

Meeting of the

OVERVIEW & SCRUTINY COMMITTEE

Tuesday, 1 April 2008 at 7.00 p.m.

SUPPLEMENTARY A G E N D A

VENUE

M71, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London,
E14 2BG

Members:	Deputies (if any):
Chair: Councillor Marc Francis Vice-Chair: Councillor Alexander Heslop	
Councillor Shahed Ali Councillor Alibor Choudhury Councillor Stephanie Eaton Councillor Ahmed Hussain Councillor Oliur Rahman Councillor Mohammed Abdus Salique Councillor Salim Ullah	Councillor Lutfu Begum, (Designated Deputy representing Councillor Oliur Rahman) Councillor Peter Golds, (Designated Deputy representing Councillor Ahmed Hussain) Councillor Rania Khan, (Designated Deputy representing Councillor Oliur Rahman) Councillor Abjol Miah, (Designated Deputy representing Councillor Shahed Ali) Councillor Fozol Miah, (Designated Deputy representing Councillor Shahed Ali) Councillor M. Mamun Rashid, (Designated Deputy representing Councillor Shahed Ali) Councillor A A Sardar, (Designated Deputy representing Councillors Marc Francis, Alibor Choudhury, Alex Heslop, Mohammed Abdus Salique and Salim Ullah)

Councillor Bill Turner, (Designated Deputy representing Councillors Marc Francis, Alibor Choudhury, Alex Heslop, Mohammed Abdus Salique and Salim Ullah)

[Note: The quorum for this body is 4 voting Members].

Co-opted Members:

Mr Azad Ali	– Parent Governor Representative
Terry Bennett	– Church of England Representative
Mr D McLaughlin	– Roman Catholic Diocese of Westminster Representative
Mr H Mueenuddin	– Muslim Community Representative

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact: John S Williams, Democratic Services, Tel: 020 7364 4204, E-mail: johns.williams@towerhamlets.gov.uk

LONDON BOROUGH OF TOWER HAMLETS
OVERVIEW & SCRUTINY COMMITTEE

Tuesday, 1 April 2008

7.00 p.m.

- 10 .1 Report of Health Scrutiny Panel Review Group: Smoking/Tobacco Cessation**
(Pages 1 - 32)
- 10 .2 Report of Scrutiny Review Group: Licensing of Strip Clubs** (Pages 33 - 70)

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Agenda Item 10.1

Committee: Overview and Scrutiny	Date: 1st April 2008	Classification: Unrestricted	Report No.	Agenda Item No.
Report of: Michael Keating, Acting Assistant Chief Executive Originating Officer(s): Shanara Matin, Scrutiny Policy Officer		Title: Health Scrutiny Panel Review on Smoking & Tobacco Cessation		

1. Summary

- 1.1 This report submits the report and recommendations of the Health Scrutiny Panel Review on Smoking and Tobacco Cessation for consideration by the Overview and Scrutiny Committee.

2. Recommendations

It is recommended that Overview and Scrutiny Committee:

- 2.1 Endorse the draft report.
- 2.2 That the Acting Assistant Chief Executive be authorised to agree the final report before its submission to Cabinet, after consultation with the Chair of Health Scrutiny Panel.

Local Government Act 1972 (as amended) Section 100D
LOST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background paper

Name and telephone of and address where open to inspection

Scrutiny Review File held in Scrutiny Policy Team

Shanara Matin
020 7364 4548

3. Background

- 3.1 The Working Group was established in September 2007 to investigate the smoking and tobacco cessation programme.
- 3.2 The objectives of the review were to:
- a. To consider the composition and terms of reference of a tobacco control alliance.
 - b. To evaluate the effectiveness of current strategies of engagement with key community groups and organisations, including targeting of high risk and “hard to reach” groups for smoking and tobacco cessation, specifically Bangladeshi males.
 - c. To evaluate the extent of the availability of black market tobacco and the price and quality of products sold at street markets.
 - d. To evaluate available research on access to tobacco products by under 18s and the enforcement of breaches of trading standards relating to the selling of tobacco to under 18s.
 - e. To collate the available material for communicating the smoking cessation and tobacco control message, to examine evidence that the communications strategies work, and to identify possible gaps.
 - f. To investigate strategies to develop the capacity and skills of front line healthcare providers to support people in giving up smoking / oral tobacco.
 - g. To evaluate the time and resource implications for the enforcement of the workplace smoking ban on LBTH Trading Standards officers.
 - h. To consider the strategies in place for the regulation and cessation of chewing tobacco (including Paan) and whether these products carry the legal health notices to the required standard.
- 3.3 The working group met five times and considered various information including evidence from Tower Hamlets PCT, LBTH Tobacco Control Team and voluntary and community sector smoking cessation and prevention services. The Chair also undertook enforcement visits and mystery shopping exercises. .
- 3.4 The report with recommendations is attached at Appendix 1.
- 3.4 Once agreed, the working group's report and action plan will be submitted to Cabinet for a response to their recommendations.

4. Concurrent Report of the Assistant Chief Executive (Legal Services)

- 4.1 There are no direct legal implications arising from this report.

5. Comments of the Chief Financial Officer

- 5.1 There are no direct financial implications arising from this report.

6. Equal Opportunity Implications

- 6.1 There are no direct equal opportunity implications arising from this report.

7. Anti-Poverty Implications

- 7.1 There are no direct Anti-Poverty implications arising from this report.

8. Sustainable Action for a Greener Environment

8.1 There are no direct actions for a greener environment arising from the report.

9. Risk Management

9.1 There are no direct risk management implications arising from the Working Group's report or recommendations.

Appendix 1 Report of Smoking & Tobacco Cessation Scrutiny Review Group

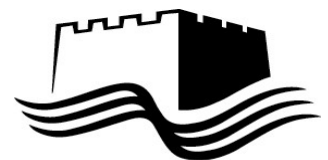
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Report of the Health Scrutiny Panel

Review of Tobacco Cessation in Tower Hamlets

Tower Hamlets Council

March 2008



TOWER HAMLETS

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Acknowledgements

Health Scrutiny Panel

Cllr Stephanie Eaton (Chair of Health Scrutiny Panel)
Cllr Lutfa Begum
Cllr Shafiqul Haque
Cllr Waiseul Islam
Cllr Ann Jackson
Cllr Dr. Emma Jones
Cllr A. A. Sardar
Cllr Abjol Miah

Co-opted Panel Members

Kathleen Banks, Chair, Barts and the London NHS Trust Patient and Public Involvement Forum
Nuruz Jaman, Vice-Chair, Tower Hamlets PCT Patient and Public Involvement Forum
John Lee, Vice-Chair, East London and City Mental Health Trust Patient and Public Involvement Forum

London Borough of Tower Hamlets

Colin Perrins, Head of Trading Standards & Environmental Health (Commercial)
David Tolley, Environmental Health Commercial Service Manager
John McCrochan
Doug Lindsay,
Ian Basnett – Joint Director of Public Health
Michael Keating, Acting Assistant Chief Executive

Scrutiny Policy Officers

Shanara Matin, Scrutiny Policy Officer
Afazul Hoque, Scrutiny Policy Manager

External

Tower Hamlets Primary Care Trust

Dr Somen Banerjee – Associate Director of Public Health.
Jill Goddard – Tobacco Cessation Lead
Jeremy Gardner, Head of Community Involvement, THPCT
Andrew Ridley – Director of Primary and Community Care Commissioning
Paul Collins, Health Information Manager

Bangladeshi Stop Smoking Project

Professor Ray Croucher

This work has been undertaken with the support and assistance of colleagues from London Borough of Tower Hamlets, the Primary Care Trust and elsewhere. We are grateful for all their support but special mention should be made of the Scrutiny Support Officers, Shanara Matin and Michael Carr who worked tirelessly and with good humour to ensure this review was completed successfully

Chair's Foreword

There can hardly be any member of our community who is not aware of the health message around smoking. We are bombarded with images and words telling us that smoking kills, harms the unborn child, reduces fitness, leads to premature aging and makes most chronic diseases worse. Yet people still smoke and more people in our community smoke than elsewhere. Our poorest residents suffer the most from smoking related disease and they are also less likely to access support services to help them stop. Because of this a person living in our poorest areas dies on average 12 years earlier than someone living in a more affluent area of the Borough.

A great deal of research and activity has occurred to encourage people across the UK to stop smoking, to prevent smoking and to reduce people's exposure to second hand smoke. However, Tower Hamlets' community has some distinct and particular characteristics that require local examination and local solutions. To give one example, the use of chewing tobacco by some members of the Bangladeshi community is not well researched and there has been little or no action taken to advise sellers and users of paan of the dangers of this product and to support them in their efforts to cease.

The Health Scrutiny Panel has taken a distinctively local approach to the problems that arise in our community from the use of tobacco products. We have looked at the supply of cheap (and nasty) tobacco products through our street markets, and researched the availability of these to young people. We have considered the high smoking levels among Bangladeshi men and the use of paan more widely in Bangladeshi homes. We have considered the materials used to promote tobacco cessation, and we have been surprised at the lack of any comprehensive evaluation of 'what works'. We have encountered anecdotal evidence that health care workers such as midwives, occupational therapists and community mental health workers struggle to include smoking cessation advice with their other guidance and support to patients. We need to learn if this resistance is widespread and to understand why there can be a barrier to offering support for smoking cessation in the course of the delivery of other health care.

This report takes a fresh perspective on the problems that arise from the use of tobacco in Tower Hamlets. We have identified areas where the Primary Care Trust and the Council need to improve data collection, local engagement strategies, the evidence base, enforcement and advice to retailers. We hope that these recommendations will be implemented quickly and in full. The human and financial cost to our community of continued ill health and premature death demands we address the threat of tobacco with vigour and urgency.

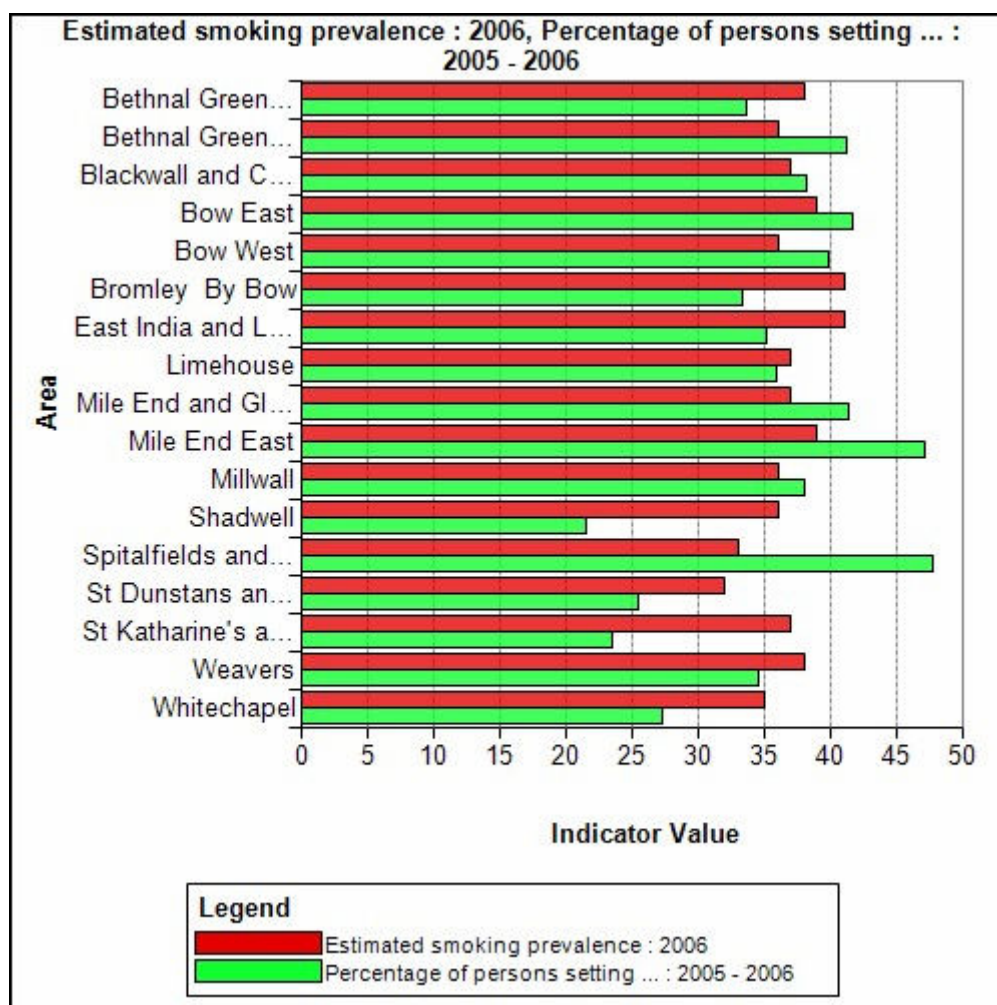
Councillor Stephanie Eaton
Chair

Chapter 1 – Introduction

Background

1. Smoking and tobacco related illness is preventable and smoking exacerbates a range of health problems. 86,500 people die prematurely each year from smoking related illnesses in the UK. Smoking is the major reason for the differences in death rates between rich and poor and deaths from tobacco use are two to three times higher amongst disadvantaged social groups than among the better off.
2. Our Borough's diverse and transient population experiences very different levels of access to health care services and differences in health outcomes. Levels of deprivation in the Borough can be high in some areas and this often translates into low life expectancy levels. Last year 36% of all deaths in the borough were linked to smoking related diseases - a very high level of preventable mortality.
3. Mortality from smoking related diseases (including cardiovascular disease, lung cancer, other cancers and chronic obstructive pulmonary disease) is higher than the UK average and is estimated to be responsible for about 70% of the gap in life expectancy between Tower Hamlets and the rest of the country for men and 59% for women (Association of Public Health Observatories Health Inequalities Toolkit).
4. Smoking prevalence in Tower Hamlets is 37% compared with the England average of 24% and 22% for London. This means that in 2007 nearly 68, 000 people were smokers in Tower Hamlets. The smoking rate for men aged 25-44 years was reported as being the highest (43%) for all Primary Care Trusts (PCT) in England. Amongst the Bangladeshi male population it is believed that the percentage is even higher at 50%. Such high levels of smoking prevalence represent a heavy disease burden for our community.
5. Smoking and tobacco use is therefore one of the most important and urgent public health issues for the Borough. Every day in Tower Hamlets at least one resident dies prematurely because of smoking.

