change people's habits or behaviour by changing the location of facilities or the predominate use of a place, there can be further delay before a critical mass is reached and progress towards wider objectives, such as reducing obesity, become apparent.
- 4.6 However, there is some evidence nationally that LPAs are successfully using policy and guidance justified on health grounds to determine applications for HFT. Waltham Forest, the case study cited in Spatial Planning's 2010 report, produced and SPD based on academic research by the London Metropolitan University and public consultation. The guidance, which restricts HFT within 400m of schools, youth facilities and designated parks, has been used to refuse numerous applications for HFT, alongside policies on environmental impacts and over concentration. Similar examples can be found in other Boroughs, which have policy or guidance restricting HFT, such as the London Boroughs of Newham, and Barking and Dagenham. It may also be the case that the authorities' policy and guidance have influenced the locational choices for new HFTs, prior to applications being submitted.
- 4.7 Another decision of note is an appeal decision in Barking, Essex in late 2012, where Barking and Dagenham LPA had refused an application for a change of use to HFT within a neighbourhood centre because the premises was within 400m of an Infant School and a Junior School. The appeal was upheld and planning permission granted because the Inspector considered the 400m 'as the crow flies' radial measurement did not take local services into account. Specifically, the route between the schools and the premises was not attractive or accessible to unaccompanied young children. In addition, there would have been numerous opportunities to purchase HFT along the route. This suggests that an arbitrary 400m exclusion zone may be less appropriate, especially in more urban areas.

- 4.8 Another relevant case was determined in Tower Hamlets in 2010. At the time of the decision, Tower Hamlets did not have policy restrictions for HFT based on health grounds. However, following the granting of planning permission for a HFT in close proximity to a secondary school, a High Court challenge was made and upheld because the judge considered that a school's Healthy Eating Plan could be considered material when determining the application. The application was subsequently reconsidered by the Council and refused, although it was later allowed on appeal. The authority went on to produce an SPD with a 400m exclusion zone, however the case established that a local schools' healthy eating plans can be material considerations in determining planning applications.
- 4.9 Whilst policies and guidance are being used to restrict HFT in close proximity to schools in numerous locations, as yet, no evidence has been presented that implementing these policies and guidance has made a significant contribution to reducing childhood obesity.

A Hot Food Takeaway Policy for Stockton

- 4.10 In Stockton-on-Tees, HFT are currently subject to two main controls. Firstly, Policy S14 of Alteration Number 1 to the Local Plan directs HFT to neighbourhood, local, district and town centres by only allowing them elsewhere if there are no suitable and available units within one of the designated centres. The policy also sets out criteria which should be considered when determining an application for a HFT, such as the impact of smells, noise and litter. In addition, HFT proposals are affected by policies, which seek to maintain a high proportion of retail uses in designated centres and seek to prevent clustering or over concentration of other uses. However, Stockton-on-Tees does not currently have a policy which controls HFT (or any other use) because of their long term impact on their customers' health.
- 4.11 Whilst applications for HFT can be controversial, a relatively small number are received annually. Since 2010, between 5 and 8 applications have been received each year, although these totals do not include other uses which may include a small amount of ancillary HFT. Further details are shown in the following box. In this period, three applications to change HFTs to other uses have also been approved.

Summary of Hot Food Takeaway Applications and Decisions 2010 to October 2014

2010

- 8 applications
- 3 out of centre – all refused
- 5 in centre – 3 refused (1 allowed on appeal), 2 approved with conditions

2011

- 4 enquiries
- 6 applications
- 2 out of centre – both refused (1 allowed on appeal)
- 4 in centre – 1 refused, 3 approved with conditions

2012

- 12 enquiries
- 5 applications
- 2 out of centre – both approved with conditions,
- 3 in centre – 1 refused, 2 approved with conditions

2013

- 5 enquiries
- 5 applications
- 2 out of centre – 1 refused, 1 approved with conditions,
- 3 in centre - 1 refused (but allowed with conditions on appeal), 2 approved with conditions

