

Written response from NHS Lanarkshire

Background

At the Committee meeting on 17th December the Committee heard from health professionals, a member of an Alcohol and Drug Partnership (ADP) as well as a licensing board solicitor. There was some debate during the meeting around the extent to which Health Boards seek to interact with licensing boards when the latter are considering applications. This relates in particular to the provision of information to licensing boards on local health concerns which links into the licensing objections and potential overprovision within areas.

The Committee have asked that all Health Boards be contacted to advise 1) the extent of their relationship with their local licensing boards, 2) how much information they provide to license boards 3) the extent to which local health concerns linked to alcohol are brought to the attention of the licensing board and 4) the extent to which the information you provide, if any, is in your opinion influencing licensing decisions.

The extent of NHS Lanarkshire's relationship with their local licensing boards

There are five licensing authorities in Lanarkshire: a board in North Lanarkshire and four divisions of the South Lanarkshire board: Clydesdale; East Kilbride; Hamilton and Rutherglen /Cambuslang. The extent of the relationship to date with the two licensing boards within Lanarkshire has its roots primarily in the relationship of the existing five licensing forums that feed into the respective boards. The forums must consist of no more than 20 members, and should include one member of the Council's Licensing Standards Office and one further member must be a representative of the Chief Constable, Strathclyde Police for the Forum's area, thereby leaving a maximum of 18 places to be filled. The respective Councils must seek to ensure as far as possible that the membership of the Forums are representative of the interests of persons or descriptions of person who have a general interest in the undernoted areas: - holder of premises licences and personal licences; persons having functions relating to health, education or social work; young people and persons resident within the Forum's area

The Licensing Forums are required to meet on at least four occasions per annum and in addition meet with their relevant Licensing Board. The Licensing Boards liaise with the Executive Director of Corporate Services in relation to the discharge of their duties and act as facilitator between the Board and the Forums. Where the Licensing Board decides not to follow the advice or recommendations of the Forum, reasons for that decision must be given to the Forums.

Within Lanarkshire there is robust relationship within each of the five forums and this has taken much effort at relationship building to help the forum members understand their role, the licensing objectives and their sphere of influence particularly in relation to the public health objective. What has been

recognised is the need for there to be a stronger representation and capacity from a health perspective to attend the board meetings when applications are being considered. This ideally needs to be done in conjunction with Police Scotland and initial discussions to work in this way have been undertaken. There are time and capacity issues however in undertaking this task. We are currently considering how this can be done on a locality basis with several health representatives rather than just the one individual as applications/board meetings can come forward on a regular basis and from five different forum areas.

How much information we provide license boards

A number of reports have been prepared and presented to all licensing boards and forums:

Alcohol: The Facts in Lanarkshire

This report was prepared in September 2012¹ as a starting point to understand better the alcohol-related issues across Lanarkshire that licensing boards and forums may be able to influence through policy and decision-making. It was written by Dr Harpreet Kohli, Director of Public Health, NHS Lanarkshire. This report aimed to provide a Lanarkshire perspective on alcohol-related issues in relation to the five licensing objectives, noting that *'protecting children from harm'* forms part of the other objectives. The report is not an exhaustive list of alcohol-related information but there is evidence that alcohol plays a significant part within these objectives. Councils are required to establish local licensing forum(s) for their area under the *Licensing (Scotland) Act 2005*. Forums keep the operation of the licensing system in their area under review to give advice and recommendations to licensing boards. The report also stressed that while this does not include reviewing or offering advice or recommendations in relation to any particular application or case before boards, *boards have a duty to have regard to the forums' views and must offer reasons on occasions where it takes decisions against the advice of the forum*. This report was subsequently presented to each of the licensing boards within Lanarkshire and their respective licensing forums.

