

City of Glasgow Licensing Board Policy Statement Health Impact Assessment (HIA)

Report of the Screening and Scoping Workshop held at the Mitchell Library on Monday 25th January 2010

1. Introductory Presentations

Programme attached as appendix 1 of this report

Dr Linda de Caestecker, Joint Director of Public Health for Glasgow City Council and NHS Greater Glasgow and Clyde welcomed everyone to the event and reminded everyone of the important role that licensing plays in tackling alcohol related harm in the city.

Cllr George Redmond, Executive Member for Health and Wellbeing for Glasgow City Council, gave an introductory speech outlining the levels of alcohol related harm experienced in Glasgow and the concerns expressed by Glasgow's people through the Ripple Effect research, Culture and Sport Glasgow's survey with young people and the findings and recommendations of the Health Commission. Councillor Redmond outlined the Council's commitments to tackling alcohol related harm and highlighted the potential for the HIA to support licensing policy in protecting and improving public health.

Pat Docherty from Glasgow City Council Legal Services provided an overview of the City of Glasgow Licensing Board Policy Statement and the licensing objective "protecting and improving public health". There were questions for Pat Docherty as follows:

Q - Is it possible to state a number above which there is deemed to be overprovision?

A – The Licensing Board must operate within the law. It might be open to appeal if it was seen to be restricting trade without having paid attention to the methods by which overprovision can be assessed. The overprovision assessment will only have the potential to restrict the number of new licenses and cannot be used to take away existing licenses. The Licensing Board will be developing its overprovision policy this year for inclusion in the new Licensing Board Policy Statement. It was only possible to begin this work after the transitional period as it is now possible to look at numbers of premises. It is worth noting that there is no regular review period for licenses granted under the 2005 Act.

Q – How quickly can a 2 week closure be put into effect? How subjective is the decision to initiate this? How significant an issue needs to be uncovered for this to take effect?

A – The review process can be initiated by the Police and is no longer as time consuming as it was with the 1976 Act. The recent closure order was a result of a police request for review and was put into effect almost immediately. It is possible that decisions by other Boards might be different. Glasgow is taking a proactive view

Jo Winterbottom from the Corporate Policy Health Team at Glasgow City Council gave a presentation on Health Impact Assessment and the Social Model of Health (*presentation is attached as appendix 2 to this report*)

2. Workshop Session 1a - Stakeholders and Communities

Participant lists for each group are attached as appendix 3 of this report

Groups of participants generated lists of stakeholders and communities affected by the Licensing Board Policy Statement. The combined results of this are as follows:

Communities

Asylum Seekers and Refugees
Black and Minority Ethnic communities
Children and young people affected by alcohol problems in the family
Clubbers
Community Councils
Community groups
Council tax payers
Drinkers – on- and off-sales, binge drinkers, social drinkers, those who consider themselves to have drink problem (or not)
Families with children
Geographical Communities experiencing above average alcohol related harm or deprivation – data will tell us which neighbourhoods are the worst affected
Lesbian/Gay/Bisexual/Transgender people: victims of crime/violence
Local residents
Low income/deprived areas
Night time economy users
Objectors – who feel not listened to
Offenders
Older people
People more likely to experience violence on the street (*there is current police research underway to look at statistics and trends in relation to this*)
People who experience domestic violence
Private landlords
Residents nearby licensed premises
Residents/Tenants Associations
Students - College and University
Tourists
Victims of Crime
Vulnerable groups
Whole population of Glasgow and visitors
Women - victims of crime/violence
Young men – perpetrators and victims of violence
Young people

Licensed Trade

Bar Staff
Door Stewards
Fast food trade
Hospitality industry workers
Industry marketers
Licensees; off-sales/on-sales, retailers, clubs, pubs, hotels & restaurants
Manufacturers / Wholesalers
Off sales staff
Alcohol producers (who control product, produce and/or own outlets)
Wider business sector

Agencies and Organisations

Ambulance Service
Chamber of Commerce
Community Justice Authority
Community Planning Partners
Glasgow Addictions Services
Glasgow City Council (Building Control, Environmental Health, Legal Services, Land and Environmental Services, Trading Standards, Licensing Standards Officers, Social Work – Criminal Justice & other, Street Cleaners, Homelessness Services)
Glasgow City Marketing Bureau
Glasgow Community and Safety Services
Health & Safety Executive
Housing Associations and other providers
Legal profession
Licensing Board Members
Local Authorities (Neighbouring)
NHS (Health Improvement, A&E, Hospitals, GPs)
Procurator Fiscal
Registered Social Landlords
Scottish Prison Service
Strathclyde Fire and Rescue
Strathclyde Police
Transport providers - bus/taxi/rail
Voluntary sector – service provision

3. Workshop Session 1b - Determinants of Health

Groups discussed which determinants of health are most affected by the Licensing Board Policy Statement. These were identified as follows with the overall priorities marked in bold:

(Group 1 did not discuss this question)

