



Public Health
England



Protecting and improving the nation's health

Public health and the Licensing Act 2003 – guidance note on effective participation by public health teams

Withdrawn February 2020.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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About the Local Government Association

The LGA is the national voice of local government. We work with councils to support, promote and improve local government. We are a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

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Introduction

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

The clear focus of the 2003 Act is the promotion of the four statutory objectives which must be addressed when any licensing functions are undertaken. The licensing objectives are:

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

Under the Act, a number of public bodies known as responsible authorities must be fully notified of applications and are entitled to make representations to the licensing authority. Since 2011 health bodies, directors of public health (DPH) in England (since April 2013) and local health boards (LHBs) in Wales have been included as responsible authorities under the Licensing Act 2003.

Purpose of this guidance note

The guidance note helps DPH (health body for England) and licensing colleagues to develop their understanding on how public health can contribute to the licensing regime and how licensing can contribute to public health. This guidance also introduces the DPH and the public health role to the licensing authority, other responsible authorities, the community and operators.

PHE is keen to maximise the impact of public health within the local licensing regimes and ensure that public health:

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

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

This guidance does not recreate or duplicate guidance already issued by the Home Office, other government bodies or local authorities. Instead, it provides practical ways of how DPH can maximise the effectiveness of their role and it includes local examples of where the DPH and their public health teams have had input to the licensing process.

Where the document refers to the 2003 Licensing Act section 182 guidance or other Home Office guidance, links have been added to direct DPH to the source information.

Before going into detail on how public health can respond to individual applications it is important that DPH are aware of and fully understand the:

- role of a responsible authority and what this means for public health
- importance of local licensing policies and how they can feed into this process
- licensing objectives and how they can become familiar with the extent and scope of the objectives

The following sections outline the DPH role as the responsible authority for health in England, local licensing policies and the licensing objectives, followed by more information on individual representations.

Health as a responsible authority

The guidance issued under section 182 of the Licensing Act 2003 outlines the role of the responsible authority. For more information on the role of responsible authorities refer to paras 9.11, 9.20 to 9.24 of the section 182 guidance:

www.gov.uk/government/publications/reviced-guidance-issued-under-section-182-of-the-licensing-act-2003 and the Home Office's additional guidance for health bodies:

www.gov.uk/government/publications/additional-guidance-for-health-bodies-on-exercising-functions

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

One of the primary reasons for including the DPH as a responsible authority is that public health may have access to information that is unavailable to other responsible authorities, which help the licensing authority exercise 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, 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.

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

- make relevant representations on the likely effects of the grant or variation of a premises licence or club premises certificate 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 grant or variation of the licence or club premises certificate
- issue an application for the review of 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 have a key role in identifying and interpreting health data and evidence.

Other responsible authorities under the 2003 Act are:

- police
- fire service
- health and safety
- environmental health
- child protection services
- trading standards
- planning
- the licensing authority

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 Licensing Act 2003 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 provide a clear way forward to guide practice; local authorities must have regard to their SLP when carrying out their licensing functions. 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 so as to address relevant public health concerns.

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 specifically: eg, to include a cumulative impact policy (CIP) please refer to the 'Special policies: cumulative impact' section.

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

DPH needs to be aware that the SLP cannot 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 does provide 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.

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

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

As a preliminary step DPH should develop an understanding of the public health role within the local licensing regime and consider their own long term strategic licensing goals. 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.

Any such preliminary consideration of public health's strategic goals should reflect the promotion of the four licensing objectives.

What public health can do:

- engage with the licensing authority to find out when the SLP is to be reviewed and what the review process will be
- conduct a health-impact assessment of alcohol in the local area; 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) data www.lape.org.uk/
- 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

Examples of public health involvement in SLPs

Newcastle

A member of the Newcastle 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 a 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 and 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 what areas had high numbers of outlets and alcohol-related harm, which enabled the policy to incorporate five new cumulative impact policy areas for off-licences and premises offering late night refreshment. The team also carried out a more extensive consultation with the public about what they thought about the impact of premises in their area, with nearly 200 responses to the consultation.

