

# Healthy Communities Scrutiny Sub-Committee

Monday 8 December 2014

7.00 pm

Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

## Membership

Councillor Rebecca Lury (Chair)  
Councillor David Noakes (Vice-Chair)  
Councillor Jasmine Ali  
Councillor Paul Fleming  
Councillor Maria Linforth-Hall  
Councillor Kath Whittam  
Councillor Bill Williams

## Reserves

Councillor Maisie Anderson  
Councillor Neil Coyle  
Councillor Eliza Mann  
Councillor Claire Maugham  
Councillor Johnson Situ

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### Contact

Julie Timbrell on 020 7525 0514 or email: [julie.timbrell@southwark.gov.uk](mailto:julie.timbrell@southwark.gov.uk)

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Members of the committee are summoned to attend this meeting

**Eleanor Kelly**

Chief Executive

Date: 27 November 2014



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Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

## Order of Business

Item No.	Title	Page No.
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### **PART A - OPEN BUSINESS**

**1. APOLOGIES**

**2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**

In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.

**3. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.

**4. MINUTES**

**5. REVIEW: HEALTH OF THE BOROUGH**

1 - 23

The overarching theme for this session on the Health of the Borough review is 'Physical Health'; these are the sub- themes:

- a) The provision of cycle paths
- b) The provision of safe walking routes
- c) The provision of indoor & outdoor exercise space
- d) Availability of healthy eating establishments
- e) Availability of alcohol on our high streets and in pubs and bars

**Item No.**

**Title**

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**6. INTERVIEW WITH THE CABINET MEMBER FOR PUBLIC HEALTH,  
PARKS AND LEISURE**

Interview with the Cabinet Member for Public Health, Parks and Leisure;  
Councillor Barrie Hargrove on the following themes:

1. Health and Wellbeing Board
2. Public Health & budget
3. Sexual Health
4. Free swimming and gym
5. Seven Islands
6. Healthier high streets

**7. REVIEW: PERSONALISATION**

**8. WORK-PLAN**

**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE  
START OF THE MEETING.**

**PART B - CLOSED BUSINESS**

**DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START  
OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.**

Date: 27 November 2014

**Scrutiny Call for Evidence: Health of the Borough****Themes:****The environmental health of the borough**

- The use of our parks and open spaces

**The physical health of the borough**

- Cycle paths, safe walking routes, indoor & outdoor exercise space

**1. Introduction**

There is good evidence for how physical activity improves health (Appendix 1) including:

- Reducing the risks and improving the management of common health conditions (eg hypertension, heart disease, strokes, diabetes)
- Improving mental wellbeing
- Helping older people stay independent and reducing the risk of falls.

Parks, green and open spaces and places to be physically active in, and active travel and active recreation such as cycling and walking are all important to enable a population to be healthy and to stay healthy.

Public Health with Southwark Council colleagues and others, work together to support the development of the physical environment to promote health and to support healthier choices. This includes work with planning policy, public realm, community sport and leisure services, transport planning, road safety and community projects.

**2. What is the local picture?**

Physical 'inactivity' is equivalent to smoking in its damaging effect on health. Physical inactivity currently accounts for nearly one-fifth of premature deaths in the UK and is due to increase by a further 15 per cent by 2030. The scale of the issue is not insignificant. The estimated annual cost of inactivity to society in Southwark including health care costs and losses in economic productivity is £17M per 100,000 population.

To optimise the health benefits of exercise it is recommended that adults achieve 150 mins of moderate physical activity a week in bursts of 10 mins or more. Children and young people require 60 mins a day. Under fives requires 180 mins.

The Active People Survey (PHE dataset) suggests approximately 26% of adults in Southwark are inactive (doing less than 30 mins moderate physical activity a week). It also suggests that walking and cycling for leisure and active travel amount to 40% of the total time that Londoners are spending being active.

School travel survey shows that 44.32% of Southwark pupils were walking to school last year. There is potential for many short journeys currently made by

car or public transport to be walked or cycled, in which case 60% of Londoners would meet their physical activity needs via everyday travel.

### **3. Need for a whole system approach**

It is important to recognise the contribution of everyday activities like play, active travel, gardening, and leisure activities like dance, walking and cycling as well as sport in supporting communities to be active. Supporting greater engagement with these activities goes beyond the responsibility of the individual and extends to the ability of our built and natural environment to be active by design, providing conducive spaces for these activities that are safe, accessible and attractive. Services of all kinds can also take a role in encouraging their users to move more including public transport, health and social care, residential and educational services.

Taking a long term view, the design of our physical environment including residential areas, leisure and recreation facilities, town centres and transport infrastructure will ultimately create the legacy for enabling people to be more physically active in their everyday lives.

Southwark's Sport and Physical Activity Strategy includes a work stream on Tackling Inactivity which aims to support a 1% reduction in 'inactivity' year on year and brings wider partners together in actioning four key objectives:

- 1) Improving the 'physical activity for health' offer and relevant referral pathways.
- 2) Supporting walking and cycling programme/plans to target and engage the inactive population.
- 3) Promoting active design principles in the development of our built environment.
- 4) Developing a physical activity plan for early years inc play and active travel.

### **4. What can we do about it (evidence)?**

Internationally, evidence suggests that tackling population inactivity requires a whole system approach as there is no single intervention that will tackle inactivity on its own.

Evidence supports encouraging physical activity amongst children and young people as good habits established when young can last a lifetime. Taking a whole school approach to promoting physical activity has been shown to be more effective than stand alone interventions.

There is also evidence to suggest that increases in activity can be supported by designing environments that promote physical activity (including buildings, streets, and open spaces) e.g. provision for cyclists, walking routes between

residential areas and essential public services and retail areas, accessible leisure amenities etc.