Determinants of Health	Group		
	2	3	4
Housing & sanitation: e.g. overcrowding, water/air quality, building safety			
Social inclusion and equality of opportunity			
Mental health/stress - contributed by MM and alcohol, self-perpetrating, generalised anxiety, drinking to excess, effect on people and youth.	<input checked="" type="checkbox"/>		
Home environment & living conditions: e.g. noise, smells etc.			
Crime and fear of crime : e.g. domestic violence, public order - Wrong place/wrong time incidents, arguments fuelled by alcohol, domestic violence – football fuelled drinking, resourcing is difficult. gang fighting, territorialism	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety: e.g. roads, lighting, risk of accidents			
Local economy : in city centre and local communities, for locals and visitors – Alcohol: generation of income, money/ vibrancy of branding. Economy city/cosmopolitan city – creates employment. Negative – Health. Litter. And £2.25 Billion cost to NHS £1.2 Billion Health	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Civic pride and image of city - – of city, shop fronts, over provision, community unhappy, with too many off-sales.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to and use of health services			<input checked="" type="checkbox"/>
Employment/unemployment and Income - employment and alcohol consumption, lost days, poor performance, safety at work/ bar staff/tourist industry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Education : across all ages		<input checked="" type="checkbox"/>	
Community participation and engagement			
Culture : customs, traditions and beliefs – of heavy drinking unacceptable, socially acceptable, low price of alcohol, acceptable to spend leisure time drinking, diversification of night time economy promotion of alcohol – related activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition: access to healthy food			
Personal behaviours : food, alcohol, tobacco & drug consumption, physical activity, sexual health		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Work environment:: working hours and conditions			
Relationships with friends and family: social networks			
<i>Others....</i> Accessibility/availability of alcohol and the impact on underage drinking (particularly easy access in Glasgow area re teenagers)		<input checked="" type="checkbox"/>	

4. Workshop Session 2 – Prioritising Policy Areas for Appraisal

The groups then considered different sections of the policy to examine:

- Nature of impacts on health
- Likelihood of impact (High, Medium or Low)
- Communities affected
- Impact on inequalities (Improve, No effect or Worsen)
- Scale of health impact (positive/negative, no impact, small impact or major impact)
- Specific comments and areas where more information is required

Group 1 considered the following parts of the Licensing Board Policy Statement

- Part Five – Procedures
- Part Seven – The Application Form, Operating Plan and Layout Plan
- Part Twelve – Enforcement and Monitoring

Group 2 considered the following parts of the Licensing Board Policy Statement

- Part Eight – Licensed Hours
- Part 9 – Overprovision

Group 3 considered the following parts of the Licensing Board Policy Statement

- Part Six – Conditions
- Appendix Two – Premises Licence Conditions

Group 4 considered the following part of the Licensing Board Policy Statement

- Part Ten – Licensing Board Policies

No group considered Part Eleven – Members Clubs. However, it became clear through discussion in group 1 that this part should be included in the HIA appraisal.

The scoring system was used to establish 15 priority areas to be considered at the Appraisal Stage. These are as follows:

- 1) Application and Objection Process
- 2) Enforcement and Review Process
- 3) Licensed Hours
- 4) Overprovision
- 5) Style Conditions – Preventing Crime and Disorder
- 6) Style Conditions – Securing Public Safety
- 7) Style Conditions – Preventing Public Nuisance
- 8) Style Conditions – Protecting Children from Harm
- 9) Policy - Off-Sales Premises: Conduct, Suitability, Convenience and Use
- 10) Policy – Toughened Glass and Plastic in Late Opening Premises
- 11) Policy – Provision of Adult Entertainment
- 12) Policy – Prevention of Racial, Political, Religious or Sectarian Conduct
- 13) Policy – Management of Outside Drinking Areas
- 14) Members Clubs

An additional area that does not appear in the Licensing Board Policy Statement was also identified as an area for inclusion in the appraisal:

- 15) Policy or Style Condition – Protecting and Improving Public Health

The full detail of the information gathered during screening and scoping is presented in the following tables. This includes the key questions for further evidence gathering in the appraisal stage

1. APPLICATION AND OBJECTION PROCESS

<p>Includes:</p> <ul style="list-style-type: none"> • Making an Application • Making an Objection or Representation • Determination of Applications • Application to Vary a Premises License • Occasional Licenses • Application for Extended Hours (see also Table 3 – “Licensed Hours”) • The Operating Plan 	<p>Not considered as having a significant health impact:</p> <ul style="list-style-type: none"> • Annual Premises License Fees • Application for Provisional Premises License • Application to Transfer an Premises License • Personal Licences • The Layout Plan
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Likelihood of Impact	Medium to High (as licenses now have no time limit)	Inequalities Impact	Likely to worsen (increase) inequalities
Health Impact	Likely to have a small to medium negative impact on health	Stakeholders & communities affected	More deprived communities / tenants / those outside formal community engagement mechanisms / least literate are most affected

Main impacts/issues

- This does affect community health and wellbeing.
- There are restrictions on who is notified.
- The process could be more inclusive and easier to engage with.
- The food/hygiene elements are also relevant.
- Notices are posted on premises and Community Councils are notified as a matter of course.
- There is a difficulty with new premises in proving that they will/might cause a problem, however overprovision could be used as grounds in this case
- There are civil standards of proof based on probability
- Intelligence is gathered for a test purchasing review
- Residents Associations can make individual or group objections
- Literacy is an issue
- There are limits to who is notified
- Advice is available from the Licensing Standards Officers
- It is possible to view the operational plan onsite only
- The time limits are statutory and these are a problem for community Councils due to the meeting cycle
- The fear of organised crime/gangsters if off putting to some people
- Anonymous complaints can be made through the LSOs or the Police
- The names and addresses of objectors are read out
- All objections from the public are investigated by Licensing Standards Officers
- The application only goes to a full hearing if there are objections. This may put some people off.
- Can always report problems to community police as well as licensing police

Occasional Licenses

- Needs to have been previous trouble before any action can be taken
- There is NO notification process
- There is less regulation
- Monitoring is an issue
- All that is required to run events is a personal license.
- No training is needed.
- Scottish Executive are aware of this problem

Operating Plan

- Main problem with this is not being able to see the plan except over the counter.
- The document contains the detail and a brief summary is included in the notification. It is

not to be ignored.