2014 (to 30 September)

- 5 enquiries
- 8 application for 7 properties
- 1 out of centre pending consideration,
- 7 in centre – 2 approved with conditions, 2 withdrawn, 1 refused (and appeal dismissed), 2 pending consideration

4.12 In due course, the policies contained in Alteration Number 1 to the Local Plan will be withdrawn and replaced by policies in the new Regeneration and Environment Local Plan. The Investigation into a Hot Food Takeaway Policy report produced in 2010 included a potential draft policy for inclusion in the new Local Plan that would direct HFT to designated centres on amenity grounds, but only allow them where they would not result in a cluster or over concentration of that use, threatening the vitality and viability of the centre. It would also restrict HTFs in close proximity to primary schools, secondary schools, parks and playgrounds as follows:

Preferred Draft Policy TC10 - Proposals for Hot Food Takeaways

- 1. To protect residential amenity, proposals for hot-food takeaways will be directed to suitable and available units within town, district, local and neighbourhood centres. Where appropriate, the hours of operation of takeaway premises will be stipulated in any planning permission in order to manage late night opening.**
- 2. To protect the vitality and viability of designated centres and to ensure that they continue to provide an appropriate mix of services to local residents, it must be demonstrated that any proposal for a hot food takeaway would not result in an over-concentration of the use within the area, or a continuous grouping of more than two adjacent units in food and drink or nightclub use.**
- 3. As part of the Council's commitment to improving health and tackling childhood obesity, proposals for hot food takeaways outside designated centres will be resisted where the premises falls within 400m of the boundary of an existing primary school, secondary school, park or playground boundary.**

- 4.13 This policy was consulted on in August 2012, as part of the Regeneration and Environment Local Development Document (LDD) Preferred Options consultation. The policy has been included in the latest draft of the Regeneration and Environment LDD in a very similar form, along with other policies which will restrict food, drink and evening economy uses to protect residential amenity and the vitality and viability of retail centres. The current policy wording is as follows:

Policy TC6 – Food, Drink and Evening Economy Uses

- 1. Within designated centres, the Council will not support proposals for food, drink and evening economy uses (A3, A4, A5 and sui generis uses) that would result in an over-concentration of that use in an area, either as a proportion of the centre overall or as cluster within the centre.**
- 2. Proposals for food and drink uses outside of designated centres will be supported where they can fulfil the requirements of the sequential test and impact assessments set out in Policy TC2 and it can be demonstrated that they are ancillary to an existing commercial or tourism facility.**
- 3. To protect residential amenity and existing investment in established industrial and business areas, proposals for hot-food takeaways will be directed to suitable and available units within town, district, local and neighbourhood centres. Where appropriate, any planning permission will specify the hours of operation of the takeaway premises in order to manage late night opening.**
- 4. As part of the Council’s commitment to improving health and tackling childhood obesity, proposals for hot food takeaways outside designated centres will be resisted where the premises fall within 400m of the boundary of an existing primary school, secondary school, park or playground boundary.**

- 4.14 In 2010, it was concluded that this policy was appropriate for Stockton and will therefore be included in the final draft of the document which is due for further consultation in Winter 2014/15. During the previous Scrutiny Review, it was noted that due to Stockton’s geography, resisting all HFT within 400m of schools and facilities attractive to children and young people would result in an almost blanket ban on new HFT in the Borough, which was not the committee’s intention. Designated centres were therefore removed from the 400m exclusion zones. In practice, this means that HFT will be resisted outside of designated centres (in accordance with points 2, 3 and 4 of the policy), and within designated centres if they will result in an over concentration of that use (in accordance with point 1).

- 4.15 There are, however, some weaknesses to this approach, which may impact on its potential for achieving the objective of reducing childhood obesity. Because the policy focuses on schools and other facilities attractive to young people, it will not control access to purchases made on the journey between home and the destination. The 400m exclusion zone may be subject to challenge, as many children are willing to walk more than 400m in order to visit HFTs however in other areas physical barriers such as roads and rivers restrict travel meaning a smaller distance would be appropriate. Many other shops such as bakers and newsagents selling cheap energy

dense and nutrient poor food are located in areas easily accessible to unaccompanied children. These are likely to contribute to obesity but cannot be easily separated from other shops and controlled through the planning system.

