

Public Document Pack



To: Sandy Kelman, Convener; Stuart McPhee, Vice Convener; and Peter Benton, Barbu Dragosflorin, Ken Eddie, Tara-Erin Gilchrist, Kerry Laing, Laura MacDonald, Kenneth McGeough, Leanne McGowan, Shamini Omnes, Diane Sande and Miriam Smith.

Town House,
ABERDEEN, 3 November 2016

LOCAL LICENSING FORUM

The Members of the **LOCAL LICENSING FORUM** are requested to meet in Committee Room 5 - Town House on **TUESDAY, 8 NOVEMBER 2016 at 2.00 pm.**

FRASER BELL
HEAD OF LEGAL AND DEMOCRATIC SERVICES

BUSINESS

- 1 Minute of Meeting of 13 September 2016 (Pages 5 - 12)
- 2 Matters Arising
- 3 Membership Updates

INTELLIGENCE (TO INFORM THE WORKING GROUP OF THE LICENSING FORUM)

- 4 Letter to the Convener of the Licensing Board - 27 October 2016 (Pages 13 - 14)
- 5 Alcohol Focus Scotland Licensing Event - 15 September 2016 (Pages 15 - 20)
- 6 Innkeeper System Overview (to follow)

- 7 Minimum Unit Pricing (Pages 21 - 22)
- 8 Health Impact Assessments (Pages 23 - 28)

LICENSING OBJECTIVE 1 : PREVENTING CRIME AND DISORDER

- 9.1 Update from Police Scotland

LICENSING OBJECTIVE 2 : SECURING PUBLIC SAFETY

- 9.2 Update from Licensing Standards Officer

LICENSING OBJECTIVE 3 : PREVENTING PUBLIC NUISANCE

- 9.3 Update from Unight Representative

LICENSING OBJECTIVE 4 : PROTECTING AND IMPROVING PUBLIC HEALTH

- 9.4 Update from NHS Grampian and Alcohol and Drugs Partnership

LICENSING OBJECTIVE 5 : PROTECTING CHILDREN FROM HARM

- 9.5 Update from Children's Services Representative

- 10 Progress Statement (Pages 29 - 32)

Website Address: www.aberdeencity.gov.uk

Should you require any further information about this agenda, please contact Iain Robertson, tel. 01224 522869 or email iairobertson@aberdeencity.gov.uk

Substantive Members (voting)

Holders of premises licences and personal licences
Stuart McPhee, UNIGHT, <u>Vice Convener</u> Leanne McGowan, Off Sales
Chief Constable for the police area in which the Forum's area is situated
Kenneth McGeough
Persons having functions relating to health, education or social work
Sandy Kelman, Aberdeen Alcohol and Drugs Partnership, <u>Convener</u>
Shamini Omnes, NHS Grampian
Peter Benton, Aberdeen Samaritans
Kerry Laing, Community Safety Partnership
Miriam Smith, Education and Children's Services, Aberdeen City Council
Young People
Barbu Dragosflorin, Aberdeen City Youth Council
Persons resident within the Forum's area
Ken Eddie, Aberdeen Civic Forum
Licensing Standards Officer
Diane Sande (or Tara-Erin Gilchrist)
Community Councils
Laura MacDonald

Co-optees (non-voting)

Holders of premises licences and personal licences
William Christie
Adrian Gomes
Persons having functions relating to health, education or social work
Heather Wilson, NHS Grampian

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LOCAL LICENSING FORUM
Wednesday, 13 September 2016

Members present: Sandy Kelman (Alcohol and Drugs Partnership) Convener; and Peter Benton (Aberdeen Samaritans), Dragosflorin Barbu (Aberdeen Youth Council), Tara-Erin Gilchrist and Diane Sande (Licensing Standards Officers), Kerry Laing (Community Safety Partnership), Insp Kenneth McGeough (Police Scotland), Leanne McGowan (Off Sales), Shamini Omnes (Aberdeen City Health and Social Care Partnership) and Miriam Smith (Education and Children's Services).

Also present: Iain Robertson (Clerk, ACC) and Heather Wilson (Public Health).

Apologies: Stuart McPhee (On Sales) Vice Convener and Laura MacDonald (Community Councils).

	Item	Discussion	Action / Decisions	To be actioned by
1	<u>Introductions</u>	The Convener opened the meeting and noted that there were a number of new attendees so members introduced themselves.		
2	<u>Minute of Meeting of 16 March 2016</u>	<p>With reference to item 6, the Licensing Standards Officers informed the Forum that they intended to schedule community training events on the Alcohol Focus Scotland Community Toolkit for November 2016; and</p> <p>With reference to item 8, the Forum instructed the Clerk to add the development of a referral system for individuals who had been banned from licensed premises in the self-policing scheme in Torry due to issues related to alcohol abuse to the Progress Statement.</p>	<p>To approve the minute as a correct record;</p> <p>To request an update on the LSO Training Events based on Alcohol Focus Scotland's Community Toolkit; and</p> <p>To instruct the Clerk to revise the Progress Statement to include an update on the development of a referral system for individuals who had been banned from licensed premises in the self-policing scheme in Torry due to issues related to alcohol abuse.</p>	<p>I Robertson</p> <p>D Sande/T.E Gilchrist</p> <p>I Robertson/K Laing</p>
3	<u>Minute of Previous Meeting of 25 May 2016</u>	<p>The Convener reminded members that this meeting was not quorate and reiterated his disappointment with the turnout.</p> <p>With reference to item 7, the Clerk advised</p>	<p>To approve the minute as a correct record; and</p> <p>To note the information provided.</p>	I Robertson

