

Public health and the Licensing Act 2003

Guidance on effective
participation by public
health teams

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Introduction

The Licensing Act 2003 (the Act) introduced a modern, integrated scheme, administered by local authorities and covering the retail sale of alcohol, the supply of alcohol, the provision of various forms of entertainment and the provision of late night refreshment.

The focus of the Act is the promotion of the four statutory licensing objectives:

- the prevention of crime and disorder
- public safety
- the prevention of public nuisance and
- the protection of children from harm.

Under the Act, a range of public bodies known as responsible authorities must be notified of applications and are entitled to make representations on those applications to the licensing authority. Since 2013, directors of public health (DPH) in England have been included in the Act as responsible authorities.

Purpose of this guidance

Whilst public health can contribute against any of the four existing licensing objectives, in practice it can be difficult for them to be heard. This guidance is to help DPH, their team, and other responsible authorities to develop their understanding of how public health can contribute to licensing.

Of equal importance is understanding how licensing can contribute to the public health agenda, especially given the prominence of tackling alcohol misuse in council's health and wellbeing strategies.

It is also worth considering how this role contributes to council's wellbeing duties¹ and in particular the duty to take such steps as it considers appropriate to improve the health of the people in its area.²

The document should be used alongside other Public Health England (PHE) alcohol licensing guidance.³

PHE is keen to maximise the impact of public health within local licensing ensuring it:

- performs its role as a responsible authority effectively
- contributes to local licensing policies
- is represented on licensing forums and partnership groups
- shares data and evidence with other responsible authorities.

All responsible authorities should consider their own experiences, local needs and demands when deciding how best to put this guidance into effect.

This document does not duplicate or replace guidance already issued by the Home Office, other government bodies or local authorities. Instead, it provides practical ways to maximise effectiveness and includes local examples of public health input into the licensing process.

1 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/8335/1148897.pdf

2 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213009/Public-health-role-of-local-authorities-factsheet.pdf

3 www.gov.uk/guidance/alcohol-licensing-a-guide-for-public-health-teams

The role of public health as a responsible authority

The guidance issued under section 182 of the Act⁴ outlines the role of the responsible authorities (RA). For more information on the role of RAs, refer to section 9 ('determining applications') of the section 182 guidance.

Each RA brings unique expertise and experience to promoting the licensing objectives, and contributes to the smooth administration of the licensing regime in its local authority area.

The DPH, as a responsible authority, may have access to information that is unavailable to other RAs, which helps the licensing authority carry out its functions.

The role of the DPH is to help promote the health and wellbeing of the local populations they serve. This is an expansive remit that influences a wide range of circumstances, including local licensing arrangements. Similarly, the licensing regime is concerned with the promotion of the licensing objectives. These collectively seek to protect the quality of life for those who live, and work near 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.

As a responsible authority, the DPH may (where they have appropriate evidence):

- engage with applicants to negotiate conditions or terms
- make relevant representations on the likely effects of granting a new premises licence or club premises certificate (or a variation of an existing one), on one or more of the licensing objectives
- contribute data to support other responsible authority representations on the likely effects of granting a premises licence or club premises certificate (or a variation of an existing one), on one or more of the licensing objectives
- make relevant representations on the review of a premises licence or club premises certificate where problems associated with one or more of the licensing objectives occur after the licence or club premises certificate has been granted or varied
- issue an application to review a premises licence or club premises certificate where problems associated with one or more of the licensing objectives occur after the grant or variation of the licence or club premises certificate
- contribute to the development and review of the statement of licensing policy and cumulative impact assessments, and have a key role in identifying and interpreting health data and evidence.

⁴ www.gov.uk/government/publications/explanatory-memorandum-revised-guidance-issued-under-s-182-of-licensing-act-2003

Other responsible authorities under the Act are:

- police
- fire service
- health and safety
- environmental health
- child protection services
- trading standards
- planning
- the licensing authority
- Home Office Immigration Enforcement.

Contact details for responsible authorities can be found on the licensing section of the local authority website or from the licensing authority directly.