- The document is easier to engage with than many other parts of the system.
- It does not include a statement on public health

Application to Vary Premises License

- Opportunity for changes to slip through unnoticed as minor changes are dealt with by clerk under delegated powers. Changes to conditions are dealt with at Board meetings

Key Questions to be answered/further information to gather

- What is needed to support effective community mobilisation?
- Are the current notifications sufficient? Not all residents have internet access e.g. only 15% of people in Drumchapel. Not all areas have Community Councils.
- Would it be useful for community members to have a toolkit with examples and guidance with best practice models?
- Do we have something to learn from the antisocial behaviour act and the use of professional witnesses?

Occasional Licenses

- What possibilities are there here for mitigating actions?

2. ENFORCEMENT AND REVIEW PROCESS

Includes: <ul style="list-style-type: none"> • Enforcement Action by the Licensing Board – General Principles • Licensing Standards Officers • Premises Licenses: Compliance • Review Hearing – Premises Licenses 		Not considered as having a significant health impact: <ul style="list-style-type: none"> • Personal License Holders • Monitoring and Compliance – Fire Safety 	
Likelihood of Impact	Medium	Inequalities Impact	Unlikely to have much effect on inequalities
Health Impact	Likely to have a small positive effect on health	Stakeholders & communities affected	All communities
Main impacts/issues			
<u>Enforcement Action by the Licensing Board – General Principles</u> <ul style="list-style-type: none"> • These are welcome and have a positive impact 			
<u>Licensing Standards Officers</u> <ul style="list-style-type: none"> • Have a guidance, mediation and compliance role and a positive impact by offering additional support to enforce Act. 			
<u>Premises Licenses: Compliance</u> <ul style="list-style-type: none"> • This is where the LSOs check to see if there has been a breach of condition or policy in relation to e.g vertical drinking or promotions etc. These are outlined in the legislation, the objectives and the policies and conditions (in other parts of the Policy Statement). A warning is then issued. 			
<u>Review Hearing – Premises Licenses</u> <ul style="list-style-type: none"> • Takes place if any conditions are breached 			
<p>NB – As there is no ongoing process of review so the system relies on intelligence from the public being supplied to the LSOs and Police in order to initiate proceedings where there are problems.</p>			
Key Questions to be answered/further information to gather			
<ul style="list-style-type: none"> • The less formal route is more accessible LSOs give guidance and monitoring. The initial stage is then to issue a warning. Then they issue a notice under the legislation. If they comply then no further action is taken, if not it goes to a review and a hearing. Are the public aware of the process? • The formal process of requesting a review is complex and similarly inaccessible to the process for objecting to an application. Would guidance notes for the public help? 			

3. LICENSED HOURS

Includes:

- Presumption against 24 hour licenses
- General Policy on Licensed Hours – On Sales
- Off Sales
- Factors to be taken into account
- Licensed Hours – Function Suites

Likelihood of Impact	High	Inequalities Impact	Potential to worsen (increase) inequalities
Health Impact	Likely to have a major positive or negative effect on health (depending on what hours are permitted)	Stakeholders & communities affected	<ul style="list-style-type: none"> Low income Deprived areas Differential effects Males effects Liver Binge drinkers Young people Gangs (violence) Supermarkets Governement Corner shops

Main impacts/issues

- Extra hours have a health impact. The pubs festive extended hours policy has implications for crime/safety & nuisance

Presumption against 24 hour licenses

- Essential we don't have 24 hour drinking policy
- Good impact
- All supportive of this
- Alcohol and excessive consumption drives health impacts
- This is a protective policy area

General Policy on Licensed Hours – On Sales

- Not in favour of exceptions
- Heavy drinking establishments
- More likely to apply for exemptions
- Should curtail exemptions/discretion with this
- Licensed premises might be more controlled than on streets, at home etc
- Longer people drink, more crime
- Cultural aspect, changing this, reducing to midnight
- People such as shift workers might not support change in licensed hours
- If not staggering closing – impact on police, crowd management etc.