	Item	Discussion	Action / Decisions	To be actioned by
		that the Convener, Heather Wilson and himself had attended the 31 May 2016 meeting of the Aberdeen City Youth Council to raise awareness of licensing issues and the role of the Forum. Thereafter Dragosflorin Barbu informed the Forum that the Youth Council had also discussed the Scottish Government's consultation on proposed new stop and search powers for Police Scotland and its possible impact on young people.		
4	<u>Minute of Joint Meeting Between the Licensing Board and Forum of 8 June 2016</u>	<p>The Convener explained that the Joint Meeting was a requirement of the Licensing (Scotland) Act 2005 and thereafter he outlined the purpose of the meeting and the Forum's role to advise and support the Board to carry out its licensing functions. He noted that the Forum was well represented at the Joint Meeting and was delighted with the turnout which allowed for fruitful discussions with Licensing Board members.</p> <p>With reference to item 6, the Convener advised that he didn't feel it was the Forum's role to develop an aspirational statement on behalf of the Board as it was an advisory body and noted it should be incumbent on the Board to outline their own licensing priorities and aspirations; and</p> <p>With reference to item 13, the Convener explained that he would welcome an update from the Board on progress in relation to issues raised by the Forum at the Joint Meeting and the Forum agreed that the Convener should write a letter to the Convener of the Licensing Board to invite a representative of the Board to provide a progress update at the Forum's next meeting.</p>	<p>To note the minute; and</p> <p>To instruct the Convener to correspond with the Convener of the Licensing Board to invite a Board representative to the Forum's next meeting to provide a progress update in relation to issues raised at the Joint Meeting.</p>	S Kelman

	Item	Discussion	Action / Decisions	To be actioned by
		Thereafter the Forum discussed the issues raised at the Joint Meeting and members highlighted that Board members had been cautious to endorse a number of Forum recommendations due to issues of legality and possible future challenge from applicants.		
5	<u>Membership Updates</u>	<p>The Clerk advised that Police Scotland had nominated Insp Kenneth McGeough as their representative on the Forum replacing Sgt Gill Flett;</p> <p>The Clerk informed the Hub that Miriam Smith, Billy Nicol and Margaret Cruickshank had been nominated by Aberdeen City Council as alternate members representing Education and Children Services on the Forum; and</p> <p>The Clerk advised that the Aberdeen Youth Council had nominated Dragosflorin Barbu as their representative on the Forum replacing Giedre Nenuite.</p>	<p>To appoint Insp Kenneth McGeough as Police Scotland's representative to the Forum;</p> <p>To appoint Miriam Smith, Billy Nicol and Margaret Cruickshank as the Education and Children's Services alternative representatives to the Forum; and</p> <p>To appoint Dragosflorin Barbu as Aberdeen Youth Council's representative to the Forum.</p>	<p>I Robertson</p> <p>I Robertson</p> <p>I Robertson</p>
6	<u>Alcohol Focus Scotland Regional Licensing Event 15 September 2016</u>	The Convener noted that Alcohol Focus Scotland had scheduled a regional licensing event on 15 September 2016 in Aberdeen and advised that this would provide licensing partners with an opportunity to share best practice with colleagues from other local authority areas. Thereafter a number of Forum members confirmed their attendance at the event.	To note the update.	
7	<u>Alcohol Focus Scotland Strategic Plan 2016-19</u>	The Convener explained that Alcohol Focus Scotland produced a Strategic Plan on a three year basis and advised that a number of areas	To note the update; and	

	Item	Discussion	Action / Decisions	To be actioned by
		<p>covered in the report were directly related to the work of the Forum and he highlighted controlled sales from licensed premises as a pertinent example. Heather Wilson added that the report focussed heavily on the supply side of alcohol abuse and she would like to see more policies on strategic outcomes such as protecting children and families from harm. Shamini Omnes advised that the NHS had revised their alcohol policy recently in relation to primary prevention and highlighted that Alcohol Focus Scotland needed to strengthen their communication strategy before their policies and recommendations would become effective.</p> <p>Thereafter the Forum discussed the extent of alcohol marketing; and the importance of licensing training in order for licensed premises to comply with legislation and retain their licenses.</p>	To note the information provided.	
8	<u>UK Chief Medical Officers' Low Risk Drinking Guidelines</u>	<p>Shamini Omnes advised that the report had noted the health and social risks from alcohol abuse particularly for vulnerable groups such as those with physical and mental disabilities and it highlighted the link between areas of multiple deprivation and increased instances of alcohol abuse.</p> <p>Heather Wilson explained that Public Health would no longer be using terminology that referred to safe or sensible drinking and would now use language that referred to low risk drinking. She also advised that the recommended low risk weekly alcohol intake had been reduced and standardised to 14 units for both men and women. Thereafter the Forum discussed the importance of</p>	<p>To note the report; and</p> <p>To note the information provided.</p>	