Development and review of policy: the statement of licensing policy

The Act requires each local authority to prepare and publish a statement of licensing policy (SLP). The SLP provides the vision for the local area and a statement of intent that can guide practice. Local authorities must have regard to their SLP when carrying out licensing functions.

The DPH should be familiar with the existing SLP and consider what, if any, contribution they can make to the development and review of the SLP to address relevant public health concerns.

What public health can do

In developing and reviewing the SLP the DPH and their team can:

- engage with the licensing authority to find out when the SLP is going to be reviewed and what the review process will be
- conduct a health-impact assessment of alcohol harm in the local area (or assess its relevance to licensing where one has already been completed)
- engage with and collect the views of the local community and the wider health community to feed in to the process
- encourage local areas to undertake a system wide self-assessment using the local alcohol services and systems improvement tool⁵ to review local activity and arrangements, and set out ambitions for reducing alcohol harm
- investigate the health data for the area, including Local Alcohol Profiles for England (LAPE)⁶ data. PHE has developed a list of relevant datasets and sources of

information which is available online⁷

- engage the health and wellbeing board (HWB) in the consultation process to identify issues that licensing could support reference the SLP in alcohol harm reduction strategies, as well as other local public health documents to ensure public health and licensing are aligned.

Strategic licensing goals

The DPH should consider how their long term strategic goals for improving health and reducing harm can inform the local licensing regime; remembering that these will need to reflect the promotion of the four licensing objectives. When considering the role that public health has in licensing, the more focused the engagement, the more effective and sustainable it is likely to be.

Reviewing the SLP

Licensing policies must be reviewed every five years, or more frequently at the instigation of the licensing authority. The SLP must always be kept under review and sometimes reviewed for a specific reason.

Before licensing policies are reviewed, there must be a consultation. This process varies depending on the local authority. The DPH should engage with the licensing authority early to establish when the SLP is going to be reviewed and how public health can be involved.

5 www.gov.uk/government/publications/local-alcohol-services-and-systems-improvement-tool

6 <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

7 www.gov.uk/government/publications/alcohol-licensing-data-for-public-health-teams

PHE has published advice⁸ for public health teams to help them review their local statement of licensing policy for alcohol, which outlines the steps to take.

The DPH needs to be aware that the SLP cannot create new requirements for applicants outside the scope of the Licensing Act, but it can invite them to consider local issues and set out how they can positively address 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 statistics on alcohol consumption, and highlighting action that could help remedy any concerns.

The role of the DPH is to help set the context in which licensable activities take place. This is so that applicants and decision makers have a clear picture why, for example, an activity that might be uncontroversial in one place may undermine the licensing objectives somewhere else.

Where the DPH engages with the development and review of the policy, they need to ensure their contribution is relevant to the promotion of the four licensing objectives.

Data for the SLP

The data and information tools section of PHE's licensing guidance toolkit⁹ gathers public health information in one place. This provides details of datasets or sources of information, along with links to different tools, that can be used to create maps and reports to help present data and evidence.

Where there is insufficient public health-related information, or it is unavailable, but a DPH believes there is a local public health impact from licensed premises, they can conduct or commission a specific study to assess the position.

⁸ www.gov.uk/government/publications/reviewing-a-licensing-policy-think-local-act-local

⁹ www.gov.uk/guidance/alcohol-licensing-a-guide-for-public-health-teams#data-and-information-tools

Examples of public health involvement in SLPs:

Newcastle

A member of Newcastle City Council's public health team was seconded for three days a week to the licensing department to support the review of the SLP.

This provided extra capacity to carry out the review, which included gathering a range of alcohol harm data from responsible authorities, such as:

- alcohol-related crime
- violence and anti-social behaviour
- domestic violence
- child protection notifications
- domestic fires
- hospital admissions
- ambulance pickups
- A&E attendances for assaults.

For the first time, the review also looked at the numbers of premises licensed for alcohol and late night refreshments in different geographical areas. This triangulation of data helped determine which areas had the highest numbers of outlets and alcohol-related harm, thus enabling the SLP to incorporate five new cumulative impact policy areas in the city.

Through an extensive consultation with the public – resulting in 200 responses – the team were able to develop a stronger understanding of the impact of licenced premises on the community.