Lambeth

Lambeth is one of the most densely populated boroughs in the country, with a rapidly growing population. At the time of the development of the licensing policy, Lambeth had high rates of alcohol-related crime, violent crime and sexual offences.

In light of the above and the changes to the Licensing Act, Lambeth established a cross-party working group to review the council's SLP. The group held themed meetings, exploring various areas of licensing policy, taking evidence from appropriate officers, partners and outside bodies/individuals, before drawing these themes together and creating a new policy.

A range of public health stakeholders gave presentations to the working group. Among the evidence cited were:

- long-term studies showing the effect of price, advertising and availability on reducing consumption
- several academic studies establishing a positive correlation between outlet density and alcohol consumption and associated harms

This information was presented alongside Lambeth specific data, such as:

- the estimated number of dependant drinkers locally
- data from the British crime survey
- alcohol-related hospital admissions and ambulance call-outs
- the Lambeth Clinical Commissioning Group collaborative commissioning strategy plan refresh 2012
- the DPH annual public health report 2009-10

Drink Wise North West

Drink Wise reviewed all North West SLPs in order to understand the local commitment to the regulation of alcohol and to establish a baseline framework for the construction of a SLP. The review was based on three levels of commitment, which could be identified from reading local SLPs. The review was put through a scrutiny panel, leading to the design of the self-assessment framework. The framework was then piloted with four local areas and a workshop was held to help develop it further.

The finalised self-assessment framework helps local areas to hold structured discussion around the development of a local SLP. The questions are designed to take a review team on a journey of development and each question aims to be a starting point for discussion rather than a question to satisfy.

Using the framework, local areas can kick-start action to review their SLPs. The framework can be used to challenge and support all responsible authorities to think differently and look for new opportunities to reduce alcohol-related harms while recognising and reflecting local priorities.

<http://drinkwisenorthwest.org/resources>

Special policies: cumulative impact

Cumulative impact policies (CIPs) are another key means by which public health can become involved in licensing. The phrase, cumulative impact, is not used in the Licensing Act 2003. It appears in the secretary of state's guidance issued under section 182 of the Act and is defined in the guidance as: "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." These can also be described as cumulative impact areas or zones, or stress areas, though the Home Office defines it as a CIP.

For more information on CIPs see paras 13.23 to 13.38 of the section 182 guidance:

<https://www.gov.uk/government/publications/revised-guidance-issued-under-section-182-of-the-licensing-act-2003>

Paras 13.19 to 13.27 give detailed advice on the types of evidence that can inform a review of the cumulative impact of licensed premises. To these 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

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.

The DPH should refer to the statement of licensing policy or speak to licensing colleagues for more information on CIPs in the local area.

Examples of public health involvement in CIPs

Blackpool

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.

Liverpool

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.

The licensing objectives

The DPH and the public health team must become familiar with the extent and scope of the four licensing objectives and consider the extent to which relevant public health concerns are addressed within the 2003 Act. See paras 1.2 to 1.5:

<https://www.gov.uk/government/publications/revised-guidance-issued-under-section-182-of-the-licensing-act-2003>

This is essential to ensure that contributions from public health to the licensing process, ie, representations made by the DPH, are relevant. A representation is relevant if it relates to the likely effect of the grant of the licence on the promotion of at least one of the licensing objectives.

A representation will have greater weight if it is supported by evidence: such evidence is enhanced if it can be 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 on the grounds that there are high levels of alcohol harm in the council area, but might be if high levels of street drinking can be shown to take place in the street where the application is made. Personal representations from members of the local community are also often well received.

The Licensing Act is a permissive scheme and the licensing authority only acquires a discretion to grant or refuse an application or to attach individual conditions to a grant if there has been a relevant representation. Therefore, it is of paramount importance 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.