	Item	Discussion	Action / Decisions	To be actioned by
		responsible retailing; the report's guidance for pregnant women; child protection issues; and Police Scotland's procedures when an individual had been held in custody after an incident involving alcohol abuse.		
9	<u>Drug and Alcohol Findings Research Analysis</u>	The Convener advised that the research had concentrated on the English licensing system which had different licensing objectives, but noted that the analysis had identified a number of issues that the Scottish licensing system had also experienced. He explained that the analysis had found there had been a rise in home drinking with an increase in off sales relative to the amount of alcohol sold within licensed premises. Shamini Omnes noted that the report had also recommended that public partners should target their efforts in more deprived communities where the social cost of alcohol abuse was often higher rather than apply a blanket approach.	To note the report.	
10	<u>Update from Police Scotland: Licensing Objective 1: Preventing Crime and Disorder</u>	<p>Insp Kenneth McGeough advised that Police Scotland had set up an alcohol and violence group that would include officers from a number of divisions to develop strategy and policy. He noted that Police Scotland used Innkeeper software to record and store licensing data and suggested he could provide a sample of performance information with an accompanying narrative on issues of interest to the Forum.</p> <p>Thereafter Insp McGeough summarised Police Scotland's monitoring arrangements with regards to premises that were under review for non-compliance with licensing legislation. And he informed the Forum that an</p>	<p>To request relevant data from the Innkeeper system be presented to the Forum's next meeting with an accompanying narrative to set the performance information in context; and</p> <p>To recognise that the Unbroken Britain survey had found that Aberdeen was the safest city in Scotland and to commend all local partners who had contributed towards this achievement.</p>	K McGeough

	Item	Discussion	Action / Decisions	To be actioned by
		Unbroken Britain survey had found that Aberdeen was the safest city in Scotland.		
11	<u>Update from Licensing Standards Officer: Objective 2: Securing Public Safety</u>	Tara-Erin Gilchrist informed the Forum that the 2016-17 LSO Annual Report was being developed and would be reported to the Forum in due course. She explained that annual licensing fees were due to be paid by 1 October 2016 and they had been proactive in reminding premises of this upcoming requirement. Ms Gilchrist also advised that university freshers week was ongoing in the city and they had been monitoring venues popular with students to ensure they had assessed the risks to students and young people during this period.	To note the update; To add the 2016-17 LSO Annual Report to the Progress Statement with an indicative submission date of mid-2017.	I Robertson
12	<u>Update from Unight Representative: Licensing Objective 3: Preventing Public Nuisance</u>	Kerry Laing explained that UNIGHT were expanding their membership and would now include a wider range of licensed premises other than nightclubs. She added that UNIGHT were developing an online sharing database in order for members to share cctv images and information on banned offenders.	To note the update.	
13	<u>Update from NHS Grampian and Alcohol and Drugs Partnership: Licensing Objective 4: Protecting and Improving Public Health</u>	Heather Wilson reiterated that alcohol guidelines had been revised down to 14 units for both men and women by the UK Chief Medical Officer and Public Health had begun to update their newsletters and posters to reflect this guidance. The Convener advised that referrals to the Integrated Alcohol Service remained steady in comparison to previous months. Shamini Omnes explained that locality planning was a major programme related to the integration of health and social care and	To note the updates.	

	Item	Discussion	Action / Decisions	To be actioned by
		highlighted that funds would be made available through the Health improvement Plan to support projects focussed on the delivery of the five licensing objectives. Ms Omnes advised that officers from the Health and Social Care Partnership had addressed Dyce and Woodside Community Councils to raise awareness of the Alcohol Focus Scotland Community Toolkit and noted that the sessions had received positive feedback.		
14	<u>Update from Children's Services Representative: Licensing Objective 5: Protecting Children from Harm</u>	Miriam Smith explained that she would investigate whether there was an officer within Education and Children's Services who would be available to provide the Forum with an update on the Getting It Right For Every Child (GIRFEC) programme. Ms Smith also advised that she would liaise with Police Scotland to explore if there were further opportunities for joint working in relation to youth justice.	To request an update on the GIRFEC programme particularly how it relates to licensing and alcohol awareness; and To request that Education and Children's Services liaise with Police Scotland to explore if there were further opportunities for joint working in relation to youth justice.	M Smith M Smith
15	<u>Progress Statement</u>	The Clerk provided an update on the items recorded in the Progress Statement and advised that the 2016-17 LSO Annual Report and the Convener's letter to the Convener of the Licensing Board on progress with regards to the recommendations presented at the Joint Meeting would be added to the Statement.	To instruct the Clerk to update the Progress Statement to include the 2016-17 LSO Annual Report and the Convener's letter to the Convener of the Licensing Board.	I Robertson
16	<u>Date of Next Meeting</u>	8 November 2016. <u>ALEXANDER KELMAN, Convener</u>	To note the date.	

	Item	Discussion	Action / Decisions	To be actioned by
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If you require any further information about this minute, please contact Iain Robertson, tel. 01224 522869 or email iairobertson@aberdeencity.gov.uk

Our Ref. LLF/Joint Meeting
Your Ref.
Contact Alexander Kelman
Email alexander.kelman@nhs.net
Telephone 01224 557042

27 October 2016

Councillor Marie Boulton,
Convener to the Licensing Board
Aberdeen City Council,
Town House
Aberdeen.
AB10 1AR

Dear Councillor Boulton

REQUEST FROM THE LOCAL LICENSING FORUM

The Joint Meeting of the Licensing Board and Licesning Forum on 8 June 2016 discussed the recommendations that I sent to you in previous correspondence dated 13 January 2016 in response to the consultation on the review of the Board's Statement of Licensing Policy. At its meeting on 13 September 2016 the Local Licensing Forum requested an update on progress in relation to these recommendations and has extended an invite to the Convener and/or a relevant officer to attend a Forum meeting to provide this. The next two Forum meeting dates are outlined below:

2pm Tuesday, 8 November 2016 – Committee Room 4, Town House
2pm Wednesday, 25 January 2017 – Committee Room 4, Town House

I have attached the draft minute of the Joint Meeting for your reference which documents the Forum's recommendations to the Board.