Off sales

- Impacts more on young people
- Longer hours to 10pm seems too long – increased accessibility
- Predominantly young people abusing alcohol on Fri and Sat
- Same shops have already stopped selling alcohol from 6pm
- Lobby Scottish Executive to remove alcohol from supermarkets
- Police examples of off-sales in Glasgow who have taken alcopops out of their shops

Factors to be taken into account

- Change to anti social behaviour within and out with standard hours

Licensed Hours – Function Suites

- Opinions that should not be extension but only in person

Key Questions to be answered/further information to gather

- More evidence needed on effects of extended hours
- Can shift workers access alcohol - potential inequalities impact?
- Is it possible to restrict what is sold after midnight. i.e cost of alcohol?
- Are there any economic impact studies?
- What evidence is there from other cities on restrictions around licenses?
- What intelligence/evidence has been gathered from local communities?
- How do local people express opinions/intimidating experience
- How is information provided to local people?
- Is a curfew in clubs effective?
- What is the effect on economy, would people come to Glasgow if pubs shut at 12?
- Is there any scope in closing off sales earlier perhaps on Fri & Sat?

4. OVERPROVISION			
Includes:		Not relevant:	
<ul style="list-style-type: none"> Determining Overprovision Defining "Localities" Objections on the basis of Overprovision (see also Table 1 – "Application and Objection Process") 		<ul style="list-style-type: none"> Overprovision assessments during the Transitional Period 	
Likelihood of Impact	High	Inequalities Impact	Not stated
Health Impact	Likely to have a major positive or negative effect on health	Stakeholders & communities affected	deprived areas low income trade
Main impacts/issues			
<p><u>Introduction to Overprovision</u></p> <ul style="list-style-type: none"> The document is not clear There is high impact on health but overprovision must be defined clearly Question over laundering/underground criminal activity in establishment <p><u>Determining Overprovision</u></p> <ul style="list-style-type: none"> If a shop is selling alcohol what does it matter what the principal activity is - each needs to be assessed depending on associated geographical areas etc. <p><u>Defining "Localities"</u></p> <ul style="list-style-type: none"> intermediate zones/statistical stability neighbourhood types need area large enough to get by enough sample 2500 – 6000 population Board need to look at provision <p><u>Objections on the basis of Overprovision</u></p> <ul style="list-style-type: none"> Info sharing with residents. More on promotion – see previous Should include off sales too Inequality issue of literacy ability to object 			
Key Questions to be answered/further information to gather			
<p>Need more information on:</p> <ul style="list-style-type: none"> Evidence/proxy indicators Measuring crime, alcohol fuelled violence Impact of alcohol on children and young people A+E attendances Driving offences Health stats: liver/crime Deprivation Proportion of population 18-25 What more needs to be done community profiles alcohol related crimes unlicensed premises – more closely related with crime – high risks hotel and restaurant are low risks engaging with communities potential to restrict off-sales/on-sales 			

5. STYLE CONDITIONS – PREVENTING CRIME AND DISORDER			
Likelihood of Impact	Not stated	Inequalities Impact	Not stated
Health Impact	Likely to have a small negative effect on health	Stakeholders & communities affected	- Tourists (negative impact on image)
Main impacts/issues		Key Questions to be answered/further information to gather	
<ul style="list-style-type: none"> • Notice re weapons could have negative impact within certain premises • Power to search (requirement to search) • If effective, could reduce public disorder 		<ul style="list-style-type: none"> • Don't know what impact this might have • Has this condition been applied • Has impact been evaluated? 	

6. STYLE CONDITIONS – SECURING PUBLIC SAFETY			
Likelihood of Impact	Medium to High	Inequalities Impact	Not stated
Health Impact	Not stated	Stakeholders & communities affected	Not stated
Main impacts			
<ul style="list-style-type: none"> • If effective, could reduce public disorder • Evidence suggests the impact of changing to plastic glasses is smaller than first thought (VRU) 			
Key Questions to be answered/further information to gather			
<ul style="list-style-type: none"> • Need to confirm level / proportion of violent crime associated with glass bottles. • Could off licences premises sell only plastic containers? 			

7. STYLE CONDITIONS – PREVENTING PUBLIC NUISANCE			
Likelihood of Impact	Not stated	Inequalities Impact	Not stated
Health Impact	Not stated	Stakeholders & communities affected	Not stated
Main impacts/issues			
<ul style="list-style-type: none"> • Seating outside and moving indoors at 10pm 			
Key Questions to be answered/further information to gather			
<ul style="list-style-type: none"> • Does seeing people drinking outside a pub encourage others to drink more? • What is the effect on children/family attitudes to drinking from seeing people drinking outside pubs? 			

8. STYLE CONDITIONS – PROTECTING CHILDREN FROM HARM

Likelihood of Impact	Not stated	Inequalities Impact	Not stated
Health Impact	Not stated	Stakeholders & communities affected	Not stated
Main impacts/issues			
<ul style="list-style-type: none"> • Children’s menu should be ‘healthy’ rather than / as well as smaller portion size (this should apply also to adults) • Health messages regarding the harmful effect of drinking alcohol should be obligatory on glasses / bottles and on premises 			
Key Questions to be answered/further information to gather			
<ul style="list-style-type: none"> • What is the impact on children of being in licensed premises? • Should children be allowed? • What age used to define ‘child’ in these conditions? • - What is the effect of this? 			