Figure 1. Estimated smoking prevalence (%) in 2006 and percentage of residents setting a quit date to stop smoking.



6. This year the England wide smoking ban in public places and the Tower Hamlets' Tobacco Control Strategy review offered an opportunity to raise the profile of the wider tobacco cessation campaign, for reviewing smoking cessation services and tobacco control measures to ensure they are making a difference to local health outcomes.
7. The establishment of a joint Tobacco Control Unit between Tower Hamlets Primary Care Trust (THPCT) and the Council will ensure that the Borough has co-ordinated services and a holistic approach to this important area of public health.

The review process

8. The Health Scrutiny Panel was established in 2004 and since then has carried out reviews on childhood obesity, diabetes and young people's access to sexual health services. Work on a four-year work programme commenced in 2006 when the panel reviewed access to general medical practitioner and dental services. This year's work on tobacco and smoking

cessation aims to continue the panel’s general concern to investigate access to services in order to tackle inequality in health care.

9. The panel agreed that the reasons for undertaking the review were:
 - The high prevalence of smoking in the borough
 - The high prevalence of smoking in specific parts of the community and social groups in the borough
 - The preventability of disease related to and exacerbated by smoking
 - To improve on the low life expectancy levels caused by tobacco use
 - To maximize the opportunities coming out of the introduction of the Workplace Smoking Ban and the revised Tobacco Control Strategy.

10. The panel agreed that a review of smoking should include all types of tobacco consumption including chewing tobacco to take into account of the high levels of oral tobacco use in the borough.

11. The objectives of the review were to:
 - a. To consider the composition and terms of reference of a tobacco control alliance.
 - b. To evaluate the effectiveness of current strategies of engagement with key community groups and organisations, including targeting of high risk and “hard to reach” groups for smoking and tobacco cessation, especially Bangladeshi males.
 - c. To evaluate the extent of the availability of black market tobacco and the price and quality of products sold at street markets.
 - d. To evaluate available research on access to tobacco products by under 18s and the enforcement of breaches of trading standards relating to the selling of tobacco to under 18s.
 - e. To collate the available material for communicating the smoking cessation and tobacco control message, to examine evidence that the communications strategies work, and to identify possible gaps.
 - f. To investigate strategies to develop the capacity and skills of front line healthcare providers to support people to stop smoking and chewing tobacco.
 - g. To evaluate the time and resource implications for the enforcement of the workplace smoking ban on LBTH Trading Standards officers.
 - h. To consider the strategies in place for the regulation and cessation of chewing tobacco (including Paan) and whether these products carry the legal health notices to the required standard.

12. The Panel's work programme is outlined below:

Stage 1 (Sept07)	<ul style="list-style-type: none"> • Consideration of national and local policies; • Tobacco Control Strategy
Stage 2 (Oct 07 – Dec 07)	Evidence Gathering from: <ul style="list-style-type: none"> • Tower Hamlets Primary Care Trust • LBTH Tobacco Control Team • Voluntary and Community Sector Smoking Cessation and Prevention Services

Stage 3 (Dec 07 – Feb 08)	<ul style="list-style-type: none"> • Enforcement Visits • Mystery Shopping Exercise – Introduction of the higher age of sales legislation
Stage 4 (Mar 08)	<ul style="list-style-type: none"> • Draft report and consultation

Chapter 2 - National Policy Context

13. The 1998 white paper, *Smoking Kills*, promoted a comprehensive strategy for tobacco control, which still underpins much of current policy initiatives aimed at reducing the number of people smoking. The legislation put tobacco control at the heart of the NHS policy agenda thereby building in a mechanism for accountability and placing tobacco control measures at the heart of health promotion and disease prevention work.
14. The wide-ranging proposals in the white paper included measures to abolish tobacco advertising and promotion, altering public attitudes, preventing tobacco smuggling, and supporting research to improve the design, delivery and impact of smoking cessation services. Some of the specific measures were:
- rules on the placement of cigarette vending machines
 - the introduction of an approved code of practice on smoking in the workplace – (eventually to be replaced with a total ban on smoking in public places)
 - mass media health promotion campaigns
 - the prevention of under-age tobacco sales
 - additional services to help smokers to quit
 - increases in tobacco tax
15. Published at a time when smoking prevalence was increasing, the 1998 White Paper also set out specific targets to reduce smoking amongst young people and pregnant women.
16. Part of the Department of Health response to the white paper included directing Health Authorities and Primary Care Groups to develop comprehensive local strategies to tackle smoking as part of Health Improvement Programmes in partnership with local authorities and other agencies and to begin the development of smoking cessation services. There has thus been an increasing focus on greater partnership working between tobacco control services traditionally delivered by local authorities and smoking cessation services which are in the main provided by the NHS.
17. The *NHS Cancer Plan* of 2000 set out the government's vision for tackling the disease and for cancer prevention. It focused in particular on narrowing the gap in inequalities with the introduction of an additional target to reduce rates of smoking among people in 'manual' groups from 32% in 1998 to 26% by 2010.

18. The White Paper *Choosing Health: Making Healthier Choices Easier* (November 2004) set out how the Government will make it easier for people to make informed choices by offering them practical help to adopt healthier lifestyles. *Choosing Health* signalled the Government's intention to refocus the NHS into a service for improving health as well as one that treats sickness. Central to this approach is a focus on reducing smoking and protecting people from exposure to second hand smoke.
19. Alongside the focus on smoking in public, measures have been introduced to improve the enforcement of legislation prohibiting the sale and access to Tobacco by young people. These measures include work to prevent trade in black market cigarettes. Black market sales reduce the impact of taxation on tobacco as a public health intervention to price out consumers. The Government's *New responses to new challenges: Reinforcing the Tackling Tobacco Smuggling Strategy* was published in 2006 detailing a comprehensive response to the new challenges emerging as the illicit market in tobacco adapts and develops.
20. The Health Act 2006 raised the age at which tobacco can legally be bought and set out legislative provisions for making almost all public places and workplaces smoke free, from July 2007. This legislation reflected mounting scientific evidence of the risk posed by passive smoking and mirrors the introduction of smoking bans across cities in Europe and North America.
21. There has been a growing body of evidence around the need for targeted interventions alongside national campaigns to help different groups of people quit and the challenges faced by smokers who are in difficult circumstances in turning a desire to give up into reality and the evolving legislation reflects this.

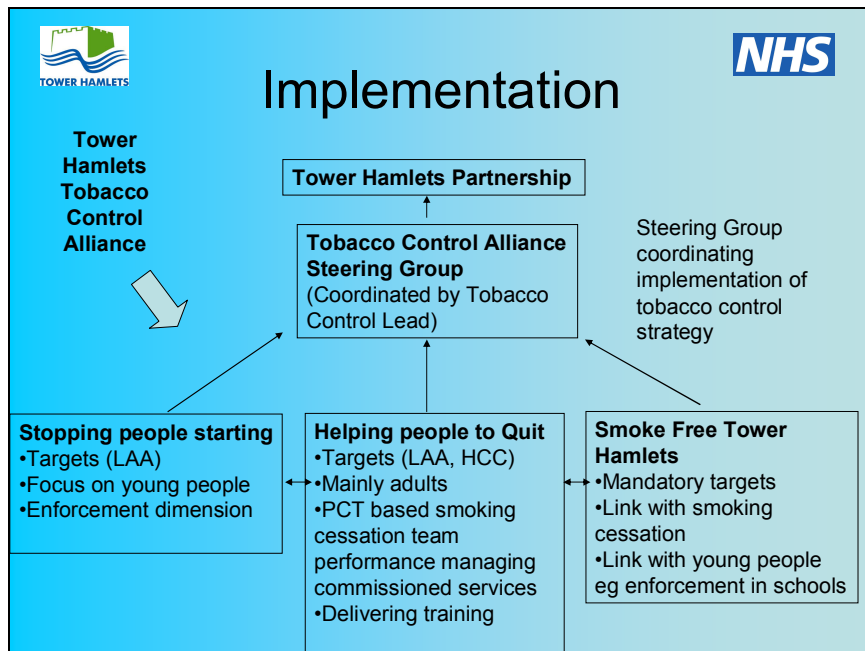
Chapter 3 - Local Policy Context

22. The 2006 Tower Hamlets Public Health Report which examines the causes and consequences of poor health in the people of Tower Hamlets cited smoking as the biggest threat to the health of local people. Smoking increases the risk of both lung cancer, the most common cause of death in the borough, and heart disease, which accounts for a quarter of early deaths in men.
23. Smoking rates in the borough are amongst the highest in the country at 37%, with 43% of men aged between 35-44 smoking cigarettes. Almost half of all men in Tower Hamlets over the age of 35 die from smoking-related causes. The UK average is 27% of men and 25% of women. There is also a high prevalence of chewing tobacco/pan which is linked to severe gum disease and mouth cancers.

24. Low average life expectancy figures means that the borough is a Government 'spearhead' area with specific targets to reduce health inequalities by 10 per cent by 2010. These targets are mirrored in the Local Area Agreement and Tower Hamlets Community Plan both of which include a priority to increase life expectancy and prevent premature loss of life due to smoking related diseases. Life expectancy is also a key measure for determining levels of health inequality.
25. There are large differences in smoking prevalence and consumption in the UK, varying by age sex, social class, employment status, and ethnicity. People in deprived circumstances are not only more likely to take up smoking but generally start younger, smoke more heavily and are less likely to quit smoking, each of which increases the risk of smoking-related disease.
26. The 2006 Healthcare Commission review into PCT Tobacco Control & Smoking Cessation Services gave the THPCT an overall score of 3 which is equated to 'good' (1 being 'weak' and 4 being 'excellent'). Some of the innovative aspects of the Tobacco Control Programme in Tower Hamlets which were highlighted include the recruitment of smoking cessation advisors from the community (e.g. pharmacists and voluntary groups), projects targeted at ethnic minority groups, drop-in clinics, collaboration with environmental health and the Ramadan stop smoking campaign. In 2006/07 the borough helped 2151 people to quit smoking against a target of 1755.
27. There are some important areas for development such as strengthening partnership working, targeting specific groups such as pregnant women and young people, broadening the range of smoking cessation advisors and increasing the settings for tobacco control activities.
28. The Tower Hamlets Tobacco Control Strategy is currently being reviewed. It is a joint strategy between the Council and the Tower Hamlets Primary Care Trust providing a comprehensive approach to tackling tobacco use by focusing on prevention, smoking cessation and effective enforcement of tobacco legislation.
29. One of the key aims of this review is to contribute to the revised Strategy and inform its action plan. The draft strategy currently has three themes (detailed below) and is structured around work streams relating to each of these themes. The Strategy also makes provisions for a Tobacco Control Alliance which will be a multi agency steering group to oversee implementation of the action plan.
 - a. Theme 1: **To stop people starting to use tobacco** i.e. smoking and oral tobacco use by teens and pre-teens. The theme focuses on both *enforcement* of tobacco control policies particularly affecting young people (under age sales, contraband/counterfeit tobacco, smoking ban) and sustained campaigns across a range of relevant settings such as families, schools, preschool, other youth settings.

- b. Theme 2: **To encourage and help people to stop using tobacco** - focused on promoting use of stop smoking services and increasing the supply of NHS accredited Stop Smoking services across a wide range of settings. The work stream also recognises the need for targeted work with specific groups (pregnant women, Bangladeshi males, and people with mental health problems) and the use of oral tobacco.
- c. Theme 3: **To achieve a Smoke Free Tower Hamlets** – recognises the critical importance of the effective implementation of the smoking ban in Tower Hamlets in both protecting people from second hand smoke and also in providing motivation for people to stop smoking (linking to theme two). It also recognises the role of smoking as a significant contributor to accidental fires.

Figure 2. Proposed structure for implementation of Tower Hamlets Tobacco Control Strategy as presented to the Health Scrutiny Panel in November 2007.



Conclusions

Review objective:

To consider the composition and terms of reference of a tobacco control alliance.

30. The panel received a presentation on the draft Tobacco Control Strategy and were invited to comment on the proposed composition of the Tobacco Control Alliance. Members would like the steering group to include Councillor representation to reflect the health scrutiny role but also to raise the profile and endorse this work.

31. Members stressed the need to ensure a balance between representation and effectiveness. The panel also recommended that the strategy should be more explicit in taking into account different reasons for tobacco use across different parts of our community – and the resultant need for different types of services.
32. Communications work should also come under the remit of the Tobacco Control Alliance. The formation of the Tobacco Control Alliance is an opportunity for a Communications Strategy review. Since the Member discussion on the Tobacco Control Alliance a communications stream has been added to the Tobacco Control Alliance model.
33. Members also believed that while it was important to develop the arguments for going smokefree on health grounds, it is equally important to emphasise the wider economic benefits from having a healthier community.
34. The Panel would like to review progress monitored by the Tobacco Control Alliance as part of the recommendations coming out of this review.
35. Members also welcomed the information that quit targets for 2006/07 in the Local Area Agreement had been exceeded. Members felt it would be useful for the Tobacco Control Strategy to include more challenging targets to build on and reflect current success.

Chapter 4 – Findings

Communications

Review objective:

To collate the available material for communicating the smoking cessation and tobacco control message, to examine evidence that the communications strategies work, and to identify possible gaps.

36. Members received briefings from the Primary Care Trust, the Trading Standards and Environmental Health Team and visited the Tobacco Control Unit and its public health resource centre to review the range of communication strategies and resources and materials used to promote messages around tobacco and smoking cessation.
37. The Primary Care Trust run a number of annual campaigns that tie in with national events, the New Year and a specific campaign during Ramadan targeting Muslim communities within the Borough. The annual No Smoking Day in March uses nationally produced materials and is sent to all GP practices and pharmacies. The New Year campaigns are much more locally relevant and in January 2007 were used to introduce the 'Fresh Start' campaign leading up to the introduction of the Smoking Ban in July. A Bengali video advert was broadcast on Channel S as part of that campaign.

38. The PCT and Local Authority produced a joint strategy for delivering the smoking ban in Tower Hamlets which included information on smoking cessation services to complement the enforcement messages and general awareness raising of the new legislation. The development of a campaign specifically around Ramadan makes use of opportunities around the prohibition of smoking whilst fasting to target messages around the health benefits of giving up altogether. The campaign uses posters and leaflets translated into community languages and a series of adverts on Muslim Community Radio. Members welcomed the work targeted at communities where there is a high smoking prevalence and the local knowledge used in developing these campaigns.
39. Panel Members were able to see the range of branded materials that have been developed as part of the adoption of the national Smokefree brand through a visit to the Tobacco Control Unit. They also saw a range of public health resources to promote smoking cessation used at public events, in schools and by community and voluntary sector organisations that deliver cessation services. Primary Care Trust officers discussed current communication plans which include sending out Smokefree branded leaflets and dispensers to 800 settings across the borough.