Medway

Medway's SLP was updated in 2018 to reflect the role of public health in licensing. The main document explicitly refers to the council's health and wellbeing strategy and health issues. Specific appendices on health, safeguarding, child sexual exploitation (CSE) and sexual harassment are included.

During the cumulative impact policy (CIP) and SLP review processes, the public health team engaged local resident and business community groups on their views and experiences relating to alcohol-related harm.

To gather those views the public health team developed a questionnaire which was sent out to community and business groups in areas that had been identified as being potentially suitable for a CIP.

Respondents identified issues such as begging, litter and other nuisance, and the areas of most concern coincided with those identified by the public health and police data.

All this local information from different communities helped inform the SLP development.

Special policies: cumulative impact

Where authorities have evidence that the high number or density of licensed premises in a particular area is having a detrimental effect on one or more of the licensing objectives, the licensing authority may consult on a cumulative impact assessment (CIA).

The effect of having a cumulative impact assessment is that it creates a presumption that applications for new (or sometimes variations to) licences that receive relevant representations will be refused unless the applicant can show that granting the application will not add to the cumulative impact of existing premises.

Public health make an important contribution to this assessment and section 182 guidance gives detailed advice on the types of evidence that can be used.

A DPH may want to add the following information:

- the number of people in the area currently attending structured alcohol treatment
- deprivation in the area
- alcohol consumption data for the local area
- statistics from the Local Alcohol Profiles for England (LAPE).

Where there is insufficient health information, or such information is not readily available, but the DPH believes there are problems arising from the cumulative impact of licensed premises, a specific study may be needed to assess the position.

The DPH should refer to the statement of licensing policy or speak to licensing colleagues for more information on existing policies to address cumulative impact in the local area.

Areas covered by a CIA are often called cumulative impact areas or zones.

Example of public health involvement in cumulative impact policy:

Blackpool

Blackpool currently has five cumulative impact assessments: four off-licence and one on-licence.

Public health instigated the development of these cumulative impact zones 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 information provided location-specific intelligence that showed the need to minimise alcohol availability in the five areas.

Having cumulative impact policies for these areas has 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-licence establishments.

The licensing objectives

There are four licensing objectives which underpin the Act and need to be taken into account, and promoted, throughout the licensing process. Each objective carries equal weight.

The licensing objectives are the:

- prevention of crime and disorder
- public safety
- prevention of public nuisance and
- protection of children from harm.

The DPH and the public health team must become familiar with these objectives and consider the extent to which relevant public health concerns are addressed within the Act.

The Act is a permissive scheme and the licensing authority only acquires the discretion to grant or refuse an application, or to attach individual conditions to a licence if there has been a relevant representation. Therefore, it is vital that public health teams make a relevant representation if they have a concern about the application, or wish to bring the attention of the licensing authority to relevant information which may influence their decision.

Representations made by the DPH, must relate to the likely effect of the grant of the licence on the promotion of at least one of the licensing objectives in order to be considered relevant. A representation will have greater weight if it is supported by evidence linked to the premises or the locality in which the premises is situated. For instance, an application is unlikely to be rejected or have conditions applied because there are high levels of alcohol harm across a local authority footprint, but might if high levels of

street drinking can be shown to take place in close proximity to the premises. Personal representations from members of the local community are also often well received.

The section 182 guidance includes an overview of each of the objectives, these are also considered in more detail below.

Crime and disorder

What public health can do:

- Work with police, community safety colleagues and other responsible authorities to set up a system of sharing relevant information and data.
- Contribute relevant public health data and concerns to the development of the SLP.
- Support other responsible authorities by facilitating access to health information, such as:
 - Anonymised A&E data linked to alcohol-related incidents. This data can provide a unique profile of premises or streets in an area that experience the most problems. Such information contributes to the development of local policy including cumulative impact polices, and may also be used as part of a review.
 - Ambulance records, including place of pick-up and last drink data (or where most of a person's drinking took place). This information can also contribute to the profile of the most problematic premises or streets in an area.
- Evidence of the health impact of illicit or counterfeit alcohol (for example methanol poisoning) could provide information on illegal activity related to specific premises,

and help support trading standards and police action on illegal sales.