Behaviour change interventions such as motivational interviewing and brief advice from primary care have a strong evidence base and have been shown to be particularly cost effective.

Promoting walking as a particular intervention has been shown to be a particularly good activity to promote as it is very accessible, and is shown to be an effective gateway into other physical activities.

## **5. What's currently happening in Southwark?**

Council leisure facilities and parks in Southwark have seen significant capital investment in recent years, supporting the improved access to good quality leisure options including green open spaces and playgrounds. Southwark council have recently committed to a free leisure offer for all residents, options for which are currently being worked out. A GP Exercise referral programme also operates through Fusion leisure centres offering 12 week supported exercise programmes, and a growing number of walks are being developed as part of a multi-agency walking offer for the borough.

The social infrastructure for activities has been supported by information sites such as the Get Active London portal connecting hundreds of wider physical activity opportunities through to a central searchable site. There are also excellent examples of volunteer and community led initiatives such as Parkrun.

Southwark council is committed to improving active travel infrastructure within comprehensive transport plans including progressing plans for 20mph boroughs. It is recognised that further work needs take place to improve access to cycling and walking, and this would require the joining up of partners and departments to support both the physical and social infrastructure. Briefing notes are available on active transport, cycling and walking if further information is required. A walking demand study has been also carried out to provide an initial understanding of the current levels of walking and the potential barriers. Further work will look at the potential for improvement. Living Streets have also supported the Tackling Inactivity group with a scoping of required action to support active travel.

A briefing note on gardening and food growing in the borough was prepared recently to support an understanding of current activity and potential gaps in supporting physical activity and wellbeing through gardening and food growing activity.

Parks have many health-promoting benefits – ecologically (air pollution/water/biodiversity) as well as including access to physical activity opportunities and green space/nature for mental wellbeing, spaces for social, community and cultural activities. The open space strategy supports development of the public health role of parks, and the parks play a central

role in supporting the success of the physical activity and sport strategy – through sports playing spaces, play grounds, community growing spaces, walking and cycling routes, outdoor gyms and educational and social activities for mental wellbeing. Further details are in the open space strategy.

For more information, please contact Rosie Dalton Lucas

Appendix 1: Benefits of physical activity

**Relevant documents (on request)**

Active for Life: Physical Activity and Sport Strategy (contact Paul Stokes)

Active for Life Update July (contact Paul Stokes)

Terms of Reference Physical Inactivity Group (contact Rosie Dalton Lucas)

Transport briefing (contact Louisa Tan)

Cycling briefing (contact Louisa Tan)

Walking briefing (contact Rosie Dalton Lucas)

Walking demand study (contact Louisa Tan)

Active travel scoping (contact Louisa Tan)

Gardening and growing briefing (contact Rosie Dalton Lucas)

Open space strategy (contact Kate Johnson / Rebecca Towers)

## Appendix 1 Benefits of physical activity

<p><b>Summary</b></p> <ul style="list-style-type: none"> <li>• Few lifestyle choices have as large an impact on health as physical activity (others being smoking and healthy eating) .</li> <li>• Approximately a fifth of Southwark’s adult population are moderately active 3 times 30 minutes a week (Active Survey).</li> <li>• Everyone – of all ages – should minimise their amount of time being sedentary <ul style="list-style-type: none"> <li>• <i>Early years</i> - physically active daily for at least 180 minutes (3 hours), spread throughout the day</li> <li>• <i>Children &amp; young people</i> - moderate to vigorous intensity physical activity (inc strengthening bone &amp; muscle) for at least 60 minutes and up to several hours every day</li> <li>• <i>Adults</i> - Over a week, 150 minutes of moderate intensity activity in bouts of 10 minutes or more or 75 minutes vigorous intensity activity</li> <li>• <i>Older people</i> – 150 minutes of moderate intensity or if already active, 75 minutes vigorous intensity activity. To include muscle strengthening, balance and coordination.</li> </ul> </li> <li>• Physical activity can be free or low cost.</li> <li>• The spatial environment (town planning) plays a major part in encouraging people to be physically activity.</li> </ul>	
<p><b>Physical activity and some common health problems</b></p> <p><b>Coronary heart disease (CHD)</b> - Approximately 40% of CHD deaths are associated with inadequate physical activity, through obesity, stress and raised blood pressure. Other risk factors (smoking, hypertension and high cholesterol) are also known to increase risk of CHD. Overall, physically inactive people have nearly twice the risk of developing CHD than active people; persuading sedentary people to take regular light exercise (e.g. walking) could reduce deaths from CHD by 14%.</p> <p><b>Diabetes</b> - Physical activity helps lower the risk of developing type 2 diabetes. Eg it increases insulin sensitivity by as much as 25% so that circulating concentrations of insulin and adrenaline are much lower in a physically active person. There is evidence that physical activity can improve control of blood glucose levels and thus lowers the risk of developing type 2 diabetes.</p> <p><b>Stroke</b> - Physical activity reduces the risk of stroke, mainly through beneficial effects on hypertension and blood clotting. Inactivity may be responsible for the observed increase in stroke among middle-aged men in the UK. Increasing levels of physical activity could reduce the number of strokes by around one quarter.</p> <p><b>Hypertension/blood lipid levels</b> - Regular physical activity can prevent or delay the development of high blood pressure. Physical training programmes can reduce blood pressure in 75% of existing cases of hypertension. Physical activity can also increase levels of beneficial high-density lipoprotein and decrease levels of harmful low-density lipoprotein.</p> <p><b>Osteoporosis</b> - Weight-bearing physical activity is essential for normal skeletal development during childhood and adolescence and for achieving and maintaining peak bone mass in young adults. Among older people, it has been suggested that up to half of all hip fractures from falls could be avoided with</p>	<p>▶ Reduces risks for heart disease, strokes, diabetes, hypertension and osteoporosis.</p> <p>▶ Can help the management of blood glucose and blood lipids</p> <p>▶ Can reduce risk of falls amongst older people</p>