40. Members welcomed the extensive range of materials targeting the elderly, pregnant women, new dads and for people who have tried to quit smoking and not yet been successful. These materials reflected a range of approaches from using shock tactics to prevent uptake and motivate people to quit to practical mediums for promoting the availability of cessation services such as the quit help lines.
41. Members enquired about how the impact of these resources were measured. There is currently limited information on the impact of individual resources which would be difficult to track and record. 70% of smokers are estimated as wanting to quit and the aim of the smoking cessation materials is to provide a range of communication streams that raise awareness of the risks and make

it easy for potential quitters to access the appropriate services. There is anecdotal information on material that doesn't work such as beer mats produced with the Freshstart logo. **Members suggested greater analysis of the impact of materials by gauging user feedback through patient focus groups.**

42. Members suggested that it would be useful to capture information from people accessing cessation services about what motivated them and where they had seen the information about the service they were contacting. The Panel requested information on the calls made to quit help lines in the borough, which identified gaps in the way this information has been recorded to date. This is partly being addressed through the migration of the help lines to the customer access centre within Tower Hamlets Council. **Members are keen to review the impact of this change on the type and level of information held and that this should in the Tower Hamlets Tobacco Control Strategy action plan.**

43. The Panel were invited to a stakeholder event to consider the themes within the draft Tobacco Control Strategy in November 2007. Attendees generated a range of innovative ideas to help inform the strategy action plan including greater use of peer groups particularly amongst young people and to train them as smoking cessation ambassadors. Other communications included ideas to target young people and prevent uptake by making use of opportunities around the Olympics. Stakeholders also felt that there was a need for anti-smoking messages to be associated with activities that were 'cool', if they were to be successful with young people.



Black Market Tobacco Products

Review objective:

To evaluate the extent of the availability of black market tobacco and the price and quality of products sold at street markets in Tower Hamlets.

44. It is estimated that one third of the world wide internationally traded cigarettes (355 billion per year) are sold illegally with the avoidance of duty. This reduces the price, increases demand, undermines national tobacco tax and as a result harms health.
45. Smuggled cigarettes now account for up to 10% of the UK market. The effect on poorest households is an important concern. The national figures are that over 70% of two-parent households on Income Support buy cigarettes, spending about 15% of their disposable income on tobacco. The prevalence of smoking in the poorest 'unskilled manual' occupations is 38% compared to around 11% in the professional classes.
46. Since 2000, a number of central government initiatives have been implemented in an attempt to reduce smuggling. This involved increasing HM Revenue and Customs resourcing and technical infrastructure. Also changes have been made to the marking on tobacco products so that now there is an indication when duty had been paid.
47. A major problem in the illegal trading of cigarettes has been the involvement of the tobacco companies themselves. This is where UK made cigarettes are exported only to be smuggled back into the UK. As part of the anti-smuggling initiative Central Government are entering into agreements where the Tobacco companies have to ensure product and supply controls for themselves and their customers. Tobacco companies will have to comply with these agreements and risk being penalised if they do not.
48. Contraband tobacco is also a problem. It is thought that 1 in 6 cigarettes and almost half of rolling tobacco in this country is illicit. Tests on counterfeit tobacco have shown that products contain up to 160% more tar, 80% more nicotine, 133% more carbon monoxide and 5 times the level of cadmium (a carcinogen linked to lung, kidney and digestive tract damage) than genuine cigarettes. Government toxicologists have found that counterfeit cigarettes have the potential to deliver consistently higher levels of heavy metals to the lungs. Moreover the lower price and easy access to contraband tobacco can act to encourage younger smokers.
49. There are other examples of low grade counterfeit products containing non tobacco bulk out products like sawdust and manure which pose an even higher health risk than genuinely branded cigarettes.
50. A mystery shopping exercise was arranged for the panel to investigate the extent of the issues identified above. Councillor Stephanie Eaton accompanied undercover officers from the Council to markets around Brick lane and spoke with the tobacco sellers. In many cases the sellers were

asylum seekers who are prohibited from obtaining work by their immigration status. They turn to black market sales of tobacco to supplement their income. This exercise showed the complexity of the social, economic and cultural conditions which lead to a black market in tobacco sales.

51. As part of this exercise both contraband and counterfeit tobacco products were collected for the Panel to review. These have been sent to testing laboratories for content analysis but at time of publication the results were not available. Members are keen to see that the findings of the tests inform local tobacco control publicity campaigns.

Enforcing the new legislation

Review Objectives:

To evaluate the time and resource implications for the enforcement of the workplace smoking ban on LBTH Trading Standards officers.

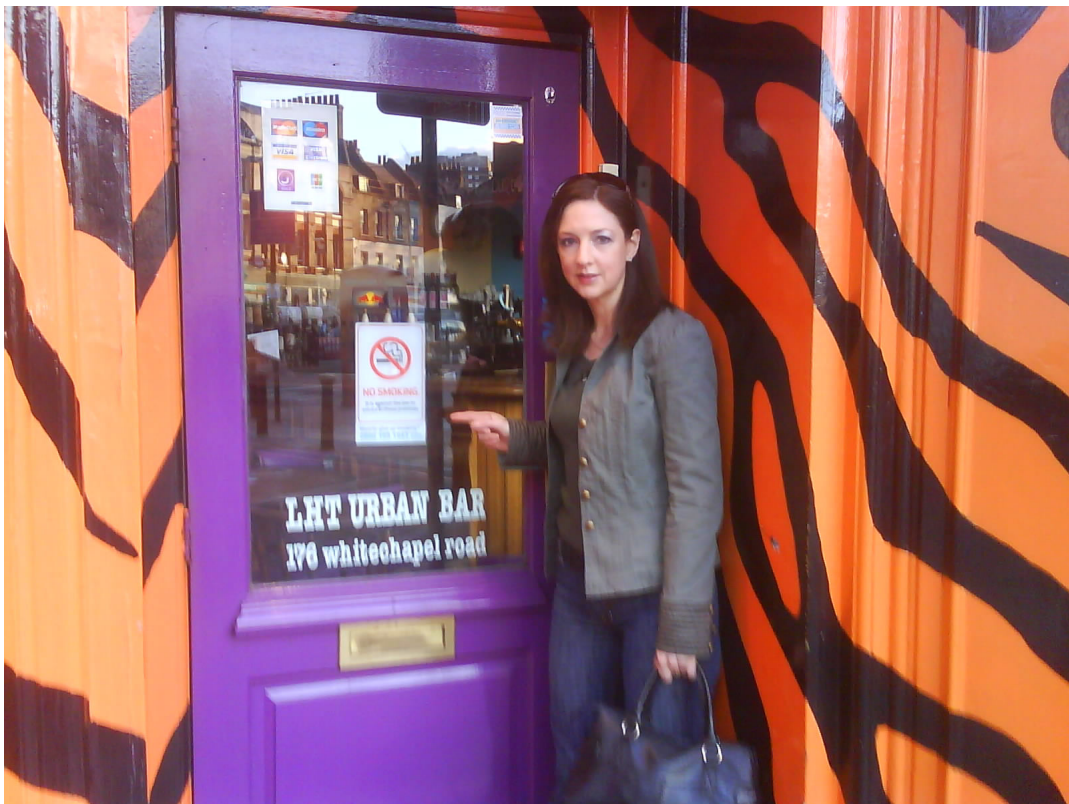
To evaluate available research on access to tobacco products by under 18s and the enforcement of breaches of trading standards relating to the selling of tobacco to under 18s

52. The introduction of the smoking ban and the raising of the legal age of sale for tobacco products to 18 are important tobacco control measures in the drive to reduce smoking prevalence. It is the role of the Local Authority to enforce legislation locally. The council's Trading Standards Services carry out surveys and undertake test purchases to ensure understanding of legislation and compliance.
53. The draft Tower Hamlets Tobacco Control Strategy recognises the increasing resource requirements that result from the new duties on enforcement officers and the wider trading standards teams. There are about 13, 500 businesses and premises in the Borough where the smoking ban currently applies. The Tobacco Control Strategy is in the process of being refreshed for 2008/9 and beyond and the level of activity possible by Tower Hamlets Council is dependant on available resources.
54. In 2007 all 404 premises selling tobacco products were visited in advance of the new sales legislation and 463 further visits were undertaken afterwards. 13 businesses were formally found to be non compliant because they were not displaying the "underage" statutory notice. One successful test purchase was obtained and the retailer undertook to comply with the legislation in future.
55. The Trading Standards Services plan to visit and test purchase 25% of tobacco retailers in 2008/9. This programme of work will combine enforcement with continued support to businesses.
56. If no additional resources are made available the level of activity possible will be largely reactive. Limited amounts of proactive work will be integrated into existing routine work streams. The levels of outreach and proactive work

achieved in 2007/8 will not be possible in 2008/9. The Tobacco Control Strategy action plans provide options based on additional funding and in the scenario that no extra funds are secured.

57. Public support for restricting smoking in public places is high with 91% of adults being in favour of restrictions in restaurants, 86% at work and 65% in pubs. The regulatory impact assessment estimated the effect of the recent ban would be to reduce the smoking prevalence by 1.7%. In Tower Hamlets this would mean approximately 3,200 fewer smokers. A recent paper on the cost-effectiveness of English smoking cessation services estimates that the average life-years gained per quitter is 3.59 years. In Tower Hamlets the impact of the ban could be to gain an additional 11,500 life-years for the local population.
58. Levels of compliance with the smoking ban in the borough were encouragingly very high at 98.5%. To date, twenty seven complaints about illegal smoking have been received and investigated. 106 requests for advice have been received from businesses, five written warnings have been given to businesses where smoking was illegally taking place and five written warnings have been given to premises that were not displaying the statutory signs.
59. Members would like to endorse the proposals in the draft Tobacco Control Strategy and action plan and support the request to maintain the level of funding at £230,000 which was the initial grant sum provided by the Government for 2007/08 to introduce the smoking ban. The programme of activities outlined in the action plan have the potential to make a much wider impact on reducing smoking prevalence compared to reactive enforcement activity but only if this funding stream continues.
60. The Council's Trading Standards Service also have responsibility for enforcing a number of statutes that restrict the sale of certain products namely such as alcohol, cigarettes, knives, solvents, fireworks and gaming software to under 18's. The last major survey of young people and smoking took place in 2005. There are central government targets to reduce the number of children between the ages of 11 and 15 who smoke regularly from a base line in 1996 to 11% by 2005 and 9% by 2010. The prevalence has plateaued since 1999 at between 9 and 10%. Girls are more likely to smoke than boys with prevalence at 10% girls compared to 7% for boys and the prevalence of smoking increases with age. Only 1% of 11 year olds smoke compared to 20% of 15 year olds.
61. Underage smokers when surveyed say they can acquire cigarettes easily. Most regular smokers aged 12-15 buy cigarettes from shops, although with more robust legislation and enforcement they are increasingly likely to be refused service. Younger smokers, in particular, also buy cigarettes from relatives. School pupils exchange cigarettes with their peers, sometimes for money. Regular smokers are also given cigarettes by friends and relatives; for occasional smokers, this is by far the most common source.

62. Demand for tobacco is highly price sensitive. A 10% increase in price is associated with an estimated 4% reduction in demand in higher income countries. Young people are at least as sensitive (perhaps two to three times more sensitive) to price as older adults. A recent systematic review of cross sectional studies from the United States found strong evidence for an association between cigarette prices and both the number of smokers aged 13 to 24 and the quantity each consumes.
63. Young people living in areas of the US with more stringent sales policies for underage customers are also less likely to smoke. Enforcing the minimum legal age for purchases can reduce illegal cigarette sales, but the evidence from controlled intervention studies is that the affect on actual smoking behaviour is weaker, presumably because underage smokers can acquire cigarettes from other sources. Unenforced voluntary agreements and educational interventions with retailers are less effective in reducing sales.
64. A visit to investigate the enforcement of breaches of trading standards relating to the selling of tobacco to under 18s was arranged in November 2007. In the company of a Trading Standards officer, Councillor Stephanie Eaton visited a number of premises including bars, restaurants, clothes shops and video outlets to ensure that the correct signs were in place and to encourage the placement of quit smoking advice leaflets. The vast majority of premises were fully compliant and, where they were not, informal information and advice was given with follow-up visits scheduled to ensure compliance.



Widening Access to Smoking Cessation Advice & Services

Review Objective:

To investigate strategies to develop the capacity and skills of front line healthcare providers to support people in giving up smoking and chewing of oral tobacco.

65. Tobacco use in Tower Hamlets exceeds the national average both in its smoked and oral forms. The Panel received a briefing on the potential of front line health care staff to more widely deliver smoking cessation messages.

Whilst there are some examples of effective practice there is huge potential for developing this area of work and for it to become a key component of the new strategy.

66. The current smoking cessation services in Tower Hamlets follows an evidence based model operating on three levels which relate to the individual's dependency and need matched with the appropriate intervention. The model is described as follows;

- **Level 1- Brief intervention from any front line health professional.** Essentially this involves assessing motivation to quit and signposting to quit services. It also reinforces to the individual that tobacco use is bad for your health and that there is effective treatment available to support you quit.
- **Level 2- Intensive 1-1 support and advice (and use of Nicotine Replacement Therapy and other pharmacological aids).** This is provided in Tower Hamlets in a number of ways by commissioning health professionals such as community pharmacists, practice nurses and community staff as well as many organizations from the voluntary sector who provide a service to those who may not traditionally access mainstream services.
- **Level 3 – Intensive support either on a 1-1 basis or using other methods.** This is currently commissioned from the specialist smokers' clinic who provide input to our local hospitals and for those people who need more intensive support, for example due to their level of addiction or complexity of their health needs. Most smokers want to quit and an intervention by a health care professional increases a person's likelihood of quitting.

67. Some of the barriers identified as deterring front line health care providers from delivering tobacco cessation advice are outlined below.

