



An Evaluation of a PHE Analytical Package to support the use of health information in Licensing representations

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Background

Changes in recent years to the public health infrastructure in England, including the inclusion of directors of public health as responsible authorities in relation to the Licensing Act 2003 has led to renewed attention on the prospects for a fuller consideration of health related information within the licensing process¹. In a previous exercise led by the Home Office, 12 local authorities in England agreed to take part in work to specifically test the feasibility of introducing health as a licensing objective linked to cumulative impact policies (HALO-CIPs). While some found it was possible to establish a robust evidence, areas expressed the need for more support to be able to identify, gather and communicate local health data. We were commissioned by PHE to evaluate the utility of a three component analytical support package (which consisted of a data-access compendium, information sharing agreements and localised mapping software) for this purpose and the extent to which this could help local public health teams contribute effectively to decision making around alcohol licensing.

Initial findings

The analytical support package provided a useful single point of access for health related information in licensing, although it was clear that a more effective integration of health data in licensing decisions will require additional inputs and resources across three areas:

- Data Resolution:** Although data at LSOA was useful for setting area-wide context, more localised representations within a licensing scenario would often require health information to be accessible at a higher resolution (e.g. for more geographically dispersed populations).
- Data Timeliness:** Despite some pilot areas having data sharing agreements with local health data agencies, there were remaining concerns over the reliability and validity of this data, in particular in relation to timeliness, in order that the information presented can withstand likely challenges.
- Training for licencing hearings:** Presenting health data to legal teams, such as barristers as well as to council officials was a challenge for RA's unfamiliar with this format, so there was a consensus that further awareness raising in the usefulness of health data and how to present it more effectively would be useful for all stakeholders.

More generally, regarding a fuller integration of public health within the alcohol licensing process, the most critical lessons to emerge from the mock hearings and expert panel reviews were:

- Public health are more effective when they work in partnership where possible to make representations in co-operation with other responsible authorities, even where they consider the health evidence to be sufficient
- Combined representations make for a stronger case and help to embed health information as part of the typical evidence case. Even with good health evidence however, the current absence of a fifth objective on health can make it difficult for Public health representations to receive due consideration irrespective of how compelling the evidence might be.
- There needs to be careful consideration as to how a new specific 'public health objective' or fifth licensing objective around health would be worded and what representations based on such an objective would look like. Critical thinking around the practicalities of how an objective would be formulated would also help with other approaches to integrating health data.
- Overall, RA's felt that a fifth health licensing objective would improve the credibility and weighting of Public Health when making a representation for licensing decision making or deciding on the designation of a new cumulative impact area².

References:

- Martineau FP, Graff H, Mitchell C, Lock K. Responsibility without legal authority? Tackling alcohol-related health harms through licensing and planning policy in local government. *J Public Health (Oxf)*. 2013;1-8. doi:10.1093/pubmed/fdt079
- Egan M, Brennan A, Buykx P, De Vocht F *et al* Local policies to tackle a national problem: Comparative qualitative case studies of an English local authority alcohol availability intervention. *Health & Place* 41 (2016) 11–18.

Methodology

This was a qualitative study involving interviews with seven purposively selected local public health and licensing teams from four English regions. Respondents were all responsible authority (RA) representatives and included Public Health, Intelligence Analysts, Police, Trading Standards, Environmental Health and Licensing Officers. The current report draws on information collected using four distinct methods: a)Baseline interviews; b)Mock licence hearings / review panels of hypothetical applications; c)Shared learning events; d)Focus group interviews. Interviews and focus group sessions were fully transcribed and emergent themes were grouped into four overarching themes of: (i) The functionality and acceptability of the analytical support package; (ii) Use of health data; (iii) The licensing process; (iv) Health as a fifth licensing objective.

...and the robustness of information is critical because things can get thrown out of court, just for one little word in the wrong place...
(Licensing: participating LA site 3)

...And we've then been able to develop the hotspot maps using different data sources.. (Public Health: participating site 4).

