

Report of Chief Officer – Anna Frearson Consultant/Public Health

Report to Licensing Committee

Date: 3rd July 2018

Subject: Alcohol Licensing Matrix

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes X No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes X No
Is the decision eligible for call-in?	<input type="checkbox"/> Yes X No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes X No

Summary of main issues

1. Public Health have developed a Licensing Data Matrix to provide an additional evidence base to support the licensing process.

Recommendations

2. The Licensing Committee is requested to note the availability of the Alcohol Licensing Data Matrix which may be referred to by Responsible Authorities as part of their representations to licensing applications and for policy development such as special area policies and cumulative impact areas.

1. Purpose of this report

- 1.1 To inform and request support from the Licensing Committee about the development and proposed use of an Alcohol Licensing Data Matrix within the licensing process.

2. Background information

- 2.1 Public Health were made a Responsible Authority in 2011. However, in the absence of Health as a Licensing Objective, it is very challenging for Public Health to engage meaningfully within the licensing process. Nevertheless, Public Health England and the Local Government Association strongly acknowledge and support the importance of public health input into licensing and have encouraged the development of innovative ways to influence the process within the restrictive boundaries of the Licensing Act 2003.
- 2.2 Public Health has access to numerous key data sources which are not easily accessible by other Responsible Authorities, which can be used to inform the licensing process to help to identify potentially harmful applications and provide the evidence base to support associated decisions. Public Health England has published national guidance on how local public health teams can best utilise this data to influence the licensing process (see 7.1 and 7.2). The development of a data matrix which combines and analyses multiple key data sources is a method already used in other Local Authorities including Wigan, Wolverhampton and Cornwall.
- 2.3 In Leeds with the support of Entertainment Licensing, Public Health has developed a local version of a data matrix which risk rates Lower Super Output Areas (LSOA) across Leeds, based on potential alcohol related harm. Data sources have been chosen due to their relevance to the licensing objectives. Any postcode in Leeds can be inputted into the matrix, which then provides a comparative citywide “harm ranking” (Appendices 1 & 2).

3. Main issues

Rationale on Design of Matrix

- 3.1 **Data Sources** - Data sources have been chosen to correspond with the four licensing objectives. Alcohol-related health data has been included as this is an important addition and can be used to ‘set the scene’ of the wider alcohol-related harm in an area. This is in line with recommendations from Public Health England (see 7.1).

- 3.2 **Weighting of Data** - All data sources are not equally important in respect of the licensing objectives. Therefore, based on knowledge and experience of the Responsible Authorities, each data set has been given a different weighting which will affect how much it contributes to the overall ranking. The citywide ranking of each individual data set is not affected by this. For the method and rationale of the weighting please see Appendix. 3.

Proposed use of matrix by the Responsible Authorities.

- 3.3 The matrix is designed so the postcode of applications (new or variations) can be inputted. The LSOA of this postcode will be circled in black on the map with the colour indicating where that LSOA ranks overall in terms of alcohol-related harm (Appendix 1). The data list will indicate for each data set where that LSOA sits comparatively city-wide e.g. ranked number 1 in Leeds for alcohol-flagged crime (Appendix 2). This data can then be used both within representations and negotiations with applicants prior to representations.
- 3.4 It is also proposed the citywide mapping of the cumulative impact of alcohol-related harm will help inform future policy work e.g. cumulative impact policies, special area policies etc.
- 3.5 Public Health intend to use the matrix to provide evidence and rationale for future targeted interventions and work streams to reduce alcohol-related harm.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 Consultation with other Responsible Authorities is scheduled for the 21st June 2018.
- 4.1.2 The data matrix was presented to the Executive Lead for Health, Wellbeing & Adults for information and support on May 17th 2018. Support was gained and a request to update Councillor Charlwood on its use later in the year was made.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The matrix is designed to help identify areas suffering from inequalities in alcohol-related harm. This can then be used to inform future work to help to reduce these inequalities.

4.3 Council policies and best council plan

- 4.3.1 **Best Council Plan 2018/19 – 2020/21:** Supporting a reduction of alcohol-related harm will help contribute to the overall aim of reducing inequalities, and address the priority area: *Safe, strong communities* - keeping people safe from harm, tackling

crime and anti-social behaviour, being responsive to local needs and promoting community respect and resilience.

- 4.3.2 The vision laid out in **Leeds Drug & Alcohol Strategy & Action Plan 2016-18** is for Leeds to be a city that promotes a responsible attitude to alcohol and where individuals, families and communities affected by the use of drugs and alcohol can reach their potential and lead safer, healthier and happier lives.

4.4 **Resources and value for money**

- 4.4.1 The data matrix will not incur any additional resources beyond updating the data sets every 12 months. This will be undertaken by Public Health. Therefore it is proposed that it is a value for money approach to collating the evidence base to support licensing decisions.

4.5 **Legal implications, access to information, and call-in**

- 4.5.1 The data sets have been carefully selected so they correspond to existing licensing objectives to ensure they align with the legislative framework of the Licensing Act 2003.
- 4.5.2 Whilst the data sets have been weighted manually to fit with the perceived importance of each data type, the data itself has not been altered meaning its accuracy cannot legally be challenged.
- 4.5.3 Due to data sensitivity, some data sets have been suppressed to a minimum of 5 per LSOA.

4.6 **Risk management**

- 4.6.1 The data matrix has been set so it cannot be altered, reducing the risk of further manipulation and errors in data.

5. **Conclusions**

- 5.1 Public Health and Entertainment Licensing have been working closely together on the development of the Licensing Data Matrix. It is important that Public Health continues to work to contribute towards the licensing process despite the restrictions of the Licensing Act 2003. The newly developed approach to reference the data to inform the licensing process, allows an opportunity to do this by helping strengthen the evidence base behind decisions.

6. **Recommendations**

- 6.1 The Licensing Committee is requested to note the availability of the Alcohol Licensing Data Matrix which may be referred to by Responsible Authorities as part

of their representations to licensing applications and for policy development such as special area policies and cumulative impact areas.

7. Background documents

7.1 <https://www.gov.uk/guidance/beer-licensing-a-guide-for-public-health-teams>

7.2 <https://www.gov.uk/government/publications/beer-licensing-pilot-of-analytical-support-package>