

# Exploring influences on public health contributions to alcohol licensing processes in England: a mixed methods study



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## Background

The appointment of Directors of Public Health as “responsible authorities” (RAs) in the licensing process, plus the relocation of public health into local authorities (LAs) in England, provided opportunities for greater public health influence over local alcohol environments. However, it remains unclear how public health practitioners can best influence alcohol licensing decision-making to reduce health harms.

This study aims to explore the contextual influences on, and perceived impact of, public health practice for alcohol licensing in LAs in London.

## Methods

A mixed-methods study of licensing practitioners sampled from across the 33 LAs in London. Data collection included ethnographic observation, in-depth interviews, focus group discussions, a survey, and analysis of 10 months’ of routine alcohol licensing data. This poster draws specifically on data collected from:

- Four focus group discussions (including participants working in public health, licensing, trading standards, police, environmental health, local government solicitors and other stakeholders in alcohol licensing), and
- An online survey of public health practitioners working in alcohol licensing (with responses from 18 of the 33 London LAs).

## Findings

### How can public health practitioners have the most impact in alcohol licensing?

#### Shaping local policies and strategies

- **All 18 survey respondents** reported contributing to their local authority’s Statement of Licensing Policy (SLP) and other alcohol strategies as an important priority for public health.
- Public health were described as well placed to **shape these policies** and support the creation of cumulative impact zones towards “*setting the context, or setting the culture*” of their borough.
- Both public health practitioners and other RAs stressed **the importance of a well-defined SLP** to strengthen public health action on individual licences (whether through negotiation with applicants or when making a representation to the licensing subcommittee).

“[Public health] can play a really keen role in developing the Statement of Licensing Policy and kind of setting an area-wide agenda...”

“...we’re seen very much as a partner that can support any kind of strategy...”

#### Using data and evidence effectively

- Public health teams were described as having **access to large amounts of relevant data** and the skills to confidently analyse these datasets.
- These data and analyses **provide context** and a “*bigger picture*” view of the borough and were valued by both councillors and other RAs.
- However, a lack of access to up-to-date data at **low levels of geographic specificity** was identified as a limitation on public health’s ability to act on individual licence applications.
- Despite their skills in data analysis, some stakeholders and practitioners described **difficulties effectively communicating** public health evidence to the alcohol subcommittee in a representation.

“...the subcommittee particularly are always really shocked at the detail of data that we can provide.”

“[Public health] are plugged into data sets that other responsible authorities aren’t...”

#### Engaging with other RAs

- **Almost all** survey respondents (17 / 18) described **working in partnership** with other RAs as an important priority.
- Participants highlighted that **engagement** with other RAs provides a **stronger voice** when making representations and allows all RAs to tap into new kinds of evidence.
- **Regular meetings** were described as an valuable mode of engagement, encouraging all RAs to consider the broader health context of their borough and provide **opportunities to work together** to prioritise action on licence applications.
- Some in public health discussed feeling “**left out of the loop**” in terms of the licensing process, though others felt they were now “*establishing*” themselves and beginning to feel like “*genuine*” partners.

“...that’s beginning to make the other responsible authorities think in that similar way... [and] look at the wider context of what we can do.”

“I think we’re now getting into that position of we’ve got these really good working relationships.”

## Conclusion

Public health impact on alcohol licensing is shaped and potentially constrained by the contextual dynamics of local authorities. Public health practice can be supported through **access to locally-specific health data**, mechanisms to **strengthen relationships with other responsible authorities** such as regular meetings, the development of **strong local alcohol policies** and strategies, and the **promotion of public health priorities** within broader local government strategies.

