

# Strengthening public health contributions to alcohol licensing processes

FINDINGS FROM THE PUBLIC HEALTH ALCOHOL LICENSING (PHAL) STUDY

## EXECUTIVE SUMMARY

May 2018

In the past five years, the opportunities for public health teams in England to help shape the availability of alcohol and to reduce alcohol-related harms via the alcohol licensing process in local government have increased through the repositioning of public health in local authorities, and the designation of Directors of Public Health as 'responsible authorities' for licensing.

However, the extent to which public health (PH) practitioners feel able to enact this role and how they can effectively influence alcohol licensing decision making varies widely. This report summarises findings from a study of PH practitioners' contributions to alcohol licensing in local authorities (LAs) in London, and makes recommendations for strengthening the public health role in licensing that is relevant to practitioners nationally.

### *The PHAL study*

The Public Health & Alcohol Licensing study was conducted between July 2016 and March 2018 across 24 out of 33 LAs in Greater London, to explore perceptions and experiences of the public health alcohol licensing role, and its

influence on alcohol licensing decision making. A range of stakeholders, including PH practitioners, other responsible authority (RA) practitioners and licensing stakeholders were engaged through a study involving ethnographic observations, a survey, focus groups, interviews and analysis of routine data.

### *Key findings: varied approaches, capacities and impact*

Across the 24 London local authorities who participated in the study, a wide range of experiences of the public health contribution to alcohol licensing was observed. This included:

- Varied workloads in terms of numbers of applications received by public health teams, ranging from **0** to **> 25** per month.
- Different levels of capacity in public health teams to undertake licensing work, ranging from **none at all** to **> 9 hours** per week.
- Screening licence applications to assess need for public health action often rested on **priorities relating to the availability of alcohol** (such as late hours of sale) and protecting vulnerable groups (such as street drinkers or people in deprived areas).
- Among those more active in alcohol licensing, approaches adopted for taking action on licence applications varied but

often involved **attempts to negotiate** with applicants either before or after submitting a full representation.

- **Multiple types of data** and information were used across areas to support public health representations, but often included one or more of: crime and ambulance statistics at postcode level; local or national research evidence; local alcohol policies eg Statement of Licensing Policy (SLP); and data on costs of treating alcohol-related conditions.
- While some PH practitioners felt they did not have much influence over licensing sub-committee decision making, some level of impact was recorded for **84%** of applications on which PH practitioners took action (negotiation and/or representation).

### *Key findings: factors influencing public health contributions*

Across the study, several factors were identified as shaping the extent to which PH practitioners contributed to the alcohol licensing process, and perceptions of their influence over decision making. These were:

- **The status of public health as a responsible authority.** Without a health licensing objective, many stakeholders felt public health was limited in its licensing role. However, some PH practitioners demonstrated how it is possible to build up their influence over time without specific health objectives.
- **Relationships with other responsible authorities.** Regular engagement between public health and other RAs, through meetings, shared roles or co-located working seems to shape perceptions of the value and influence of public health licensing contributions.
- **What evidence counts in the decision-making process.** Many PH practitioners were concerned about having their representations challenged in licensing hearings. There were often tensions between the population level perspective of public health and expectations for premises-specific evidence for licensing decision making. However, some PH practitioners illustrated effective use of different information, including a toolkit developed by Safe Sociable London Partnership, data from Greater London Authority's 'SafeStats' database and other sources.
- **Contributing to broader licensing policy,** such as the SLP or cumulative impact policies was viewed as a valuable way for public health to influence licensing. In turn, PH practitioners described using these policies as resources to support representations against applications.
- **Resources and capacity** were inevitable factors shaping the ability of PH practitioners to undertake licensing work, reflecting competing priorities within public health and the broader council, in the

current climate of austerity, and loss of institutional knowledge with staff turnover.

**Recommendations:**

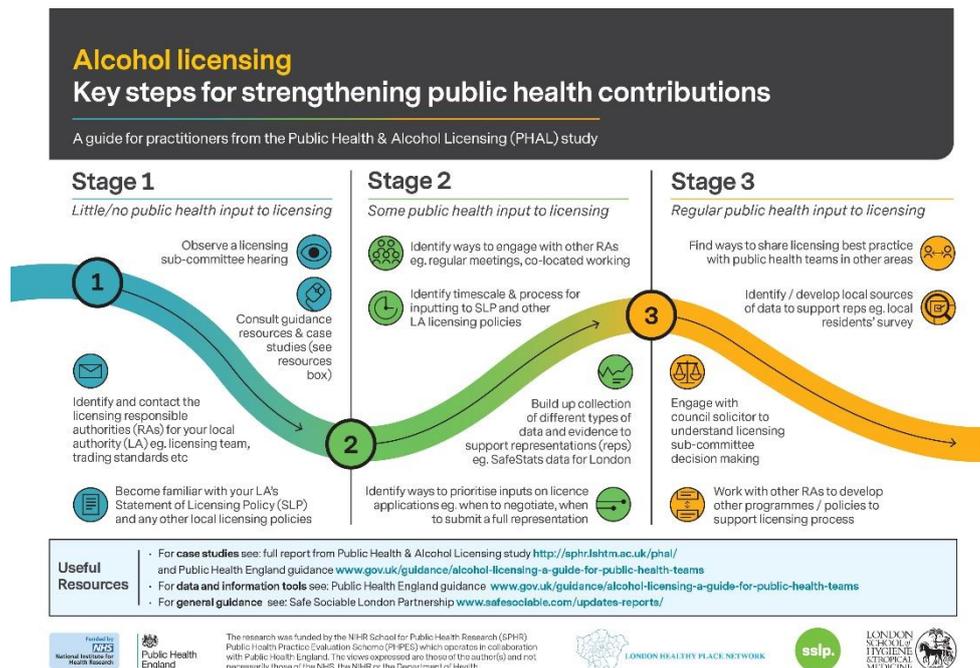
We identified steps that PH practitioners can take to strengthen their alcohol licensing contributions, reflecting existing levels of engagement:

1. Engage regularly with other RAs, through meetings or co-located working, and in development of licensing policy.

2. Build up a database of relevant evidence and resources from both local and national sources.
3. Identify ways to share best practice and examples of licensing work with PH practitioners from other areas.
4. Improve communication by presenting evidence in public health representations clearly and succinctly, suitable for the non-specialist.

**FURTHER RESOURCES**

The key steps to strengthening public health contributions to alcohol licensing are illustrated in an infographic, available to download here: <http://sphr.lshtm.ac.uk/phal/>



The full report for the PHAL study is also available at: <http://sphr.lshtm.ac.uk/phal/>

Results from the study are also published in a paper in the **Journal of Public Health**:

REYNOLDS, J., MCGRATH, M, ... & LOCK, K. (2018). 'A true partner around the table?' Perceptions of how to strengthen public health's contributions to the alcohol licensing process. *Journal of Public Health*, <https://doi.org/10.1093/pubmed/fdy093>

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