<p>regular physical activity.</p> <p><b>Cancer</b> – Regular physical activity is associated with a decreased risk of certain types of cancer. Risk of colon cancer is up to three times higher for sedentary people than it is among the most active members of the population. Similar relationships between physical activity and other cancers.</p> <p><b>Mental health</b> - Physical activity helps people <i>feel</i> better through improvement in mood, reduced anxiety and enhanced self-perceptions. Physical activity can also help people to function better through alleviation of stress, and improved sleep, and – in older people – through some aspects of cognitive function.</p> <p><b>Older people</b> - Helps older people better manage chronic, disabling conditions. Improves their stamina and muscle strength. Helps maintain the ability to live independently and reduces the risk of falling and fracturing bones. Reduces symptoms of anxiety and depression and fosters improvements in mood and feelings of well-being. Helps control joint swelling and pain associated with arthritis.</p>	<ul style="list-style-type: none"> <li>▶ Can decrease risk for some cancers</li> <li>▶ Improves mental health and well being</li> <li>▶ Promotes independence and wellbeing for older people</li> </ul>
<b>Evidence based action</b>	
<p><b>Children &amp; young people</b></p> <ul style="list-style-type: none"> <li>• Provide quality physical education classes</li> <li>• Create opportunities for physical activities that are enjoyable, that promote CYP confidence in their ability to be physically active, and that involve friends, peers, and parents.</li> <li>• Promote and provide appropriate physically active role models for youths.</li> <li>• Provide access to school buildings, community facilities and open play / green spaces that enable safe participation in physical activity</li> <li>• Promoting active travel (walking and cycling) and quality pavements and safe routes</li> <li>• Provide a range of extracurricular programs in schools and community</li> <li>• Promote provision by leisure centres to meet the needs and interests of specific adolescent and young adult populations, such as minority ethnic groups, females, persons with disabilities, and low-income groups.</li> <li>• Encourage primary &amp; health care providers to talk routinely to adolescents and young adults about the importance of incorporating physical activity into their lives.</li> </ul>	<ul style="list-style-type: none"> <li>▶ School based Involves friends and family</li> <li>▶ Good spatial planning taking into account play and active travel</li> <li>▶ Ensure leisure centres meets special needs</li> <li>▶ Brief advice through primary care</li> </ul>
<p><b>Adults</b></p> <ul style="list-style-type: none"> <li>• Provide environmental inducements to physical activity, such as safe, accessible, and attractive trails for walking and bicycling, and good pavements.</li> <li>• Encourage the use of schools for community recreation, form neighbourhood watch groups to increase safety, and encourage use of indoor or sheltered locations to provide safe places for walking in any weather.</li> <li>• Provide community-based programs to meet the needs of specific populations, such as minority ethnic groups, women, older adults, persons with disabilities, and low-income groups.</li> <li>• Encourage primary care and other health care providers to talk routinely to their patients about incorporating physical activity into their lives.</li> <li>• Encourage employers to provide supportive worksite environments and</li> </ul>	<ul style="list-style-type: none"> <li>▶ Good spatial planning promoting active travel</li> <li>▶ Accessibility of community venues &amp; to meet special needs</li> <li>▶ Brief advice through primary care</li> </ul>

<p>policies that offer opportunities for employees to incorporate moderate physical activity into their daily lives.</p>	<p>▶ Promote opportunities through workplace</p>
<p><b>Older people</b></p> <ul style="list-style-type: none"> <li>• Provide community-based physical activity programs that offer aerobic, strengthening, and flexibility components specifically designed for older adults.</li> <li>• Encourage malls and other indoor or protected locations to provide safe places for walking in any weather.</li> <li>• Ensure that leisure facilities for physical activity accommodate and encourage participation by older adults.</li> <li>• Ensure accessible transportation for older adults to parks or facilities that provide physical activity programs.</li> <li>• Encourage health care providers to talk routinely to their older adult patients about incorporating physical activity into their lives.</li> <li>• Plan community activities and support social capital initiatives that include opportunities for older adults to be physically active.</li> </ul>	<p>▶ Access to in-door locations</p> <p>▶ Ensure leisure facilities provide accessible &amp; appropriate programmes</p> <p>▶ Accessible &amp; convenient transportation</p> <p>▶ Brief advice through primary care</p>

#### Sources

Parliamentary bulletin Physical activity & health

<http://www.parliament.uk/documents/post/pn162.pdf>

NICE Pathways – physical activity

<http://pathways.nice.org.uk/pathways/physical-activity>

Department of Health, Start Active, stay active

Department of Health, At least 5 a week

CDC – physical activity for everyone

<http://www.cdc.gov/physicalactivity/everyone/health/index.html>

**Scrutiny call for evidence**  
**Theme: Physical health of the borough**  
**Availability of healthy eating food establishments**

This report covers:

- Food safety and food hygiene
- Applying planning restrictions to hot food takeaways
- Promoting healthier menus ('Healthier Catering Commitment')

### **Food safety & food hygiene**

According to records held by the food safety team, there are currently 3191 known food businesses of various types operating in the borough of Southwark. Although the north of the borough has the highest concentration of food businesses per square metres, the distribution of food businesses is reasonably spread out across the entire borough.

