Local Government Association

Research

LGA Survey: Public Health and the Licensing Process

January 2016

Acknowledgements

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Contents

Summary

In December 2015, all 130 Directors of Public Health in England were invited to complete a short online survey about public health and the Licensing Act 2003 to help inform the Local Government Association's (LGA) engagement with the Home Office. The survey was completed by 80 Directors; a response rate of 62 per cent.

Key Messages

- Demand within local councils for a public health objective in the Licensing Act 2003 is very high, according to the Directors of Public Health who responded to our survey. Nine out of ten Directors (89 per cent) said such a demand existed within their respective council(s). Only two Directors, out of the 80 who took part, said there was no demand. A further seven Directors were unsure.
- The ability of Directors of Public Health to deliver effective public health would be improved 'to a great extent' or 'to a moderate extent' by the introduction of public health licensing objective, according to 89 per cent of the Directors who responded to our survey.
- Sixty-four per cent of respondents (51 Directors) had made a representation to a licensing authority. Of these, 'the protection of children from harm' had been cited by 73 per cent of respondents (37 Directors), 'the prevention of crime and disorder' had been cited by 69 per cent (35 Directors), and 'the prevention of public nuisance' and 'public safety' had been cited by 53 per cent respectively (27 Directors).
- The extent to which tackling alcohol misuse is a priority within Health and Wellbeing Strategies is 'great' according to 53 per cent of Directors who replied, and 'moderate' as said by a further 39 per cent.

Introduction

The Licensing Act 2003 gives councils the ability to assess the suitability of premises wishing to sell alcohol in their local area. In 2011, public health authorities were named as responsible authorities, meaning they are invited to comment on applications to sell alcohol. However, comments can only be made on the grounds of one of the four objectives in the Licensing Act:

- the prevention of crime and disorder;
- public safety;
- the prevention of public nuisance; and
- the protection of children from harm.

Public Health is able to make representations against each of the above objectives, but the LGA has received feedback from frontline colleagues that the lack of an explicit health objective relating to protecting, or promoting, public health acts as a barrier to effectively using some public health data. To further its understanding of this issue, and to help inform its engagement with the Home Office, the LGA invited all 130 Directors of Public Health in England to complete a short online survey about public health and the Licensing Act 2003.

Methodology

In December 2015, a short online survey was sent to all 130 Directors of Public Health in England (see Annex A for a copy of the survey). The survey asked about:

- the demand for a public health objective in the Licensing Act 2003;
- the extent to which an objective would improve the ability to deliver efficient public health outcomes;
- representations made to a licensing authority about a licensing application.
- licensing hearing outcomes; and
- the extent to which alcohol misuse is a priority in health and wellbeing strategies.

The survey was in the field between 4 December 2015 and 18 January 2016. Reminders were sent to non-responding individuals at various points during the data collection process. Eighty Directors replied; a 62 per cent response rate.

A breakdown of response rate by region is shown in Table 1. We received an average, or above average, response from five of the nine regions. The region with the highest number of responses was the North West (84 per cent), and the lowest response was from Directors of Public Health in London. (We have not included a

breakdown of responses by authority type as several Directors are responsible for public health in multiple authorities, thus cutting across authority types.)

Table 1: Response rate by region		
	Number	**Per cent**
East of England	5	50
East Midlands	5	71
London	14	47
North East	7	70
North West	16	84
South East	9	69
South West	8	62
West Midlands	7	54
Yorkshire and the Humber	9	60
Total	80	62

Please note the following when reading the report:

- The data presented in this report have been aggregated, and no individuals or councils are identified.
- Where tables and figures report the base, the description in brackets refers to the group of people who were asked the question. The number provided refers to the number who answered each question. Please note that bases vary throughout.
- Where the response base is less than 50, care should be taken when interpreting percentages, as small differences can seem magnified. Therefore, where this is the case in this report, absolute numbers are reported alongside the percentage values.
- Throughout the report percentages in figures and tables may add to more than 100 per cent due to rounding.

Full Results

This section provides the results for each question.

Demand for public health objective

Respondents were asked if there was demand for a public health objective in the Licensing Act 2003 within their local council/s; 89 per cent of respondents said there was such a demand. Only three per cent (two Directors) said there was no demand, and nine per cent did not know (see Table 2).