I look forward to hearing from you.

Yours sincerely

Alexander Kelman,

Convenor to the Aberdeen City Council Local Licensing Forum

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Aberdeen Regional Licensing Event 2016

Event Summary

On 15th September, in Aberdeen, Alcohol Focus Scotland (AFS) hosted a seminar on the alcohol licensing system in Scotland. This was the second of four regional events taking place across the country throughout the month. As we look ahead to newly constituted licensing boards with a fresh round of Statements of Licensing Policy in 2017/18, attendees were invited to explore their experiences and learning gained in licensing over the past four years, and to identify any areas of ongoing challenge.

The views and ideas captured during the day, as well as from the other regional events, will be used to create a report with recommendations for the future. This document provides an interim summary of the Aberdeen event.

Key documents relating to the day include:

- [The programme for the day, workbook and links to AFS resources](#)
- [Monitoring and Evaluating Scotland's Alcohol Strategy, Third Annual Report, December 2013](#)
- [Implementation of the Licensing \(Scotland\) Act 2005: A document review of developments since 2012](#)

Attendance

42 people registered for the event with 45 attending on the day. A broad range of perspectives and sectors were represented, including: licensing boards; local authority lawyers; local licensing forums; Police; alcohol and drug partnerships; public health; and health improvement.

Event content

The event consisted of a variety of presentations, two group discussions and an individual exercise. There were frequent opportunities for comments, questions and discussion. Delegates were also asked to record their thoughts and comments in a workbook during the day. The workbooks were collected back and will be used to help inform the final report with recommendations.

Drew Walker, AFS Board Member (Director of Public Health, NHS Tayside), chaired the event. He welcomed participants, noting in particular the high attendance and diversity of delegates, and introduced the content and format of the day.

Laura Mahon, AFS Programme Lead, began the day by setting the context and providing reflections on the past five years. Laura explained that, in 2011, AFS brought together experts in public health and in licensing to consider whether licensing provisions could be used effectively to tackle alcohol related harm. The answer was yes, but that the potential of using licensing to regulate alcohol availability was yet to be realised. This led AFS to hold a series of regional events in 2012, to identify what actions might help. Laura highlighted successes since that time, such as the increased engagement of public health in the licensing system and improved use of evidence in statements of licensing policy. However, Laura explained, many of the challenges identified in 2011 are all still present (e.g. reduced budgets, legal challenges, and new legislation) but there has been enough change to provide hope of continued improvement. Laura concluded that now was a good time to reflect, review and look forward, especially as next year we have local government elections which will see new elected members forming new licensing boards, and starting the licensing policy development process.

Drew Walker then invited a number of representatives with first-hand experience of licensing to give a [*view from the ground*](#), by speaking about their experiences, highlights, challenges, gaps and any hopes for the future.

Ian Cox, Licensing Standards Officer, Highland Council, was the first to share his experiences. He explained that primarily his role was to mediate and provide guidance to the various licensing stakeholders, but that increasingly it involved bringing these diverse stakeholders together. Ian reflected on progress in licensing over recent years, including a significant improvement in the quality of licensing policy statements, which were now developed from a more local perspective. This had resulted in licensing conditions being better applied, relevant to the needs and views of local communities. He also noted significant changes in the alcohol trade over recent years - with a move towards, higher quality, food driven premises. Ian explained that, while some aspects of the Licensing (Scotland) 2005 Act hadn't yet been implemented as intended, the Act was becoming a vehicle for the development of improved local policies and approaches.

Sandy Munro, Solicitor/Depute Clerk, Aberdeenshire Council, was the next to speak. He highlighted that a key achievement in recent years had been the development of more collaborative approaches, particularly when developing statements of licensing policy. Working in partnership had also helped issues related to licensing to be identified and solved before they escalated into problems. Sandy explained that the biggest challenges had been a decline in the resources available for licensing work, adapting to ongoing legislative changes, and difficulties attaining the data needed to make informed licensing decisions. He suggested that information about the volume of sales per licensed premises would be extremely helpful for licensing boards when considering the issue of

overprovision. Sandy's hope for the future was that licensing legislation would be consolidated and clarified, and that good working relationships would continue to develop.

Dr Tara Shivaji, Consultant in Public Health, NHS Grampian, was the next to speak. She began her presentation by showing two filmed interviews with people who had been directly affected by alcohol. In both films, the interviewees described their alcohol dependency and the impact it had on their lives, while highlighting that a lack of restrictions on alcohol availability/marketing made it much more difficult for them to make more positive choices. Tara then reflected on the importance of the public health objective, and the opportunities that this presented to change Scotland's relationship with alcohol. Tara highlighted that the most deprived communities experience the highest levels of alcohol related harms, but that people in the most affluent areas consume more alcohol, meaning that we must ensure harm prevention efforts reach all communities.

Group discussion 1: Successes & Challenges. Delegates were then asked to reflect on their own involvement in local licensing over the past 5 years, and split into groups to discuss the question:

- What have been your key successes and challenges?