- Data and evidence should not only be used to demonstrate negative impacts. Evidence could be provided of the positive impact of local partnership schemes. For example those that promote the licensing objectives or the effectiveness of restrictions on the sale or supply of super strength beers, lagers and ciders.

Public safety

What public health can do:

- assess the health impacts on individuals, families and communities if the licensed premises did not have adequate safeguards in place to protect the public from accidents and injuries
- support the sharing of anonymised A&E information on victims of alcohol-related incidents to be used in representations where appropriate
- use A&E data on non-alcohol related admissions from licensed premises to demonstrate that a premises is unsafe
- investigate ambulance service data relating to pickups responding to loss of consciousness and/or alcohol poisoning
- explore the impact on emergency services, such as multiple call-outs to premises, that increase the burden on the ambulance service
- track the impact of assaults and violence on victims and their families. For example, engage victim support services, sexual health services and police.

Example of public health involvement in a public safety review:

Dudley

Dudley public health team supported trading standards colleagues in an application to the licensing authority to review a premises licence, on the grounds of selling counterfeit alcohol. The premises had changed labels on bottles to avoid

paying tax, as well as altering the contents – which when tested were found to contain industrial alcohol.

The public health team provided details of the potential harm to individuals if they drank industrial alcohol. At the hearing the licensee's legal counsel challenged trading standards and police on their statements, but declined to challenge the evidence from public health. The licensee was given a temporary suspension of his licence in order to meet additional requirements, including re-training and proper accounting systems to show where alcohol was being obtained.

Public nuisance

What public health can do:

- Support the licensing authority and environmental health teams by facilitating access to health information; such as A&E data linked to alcohol-related incidents of crime, disorder or nuisance.
- Contribute relevant public health data and concerns to the development of the SLP.
- Provide evidence about the impact on the mental health and wellbeing of vulnerable people in the local community, who might go on to commit crime, disorder or nuisance. An example might be the impact of street drinkers on the community.

Example of public health representation of a new premises on public nuisance:

Newcastle

Newcastle public health team made a representation objecting to the granting of a new licence under the public nuisance and crime and disorder objectives. The area had identified problems of street drinking and sales from the off-trade to people who were often already drunk, resulting in alcohol-related anti-social behaviour.

The team raised concerns that the applicant hadn't provided any indication in the application on how they would minimise

the sale of alcohol to street drinkers, including staff training, or a process for refusing sales to people who were already drunk.

The team presented evidence to suggest the application would increase the local threat of public nuisance, alcohol-related anti-social behaviour, crime and disorder. They also submitted research to show that factors which increase consumption are low-cost alcohol, the proximity of premises selling alcohol and the length of opening times. The team successfully argued that if the density of alcohol retailers increased in the area it could lead to increased competition and a reduction in alcohol prices, making alcohol even more affordable, resulting in more consumption and public nuisance.

The licensing committee upheld the representation and the licence was refused.

Protection of children

What can public health do:

- Assess the risks to children and engage with statutory and voluntary children's services.
 - Engage with the local safeguarding board, and children and family services to set up a system of sharing relevant information and data with other responsible authorities the number of young people in the area accessing specialist substance misuse services.
 - The number of young people who are not in education, employment or training (NEET).
 - The number of young people on the at-risk register.
 - The number of young offenders.
- Assess the proximity of the premises to local family centres, schools, play groups community youth centres and other venues where children are present.

- Work with trading standards colleagues and provide local data on children and young people's drinking. This information could be helpful in identifying potential areas where underage sales or proxy sales are taking place.
- Share anonymised A&E attendance of young people due to alcohol poisoning and other alcohol-related incidents with other responsible authorities. Where relevant include this information in representations.

Example of public health representation – protection of children:

Bury

Bury public health team put in a representation to refuse a license for a 24 hour a day, seven day a week home-delivery service. The service was proposed to serve an area with a high prevalence of alcohol-related hospital admissions, and more children under 16 compared to the national average. Along with the police, they successfully argued against the application on the grounds of all four licensing objectives.

