

Written response from NHS Greater Glasgow and Clyde

I am responding to your request for information for the Local Government and Regeneration Committee. The Committee has asked about the extent of NHS Greater Glasgow and Clyde's relationship with local licensing boards including how much information we provide to licensing boards and the extent to which local health concerns linked to alcohol are brought to the attention of licensing boards.

NHS Greater Glasgow and Clyde includes 6 licensing boards and our response is similar for all of them.

Renfrewshire

In Renfrewshire the Licensing clerk sends the Community Health Partnership (CHP) all major variations and new licenses to comment on. The Alcohol and Drugs Partnership officer and the CHP Head of Planning and Health Improvement reply to any that they have concerns about – either with an objection (if it clearly contravenes the Licensing Policy), or with conditional recommendations (if we have concerns about e.g. access for children). The response always quotes the relevant evidence and statistics for the particular area the applications refers to and is copied to the Police. The CHP is invited to all Licensing Boards where they have responded to any applications. Their experience recently has been that all of our comments and objections have been ignored. They had a few successes a few years ago, but there have been some recent applications granted which sit firmly in the overprovision area and have had both police and health objections.

The current Renfrewshire Licensing Policy has a very small town centre overprovision area, and when the policy was reviewed last November (2013), the CHP submitted a significant response asking for the current area to be slightly extended and for the policy to designate an overprovision area for off sales only in some of the peripheral areas to Paisley. The CHP gave evidence about the link between availability of alcohol and health and submitted additional information about domestic violence, crime, fire, etc. The CHP response was endorsed by the ADP and Alcohol Forum. The Board decided to deal with overprovision separately, and are consulting now (a year later). The CHP has submitted the same request, and has updated the information – consultation closes 16th January.

The NHS has presented the health and wellbeing survey results to both the Licensing Forum and a joint meeting of the Forum and the Board.

Inverclyde

Licensing Boards in Inverclyde are held quarterly with additional meetings called as and when required. All new and major variations are sent to the Community Health and Care Partnership (CHCP) for consultation and a response if appropriate. Objections are made on a very individualised basis and usually an objection is only made if the application is for a new off license as opposed to a new restaurant or variation in hours etc. The response from the NHS tends to be short, factual and states the data in relation to the geographical data zone area that the licensing application is within. Available health data related to alcohol related brain damage; admissions and death is used. Any other information is included if it is thought to be

of benefit to highlight e.g. proximity to schools if it is for an off sales licence. For new restaurant applications or major variations, recommendations tend to be made rather than objections and may include information relation to data zones and the health data as above. A recommendation that only a small percentage of the floor space (e.g. 10%) is available for alcohol display has been utilised more recently.

This short evidential approach to objections was taken following advice from the Licensing Clerk. Whilst attendance by an NHS representative at the Licensing Board has not been particularly successful in persuading the members to object to an application, it has helped build a better relationship and understanding from both the NHS and the elected members on the roles both have, which has proved beneficial.

Police Scotland and the NHS representative previously used to discuss each application where one or both organisations had evidence to support an objection prior to its submission, which was useful to ensure they were not contradicting each other. However a change in Police personnel has unfortunately meant this hasn't continued. Occasionally the CHCP has been contacted for information by local community members who are planning to put in an objection to an application.

In addition to the Licensing Board interaction, the NHS previously chaired the Inverclyde Licensing Forum and was able to use this role to help influence the Board through provision of reports to the Board on Overprovision (which subsequently led to an Overprovision area being determined at the most recent Policy review) and reviewing the Children and Young People's Policy.

East Renfrewshire

Over the last three years East Renfrewshire (ER) Community Health and Care Partnership (CHCP), on behalf of NHS Greater Glasgow and Clyde Director of Public Health (DPH) has been working to build and strengthen our relationship with ER Licensing Board, and its members.

Several key activities have facilitated this:

- Work with Licensing, ADP and Police Scotland colleagues to provide a review of alcohol and crime related data and make recommendations based on this on the extent of overprovision locally. This information is reviewed and updated regularly.
- Standardising the process in which licensing applications received by the CHCP and DPH, are considered in light of health and crime related data and other evidence available, and any objections submitted are reviewed on a case by case basis.
- Any health objections noted are submitted in writing and priority given to the invitation to attend in person to speak to any objection at the relevant local licensing board meeting.
- The NHS does not object to every application, each is assessed on an individual basis.