The four licensing objectives are of equal importance and the promotion of the licensing objectives is of paramount consideration at all times. These objectives may be framed within the context of the wider licensing strategies of the local area. However, the legislation also supports a number of other key aims and purposes. These are vitally important and should be principal aims for everyone involved in licensing work. See para 1.5 of the section 182 guidance:

<https://www.gov.uk/government/publications/revised-guidance-issued-under-section-182-of-the-licensing-act-2003>

For more information on the licensing objectives refer to the following sections of the 182 guidance.

- crime and disorder, paras 2.1 to 2.7
- public safety, paras 2.8 to 2.17
- public nuisance, paras 2.18 to 2.24
- protection of children from harm, paras 2.25 to 2.35

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. Collation of such data can provide a unique profile of the most problematic premises or streets in an area. Such information contributes to the development of local policy including cumulative impact policies and may also be used as part of a review application

- similar data may be collated from ambulance records, including place of pick-up and last drink data (or where most of a person's drinking has been done). 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, eg, methanol poisoning, could provide information on illegal activity related to specific premises and help support trading standards and police data on illegal sales
- data and evidence should not be limited to negative impacts. For example, there may be evidence of local good practice schemes that promote the licensing objectives led by responsible authorities, the trade or by a partnership between them, such as Pubwatch, or restrictions on the sale or supply of super strength beers, lagers and ciders

Public health representation – crime and disorder

NHS Middlesbrough made a representation on the grounds of crime and disorder and public safety to support the application of the police to review a premises licence.

The public health team had serious concerns that public safety was being put at risk from violent incidents at the premises and the resulting injuries to the public. Along with police evidence of a number of serious incidents, public health presented specific information about the injuries sustained, the treatment they required and the NHS costs in treating these injuries.

The licensing committee allowed the premises to retain its premises licence with amended opening hours and strict conditions in relation to admission membership and CCTV. The applicant appealed the decision to the magistrates court. However, leading up to the appeal subsequent negotiations between the police, NHS Middlesbrough and the applicant, and with the approval of the licensing committee, resulted in agreed amendments to the new conditions.

Public safety

What public health can do:

- develop an understanding of the impact on the health of 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, where it links to public safety with other responsible authorities or used in representations where appropriate
- investigate ambulance service data on pickups responding to loss of consciousness and/or alcohol poisoning
- explore the impact on emergency services, for example, multiple call-outs to premises that potentially impact on other ambulance service calls, thereby increasing the burden on the ambulance service

- develop an understanding of the impact of assaults and violence on victims and their families. For example, engage victim support services, sexual health services and police

Public health involvement in public safety review

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. Not only had the labels on the bottle been changed to avoid paying tax, but the contents had been altered – on testing it was found to contain industrial alcohol.

The public health team provided details of the potential harm to individuals if they ingested this alcohol. At the hearing the licensee's legal counsel challenged trading standards and police on their statements, but declined to challenge the scientific statement 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 purchased.

Public nuisance

What public health can do:

- support the licensing authority and environmental health teams by facilitating access to public health information such as A&E data linked to alcohol-related incidents of crime, disorder or nuisance
- work with environmental health team and other responsible authorities to set up a system of sharing relevant information and data, including details of 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 sectors of the local community, who might then go on to commit crime, disorder or nuisance. An example might be the impact of street drinkers and their impact on the community

Public health representation – public nuisance

Newcastle public health team made a representation under public nuisance and crime and disorder, objecting to the granting of a new licence. The area where the application was proposed had identified problems of street drinking and sales from the off-trade to people who are often already drunk, resulting in alcohol-related anti-social behaviour. This had caused nuisance, and distress to local businesses, members of the public and others and had led to the police seeking anti-social behaviour orders to try and alleviate the situation.

The team raised concerns that the applicant hadn't provided any indication in the application how it would minimise the sale of alcohol to street drinkers,

such as how staff will be trained and supported to refuse alcohol sales or how processes would prevent the sale of alcohol to people who are drunk.

