

**Blackpool Council Licensing Service**

**Representation made by a Responsible Authority  
to an application for the grant / variation of a Premises Licence /  
Club Premises Certificate**

**Responsible Authority**

Name of Responsible Authority	Public Health, Blackpool Council			
Name of Officer <i>(please print)</i>	C. Dobson/ R. Swindells			
Signature of Officer	Chloe Dobson			
Contact telephone number	07009984572			
Date representation made	04	06	2015	
Do you consider mediation to be appropriate				NO

**Premises Details**

Premises Name	<b>Family Shopper</b>
Address	44 St Annes Road
	Blackpool
Post Code	FY4 2AS

**Reasons for making representations**

This objection has taken into account the additional information received from Blackpool Council, Licensing Service, dated 3<sup>rd</sup> June 2015.

“The applicant’s agent has today amended the application in respect of the hours for the supply of alcohol (off sales) so that there is no change to the hours already on the licence. The application as submitted requested an additional hour on top of the existing terminal hour but this has now been amended to the following as per the existing licence:

Monday to Thursday: 11.00 to midnight

Friday to Saturday: 11.00 to 01.00

Sunday: 12.00 to midnight

Apparently this was an error on the agent’s behalf and they did not intend to apply to extend the terminal hour”.

The Public Health Department, Blackpool Council, write in reference to vary the Premises Licence for the Family Shopper, Blackpool.

Following review of this application, Public Health, Blackpool Council, make a formal objection due to the following concerns:

#### Supply of Alcohol-

Within the description of the nature of the proposed variation section the applicant has stated "The premises was previously a public house offering alcohol for on and off sales" The applicant also states "the hours for the sale of alcohol for off sales are already granted and are not open to consultation". Public Health has concerns that the applicant has stated they will supply off sale alcohol until 12am during the week and 1am during the weekend.

Public Health has established that the premise previously operated as the Waterloo Private Social Club, where only members of the club could purchase off sale alcohol. Public Health believes it is important that the Licencing Committee considers that this variation would widen the clientele group, who would be able to purchase off sale alcohol rather than the more limited clientele who would have been previously able to purchase off sale alcohol, late into the early morning period.

Public Health also has concerns that the applicant has not volunteered any information or consideration regarding the impact this off licence will have within the local community. Public Health would have welcomed information on the applicant's policy on the sale of low value/high alcohol products and any drinks discounting that would be adopted.

Public Health also has concerns regarding the close proximity of a number of other off licenses within walking distance and the local area and the adjoining Bloomfield Ward, which is also within the Saturation Area.

In addition under Section 182 of the Licensing Act 2003, Para.8.34, applicants are expected to demonstrate their knowledge of local issues and what they will do to adopt strategies to avoid the exasperation of such issues. The application is completely void of this important information. The applicant demonstrates an inadequate understanding of the area and had failed to demonstrate in their application that their operation would not add to the existing issues already impacting on this area. Paragraph 8.37 of the Section 182 rightly suggests that information to applicants should be readily available; both Blackpool Health Profile 2014 and the Blackpool Drug and Alcohol Health Needs Assessment are public documents which are available yet have not been considered by the applicant.

#### Victoria Ward Information.

#### Deprivation -

Blackpool experiences considerable levels of disadvantage, and in 2010 ranked as the 6th most deprived of 354 local authorities in England (Blackpool Drug and Alcohol

Needs Assessment, 2014).

This premise is within Victoria ward. Specific areas in the central wards, including Victoria ward have the highest ranked levels of deprivation in Blackpool (Blackpool JSNA, Population and Neighbourhoods, Core Document, Chapter 1, March 2015). There is a statistical correlation between Blackpool's areas of deprivation and hotspots for violent crime, domestic abuse, and criminal damage, all associated with alcohol abuse to some degree. (JSNA Blackpool, Social and Community Environment in Blackpool, Core Document, Chapter 4, page 100, October 2012).