- **Smoking cessation fatigue** – the use of old tired messages and traditional ways of relaying health information
- **Lack of skill/training deficit** - Staff lack of confidence in how to do it
- **Changing face of health care providers** - Health care is now commissioned in many different ways so front line health care providers now span many organizations.
- **Too many demands on time** - Staff feel burdened by their workload

- **Perception /belief that smoking is a “lifestyle choice”** - Staff feel uncomfortable discussing it as they perceive it as a “lifestyle issue” with choice and do not understand the nature of the addiction.
 - **Fear that it will affect client relationship** – staff feel it may create a barrier between the health worker and patient.
68. The PCT have proposed a programme of work to address these barriers including a range of mandatory and voluntary training for health care workers and extending these training options to a wider range of front line providers. These options also need to be marketed more effectively to front line staff to motivate them and make them believe in what they are doing and why it is important.
69. There are also areas where there is only limited smoking cessation advice available. This includes the acute hospitals, out-patients and social service premises such as day centres, residential homes, learning disability services and youth programmes.
70. Most people see their GP at least once a year, and other health professionals at other times during the year. But at the same time, less than half of smokers say they remember being given advice on smoking by a GP, practice nurse or other medical person at any point during the last five years. GPs, practice nurses, midwives, dentists, pharmacists, health visitors and other health professionals are key sources of advice. These professionals have an important role to play in giving the kind of smoking cessation advice to match the specific needs of the patient accessing health services. Smokers need to be aware that those who know about health, advise them against smoking. **Members recommend that the Primary Care Trust introduce measures to ensure all health professionals working in hospital or community settings offer advice to change smoking habits and refer smokers to services to help them quit, whenever possible.**
71. The Tobacco Control Unit also highlighted issues around inactivity of smoking cessation advisers for example of the 350 level 2 advisers only half are currently active. There is evidence of inconsistency of approach with some advisers focussing on hard to reach groups and others working with larger more accessible groups. Around 350 people are trained to level 1 each year but there is a need to follow through on their activity and there is a need to make more use of spare capacity at the Level 2 and Specialist levels. **Members welcomed plans to re-invigorate the pool of advisers available as well as plans to recruit and train more.**

Review objective:

To evaluate the effectiveness of current strategies of engagement with key community groups and organisations, including targeting of high risk and “hard to reach” groups for smoking and tobacco cessation, specifically Bangladeshi males.

72. Tower Hamlets PCT commissions both generic and specialist smoking cessation services. The public can access these services directly by phone (free call number available) or in person (for example, through pharmacies), or by referral from primary care. All services are free of charge.
73. The generic services include:
- Smoking Cessation Clinic, Royal London Hospital – Staffed by psychologists, this service offers intensive support in the form of weekly group or individual sessions from two weeks prior to quitting to four weeks after quitting. Ongoing support is available for up to one year at weekly drop-in sessions. The clinic also provides a specialist service for pregnant women and their partners, and workplace-based sessions on a bespoke basis.
 - Pharmacists and other health care professionals - Almost all pharmacists in the borough as well as hundreds of other health care professionals in numerous settings are trained and registered smoking cessation advisers and are able to provide one-to-one advice. In addition, the PCT has just commissioned a local enhanced service for smoking cessation to be delivered through GP surgeries.
74. Specialist services include:
- Bengali Tobacco Cessation Project – This specifically aimed at members of the Bangladeshi community in Tower Hamlets who smoke or chew tobacco with paan. The project workers speak Bengali and have both male and female workers to allow for cultural sensitivities. The PCT is also carrying out a pilot smoking cessation project in the East London Mosque, where the majority of worshippers are Bangladeshi it is anticipated this will be continued and expanded on completion of the pilot.
 - Neighbours in Poplar – Poplar is one of the most deprived parts of the borough and contains some of the most deprived super output areas (small areas used by the census on average approximately 1500 people) in the country. The project is for vulnerable people living at home in the Poplar area of Tower Hamlets.
 - Ocean Somali Community Association – This is specifically aimed at members of the Somali community in Tower Hamlets.
 - Positive East – for people living with HIV and those who care for them.
75. The PCT's current plans for improving access to smoking cessation services for hard to reach groups in 2007/08 is looking to address the weaknesses of previous campaigns and develop much more targeted interventions for groups of smokers. The PCT have commissioned two separate social marketing interventions to increase uptake of smoking cessation services specifically for Bangladeshi men and an intervention focused on prevention of uptake amongst young people. There is also an ongoing peer education project being piloted in a secondary school which if successful will be rolled out across all the local authority secondary schools in the borough.
76. Tower Hamlets PCT have also commissioned 4 community groups (one in each locality) to deliver the health trainer initiative. As the organisations develop they will have an increasing role in both delivering smoking cessation

sessions and signposting people into other stop smoking services in the communities in which they are based.

77. An analysis of activity across the main providers of smoking cessation services in 2007 shows a contribution to quits of 37% by community providers, 23% from Pharmacists, 27% from the Specialist service and 11% by a range of primary care providers (GPs, Nurses and Counsellors) The quit rate is on average 36% and this varies quite considerably between service providers (in the range 60% to 20%). Similarly the cost per quit varies from around £500 per quit in the specialist unit to £250 per quit for community providers.
78. The Panel were keen that the PCT capitalise on the success of voluntary and community groups in achieving successful number of quit attempts, as this is probably indicates greater knowledge and experience of the needs of specific groups within our community.
79. The November stakeholder event to review the draft Tobacco Control Strategy looked at how to identify and target difficult to reach groups. The groups in the borough were identified as Mental Health service users, teenagers and pre-teens, people who are housebound, elderly, who have disabilities or who do not go outside the home for cultural reasons. Other 'hard to reach' groups are Black and Minority Ethnic groups, Shisha smokers and users of other types of tobacco or smokeless tobacco. Some of the solutions suggested in the discussion included a greater emphasis on relationship building with smokers, health bars to provide diversionary activities, cash for quitting and the need for sustained interventions.

Smokeless Tobacco

Review Objective:

To consider the strategies in place for the regulation and cessation of chewing tobacco (including Paan) and whether these products carry the legal health notices to the required standard.

80. Smokeless tobacco includes many different types of tobacco that you can chew, suck or inhale. Almost all brands of smokeless tobacco cause mouth cancer. In the UK, chewing tobacco is most common amongst South Asian communities and chewing paan in particular is a very old cultural practice. Most types of smokeless tobacco contain at least 28 different chemicals that can cause cancer and contain as much, if not more nicotine as smoked tobacco products. People who use smokeless tobacco absorb three to four times as much nicotine as smokers. The nicotine is absorbed more slowly and stays in the blood for a longer time.
81. There is little accurate information on the extent of use of oral tobacco products. There are also wide differences between the type of tobacco products used by different ethnic groups within the borough. It is known that Bangladeshi people are much more likely to both smoke and chew tobacco

and betel liquid, than the general population. This puts our Bangladeshi residents at a much higher risk of mouth cancer. The health risks of using Paan include the ingestion of tobacco (a carcinogen), and the consumption of areca nut which is a major cause of Oral Submucous Fibrosis (which causes oral stiffness and a problem opening and closing the mouth) and the development of precancerous lesions. Cancer Research UK have funded a pilot project in the borough to raise awareness of mouth cancer amongst the Bangladeshi part of the Community.

82. As part of this project four hundred adults who smoke or chew tobacco or betel liquid were surveyed. Less than half recognised chewing tobacco as a risk and only 64% knew that smoking can cause mouth cancer. Just 18% were aware that chewing betel quid without tobacco still increases mouth cancer risk.
83. In reviewing the wider range of communication strategies, enforcement work and tobacco cessation services, **Members identified a gap across all work streams on tackling the issue of oral or smokeless tobacco consumption.**
84. The Panel also discussed a briefing on the legality of oral tobacco products. Although these products are legal they are subject to the same health warning and labelling regulations which cover all tobacco products.
85. Members recommended that the profile of health risks around non-cigarette tobacco products needs to be raised amongst the groups that use them. There is also greater potential for cultural tobacco products to be marketed at children because of their bright colours, shiny wrappers and cheap cost. These products often enter the UK without duty added because they are imported as food (spices) products and there are very serious issues around the listing of ingredients and appropriate labelling, with products claiming to be tobacco free when they are not.
86. The mystery shopping exercise carried out by trading standards officer and Councillor Stephanie Eaton revealed widespread failure of correct labelling on these products. Purchased products either had no or inadequate health warnings and/or limited or no information on the ingredients. **The Panel recommends that leaflets for both businesses and consumers be produced to highlight the risks of both selling and using oral tobacco products.** These products have also been sent for content analysis and Members are keen to see the findings inform the production of the leaflets.



Chapter 5 – Conclusion and Recommendations

87. This section draws the key findings of the review together and makes a number of recommendations that we feel will contribute to improving Tobacco and Smoking Cessation in the Tower Hamlets.

88. The National Institute for Clinical Excellence recently concluded that reducing smoking prevalence among people in routine and manual groups, some minority ethnic groups and disadvantaged communities will help reduce health inequalities more than any other public health measure. It is therefore important that the new Tower Hamlets Tobacco Control Strategy includes challenging targets and delivers tangible improvements in health outcomes related to tobacco consumption.

Recommendation 1

That the Tobacco Control Alliance include an elected member to reflect the health scrutiny role and raise the profile of this work.

89. In reviewing the composition and terms of reference of the Tobacco Control Alliance, Members were keen to see direct responsibility for the accompanying Communications Strategy to be added to the remit of the alliance.

Recommendation 2

That the Communications Strategy accompanying the Tobacco Control Strategy be overseen by the Tobacco Control Alliance.

90. The analysis of communications strategies covering the full range of tobacco control interventions in the borough highlighted both successful measures as well as gaps in communication work as did the outcomes from the November 2007 stakeholder event for the strategy. The adoption of the Smokefree brand has clear benefits in terms of resourcing these products, the consistency of the stop smoking message and building a recognisable brand. Members were keen however for communication materials to reflect local issues particularly when targeting hard to reach groups and that there should be better analysis of what works well. Smokefree also excludes messages about use of other types of tobacco.

Recommendation 3

That the Communications Strategy, design of future campaigns and resources for tobacco cessation publicity reflect the community of Tower Hamlets and take account of the results of social marketing exercises commissioned by the Primary Care Trust.

Recommendation 4

That communications resources be developed to target the users of all types of tobacco consumption, including chewing tobacco, paan and sheesha pipe smoking.

91. There is a lack of up to date information on smoking prevalence as well as what helps to motivate people to quit. The Smoking cessation helplines are well used and much more needs to be done to capture information to help profile smokers, understand their needs and what worked to help them contact a cessation service. The migration of the helpline to the Council offers opportunities to improve the type and levels of data held on people accessing cessation services.

Recommendation 5

That the Tobacco Control Unit develop a service level agreement with the new helpline provider to capture information to help understand user's needs and to gauge the effectiveness of communications resources.

92. we are awaiting the outcome of the laboratory tests on tobacco products from the enforcement and mystery shopping visits during the review. Where appropriate we wish to see the results used in local tobacco cessation campaigns.
93. Members would like to endorse the proposals in the draft Tobacco Control Strategy and action plan and strongly support the request to maintain the level of funding at £230,000 which was the initial grant sum provided by the Government for 2007/08. The programme of activities outlined in the action plan have the potential to make a much wider impact on reducing smoking prevalence compared to stand alone enforcement activity. During the course of the review the Tower Hamlets Primary Care Trust have agreed to fund the programme. Members welcome this outcome and would like to encourage future work to implement the strategy beyond 2009 to also be secured through the Council or the Primary Care Trust. A longer term funding solution would also enable the joint tobacco control partnership to have a more strategic role.
94. The enforcement visits highlighted the benefits of a light touch approach to enforcing the smoking ban and in working with businesses that sell tobacco. Whilst this reflects the Government guidance on implementing the new legislation in 2007 it is equally important that work carried out by enforcement officers is recorded in a way that demonstrates the outputs and outcomes from that work.

Recommendation 6

That the Trading Standards Team develops a business plan to demonstrate the time and effort involved in enforcement, education and support activities.

95. The evidence is that health care professionals can play a pivotal role in delivering the stop tobacco use message to the patients they see and to offer advice and appropriate referrals. This is currently an under utilised resource and there are barriers both perceived and actual to healthcare workers taking on this role. The panel agree that there should be a training programme for health care professionals to overcome these barriers and to encourage them to be more motivated about taking on this important public health role.

Recommendation 7

That the Primary Care Trust introduce measures to ensure all health professionals working in hospital or community settings offer advice to change smoking habits and refer smokers to services to help them quit, whenever possible.

96. The current range of smoking cessation services are good but there is a need to improve the flexibility of these services and the way they are provided. Members welcomed plans to re-invigorate the pool of advisers available as well as plans to recruit and train more.

Recommendation 8

That the PCT commission more Level 1 and Level 2 Smoking Cessation advisors and develop an action plan to re-energise inactive advisers.

97. A recent analysis of the role of local smoking cessation services in achieving quits highlighted the importance of community organisations accounting for 39% of quits in 2007. The Panel were keen that the PCT capitalise on the success of voluntary and community groups in achieving successful number of quit attempts.

Recommendation 9

That the PCT commission more voluntary and community sector organisations including exploring options through the Tower Hamlets Partnership to deliver smoking cessation services.

Scrutiny in Tower Hamlets

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Agenda Item 10.2

Committee: Overview and Scrutiny	Date: 2nd April 2008	Classification: Unrestricted	Report No.	Agenda Item No.
Report of: Michael Keating, Acting Assistant Chief Executive Originating Officer(s): Edmund Wildish, Scrutiny Policy Officer	Title: Licensing of Strip Clubs – Report of the Scrutiny Working Group			

1. Summary

- 1.1 This report submits the report and recommendations of the Scrutiny Working Group Review on the Licensing of Strip Clubs for consideration by the Overview and Scrutiny Committee.

2. Recommendations

It is recommended that Overview and Scrutiny Committee:

- 2.1 Endorse the draft report.
- 2.2 Authorise the Acting Assistant Chief Executive to agree the final report before its submission to Cabinet.

Local Government Act 1972 (as amended) Section 100D
LOST OF “BACKGROUND PAPERS” USED IN THE PREPARATION OF THIS REPORT

Background paper

Name and telephone of and address where open to inspection

Scrutiny Review File held in Scrutiny Policy Team

Edmund Wildish
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3. Background

- 3.1 The Working Group was established in November 2007 to investigate the Council's approach to the Licensing of Strip Clubs.
- 3.2 The objectives of the review were to:
- To consider the legal framework for the licensing of strip clubs and what powers local authorities have for the regulation and licensing of strip clubs
 - To investigate the impact of strip clubs on the local community
 - To consider the approach of other local authorities in the regulation and licensing of strip clubs and whether there may be any appropriate changes that Tower Hamlets can adopt
 - To provide Members with a greater understanding of the intricacies of licensing of strip clubs in the borough, enabling them to fulfil a community leadership role on the issue
- 3.3 The Working Group met four times to hear from officers, the Police and residents, as well as hearing from officers from other London authorities and reviewing evidence from authorities across the country.
- 3.4 The report with recommendations is attached at Appendix A.
- 3.5 Once agreed, the working group's report and action plan will be submitted to Cabinet for a response to their recommendations.