Through a programme of food hygiene inspections, food businesses are given a risk rating which can range for category A to E. Category A businesses are considered as high risk often because of the type of food handled on those premises and poor standards of hygiene practices observed. While the condition of the physical structure of the business is often a main factor affecting the risk classification in the vast majority of businesses, a lack of adequate food hygiene training among staff and the absence of a satisfactory written food safety management system are also common occurrences in food businesses which affect compliance levels. The current distribution of food businesses in Southwark by risk classification is set out in the table below. It is clear to see that there are very few high risk businesses in the borough and the vast majority of businesses are in the medium to low risk classification.

<b>Risk category</b>	<b>No. of businesses</b>
A	5
B	187
C	796
D	1097
E	833

Table 1 showing number of food businesses by risk category

The hygiene compliance standards of food businesses in Southwark can be viewed online where the outcome of food hygiene inspections are translated to a food hygiene rating score published at <http://ratings.food.gov.uk> Ratings range from 0-5 with 5 being the best. Businesses that are usually targeted for participation in healthy food initiatives usually have a food hygiene rating of 3 or greater. The distribution of food hygiene ratings for Southwark food businesses is shown in Table 2 below

<b>Food Hygiene Rating</b>	<b>No. of premises</b>
5 - Very good	975
4 - Good	688
3 - Generally satisfactory	449
2 - Improvement required	162
1 - Major improvement required	175
0 - Urgent improvement required	16

Table 2 showing the number of food businesses by hygiene rating

While all food businesses can play a role in the promotion of healthy eating initiatives, food establishments that are invariably targeted for inclusion in these schemes or projects are restaurants and takeaways/fast food outlets. Together these types of food businesses make up approximately 31% of the food premises in the borough.

### **Restricting hot food take away in Southwark**

Southwark has amongst the highest rates of childhood obesity nationally. Over 40% of our 10 and 11 year olds are overweight or obese. Obesity is a complex problem that requires action from individuals and society across multiple sectors. One important action is to modify the environment so that it does not promote sedentary behaviour or provide easy access to energy-dense food. The aim is to help make the healthy choice the easy choice via environmental change. In Southwark, there are various planning policy restrictions relating to hot food takeaways including saturation policies and proximity to secondary schools.

### **Healthy Catering Commitment in Southwark**

The Healthier Catering Commitment is a voluntary scheme that supports businesses to make and provide healthier menus and options by making small changes to the way food is prepared. To gain the award, food businesses must reduce the amount of salt, fat and sugar in their recipes and menus and are encouraged to offer healthier options to include fruit, salad or vegetables.

Since the London wide launch of Healthy Catering Commitment (HCC) in March 2012, Southwark food safety team has worked closely with colleagues in the public health team to roll out the initiative in the Borough. Although progress has been made introducing the scheme to some food businesses, this has been limited both in the number of businesses involved and the distribution across the Borough.

Businesses targeted for inclusion in the scheme are those considered to be broadly compliant with food hygiene requirements and having at least a hygiene rating of 3. During food hygiene inspections environmental health officers (EHOs) would introduce the scheme and an application and assessment form given to the business and follow up made.

Currently 12 food businesses in Southwark have received the HCC award and a further 3 are being processed. Work is underway with the food standards agency to identify food businesses with the healthy catering commitment award on the same national web based platform currently used for the publication of food hygiene ratings. Southwark's progress and achievements in healthy catering commitment compare favourably with our neighbouring boroughs and London- wide.

For further information, please contact  
Bimpe Oki, Consultant in Public Health, Lambeth & Southwark Public Health  
Earl Legister, Team Leader – Food Safety  
Sally Slade, Food Safety, Health & Safety and Trading Standards Manager

**Scrutiny call for evidence****Theme: The physical health of the borough****Availability of Alcohol on our high streets and in pubs and bars**

This document outlines the approach to preventing and reducing harm from alcohol in Southwark: the document starts with a brief summary of the recent successes and challenges in this area. It then uses the National Institute of Health and Care Excellence (NICE) recommended actions to assess what is being done locally and what the priorities are for future action.

**Success Stories**

- Southwark is understood to be one of the top 5 boroughs in terms of numbers of licensed premises. Together they offer significant levels of employment and a broad range of leisure opportunity. In the majority of cases, operators demonstrate good management practice and can be considered to benefit their local community, operating without complaint or concerns raised;
- Targeted, risk assessed and intelligence led enforcement coupled with a partnership approach has provided for more effective and co-ordinated action against problem premises. This is particularly demonstrated by the work of the partnership Night-Time Economy Team. This approach has also enabled more resource to be directed toward supporting responsible premises management through initial induction and early during operation inspection processes;
- The most recent annual partnership analysis of alcohol related violence for 2013, indicates that alcohol related violence against the person (VAP) and calls to the police concerning alcohol related disorder and rowdiness (CAD) are at their lowest level in Southwark since the monitor first began back in 2007.

**Challenges**

- How to raise alcohol health harm considerations within licensing practice and policy in lieu of a public health licensing objective;
- To continue to develop the quality of information available to the partnership analysis for inclusion in the annual report by improving the quality of PH and LAS information provided. In doing so, to understand why alcohol related calls to the LAS have risen across London and Southwark in recent years while VAP and CAD have fallen;
- How to encourage the licensed trades to become more socially responsible around alcohol health harm; and
- How to continue to raise education and awareness among consumers around alcohol health harm impacts.
- In addition to licensing, the use of planning policy regulation may be explored to prevent further saturation where there are concerns relating to concentrations of bars.