9. POLICY – OFF-SALES PREMISES: CONDUCT, SUITABILITY, CONVENIENCE, & USE

Likelihood of Impact	High	Inequalities Impact	Likely to improve (decrease) or worsen (increase) inequalities - depends on how policy is implemented and whether strengthened
Health Impact	Likely to have a major positive or negative effect on health - depends on how policy is implemented and whether strengthened	Stakeholders & communities affected	Licensees & customers Nearby residents Nearby businesses Underage drinkers hanging around outside
Main impacts/issues			
None specifically highlighted			
Key Questions to be answered/further information to gather			
<ul style="list-style-type: none"> • How can wider public safety issues be incorporated into the policy? • What’s the responsibility of licensee for outdoor environments? • How can we bring this into line with other policies about outdoor environments? • What is current convenience / provision by geography correlated with alcohol misuse (related harm)? • What is the potential for the policy to be strengthened? 			

10. POLICY – TOUGHENED GLASS AND PLASTIC IN LATE OPENING PREMISES			
Likelihood of Impact	High likelihood on those premises affected Low likelihood on general population	Inequalities Impact	Unlikely to have much effect on inequalities
Health Impact	Likely to have a small positive effect on health (targeted policy, so positive. for those affected by it)	Stakeholders & communities affected	Customers, young men, operators, staff
Main impacts/issues			
<ul style="list-style-type: none"> Only a small number of facilities are affected by this policy 			
Key Questions to be answered/further information to gather			
<ul style="list-style-type: none"> Is this the crux of the issue is it more a matter of whole premises environment? Is a negative impact that there is less floor management with plastic glasses (staff don't have to pick up as much)? Policy needs to address the whole internal environment. 			

11. POLICY – PROVISION OF ADULT ENTERTAINMENT			
Likelihood of Impact	High	Inequalities Impact	Likely to improve (decrease) inequalities
Health Impact	Likely to have a small positive effect on health	Stakeholders & communities affected	Performers, Customers, Residents
Main impacts/issues			
<ul style="list-style-type: none"> Policy linked strongly to crime and disorder 			
Key Questions to be answered/further information to gather			
<ul style="list-style-type: none"> Could policy be broadened out to current context – not just about lap dancing clubs (e.g. in house sexy videos) Join adult entertainment and alcohol, do people drink more? 			

12. POLICY – PREVENTION OF RACIAL, POLITICAL, RELIGIOUS OR SECTARIAN CONDUCT			
Likelihood of Impact	High	Inequalities Impact	Likely to improve (decrease) inequalities
Health Impact	Likely to have a major positive effect on health	Stakeholders & communities affected	Customers Particular Groups Frequently discriminated against (e.g. English) staff
Main impacts/issues			
<ul style="list-style-type: none"> Evidence to suggest that English are still discriminated against around time of World Cup 			
Key Questions to be answered/further information to gather			
<ul style="list-style-type: none"> How does this contribute to overall culture? 			

13. POLICY – MANAGEMENT OF OUTSIDE DRINKING AREAS

THIS WAS NOT DISCUSSED IN THE WORKSHOP BUT SUBSEQUENT ANALYSIS HAS IDENTIFIED THIS POLICY AREA AS HAVING SUFFICIENT HEALTH IMPACT TO BE INCLUDED IN THE APPRAISAL

14. MEMBERS CLUBS

Likelihood of Impact	Medium	Inequalities Impact	not assessed
Health Impact	not assessed	Stakeholders & communities affected	not assessed
Main impacts/issues			
<ul style="list-style-type: none">Registered clubs were previously regulated by the Sheriff but are now regulated by the Board.There are allegations of lock-ins and binge drinking			
Key Questions to be answered/further information to gather			
<ul style="list-style-type: none">Do the same promotions legislation and other rules apply to members clubs?What are the main issues for communities regarding members clubs?			

15. POLICY OR CONDITION – PROTECTING & IMPROVING PUBLIC HEALTH

THIS INCLUDES INFORMATION GATHERED FROM ALL FOUR GROUPS ON THE POTENTIAL POLICIES OR CONDITIONS THAT MIGHT BE DEVELOPED WITH THE SOLE PURPOSE OF PROTECTING AND IMPROVING PUBLIC HEALTH

Likelihood of Impact	High for social drinkers but Medium/Low for binge drinkers	Inequalities Impact	Likely to worsen (increase) inequalities
Health Impact	Likely to have a small to major positive effect on health	Stakeholders & communities affected	Benefit to social drinkers but not to binge drinkers People who drink in licensed premises People drinking or buying drink on these premises Impact on those in pubs / clubs but not home drinkers

Main impacts/issues

- There are probably other conditions or policies that could be applied to have a positive effect on public health

Key Questions to be answered/further information to gather

- What is covered by the mandatory conditions of the Act and what can be imposed by the Board?
- Could size of measures could be regulated?
- Could there be stricter condition re soft/ alcoholic drink promotions?
- What polices are there regarding level of drunkenness / how to cope with drunk customers?
- Could there be something re giving due regard to the health of customers?
- How do we create a culture where unacceptable behaviour is not condoned?
- What training is undertaken by steward staff?
- What signage can be displayed re harmful impact of alcohol?
- Could water be provided automatically?
- Can we have a set of basic standards requirement for all premises?
- Could/should tea/coffee/soft drinks be served in all establishments?
- What are the safety implications for staff (hot machines) etc ?
- Could it be mandatory that alcohol free options should be available?
- Could it be a requirement that the menu of drinks to include no of units per drink
- Would this slow consumption?
- Could this have perverse negative impact (could choose all higher unit drinks)
- Is the training relevant to what is required of staff?
- What is the likely impact of these measures?
- How much do we know about drinking culture in homes vs licensed premises (except for young pre-loaders?)