4. Concurrent Report of the Assistant Chief Executive (Legal Services)

- 4.1 Legal comments were incorporated throughout the course of the review.

5. Comments of the Chief Financial Officer

- 5.1 No provision has been included within the Licensing Budget to meet the cost implications of creating an additional post within the Licensing Team to focus on the enforcement of licensing conditions applying to strip clubs. Therefore if this proposal is to be pursued cost implications would need to be finalised and necessary funding identified before implementation.

6. Equal Opportunity Implications

- 6.1 Equalities issues were a topic of heated discussion throughout the review. Recommendation 12, regarding undertaking an EQIA on the subject, has clear relevance for equal opportunity implications.

7. Anti-Poverty Implications

- 7.1 There are no direct Anti-Poverty implications arising from this report.

8. Sustainable Action for a Greener Environment

- 8.1 There are no direct actions for a greener environment arising from the report.

9. Risk Management

9.1 There are no direct risk management implications arising from the Working Group's report or recommendations.

Appendix A: Licensing of Strip Clubs – report of the Scrutiny Working Group

Licensing of Strip Clubs

Tower Hamlets Council
April 2008



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Acknowledgements

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The Working Group would like to thank officers at City of London Corporation and Westminster for their time and advice. The group would also like to thank all those residents who made contributions and gave input into the review, especially Sandrine Levêque at OBJECT for her efforts in moving this issue forward on a national level.

Chair's Foreword

To be completed.

Cllr Marc Francis
Chair, Overview & Scrutiny Committee

Recommendations

- R1** That an extra post is created in the Licensing Department, with a remit focusing on the enforcement of licensing conditions applying to strip clubs in the borough. Furthermore, that this officer liaises very closely with the Police to ensure information is properly shared.
- R2** That the Council works closely with the Police to makes clear to residents the proper channels for reporting any incidents arising from existing premises. Should information be published or distributed, this should be done bilingually. Ways to report incidents must include effective ways of capturing any information or evidence residents collect, so that sanctions may then be applied, including the ultimate possibility of a review of the license and it being revoked.
- R3** That the Council consider targeting mobile CCTV in the vicinity of premises operating striptease, to provide evidence of the extent of crime and disorder associated with these premises. To this end, the Council should also consider commissioning research to verify claims that there are direct links between strip clubs and crime and disorder (particularly crime of a sexual nature).
- R4** That the Council reminds all owners of their obligations under the recently amended Licensing Policy to prevent advertising on and around their premises causing offence to local residents. Following this, the officers should investigate what advertising is in place, and if it contravenes the policy, to take appropriate action.
- R5** That the Council should make written representations to owners of billboards and the owners of premises where the billboards are put up to request that they do not put up advertisements for strip clubs. Furthermore, that existing striptease license holders as well as new applicants are asked not to advertise, either within the borough or outside.
- R6** That the Council lobbies the ASA in order to prevent strip clubs from advertising on billboards.
- R7** That quarterly meetings are held between officers in Planning and Licensing to discuss any prospective applications that are or will be relevant to both departments. Meetings should also take place as and when potential issues arise. Should these meetings raise question marks over certain premises, applicants should be strongly informed that operating without both a license and planning permission could result in prosecution.
- R8** That the Council makes a clear public statement that it does not desire want strip clubs in the borough, in order to discourage applications for such premises.
- R9** That residents within the current 40m radius from any premises that are applying for a striptease license (in keeping with the set limit for consultation for all types of license applications) are given detailed information of what they need to do should they wish to make representations to object. In particular, it should be made clear that objections must be framed with reference to the four

Licensing Objectives, and not under any other arguments.

- R10 That the Council considers ways in which, for strip clubs, consultation can be undertaken on a wider scale than the current 40m radius.**
- R11 That the possibilities for referral to the 'saturation' policy are explored fully, to examine whether this could be utilised to minimise the number of clubs in the borough.**
- R12 That the Council's Equalities Team performs an EQIA on the licensing of strip clubs from the perspective of gender, to establish evidence in support of a more assertive approach to licensing and explore other opportunities for legal challenge (see recommendation 3).**
- R13 That the Council seeks to lobby government to change primary legislation (as set out in the Licensing Act 2003) so that strip clubs can be classified as sex encounter establishments.**
- R14 That the Council hosts a pan-London event (with the support of OBJECT) to get greater levels of support and cooperation in these attempts to lobby government.**

Introduction

1. Strip clubs, and their impact on the community, is an issue of constant debate, both nationally and locally. In Tower Hamlets, it has been an area of particular concern over the last 10-15 years. On 20th June 2007, Full Council, in line with the motion submitted by Councillor Denise Jones, resolved *“to ask Overview & Scrutiny Committee to investigate the impact of [strip] clubs, and trends in new applications, on the local community, inviting experts, residents, community and faith groups to submit evidence, and seeking legal and professional advice and support”*.
2. A Working Group was established in November 2007 to explore the Council’s policy on licensing of strip clubs, in order to get to grips with the issue. The membership of the group was politically balanced and comprised of 7 councillors. The Chair of the Working Group was Councillor Marc Francis, Chair of Overview & Scrutiny.
3. The review had four main objectives:
 - To consider the legal framework for the licensing of strip clubs and what powers local authorities have for the regulation and licensing of strip clubs
 - To investigate the impact of strip clubs on the local community
 - To consider the approach of other local authorities in the regulation and licensing of strip clubs and whether there may be any appropriate changes that Tower Hamlets can adopt.
 - To provide Members with a greater understanding of the intricacies of licensing of strip clubs in the borough, enabling them to fulfil a community leadership role on the issue
4. Although strip clubs engender a great deal of strong opinion, from the start of the review the Working Group’s remit was unambiguous. What had to be considered first was whether Tower Hamlets **could** do anything differently; only when this had been ascertained would it be feasible to discuss whether the Council **should** do anything differently. Questions of morality that often cropped up with reference to the subject matter were not strictly relevant – although it was made clear to the Working Group that final recommendations could include the potential for lobbying to change existing licensing laws.
5. The group agreed the following timetable to undertake work for the review:

Introductory Meeting (December 2007)

- Agree scoping document
- Briefing from LBTH Licensing officers and discussion
- Briefing from LBTH Legal officers and discussion
- Briefing from Police and discussion

Public Meeting (January 2008)

- Roundtable discussion with residents who had replied to an article in East End Life asking for submissions of evidence

Visits (January 2008)

- Visits to other London authorities to ascertain their policies and approaches, and see if lessons could be learned in terms of best practice

Evidence Review Meeting (February 2008)

- Discussion of evidence arising from all three previous sessions, as well as other evidence gathered by policy officers throughout the course of the review

Final Meeting (March 2008)

- Agree draft report and recommendations

6. The Overview and Scrutiny Committee will consider the Working Group's report and its recommendations. Following this, Cabinet will give its response to the report, including an action plan to outline how the recommendations will be implemented.

Background

➤ Historical context

7. That striptease is an issue which has exercised opinion for some time can be appreciated by reference to Overview & Scrutiny's 2001-2002 annual report. It is noted there that "*this area needed close attention, with the proliferation of lap dancing and striptease establishments around the City fringe*".
8. Furthermore, the annual report demonstrates a difference of perspective between members and officers: "*the [Environment and Leisure] Panel believed the City Fringe from Westminster through Camden, Islington, Hackney and Tower Hamlets was blighted by these types of establishments. The Panel considered that the Council should tighten its rules to strictly limit the numbers. Officers thought this unnecessary, as our rules were satisfactory. The Panel remained sceptical and believed that this subject would require further scrutiny*".
9. Officers and residents both confirmed that the issue has been around and a subject for heated discussion for at least 15 years; some officers commented that it was something that appeared on the horizon every few years and seemed destined never to be resolved. The review highlighted a discrepancy between officers' opinions and those of residents/members (see Public View, below). Crudely characterised, the former felt that the authority was doing all it could **within the law**, whereas the latter voiced a suspicion that there were unexplored avenues and options available. It was hoped that the review would help to bring these viewpoints closer together.

➤ Venues

10. Tower Hamlets currently has 7 venues which operate solely for striptease:

- **The Pleasure Lounge (Strip)** - E2
- **Images (Table/Lap Dancing)** - E2
- **Majingoes (Table Top/Lap Dancing)** - E14
- **The Nags Head (Strip)** - E1
- **Secrets (Table/Lap)** - E1
- **Whites Gentleman's Club (Table/Lap)** - E1
- **Oops (Table/Lap)** - E1

There are also three other premises that have striptease as a regulated entertainment on their licence but do not solely, and indeed rarely open for this purpose.

- **E1 Club (LGBT)** - E1
- **White Swan (LGBT)** - E1
- **Club Bronze** - E3

11. This is high compared to the rest of London; only Camden and Westminster have similar numbers of strip clubs. Most boroughs have no such venues, although the

majority of the clubs are concentrated in a spread around Inner London authorities – Hackney, Lambeth, Newham and Greenwich being the other areas with significant numbers.

➤ Legislation and Licensing Policy

12. Under previous legislation, clubs regulated striptease through the granting of Public Entertainment Licenses (as part of the London Government Act 1963). If premises wanted striptease, they had to make a separate and specific request to do so. The Council made clear its position on issues such as advertising, and had policies on where and when it could take place.
13. Current legislation, as per the Licensing Act 2003, is quite different. It covers a wide range of issues but *does not directly deal with striptease*. Under the Licensing Act 2003, striptease is seen as a form of public dancing with music, or similar entertainment, which means it is exempt from other legislation which in London controls what are known as ‘sex encounter establishments’ (sex shops, peep shows, adult cinemas etc.). Thus striptease is only regulated in the same way as any other dancing or musical activity. Any activity which goes beyond striptease is not permitted in Tower Hamlets, as some years ago a limit of zero was set for sex encounter establishments.
14. Under the Licensing Act 2003, local authorities can only refuse to grant striptease licenses if they feel that licensing such activity would go against one or more of the four Licensing Objectives. These are as follows:
 - Prevention of crime and disorder
 - Public safety
 - Prevention of nuisance
 - Prevention of harm to children
15. The Council updated its Licensing Policy (which must occur at least every three years) as of January 2008. The following section on striptease was inserted:

15.3 The licensing authority, when its discretion is engaged, will always consider all applications on their individual merits. However, all applications involving adult entertainment of nudity or semi-nudity are unlikely to be successful where the premise is in the vicinity of:

- residential accommodation;
- schools;
- places of worship;
- other premises where entertainment of a similar nature takes place;
- community centres;
- and youth clubs.

These insertions to our Licensing Policy were developed in consultation with local residents and were felt by officers to be as strong a wording of policy that could be adopted under the current legislation. (It should be noted that all the above points relate mainly to the Licensing Objective ‘prevention of harm to children’).

16. In the foreword to the updated Licensing Policy, under the theme of ‘A better place for living well’, it is stated that:

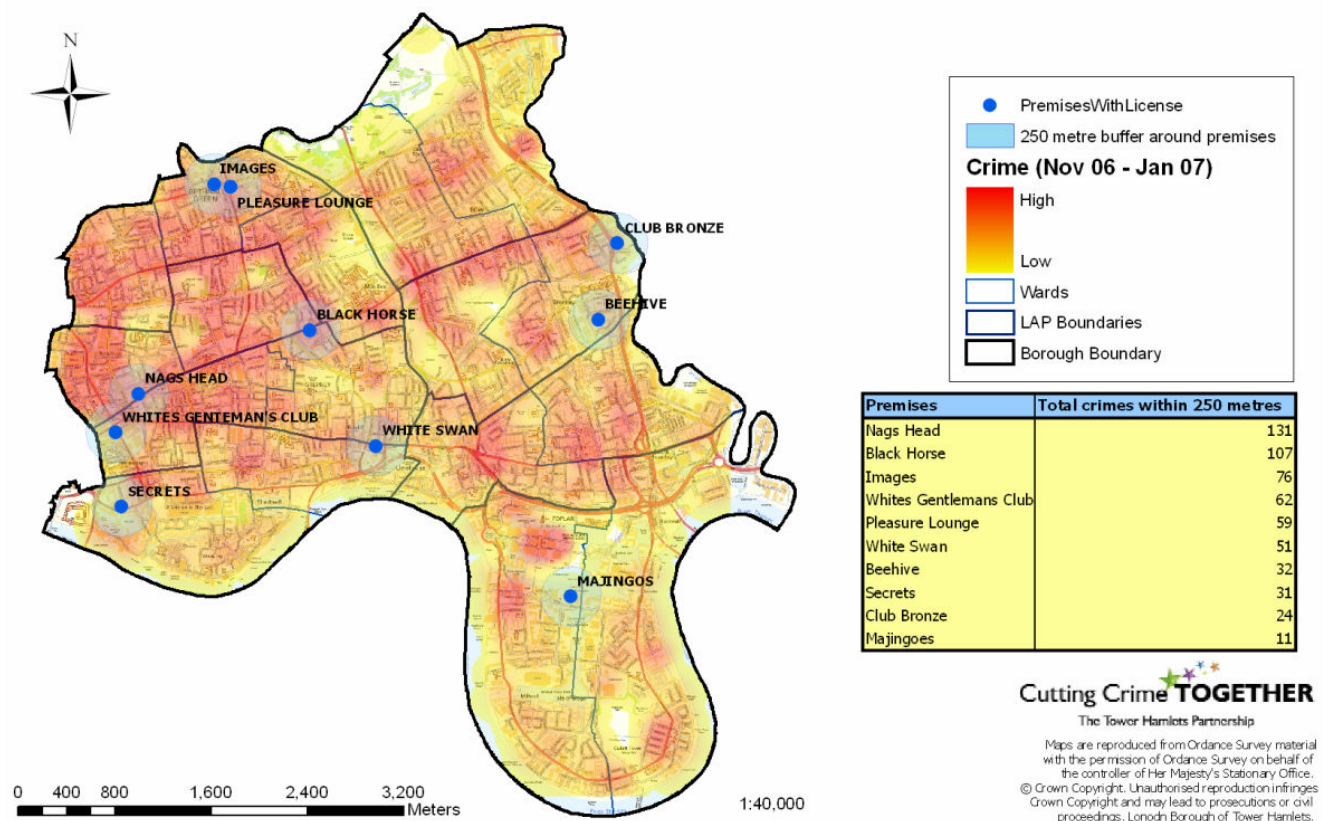
- We will seek to restrict undesirable expansion of adult only entertainment
- We will continue to be open to representations made to us that an area within the Borough has become saturated with licensed premises

These statements and the additions mentioned above indicate that, independent of this review, efforts were being made to address the issue of striptease.