## 1. Introduction

- 1.1 Whilst the majority of people who drink alcohol enjoy it responsibly the harmful use of alcohol has significant adverse impacts on our communities.
- 1.2 Misuse of alcohol can seriously affect an individual's physical and mental health as well having a wider impact on crime, anti-social behavior and domestic violence.
- 1.3 Southwark has the highest rates of wholly attributable alcohol admissions in South London (789/100,000 respectively) which is considerably higher than the London or England average rates (545 and 573).

## 2. What is the local picture?

- 2.1 Within Southwark there are 1286 premises licensed under the Licensing Act 2013<sup>1</sup>. Of these 1041 are licensed for 'on sales'<sup>2</sup> of alcohol and / or 'off sales'. Many different types of premises are included in this total. An indication of the largest categories of premises is given in Table 1 below.

1	Supermarkets / Convenience Stores / Grocers	341 premises
2	Restaurants / Cafes / Take-Aways	340 premises
3	Public Houses / Bars	219 premises
4	Other leisure (Theatres / Cinemas / Sports Halls & Clubs)	33 premises
5	Vessels	23 vessels
6	Hotels / Hostels	20 premises
7	Night-Clubs	11 premises

- 2.2 Additionally around 800 Temporary Event Notices are received per year notifying the council of occasional community events. Many of these incorporate alcohol sales.
3. Alcohol is readily available for purchase within our community 24 hours a day. The Safer Southwark Partnership Analysis of Alcohol Related Violence (2013) reports on alcohol outlet availability across the borough, within hourly time bands (see Table 2 below).

<sup>1</sup> The Licensing Act 2013 (the 'Act') sets out the licensing regime for the sale and supply of alcohol (alongside the provision of specified 'regulated entertainments' and of 'late night refreshment').

<sup>2</sup> 'On sales' licenses allow consumption of alcohol on the premises.

Table 2: Number of premises open within time bands							
Time Range	MON	TUE	WED	THU	FRI	SAT	SUN
0000 – 0100	405	439	439	442	456	514	512
0100 – 0200	249	271	271	273	306	399	395
0200 – 0300	161	164	164	168	179	211	210
0300 – 0400	144	140	140	144	147	167	166
0400 – 0500	138	132	132	136	139	149	146
0500 – 0600	134	132	132	134	137	144	141
0600 – 0700	191	189	189	190	193	195	188
0700 – 0800	288	287	287	287	289	286	263
0800 – 0900	518	518	518	518	520	517	348
0900 – 1000	620	621	621	621	626	626	456
1000 – 1100	829	831	832	832	834	834	727
1100 – 1200	975	980	981	980	982	981	877
1200 – 1300	1019	1022	1023	1022	1023	1022	1015
1300 – 1400	1019	1022	1023	1022	1023	1022	1015
1400 – 1500	1019	1024	1025	1024	1025	1024	1017
1500 – 1600	1019	1023	1024	1023	1024	1023	1015
1600 – 1700	1019	1023	1024	1023	1024	1022	1013
1700 – 1800	1022	1027	1029	1028	1029	1026	1016
1800 – 1900	1018	1022	1025	1025	1027	1023	1006
1900 – 2000	1022	1026	1028	1029	1033	1026	1005
2000 – 2100	1012	1016	1018	1019	1023	1017	996
2100 – 2200	1001	1005	1007	1008	1013	1007	980
2200 – 2300	973	977	979	980	986	980	942
2300 – 0000	675	676	676	682	695	694	634

### 3. What are effective interventions?

3.1 The best evidence of what is effective (including cost-effective) at reducing harm from alcohol comes from the NICE public health guidelines *Alcohol use disorders: preventing harmful drinking (PH24)*. Table 3 outlines the 12 recommendations from that guideline.

<b>Table 3: Recommendations from the NIC public health guidelines <i>Alcohol use disorders: preventing harmful drinking (PH24)</i></b>		
<b>POLICY</b>		
1	Price	Making alcohol less affordable is the most effective way of reducing alcohol-related harm
2	Availability	Making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area and the days and hours when it can be sold
3	Marketing	Exposure to alcohol advertising is associated with the onset of drinking among young people and increased consumption among those who already drink: children and young people should be protected as much as is possible by strengthening the current regulations
<b>PRACTICE</b>		
4	Licensing	Regulating the availability of alcohol.
5	Resources for screening and brief interventions	Prioritising investment in identifying those individuals whose drinking might be impacting on their health and delivering simple, structured advice: an 'invest-to-save' measure.
6	Supporting children and young people aged 10-15 years	Supporting children and young people aged 10-15 years who are thought to be at harm from their use of alcohol
7	Screening young people aged 16-17 years	Identifying those individuals aged 16-17 years whose drinking might be impacting on their health
8	Extended brief interventions with young people aged 16-17 years	Delivery of 'extended' brief interventions i.e. 'brief motivational interviewing' to young people aged 16 and 17 years who have been identified via screening as drinking hazardously or harmfully
9	Screening adults	Identifying those adults whose drinking might be impacting on their health via the use of a validated alcohol screening tool.
10	Brief advice for adults	Delivery of structured advice lasting 5-10 minutes to adults who have been identified via screening as drinking a hazardous or harmful amount of alcohol
11	Extended brief interventions for adults	Delivery of extended brief interventions to adults who have not responded to brief structured advice or would benefit from an extended brief interventions for other reasons.
12	Referral	Referring those aged 16 years and over who may be alcohol-dependent to specialist treatment



#### **4. What is being done locally to address the issue?**

4.1 This section outlines what is being done locally against the NICE Recommendations 1, 2 and 4 relevant to alcohol on the high streets and in pubs and bars.