Public health used demographic data, information on fake identification, research on children and alcohol to show that the measures and procedures proposed by the applicant to prevent sales to under-18s were not sufficient. They were able to show that there was a serious risk that purchases could be made by, or for, under-18s. The panel decided not to grant the licence; no appeal was made.

Relevant additional guidance and evidence

Statutory guidance on inter-agency working to safeguard and promote the welfare of children

www.gov.uk/government/publications/working-together-to-safeguard-children--2

Safeguarding children affected by parental alcohol and drug use

www.gov.uk/government/publications/safeguarding-children-affected-by-parental-alcohol-and-drug-use

Child sexual exploitation: prevention and intervention

www.gov.uk/government/publications/child-sexual-exploitation-prevention-and-intervention

Partnership working

It is recommended that the DPH and other responsible authorities develop partnership working to maximise the use of public health intelligence in the licensing process. Many areas have a joint local licensing group or forum where licensing issues are discussed. In some cases, specific public health and licensing groups have been set up.

Example of public health licensing networks:

West Midlands

The West Midlands alcohol licensing and public health network is hosted by Learning for Public Health West Midlands¹⁰ which meets quarterly with representation from across the region. Its purpose is to develop the public health licensing role by sharing and developing good practice, improving data and intelligence and by working together. They work to inform strategy and policy at the senior level across the West Midlands.

The group has worked together to ensure public health is represented in local SLPs. They have provided masterclasses on alcohol licensing and public health, and run sessions with a local barrister on how to present public health representations.

The group has also worked with the West Midlands Ambulance Service to provide data on alcohol related admissions, injury data and developed a risk assessment tool to support licensing applications.

Working with local councillors

It is important to engage with elected members, including ward councillors, who may have local knowledge that enables public health teams to pinpoint hotspots of local alcohol harm and/or high levels of consumption. This soft data can help public health teams target interventions or to commission further research to inform representations on licence applications.

The LGA has developed a councillor's handbook¹¹ which is a useful resource for DPHs to understand the role of elected members and how they approach their decision making under the Act.

The DPH should consider providing training on public health for stakeholders to facilitate their understanding of public health. Conversely, licensing teams could provide valuable training and insight to public health on the licensing legislation and processes.

There have been a number of local and regional training events explaining the role of public health to a wider audience involving local councillors, other responsible authorities and trade representatives. In areas where the role of public health is not being fully realised, it is suggested that similar events are promoted.

10 www.lfphwm.org.uk

11 www.local.gov.uk/licensing-act-2003-councillors-handbook-england-and-wales

Public health example of training for people working in the night time economy and councillors:

Leeds

A free drug and alcohol awareness training session was developed by Forward Leeds (Leeds integrated drug and alcohol service), in partnership with Leeds City Council's public health team, for those working in the night time economy in Leeds. The sessions run for two hours and are held on a quarterly basis. The alcohol element of the session covers an overview of the impact of alcohol on the city, alcohol units, current government guidelines on consumption, the effects of alcohol on the body, as well as how premises can keep people safe and reduce the harm caused by drinking.

The training is widely advertised, including through members of the city's licensing enforcement group (which includes enforcement agencies) and the Business Against Crime in Leeds (BACIL) group. Staff from different city centre venues in Leeds have attended training; including staff who work in pubs, bars, nightclubs, and Leeds Arena, as well as a range of licensed premises and shopping centre security staff.

In addition to the drug and alcohol awareness training, an alcohol awareness session conducted by Forward Leeds, supported by officers from public health and licensing, was delivered to members of the Leeds City Council Licensing Committee. The purpose of the session was to assist councillors in their decision making around licensing applications. The session included presentations on a range of issues, including the affordability, availability and acceptability of alcohol in society. Other aspects covered included current government guidelines on consumption, the health impacts of alcohol use, and how difficult it is to go through treatment for alcohol dependency.

Public health teams can explore how to work in partnership with residents and communities to support their engagement in the licensing process through representations, consultations or in providing local intelligence. Cheshire and Merseyside's Champs Public Health Collaborative, in partnership with Hitched Communities, has developed an online resource with more information on how to support community involvement in licensing.¹²

Engaging applicants

Depending on the nature of the application and local circumstances, it might be appropriate to engage with the applicant directly to clarify public health concerns. Such negotiations might result in the amendment of the operating schedule to incorporate conditions addressing DPH concerns.