➤ Police View – Strip Clubs and Crime

17. Figure 1 shows the results of research by the LBTH Community Safety Team analysts, completed in February 2007. This hotspot analysis of strip clubs shows that although in general they do not appear to be a problem, some are located in areas that have a high amount of crime, possibly linked to the behaviour associated with the area - such as drinking. Therefore, the risk factors associated with strip clubs probably stem from the alcohol-related behaviour, rather than the venues themselves. Some strip clubs – like numerous other licensed venues – are a source of crime, but it is difficult to associate a *higher* risk to them over other areas.

Figure 1 – Location of premises with license for striptease and all crime (Nov 06-Jan 07)



18. In general, the Police contended that within the last year, none of the premises listed above, when using their striptease clause, have come to their attention – either as a result of complaints from the community, or through crime and disorder incidents. Therefore they do not see these venues as generators of crime and disorder and cause them relatively little concern.

19. Further research, shown in Figure 2, seems to corroborate this view. However, it must be acknowledged that the data cannot be guaranteed to be 100% accurate (due to, for example postcode/address errors, or reclassification of crimes). Data was analysed from April 2006 – February 2007, and April 2007 – February 2008, and shows that some venues are located in areas where certain crimes occur in high numbers. According to the figures, over a period of almost two years there have been very few incidents of crime specifically at their location – although there have been significant numbers of (violent) crime *within the vicinity* of some of the venues.

Figure 2 – Incidence of crime at and around strip clubs, Apr 06-Feb 07 and Apr 07-Feb 08

Venue	Location of incident	Drugs		Sexual Offences	Theft and Handling			Violence Against the Person				Grand Total
		Drug Trafficking	Possession Of Drugs	Rape	Other Theft	Picking Pockets etc	Snatches	ABH	Common Assault	GBH	Harassment	
Nags Head	At Location	0	0	0	1	0	0	1	2	0	1	5
	Within Vicinity	0	9	1	33	18	6	7	2	0	7	83
Black Horse	At Location	0	0	0	2	1	0	1	0	0	1	5
	Within Vicinity	0	3	0	16	1	5	32	3	1	11	72
White Swan	At Location	0	0	0	2	0	0	0	1	0	1	4
	Within Vicinity	0	4	0	7	0	0	2	4	0	0	17
Majingos	At Location	0	0	0	6	0	0	1	0	1	0	8
	Within Vicinity	0	0	0	4	0	0	2	0	1	2	9
Secrets	At Location	0	0	0	0	0	0	0	0	0	0	0
	Within Vicinity	0	0	0	0	2	0	1	2	0	1	6
Images	At Location	0	0	0	0	0	1	1	0	0	0	2
	Within Vicinity	0	1	0	3	0	0	3	4	0	0	11
Pleasure Lounge	At Location	0	0	0	0	0	0	0	0	0	0	0
	Within Vicinity	1	0	0	8	1	0	5	0	1	2	18
Club Bronze	At Location	0	0	0	0	0	0	2	0	0	0	2
	Within Vicinity	1	1	0	5	1	1	2	3	1	0	15
Total		2	18	1	87	24	13	60	21	5	26	260

20. There was considerable scepticism from residents and some members about the Police view. There seemed to be a feeling that the data either did not capture the true nature of reported incidents around such venues, or that many incidents were simply not being reported (due to inadequate mechanisms to do so, or lack of response). A majority of the members of the Working Group – and most residents – felt there was a strong link between strip clubs and crime.
21. The Police’s Licensing Office has a weekly meeting with the LBTH Licensing Authority and officers from the Environmental Heath Noise Team. A function of this group is to share information on complaints relating to licensed venues (**all** licensed venues, not just strip clubs) and to respond accordingly. If complaints are raised regarding activities inside striptease venues that indicate a venue is not complying with the conditions of its licence, officers will be tasked to carry out covert visits. Officers have

not been requested to visit any premises on the borough for the last 18 months. Nor have they had cause to visit through fulfilling their own policing objectives.

22. The Police have 20 additional conditions for any premises that wish to hold striptease (see Appendix 1), which they adapt to individual premises. It is these conditions against which they check on their inspections (see below). They also demand to see from the applicant a Code of Conduct for performers and dancers.

➤ Public View

23. As noted in the Introduction, an advert was placed in East End Life in November 2007, giving a short background to the review and asking residents for their contributions to the process. The advert generated a lot of interest, with upwards of 100 responses. Out of these, only two respondents felt that the issue was being blown out of proportion; they argued that there was an overly-prescriptive moral component at stake, and in a liberal society we should not necessarily seek to criminalise those activities we find personally unpleasant.
24. The majority of the responses, however, expressed strongly held views on the situation in the borough, and it quickly became clear that there was a large gap between residents and officers on what was being done, and what could be done. Almost all of the residents were stridently against any increase in numbers of strip clubs, and wanted to see a reduction in existing numbers.
25. Many people referred to the impact they felt the venues were having on the character of the borough, with the following excerpts just a few examples: *“my family feel uneasy in walking around streets where strip clubs are based, especially female members”*; *“I have been leered at and felt intimidated when walking past these clubs”*; *“boys...are encouraged from an early age to objectify young women”*.
26. Also talked about was a perceived lack of enforcement and monitoring (*“Right now not enough resources are dedicated to ensure that there is safety and respectful behaviour around such late night hot spots...the council needs to ensure that it is adequately monitoring the licenses it has already given”*). Some of the replies also focused on the practical disturbances that they allege the clubs caused (*“[they] create noise, disruption and indeed danger at night. From late evening until well into the night – after 3am – [they] attract traffic which noisily stops and starts while people are unloaded and then loaded up again, loud conversations and sometimes scuffles in the street”*; *“these clubs attract crime, violence... noise pollution (from night life attention to these clubs) and anti-social behaviour”*).
27. In addition, many contended that there was a link between strip clubs and seedier aspects of the sex industry, and the safety of women in general (*“The spread of these clubs means that this abuse and exploitation of women is normalised and this affects the attitude and outlook of all of us, especially our young people”*; *“Those employed in the clubs are often subject to coercion and abuse, and there is evidence that they are drawn into drug use and prostitution”*). This assertion was supported by evidence presented at the public meeting by Safe Exit¹, a coordinator of services for people involved in prostitution, which argued for a direct link between strip clubs and prostitution. Data from a study they had commissioned also suggested that strip clubs

¹ <http://www.toyambeehall.org.uk/page.asp?section=000100010001000300020002&pagetitle=Safe+Exit>

contribute to the notion that women are just a commodity to be bought.

28. Some residents wanted the Council to take 'more of a lead' on these sorts of issues, push the laws to their limits and "*send out a message about the sort of place we want Tower Hamlets to be*". It was felt that opposition was not arising solely from one section of the community, or from women alone, or from 'prudes' – this was an issue that affects and matters to all people.
29. Most people were in favour of the Council simply rejecting all future applications for licenses, as well as taking a more stringent approach to levels of advertising. Other suggestions for future action involved greater levels of cooperation between the Council's Planning and Licensing functions, more support in reporting issues to the Council/Police, and greater levels of enforcement.

Enforcement/Monitoring

➤ Enforcement within strip clubs

30. In Tower Hamlets, there are over 800 licensed premises, all of which the Council's Licensing officers must visit. Premises are given a risk-rating – high, medium, or low – and are pro-actively visited according to that level. Consequently, officers can only make visits (either covert or overt) to the strip clubs once a year. However, should complaints arise, then officers can instigate more frequent visits. Police officers make monthly visits, (covert, i.e. plain-clothes), with plans to make these visits bi-monthly.
31. Members felt that levels of enforcement were not stringent enough, and that as a consequence issues were being missed. The Group recognised that Licensing officers were under tremendous strain with the numbers of licensed premises within the borough, and so felt that it was appropriate to allocate further resources to this area. However, the Group also understood that issues of cost, and where the extra funding would come from, would have to be carefully considered.
32. Residents also expressed their concern at a perceived lack of enforcement taking place in order to ensure the clubs were complying with the various conditions and standards that the Council and the Police specify. Evidence presented in Julie Bindel's study (*Profitable Exploits: Lap Dancing in the UK*²), and testimony by a former lap dancer, now working as a Fawcett³ volunteer, suggests that breaking of regulations like the 'three foot' rule are widespread. These and other studies argue that the highly competitive nature of the industry (dancers have to pay the clubs to work, and often outnumber potential clients) encourage dancers to break the rules. As a result, to protect them, enforcement needs to take place more frequently.
33. The Group was aware that an intention to provide more frequent enforcement will require extra resources within the Licensing Team, as they are overstretched as it is. One extra officer would have a cost implication of £41k p/a (including on-costs), which the Group felt would be a small price to pay for the increased ability to monitor what is

²http://www.glasgow.gov.uk/en/YourCouncil/PolicyPlanning_Strategy/Corporate/Equalities/Women/Prostitution.htm

³ www.fawcettsociety.org/

happening within the clubs.

Recommendation

- R1 That an extra post is created in the Licensing Department, with a remit focusing on the enforcement of licensing conditions applying to strip clubs in the borough. Furthermore, that this officer liaises very closely with the Police to ensure information is properly shared.

➤ Enforcement outside strip clubs

34. In addition, residents raised concerns over enforcement relating to actions that take place *outside* the venue. Some felt that as the Police station closes at 5pm generally, and most of the incidents take place after this time, it isn't appropriate to call 999 so there are no options for reporting incidents. This has caused some of them to be under the impression that the responsibility for enforcement lies with them.
35. As mentioned, at present data suggests that strip clubs are not a prime cause for concern to Police, and as such it might not make sense for them to deploy significant resources for these premises. However, if there are problems occurring, the Council needs to work with the Police to assist residents in gathering evidence and reporting it to them. This would demonstrate a willingness to cooperate and work with the real concerns that are felt.

Recommendation

- R2 That the Council works closely with the Police to make clear to residents the proper channels for reporting any incidents arising from existing premises. Should information be published or distributed, this should be done bilingually. Ways to report incidents must include effective ways of capturing any information or evidence residents collect, so that sanctions may then be applied, including the ultimate possibility of a review of the license and it being revoked.

36. The Group realised the importance of conclusive evidence in providing justification for any complaints against premises. To this end, they were interested in the use of CCTV to provide independent verification of claims or objections that are being made. However, they also recognised both the prevalence of CCTV around the borough, as well as the fact that attempts at permanent surveillance can serve merely to push problems around the corner.
37. A better solution seemed to be found in exploring the use of mobile CCTV to those areas where problems were occurring. Officers advised that such surveillance would need to be overt, rather than covert, if it was not to fall foul of privacy laws. Members felt that using mobile CCTV would enable the Council to spread its resources appropriately and where needed.

Recommendation

R3 That the Council consider targeting mobile CCTV in the vicinity of premises operating striptease, to provide evidence of the extent of crime and disorder associated with these premises. To this end, the Council should also consider commissioning research to verify claims that there are direct links between strip clubs and crime and disorder (particularly crime of a sexual nature).

Advertising

38. Members of the Working Group were keen to gain insight from other authorities regarding adverts and advertising by strip clubs. There are two distinct elements to this issue – advertising that is on or around the venue itself and advertising that takes place away from the venues, elsewhere in the borough.
39. In the City of London, there appears to be little or no advertising. Councillors were interested in how this came to be so. As they do not have any strip clubs operating at present, advertising in the immediate vicinity would not be an issue. To this point, though, officers there pointed out that their Licensing Policy was consistent with most other London authorities in addressing advertising in the immediate vicinity of venues. However, it was also pointed out that advertising elsewhere is covered in separate legislation (the Indecent Displays Act 1981), so Licensing does not get involved.
40. Similarly, in Westminster, officers affirmed that whilst there were conditions attached to advertising on and around premises, there were no policies on adverts located away from the venues. Investigations into other authorities where it was suggested a more rigorous approach had been taken, such as Luton, revealed that this was not the case.

➤ Advertising on and around the premises

41. One aspect of Tower Hamlets' revised Licensing Policy states that premises must ensure "that publicity and advertising does not cause offence to members of the local community". For example, residents living around 'Secrets' in East Smithfield are unhappy about neon lighting that draws attention to the venue. This aspect of the Licensing Policy is intended to refer to sexually explicit advertising, and 'cause offence' is an ambiguous phrase open to contention and argument. However, it would be appropriate to remind existing premises of this clause in the policy, look into what the state is of advertising on and around premises, and take action if appropriate.

Recommendation

R4 That the Council reminds all owners of their obligations under the recently amended Licensing Policy to prevent advertising on and around their premises causing offence to local residents. Following this, the officers should investigate what advertising is in place, and if it contravenes the policy, to take appropriate action.

➤ Advertising away from the premises

42. Recent developments in the borough have seen several large billboards with adverts for a prominent chain of strip clubs; whilst this may not be desirable for some people,

as long as it follows the ASA code of conduct, it is perfectly legal. Local Authorities do not have the right to ban or attach conditions to such advertising.

43. In light of this inability to dictate the content of billboards across the borough, the Group wanted to explore any other ways of addressing this. They discussed the possibility for the Council to ask the owners of the billboards not to use the space to advertise strip clubs. Such an appeal – on the grounds of not wishing to create a certain image of the borough – may or may not succeed, but the Group recognised that it was the only option available.

Recommendation

- R5 That the Council should make written representations to owners of billboards and the owners of premises where the billboards are put up to request that they do not put up advertisements for strip clubs. Furthermore, that existing striptease license holders as well as new applicants are asked not to advertise, either within the borough or outside.
- R6 That the Council lobbies the ASA in order to prevent strip clubs from advertising on billboards.

