



Leicester
City Council

Minutes of the Meeting of the
LICENSING AND PUBLIC SAFETY COMMITTEE
Microsoft Teams Meeting

Held: TUESDAY, 9 FEBRUARY 2021 at 5:30 pm

P R E S E N T:

Councillor Singh Johal (Vice Chair in the Chair)

Councillor Cank
Councillor Fonseca
Councillor Gee

Councillor Dr Moore
Councillor Shelton
Councillor Thomas

Councillor Westley

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56. APPOINTMENT OF CHAIR

Councillor Singh Johal was appointed as Chair for the meeting.

57. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Dr. Moore and Pickering.

58. DECLARATIONS OF INTEREST

There were no declarations of interest made.

59. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 15th December 2020 be approved as a correct record.

60. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

61. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

62. ALCOHOL HARM, PUBLIC HEALTH AND LICENSING - ONGOING WORK IN LEICESTER

The Consultant in Public Health submitted a presentation to brief Members of the Licensing and Public Safety Committee on the Leicester City Alcohol Strategy. The presentation also informed on Public Health contributions towards the review of the Statement of Licensing Policy and provided an overview on alcohol consumption in the UK during the Covid-19 pandemic.

Grace Brough, Speciality Registrar, Public Health, delivered the presentation and provided the following information:

- Work around alcohol harm specifically linked the Licensing was being undertaken.
- Leicester City previously had an Alcohol Strategy which had expired. The Authority and Partners were working to develop a new strategy.
- There was an element specifically focussing on Licensing. The Statement of Licensing Policy was being updated and provided an opportunity for Public Health to become involved.
- The first meeting occurred in October 2020. Officers were keen to get a wide variety of partners involved (as listed in the presentation) to provide a multi-agency approach to assist with the strategy. Health included acute and primary care services. Providers of alcohol treatment services are among the partners involved.
- The Alcohol Strategy Development Group had met twice, initially to establish the group where the case was put forward as to what work was needed on the Strategy and to get buy-in from the group.
- Alcohol needs in Leicester were reviewed using a couple of key documents:
 - Alcohol Joint Strategic Needs Assessment (JSNA)
 - Clear Peer Assessment – a Public Health England tool where a peer group come and review alcohol need in Leicester and the response of Leicester City Council and partners in response to alcohol, and included specific recommendations for the response to alcohol harm, one of which was to renew the Alcohol Strategy.
- Priorities were agreed for going forward. For the Strategy multi-agency partners were asked based on their work on the ground and expertise what they thought the needs were for alcohol harm in Leicester.
- Public Health asked how they could influence licensing, where could they be of use and where could they use the public health skills to make the most impact. As a responsible authority, Public Health were consulted on new licensing applications, but there was not a specific licensing objective on health.
- Other authorities had been looked at to see how their public health had contributed to their Statement of Licensing Policy. The Local Government

Association guidance had been looked at to see how health could make an impact and influence, and provided a good example of how Newcastle local authority used data that would not have been previously accessed to influence the creation of five new cumulative impact zones, and might be a consideration in Leicester.

- It was noted that Derby City Council Public Health Team had adopted the Cardiff model (a model of violence prevention). The principal of it was multi-agency data sharing was key to prevent violence, and a consideration for alcohol related violence with regards to licensing. Derby City had used health data, specifically Accident and Emergency (A&E), for violent incidences. Research was carried out by Cardiff University who estimated that up to two-thirds of violent incidents that went to hospital, some of which would be alcohol related, were not reported to the police, which would make it difficult to understand the full effect of alcohol harm if data was missing. Derby City got the hospital to agree to provide certain data around those incidents: the nature of the incident, time it occurred, where it took place, and the day of the week to provide a standard data set.
- The data could help to look at where to put more police resource, for example, if there were violent incidents at a particular place in Leicester that had not been picked up by the police. The Data and Intelligence Team had met with Derby, where it was established there was a requirement by hospital trusts to provide the data.
- From a resource perspective the Public Health Team were able and willing to gather the data, and had spoken to the Licensing Team about ways to disseminate the data to better inform licensing decisions, for example, attending night time economy meetings, or by providing a data report to responsible authorities to help them make a more informed decision when licensing applications were submitted.
- The impact of Covid-19 and changes on alcohol consumption was discussed. National data was looked at and different surveys on consumption from various charities who were concerned with the negative effect of alcohol consumption and people drinking at harmful levels. One report brought together the results of all the surveys. Key highlights from the report were:
 - People reported drinking more during lockdown generally.
 - Many people reported drinking more frequently.
 - Heavier drinkers had increased their consumption the most – at higher risk of alcohol related harm.
 - Increase in the prevalence of risky drinking.
 - However, there was a shift in non-drinkers choosing not to drink.
 - The over 55 age group increased in largest proportion.

Links to the reports were provided:

[Research: drinking in the UK during lockdown and beyond | Alcohol Change UK](#)

[08 October 2020 – Alcohol harms: a hidden pandemic in the age of COVID-19? – IAS](#)

In response to Members' questions, the following points were noted:

- Date included the age and ethnicity of a person.
- There was a mandatory duty on hospitals to collect to data. University Hospitals Leicester were yet to be approached.
- Initially a report would be provided to give a good overview of alcohol related violence, when and where it occurred, what day etc., which would help the responsible authorities make representations when new licences were applied for or when reviewing a licence, for example, if many incidents were connected to a premises, but the police were not always aware of incidents if not reported to them.
- The data could be tied in with data from the police and health regarding premises to help inform decision making.
- Information would assist with the development of the Statement of Licensing Policy, for example, when reviewing Cumulative Impact Zones.
- The workstreams was one part under the umbrella of the Alcohol Strategy and was a good opportunity for Public Health to make a difference.
- When aligning to licensing objectives and reviewed alcohol needs in Leicester, Members would be relieved to see need to see less alcohol use in Leicester. Public Health reported alcohol use was harmful and that reduced alcohol consumption would benefit health.
- Providers such as Turning Point had been included. Initial thinking was the Alcohol Strategy would go out consultation to get views, including those of voluntary sector organisations on the Strategy.
- There were five Cumulative Impact Zones in Leicester which would be reviewed as part of the Statement of Licensing Policy to see if they were fit for purpose. They had been set up in consultation with the Police due to areas requiring concentrated police resources and would be reviewed to see if fit for purpose, revised or needed to be moved to other areas of the city.

The Chair thanked the Public Health Officer for the presentation and asked that the Licensing and Public Safety Committee be kept informed on development of the Alcohol Strategy.

RESOLVED:

That:

1. The presentation be noted.
2. An update on the Alcohol Strategy be brought to a future meeting of the Licensing and Public Safety Committee.

63. CLOSE OF MEETING

There being no further items of urgent business the meeting closed at 6.08pm.