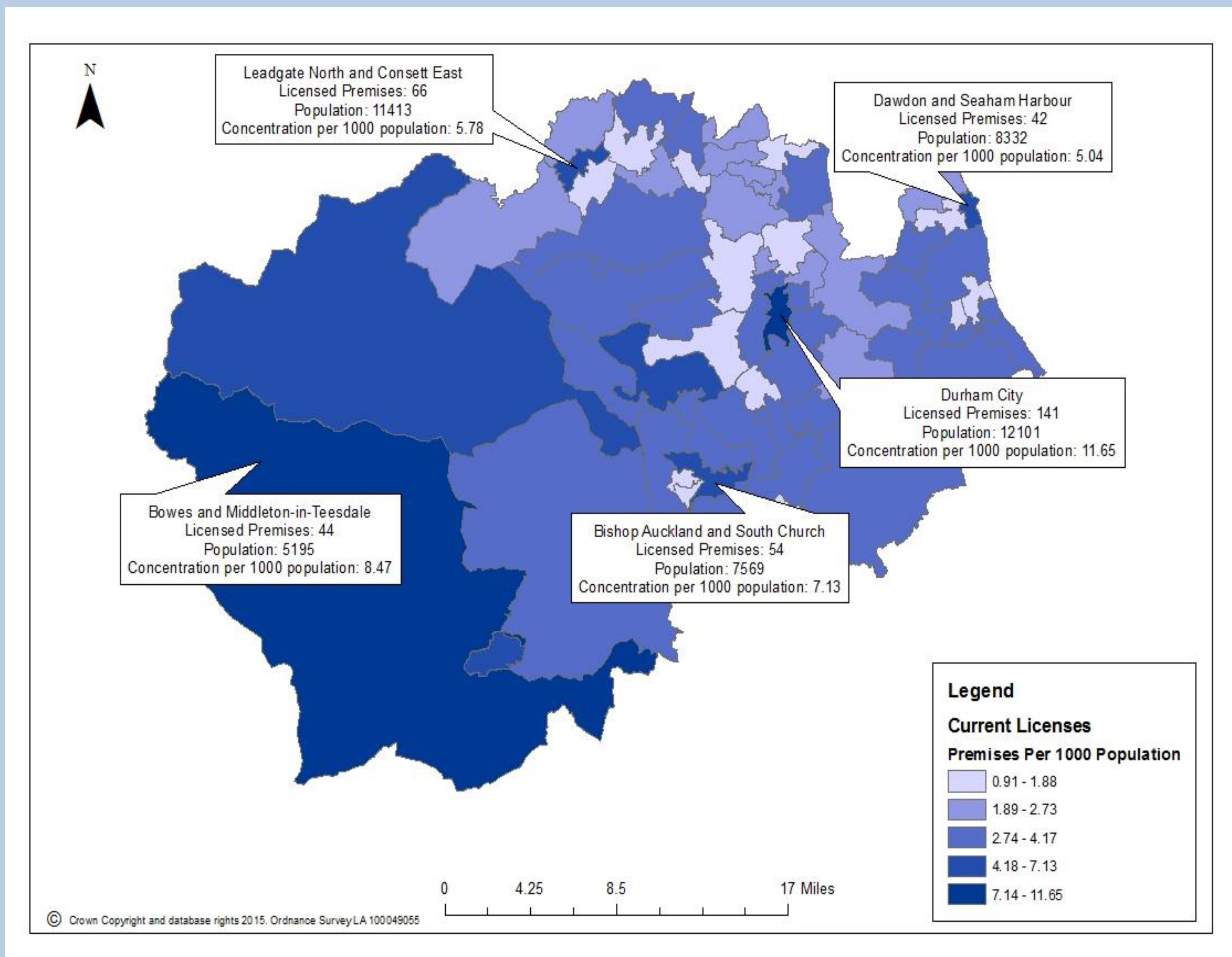
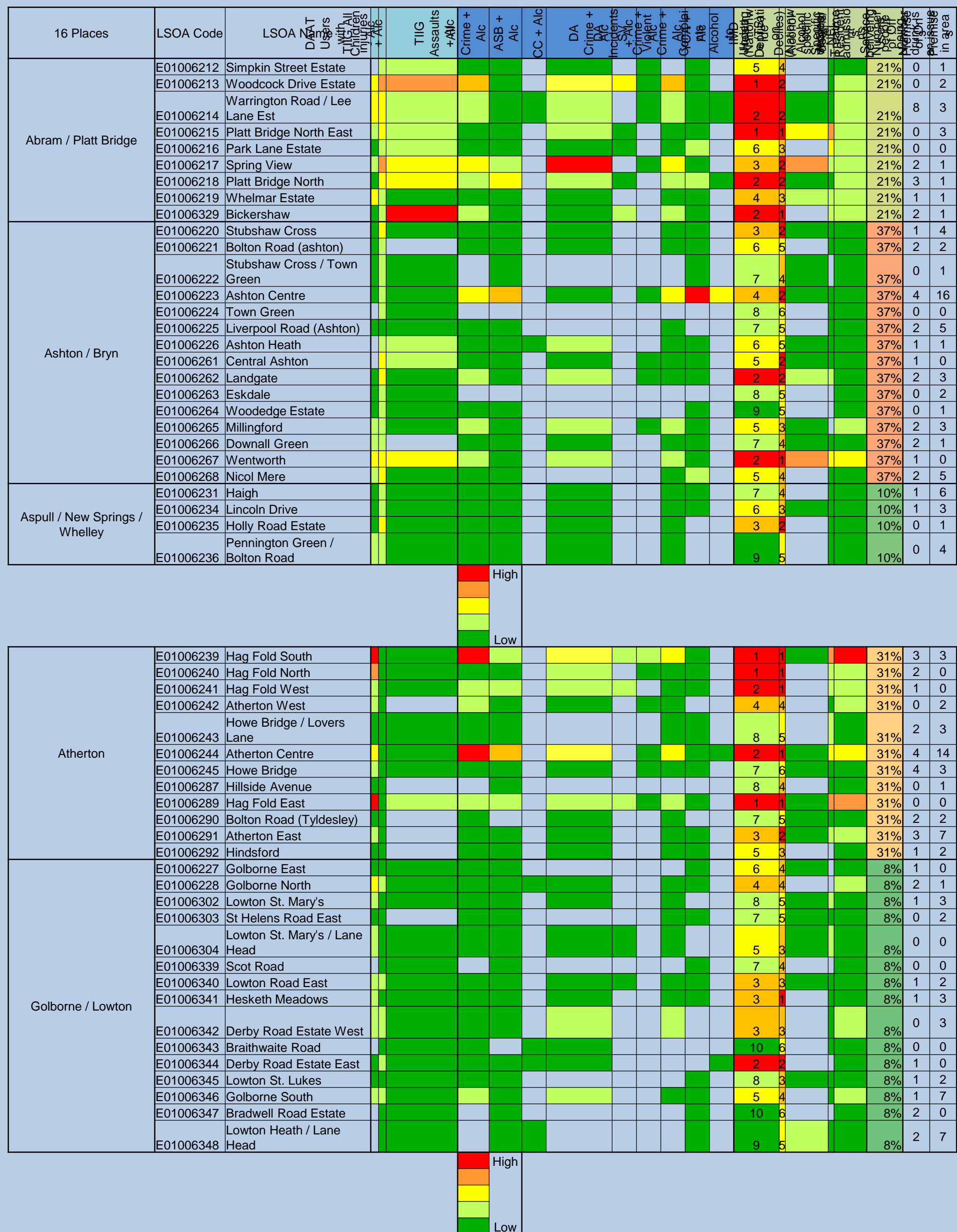


Figure 2.
LA2 health data used to construct 'traffic – light' dashboard



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