Depending on local processes, negotiations might happen without submitting a full representation, or after a representation has been submitted but withdrawn following successful negotiation. Since the Police Reform and Social Responsibility Act (2011), licence applicants can be asked to demonstrate knowledge about the locality and the DPH should ensure this is done.

Example of public health engagement with an applicant:

Cornwall

Cornwall public health raised concerns over the potential impact of a music festival's request to increase its capacity on public safety and protection of children from harm. The team worked with the applicant and other responsible authorities to negotiate additional conditions to the license.

A variety of agencies including public health worked in partnership with the event management team throughout the application process and afterwards to ensure safety measures were in place. This included an increase in the number of volunteers onsite in various welfare roles, alongside the paramedic services.

¹² <https://alcohollicensing.org.uk>

The outcome of this engagement was that safeguarding of young event goers was taken more seriously and thefts at the event went down.

Groups such as Pubwatch, Best Bar None schemes and Community Alcohol Partnerships (CAPs) can provide a practical forum to engage with DPH concerns.

Other key local services, stakeholders and agencies, such as alcohol treatment providers, homeless hostels and local services responsible for safeguarding children, often have valuable intelligence but limited engagement with local licensing processes. They can be key organisations in providing information, expert opinion and concerns regarding their service users, making them an invaluable resource for licensing teams.

Applications will include information about what the operator is applying for; off-licence or on-licence (or both), whether food is being served or live music performed. It will also include the hours and days during which alcohol will be sold. This information is useful in helping identify the applications that may have a negative impact on the promotion of the licensing objectives.

For example, you might want to consider the following:

- sift the types of applications received
- identify what concerns/potential harms might be linked to the different types of applications
- decide which types of applications are a priority for public health and/or other responsible authorities to review.

Identifying and setting criteria for responding to applications

Each DPH will have different priorities for their local area. An understanding of these priorities provides a useful framework for determining whether to make representations.

Not every application will need a response; instead the DPH or their team should identify the types of applications that could potentially cause concerns and are likely to have a negative impact on the promotion of the licensing objectives.

For example, a new application for a 24-hour vertical drinking establishment or a club with limited seating could have a major impact, while a minor variation to an existing licence for a local restaurant may have minimal impact.

In some cases, there is no evidence linked directly to the premises as it hasn't been in operation. However, DPHs may be able to identify existing concerns about harm in the locality and play a particularly valuable role in scrutinising new applications.

Example application	Possible concerns	Possible public health action
Application for a new licence or variation in a cumulative impact zone	Concerns have been identified in the area where the applicant is requesting a licence or variation and a CIA has been put in place	Investigate further and put in a representation where appropriate data and or information is available received
Review of a premises licence by another responsible authority	Specific concerns have been identified with this premises by other responsible authorities	Support other responsible authorities with data and information or public health representation if appropriate
Other responsible authorities are putting in a representation	Concerns from other responsible authorities	Support other responsible authorities with data and information or make a public health representation if appropriate
The application is for a large capacity vertical drinking and entertainment establishment	This type of large, mainly high-street public house whose business model is to turn around high volumes of alcohol quickly, with the premises cleared of most furniture, to allow maximum numbers of (standing) persons within Ambulance call outs, A&E, antisocial behaviour, under-age drinking	Investigate further and put in a representation where appropriate data and/or information is available
Late night refreshment establishment	Possible concerns with antisocial behaviour, A&E attendance due to assault	Investigate further and put in a representation where appropriate data and or information is available
Late night licence, such as night clubs or entertainment premises operating after midnight	Ambulance call-outs, A&E attendance, ASB, under- age drinking	Investigate further and put in a representation where appropriate data and or information is available
Off-licence	Issues with street drinking, child safety, close vicinity to treatment services, number of off-licences in a particular area	Investigate further where the off-licence is in an area of high alcohol-related harm
Application to extend opening or closing hours	Could exacerbate concerns that have already been identified in the area. Displacement of night time behaviours into the daytime can have a negative impact in the community	Investigate further and put in a representation where appropriate
Restaurants and other food led venues with licences before midnight	Less concern for public health, as this is a food-led venue. However, some food-led venues may convert into bars later at night and could cause issues.	Minimal impact, no action. Unless venue converts into bar late at night investigate further and raise any concerns
Theatre bars before midnight	Maybe less concern for public health, as this is a performance-led premises	Minimal impact, no action
Minor variations	Small changes to premises will have minimal impact	Minimal impact, no action