Links between Planning and Licensing

44. Residents, as well as members of the Working Group, expressed disquiet with the apparent lack of coordination between the Planning and Licensing functions of the Council. Officers, as well as members, pointed out that the two functions are separate in law (under the Licensing Act 2003), and that decisions taken by one department or committee cannot be taken into consideration by the other.
45. However, the Group felt that this should not preclude communication between the two departments, to discuss any applications that might be pertinent to each other. Members felt that planning issues inter-relate highly with licensing ones, whether they are related in law or not. Having a greater level of communication between the two departments could enable efforts to preserve the character of the borough better.
46. There were further issues with premises allegedly exploiting the lack of connectedness between Planning and Licensing by operating with permission from one department but not the other. Members wanted any such premises to be instructed as to their legal responsibilities for both Planning and Licensing, and action taken against those which flouted these responsibilities.

Recommendation

- R7 That quarterly meetings are held between officers in Planning and Licensing to discuss any prospective applications that are or will be relevant to both departments. Meetings should also take place as and when potential issues arise. Should these meetings raise question marks over certain premises, applicants should be strongly informed that operating without **both** a license and planning permission could result in prosecution.

Objections to new applications for licenses

47. The legislation surrounding licensing of strip clubs is complex and not clear to the layperson. As stated above, under current legislation, applications for striptease licenses can only be rejected if it is felt that granting a license would result in one or more of the four Licensing Objectives being broken. Therefore, the only evidence that local authorities (or, if it reaches them on appeal, Magistrate's Courts) may consider relates specifically and directly to those objectives. Two cases – one from Tower Hamlets and another from Durham – provide examples of this. Lessons learned from each helped to inform the Group's recommendations.
48. The Working Group received much correspondence from members of the public, and heard from residents at the public meeting, to the effect that strip clubs were not welcome in the borough. It was also felt that there were other grounds on which the Council should be objecting to applications for licenses. A majority of the Working Group agreed that it was incumbent upon the Council to unambiguously state its desire to prevent the character of the borough being altered for the worse.
49. Residents were in favour of flat-out rejection of all future applications for licenses, and in discussions with other authorities mention was made of the possibility of a council exploring a more 'assertive' policy, in order to make clear to prospective strip clubs that it will not be easy to open up premises within the borough. On the other hand, advice (both from Licensing and Legal officers in a variety of authorities) unanimously was against such an approach, pointing to the potential drawbacks – financial and practical – of such a strategy. In particular, officers stated that it was illegal under the Licensing Act 2003 to have a policy that sought to reject every single application for a striptease license, regardless of circumstance.
50. With the concerns about the expansion of the night-time economy, the Group decided they would like a statement of intent from the Council which clearly outlines its intentions to prevent the borough becoming a magnet for strip clubs, whilst accepting that each case must continue to be considered on its merits. Members suggested undertaking work along similar lines to a Masterplanning exercise in order to provide a basis for this more assertive approach. Members were advised that this was likely to be challenged.

Recommendation

- R8 That the Council makes a clear public statement that it does not desire want strip clubs in the borough, in order to discourage applications for such premises.

➤ Tower Hamlets - Secrets

51. It was relevant to refer back to the case involving the granting of a license to Secrets in East Smithfields. Although this was under the old (Public Entertainments License) legislation, there are still some useful points to take from it. Initially, the Licensing Panel refused to grant a license to the owners, on such grounds as:
 - *The nature of the establishment and hours sought was not in keeping with the character of the area, which was heavily residential...*

- *It was felt that the Borough already had enough striptease establishments and adding to this number may have a detrimental effect and begin to render the borough a “red light district” with the subsequent deterioration of the local environment.*
- *On balance, the negative impact of this application on the local area outweighed the need of the applicant to run their business*

52. The decision of the Magistrate’s Court, outlined in Appendix 2 (Justices’ Reasons), shows that they did not take into account any of the above reasons; or, if they did, they found no convincing evidence to corroborate the claims. Again, although the legislation is now different, the key point remains – an emphasis on direct evidence to support objections.

➤ Durham – Vimax Leisure

53. A case in late 2007 in Durham provides a useful example of this. Vimax Leisure applied for a license to run striptease for three days a week on an existing nightclub premises they owned. Durham City Council (DCC) awarded the license (the first of its kind in Durham), despite some objections from residents. The decision was then challenged by residents, and when the case went to the Magistrate’s Court on appeal, the magistrates found in favour of the residents’ objections (see Appendix 3), revoked the license and awarded costs against DCC.

54. The circumstances of this case were difficult to unravel, and different depending on which side’s point of view is being considered. DCC’s licensing officers and legal representatives were of the opinion that their original decision was simply based on the law as it stands, and the likelihood that rejecting the application would lead to a challenge and loss in the courts. They also felt that the decision made by the Magistrate’s Court was *not* based solely on the interpretation of law and that it was prejudiced by personal or moral opinion. The objectors and their witnesses pointed out that the Council did not give any evidence at the hearing, and argued that the Council was simply embarrassed by the overturning of the decision.

55. There are caveats to directly applying lessons learned from other instances, but the evidence presented by the objectors and witnesses was framed exclusively with reference to the four Licensing Objectives. In the Reasons of the Justices (see Appendix 3 again), they state clearly that *“we therefore consider that many of the objections were made not on moral grounds but reflected real and practical concerns”*. Further conversations revealed that at the time of DCC’s original decision to grant the license, objectors’ submissions had focused almost exclusively on moral disapproval, which they later admitted was inadequate.

56. In essence then, it appears that DCC may have been correct in their original decision, **based on the evidence that was presented**. However, in the appeal, the residents seemed to be much more organised, focusing their objections and tailoring their evidence to show how the four Licensing Objectives would be compromised. Both these instances show how crucial it is for residents to be informed of the correct procedures: there is a clear need to inform people how to frame their views so that what they say can be considered as viable evidence.

Recommendation

R9 That residents within the current 40m radius from any premises that are applying for a striptease license (in keeping with the set limit for consultation for **all** types of license applications) are given detailed information of what they need to do should they wish to make representations to object. In particular, it should be made clear that objections **must** be framed with reference to the four Licensing Objectives, and not under any other arguments.

57. As mentioned above, the current standard distance for consultation, for all premises applying for a license, is 40m. This was recently agreed and implemented, as of January 2008, following changes to the Council's Licensing Policy. Officers advised that exceptions could not be made (for example in the case of strip clubs) to engage in wider consultation – any changes would have to apply to all premises, which would bring burdensome costs and pressure on resources.
58. The 40m standard distance reflects the legislation, in that all applications for any type of license must be considered on equal grounds and merits. Some members wanted to draw a distinction between different types of premises; however, as they felt that the legislation did not correspond to the reality of how certain premises have more of an affect on residents than others. Officers and other members were very conscious of remaining within the law, so the Group agreed that they would like the Council to explore its options

Recommendation

- R10 That the Council considers ways in which, for strip clubs, consultation can be undertaken on a wider scale than the current 40m radius.
- R11 That the possibilities for referral to the 'saturation' policy are explored fully, to examine whether this could be utilised to minimise the number of clubs in the borough.

Equalities issues

➤ Strip Clubs, other aspects of the sex industry, and violence

59. The Group heard evidence from Safe Exit (see Public View, above) that argued for a link between strip clubs and prostitution (in particular from the study '*It's just like going to the supermarket: Men buying sex in East London*'). The Group also considered other evidence to this end, such as Julie Bindel's study. Arguments put forward by Dr Nicole Westmarland, Lecturer in Criminal Justice at Durham University, sought to link strip clubs to sexual violence, in the form of assaults (i.e. inappropriate touching) by customers on the dancers.
60. The Group sought opinion from other authorities as to the legal strength of such links between strip clubs and more nefarious activities. Both the other London authorities' officers, as well as Tower Hamlets officers, stated that they would **not** recommend to members to turn down applications for licenses based on a link between strip clubs and prostitution, or strip clubs and sexual violence. There would have to be more

robust evidence to show a direct link before such decisions could stand up in court.

➤ Equalities Impact Assessments (EQIAs)

61. However, this does not rule out exploring other aspects of existing legislation, from an equalities perspective, to see what options the Council has. Residents, members, and some of those experts consulted believed that the Gender Equality Duty (GED) affords such an option. The GED places an obligation on public authorities to promote gender equality and eliminate discrimination and harassment, and requires positive action to be taken to ensure that the needs of men and women are being considered equally.
62. Dr Westmarland points out that in the Secretary of State's guidance to local authorities on discharging their functions under the Licensing Act 2003, the following passage can be found:
- “statements of policy should provide clear indications of how the licensing authority will secure the proper integration of its licensing policy with local crime prevention, planning, tourism, race equality schemes [and presumably now also gender equality schemes], and cultural strategies and any other plans introduced for the management of town centres and the night time economy. **Many of these strategies are not directly related to the promotion of the four objectives, but indirectly impact upon them. Co-ordination and integration of such policies, strategies and initiatives are therefore important.**”* [emphasis added]
63. An EQIA involves looking at the benefits of a policy, to see the way that the policy is interpreted in real life from the perspective of a particular group. In this case, then, it would involve examining the four Licensing Objectives (the benefits) related to the licensing of strip clubs (the policy) from the perspective of women (the group).
64. The Group were keen to investigate ways in which legislation like the GED could be applied in this situation. Performing an EQIA on the licensing of strip clubs would therefore enable Tower Hamlets to examine whether or not the evidence of discrimination, violence, harassment etc. towards women is compelling.

Recommendation

- R12 That the Council's Equalities Team performs an EQIA on the licensing of strip clubs from the perspective of gender, to establish evidence in support of a more assertive approach to licensing and explore other opportunities for legal challenge (see recommendation 3).

Legislation change

65. One key point to come out of the visits to other London authorities was the impression that it was not through policy that these boroughs have fewer strip clubs than Tower Hamlets but through historical accident. Officers at City of London, who have no strip

clubs (despite having a high number of licensed premises), stated that they have had virtually no applications for licenses in the recent past. One officer posited that because Tower Hamlets has had – for whatever reasons – a higher concentration of such venues in the past, this makes it much more difficult to discourage further applications. This assertion is backed up again by reference to Overview & Scrutiny’s 2001-2002 Annual Report, where it is noted that “[o]fficers investigated why the City of London had no establishments offering this type of entertainment. Officers concluded that the City of London had no barrier on these”.

66. Tower Hamlets officers, as well as those in Westminster, City of London, Durham, Glasgow and other authorities who were canvassed all agreed that current legislation leaves councils with very little room for manoeuvre. As previously emphasised, the provisions of the Licensing Act 2003 – where strip clubs were **not** classified as sexual encounter establishments, and are effectively regarded (in law) as primarily dance entertainment – means that objections to them can only be considered in terms of the four Licensing Objectives.
67. As noted earlier, other types of premises associated with the sex industry (sex shops, peep shows, adult cinemas etc.) are classified as ‘sex encounter establishments’. Local authorities can set a limit on the number of sex encounter establishments in the borough, and can even specify particular numbers in different areas. Westminster has a set number of 18 (all of which are sex shops); Tower Hamlets has chosen to set its number at zero. In principle, if strip clubs were classified as sex encounter establishments, authorities would have a much freer rein in deciding whether or not to permit them to operate within their localities.
68. In practice, though, the distinction between (striptease) dance and ‘sexual encounter’ is ambiguous. There appears to be a grey area between the two; certainly from the layman’s perspective, the difference seems obvious, but this is not the case in law. Efforts could have been made to prevent dance drifting into what is effectively a peep show, with the Council looking to investigate how the legislation can be best framed to achieve this outcome. The majority of the Working Group agreed, by vote, that lobbying for legislation change would be the best option though.
69. Throughout the course of the review, OBJECT⁴ – a human rights campaign group – in a separate piece of work, have been campaigning to challenge existing legislation on strip clubs. Towards the end of this review, they made enquiries within Parliament and set up an MP Roundtable meeting (chaired by Baroness Joyce Gould) to discuss possible avenues to effect this legislation change. Contact was maintained with OBJECT by Scrutiny officers and the Working Group, meaning that both pieces of work could be coordinated. OBJECT have suggested that Tower Hamlets convene a London-wide event to encourage authorities to lobby government to change the primary legislation, allowing strip clubs to be classified as sex encounter establishments. OBJECT will provide assistance and advice for this event, with Tower Hamlets acting as host and prominent member of the lobbying group. The majority of the Working Group agreed, by vote, that this would be a good first step in trying to effect legislation change, and a signal of the Council’s intent in addressing this issue on a long-term basis.

Recommendations

⁴ <http://www.object.org.uk/>

R13 That the Council seeks to lobby government to change primary legislation (as set out in the Licensing Act 2003) so that strip clubs can be classified as sex encounter establishments.

R14 That the Council hosts a pan-London event (with the support of OBJECT) to get greater levels of support and cooperation in these attempts to lobby government.

Conclusions

70. The Working Group welcomed the opportunity to examine, in depth, the various issues that arose out of this review. They recognised that there was a discrepancy between what residents feel and believe, and what officers held to be true. Members found out that the proliferation of strip clubs in Tower Hamlets seems more to do with historical accident than policy.
71. Members acknowledged that current legislation seemed to be highly restrictive in terms of allowing local authorities to fulfil the wishes of its residents. Therefore a vital (long-term) goal, reflected in the recommendations, is to campaign for legislation change.
72. The Group also strongly believed that the restrictions referred to above should not prevent them from recommending action where possible. Members share residents' concerns about the developing nature and character of the borough, and how policy in this area plays such an important role in determining what that nature is. Pushing existing legislation to its fullest through EQIAs, and making sure residents are aware of how they should frame their objections so they carry the greatest weight, will go some way towards creating an atmosphere where such premises are not allowed to flourish. The initiatives on advertising will go towards this too.
73. Members wanted to find ways to alleviate residents' fears about crime and safety both inside and outside the venues, with enforcement issues seen as key at all stages of the review. The recommendations reflect the need to give more protection to dancers by ensuring regulations are enforced, as well as assistance to residents in dealing with incidents when they arise.