Domestic Violence -

Alcohol is associated with an increased risk of domestic violence. In the UK, 1 in 4 women and 1 in 7 men have experienced domestic abuse. The Blackpool Domestic Abuse Service estimates that alcohol was a contributing factor in 76% of incidents in 2011 (Blackpool Drug and Alcohol Needs Assessment, 2014).

Paragraph 9.30 of the Section 182 suggests that it is good practice for applicants to contact the Responsible Authorities before formulating their application. No contact from the applicant has been received.

Public Health would ask the Licensing Committee to consider the potential risks associated with the increase in the availability of alcohol within this Saturation Area in their deliberations as to whether to grant this application.

**For New / Variation Applications only.**

**It is recommended that the licence should only be granted if the application is amended, or if conditions are applied, as detailed below.**

N/A

## Chapter 1 - Population and Neighbourhoods in Blackpool

### Deprivation

Blackpool experiences considerable levels of disadvantage, and in 2010 ranked as the 6th most deprived of 354 local authorities in England. 46 out of 94 small areas within Blackpool are amongst the 20% most deprived areas

of the country and there are no areas amongst the 20% most affluent (Figure 14). Blackpool's relative position in the national deprivation rankings has worsened over the last 5 years from 24th most deprived in 2004 and 12th most deprived in 2007.

The Index of Multiple Deprivation 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Indices of Deprivation are an important tool for identifying the most disadvantaged areas in England so that resources could be appropriately targeted.

The IMD 2010 contains seven domains of deprivation. Figure 15 displays the indicators in each domain, and the weighting of the domains in the composite IMD score.

Figure 14 - Map of IMD 2010 for Blackpool

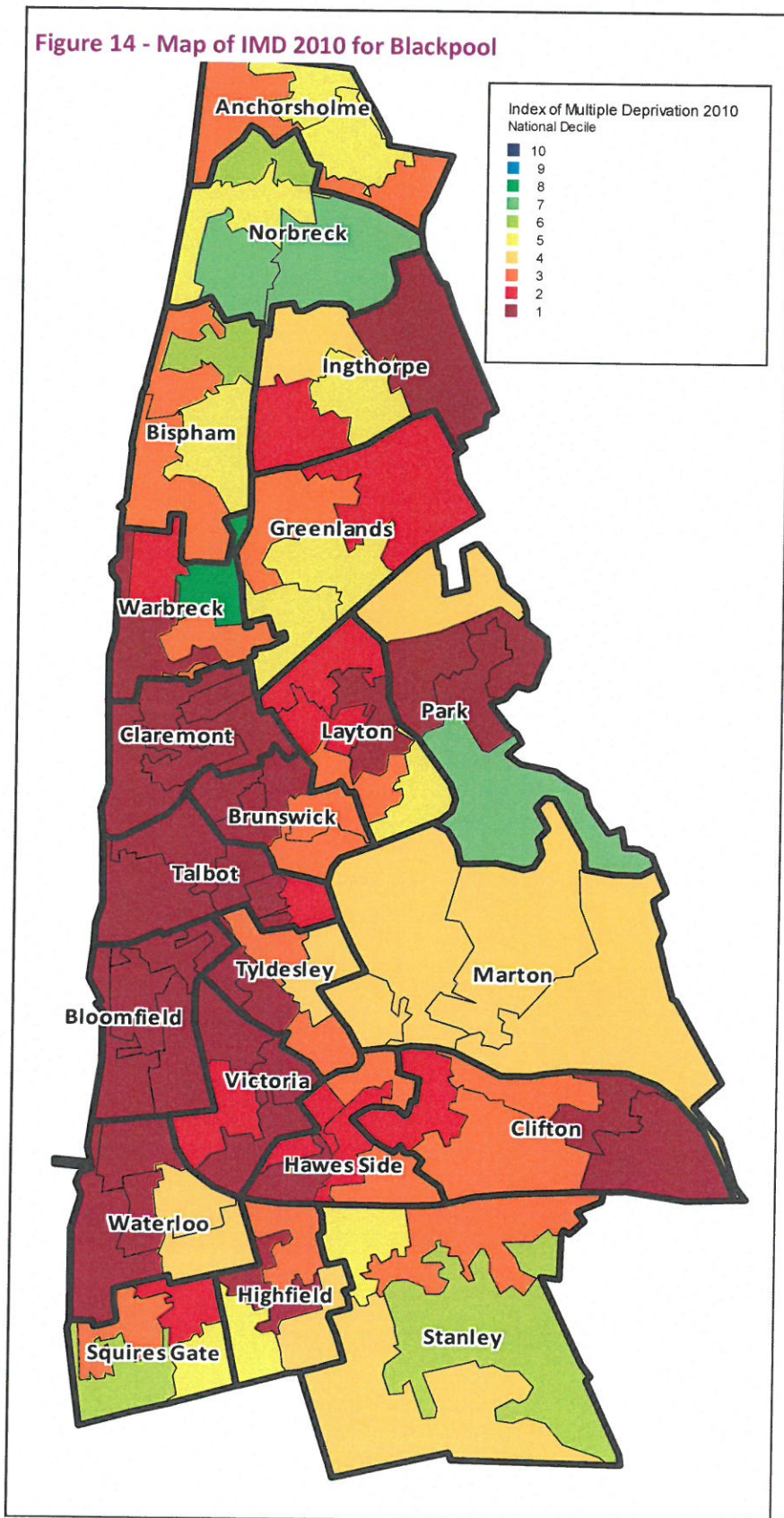
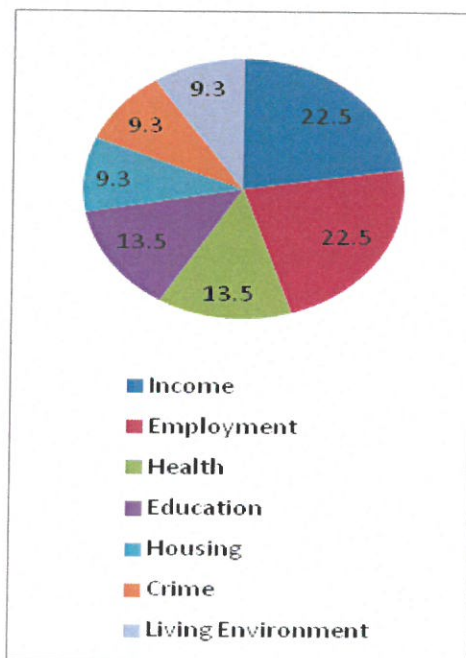