Example of public health representation - extension of opening hours:

Gateshead

Gateshead licensing authority received an application from a licensed pub to vary their hours to allow it to open earlier in the morning. The DPH used an analytical tool to identify that there were already significant alcohol related harms occurring in the area at the times that the pub wished to open. The DPH also engaged with local treatment services who explained to the Licensing Committee the negative impact of opening early in the morning. The Committee found that the application was likely to result in the licensing objectives being undermined, and it was refused.

Public health example:

Southwark

Southwark's public health team developed a process to screen all applications received and identify those that may present a public health risk.

All applications are sent to a dedicated email for licensing applications and logged in the "Alcohol Licensing Tracker", where key pieces of information from each application are recorded. These include: the premises' name and address; type of licensing application (i.e. New, Major Variation, Review, etc); licensable activity requested; alcohol off-sales requests; and opening times. This information is then used to screen each application.

The public health team has produced a suite of tools and resources to enable effective licensing representations including their Alcohol Licensing Dashboard – an interactive tool used to extract local data on:

- demographics
- wider determinants of health (deprivation, proportion of children living in low income families etc.)
- licensed premises by ward (proportion of type of licenses, number of residents per licensed premises, number of alcohol

related ambulance call-outs)

- morbidity and mortality (admission ratio for alcohol related harm compared to national rates in England).

Southwark's GIS mapping software - a data visualisation tool – displays information such as cumulative impact zones (CIZs), licensed premises, schools, other educational establishments and alcohol recovery hostels.

Public health conducted an evaluation of alcohol-related crime and disorder in Southwark's three CIZs and three other areas with a high density of outlets. Additionally, they reviewed the cumulative impact of alcohol on crime and disorder, and impact of sleep disturbance due to noise nuisance, on health.

This suite of tools allows all applications to be assessed on a case-by-case basis, taking into account the local area and the impact that a new premises (or any changes to an existing premises) is likely to have on that area.

Information and information sharing

Good information sharing is critical if local partners and the licensing authority are to understand the scale and range of the challenges in their area.

The DPH will need to be clear on what health information is available; and if and how it can be shared appropriately with other responsible authorities.

When reviewing what information is available, the DPH should think about:

- what types of data and evidence are available that can be linked to specific premises or the general area that can be used as part of a representation – for example, A&E assault data
- what information can be used to inform the SLP or the development of a cumulative impact zone and other special policies
- what information can be used to provide an overview of the local area's health, social care needs and levels of deprivation, to provide a context to licensing issues
- who will benefit from having access to this information
- whether it is appropriate to share that information
- what additional information is needed and how it can be collected.

Any information collected by the DPH will still need the local context to identify the local circumstances, and describe the local area and specific location.

Information sharing across a range of organisations can require agreed protocols, procedures and governance systems to safeguard its use. In some cases, these will

need high-level agreement at chief officer level with strategic agreements in place specifying the legal requirement and purpose for the information sharing.

The DPH will therefore need to have agreements in place to access and use information from a range of health care providers. For example, for the services they commission, DPH may want to stipulate within service specifications, access to information that could support licensing decisions.

Local clinical commissioning groups (CCGs) may also need to engage in a similar way, so that appropriate information sharing can be included in service specifications and practice of local NHS services.

Example of public health creating a data resource to inform their licensing process:

Leeds

The public health intelligence team in Leeds created the Leeds alcohol licensing data matrix to help strengthen the evidence to support alcohol licensing decisions.

