

Incorporating Health in Licensing Decisions

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Principal Licensing Officer

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*“I would like the number of shops selling alcohol for extended hours to be reduced because I'm sick of the **antisocial behaviour** my family and I are faced with... including drunkards **arguing** and **shouting around the clock**, being **frightened** to nip out for a pint of milk, public **urinating/vomiting** and beer cans **littering** the streets...”*

(quote from a local resident)

*“When I was drinking I felt ‘included’ in this **world of accessibility** – it validated my appetite... Alcohol dependency has to be the **ugliest** and **most harmful** ‘condition’ in our modern age and yet we continue to feed it. We pamper it and we celebrate it.”*

(quote from an ex-drinker)



Why Do We Need Health in Licensing?

Its all about the booze, chips, and cigs.

Surely not a licensing problem?



How does Health fit in?

- Crime data – reliant on reporting
 - deprived areas historically resistant to reporting crime
- Plenty of other data sources available
 - Easily accessible by Public Health



What can Public Health offer?

- Specialist Health Workers
- Access to treatment services, GPs
- Access to data sources
- Resources to analyse the data
- Enthusiasm and passion to help people
- Health is not a licensing objective



As a quick side note... Health as a Licensing Objective

- Lobbied for since before 2012
- Consultation as part of the Coalition Alcohol Strategy (2012)
- Considered as part of House of Lords Select Committee (2017)
- Lobbied for by LGA (most recently 2022)



Government Conclusion

Health data is too broad
to be used in licensing decisions



Government Conclusion

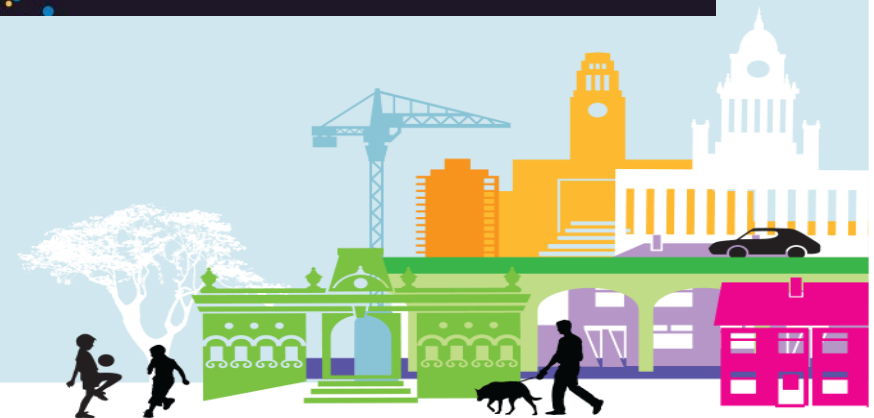
Health data is too broad
to be used in licensing decisions
(we don't think so)





What we did

Leeds Alcohol Harm Data Matrix



Leeds Alcohol Licensing Data Matrix - Enter a postcode for more information

This postcode is in the Harehills Cumulative Impact Assessment area

Search for a postcode (with no spaces) and select the result from the list.

LS85LE

This MSOA ranks 2nd of 107 in the city, it is in the 'Very High' category.