Table 2: Overall, is there demand for a public health objective in the Licensing Act 2003 within your local council(s)?

	Number	Per cent
Yes	71	89
No	2	3
Don't know	7	9
Total	80	100

Base: (all respondents):80

The nine respondents who replied 'no demand' or 'don't know' know were asked why they thought this was the case. Eight Directors replied saying:

- "I'm not clear if there is demand." – Unitary Authority, Yorkshire and Humber
- "Officers would support the need for a public health objective, I do not know the political position." – County Council, East

  "Currently our work with licensing departments is in its infancy thus I don't know if there is any demand. I have not been approached regarding this. However, I am sure Licensing officers in Districts and Boroughs of *local area* would be interested if they think it adds weight to the other objectives and hence would be supportive." – County Council, South East
- "I am unsure about whether there is demand, given changes in officer leadership recently following substantial staff cuts. However, there is demand from the public health department and some understanding in other departments and amongst some members of the benefits that such an objective would bring." – Metropolitan District, North West
- "The council has signed the alcohol declaration and has a greater focus on MUP, availability and promotion of alcohol. Although a PH objective has the potential to be helpful, very localised health related data is not always available." – Unitary Authority, North East
- "There is a possibility of demand for a 5th licensing objective, but this has not been discussed with elected members. If there was a formal consultation on this issue we would participate and gather the views of elected members." - County Council, North West

- "It isn't seen as a local priority." - County Council, East of England
- "Public Health does not currently feature in the licensing policy." Metropolitan District Council, North West

Public health objective and delivery of outcomes

All respondents were asked to what extent the introduction of a public health licensing objective would improve their ability to deliver effective public health outcomes. Eighty-nine per cent said that such an introduction would improve their ability 'to a great extent' or 'to a moderate extent'; eight per cent (six Directors) said that it would improve their ability 'to a small extent'. No respondents said it would not improve their ability at all; four per cent were unsure (see Table 3).

Table 3: To what extent would the introduction of a public health licensing objective improve your ability to deliver effective public health outcomes?

	Number	Per cent
To a great extent	43	54
To a moderate extent	28	35
To a small extent	6	8
Not at all	0	0
Don't know	3	4
Total	80	100

Base: all respondents: (80)

Representation to a Licensing Authority

All survey respondents were asked if they had ever made a representation to a Licensing Authority about a licensing application; 64 per cent had done so while 33 per cent had not. Only three per cent (two Directors) did not know and one per cent (one Director) said that this was not applicable in her local area (see Table 4).

Table 4: Have you ever made a representation to a Licensing Authority about a licensing application?

	Number	Per cent
Yes	51	64
No	26	33
Don't know	2	3
Not applicable	1	1
Total	80	100

Base: all respondents (80)

All 51 respondents who said that they had made a representation were asked which of the four licensing objectives from The Act were cited. The protection of children from harm was the most commonly cited objective, given by 73 per cent of Directors (see Table 5).

Table 5: Thinking about the representation(s) made, which of the four licensing objectives from The Act were cited?		
	Number	**Per cent**
The prevention of crime and disorder	35	69
Public safety	27	53
The prevention of public nuisance	27	53
The protection of children from harm	37	73
Total	51	100

Base: all respondents who answered 'yes' to question 3: (51 respondents)
Note: percentages total to more than 100 per cent, since respondents could select a range of objectives.

All 51 respondents who said that they had made a representation were asked about the extent to which they were satisfied with the outcome(s) of the hearing. Seventy one per cent were either 'very satisfied' or 'fairly satisfied.' Twenty per cent were 'neither satisfied nor dissatisfied' while six per cent (three Directors) were either 'fairly dissatisfied' or 'very dissatisfied'. Four per cent of respondents were unsure (see Table 6).

Table 6: Overall, to what extent were you satisfied with the outcome(s) of the licensing hearing?		
	Number	**Per cent**
Very satisfied	9	18
Fairly satisfied	27	53
Neither satisfied nor dissatisfied	10	20
Fairly dissatisfied	2	4
Very dissatisfied	1	2
Don't know	2	4
Total	51	100

Base: all respondents who answered 'yes' to question 3: (51 respondents)

The three respondents who said that they were either 'fairly dissatisfied' or 'very dissatisfied' with the outcome(s) of the licensing hearing were asked to explain the reason(s) for their dissatisfaction. Three response options were given, and respondents could also provide other reasons to explain their dissatisfaction. Their replies were:

- One director selected: 'Not permitted to speak'.
- One director selected: 'Health representations not considered relevant'.
- One director selected: 'Health representations not considered relevant' and 'Difficulty linking evidence to premises' – also adding 'Availability of alcohol from a Public Health perspective was not considered relevant by the Licensing Committee'.

