Findings from the pilot of the ASP for alcohol licensing: Annex 1

HALO Project Evaluation Questionnaire   Issue 1: May 2016

Introduction

Explain purpose of the focus group and the evaluation and record the following for each local authority. Currently **Four objectives** (the prevention of crime and disorder, public safety, prevention of public nuisance, and the protection of children from harm) – considering the introduction of fifth – HALO.

PART A

General information

Local authority:

How many personnel participating in focus group interview:

Other relevant information (have you made any representations using health data, has ph made a representation what was outcome)

Present (position held)

1.
2.
3.
4.

PART B

Pilot study experiences

1.   It will be helpful to know the delivery structure of this pilot site. ie Who was involved in the pilot study; Did you have a working/programme group and how many times did you meet?

2.   What support did you receive from PHE (Centre & National?)

What level of knowledge around licensing have the PH team had and if so, what has been learnt from being involved in the project?

PART C

Perceptions and experiences of using the Analytical Support Package

3a)   Who has used the analytical support package and in what contexts?

3b)   Is it user-friendly in terms of information, links and data? How much time and resource does it take to use?

3c)   Has the analytical support package provided data that is valid and applicable to your work in licensing?

3d) Has it directly influenced the number or nature of representations to the licensing committee or the development of licensing-related work more generally?

4a)   What information was accessed/can be accessed at local level (ward, street, street level)?

- hospital admissions

- crime disorder

- GP

- ambulance attendances

- local pricing and availability data

- other (please specify)

4b)   What additional/new data sets have you identified that could be used for licensing (can you combine health and other RA data to identify hotspots at ward, neighbourhood and street level)?

4c)   How have you used primary research to support licensing decisions (eg where target populations buy their alcohol/levels of density for different types of outlets - small off licences, large supermarkets, vertical drinking, licensed restaurants etc.)?

5a)   To date have you been able to make use of any health related data in the consideration of alcohol licence applications?

If yes: has/how has this work helped better use of health data within current processes?

5b)   Please provide details of an application where a representation was made (reason for objection/site details etc.)

- What data source(s) did you use?

- Which licensing objective(s) did you invoke?

- Who was the principal objector (RA, Public Health)?

- How was the health data useful (if applicable)?

If no: why was it not possible to use health data to date?

a) No relevant applications

b) Quality of evidence lacking

c) Problems with access to data

d) Uncertain how to use data sets

5c)   What has been the process/progress to date on exploring the feasibility of a health associated licensing objective (HALO)? It would be good to get examples of how areas have mapped the data and linked it to a rep/CIP/SLP

Probe question:
Is there any consensus among RA's as to the usefulness of a HALO?
Have public health been actively promoting the potential benefits of a HALO?
Were there any perceived barriers/obstacles to the likely effectiveness of a HALO and how might they best be overcome?

It would be interesting to know how do they see it working? ie PH objective or wellbeing objective, would they focus on SLP or CIPs or reps etc.

PART D

6. Have you run, or do you intend to run mock licence hearings?

If yes (or state any other method used to trial this health data):

a) With HALO objective to be included (either separately or as part of another licensing objective)

b) How many RA's were/will be involved

c) What was the outcome /lessons learnt (if applicable)

d) Other reflections

If no:

a) How do you plan to progress with the health data?

b) Other reasons

Have you run you information/ findings through a process to look at HALO, ie:

- had a mock committee

- Ran it past the legal team

- Have you reviewed your data to see how you would use it for a HALO?

- CIP (if they haven't - do they feel they could/ or how would they?)

- SLP

- Individual rep

PART E

7. In light of the experience to date, what are your perceptions and of other Responsible Authorities about this tool?

8. Has/would implementing health data made a difference to the outcome of any licensing applications/decisions?

9. To what extent do you think public health engagement and data use is currently constrained by the lack of public health licensing objective (for example, are there any obvious omissions)?

10. Do you have any further recommendations to help develop a HALO, or better integrate the use of health data in licensing decisions?

11. Does it have any missing elements? How could it be improved? What sections were most useful?

12. If it were to be rolled out nationally, what changes (if any) do you think would be needed?

13. Do you intend to continue using the analytical support package? If so, how do you envisage it being used in future?

(eg include in a local Statement of Licensing Policy, develop health based cumulative impact policies, or use public health data to inform the creation of new CIAS –how many will be health based, develop health based licensing conditions – health conditions on the license and what sort of conditions might they be, how many representations will be submitted on applications with reference to HALO (rejected or revised), identify the evidential connection between the density and nature of licensed premises and alcohol related harm in a small local area, such as a neighbourhood or ward?

 Additional Information