Figure 15 - Weightings of IMD





Approximately one third (29.0%) of sexual offences have an alcohol marker indicating that the victim and/or offender had been consuming alcohol. In the case of 'Serious Sexual Offences' this increases to 40.0% (SLEUTH Crime Recording 2011)

**Drug Related Crime:**

The table below shows the main offences recorded by police that have a drug marker on the record indicating that a controlled drug was involved in the offence in some way. This method of identifying drug related crime is under reported as it relies on the marker being manually included. Apart from the obvious possession of controlled drugs offences, crimes of violence and acquisitive crime feature.

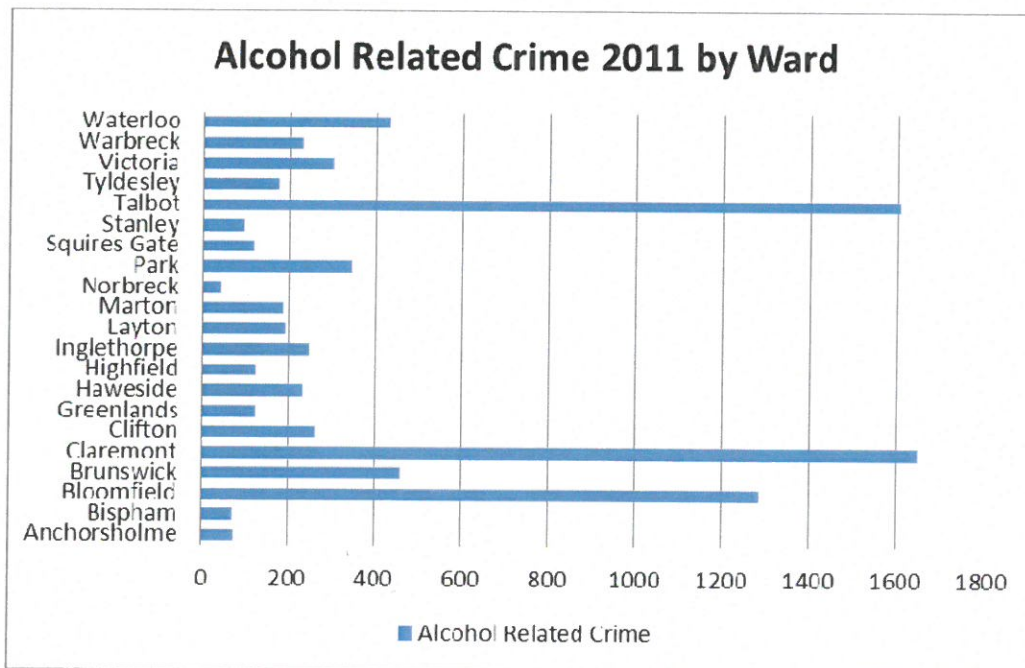
Misuse poses a threat because of the Organised Criminal Groups (OCG's) that feed the problem and from those Persistent Prolific Offenders (PPO's) and wider criminal community who consume the products. Crime especially acquisitive and violent crime is committed either to feed a habit or as the results of the effect of substance misuse. The wards of Talbot, Claremont and Brunswick have been identified as hotspots across Blackpool.

**Table 15 - Top 5 crimes**

Top 5 Crime Types – Drugs Marker	
Home Office Description	Total
Possession of Controlled Drugs excluding Cannabis	206
Actual Bodily Harm and other Injury	186
Possession of Controlled Drugs (Cannabis)	126
Shoplifting	106
Assault without Injury	91

**Substance Misuse – Alcohol:**

**Figure 77 - Alcohol Related Crime**



Alcohol is too often a precursor and catalyst for crime and disorder in Blackpool in addition to creating health and safety issues in the wider community. Blackpool has one of the highest levels of alcohol related mortality in the country. It is a local authority containing some of the most deprived areas in Lancashire and in England. There is a statistical correlation between Blackpool's areas of deprivation and hotspots for violent crime, domestic abuse, and criminal damage, all associated with alcohol abuse to some degree.

Alcohol is a factor in 14.0% of all recorded crime in Blackpool and 36.0% of all violent crime (SLEUTH 2011). Many alcohol related crimes take place in the town centre (Claremont and Talbot Wards) where there is a high concentration of licensed premises associated with both local consumption and alcohol related tourism.