##### **Recommendation 1: Price**

###### **Minimum Unit Pricing**

4.2 There has been considerable debate in recent years over the possible introduction of a minimum unit price for alcohol. Supermarkets regularly use cheap alcohol as a 'loss leader'. Many convenience stores offer alcohol at very low prices.

4.3 Though proposed by the Government within consultations on its alcohol strategy, this has not been introduced, with issues around restrictive trades practices being raised. To date the government has introduced the 'ban on the sale of cheap alcohol', but this is set so low that it has had minimal effect in this borough. The 'ban' prohibits the sale of alcohol below the price of VAT + Duty. On this basis, the minimum price of a 330ml bottle / can of 5% ABV beer / lager is 38p. A 440ml bottle / can of 5% ABV sparkling cider is 21p.

###### **Priority areas for improvement**

4.4 Currently, there is no local work on minimum unit pricing in Southwark. The Council does not have a formally stated position on minimum unit pricing.

##### **Recommendation 2: Availability**

###### **Ban on the sale of super-strength alcohol**

4.5 A number of local licensing authorities have targeted cheap super-strength lager and cider and have worked toward voluntary agreements not to sell such products. Different approaches have been taken in different areas with voluntary agreements based on anything between 5.5% ABV to 7.5% ABV. Approaches have varied because of differences in opinion on how to deal with craft and speciality beers. Ipswich were one of the first local authorities to introduce a voluntary ban and reported in 2013 that this had contributed toward a 50% reduction in street drinking. A problem with the voluntary agreement approach is that it is not enforceable and it is more likely to be taken up by responsible operators who are unlikely to be contributing to the concerns which such policy is intended to deal with.

4.6 A ban imposed under condition would be more effective but local licensing authorities are prevented, by law, from imposing blanket conditions. In July 2014, the Association on Convenience Stores (ACS); the British Beer and Pub Association (BBPA), the Wine and Spirit Trade Association (WSTA) and the National Association of Cider Makers (NACM) wrote jointly to local licensing authorities advising of their shared concerns over the potential legal implications of policy decisions to impose bans under licence conditions of this kind. The bodies note in their correspondence that "Under licensing law, any such conditions should be evidence based and tailored to specific premises and therefore the creation of a generalised scheme of

this kind will exceed existing licensing powers and place retailers in an uncertain legal position should they comply.

4.7 This authority has recently looked to use such conditions at specific premises where it has been appropriate to do so. This has either been imposed through the licence review process where specific problems have been identified or voluntarily included within an operating schedule by an applicant upon application for a new or varied licence as part of the conciliation process.

### **Priority areas for improvement**

4.8 The sale of super strength alcohol will be included into the forthcoming licensing policy review with encouragement for licensees to propose this condition as a good practice management control under applications.

### **Recommendation 4: Licensing**

4.9 The Licensing Act 2003 requires any person who wishes to provide any one or more of the licensable activities set out in the Act (incorporating the sale of alcohol) to firstly obtain a premises licence from the local licensing authority (within Southwark, this Council). Similarly, any person who wishes to supply alcohol to club members must firstly obtain a club premises certificate from the licensing authority.

4.10 Applications for premises licences / club premises certificates must be made on a specified form to the licensing authority and copied to a number of named 'responsible authorities'. These include the police; trading standards; fire brigade; planning; social services; environmental health (pollution control & occupational health and safety); and public health.

4.11 During the consultation period it is open to the responsible authorities and other persons to make representations concerning the application, relevant to one or more of the four licensing objectives.

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

4.12 If no representations are made, then the application must be granted in the terms sought, with the actions taken to address the licensing conditions transformed into the premises operating conditions supplemented by certain other mandatory conditions (see section 11).

4.13 If representations are made, then a conciliation process is entered into managed by the council's licensing team. This conciliation service intends to bring applicant and 'objectors' together to discuss the application in detail and explore scope for a negotiated agreement acceptable to all parties. If no agreement can be made then

the application is determined by the council's licensing sub-committee at a public hearing.

### **Cumulative Impact Policies (CIPs)**

- 4.14 The Guidance to the Act enables local licensing authorities to introduce CIPs where there are concerns over the cumulative impact of currently licensed premises within a specified area. A CIP substitutes the presumption to grant applications for licences with a presumption to refuse. This does not mean that no new licences may be issued within the area to which such policy applies but new operators are required to demonstrate to the licensing committee that the operation of their premises will not add to the identified local concerns that gave rise to the policies introduction.
- 4.15 There are currently 3 CIPs in place within Southwark. These cover Borough and Bankside, Camberwell and Peckham.

### **Night Time Economy Team**

- 4.16 The Council & Police operate a jointly funded partnership night-time economy team which operates primarily in a footprint within the Borough and Bankside area but is available to work outside of the footprint on directed cases. A police team works day and night shifts Tuesday through to Sunday and is supported by council licensing and community safety officers on Friday and Saturday nights. It provides a high visibility patrol intended to provide a reassuring presence in the night-time economy; build rapport with premises management and front of house staff; and identify and deal with problem premises and issues in and around the night-time economy, using a problem solving approach. The partnership team also planned and runs joint initiatives with other council services; customs and excise; the SIA; fire brigade and more.

### **Under-age sales**

- 4.17 Trading Standards carry out regular under-age test purchase exercises again based on intelligence received. The service promotes a 'Challenge 25' approach to age verification and provides support and information to operators wishing to establish age verification systems.