Alcohol misuse as a priority

All survey respondents were asked the extent to which tackling alcohol misuse is a priority in their Health and Wellbeing strategy. Ninety-one per cent of respondents

said that this was a priority to either ‘to a great’ or ‘to a moderate extent’ (see Table 7).

Table 7: To what extent is tackling alcohol misuse a priority in your Health and Wellbeing Strategy? (If your role is shared across authorities, please give an overall reply.)

	Number	Per cent
To a great extent	42	53
To a moderate extent	31	39
To a small extent	5	6
Not at all	2	3
Don’t know	0	0
Total	80	100

Base: (all respondents):80

Further comments

Respondents were asked if they had any other comments on the ability of public health to engage in the licensing process. A total of 47 respondents provided comments (see Annex B); they have been analysed to identify common themes. The themes identified were[1]:

The need to introduce a public health objective within the Licensing Act

This was the most commonly mentioned theme. Respondents emphasised that a specific public health objective was required in order for Responsible Authority powers to be used more effectively, thus allowing licensing decisions to be based on local population health evidence (and the density of existing outlets) in respective areas. Respondents identified that – without this objective – objections were often unenforceable and evidence and insight from public health was not heard (despite local health data being used effectively by Public Health). Respondents highlighted that, given the existing evidence-base around impacts on health and alcohol availability, there is a clear argument for increasing Health’s involvement in licensing decisions and making health a fifth objective of the Act.

Community safety

Linked to the above theme, some respondents wanted a greater ability to influence decision-making around issues related to individual establishments and their effect on community safety, local crime and disorder, public nuisance and health. The ability to exert stronger prohibitions against individual establishments offering irresponsible promotions or low-unit pricing was mentioned. Additionally, the ability to influence, in a more meaningful way, the number of licensed premises in a local area, the density of outlets and the needs of, and risks to, the local community was highlighted as an issue.

[1] An additional respondent provided clarification on her answers to previous questions.

Access to and use of data

A commonly-mentioned theme was the use of, and access to, data. Respondents mentioned: a need for greater access to NHS data (including hospital and ambulance services), difficulty accessing evidence at a neighbourhood-level, the need to improve data flow and resolve issues around assembling data, and the need to use population health outcome data to influence the geographic distribution of licences. Some respondents reported successful access to data which provided useful evidence. This included: accessing local health, safeguarding and crime data to develop an ‘alcohol harms map’ and also engagement with partners such as the police and trading standards to develop local profiles for each district which utilised health and police data.

Engagement with others

Some respondents mentioned the need to gain a greater understanding of their role and what this may involve in the future; workshops and joint events were mentioned as a possible solution. The need to develop relationships and dialogue with different licensing authorities was mentioned, as was the extra complexity of the process in a two-tier authority compared to a unitary authority and the difficulty for an upper tier authority to build relationships at district level. The need for council member training was also mentioned with regard to the role of public health.

Guidance or criteria

The need for guidance or strengthened criteria was mentioned by some respondents. In addition to the frequently mentioned need for a health objective, other requests included: LGA or central government guidance on the role and/or legality of Cumulative Impact Policies (CIP) in gambling and consistent legal advice for fast food outlets.