- Any objection on the basis of local health concerns is supported by the most current evidence as cited in the above local review, which also included a community public and licence trade consultation.
- From experience and feedback the information provided is focussed, and cited against the licensing objectives of protecting and improving public health and protecting children from harm.
- Each objection is assessed based on the quality and best available information supplied in the application.
- The relationship with ER Licensing Board has been strengthened as a result of all of the above to date and is important to acknowledge in any local partnership work.

With regards to influencing local licensing decisions in ER there have none up held to date.

What is worth noting is that there have been a few examples where local applications being granted, have been subject to amendments being requested and further evidence being requested.

This is with particular reference to protecting children from harm and the health concerns raised highlighting this.

East Dunbartonshire

The CHP, through the Head of Planning and Health Improvement, influenced shaped and informed the development of a East Dunbartonshire Overprovision statement and policy through the undertaking of a specific community consultation and questionnaire, seeking local residents knowledge and views to the availability of alcohol within distinct geographies across East Dunbartonshire. This feedback was collated with other partners data to provide a comprehensive review to local alcohol provision/ overprovision. Further, the Licence Board receives reports summarising local data, trends and attitudes to alcohol and alcohol consumption identified within local Health and Wellbeing surveys.

The CHP liaises closely with senior colleagues within East Dunbartonshire Council, The National Police and Fire and Rescue Services to share insight and to develop a consistent approach to the public health and safety implications of a Licence application. The Head of Planning and Health Improvement considers and responds accordingly to Licence applications, alongside attending Licence Board meeting and appeals to offer expert health and public health insight to a specific application.

Glasgow

The Glasgow City CHP appointed a dedicated Health Improvement post was created in April 2013 until April 2017 to provide information, objections and representations to the City of Glasgow Licensing Board. Prior to this post being created there were only a limited number of representations provided to the Board regarding individual licensing applications and these were limited to the early days of the 2005 Act.

Therefore, within Glasgow City the role of the NHS in providing representations is in its infancy.

The Glasgow City Licensing Forum includes representatives from health, including the Director of Public Health. The Forum was constructive in advising the Board on its overprovision policy and worked in conjunction with health, police and other bodies in its creation. In particular, local statistics relating to alcohol related emergency hospital admissions were used in the creation of the overprovision policy.

Since October 2014, 4 representations/objections have been made by the NHS based on the licensing objectives of Protecting and Improving Public Health and Protecting Children from Harm.

A letter of representation/objection contains health related information relating to the intermediate data zone where the premises are located. Long term health effects including alcohol related deaths and emergency hospital admissions are provided with a comparison to Glasgow City and national figures. All objections are related to a licensing objective and are augmented, wherever possible, with local and national research evidence.

Glasgow City Licensing Board receives a high volume of applications and variations (many within the city centre) and it is not thought appropriate for all to receive a health representation/objection. Thereby, there is a system in place to decide which applications are responded to. The NHS will always, in future, object to an application if the premises are cited within a designated overprovision area or an area deemed by licensing policy to be 'of concern'. The NHS will also object to new applications within an area where there are significant levels of alcohol related health harm or where other concerns are noted within the application, for example a premises providing off-licence sales wishing to be located near a school.

West Dunbartonshire

In November 2012, West Dunbartonshire Licensing Board requested support from West Dunbartonshire ADP to collate and translate a range of data to support the development of the Licensing Policy Statement 2013 – 2016.

A working group, led by West Dunbartonshire ADP with support from Police Scotland, Licensing Standards Officers, WDCHCP Health Improvement Team, Scottish Fire and Rescue Service, NHS GG&C Public Health and Alcohol Focus Scotland (AFS) was established to collate, analyse and report health, crime, fire and environmental data relevant to the objectives of the Licensing (Scotland) Act 2005, in particular:

- Protecting and Improving Public Health
- Protecting Children from Harm

Statistical evidence used in the development of the previous (2010 – 2013) Licensing Policy Statement was used as the baseline and the impact of alcohol on the area as a whole and by Intermediate Data Zone (IDZ) was assessed.

The final report "Liquor Licensing in West Dunbartonshire - Overprovision: What does the evidence say?" was presented to the Licensing Board by Keith Redpath (Chair, West Dunbartonshire ADP) and Gail McClymont (Superintendent, Police Scotland).

In November 2013, West Dunbartonshire Licensing Board ratified its updated Licensing Policy Statement. The overprovision statement within the policy makes reference to the evidence provided and concludes that there is overprovision of public houses, nightclubs, off-sales and local convenience stores and supermarkets in 17 sub-localities (all except one) of West Dunbartonshire. However, the overprovision statement also contains the following:

"The Board recognises the positive health benefits associated with increased employment opportunities as a factor that applicants may use in support of their application and a factor that may in appropriate circumstances rebut such a presumption. In particular the Board will expect to be addressed on the benefits of granting the application in terms of each licensing objective."