Action on overprovision in alcohol licensing: experiences from ADPs & Public Health

This report² provides a summary of research carried out by Dr. Niamh Fitzgerald, Lecturer in Alcohol Studies at the University of Stirling which was commissioned by the Lanarkshire Alcohol & Drug Partnership. The research sought to describe the perspective of Alcohol and Drug Partnerships, public health representatives and other stakeholders who have experience in this work. Its focus is on how to take forward actions to robustly identify, raise

¹ Alcohol: The Facts in Lanarkshire 2012:

<http://www.lanarkshiredap.org/ResourcesLinks/LicensingTrade/Documents/Alcohol%20-%20The%20Facts%20in%20Lanarkshire%202012%20Final.pdf>

² Action On Overprovision In Alcohol Licensing: Experiences From ADPS & Public Health:

<http://www.lanarkshiredap.org/ResourcesLinks/LicensingTrade/Documents/Lanarkshire%20Overprovision%20Report%20Final.pdf>

awareness of, and build support for licensing policy that recognises overprovision where relevant.

The findings from the research are intended to inform NHS Lanarkshire, who are at an early stage in this work, about the best ways to approach the issue of possible overprovision of licensed premises. All five licensing boards have received copies of the report and had opportunities to discuss the implications, particularly in view of the policy statements on overprovision.

Re-thinking alcohol licensing³

This report was written by Petrina MacNaughton and Dr Evelyn Gillan, (Alcohol Focus Scotland, SHAAP) with input from members of the expert group on public health and licensing and was shared with all 4 licensing boards. It explains the new legislation that came into effect in 2009 and the introduction of objectives together with a duty to formulate a statement of licensing policy that requires the commitment of the licensing boards as well as support of local authorities and other public agencies as well as the engagement of local communities.

Licensing Resource Toolkit

These are a range of resources that Alcohol Focus Scotland developed to facilitate and support good licensing practice. The toolkit aims to provide guidance on key areas of the new approach to licensing and promotion of the licensing objectives. There are three factsheets that cover evidence gathering, assessing overprovision and writing a statement of licensing policy and all four licensing boards in Lanarkshire have been provided access to these documents⁴.

The extent to which local health concerns linked to alcohol are brought to the attention of the licensing boards

As highlighted above, this is primarily done through the respective forums however it has been noted for some time that there needs to be greater efforts from the health board (working in particular with Police Scotland) to provide robust evidence when considering new licensing applications in relation to the public health objective as well as the other four licensing objectives. This is still communicated via the licensing forums and this is a cause of frustration as the respective forums believe they have little influence over this, despite the fact that in more recent times the forums are grasping the importance of providing evidence based on licensing objectives rather than stating

³ Re-thinking alcohol licensing report:

<http://www.alcohol-focus-scotland.org.uk/media/1096/rethinking-alcohol-licensing.pdf>

⁴ Using evidence to support policy and decision-making:

<http://www.alcohol-focus-scotland.org.uk/media/1092/factsheet-1-using-evidence.pdf>

Statements of licensing policy - Using policy to guide licensing decisions

<http://www.alcohol-focus-scotland.org.uk/media/1093/factsheet-2-statements-of-licensing-policy.pdf>

Developing an effective overprovision policy:

<http://www.naadp.com/resources/site1/general/factsheet%20%20overprovision.pdf>

subjective views. This has to do with the effort that has gone into relationship building with forums to get them to trust “*health*” inputs to the forum.

It has been recognised for some time that in Lanarkshire there is a need to gather the views of public and local communities as an important part of the process of influencing licensing board members and decisions in relation to the public health objectives. This was one of the main reasons for the Lanarkshire ADP financing the attached research into overprovision. Ongoing work to date includes collaboratively working with communities using community development approaches such as participatory appraisal and/or asset mapping.

The Director of public Health also convened a meeting to which all four Board members and forum members were invited to discuss the contents and implications of Alcohol: the facts in Lanarkshire and he has offered to meet with Board members as and when necessary or requested to do so. There has however been no further uptake of this offer to date other than the initial meeting to discuss, Alcohol, the facts in Lanarkshire.

The extent to which the information we provide influences licensing decisions.

Information provided by Police Scotland has influenced licensing decisions and there is still the belief that, if there were strong representation at Board meetings when applications are being considered, this would have a greater influence. This requires long term significant effort from senior health board representatives or other health leads to further develop and establish links with board convenors and clerks and to continually discuss issues in relation to the public health objectives.