Annex A: Survey Questions

Q1a) Overall, is there demand for a public health objective in the Licensing Act 2003 within your local council(s)?	
Please tick one box	
Yes (go to Q2)	
No (go to Q1b)	
Don't know (go to Q1b)	

Q1b) If you think there is no demand in your local council(s) for a public health objective within The Act, please explain why:

Q2) To what extent would the introduction of a public health licensing objective improve your ability to deliver effective public health outcomes?	
Please tick one box	
To a great extent	
To a moderate extent	
To a small extent	
Not at all	
Don't know	

Q3a) Have you ever made a representation to a Licensing Authority about a licensing application?	
Please tick one box	
Yes (go to Q3b)	
No (go to Q4)	
Don't know (go to Q4)	
Not applicable (go to Q4)	

Q3b) Thinking about the representation(s) made, which of the four licensing objectives from The Act were cited?	
Please tick all that apply	
The prevention of crime and disorder	
Public safety	
The prevention of public nuisance	
The protection of children from harm	

Q3c) Overall, to what extent were you satisfied with the outcome(s) of the licensing hearing?	
Please tick one box	
Very satisfied (go to Q4)	
Fairly satisfied (go to Q4)	

Neither satisfied nor dissatisfied (go to Q4)	
Fairly dissatisfied (go to Q3d)	
Very dissatisfied (go to Q3d)	
Don't know (go to Q4)	

Q3d) Briefly, please explain the reason(s) for your dissatisfaction with the outcome of the licensing hearing?	
Please tick all that apply	
Not permitted to speak	
Health representations not considered relevant	
Difficultly linking evidence to premises	
Other (please state)	

Q4) To what extent is tackling alcohol misuse a priority in your Health and Wellbeing Strategy? (If your role is shared across authorities, please give an overall reply.)	
Please tick one box	
To a great extent	
To a moderate extent	
To a small extent	
Not at all	
Don't know	

Q5) If you wish to make further comments on the ability of public health to engage in the licensing process, please use the box below:

Annex B: Further Comments

If you wish to make further comments on the ability of public health to engage in the licensing process, please use the box below:	
Region	**Comment**
East of England	The licensing process is a major factor for us, because of the proliferation of licensed premises. We have just agreed a new approach to licensing as public health and we have also funded legal advice for districts in revising their policy. Our new approach also makes clear we may challenge licensing applications where the cost to health or the public purse, including from crime and disorder, warrants it. Strengthening licensing legislation to make public health a specific consideration would be welcomed by everyone
East of England	*Authority name* has a considerable number of alcohol related issues and the number of licensed premises per population is among the highest in the country. We have an extensive street drinking problem and are attempting to tackle this with a number of measures however, greater influence on the award of licenses would greatly assist with this.
East of England	Alcohol is an increasing concern and anything that increases our levers to advocate and lobby for controls can only help so I am supportive. Locally we have some very active police colleagues who have already tackled a number of the concerns I would raise so this isn't an active local priority just now.
East of England	We do our best to engage in the licensing process as alcohol is a significant public health issue in some parts of the area I cover. But time is wasted jumping through hoops to create a rationale against the existing four licensing objectives, when there is an obvious public health rationale which we are not able to input under current legislation.
East of England	*Authority name* is fully engaged with partners. However the Police are the only partner that usually submits review documents as the objectives are primarily crime and disorder based. Therefore *council name* has to support these objectives and doesn't bring health impact data to the reviews as it is not relevant to the reviews. A health licensing objective would enable PH to actively tackle the growing problems caused by the saturation of areas with alcohol outlets, fast food and poor retail practice.
East Midlands	This falls under the Health & Social Care Act 2013 so guidance needs strengthening to enable legitimate issues to be addressed through the licensing process
East Midlands	Q1) Overall, is there demand for a public health objective in the Licensing Act 2003 within your local council(s)? From a public health perspective, we would support the introduction of a public health licensing objective in the licensing Act. We recently offered to assist local licensing teams in enhancing the public health content of their current statement of licensing policy when they were updated. This was met with limited response, which may reflect lack of demand or