A number of successes were highlighted, with many people commenting on improved relationships and partnership working between licensing stakeholders. A number of people commented on the development of evidence based licensing policies, and the increasing use of data/evidence in policy and decision making. Other comments referred to reductions in crime, improved understandings of alcohol and health, and effective public awareness campaigns:

"Positive relationships with those involved e.g. Forum, Police, NHS."

"More informed decision making."

However, a number of challenges were also identified. Common challenges described included a lack of community engagement, ongoing legislative changes, a lack of clarity about roles and responsibilities, inconsistencies in policies and approaches, and difficulties implementing the public health objective:

"Community engagement – lack of information to licensing forums."

"Legislative complexity & legal challenges"

Gemma Crompton, Programme Lead, Alcohol Focus Scotland, stood in for Mark Robinson of NHS Health Scotland to outline some of the findings and **learning from MESAS** (Monitoring and Evaluating Scotland's Alcohol Strategy). As part of the Scottish Government's overall alcohol strategy evaluation, the Licensing (Scotland) 2005 Act was evaluated in 2013. The evaluation identified areas that were working well (e.g. introduction of LSOs) and areas needing more development (e.g. public involvement). Following this, a document review of developments since 2012 was undertaken, with the results being

published in March 2016. The review identified that there remains a lack of compliance with particular provisions in the Act, namely those aimed at generating accountability and transparency in the licensing system. In addition, it highlighted that support is still required for different licensing stakeholders (licensing, health and community actors and forums) to fully take forward the public health provisions in the Act.

Group discussion 2: Points of view: Delegates were then asked to share their own thoughts about the findings from MESAS, and the implementation of the Licensing (Scotland) 2005 Act. They were invited to move around the room and provide comment on various issues identified by MESAS as requiring attention, choosing from:

- Insufficient licensing data
- Public health provisions: Still “bedding in”
- Forum: limited role - the public health provisions
- Public involvement: limited involvement - and scrutiny - from the public
- Emerging issues: high profile challenges (supermarkets) affect willingness to use discretionary powers?

The discussions were varied and wide ranging, and related to the broad range of stakeholders involved in licensing. A strong theme which emerged throughout discussions was the need for greater leadership and guidance from the Scottish Government to address uncertainties and inconsistencies. Other cross-cutting themes included: difficulties in engaging communities in the licensing system; the impact of legal challenges; difficulties in collecting data to inform licensing decisions; and the struggle to balance health against economic and financial considerations:

“The Scottish Government should publish a consolidated Act and revise the guidance.”

“We need to integrate licensing with community planning.”

A number of recommendations for action were suggested including: ensuring that licensing stakeholders have improved access to training, support and resources; improving communication and reporting; improving data collection; and ensuring links between licensing and other local/national strategies.

Individual exercise: Looking forward: For the final activity, delegates were asked:

- Thinking about the licensing system as a whole, what should we stop/keep/start doing?
- What advice would you give to people who were continuing or becoming involved in licensing in the coming 18 months?

Again, the responses were varied and wide ranging. Many highlighted the need to continue working in partnership and involve the community in licensing decisions, particularly people who had been directly affected by alcohol. A large number of people commented on the need for consolidated legislation and updated guidance. In addition, a number of people

pointed to the need to continue to gather evidence and improve our understanding of the links between alcohol, availability and harm.

Laura Mahon, Programme Lead, Alcohol Focus Scotland, closed the day by summarising key themes emerging from the day's discussions and outlining next steps. In particular, Laura highlighted the strong emphasis which delegates had placed on partnership working and relationships, adding that this collaborative approach was reflected in their participation and discussions throughout the day. Other key themes identified included community empowerment; the need for consistency and improved communication; and progress and challenges in addressing the health objective.

Evaluation

88% indicated that they were able to contribute their views throughout the day.

91% indicated that, overall, attending the event was a good use of their time

"Provided very helpful information."

"All excellent sessions."

"Thought provoking"

Next steps

AFS will review all of the information gathered at the regional events and use this to produce a full report with clear recommendations. This will be made available on our website (www.alcohol-focus-scotland.org.uk) and distributed to all attendees who registered to attend the events. Presentations and summary reports from each event will also be uploaded to our website (with permission) once available. In addition, an online version of the workbook is available to complete online for anyone unable to attend the events in person: <https://www.surveymonkey.co.uk/r/NGGC5J6>. We would encourage you to share this link with interested colleagues.

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Outline of MUP court process, October 2016

The Alcohol (Minimum) Pricing (Scotland) Act was passed by the Scottish Parliament in May 2012. The Scotch Whisky Association (SWA) and several other European spirits and wine organisations made a legal challenge to the Act, claiming that it is unlawful.