The team presented evidence to suggest the application would increase the local threat of public nuisance, alcohol-related anti-social behaviour and crime and disorder, and so would not meet the council's licensing objectives. The team used information from the Newcastle Alcohol Watch scheme, which traces discarded and seized alcohol containers back to retailers. A recent survey of the city centre had shown that 209 alcohol containers were identified in the city centre area. Of the 209 containers, over half were found or seized in the street within in the vicinity the proposed premises, confirming it was a hot spot for street drinking in the city.

The team also provided research to show that the factors which increase consumption are low-cost alcohol, the proximity of premises selling alcohol and the length of opening times – these combine to make alcohol more affordable, more available and easier to consume. The team successfully argued that as 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 public health representation and the licence was refused.

Protection of children

What can public health do?

- develop an understanding of the potential risks to children and engage with the full range of children's services across statutory and voluntary organisations
- 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. Relevant information could include the number of young people in the area accessing specialist substance misuse services and other local children's data that may be affected by alcohol sales, such as the number of young people NEET, the number of young people on the at risk register, the number of young offenders
<http://www.chimat.org.uk/default.aspx>
- consider 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 of underage sales or proxy sales

- 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 polices or representations

Public health representation – protection of children

Bury public health team put in a representation to refuse a 24/7 home-delivery service to be based in an area of Bury with a high prevalence of alcohol-related hospital admissions, more children under 16 compared to the national average, and an overall younger profile than the rest of Bury. Along with the police, public health successfully argued against the application on the grounds of all four licensing objectives.

Public health used demographic data, information on fake identification, and research on children and alcohol, to show that the control 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.

Partnership working

The DPH is in a unique position to bring together operators, responsible authorities and the community to address the impact of licensed premises on local populations.

It is recommended that the DPH and other responsible authorities engage with each other 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.

Public health partnership working

London

The London licensing panel group brings together the police, licensing authorities, trading standards, environmental health, HMRC, mayor's office for policing and crime (MOPAC), and public health, to discuss licensing issues across London. The group:

- provides a joint agency strategic view on approaches to alcohol licensing
- engages on alcohol licensing issues of relevance to London, such as providing a joint response to consultations and policy statements
- exchanges information and ensures awareness and understanding of member actions and priorities, including initiating and entering into joint projects where appropriate.

West Midlands

The West Midlands alcohol licensing and public health network is hosted by Learning for Public Health West Midlands. Its purpose is to develop the public health role in relation to licensing, by sharing and developing good practice, improving data and intelligence and working together to influence and inform strategy and policy at a senior level across the West Midlands.

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.

DPH and local authorities might want to consider public health support for the training and development of stakeholders to facilitate their understanding of public health. Alternatively, licensing teams could provide valuable training and insight on the licensing legislation and processes.

There have already 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.

Depending on the nature of the application and local circumstances, it might be appropriate to engage with the applicant directly in the first instance to clarify public health concerns. Such negotiations might result in the amendment of the operating schedule to incorporate conditions addressing DPH concerns. Since the Police Reform and Social Responsibility Act (2011), licence applicants can be asked to demonstrate local knowledge and DPH should ensure this is done.

Public health example

South Leeds is an area of deprivation, with increasing numbers of outlets to buy alcohol, but a decline in the number of pubs. NHS Leeds (as was) and the local community officers had increasing concerns about the availability of alcohol in the area, along with an increase in street drinking and generalised disorder. The publication of the joint strategic needs assessment (JSNA) highlighted a disparity in the life expectancy of residents in the area compared with other areas in Leeds and the national average.

The Leeds City Council south Leeds area team formed the South Leeds Alcohol Group, a multi-agency action group, to reduce the health harm in the area linked to alcohol.

Until 2012 licensing authorities had no ability to ensure that operators had regard for the

local area when making their application. This changed in 2012 with the adoption of a new statutory guidance issued by the government. This opened the door for local guidance to assist applicants when making their application and elected members when they make licensing decisions.