	capacity and remit. Q2) To what extent would the introduction of a public health licensing objective improve your ability to deliver effective public health outcomes? Public health is currently limited in what we can do to challenge license applications, and as such we have primarily focused on contributing information to the cumulative impact zones, including data and advice relating to alcohol related crimes and substance misuse service locations to support these. The introduction of a public health licensing objective would enable us to have a much greater influence to deliver public health outcomes using evidence to support license density and alcohol availability among other areas. Q3) Have you ever made a representation to a Licensing Authority about a licensing application? No Q4) To what extent is tackling alcohol misuse a priority in your Health and Wellbeing Strategy? Tackling alcohol misuse is a priority within *authority name* Health and Wellbeing Strategy. It is Included specifically as part of managing the shift to early intervention and prevention, with a priority to reduce the (acute and chronic) harm caused by alcohol and drugs. This includes shifting the emphasis away from treatment programmes to the promotion of safe drinking and changing of cultural attitudes towards alcohol, for which public health as a licensing objective would provide support. Reducing alcohol misuse is also included throughout the strategy as it impacts on a range of other priority areas. Tackling alcohol misuse is also a priority area for *authority name* as detailed in its Health and Wellbeing Strategy. The Strategy includes a goal to reduce the harm caused by alcohol, tackling both binge drinking and longer term drinking in excess of recommended levels. Q5) If you wish to make further comments on the ability of public health to engage in the licensing process, please add. In practice, our resources to review and challenge applications have been limited to date. We have looked for opportunities to advocate and influence alcohol statements of licensing policy without a public health licensing objective, including trying to strengthen public health content and evidence related to harm through formal consultation routes which we would continue to pursue. However inclusion of public health as a licensing objective would enhance and give impetus to this process. Using our influence to improve public health, including through alcohol licensing, will become more important as resources to commission public health interventions become increasingly constrained.
East Midlands	It would make it easier to give a direct public health response and raise awareness of the significance of alcohol to health and wellbeing.
East Midlands	Public health are included on the panel and receive all applications. the ability to influence and make a meaningful application is very limited due to the restraints of limiting to premises and not taking into account the needs or risk to a local community
Greater London	We are engaged with our colleagues in licensing, accessing all applications and have put in a number of reps. However our ability to support this is very much limited by the current objectives. There is a clear evidence base around impacts on health and alcohol availability both in terms of numbers premises and total number of hours, as such there is a clear argument for increasing health's involvement in these

	decisions and thus making health a fifth objective.
Greater London	*Authority name* Public Health and *authority name* Licensing would support the introduction of public health as a 5th licensing objective. It would enable us to not be restricted to making representations to licenses for applications in Cumulative Impact Zones. We would be able to apply for a review based on public health grounds and give us greater scope when reviewing local policy, as public health matters would be given equal consideration as other objectives.
Greater London	Q1) Overall, is there demand for a public health objective in the Licensing Act 2003 within your local council(s)? Definitely. We are now actively engaged in the licensing process, and either negotiate with applicants or provide representations on most of the premises types we have prioritised (off sales, cumulative impact areas, premises reviewed by other responsible authorities). Despite the clear health impact of these premises, our evidence does not always neatly fit the categories of the 4 licensing objectives, and in some instances is actively discouraged- our council's current Statement of Licensing Policy explains that "the objective of public safety is concerned with the physical safety of people, not with public health". Q2) To what extent would the introduction of a public health licensing objective improve your ability to deliver effective public health outcomes? I think we are already delivering effective public health outcomes within the limitations of the licensing process, but introducing a public health licensing objective would help in a number of ways: demonstrating the health harm of dense alcohol availability in a local area; raising the profile of the function amongst responsible authorities and elected councillors; and clarifying our role to applicants and their representatives Q3) Have you ever made a representation to a Licensing Authority about a licensing application? Yes- we have made representations on 6 applications, supported other responsible authorities on 6 reviews, and have negotiated conditions with applicants on around 10 instances. Q4) To what extent is tackling alcohol misuse a priority in your Health and Wellbeing Strategy? Tackling alcohol misuse is not explicitly referred to in our Health and Wellbeing Strategy, but remains a key priority for our public health function.
Greater London	Public Health data is welcomed by Licensing and Police colleagues
Greater London	Would be good to have guidance or criteria
Greater London	Key issues relate to assembling the relevant data (e.g. alcohol related, ambulance call outs etc.), policy, senior level partnership commitment, input from affected communities, triaging of applications to focus on those where there is likely to be greatest impact on influencing the application,
North East	Alcohol is a priority in our safe *authority name* plan and cross referenced in the health and wellbeing strategy.
North East	As part of internal restructuring the Council's licensing function now sits under the director of public health. This makes it easier to make the maximum possible use of the licensing objectives. We have