### **Public Health**

- 4.18 Public health have been recently added as one of the 'responsible authorities' able to comment on licence applications and call licence reviews. Whilst health is not one of the licensing objectives there is considerable scope for health data – for example, data on A&E admissions, noise disturbance, domestic violence, ambulance call-outs to be linked to the existing four objectives.
- 4.19 A recent pilot in Lambeth, in which Public Health were fully engaged in reviewing and processing licensing applications, suggests that health data can make an important contribution to the licensing process. Public Health is identifying funding to develop capacity to fully engage in the licensing process.

## **Premises compliance**

4.20 The licensing service will work together with responsible operators to achieve well managed safe and secure venues and retail outlets. New operators are given an 'induction meeting' and an early 'during operation inspection' aimed at ensuring that the operator understand his responsibilities; has good systems in place; and understands the support he can expect from the council and partner services. Frequency of inspections thereafter is determined on a risk-assessed basis. Enforcement activities are intelligence led based on information, complaint and observation.

## **Licensing Policy**

4.21 Each licensing authority is required to establish a statement of licensing policy which sets out how that authority approaches its responsibilities under the Act. The policy must be consistent with the Act, secondary regulations and have regard to Guidance issued by the Home Office. The policy (and the impact of the authority's licensing decisions) must be monitored and the policy reviewed and updated at intervals. A review of the current Southwark Statement of Licensing Policy will commence this year.

## **Mandatory conditions concerning alcohol sales**

4.22 Mandatory conditions that must be applied to premises licences which allow alcohol sales require the responsible person to ensure:

- That no sales of alcohol may be made at any time where there is no DPS or when the DPS does not hold a personal licence or that licence is suspended;
- That staff do not carry out, arrange or participate in any irresponsible promotion (Note: Irresponsible promotions are promotions which are carried on for the purpose of encouraging the sale or supply of alcohol for consumption on the premises in a manner which carries a significant risk of leading or contributing to crime and disorder, prejudice to public safety, public nuisance, or harm to children);
- That no alcohol is dispensed directly by one person into the mouth of another (other than where that person is unable to drink without assistance by reason of a disability);
- That free tap water is provided on request to customers where it is reasonably available;
- That an age verification policy is in place in relation to the sale or supply of alcohol, requiring any person who appears to be under 18 years of age to provide photographic ID;
- That where the following drinks are offered, the following measures are available –
  - a) Beer or cider ½ pint;
  - b) Gin, rum, vodka or whisky 25ml or 35ml; and
  - c) Still wine in a glass 125ml.

- That the relevant person shall ensure that no alcohol is sold or supplied for consumption on or off the premises for a price which is less than the permitted price (Note: 'Permitted price' is calculated using the formula  $P = D + (D \times V)$  where P = permitted price; D = Duty chargeable; and V = Vat chargeable;

### **Other conditions**

4.23 The council's licensing sub-committee is able to add further conditions to a premises licence, upon consideration of representations, where it considers it to be appropriate for the promotion of the licensing objectives. This standard is recently relaxed. Until 2013 conditions imposed had to be necessary for the promotion of the licensing objectives. All conditions must be relevant, fair, proportionate, within the control of the licensee and enforceable. Conditions must not duplicate requirements made by other legislation.

### **Offences**

4.24 There are a number of offences established within the Act concerning alcohol sales. These include:

- Carrying on, or attempting to carry on, a licensable activity on or form any premises otherwise than in accordance with an authorisation;
- Exposing alcohol for unauthorised sale and keeping alcohol on premises for the same purpose;
- Sale of alcohol to a person who is drunk;
- Obtaining alcohol for a person who is drunk'
- Keeping of smuggled goods;
- Sale of alcohol to children together with allowing the sale of alcohol to children;
- Purchase of alcohol by or on behalf of children;
- Consumption of alcohol by children;
- Sending a child to obtain alcohol; and
- Prohibition of unsupervised sales by children.

### **Priority areas for improvement**

4.25 Three further areas are currently being monitored as potential area for CIPs. These are Elephant & Castle, Old Kent Road and Walworth Road.

4.26 Identify funding to develop the capacity of public health as a responsible authority in the licensing process.

4.27 Robust review of the Southwark Statement of Licensing Policy

**Richard Parkins**, Licensing & Environmental Protection Unit Manager  
**Anna Richards**, Consultant in Public Health, Lambeth and Southwark Public Health Team.



<b>Scrutiny call for evidence</b> <b>Tobacco control in Southwark</b>
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Tobacco and smoking is not an identified theme in the scrutiny call for evidence. However, smoking is a major cause of ill health and death and evidence is being submitted for consideration.

### Key facts

- Southwark is statistically higher in smoking attributable deaths especially from lung cancer and chronic obstructive pulmonary disease (COPD)
- The estimated smoking population for Southwark is 40,214
- Each year in Southwark the estimated smoking costs society approx £66.4m: output lost from early death 19.8 million, cost of smoking breaks £14 million, NHS costs £13 million, smoking related sick days £12.1 million, passive smoking £3.4 million, fires in homes £2.4 million, cost of cleaning smoking materials 1.6 million.
- Over the last ten years the smoking prevalence in Southwark has reduced to 19.7% in 2014
- The smoking prevalence in routine and manual group still remains high at 29.7% in 2014
- A recent Health Equity Audit revealed that although those from BME communities and deprived areas accessed the stop smoking service they were less likely to quit within 4 weeks.
- 4.8% of pregnant women are recorded as smokers; however women in low paid jobs are three times as likely to smoke during pregnancy as professional women. Smoking during pregnancy significantly increases the risk of miscarriage, stillbirth, and cot death. Children born to mothers who smoke are much more likely to smoke themselves.
- 1 in 5 cigarettes smoked in Southwark is illegal
- 73% of smokers in Southwark surveyed had been offered illegal tobacco at least once in the last year and 56.4% had actually bought illegal tobacco in the last year
- Southwark's smokers are being offered and purchasing illegal sales of tobacco more than other smokers in SE London boroughs. The highest percentage of smokers offered illegal tobacco at least once in the last year was 95% for smokers surveyed in Peckham Rye.
- Street sellers, somebody's home, shops and pubs were the most common places to buy illegal tobacco
- Shisha use particularly with children and young adults is a growing public health concern. In a recent survey 60% were aware about shisha, 22% stated they had smoked shisha and 7% stated they had smoked shisha in the last year in Southwark.