The group developed local licensing guidance specifically for postcode areas of LS10 and LS11 (south Leeds). The health data used to help inform this guidance was from the JSNA and locality middle level super output area (MSOA) health profiles, which are put together from GP practice data. A&E alcohol-related admissions by postcode, which confirmed LS10/11 had the highest incidents, was also used.

In the past 12 months ten applications for premises selling alcohol off the premises have been received for this area. Of these nine agreed to control measures while one application was withdrawn prior to hearing.

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 limited engagement with local licensing processes. They are key organisations in providing information, expert opinion and local intelligence on issues regarding their service users and can be an invaluable source for licensing teams.

Identifying and setting criteria for responding to applications

DPH will have different priorities in their local authority areas. An understanding of these priorities provides a useful framework for determining whether to make relevant representations.

Not every application will need a response from public health. Instead DPH or their nominated public health leads should identify the types of applications that could potentially cause issues 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 could have a major impact, while a minor variation an existing licence for a local restaurant may have minimal impact.

Applications will provide information indicating specifically what the operator is applying for, off-licence or on-licence (or both), whether food is being serviced or live music performed. It will also include the hours and days during which alcohol will be sold. This information is

useful in helping DPH identify the applications that may have a negative impact on the promotion of the licensing objectives.

For example, a DPH might want to consider the following:

- sift the types of applications received
- identify what issues/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

Example application	Possible issues	Possible public health action
Application for a new licence or variation in a cumulative impact zone	Issues have been identified in the area where the applicant is requesting a licence or variation and a CIP has been put in place	Investigate further and put in a representation where appropriate data and or information is received
Review of a premises licence by another responsible authority	Specific issues 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 public health representation if appropriate

<p>The application is for a high volume/vertical drinking and entertainment establishment</p>	<p>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</p> <p>Ambulance call outs, A&E, antisocial behaviour, under-age drinking</p>	<p>Investigate further and put in a representation where appropriate data and/or information is received</p>
<p>Late night refreshment establishment</p>	<p>Possible issues with antisocial behaviour, A&E attendance due to assault</p>	<p>Investigate further and put in a representation where appropriate data and or information is received</p>
<p>Late night licence, such as night clubs or entertainment premises operating after midnight</p>	<p>Ambulance call-outs, A&E attendance, ASB, under-age drinking</p>	<p>Investigate further and put in a representation where appropriate data and or information is received</p>
<p>Off-licence</p>	<p>Issues with street drinking, child safety, close vicinity to treatment services, number of off-licences in a particular area</p>	<p>Investigate further where the off-licence is in an area of high alcohol-related harm</p>
<p>Restaurants and other food lead venues with licences before midnight</p>	<p>Less concern for public health, as this is a food-led venue</p>	<p>Minimal impact, no action</p>
<p>Theatre bars before midnight</p>	<p>Less concern for public health, as this is a performance-led premises</p>	<p>Minimal impact, no action</p>
<p>Minor variations</p>	<p>Small changes to premises will have minimal impact</p>	<p>Minimal impact, no action</p>

Public health example

Lambeth

The DPH for Lambeth commissioned the Safe Sociable London Partnership (SSLP) to develop a process to review all the licensing applications the DPH received, to allow the public health team to identify if a response from public health was needed and, where necessary, to make effective representations. SSLP was asked to implement the process for a five-month pilot period. During the pilot, SSLP reviewed all applications, which included new applications, variations and reviews.

The process consisted of five steps:

1. Reviewing applications against a set of criteria, which were developed through discussions with partners in police, licensing, trading standards, public health and other responsible authorities. These criteria took into account local issues in Lambeth and priorities that public health would like to engage with through the licensing process.
2. Using data-scanning tools developed by SSLP to decide whether there was evidence to show whether a premises could impact alcohol related-harm in Lambeth at a postcode specific level. The data used included crime, health (such as ambulance pickups) and geographical information such as locations of schools and hostels.
3. Engaging with partners and interrogating data, for example, locations of treatment centres and hostels, to get a well-rounded view of the application and its impact.
4. Using a decision matrix to decide whether the DPH should make a representation concerning the license of a particular premises.
5. Making a representation if appropriate, and attending licensing sub-committee meetings to discuss these representations.