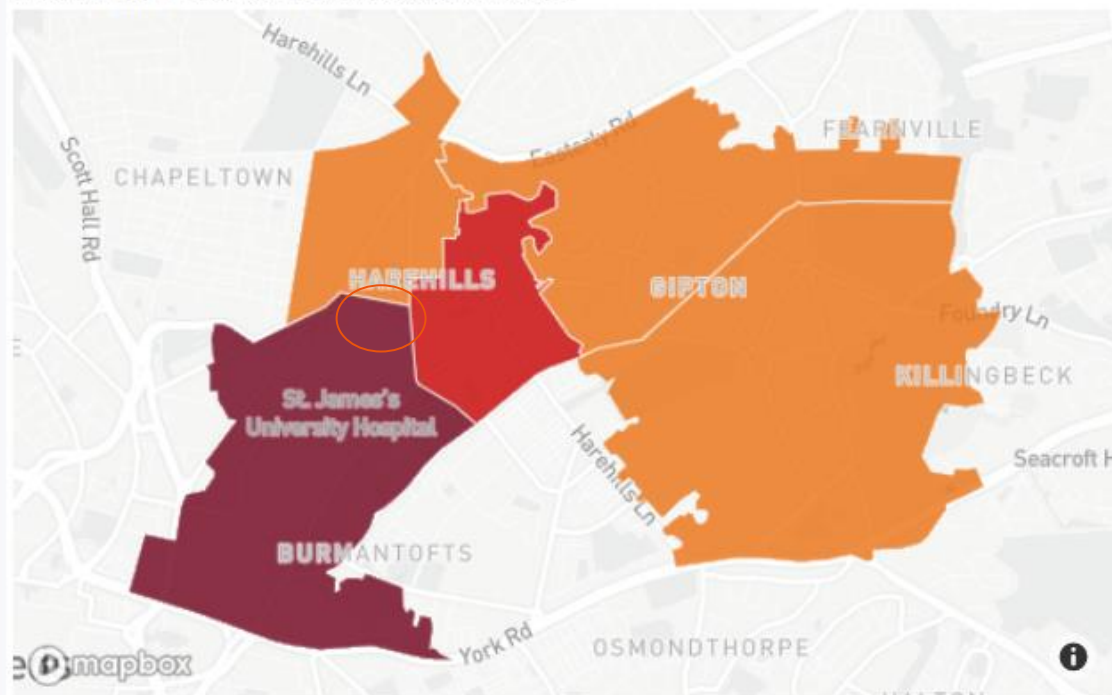
This is the MSOA your postcode is in. Select it here to highlight the chart and map ----->

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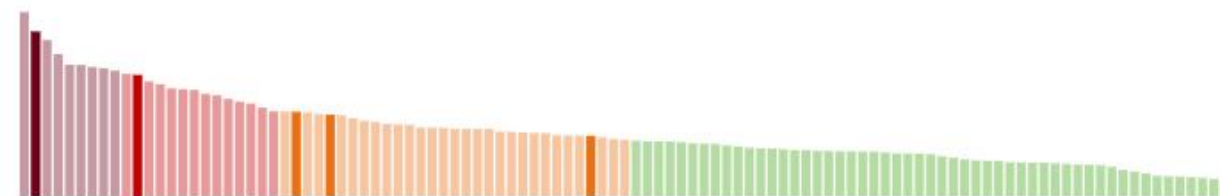
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Gipton & Harehills

Alcohol harm scores at MSOA level in Leeds



All MSOAs ranked by harm score, coloured by category



Indicator detail for the MSOA your postcode falls within

Indicator	Category	Rank (1 is most harm)
Stroke emergency hospital admissions	Very High	1
Antisocial behaviour - alcohol related	Very High	2
Litter complaints	Very High	2
Off licence premises	Very High	2
Violent crime where alcohol flagged	Very High	2
Crime where alcohol flagged	Very High	3
Population aged 16 and under	Very High	3
Alcohol specific emergency admissions	Very High	4
Ambulance callouts related to alcohol	Very High	4
Drunk and disorderly	Very High	4
Licensing risk score	Very High	4
Noise complaints	Very High	5
Deprivation Score	Very High	6
Alcohol related harm hospital stays	Very High	7
Looked after children	Very High	7
Alcohol Use Disorders Identification Test	High	14
Alcohol treatment, all episode counts	High	15
On licence premises	High	17
NEET (not in education or training)	Medium	26
Not achieving English & Maths strong pass	Medium	37
Alcoholic liver disease mortality rate	Low	74

Hover for indicator detail

To inform policy

- Priority areas identified
- Cumulative impact established
 - Licensing data
 - Crime data
 - Matrix data
- Typical postcode used to find MSOA





Cumulative Impact Assessment

- 'Cumulative Impact' provides a rebuttable presumption for the refusal of licence applications in areas where the impact of an accumulation of licensed premises has a negative effect on the promotion of the licensing objectives.
- Puts onus on applicant to show how their application wouldn't add to the problems



