

Collated comments from four professionals email exchange reflecting on the AFS Regional licensing event, 23:01:12 at Woodhill House, Aberdeen.

1. General comments on the event:

I was disappointed but that probably says more about my high (unrealistic?) expectations.

I guess it gives us a benchmark from which to work from. Whilst I agree, this is not all about health data, we do have to get our house in order re the data we do have access to and any improvements we can make at an A&E level.

I have to admit that I came away from yesterday's meeting feeling some disappointment. I felt the event illustrated the difficulty that we all will have in getting the ACC Licensing Board to understand and take an active role in promoting and improving public health.

As a starter for ten I suppose it was good to have engagement with all who were there, however I was a bit taken about at the lack of discussion around some of the questions asked. This was probably down to the amount of time though. I hope that it can generate further work with all parties to ensure that all LB's across Grampian have clear and robust policy statements in place and that all support networks are feeding into them as they are suppose to.

2. Presentation on supporting evidence/data collection:

Presentation on explaining the available public health data in 15 minutes to an audience that may not normally deal with this sort of data was challenging. {It seemed evident to me from some of the responses in the audience and observing those who mainly abstained that we have a bit to go to help non-NHS/PH people understand this}.

There was nothing wrong with the {Maria's} presentation, I do think that it probably was too complex for many of the people present at the event, especially when time was limited for further explanation;

It is complex.... and our role in trying to simplify things, even more complex if the concept of datazones was introduced (introduced by Linda B. anyway) and the statistical uncertainty that are inherent to them

Unclear why Linda B asked for a volunteer as a point of reference for data - point of contact offered as an addition to ADPs, for NHS data as helpful to have a handle of what the 3 LA/CHP areas might need from health and what can be provided i.e. to keep it consistent and efficiently-produced. This would be done through the pan- Grampian PH licensing group which is chaired by Linda S with support from health intelligence. {I think by asking for this volunteer we have overlooked the need to have a Health Board rep. on the licensing forum who should be that initial point of contact for LF and LB's}.

It was not made clear enough that other agencies e.g. Police, Fire, LA will have other data that may be useful for the PH objective - we cannot forget that all 5 key priorities require to feed into the mix and that Public Health is only one of them

A couple of eyebrows were raised when it was explained that alcohol consumption of itself is not related to socio-economic deprivation, this is not just about the 'down and outs'... so maybe some messages will have got across.

We have not managed to avoid stakeholders starting to believe that the reason for lack of progress eventually will be due to the lack of information. This will not be the case.

Aggregate data, literature and professional opinion will need to be used cannily to convince LB's to make concrete changes to their policy statements, statements that can then be held up in court. Epidemiological data rarely can stand up to legal scrutiny since it is based on probabilities, this is my understanding. But we have the tools through legislation that if LB's have policies based on open and clear discussion informed by relevant and as robust as possible PH information, any decision taken based on said policies should hold.

3. Suggestions for way forward?:

I think if we chip away at the concept of aggregate information across localities being useful for the PH objective and that there are economic benefits, for example to workforce efficiency, with reduction of alcohol consumption, we might just get somewhere. The locality based one of violence and SAS attendance, mainly used by Police, is very useful for the safety objective (i.e. acute short-term harm).

Would like to see a cross tabulation of intermediate datazones against extant license and total opening hours in each zone to see if anything significant jumps out. Once we've got this data readily to hand, then we can assess what we need to do next.

A key for public health / ADPs / Police and others who are wanting to help inform and influence the Licensing Board has to be around how we communicate with them. It has to be simple, clear, with explicit guidance on how they could use it to, a) draft their new policy, b) then use their policy to protect them from any future legal challenges.

I think that we now have to use the pan Grampian PH Licensing meetings to agree upon the tactics that we can use, in conjunction with key partners - Police; ACC; Licensing Forum.

Response to comments from Mary Elmers:

Hello Linda

Thanks for the comments that you've passed on. I'm sorry that you are all feeling a bit demoralised! I think there is a long way to take people but I do see some positive signs of change. A number of Licensing Boards (not previously very active) have said they will review their policies eg Highland and Falkirk. In Grampian the clerk of the Aberdeen LB Eric Anderson has expressed the view to me that he feels a 'sea change' has begun. I think the work that you've begun to look at the issues across Grampian is a good start. I suggest inviting Licensing Forum or Board involvement in some way. It is early days but a pattern seems to be emerging where if the Health stakeholders work in producing a report, no matter how good, it is being rejected by the Licensing Board. A better strategy seems to be involvement of the Board or Forum from an early stage which creates better buy in (which is what happened in West Dunbartonshire.)

Once all the regional events have run, I will pull together a summary of the key points arising and I will send this to you.

Kind regards

Mary (31.01.12)

Collated by Linda Smith

PH Lead

Aberdeen CHP

30:01:12