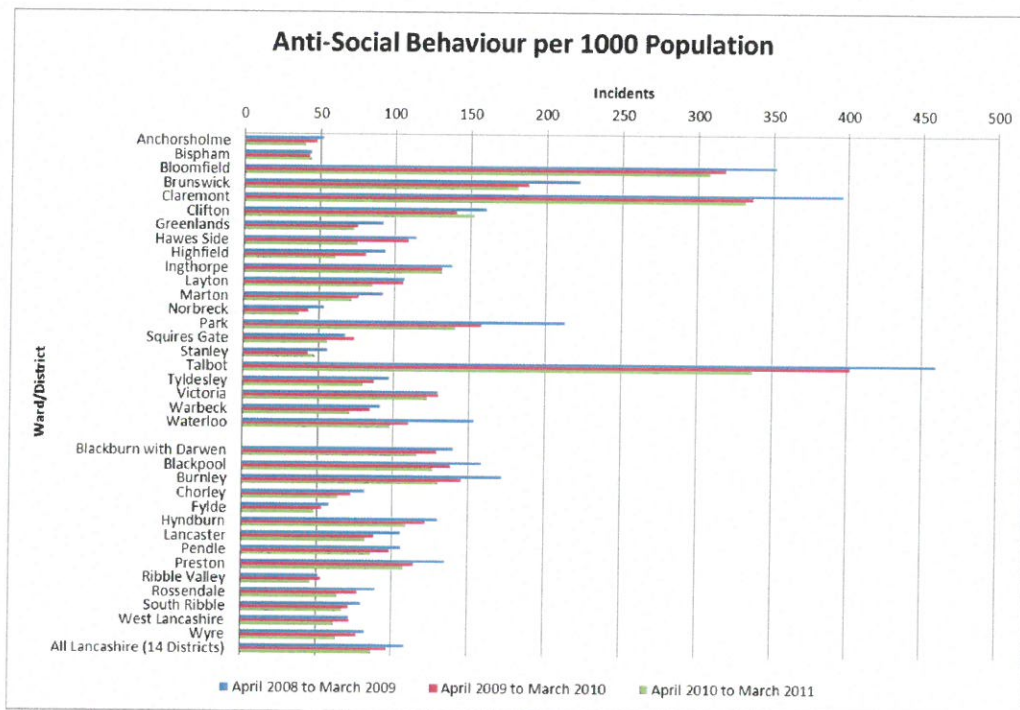
The town has a high concentration of licensed premises compared to other areas nationally; containing over one quarter (27.0%) of all premises licensed for alcohol and entertainment in Lancashire. Alcohol cross cuts across many other themes including Violent Crime; Organised Crime Group's; Domestic Abuse; Acquisitive Crime; Road Safety and PPO's.

**Anti-Social Behaviour:**

Anti-Social Behaviour (ASB) is closely linked to Criminal Damage. These are signal events that affect the general public and may give them an often unwarranted sense of increased criminality that in fact may not exist. It may also indicate underlying problems in an area that may be a pre-cursor to more serious incidents. For example, a lack of a swift multi-agency intervention to address initial concerns regarding neighbour nuisance can quickly escalate to more serious crime and behaviour which may significantly adversely affect the physical, mental and emotional wellbeing of victims.

Figures from April to September 2011 show Blackpool as experiencing a 19.0% reduction in anti-social behaviour incidents reported to the police when compared to the same period in 2010 (Police Corporate Development ASB File ). There is anecdotal evidence that the success of Neighbourhood Policing initiatives where individuals are encouraged to report directly to their Neighbourhood Policing Team (NPT) may have had an influence on the decrease in figures, as reports made directly to NPT's may have bypassed the formal recording procedures. Whilst the reduction is welcome the volume of ASB incidents reported to the police in Blackpool is still high.