Appendix 1 – Police Conditions for Striptease Licenses

1. All references to striptease in these conditions shall be deemed to apply to all forms of striptease or nudity by male or female performers.
2. At least one Personal Licence Holder shall remain on the premises at all times during licensed hours when the premises are open and trading.
3. At least two SIA registered Door Supervisors will remain on the premises at all times during licensed hours when the premises are open and trading in addition to two members of management.
4. The Designated Premises Supervisor (DPS) will ensure that at least one member of staff with specific obligation to ensure compliance with the performers/dancers code of conduct, will be present at all times when the premises are open and trading.
5. CCTV with time and date recording facility to be installed and maintained at the club in accordance with the advice of a Metropolitan Police Crime Prevention Officer. Recording media to be retained for at least 30 days and to be readily available for inspection by the Police or other statutory authority. At least two people will be trained to operate the recording equipment and be competent in its operation. A least one trained person shall be on premises at all times when the club is open and trading.
6. A Code of Conduct for Performers/Dancers to be lodged with the Police and Licensing Authority. All Performers/Dancers must sign the code of conduct as agreed by the Police in their proper name acknowledging they have read and understood, and are prepared to abide by the said Code of Conduct and copies so signed should be retained by the DPS and be readily available for inspection by the Police and Licensing Authority. Any breach of the agreed code of conduct shall constitute a breach of condition.
7. Details of all work permits and/or immigration status relating to persons working at the Club shall be retained by the DPS and be readily available for inspection by Police or Immigration Officer.
8. Menus and drinks' price-lists shall be clearly displayed in the foyer, reception and bar in such a position and size as to be easily read by customers. This price list should show all consumable items and any minimum tariff including charges or fees applicable to hostesses. The menus and drinks price-lists will also be on all tables.
9. A permanent written record will be maintained in the form of a refusals book kept at the club. This record will be signed by the DPS/Manager on a daily basis and record the details of any customer who refuses to pay his/her bill giving details of the customer's name, contact details and a detailed copy of the bill. This is to be available to the Police and/or Licensing Authority on demand.
10. A record will be kept at the club of the real names, addresses, stage names of all the hostesses/dancers, which will be readily available to any Police Officer and/or the Licensing Authority.
11. A notice outlining a Code of Conduct for the customer shall be positioned in the foyer, reception and bar area. It shall be of an adequate size and in such a position where it can be easily read and understood by the customer.
12. All hostess activity shall be conducted openly and at no time shall hostesses entertain customers in areas of the premises that are screened or curtained off from the view of the DPS (or other person acting with equivalent authority).
13. An incident book will be maintained at the premises. Upon request, it will be readily available for inspection by the police or other Licensing Authority.
14. There shall be no soliciting for custom by means of persons on the highway or any payment made to them by or on behalf of the DPS.
15. Whilst striptease is taking place no person under the age of 18 shall be allowed on any part of the premises and a notice shall be displayed in clear terms at each entrance that:-

NO PERSON UNDER 18 TO BE PERMITTED

16. On any day when the premises are open for entertainment not involving striptease, prior to striptease becoming available, a notice shall be prominently displayed in a conspicuous position in the foyer of the premises. This should be displayed at least one hour before striptease performances are due to start, advising customers when those performances are to commence.
17. The striptease entertainment shall be given only by paid performers/entertainers who are engaged exclusively for that purpose.
18. There shall be no physical participation by the audience and no contact between the performer/dancer and any of the audience during performances. There shall be no physical contact between the performers/Dancers.
19. There shall be no striptease performance to customers seated at the bar, or to standing customers. Performers/Dancers shall only perform on the designated stages, designated podiums or to seated customers at a table.
20. On each of the designated stages, there shall be no more than two performers at any one time.
21. In the VIP area, there shall be no more than four Performers/Dancers at any one time.
22. Any performance will be restricted to dancing and the removal of clothes, there must not be any other form of sexual activity.
23. All striptease shall take place in an area which is not visible from the street or overlooking buildings.
24. The Performers/Dancers shall be provided with a changing room which must be separate and apart from public facilities.
25. There shall be no sexually explicit external advertising likely to cause offence as to the nature of the activity being held at the premises.

Secrets (St. Catherine's) Limited -v- LBTH

Justices' Reasons

We have been hearing an application for a Public Entertainments Licence for the ground floor of premises at 43 to 45 East Smithfield. We are aware that this application was previously refused by the Council on the basis of the Council's own rules.

We have been hearing the matter afresh today and are not taking cognisance of decisions made in other places.

We note that there were no objections to the application by any of the statutory authorities. The Council's witness, Mr Perrins, told us that the police had suggested certain conditions to be attached to the licence, which they thought would be appropriate.

Technically, we are dealing with objections from local residents, which come down to matters of impact on the environment of noise, disturbance, security and litter. Given the evidence of the good operating practices presented by Messrs. Waite and Less in respect of their other premises, which was not challenged by any evidence to the contrary, we believe that they will be able to control disturbance and litter.

We have not been presented with any evidence to substantiate the proposition that a club of this nature would threaten the safety of women or children on the estates in the locality.

Turning to the matter of the impact of noise outside the premises. We heard that the club would be on a busy main road with a continual hum of traffic 24 hours a day. It has been maintained that clients would arrive and depart by private car or taxi. We have been told that the red route is not operational after 7:00pm. Our opinion is that, given that the arrivals and departures of clients would be staggered, the extra traffic would not have a significant impact over and above the present traffic noise.

Fears have been expressed about parking and slamming doors and we feel that this is likely to be outside the premises in East Smithfield rather than in Thomas More Street and therefore not likely to be a significant nuisance to residents.

Therefore we feel that the granting of this licence will not adversely affect the residents' right to the quiet enjoyment of their properties.

We allow the appeal and grant a Public Entertainments Licence with striptease waiver operational Mondays to Saturdays until 2:00am and Sundays until 11:00pm for the duration of one year and subject to such conditions as have been agreed on pages 54, 55 and 56 of the bundle of evidence prepared by the local authority. We make no order for costs.

APPENDIX

The decision was made by the Licensing Panel after considering the applicants need to pursue his business with the potential environmental impact on the local community. In striking a balance therefore the Panel determined to grant the application only with a variation as follows:-

1. The nature of the establishment and hours sought was not in keeping with the character of the area, which was heavily residential and housed a World Heritage site that attracts vast numbers of tourists each year. Furthermore, that the area may be regarded as of “Special Scientific Interest”.
2. It was felt that the Borough already had enough striptease establishments and adding to this number may have a detrimental effect and begin to render the borough a “red light district” with the subsequent deterioration of the local environment.
3. The levels of noise nuisance caused to local residents by access and egress of customers would be significant, and made worse by mini-cabs parking in Thomas More Square and then picking up at the premises.

The applicant did not appear to have a satisfactory proposal to deal with this problem.

4. On balance, the negative impact of this application on the local area outweighed the need of the applicant to run their business.

Appendix 3 – Magistrate’s verdict in Durham case

IN THE NORTH DURHAM MAGISTRATES COURT

IN THE MATTER OF AN APPEAL UNDER SCHEDULE 5 OF THE LICENSING
ACT 2003 AGAINST A DECISION OF DURHAM CITY COUNCIL

BETWEEN

VIMAC LEISURE LIMITED

AND

DURHAM CITY COUNCIL

AND

KIRSTY THOMAS

AND

Dr. D. and Mrs. A. EVANS

REASONS OF THE JUSTICES

Whilst sitting in a court house in the North of County Durham we are in fact a bench from the South Durham Licensing Appeals Panel.

We have been asked to consider two appeals arising from the same decision of the Durham City Licensing Committee made on the 8th August 2007, in respect of premises known as The Loft, North Road in Durham City.

It was agreed as between the parties that we should hear firstly from the appellant company, Vimax Leisure Limited, operators of the Loft and original applicants; and indeed for purposes of clarity they have been known simply as the applicant throughout the current hearing.

Secondly, we heard from the appellants Ms. Thomas; Dr. and Mrs. Evans and witnesses on their behalf, collectively referred to, again for clarity as ‘the objectors’.

The City Council, through Mr. Langdon, whilst being respondents to the appeal have chosen not to make any specific representations.

In brief terms the applicant is aggrieved at the fact that the regulated entertainment sought, in this case table or pole dancing was limited by the Licensing Authority to Thursday, Friday and Saturday nights and further aggrieved by the prohibition on the circulation of promotional material.

The objectors in simple terms are of the view that the regulated entertainment should not have been allowed and argue that there have been contraventions of local policy as well as that given under section 182 of the Licensing Act 2003.

During this hearing we have heard from;

1. Jason Greenwood on behalf of Vimec
2. Kirsty Thomas
3. David Wood
4. Rev. Dr. Bash
5. Anne Evans
6. Dr Westmarland
7. Dr Martin
8. Esther Ashby
9. Emma Carter
10. Dr Boughton
11. Roberta Blackman-Woods

We also have had the benefit of the three bundles of documents prepared by each appellant and the City Council.

In arriving at our decision today we have had regard to;

1. the provisions of the Licensing Act 2003 (the Act), in particular the licensing objectives set out in section 4(2) with each carrying equal weight,
2. the guidance under section 182 of the Act,
3. The City of Durham Statement of Licensing Policy dated December 2004.

We will now address each of the four licensing objectives weighing the points made in evidence and by the advocates and consider whether the imposition of conditions that could address any relevant concerns.

Crime and Disorder

We accept and note with approval that statistics show that crime has fallen in Durham City but that;

1. they do not specify the location of diminution of crime,
2. crime and disorder could temporarily be displaced to Walkergate,
3. that as well as attracting business back to North Road Vimec could also bring back with it more crime and disorder,
4. we have been made aware of considerable evidence of recent problems on North Road from letters of objection and oral evidence. They have raised a host of significant issues with regard to protection of children and nuisance as well as crime and disorder itself.

From Emma Carter we heard of four incidents of late, from Dr Martin a long history of town and gown assaults on students and from Dr Bash of assaults on his friend.

5. We find that adding numbers of young men into this already volatile environment who are both influenced by alcohol and no doubt to varying degrees of sexual stimulation will aggravate rather than promote the objective.
6. Local Authority policy 11 states that the policy should not aggravate existing problems but on balance we think that lap dancing at the loft will do just that.
7. We are directed in 2.1 of the guidance to look to the police as the main source of advice concerning crime and disorder. However we cannot ignore the recent and compelling evidence of the above witnesses as to crime and disorder on North Road and have already found that the proposed activity is likely to aggravate matters.
8. We give substantial weight to the feelings of local people with relevant concerns and have taken the local circumstances into consideration.
9. We do not believe that the imposition of any additional conditions would address the concerns that we have.
10. On a balance of probability there is a serious risk of exacerbating problems of crime and disorder.

Public Safety

1. We accept that despite the inadequacies of the operating schedule, which is agreed to being "not brilliantly worded", it could be remedied. Any responsible operator could produce a manual which would address all shortcomings and contingencies, e.g. capacity, security and the safety and welfare of the dancers, but there are real risks if a management is found wanting.
2. Part of our responsibility, however, is not just to in-house personnel but to the public at large.
3. Further conditions could allay some of our concerns but not all of them, e.g. the touching of dancers.

Prevention of Public Nuisance

Policy 8 of the Licensing Authority states that its policy should "strike a fair balance between the benefits of the community and the risk of disturbance to local residents".

1. We feel that Durham is unique as an education and cultural centre but that it is a small compact City Centre where residential property is in close proximity to commercial and entertainment sites.
2. North Road is the main thoroughfare for local people and visitors arriving by bus and train. We accept that by day and night the area adopts different characteristics but that members of the public will inevitably be confronted by patrons during operational hours.
3. We have considered whether in the words of the Guidance the public nuisance is "disproportionate and unreasonable" and there is compelling evidence to support the view that lap dancing at the Loft would aggravate existing problems.
4. This is supported by written and oral evidence from local people who make use of North Road on a regular basis. Ms Thomas and the families of Prof Woods and Dr. Bash all avoid North Road and the University authorities indirectly advise their students to avoid this area. Emma Carter gave evidence of verbal and physical attacks on students and provided in however limited a form, some data on how many students, female in particular felt intimidated when walking in North Road.
5. A lap dancing club would aggravate the problem and the real fears of particularly young females being in close proximity of a concentration of clientele that would be attracted to the entertainment proposed.
6. No further conditions that we could impose would address these serious concerns, e.g. the further restriction of operational hours.

Protection of Children from Harm

Local Authority Policy 14 discourages applications for licences which involve a sex related element near schools, places of worship, hospitals, youth clubs or other premises where significant numbers of children are likely to attend.

1. With respect to the close proximity to the above of the proposed location of the lap dancing club, it could hardly be worse sited.
2. From Kirsty Thomas we learnt of childrens activities in the Shakespeare Centre, from Dr. Boughton of vulnerable hospital patients, from Dr. Martin of neighbouring schools and from Prof. Woods and Anne Evans of the hundreds of children who pass by on a daily basis, and from Dr. Bash and Kirsty Thomas of neighbouring places of worship. Here also the close proximity of bus and railway stations are very significant.
3. We accept that during the day children and young people passing by will simply be presented by a closed and locked door stating 'The Loft'. However during operational hours we find that children will be using the Shakespeare Centre and no doubt will congregate at the bus station and be again confronted

by a concentration of patrons attracted to this type of entertainment, thereby putting at risk the moral, psychological and even physical wellbeing of children and young people.

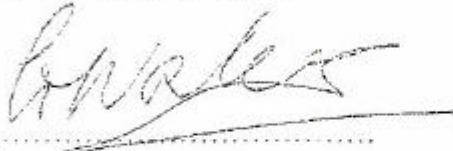
4. We accept that we could partly address this and possibly minimise risk by further restricting operational hours of regulated entertainment to for example 10.00 p.m.. This would not, however, address other concerns we have highlighted.

The Licensing Act 2003 came into force on the 24th November 2005 and immediately began to give local people a bigger voice in licensing decisions. Consultation with local people and focusing on the particular entertainment proposed in this specific location has therefore been fundamental to our decision making but we underline the fact that we have not been influenced by the sheer weight of number of people responding, but rather the relevance and weight of their arguments.

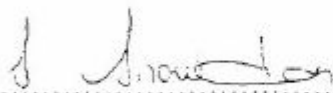
We therefore consider that many of the objections were made not on moral grounds but reflected real and practical concerns.

Accordingly we dismiss Virmac's appeal and allow the objectors appeal and refuse the application for a new premises licence in respect of the Loft whose operation would no doubt revert to its existing premises licence.

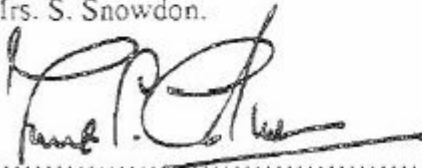
DATED this 10th December 2007



Mr G. Wales.



Mrs. S. Snowdon.



Mr P.S. Galloway.

Scrutiny in Tower Hamlets

To find out more about Scrutiny in Tower Hamlets

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