5. Discussion

The following points were noted during general discussion across the four groups:

The Licensing Board Policy Statement

- The cocktail analogy at the beginning of the Licensing Board Policy Statement seems somewhat inappropriate and at odds with the licensing objective to protect and improve public health.
- The licensing policy statement contains reference to a range of different policies but doesn't appear to fit with Community Planning and the Single Outcome Agreement. It would help to have coordinated policy alignment as opposed to just a list. It might be helpful to reference the Local Government Act 2003 here.
- It would help if the introduction included some more context in relation to health issues or deprivation, in addition to the sentence about increased concern over binge drinking. The introduction could provide a more balanced discussion of the pros and cons of alcohol consumption.
- There is a gap in the policy regarding community engagement. It would help if there was a statement about role of Local Licensing Forum in community engagement. There is possibly limited public awareness of the Local Licensing Forum. This might be a useful time to review the function of the Local Licensing Forum, in line with its purpose as outlined in the Act.
- Although there is a helpful introduction outlining the commitment to the objective on protecting or improving public health, there are no conditions or policies specifically on this issue.

Points to Note

- A personal license last for 10 years. A premises license can be suspended for a period and revoked if appropriate.
- Risk assessments are very important. However, they must not exist just as documents. The measures must also be implemented (i.e. have trained stewards carrying out their role). The legislation doesn't demand risk assessments except for late opening premises.
- Access to Licensing Standards Officers is limited as there are only four for the city. Their details are available on the council's website. They attend Community Council Meetings and also Tenants and Residents Association Meetings. The shift patterns mean that access can be problematic.
- It is an intimidating experience representing an objection.
- There is potential to use the proposed over 21 off sales legislation as a punishment for those who fail first test purchase, even if the second is passed. The Board could introduce the over 21 rule as a disposal, also against agent purchase.
- Concerns were raised that focus can often be on the city centre evening economy and that the issues affecting local communities can be lost
- Staff need to cover 16 points of training by law

6. Closing Remarks and Next Steps

Linda de Caestecker closed the event by taking feedback on the priorities identified in each group. Volunteers were asked to come forward to join either the working group or steering group to take the project through the appraisal stage.

For further information contact:
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Phone: 0141 287 5914

Appendix 1 – Programme

12.30 – 1.00pm	<i>Lunch (30 minutes)</i>
1.00 – 1.05pm	Chair’s Welcome - Dr Linda de Caestecker , Joint Director of Public Health, Glasgow City Council and NHS Greater Glasgow and Clyde
1.05 – 1.15pm	Introduction – Cllr George Redmond , Executive Member for Health and Wellbeing, Glasgow City Council
1.15 – 1.30pm	The City of Glasgow Licensing Board Policy Statement and the licensing objective “protecting and improving public health” - Pat Docherty , Licensing Section, Glasgow City Council
1.30 – 1.45pm	Health Impact Assessment and the Social Model of Health – Jo Winterbottom , Corporate Policy – Health Team, Glasgow City Council
1.45 – 2.15pm	Workshop Session 1 (30 minutes) <i>Considering the presentations so far and parts 1, 2 and 3 of the Licensing Policy Statement...</i> Who are the stakeholders and communities affected? What are the main determinants of health affected by the licensing policy statement?
2.15 – 2.25pm	Feedback and Questions
2.25 - 2.45pm	<i>Comfort Break (20 minutes)</i>
2.45 – 4.15pm	Workshop Session 2 (1hr 30 minutes) In groups (see overleaf), a closer look at different sections of the policy to examine: <ul style="list-style-type: none"> • Communities affected • Likelihood and scale of impact (positive or negative) on health and on inequalities • Specific comments and areas where more information is required We will then use the scoring process to establish priorities.
4.15 – 4.25pm	Feedback on priorities identified by each group
4.25 – 4.30pm	Chair’s closing remarks
4.30pm	<i>Close</i>

Slide 1

Health Impact Assessment & the Social Model of Health

Jo Winterbottom

Corporate Policy Officer


Corporate Policy - Health Team
Glasgow City Council



Slide 2


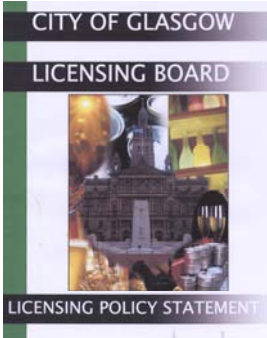
Summary

- Background
- What is Health Impact Assessment?
- Potential Benefits
- Proposals



Slide 3


Background



Slide 4

Licensing Objectives


- (a) preventing crime and disorder,
- (b) securing public safety,
- (c) preventing public nuisance,
- (d) **protecting and improving public health**, and
- (e) protecting children from harm.



Slide 5

Background


- "Protecting and improving public health" presents a challenge
- City Of Glasgow Licensing Board Policy Statement due for revision November 2010 – will involve consultation period
- HIA has been identified as a potential way to contribute to consultation process



Slide 6

Breaking New Ground

- Not currently aware of anyone having already carried out HIA on Licensing Board Policy Statement in Scotland
- Has been Rapid HIA of Liquor Licensing Policy in Belfast and of the Review of the National Alcohol Harm Reduction Strategy in England
- Council Plan commits to carrying out HIA of major strategies – alcohol is a priority issue
- Expertise and support available from Corporate Policy & partner agencies



Slide 7

What is Health Impact Assessment (HIA)?