**Figure 78 - Anti-social behaviour**





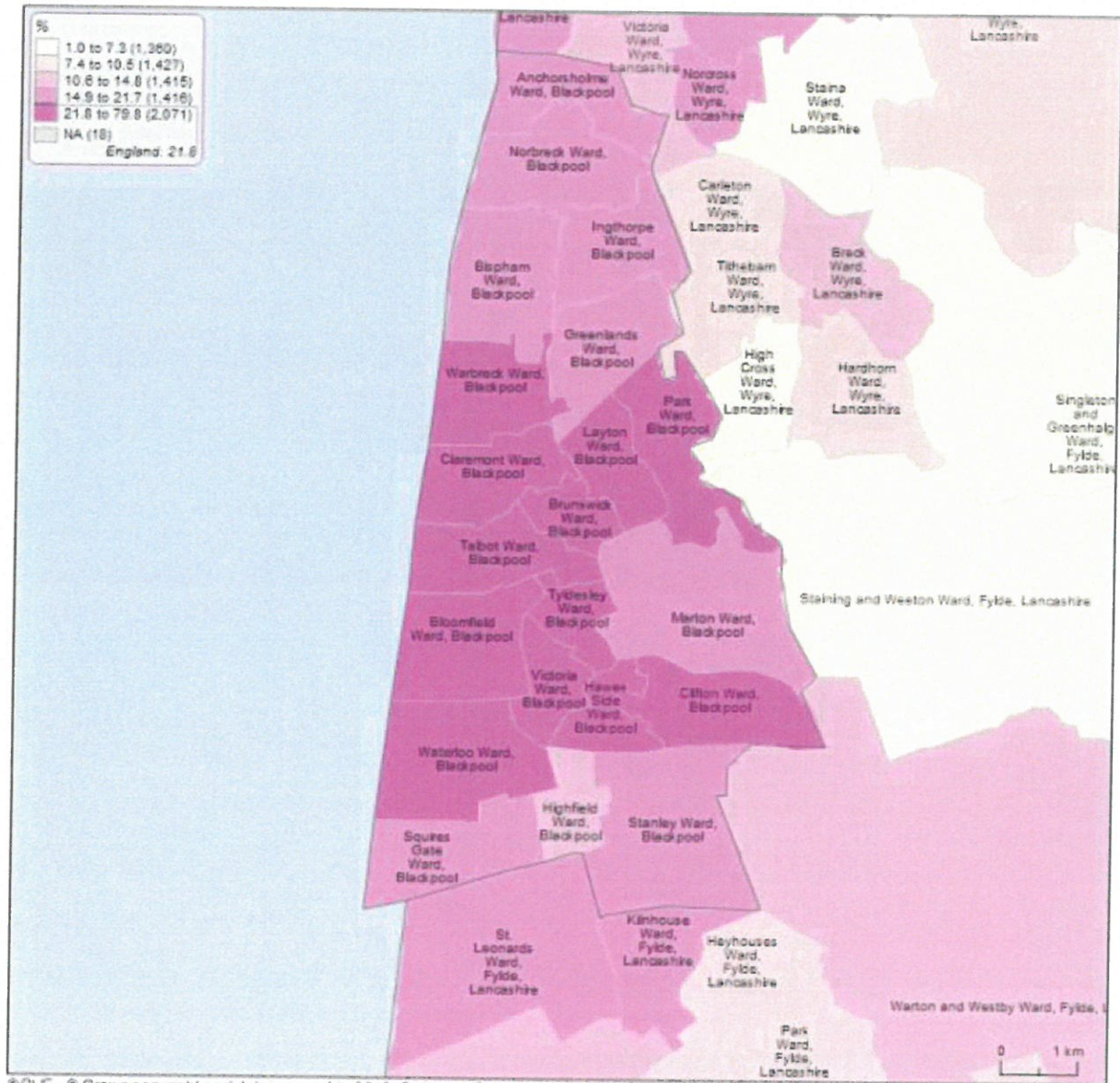
## e. Patterns of consumption: specific groups

### i. Alcohol consumption and socio-economic variables

As described in the [Blackpool JSNA](#), the town faces “considerable levels of disadvantage [...] in 2010, it was ranked 6<sup>th</sup> most deprived of 354 local authorities”.<sup>28</sup> The figure below outlines the percentage of children living in income deprived households by ward in 2010.

**Figure 19:** Percentage of children living in income deprived households by ward in 2010.

% aged 0-15 living in income deprived households, Income Deprivation Affecting Children Index, 2010 - source: CLG © Copyright 2010



(Source: Local Health)

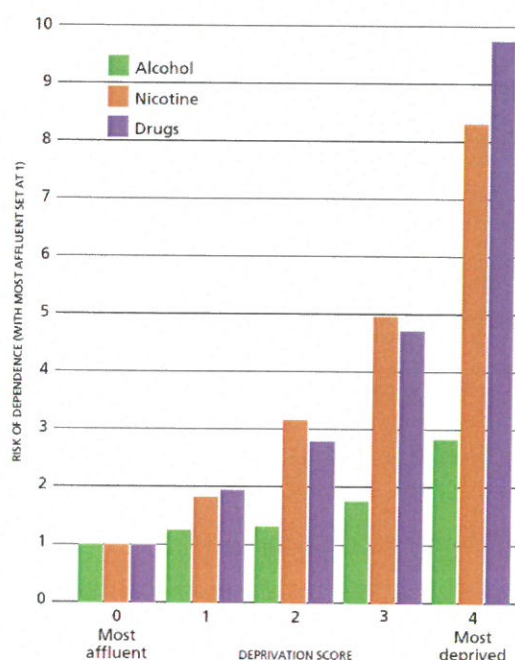
<sup>28</sup> Blackpool JSNA, <http://blackpooljsna.org.uk/core-documents/> [accessed 2013]

