

Appendix C – Proposal comments/representations

PROPOSAL	COMMENTS/REPRESENTATIONS RECEIVED	COUNCIL RESPONSE	FURTHER COMMENTS & RECOMMENDATIONS
<p>Proposal 2 - Expand 3.1.9 to include:</p> <p>I. Train staff to recognise and understand the signs of drug misuse in people so that practical steps can be taken to deal with instances that occur</p> <p>II. Have appropriately trained staff to deal with drug related incidents</p> <p>III. Display appropriate drug safety awareness information to customers</p> <p>IV. Provide a first aid room and first aid equipment, including a defibrillator in larger venues</p> <p>V. Deploy staff trained to assist with medical incidents</p> <p>VI. Implement an appropriate banning policy</p>	<p>I,II &amp; V - are overly onerous and should not be blanket applied to all venues. It is unfair to burden the operator of a small restaurant or pub with this and does not allow for situations where the staff may be new or temporarily drafted in. It is good practice to have dedicated first aiders present on site, but this is beyond the scope of licensing unless a specific need has been detailed at a specific premises. This seems like it may be a knee jerk reaction to a certain style of premises &amp; unfairly generalised across all hospitality/licensed premises.</p> <p>III - is completely inappropriate for the majority of venues and should only be added to an individual premises license if this has been identified as a definite risk.</p> <p>IV. if this is to be included, a certain definition of 'larger venues' needs to be included. We assume that the intention is for night clubs, therefore would encourage this definition is used if the condition is to remain. It may not be practical or possible in a premises e.g. A pub with a function room used for weddings.</p>	<p>3.1.9 of the current policy states the following "The licensing authority will expect licensees to take all reasonable steps to prevent the entry of drugs into licensed premises, to take appropriate steps to prevent the misuse of drugs within the premises and to take practical measures to prevent tragedies as a result of drug misuse".</p> <p>Our proposal was intended to expand on the section "to include such as" points i-iv as detailed. As the policy reads the licensing authority will expect all reasonable steps/take appropriate steps/take practical measures, such steps will all be different for each licensed premises and will form part of any premises risk assessment. This is not a blanket requirement, what is reasonable for one licensed premises will not be the same for another.</p>	<p>As a result of discussions with the objector they have made the following comments:</p> <p><i>"Thank you for clarifying that this is not a blanket requirement &amp; just example measures based on assessment &amp; can accept based on this."</i></p> <p><b>Officer recommendation</b> – no requirement to consider amending this proposal</p>

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<p>Proposal 5 - Add 3.5 Public Health: The Local Health Board is responsible for making representations and observations on licence applications. The Health Board will also use information provided by Public Health Wales in order to inform their decision making. Public Health is not yet a licensing objective by the licensing authority believes that public health has much to add to licensing in relation to the local populations' alcohol related health needs. Health bodies such as Public Health have unique access to data not available to other responsible authorities which ay inform licensing decisions. Public Health is useful in providing evidence of alcohol related harm particularly in relation to cumulative impact policies.</p>	<p>This proposal is vague – is the authority proposing to introduce a new licensing objective? If so this would come into conflict with common law under the licensing act. If the authority is merely suggesting to add the local health board to the list of responsibilities then this would be allowed under the act, however we would be against adding an extra level of bureaucracy to an already bloated licensing process and struggle to think of any tangible benefits that the health board might offer to the licensing decision process that are not already covered.</p>	<p>We have no jurisdiction to introduce a new licensing objective. The Local Health Board is already a Responsible Authority under the Licensing Act 2003.</p>	<p>As a result of discussions with the objector they have made the following comments:  <i>“Comments still stand about the need for the Local Health Board, I struggle to see where they would be able to make recommendations that fall within the licensing objectives – however I accept they are specified as a responsible authority within the licensing act.”</i></p> <p><b>Officer recommendation</b>– This proposal was intended to support the Public Health section of the policy to be consistent with our neighbouring authorities. However, following comments received by The Health Board, it is proposed to amend this proposal in line with their recommendation as detailed below (see Health Board Proposal 5)</p>
<p>Proposal 7 - Amend Appendix 3: Alcohol and Health in Wales Alcohol use and its consequences remain a major public health challenge in Wales, the UK and elsewhere. The harmful use of alcohol ranks among the top five risk factors</p>	<p>We do not understand the relevance of this in that it reads like a statement of facts and statistics with no reference as to how it should be interpreted to inform licensing decisions. Should the Authority be waiting for the results of Wrexham’s pilot study before considering including this type of</p>	<p>Appendix 3 is additional information regarding the effects of alcohol on health in Wales, to support the Public Safety section of our main policy, and is consistent across North Wales authorities. However, since the Health Board have responded to our proposals, which will strengthen the</p>	<p>As a result of discussions with the objector they have made the following comments:  <i>“Still object to this statement being added as it is not written objectively &amp; the way the facts are presented, selected and omitted</i></p>