- 4.16 Alternative strategies for controlling HFT through the planning system could include maintaining the policy structure set out in Alteration Number 1 in relation to over concentration and resisting development out of centre, whilst relying on each school's Healthy Eating plans and policies as material considerations when determining applications. It has been suggested that, theoretically, planning conditions could be attached to approvals to control the calorific values and fat percentage of menus. However, it is considered that such conditions would be unenforceable and therefore of very limited value. A more innovative approach could involve the neighbourhood planning regime. This approach has the potential to enable neighbourhood communities (including schools), to make very local policies restricting HFT in areas where specific concerns have been identified.

- R1 The Committee recommend the planning department work with the public health team to draft policy for consideration of appropriate hot food takeaway locations in the borough to be included planning documents.**

Licensing

- 4.17 The Licensing Act 2003 requires each local authority to prepare and publish a statement of licensing policy (SLP) which provides the vision for the local area and a statement of intent that can provide a clear way forward to guide practice. Local authorities must have regard to their SLP when carrying out their licensing functions.
- 4.18 Stockton Borough Council's SLP promotes the following objectives which are of equal importance and are of paramount consideration at all times:
- a) the prevention of public nuisance
 - b) the prevention of crime and disorder
 - c) ensuring public safety
 - d) protection of children from harm
- 4.19 The Committee considered Revised Guidance issued under section 182 of the Licensing Act 2003 which is now in force and includes the local authority's Director of Public Health (DPH) as a 'responsible authority' who must be fully notified of applications and who is entitled to make representations to the licensing authority in relation to the application for the grant, variation or review of a premises licence. The representations must still be considered 'relevant' by the licensing authority and relate to one or more of the licensing objectives for an area any part of which is in the licensing authority's area.
- 4.20 The revised guidance suggests the DPH should be familiar with the existing SLP which provides the DPH and the public health team an opportunity to incorporate relevant local public health concerns within the wider policy context of the local licensing authority. This would, for example, include local health statistics on alcohol

consumption, along with highlighting action that could help remedy any particular concerns.

- 4.21 Where there is insufficient public health-related information, or such information is not readily available, but where it is believed there is a local public health impact due to licensed premises, the DPH and public health team can consider conducting or commissioning a specific study to assess the position.
- 4.22 Stockton Borough Council is operating with licensing policies that began in 2011. Previously, licensing authorities were required to determine their licensing policies for each three-year period but policies published in respect of the three-year period that began on 7 January 2011 were to be treated as though they apply to a period of five years so a policy refresh is due in 2016.
- 4.23 Before licensing policies are reviewed, there must be a consultation which will begin in 2015. The guidance advises the DPH to engage with the licensing authority early in the consultation process to establish how public health can be involved.

R2 The Committee support the DPH and Public Health England in that preliminary consideration of public health's strategic goals should reflect the promotion of the four licensing objectives and recommend that the DPH and public health team:

- **engage with the licensing authority when the Statement of Licensing Policy (SLP) is reviewed and what the review process will be**
- **conduct a health-impact assessment of alcohol in the local area or a specific study to assess if problems arise from the cumulative impact of licensed premises; or, where one has been completed, assess its relevance to licensing**
- **engage with and collect the local views of the community and wider public health community**
- **investigate the health data for the area, including the wider public health and local alcohol profiles for England (LAPE)**
- **engage the health and wellbeing board (HWB) in the consultation process to identify issues that would benefit from the support of licensing**
- **reference the SLP in alcohol harm-reduction strategies and other key local public health documents to ensure public health and licensing are aligned**

4.24 Although local authority Directors of Public Health became responsible authority's entitled to make representations in relation to licensing applications health issues were not added as an objective when revised guidance was published in 2014. The Committee was disappointed that this amendment was not made as Members believe it would be a useful addition to the powers of a licensing committee.