Islington

Islington public health team created a simple tool to assess applications in the context of alcohol-related harm. The tool mapped alcohol-related crime, ambulance incidents, and hospital admissions at small area level along with the geographical concentration of existing licensed premises.

The intelligence gathered from the tool was used to determine the extent of alcohol-related harm in the area around premises applying for a licence to sell alcohol or to extend their permitted hours

Where there was evidence of alcohol-related harm significantly above the borough's average it was presented to the local licensing committee. To date, 13 licence

applications with evidence of high levels of harm in the local area have been refused. Two licences to sell alcohol 24-hours a day were granted, but with reduced hours.

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 how this information can be used and shared 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 and that can be used as part of a representation – for example, A&E assault data
- what information can be used to input into the SLP or development of a cumulative impact zone or 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 the location.

Information sharing across a range of organisations can require agreed protocols and procedures for sharing information, and governance systems in place to safeguard its use. In some cases, these will need high-level agreement at a chief officer level with strategic agreements in place as to the legal requirement and purpose for the information sharing.

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

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

Public health example

Since August 2012, the public health team in Newcastle has been actively involved in the licensing process. As capacity was not unlimited, the team prioritised its efforts on applications for off-licences and, in particular, in areas experiencing the greatest alcohol harm. During this period, the public health team made nine successful challenges, resulting in the refusal, revocation or withdrawal of premises licences and applications for off-licences. It also negotiated with a number of applicants to improve the conditions on licence, such as hours of sale and, where alcohol is displayed and advertised on the exterior of premises.

In support of successful objections the team has provided data on: alcohol-related hospital admissions for under-18 year olds, ambulance pick-ups, alcohol-related A&E attendance for assaults and domestic violence and child protection hot spots.

The public health team has also been key in bringing in extensive evidence from academic research about alcohol availability and its impact on consumption, underage drinking, alcohol-related violence and domestic violence.

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' para 9.1 to 9.10 provides information on the process for representations.

DPH should take note of their local process and, when making a relevant representation, it is recommended that the DPH:

- states which licensing objective(s) are affected by the application
- sets out the evidence or information (including details of witnesses) that is relied upon. It is important to highlight the specific local information first and provide any supporting information to set the background of the representation
- indicates whether the application is objected to entirely or whether conditions would allay the concerns which have been expressed
- in any case, states what conditions ought to be considered if the application is to be granted

Representations should be directed at the particular circumstances of the application. Generic representations are less likely to be given weight by the licensing authority.

Using licensing conditions

Licensing conditions are imposed upon the grant of a premises licence or club premises certificate, where it is considered necessary for the promotion of the licensing objectives. Each DPH is advised to carefully consider what, if any, conditions might be considered appropriate to address relevant concerns raised by the particular application.

For more information on conditions refer to the Section 182 guidance 'Conditions attached to premises licences and club premises certificates' paras 10.1 to 10.64 and the Home Office 'Guidance on mandatory licensing conditions for suppliers of alcohol and enforcement authorities in England and Wales':

www.gov.uk/government/publications/guidance-on-mandatory-licensing-conditions

The DPH is reminded that each case is to 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.

Public health example

Lambeth public health team put in a representation for an application for a new licence to operate a 24-hour alcohol and tobacco home-delivery service. As the service provided alcohol for the whole borough, the public health team used data and evidence related to the whole borough rather than specific postcodes. The data included drinking habits and public health issues, as well as crime and disorder and public nuisance. It also included published evidence on the impact of delivery services and on issues surrounding underage sales.

In consultation with licensing colleagues, the public health team pulled together a set of conditions that it felt was appropriate to the application and addressed the issues that undermined the licensing objectives. The licensing authority then negotiated the conditions with the applicant on behalf of public health. The applicant agreed to the conditions and the licence was granted.

Useful links and resources

www.alcohollearningcentre.org.uk (Alcohol Learning Resources)

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)

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