When evaluating consumption by occupational group, *Statistics on Alcohol* describe the highest proportion drinking in last seven days as being in the managerial and professional groups for both men and women, with the lowest for routine and manual occupation. The same pattern was observed for drinking on five or more days of the week. Employed men were more likely to have drunk during the previous week, to have drunk more than 4 units on one day and to have drunk heavily on one day than unemployed men. Similar patterns were observed for employed women but less of a marked difference.

When considered in terms of household income, the proportions exceeding recommended guidelines and drinking heavily tended to rise with increasing gross weekly household income. Adults living in households in the highest income quintile were twice as likely to have exceeded 3 to 4 units of alcohol and were twice as likely to have drunk heavily in comparison with adults in households in the lowest income quintile (44% and 23% compared with 22% and 10%).

However, greater deprivation is associated with higher rates of dependency, as shown in the figure below. It is notable the gradient is less than for nicotine and drug use, although this is taken from Wilkinson and Marmot's seminal publication on the social determinants of health in 1993.<sup>29</sup>

**Figure 20:** Socioeconomic deprivation and risk of dependence on alcohol, nicotine and drugs



(Source: The Solid Facts, Wilkinson & Marmot, 1993)

<sup>29</sup> Wilkinson & Marmot, *The Solid Facts*, 1993. <http://www.euro.who.int/en/publications/abstracts/social-determinants-of-health.-the-solid-facts>



The 2013 Dr Foster hospital guide found 8.6% of admissions linked to alcohol were from the wealthiest 20% of the population, with 11.6% from the next affluent quintile and 36% from the most deprived income group.<sup>30</sup> The Lancashire County Council JSNA considered the correlations for each individual domain of deprivation and alcohol-related admissions, and found the greatest correlation from employment deprivation, and health and disability deprivation. This may reflect greater vulnerability in more deprived populations to the health consequences, with higher socioeconomic status conferring a protective effect. It may also reflect multiple-morbidities and poorer access to healthcare. Another consideration is that health complications related to alcohol may be underreported in higher socioeconomic groups and these consumption patterns may herald future healthcare needs.

## ii. Ethnicity

In Blackpool, ethnic minority groups account for 4.3% of the population. This is lower than the North West and national proportions, at 8% and 13.2% respectively.<sup>31</sup> There is limited information about alcohol consumption among different ethnic groups at a local level.<sup>32</sup>

A Joseph Rowntree Foundation report on ethnicity and alcohol highlighted the following key points<sup>33</sup>:

- There is diversity both within and between ethnic groups:
  - Most minority ethnic groups have a higher rate of abstinence and lower levels of drinking than white ethnic groups.
  - Abstinence was highest among South Asians, particularly those from Pakistani, Bangladeshi and Muslim backgrounds.
  - Pakistani and Muslim men who did drink drank more heavily than other non-white ethnic groups.
  - People from mixed ethnic backgrounds are less likely to abstain and more likely to drink heavily compared to other non-white minority ethnic groups.
  - People from Indian, Chinese, Irish and Pakistani backgrounds on higher incomes tended to drink above recommended limits.

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<sup>30</sup> Dr Foster: Proportion of Drug and Alcohol Related Emergency Admissions, <http://drfosterintelligence.co.uk>, 2013

<sup>31</sup> Blackpool JSNA, <http://blackpooljsna.org.uk/core-documents/> [accessed 2013]

<sup>32</sup> Lancashire County Council JSNA,

<http://www.lancashire.gov.uk/corporate/web/?siteid=6119&pageid=35444&e=e>, 2012

<sup>33</sup> Hurcome et al, *Ethnicity and Alcohol: A Review of the UK Literature*. Joseph Rowntree Foundation. 2010