R3 The Committee recommend that Stockton Borough Council lobby its local MPs in support of the Directors of Public Health campaign for public health issues to become an objective in licensing to which the Council carries out its functions under the Licensing Act 2003.

- 4.25 The North East has one of the highest levels of alcohol consumption and the highest number of alcohol-related hospital admissions in the UK. The DPH was keen for the Committee to be aware of the work of Balance, the North East alcohol office which aims to improve the health of people in the North East of England and to make communities safer by encouraging people to change their attitude towards alcohol.
- 4.26 Balance is currently drafting a briefing report which will cover many of the aspects of public health's engagement with statements of licensing policy and what the policies aim to achieve. It is expected to be published in February 2015 and is likely to include:
- The role alcohol plays in the wider economy within localities – to ensure the debate of licensing with planning and economic regeneration departments
 - Framework opening hours – to address the selling of alcohol from the early hours of the morning and later opening hours can bring increased levels of crime, disorder and nuisance.
 - Decision on the kinds of 'no go' premises – those types of premises not expected to submit applications for licenses from, e.g. soft play areas
 - Guidance on the promotion of alcohol within premises, e.g. no promotion of alcohol on windows or outside premises
 - Identification of premises not encouraged in the borough, e.g. vertical drinking establishments
 - The number and location of off license premises in the borough
- R4 The Committee recommend that appropriate and relevant Balance report findings are taken into consideration during the review of Stockton Council's Statement of Licensing Policy.**
- 4.27 Within the scope of this review the Committee was specifically asked to explore designating special policies across specific areas of the borough i.e. Cumulative Impact Zones (also known as saturation zones) to deal with a proliferation of particular outlets including premises licensed to sell alcohol.
- 4.28 The Committee is aware of the relationship between increased outlet density and alcohol consumption in adults and young people. The number of alcohol outlets density can mean an increase in alcohol consumption, increased alcohol-related crime and violence and under-18 alcohol-specific hospital admissions. A cluster of licensed premises are also more likely to compete on price and promotions which can lead to increased consumption and alcohol related injury and violence.
- 4.29 The Revised Guidance highlights Cumulative impact policies (CIPs) as special policies which allow public health to be involved in licensing. Section 182 of the Act allows for "...the potential impact on the promotion of the licensing objectives of a significant number of licensed premises concentrated in one area. The number, type and density of licensed premises selling alcohol within an area may be such to give rise to serious problems of crime, disorder and/or public nuisance."
- 4.30 The Revised Guidance gives detailed advice on the types of evidence that can inform a review of the cumulative impact of licensed premises (see appendix 1). The PHE and LGA guidance note on effective participation by public health teams advises the DPH could add information such as:

- treatment data – number of people in the area in structured alcohol treatment
- deprivation in the area
- data on alcohol consumption in the local area
- statistics from the LAPE

4.31 Where there is insufficient public health-related information, or such information is not readily available but the DPH believes there are problems arising from the cumulative impact of licensed premises, he or she can consider conducting a specific study to assess the position.

4.32 Members were made aware of case studies published by the PHE and LGA where CIPs had been introduced elsewhere to show how they could be utilised.

Case Study 1

Blackpool currently has five CIPs: four off-licence and one on-licence. Public health instigated the CIPs by cross-referencing local hospital admissions data and A&E presentations with police data on violence, public order, drunk and disorderly, drinking in a public place offences, and social demographic profiles. This provided location-specific intelligence that highlighted a need to minimise further availability of alcohol in the five areas and the introduction of the five CIPs. CIPs have contributed to creating more professional and safe retail environments, minimising price competition, and enabling the town to attract family entertainment to replace vertical drinking and off-sales establishments.