Outer House, Court of Session

- Jan 2013: Hearing of SWA application for judicial review of Alcohol (Minimum Pricing) (Scotland) Act 2012.
- May 2013: Judgement delivered. MUP found lawful. *Court rules there is objective justification supporting the proportionality of the Act and the proposed minimum price.*



Inner House, Court of Session

- Feb 2014: Hearing of SWA appeal against outer house ruling. Challenge that MUP breaches EU treaty rules.
- April 2014: Inner House makes reference to ECJ for guidance on interpretation of EU law.
- Jan 2016: Date set for final hearing. Judges order that any new material, not previously heard, can be submitted by either party prior to the final hearing.
- June/July 2016: Four days of evidence heard.
- 21 Oct 2016: Ruling delivered. MUP found lawful. *Court concludes the judge in the original 2013 ruling had directed himself correctly on EU law, that his reasoning on the effectiveness of minimum pricing, as compared to tax, was sound and that the grounds submitted in the appeal were not well founded.***

European Court of Justice, Luxembourg

- May 2015: Hearing in ECJ.
- Sept 2015: Advocate General delivers opinion.
- AG states that MUP can be lawful under EU law, but only if proportionality is demonstrated and less-trade restrictive measure (such as tax) cannot achieve the same objective. It is up to the national court to determine whether MUP satisfies proportionality test based on the evidence.*
- Dec 2015: ECJ confirms AG opinion.

UK Supreme Court - The SWA have 28 days to seek permission from the Court of Session to appeal to the UK Supreme Court. However, even if permission is refused an appeal can still be made direct to the Supreme Court within a further 28 days. Estimated time for Supreme Court consideration is one year.

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Background

The LLB with LLF has expressed a commitment to complete a health inequality impact assessment for the next SLP. HIIA allows us to assess the potential of the policy to reduce or increase health inequalities and aims to strengthen the contribution of policies and plans to reducing health inequalities by improving equity of access, ensuring non-discriminatory practice and acting on the social determinants of health.ⁱ It should be conducted at a point in policy development when there is scope to make changes.

This paper provides a brief background to HIIA, what is meant by health inequality and the fundamental causes.

What is HIIA?

Impact assessment is a structured way to help us think through how a new or existing policy¹ can affect people in a positive and less positive way. While the intentions behind a policy may be to impact on people positively, it will seldom have the same effect on everyone. People are different and policies (and services) affect people in different ways. People are also not defined by any single characteristic so a narrow focus on one aspect of an individual's or group's identity may hinder understanding and responding to the reality of people's lives and experiences.ⁱⁱ

The HIIA approach was developed in response to *Equally Well*, the report of the Ministerial Task Force on Health Inequalities, which recommended the use of impact assessment that considers health inequalities and wider factors that cause them. It is an integrated approach that seeks to define the likely positive and negative health, equality and human rights impacts of a policy (including unintended impacts) and the population groups who will bear them. The HIIA approach draws on health impact assessment (HIA) methodology, which includes consideration of the social determinants of health. HIA has been used to influence policies in a wide range of sectors, such as housing and transport. HIIA helps us to look at how the proposed policy will impact on the fundamental causes, wider environmental influences and individual experiences of health inequalities.ⁱ Integrated HIIA satisfies the legal requirement to conduct an equality impact assessment (EqIA).

EqIA focuses on considering impacts on people covered by the nine protected characteristics included in the Equality Act 2010. These are: age; sex; disability; gender reassignment; pregnancy and maternity; marriage and civil partnership; race; religion or belief; and sexual orientation. In addition to these, HIIA considers other population groups who are vulnerable to unfair differences in health outcomes (such as people in different socio-economic groups, those involved in the criminal justice system, those living in remote/rural locations) and the social determinants of health (e.g. employment and education). HIIA also considers potential impacts on human rights, which is not usually included in EqIA. HIIA allows us to make recommendations on actions to mitigate potential negative impacts and also to enhance the positive intentions of a proposed policy.

¹ The term 'policy' is used throughout to refer to any plan, programme or service.

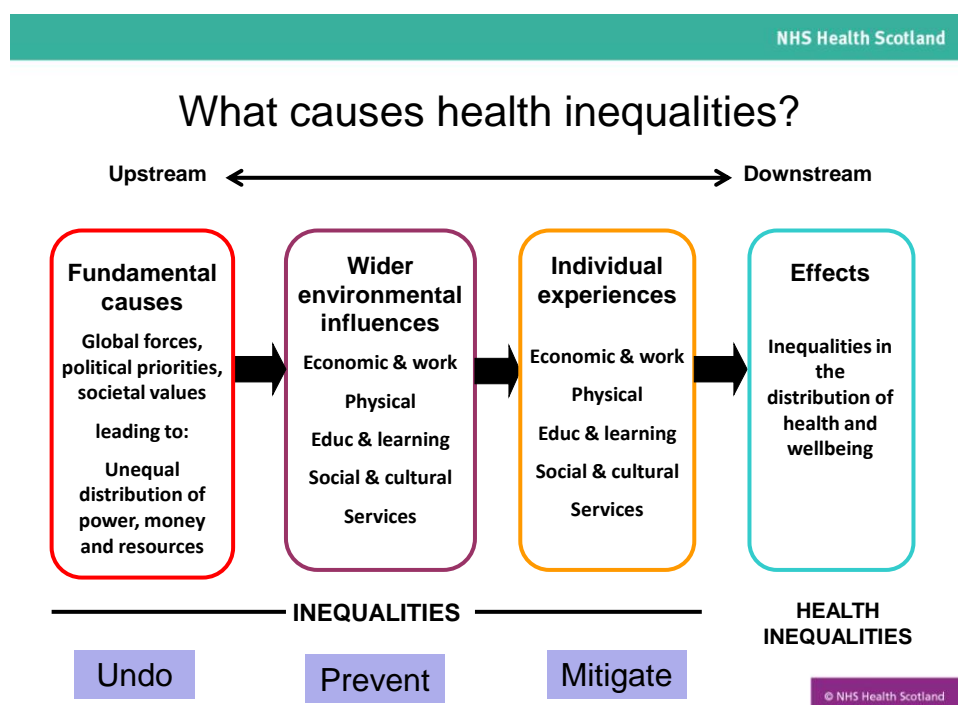
Human rights-based approaches prompt consideration of how a plan or policy might drive up standards of services and enhance positive impacts for **all** people. Scotland's National Action Plan on Human Rights (SNAP) 17 promotes a human rights-based approach known as **PANEL**: participation, accountability, non-discrimination and equality, empowerment, legality.ⁱ Further detail on the PANEL principles is provided in appendix 1.