	managed to use our local access to health data, safeguarding and crime data to develop an alcohol harms map with triangulation of the data. This has allowed us to introduce a second cumulative impact area (just approved by Council at a meeting last week).
North West	Public Health here have engaged fully with the licensing process and have made full use of the DPH's role as a Responsible Authority to influence licensing decisions. We feel we have developed a good working relationship with our Licensing section and feel the position of Public Health in relation to Alcohol Licensing has been heard and understood. As part of a Public Health Alcohol Licensing awareness raising process we presented to our elected members detailed information on the local costs to the area from alcohol related harms.
North West	Often objections are not valid as there isn't a specific public health objective, meaning the evidence and insight from public health isn't heard.
North West	The current 4 licensing objectives allow Directors of Public Health, in their role as a Responsible Authority, to effectively contribute to the licensing process. This ability is demonstrated in the 2 licence reviews that I have contributed to in *authority name*. Subsequently the numbers of individuals attending accident and emergency departments following assaults at the associated licensed premises reduced. My contribution to the licensing process has so far focussed on intelligence relating to accident and emergency department assault attendances associated with defined licensed premises, and application of evidence based interventions as licence conditions. The accessibility of this intelligence and evidence is central to my ability to deliver my role as a Responsible Authority. National Institute for Health and Clinical Excellence Guidance [PH24] acknowledges the role of licensing in reducing alcohol related harm. It states that 'licensing departments can take into account the links between the availability of alcohol and alcohol-related harm when considering a licence application (that is, they can take into account the number of alcohol outlets in a given area and times when it is on sale and the potential links to local crime and disorder and alcohol-related illnesses and deaths)'. In practice, making the link between alcohol-related illness and deaths and individual licensed premises is challenging with the current 4 licensing objectives. Potentially the addition of public health as a 5th licensing objective would make this easier. The UK's Faculty of Public Health defines public health as 'The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society'. Each of the current 4 licensing objectives are relevant to this definition. The addition of public health as a 5th licensing objective would enhance the role of public health in licensing but require carefully defining and clear guidance due to the broad nature of the definition of public health.
North West	Reducing alcohol-related harm to individuals, families and communities is a public health priority. There is clear evidence that addressing the availability and affordability of alcohol, and the acceptability of alcohol misuse, can reduce alcohol-related harm in

	terms of both health and wellbeing, and community safety. We recognise the importance of engaging in the licensing process and using public health evidence and data to inform decisions, however without a public health objective in the Licensing Act 2003, our ability to do so effectively is significantly limited.
North West	Your format for Q3 did not allow the answer that satisfaction varied between different representations but that what really dissatisfied us were applications where we couldn't find a credible ground within the legislation as it stands and so did not make representations
North West	Additional data from Hospital and Ambulance Service would be useful. Locally Alcohol is a strategic priority and, as such, should be a key consideration as part of any Licensing application. At the moment, it is very limited.
North West	In *authority name* Public Health is strongly engaged with all of the Responsible Authorities and attends regular RA meetings to discuss licensing applications. PH also negotiates directly with applicants around things like hours of sale. PH has submitted several representations along with other RA's and the hearings have been both successful and unsuccessful. On one occasion PH was the only RA to represent against a new licence and at the hearing we were given opportunity to put our case forward (based on availability and hospital admissions and the effect on PH another licensed premises in the area could have). The outcome of the hearing was that the licence was granted as PH had not provided enough relevant evidence so the committee could do nothing other than grant the licence. We feel that if there was a PH objective PH representations and evidence and research would be seen as much stronger evidence.
South East	At present the lack of a public health criteria significantly limits our ability to influence the licensing process
South East	I have made several representations with varying success and also represented the authority as a witness in court when challenged. We have a PH Licensing Framework to inform decisions and a CIZ and Special Stress Area. The new Licensing Committee are just coming to terms with the role of PH and there is a need for training of members in this respect which I am putting in place.
South East	We have not as yet used our duties as a responsible authority and have not made any representations. I have been trying to gain an understanding of our role and what we might do in the future. The process is much more complex in a two-tier authority compared to a unitary authority. PHE are organising a licensing event for public health and colleagues in SE in March 2016.
South East	County works with 12 different Licensing Authorities in *authority name*, generally not easy to engage consistently all 12 and are planning a workshop in the new year with them.
South East	It has been challenging to engage the licensing committee and officers to consider developing local guidance to help make the licensing process more effective. Our representations although well evidenced and supported by other responsible authorities are not always welcomed.
South East	This is very important for our population as alcohol harm is a major