### Current Activities

A comprehensive evidence based tobacco control approach is necessary to reduce smoking prevalence in the borough. This includes measures to prevent the uptake of smoking, smoking cessation and protection from second

hand smoke and illegal sales. The Lambeth and Southwark Tobacco Control Alliance continues to promote an evidence based tobacco control approach. It consists of representation from the statutory and non-statutory sectors.

### ***Preventing the uptake of smoking***

- Peer education with year 8 in Southwark secondary schools is funded ( 3 schools per year for 4 years a total of 12 schools) to help reduce the uptake of smoking
- Health Huts in some schools provide support to young people on health issues including tobacco and shisha.

### ***Smoking cessation and second hand smoke***

- Stop smoking support is being offered through 45 GP practices, 42 pharmacies, specialist service and SLAM.
- 3208 accessed the Southwark stop smoking service in 2013- 14, of these 1369 were quit at 4 weeks.
- A national based referral system which enhances referrals and delivers e-training to all staff is now in place in Kings College Hospital and Guys and St Thomas Hospital NHS Trust
- Specific groups such as housebound long term conditions clients and pregnant women have specialist stop smoking advisers
- Messages of smoking outside the home due to the harm of second hand smoke are being disseminated by the stop smoking service

### ***Tobacco regulation***

Regulation of tobacco products is a statutory function of Trading Standards. Key activities include:

- Underage test purchasing is carried at retail premises to monitor the compliance of retailers with age of sale legislation. Formal sanctions for non compliance are prosecution, simple caution, licensing review, a ban on selling tobacco authorised by the magistrate's court. Advice, training and support materials are provided. 43 test purchases were carried out in 2013-14. The compliance rate was 86%.
- Intelligence relating to illegal, counterfeit and smuggled tobacco is acted upon by seizures and prosecution either by Southwark or as part of the South East London partnership
- Southwark Trading Standards fund and manage a local Proof of Age card to young people up to 25 years as a tool to support retailer compliance and reduce the level of underage sales. Plans are underway to extend this across London.
- Trading Standards offers retailer training on selling age restricted products and how to manage an age verification system.



### ***South East London Illegal Tobacco Network***

- Southwark in partnership with Lambeth, Lewisham, Greenwich, Bexley and Bromley commissioned local research that reveals the extent of cheap illicit tobacco in SE London and a six borough network has formed to tackle illegal sales.
- A partnership approach to enforcement is being developed to tackle illegal tobacco sales across the region. This seeks to share enforcement expertise and intelligence across all 6 boroughs and to work in partnership with HMRC. We will seek to involve other partners such as the metropolitan police and fire brigade and engage the local community.
- The SE London Illegal Tobacco Network have also produced evidence that shisha is a growing concern and seeks to collaborate with Public Health England and other partners to have an effective strategy to reduce the uptake.
- Through robust enforcement by Trading Standards and by supporting the SE London partnership we aim to reduce tobacco availability and affordability.
- The partnership approach has been used as a case study by Public Health England who seeks to encourage a similar approach pan London.

### **What more do we need to do?**

Smoking attributes to the highest number of deaths in comparison to other lifestyle risk factors such as obesity, alcohol and drug misuse. It is a Public Health priority. Based on emerging evidence and new guidance, a more localised needs based approach should be taken, offering opportunities for the local authority, NHS and other partners to work more closely together. Core funding needs to be identified to continue to support the partnership approach to combating illegal tobacco and other emerging issues such as shisha use.

### ***Preventing the uptake of smoking***

- Include tobacco use in a whole school approach to health and wellbeing and provide opportunities for all secondary schools in Southwark to have peer education programme in place and up to date information about shisha
- Targeted support to children and young people at risk including capacity building support for those working outside school settings e.g. youth workers, foster carers

### ***Smoking cessation and second hand smoke***

- Whole system comprehensive approach: improve quality of service in GP and pharmacies and NICE guidance implementation in secondary care, which includes total smoke free NHS premises and grounds for staff, patients and visitors
- Smoking cessation referral pathways need to be developed for priority groups. Priority groups would include black and ethnic minority groups, the unemployed, those with long term conditions and mental health.

These should be implemented alongside measures to increase quit rate, prevent relapse and promote targeted community action against illegal sales to particular benefit those from disadvantaged groups.

- Development of harm reduction and relapse prevention strategies

### ***Tobacco Regulation***

- Continue to gather local evidence to support more resource allocation for targeted Trading Standards enforcement and development of the partnership approach to illegal tobacco control.
- Develop a shisha strategy to include interventions for public education, training of Trading Standards and other regulatory staff and health professionals as well as enforcement.
- Explore the development and funding of a social marketing campaign on illegal tobacco with neighbouring boroughs across South East London to engage local communities, raise awareness and provide intelligence.

For more information, please contact

Bimpe Oki, Consultant in Public Health, Lambeth & Southwark Public Health  
Sally Slade, Food Safety, Health & Safety and Trading Standards Manager

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**HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE  
MUNICIPAL YEAR 2014-15**

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Jacqueline Green, Head of Stakeholder Relations , KCH	1		
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