What are health inequalities and what causes them?

Health inequalities are unfair and avoidable differences in people's health across population social groups and between different population groups. They are unfair because health inequalities do not occur randomly or by chance, but are socially determined by circumstances largely beyond an individual's control. Health inequalities are avoidable because there is widespread agreement that the primary causes of health inequalities are rooted in the political and social decisions and priorities. Figure one outlines the fundamental causes of health inequalities which are an unequal distribution of income, power and wealth. This can lead to poverty and marginalisation of individuals and groups.ⁱⁱ

These fundamental causes also influence the distribution of wider environmental influences on health, such as the availability of good quality housing, work, education and learning opportunities, as well as access to services and social and cultural opportunities in an area and in society. The wider environment in which people live and work then shapes their individual experiences of, for example, low income, poor housing, discrimination and access to health services. This all results in the effects described – unequal and unfair distribution of health, ill health (morbidity) and death (mortality). This has implications beyond health inequalities. Less equal societies, in terms of the differences in the income, power and wealth across the population show an association with doing less well over a range of health and social outcomes including violence and homicide, teenage pregnancy, drug use and social mobility.ⁱⁱⁱ

Figure 1: Fundamental causes of health inequalities (Adapted from Beeston et al)ⁱ



What can we do to address health inequalities?

Tackling health inequalities requires a blend of action to undo the fundamental causes, prevent the harmful wider environmental influences and mitigate (make less harmful) the negative impact on individuals. Action must be based on evidence of need, understanding of barriers to social opportunities and what is most likely to work. The actions most likely to reduce health inequalities are those that deliver changes in high level social organisational processes. These might include anti-discrimination legislation, policies that reduce the differences between the highest incomes and the lowest, or policies to enable more equal opportunities, for example, access to high quality living conditions, healthy food or the best education. Actions least likely to reduce health inequalities are those that are targeted at individuals and depend on people coming forward, creating the potential for missing or ruling out those who are unable to take up the intervention. We know that factors such as being unable to speak English, reduced mobility, lack of social support, gender expectations, low income, discrimination and so on are linked to poor access to facilities and resources and poorer experience of service provision than the population in general. Therefore, services and prevention programmes that don't take diversity and disadvantage into account are at risk of increasing the health and social divide.^{iv}

The 'Review of Equally Well'^v promoted an asset-based approach as a way to tackle the underlying causes of health inequalities which requires a collaborative approach across different public services. Such an approach seeks positively to mobilise assets, capacities or resources available to individuals and communities. Assets can be grouped at three levels of individual, community and organisational or

institutional assets.^{vi} Taking a person centred, rather than service centred, approach which involves people in all decisions that impact upon their lives links closely to methods akin to asset based approaches.

Embedding human rights-based approaches into existing impact assessment processes can help mainstream human rights into the work of public authorities. There is a legal requirement on public bodies to comply with the UK Human Rights Act (1998). The PANEL approach should help ensure that the human right to achieve the highest attainable standard of physical and mental health is met, which is recognised in a number of international agreements. 'Health' means different things to different people and these meanings can often refer to ill-health and the health care system. A positive definition of health from the World Health Organisation (WHO) is used within the draft strategic plan (p.27). Health is seen as a resource for everyday life, which includes our personal and social resources. Health is multi-dimensional and positive health means a sense of physical, social and emotional wellbeing. The '**right to health**', as described by the WHOⁱⁱⁱ can provide a useful way for public sector service providers to approach health inequalities as it relates to asset based approaches, timely and appropriate care and to the underlying determinants of health, such as income and housing. There are four integrated and essential elements to the right to healthⁱ which will be used as prompts in the HIIA scoping workshop and are shown in appendix 2.

What is involved in doing an HIIA?

Any policy or plan with the potential for addressing health inequalities could use HIIA. There should be strong senior management level support for an HIIA to ensure resources are invested in the process and to commit to action being taken as a result of the assessment. It is best to carry out the HIIA when the policy is in draft as there is scope to make changes to it as a result of the assessment. It should be built into the early stages of planning when there is opportunity for the findings to influence decision-making.ⁱ

Appendix one: PANEL Principles.ⁱ

Participation	Everyone has the right to participate in decisions which affect them. Have those affected by the policy or plans had a say in shaping it? Does your impact assessment involve the right people?
Accountability	How will the organisation be held to account for embedding equality and human rights into its plans and policies? Who is responsible for taking action on the HIIA findings?
Non-discrimination and equality	Does the policy ensure everyone can realise their human rights? Has the HIIA considered how it can demonstrate non-discriminatory practice and advance equality?
Empowerment	How does the plan/policy build understanding or affirmation of human rights?
Legality	Has the policy respected, protected and fulfilled the full range of legally protected human rights?