	cause of poor health outcomes in the city
South East	An objective around Public Health would enable us to use our powers as a Responsible Authority much more effectively and make licensing decisions based on local population health need and the density of existing outlets. It would allow more scope for the use of health data in licensing decision-making and allow representations to make greater use of indicators of long-term health harms.
South East	We were successful in getting an application for extended hours of sale of a supermarket in a deprivation 'hot spot' blocked, and the supermarket withdrew another application in another town on the strength of that ruling.
South East	We would need to improve data flow and quality from hospitals and ambulance trusts. We have had to reduce staff who might engage mere operationally with this issue. There is a difficulty in pinning alcohol issues on individual establishments, especially off-licences. We would like to have stronger prohibitions against irresponsible promotions, and minimum unit pricing.
South East	Elected members are asking for a public heath objective so that they can support alcohol harm reduction work.
South East	The 4 current objectives do not lend themselves to protecting people form the harms of alcohol. The challenge with PH in LA is that alcohol is seen to contribute to the vibrancy of the town and local economy and any PH challenge is not relevant to the licensing process. PH endeavoured to support the police with a Cumulative Impact Policy but again this was rejected by the local Licensing Committee despite submission of negative impact on health of local residents.
South East	This would ensure we are able to achieve greater public health emphasis in the application process, seeking to protect the vulnerable and prevent harm to the wider community
West Midlands	Public nuisance should also include wasting public money in the NHS through treating knife wounds, gunshot etc.
West Midlands	My team routinely receives and responds to all licence applications and reviews
West Midlands	Public Health departments in local authorities needs to have greater access to NHS data. As DsPH are no longer NHS employees we have limited access to NHS data sources that were previously available to us pre April 2013.
West Midlands	The legal framework could be improved in order to permit better engagement by Public Health in the licensing process. In particular it would be beneficial to be able to use population health outcome data to influence geographic distribution of licences. Issues such as chronic alcohol harms, obesity, mental health problems, diabetes, and chronic heart disease could all be influenced more effectively through a strengthened legal arrangement.
West Midlands	Dialogue has been slow to get started and is now progressing well but there is this constant refrain that 'their hands are tied'.
West Midlands	Difficult in an upper tier authority to build relationships at district level, although we do. Less time would be needed with clearer requirements from a national level.
Yorkshire	We have provided policy advice to continue and extend our cumulative

and Humber	impact policy and zones. Consistent guidance from the LGA or central Govt on the role/legality of CIP in gambling would also be helpful. Consistent legal advice for fast food premises is also needed.
Yorkshire and Humber	It would enable us to directly address health and wellbeing issues based on intelligence re: local needs and issues. Currently we can only support other authorities making representations relating to the existing objectives; without a health focus we are restricted to offering particular types of data as evidence and can only have limited impact, if any. A further challenge is to collect relevant data in order to make full use of the role of PH as Responsible Authority; a PH specific objective to the Act would legitimise and facilitate development of appropriate data in related settings e.g. A&E, and by the ambulance service. This would increase the robustness and specificity of data relating to specific licensed premises or areas with greater density of alcohol outlets.
Yorkshire and Humber	*Authority name* Public Health has developed a robust working relationship with partners e.g. licencing and police officers and we are a member of the Licencing Enforcement Group. However, the extent to which we can actively work on licencing issues is limited due to the lack of an explicit health objective and is a barrier to effectively using public health data. We have piloted initiatives locally utilising health data but it is not enforceable.
Yorkshire and Humber	Through the training received on this issue, the introduction of a Public Health dimension is no easy fix. It still requires a strong evidence based case specific to the premises to avoid challenge in the legal system. Access to data/evidence at a neighbourhood level is problematic.
Yorkshire and Humber	Public Health has developed with partners; police, trading standards, licensing; local profiles for each district which includes health and police data. The profile will be issued alongside a license application to encourage applicants to mitigate against issues and concerns within localities.
Yorkshire and Humber	At present we do not make formal representations on licensing applications because there is no objective under which we can do so. However we do review applications and raise concerns where applicable and try to negotiate changes with the applicant. Many of our Councillors fail to understand why we cannot legally make more formal objections. From Scotland it is clear that a PH objective in licensing is not a silver bullet, but would help formalize and systematize the process I have described above.

Local Government Association
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