World Health Organization




Slide 8

Health Impact Assessment

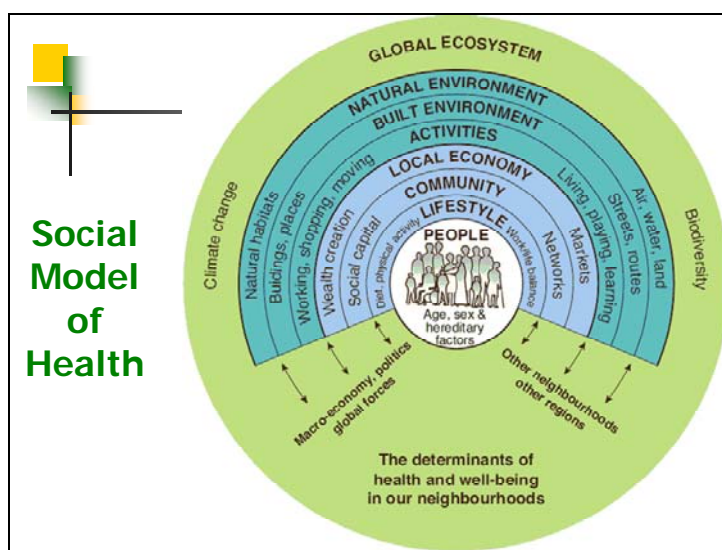
An impartial, systematic consideration of the likely health and wellbeing impacts of implementing a policy, plan, programme or project...

Why do an HIA?

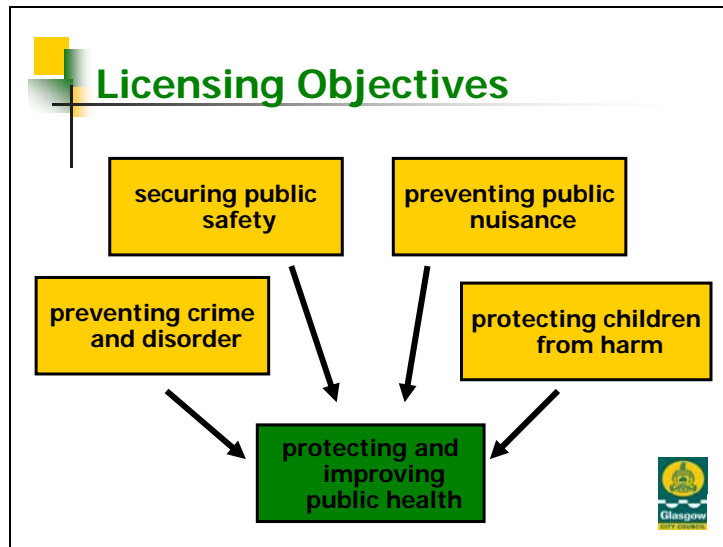
- To inform a decision
- To support the case for doing something (or preventing something)



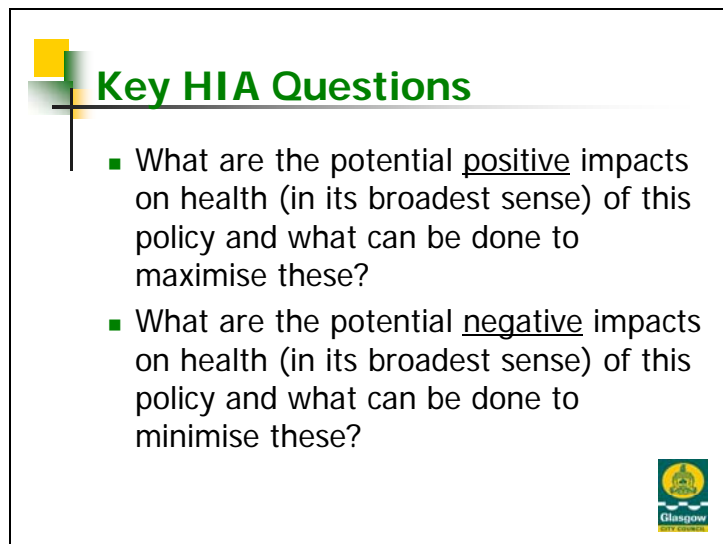
Slide 9



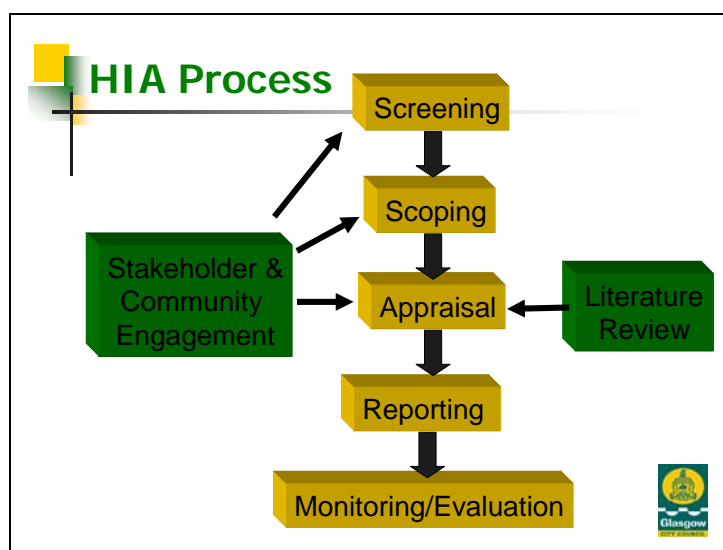
Slide 10



Slide 11



Slide 12



Community Engagement

"Developing and sustaining a working relationship between public bodies and community groups, to help them both to understand and act on the needs or issues that the community experiences"