Appendix two: The right to health.ⁱ

AAAQ:	Is the proposed plan or policy likely to enhance or jeopardise:
Availability	The availability of goods, facilities and services?
Accessibility	The physical and economic accessibility of goods, facilities and services?
Acceptability	The ethical and/or cultural acceptability of goods, facilities and services?
Quality	The quality of goods, facilities and services?

References

- ⁱ Sigerson, D. and Craig, P. (2014) Health Inequalities Impact Assessment. Answers to frequently asked questions. Edinburgh: NHS Health Scotland. Available from: <http://www.healthscotland.com/documents/23116.aspx>
- ⁱⁱ NHS Health Scotland (2013) Health Inequalities Impact Assessment- An approach to fair and effective policy making. Available from: <http://www.healthscotland.com/documents/5563.aspx>
- ⁱⁱⁱ World Health Organization. *The right to health*. 2013. Available from: [ww.who.int/mediacentre/factsheets/fs323/en/](http://www.who.int/mediacentre/factsheets/fs323/en/)
- ^v Scottish Government (2010) *Equally Well Review 2010: Report by the Ministerial Task Force on implementing Equally Well, the Early Years Framework and Achieving Our Potential*. Available from: <http://www.gov.scot/Publications/2010/06/22170625/0>.
- ^{vi} Sigerson, D. and Gruer, L., (2011) *Asset based approaches to health improvement*. Edinburgh: NHS Health Scotland.

Acknowledgements

Linda Smith – Public Health Lead

ABERDEEN LOCAL LICENSING FORUM

PROGRESS STATEMENT – 8 November 2016

Remit of Local Licensing Forums as set out in the Licensing (Scotland) Act 2005 – keeping under review the operation of the Act in the Forum’s area and in particular the exercise by the Licensing Board of their functions including giving advice and making recommendations to the Board in relation to those matters where the Forum considers it appropriate. The Act does not enable a Forum to review or give advice or make recommendations in relation to the exercise by a Board of their function in relation to a particular case. “Case” is taken to mean an application before a Board and in the interests of natural justice is also taken to mean individual licensed premises. The preferred route for consideration of complaints about the running of licensed premises is to write directly to the Clerk or Depute Clerk to the Licensing Board.

The Licensing (Scotland) Act 2005 requires Licensing Boards in exercising any of their functions to have regard to any advice given or recommendations made to them by a Local Licensing Forum and where the Board decides not to follow the advice or recommendation to give the Forum reasons for that decision, the Board must provide copies of relevant statistical information to the Forum as it may reasonably require for the purposes of its general functions.

Licensing Standards Officers have a general function of providing to interested persons information and guidance concerning the operation of the Act, supervising compliance with the Act and the conditions of their licences by holders of Premises Licences and Occasional Licences and mediate between communities and the trade or between any two parties where there is a need to resolve a local problem and develop a local solution. LSOs do not act as “policemen” with regard to licensing but they will liaise with the police and other relevant officials such as Environmental Health Officers in pursuit of the objectives of the Act.

Item	Meeting Reference	Decision/Action	Update	Responsible Lead	Licensing Objective
Items relating to all Licensing Objectives					
1.		<u>Statistical Information</u> To receive reports from the Licensing Board containing relevant statistical information.	The Forum and Board will continue to liaise at joint meetings.	All	All objectives

Item	Meeting Reference	Decision/Action	Update	Responsible Lead	Licensing Objective
2.	8 June 2016 (Joint Licensing Meeting)	<p><u>Statement of Licensing Policy Refresh</u></p> <p>The Forum discussed their initial consultation response with members of the Licensing Board ahead of the development of the refreshed Statement of Licensing Policy.</p>	The Joint Meeting considered a letter from the Convener of the Licensing Forum to the Convener of the Licensing Board dated 13 January 2016 which outlined the Forum's recommendations to the Licensing Board as per Section 10 of the Licensing (Scotland) Act (2005).	All	All objectives
3.	11 February 2015	<p><u>Alcohol and Young People</u></p> <p>The Forum considered whether attitudes towards alcohol have changed amongst younger people and the Convener requested a presentation for a future workshop on what young people think of alcohol and their experiences of its use and impact.</p>		Young Person's Representative to the Forum	All Objectives
4.	18 November 2015	<p><u>Youth Justice Monitoring</u></p> <p>The Forum requested that Sgt Flett provide an update on the monitoring arrangements and research conducted by the Youth Justice team on how young people accessed alcohol.</p>	Sgt Flett provided an update on 12 January 2016 and advised that there was no clear mechanism in place to retrieve the requested data but discussions were ongoing between Police Scotland the Youth Justice Team on how to achieve greater alignment.	Police Scotland representative to the Forum	Licensing Objective 1: Preventing Crime and Disorder; and Licensing Objective 5: Protecting Children from Harm
5.	13 September 2016	<p><u>LSO Annual report 2015-16</u></p> <p>The Forum requested that the LSO Annual Report 2015-16 be presented to</p>		D Sande/T-E Gilchrist	All Objectives

Item	Meeting Reference	Decision/Action	Update	Responsible Lead	Licensing Objective
		the Forum with an indicative submission date of mid-2017.			
6.	13 September 2016	<p><u>Convener's Letter to the Licensing Board</u></p> <p>The Forum instructed the Convener to correspond with the Convener of the Licensing Board to invite a Board representative to the Forum's next meeting to provide a progress update in relation to issues raised at the Joint Meeting.</p>		S Kelman	All Objectives

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