In 2014, the ADP Lead Officer and the Deputy Clerk to the Licensing Board were invited by Public Health England to the Home Office to share information regarding the overprovision work carried out in West Dunbartonshire.

In order to inform the 2016-2019 Licensing Board Policy Statement it has been agreed that work on gathering the data and statistics should begin in mid-2015.

As a response to the statutory requirement for health representatives to be notified of premises license applications (as introduced in the Alcohol etc. (Scotland) Act 2010) a senior officer from the Community Health and Care Partnership (CHCP) was identified as the individual responsible for signing off comments in response to individual applications.

In addition a sub-group of the ADP was established in 2010, with specific responsibility for reviewing and commenting on individual licensing applications. Membership of that subgroup consists of the Head of Mental Health, Addiction Services and Learning Disabilities (Chair), ADP Lead Officer (Vice Chair), the Joint Manager, West Dunbartonshire Addiction Services, the Health Improvement Lead with responsibility for Alcohol and a Consultant in Public Health Medicine (NHS GG&C).

The sub-group reviews applications and where necessary meets to discuss these and a formal response is submitted to the Clerk of the Licensing Board. The response indicates clearly whether or not an objection is being raised. In these instances, evidence of alcohol related harm e.g. Alcohol Related Deaths, Hospital Discharges, Alcohol Related Mental Health Hospital Discharges and Incidences of Alcohol Related Brain Damage for the specific locality is summarised.

A representative, usually the Chair or Vice Chair of the Sub Group, attends Board meetings to present objections to the licensing board. The ADP receives information regarding applications and their individual outcomes.

This approach enables elected members on the Licensing Board to make more informed decisions regarding individual applications. As a result of the information provided there has been a positive response from the Elected Members of the Licensing Board, particularly in relation to their raised awareness and appreciation of how health issues impact on the wider population of West Dunbartonshire. The ADP is currently reviewing how the information regarding the impact on the health of the local population affects the outcome of applications. This will be fed back to the ADP at a meeting in early 2015.

A recent interim review has indicated that during the period March 2014 to date a total of 21 applications were received. Of that total:

- 5 objections, on the grounds of Protecting and Improving Public Health and Protecting Children from Harm were submitted
- Of these, 2 applications were subsequently refused, 1 was withdrawn and 2 were granted.

The remaining 16 applications were not objected to, however information in relation to the health effects of alcohol for each individual data zone was provided for noting; this has meant that the majority of granted applications were for restaurants and Elected Members of the Licensing Board used this information to stipulate additional “conditions of grant”; these included:

- a reduction in hours when alcohol could be sold
- a commitment not to sell high alc vol beers
- stipulating that children and young people need to be accompanied by an adult and be expected to vacate the premises, except when they are present for a specific function, by 10.00pm
- one organisation volunteering to exclude children from the premises by 8.00pm, and
- larger organisations offering to provide licensing specific training for smaller (local) organisations.

The Head of Mental Health, Addiction and Learning Disabilities and the ADP Lead Officer are members of the West Dunbartonshire Licensing Forum. The relationships between the Forum, Board and ADP have been highlighted as an example of best practice and have led to the receipt of a CoSLA award in 2013.

Some notable issues relating to health representations;

As per the 2005 Act, the NHS is a statutory consultee. However, the Licensing Board is not duty bound to provide the NHS with the same level of information as other consultees (with the exception of community councils). The Board is only required by law to provide the NHS with a summary of the licensing application. This can cause issues as the NHS does not have full and ready access to information such as the operating plan and other crucial aspects of the application.

Similarly, at Board Meetings, the NHS are required to speak to their representation as per any other objector and unlike other statutory consultees (again, with the exception of community councils). It is acknowledged that this is perhaps due to the limited extent to which the NHS has offered representations in the past but we consider that the opinion of health could be given greater credibility in line with other consultees. The current situation appears to create a system where the NHS is not an equal partner in the licensing process.

Regarding health evidence within the current regime, the NHS is limited in the types of information it can provide and it is difficult to provide health statistics based purely on overprovision. The NHS deals with health information based on population level health and with licensing boards concerning themselves with individual premises it can be difficult to establish a connection. With regard to areas designated as overprovided for within licensing policy, it has been experienced that the Board can still move to grant an application despite firm health evidence. Also, academic research on outlet density and related health harm can also prove difficult as very little, if any, research proves causality and it is unlikely that 'correlation' alone would stand up to legal probate. Therefore, it can prove difficult to ascertain which aspects of health evidence boards might find useful.