Postcodes for a new licence application can be entered into the matrix which provides an overall comparative, citywide, 'harm ranking' for the lower super output area (LSOA) involved. It also indicates for each data item where the LSOA sits comparatively across Leeds, and rates the risk of potential alcohol related harm into low, medium, high and very high.

The data sources were chosen due to their relevance to the licensing objectives and broader health outcomes, with the data updated as and when the latest versions of each dataset are made available.

A variety of indicators and data sources are used to generate the risk rating such as:

- deprivation score
- alcohol related admissions (NHS data)
- audit C score data from General Practice (which helps identify at risk and likely dependent drinkers)
- alcohol related crime statistics (which include domestic violence, provided by Safer Leeds)
- density of off-licence premises already in the same postcode (Leeds city council licensing data)
- alcohol related mortality and morbidity data; and statistics relating to young people not in education, employment or training (Leeds City Council Public Health data).

These profiles are analysed and depending on the level of potential alcohol related harm in the LSOA, distributed to a key set of partners including:

- West Yorkshire Police licensing team
- public health localities teams
- environmental health colleagues.

Partners are informed of the alcohol harm rating the Leeds alcohol licensing data matrix has generated, along with other information about the application. These partners are then asked to circulate the profile concerned to their relevant local contacts (such as elected members, community groups, residents groups, local NHS providers, etc). This will encourage them to submit relevant representations to the licensing committee, to oppose the application in question and to use the information within the matrix to support them in this.

To date, the matrix has been used to generate profiles for 31 applications; 19 of which were granted at licensing committee, but with conditions attached to the licence, two applications were refused and one withdrawn based on the weight of the evidence.

The licensing team have also used the matrix in the development of the latest Leeds City Council statement of licensing policy and the cumulative impact assessment (CIA) which sits alongside it and covers the areas of the city with the greatest alcohol related harm. The latest licensing policy and CIA is available on Leeds council's website.¹³

¹³ www.leeds.gov.uk/lpc

Presenting representations on behalf of the DPH

Most council websites will provide local guidance that explains who is entitled to make a representation, how the representation should be made and the process that follows, once representations have been received. The section 182 guidance section 'determining applications' provides information on the process for making representations.

DPH should take note of their local process. When making a representation it is also recommended that the DPH:

- States which licensing objective(s) are impacted by the application.
- Sets out the evidence or information that supports the representation. It is important to highlight the specific local information first and then provide any supporting information that set the background of the representation.

Representations should be directed at specific concerns raised by the application. Generic representations are less likely to be upheld by the licensing authority. Steps to using evidence to make a representation to a licensing authority are set out in PHE's licensing guidance.¹⁴

¹⁴ www.gov.uk/government/publications/alcohol-licensing-making-representations

Using licensing conditions

Licensing conditions are imposed where it is considered necessary for the promotion of the licensing objectives. The DPH should carefully consider what, if any, conditions might be deemed appropriate to address relevant concerns raised by the application.

More information on conditions is provided in the section 182 guidance and the Home Office 'guidance on mandatory licensing conditions for suppliers of alcohol and enforcement authorities in England and Wales'.¹⁵

Each application must be considered on its own merits and in light of the particular local circumstances of the licensing authority. Conditions must not duplicate other regulatory regimes, such as health and safety requirements. In some cases, voluntary conditions have been added to the licences in discussion with the applicant.

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/350507/2014-08-29_MC_Guidance_v1_0.pdf

Useful links and resources

www.gov.uk/guidance/alcohol-licensing-a-guide-for-public-health-teams

www.local.gov.uk/regulatory-services-and-licensing

(Local Government Association)

www.acpo.police.uk/ACPOBusinessAreas/Default.aspx

(Association of Chief Police Officers)

www.tradingstandards.gov.uk

(Trading Standards Institute)

www.cieh.org

(Chartered Institute of Environmental Health)

www.alcoholresearchuk.org

(Alcohol Research UK)

www.instituteoflicensing.org

(Institute of Licensing)

www.naleo.org.uk

(National Association of Licensing and Enforcement Officers)

www.alcoholpolicy.net

(Alcohol Policy UK)

<http://lginform.local.gov.uk>

(Local Government Association)

Journal of Licensing

(incorporating a public health update three times a year)



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