

Licensing committee

Date: 27 February 2014

Agenda item:

Subject: Proposal to Update April 2011 Statement of Licensing Policy

Lead officer: Dr Kay Eilbert, Director of Public Health

Lead member: Cllr Nick Draper

Forward Plan reference number:

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Recommendations:

Agree for the Statement of Licensing Policy to be updated

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this paper is to set out the case for updating the April 2011 Statement of Licensing Policy to reflect

- The transfer of Public Health to the London Borough of Merton in April 2013
- The responsibilities of the Director of Public Health as a Responsible Authority
- Growing evidence about concerns of negative impact of increases in licensed premises that may impact on the health and safety of Merton residents

Licensing is one of the levers that can be effective in creating a healthy and safe community. LBM Licensing officers are working with Public Health to develop an appropriate response, including the use of licensing.

2. BACKGROUND

1.1 Policy

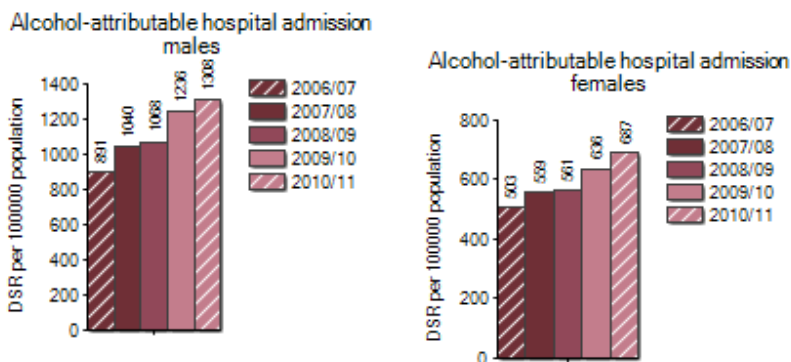
The current Statement of Licensing Policy was agreed in April 2011. It sets out the four licensing objectives;

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

- 1.2 Since that time, major transformation of the health system has taken place with the transfer of Public Health to local government. Although the decision to add health as an objective for licensing applications has been delayed, the majority of the licensing changes set out in the Police Reform and Social Responsibility Act (PRSA) 2011 came into force on the 25th April 2012.
- 1.3 This included changes where health bodies became responsible authorities who can now have a say in local decisions about alcohol licensing. This means health bodies can present health-related evidence, such as data on alcohol-related ambulance callouts and hospital admissions, to licensing authorities and must be notified about new licence applications

2. MERTON DATA

- 2.1 The Joint Strategic Needs Assessment 2013-14 states that alcohol-related mortality and morbidity are generally low suggesting levels of risky drinking behaviour have been less than that in London or nationally. Alcohol related hospital admission rates are lower compared with rates in London or across England but are increasing as demonstrated in Figure 1 below.



Latest reported figures from the Local Alcohol Profiles for England for alcohol specific hospital admissions in the under 18 age group suggested that Merton ranked 9th highest in London.

- 2.2 There has been a 24.2% increase in the number of off licenses in Merton over the last five years. This is compared to a 13% increase in licensed restaurants and no increase in public houses over the same period (2009-2013).
- 2.3 During the two consultations on the Rediscover Mitcham regeneration work in December 2012 and July 2013, without being asked directly, respondents pointed to a theme around problem drinkers and street drinking.

3. THE WAY FORWARD AND CONSULATION

- 3.1 Licensing is an important lever to increase availability of a broad range of products for Merton residents to make healthy choices. The use of combined health and licensing data above is a first step in developing an effective approach to harm prevention in Merton due to alcohol.
- 3.2 Licensing is one of the tools that contribute to a healthy community. Public Health is undertaking initiatives, including
- partnering with Safe Sociable London Partnership to increase its expertise in using data and evidence to advocate for prevention of harm due to alcohol. This will allow Public Health to respond more effectively to licensing applications in Merton, using the latest data.
 - putting in place a number of prevention and early detection initiatives are under development, including training in Identification and Brief Advice (IBA) for frontline staff and prevention of alcohol harm to health.
- 3.3 The cumulative impact of the number, type and density of licensed premises in a given area, may lead to serious problems of nuisance and disorder outside and within the vicinity of these premises. In such circumstances the impact of those premises when taken as a whole can be far greater than that arising from individual premises and it may not be possible to distinguish a specific premises as being the sole cause, or even a major contributing factor of a particular problem.
- 3.4 The 'Rediscover Mitcham' consultations and subsequent report highlighted growing concerns amongst respondents around problem drinkers and street drinking suggesting that Mitcham Town Centre is becoming saturated with licensed premises, making it a focal point for many/or large groups of people to gather and circulate away from licensed premises, creating problems of disorder and nuisance over and above the impact from the individual premises.
- 3.5 In these circumstances the Committee may consider that the attachment of conditions is unlikely to address these problems and it may then consider the adoption of a special policy of refusing new premises licences or club premises certificates because the area is saturated with licensed premises and the granting of any more would undermine one of the licensing objectives.
- 3.6 The work will be completed between March and June 2014. Updating the Statement of Licensing Policy to reflect these changes would contribute to

our ability to ensure a balance of choice on our high streets for residents that is in line with their growing concerns.

4. LEGAL AND STATUTORY IMPLICATIONS

- 4.1 Section 5 of the 2003 Act requires a licensing authority to prepare and publish a statement of its licensing policy at least every five years. Such a policy must be published before the authority carries out any function in respect of individual applications and notices made under the terms of the 2003 Act. During the five-year period, the policy must be kept under review and the licensing authority may make any revisions to it as it considers appropriate, for instance in the light of feedback from the local community on whether the licensing objectives are being met. If the licensing authority determines and publishes its policy in this way, a new five-year period commences on the date it is published.
- 4.2 Previously, licensing authorities were required to determine their licensing policies for each three-year period. The Council's original policy (2005) was reviewed in 2008 and 2011 and must next be reviewed by 2016.
- 4.3 Section 182 of the 2003 Act provides that the Secretary of State must issue and, from time to time, may revise guidance to licensing authorities on the discharge of their functions under the 2003 Act. "Cumulative impact" is not mentioned specifically in the 2003 Act but under statutory guidance, it means the potential impact on the promotion of the licensing objectives of a significant number of licensed premises concentrated in one area. The cumulative impact of licensed premises on the promotion of the licensing objectives is a proper matter for a licensing authority to consider in developing its licensing policy statement.
- 4.4 Under the Police Reform and Social Responsibility Act (2011), the Government amended licensing legislation to give health authorities a statutory role in the licensing process. Under these changes responsibility for engagement in licensing falls to the Director of Public Health (DoPH).
- 4.5 Public Health became the responsibility of local government when it transferred from the NHS in April 2013 and whilst the government is yet to introduce a 'public health' licensing objective, the DoPH as a 'Responsible Authority' can make representations in response to either a full licence application or an application for a variation in the conditions of an existing licence. The DoPH can also call for the review of a licence if they feel it breaches a licensing objective.

5. FINANCIAL, RESOURCE, AND PROPERTY IMPLICATIONS

- 5.1 There should be no significant direct expenditure arising from undertaking a formal consultation of the 'Statement of Licensing Policy.' However the required three month public consultation with all residents, partners and businesses in the borough will have implications for the level of resources available to the service.

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