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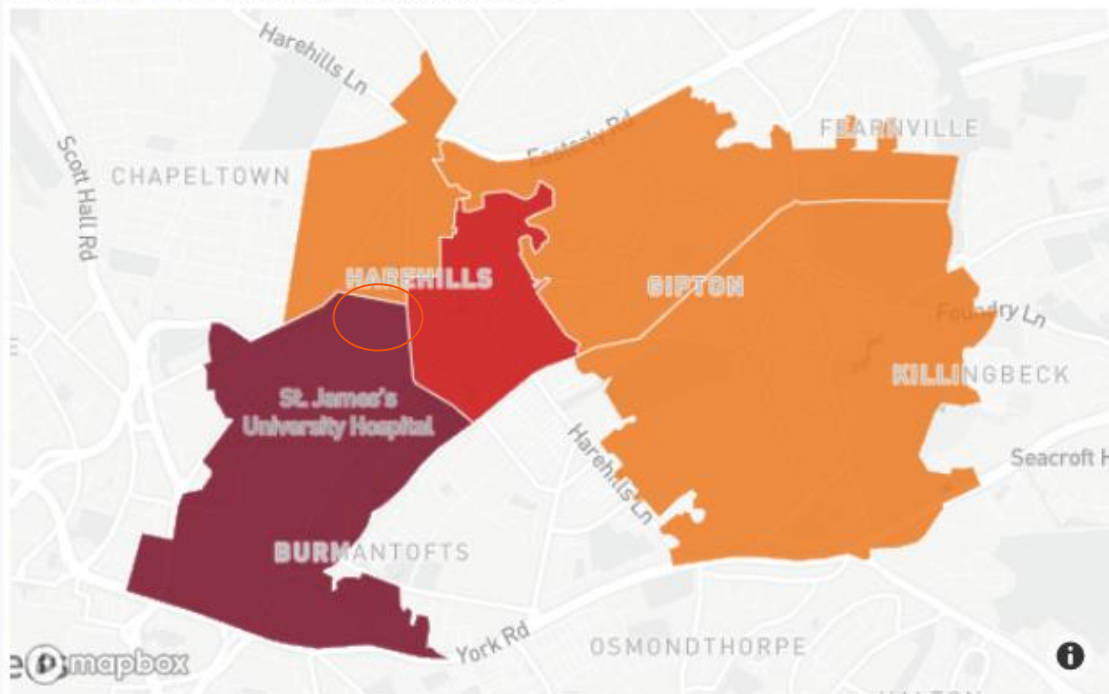
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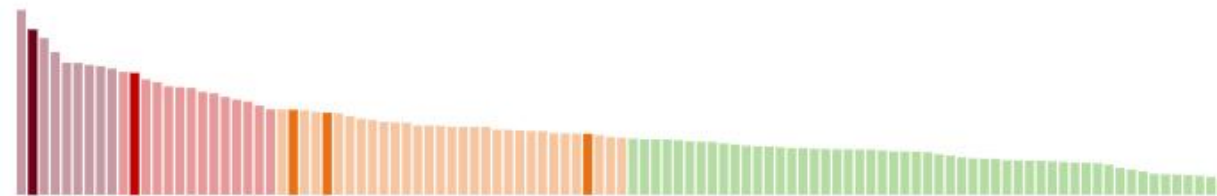
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Hover for indicator detail

For licensing applications

- Application received
- Identified as a priority area or in CIA
- Postcode put into Matrix
- Details used in representations
- Information provided to subcommittee by Licensing and Public Health
- Offers opportunity to negotiate



Does it work?

Council

Harehills shop barred from selling booze as area dubbed 'holiday resort' for street drinkers

A new east Leeds shop has been barred from selling alcohol after protests from local people and the authorities.



Controversial Harehills off-licence banned from selling 24-hour alcohol

“A licensing officer said that, out of 482 areas in Leeds, the area of Harehills in which Krakus is located has the 14th highest instance of alcohol-flagged violent crime and the 19th highest instances of alcohol-related hospital admissions. Most of the areas higher in the lists are in Leeds city centre, and have much higher numbers of drinkers.” (15 January, 2019)



This postcode is within the LSOA ranking 10th highest of 482 in Leeds: Leeds Alcohol Licensing Data Matrix

In conclusion

- Leeds uses health data successful in licensing decisions.
- In areas where there is cumulative impact, its used to supplement crime and nuisance data.
- Because of a lack of a health objective, it requires fettling to make the data fit.
- It needs support from other authorities – Public Health can't stand alone.
- Our Public Health team is engaged and valued.



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