Case Study 2

The public health Liverpool epidemiology team produced a report to inform the proposal for a CIP in the Kensington area. The report included statistics on the wider determinants of health such as child poverty, pupil attainment and absence, first-time entrants to youth offending services, levels of alcohol specific hospital admissions, and level of deprivation and benefits. This information helped support the successful approval of the Kensington CIP.

R5 The Committee recommend that Stockton Borough Council consider, where necessary, introducing a “Cumulative Impact Zone Policy” in relation to where the number, type and density of licensed premises are concentrated and serious problems of nuisance and disorder may arise or have been shown to arise at licensed premises, outside licensed premises or otherwise connected with such premises.

4.33 The low cost of alcohol and 24 hour availability was a concern to Members who didn't want to see alcohol as a 'loss leader' in promotions to attract custom. They were reassured that on 28 May 2014, a new mandatory condition, banning the sale of alcohol below the cost of duty plus VAT, came into force. From 1 October 2014 existing mandatory licensing conditions were tightened relating to irresponsible promotions, the provision of free water, the adoption and application of age verification policies and the provision of small measures at licensed premises.

R6 The Committee recommend that SBC Trading Standards Department continue to monitor the position of the price of local alcohol sales and to take appropriate action when alcohol is sold for less than cost of duty plus VAT.

- 4.34 Despite the introduction of the ban on below cost selling, alcohol charities and public health groups, as well as some academics and parliamentarians, continue to argue for the introduction of a minimum unit price.
- 4.35 The All Party Parliamentary Group on Alcohol Misuse claim that the ban on below cost sales would have a “negligible” impact and calls for a minimum unit price to “precisely target” the products consumed by harmful drinkers and children. The Group do not recommend a specific price although their Scottish counterparts, as alcohol licensing is a devolved matter, passed legislation in May 2012 which would enable the Scottish Government to introduce a minimum unit price for alcohol in Scotland. The intended price is 50 pence per unit although the Scottish Whisky Association is challenging the legislation in the courts.
- 4.36 One of Public Health England’s (PHE) seven priorities is to reduce harmful drinking and alcohol-related hospital admissions. PHE has said that it will “continue to set out the evidence base for the introduction of a minimum unit price for alcohol”.
- 4.37 Alcohol Concern has an ongoing campaign for a minimum unit price of at least 50 pence.
- 4.38 In a September 2014 article in the British Medical Journal it was estimated that the ban on below cost selling would have “small effects on consumption and health harm” and that a minimum unit price, if set between 40 pence and 50 pence, would have an “approximately 40-50 times greater effect”.
- R7 The Committee recommend that Stockton Borough Council lobby its local MPs in support of the Directors of Public Health and Public Health England’s campaign for the introduction of a national minimum unit pricing of alcohol.**
- 4.39 There is a floor price which means it can’t be sold at a loss but determining what the cost is for a retailer plus vat is difficult and time consuming which can be costly to the licensing department. Licensing fees remain the same as those originally set in 2005 although the Local Government Association (LGA) quote, as part of its continuing to campaign for the introduction of locally-set fees, based on a sensible way of recovering costs effectively, independent experts who said in 2006 that fees should rise by 7 per cent, and be reviewed in 2010.
- 4.40 The LGA estimates that it costs local authorities nationally at least £1.5 million a month to pay for processing applications, holding consultations and hearings and investigating and taking action on licensing breaches. The LGA is therefore calling for the Government to finally meet its promise to free councils from having to divert limited resources away from vital services and allow them to set their own licensing fees.
- R8 The Committee recommend that Stockton Borough Council support the Local Government Association campaign for the introduction of locally-set licensing fees allowing local authorities to recover the actual cost of applications.**



5.0 Conclusion

- 5.1 The Committee accept that control and access is only part of the issue and that altering behaviours is an agent for change but Members want to provide the assistance to the various departmental teams that can begin to address the overindulgence of alcohol and fast foods and the health impacts they can have.
- 5.2 The Committee recognise the limitations that dedicated officers are working within and are recommending not only the way in which disparate teams work together to support and improve the health of Stockton Borough residents but also to campaign for national legislative changes which can benefit the wider population.