National Standards

1. Involvement
2. Support
3. Planning
4. Methods
5. Working Together
6. Sharing Information
7. Working With Others
8. Improvement
9. Feedback
10. Monitoring & Evaluation



Potential Benefits



Alcohol is a Priority


- Alcohol identified as priority in 2007 & 2009 DPH Report
- Increasing problem requiring large scale measures
- Serious impact on individual health and on communities



Slide 16

Licensing Objectives


- (a) preventing crime and disorder,
- (b) securing public safety,
- (c) preventing public nuisance,
- (d) **protecting and improving public health**, and
- (e) protecting children from harm.



Slide 17

Local Licensing Forum

- keep under review the operation of the Act in the Forum's areas
- the exercise by the Licensing Board of its functions
- give advice and make recommendations to the Board in relation to those matters



Slide 18

Opportunities

- Fulfil statutory obligations
- Engage with communities and partners
- Be part of a systematic and internationally recognised approach to gathering information that can be presented to the Board as part of the consultation
- Demonstrate commitment to protecting and improving public health
- Show Glasgow as leader in the field



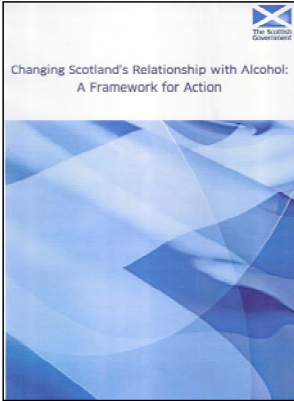
Slide 19

Proposals




Slide 20

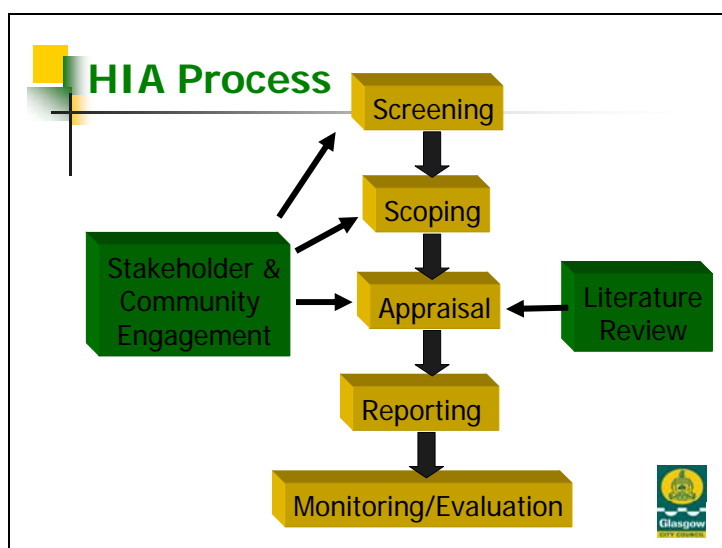
Scope: Glasgow Policy Statement



Complements national proposal for MESAS (Monitoring and Evaluating Scotland's Alcohol Strategy) research to evaluate the implementation of, and compliance with, the objectives of the Licensing (Scotland) Act 2005




Slide 21



Slide 22

Steering & Working Groups


- Forum representation
- Establish partners and resources
- Undertake review of literature
- Establish what information we already have from trade and communities and what further work needs to be done
- Stakeholder & community engagement



Slide 23

Reporting


- Aim for final report to be available end June 2010
- Preliminary findings & recommendations available to Board earlier if possible
- Needs to be timely to be considered as part of Board consultation process



Slide 24

Questions?

For more information email
jo.winterbottom@glasgow.gov.uk
or phone 0141 287 5914



Appendix 3 – List of Participants

Group 1

- Martin Higgins
- Jo Winterbottom
- Alastair Brown
- Alex Hewetson
- Carole Robertson
- Evelyn O'Donnell
- Julie Kane
- Stuart Neill

Group 3

- Margaret Douglas
- Rona Dougall
- Alastair Ireland
- Beth MacMaster
- Professor Geoffrey Palmer
- Dr Linda de Caestecker
- Ray De Souza
- Steven Dowling

Group 2

- Duncan Booker
- Susie Palmer
- Catherine Chiang
- Ian Quigley
- James Igoe
- Kevin Hutchison
- Laura Hainan
- Lawrence O'Neill

Group 4

- Catriona Renfrew
- Russell Jones
- Claire Bynner
- Gavin Smith
- Janice Thomson
- Jas Sangha
- Mary Ellmers
- Abby Richmond
- Stephen Birrell