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<p>for disease, disability and death throughout the world. I. The proportion of adults drinking alcohol above the weekly guidelines (average weekly consumption above 14 units) has remained at a similar level since 2016. Data published by Public Health Wales Observatory in 2019 reveals that 19 percent of adults (aged 16 years and over) drink above the weekly guidelines compared to 20 percent in 2016. II. Rates of alcohol consumption by gender show that 25.8 percent of men drink above weekly guidelines compared to 12.7 percent of women and people aged 45 to 65 drink more frequently than any other age group (Public Health Observatory, 2019). III. Since 2009-10, the percentage alcohol specific hospital admissions involving individuals over the age of 50 has risen by almost 23 percent (Public Health Wales, 2020). IV. Alcohol hospital admissions are strongly linked to deprivation. The proportion of all patients admitted for alcohol-specific conditions living in the most deprived areas was 2.7 times higher than those from the least</p>	<p>information in a more prescriptive format?</p>	<p>main public health section of the policy, Appendix 3 may not now be relevant.</p>	<p><i>could very easily be interpreted as misleading.</i>  <i>It is not the licensing authority's job to dissuade the public from using alcohol, it is their job to ensure that it is consumed safely &amp; within the 4 licensing objectives. At the very least it should be properly referenced, but suggest that it should be re-written in a neutral way which presents all of the facts rather than a cherry picked few &amp; more balanced with the positive aspects of the licensed &amp; hospitality trade. "</i></p> <p><b>Officer recommendation</b> – to remove Appendix 3 following Health Board response as detailed below (proposal 5).</p>
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<p>deprived areas (Public Health Wales, 2020). V. Mortality from alcohol specific conditions has steadily increased since 2013. However, the number of admissions fell by 7 percent in 2019 compared to the year before (Public Health Wales, 2020). Alcohol plays an important and positive role in social and family life and contributes to employment and economic development locally. However, social traditions and economic benefits should not mask the fact that alcohol is a toxic substance that can have a detrimental effect on physical and mental health and wellbeing.</p>			
<p><b>Health Board have submitted the following comments to proposals:</b></p>			
<p><b>PROPOSAL</b></p>	<p><b>COMMENTS</b></p>	<p><b>OFFICER RESPONSE/COMMENTS</b></p>	<p><b>FURTHER COMMENTS &amp; RECOMMENDATIONS</b></p>
<p>Proposal 5: The Local Health Board is responsible for making representations and observations on licence applications. The Health Board will also use information provided by Public Health Wales in order to inform their decision making. Public Health is not yet a licensing objective but the licensing authority believes that</p>	<p>The below was added to Gwynedd’s consultation document In March 2020, following a major consultation with professional stakeholders, individuals and families affected by alcohol harm, the first alcohol harm reduction strategy for North Wales was launched. Calling time for Change (2020) was produced on behalf of the North Wales Area Planning Board and in</p>	<p>N/A</p>	<p><b>Officer recommendation</b> – to amend the proposal in place of the comments raised by Health Board in column 2</p>

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<p>public health has much to add to licensing in relation to the local populations' alcohol related health needs. Health bodies such as Public Health have unique access to data not available to other responsible authorities which ay inform licensing decisions. Public Health is useful in providing evidence of alcohol related harm particularly in relation to cumulative impact policies</p>	<p>collaboration with partners across North Wales. The strategy demonstrates a commitment to reducing harm from alcohol through collaborative working over the next five years.</p> <p>The North Wales Alcohol Strategy Group, chaired by Betsi Cadwaladr University Health Board Public Health Team was established to implement a supporting action plan that contributes towards the six priorities of the Calling time on change strategy –</p> <ul style="list-style-type: none"> <li>- Safe and supporting environments</li> <li>- Changed attitudes and social norms</li> <li>- Reduced affordability</li> <li>- Reduced availability</li> <li>- Behaviour change</li> <li>- Children, young people and families</li> </ul> <p>Licensed premises are encouraged to work with the Licensing Authority and North Wales Alcohol Strategy Group by supporting local and regional initiatives that prevent and reduce alcohol related harms and contribute towards safe, vibrant and diverse night time economies that can be enjoyed by all parts of society.</p> <p>Calling Time for Change Strategy (2020) : <a href="http://www.bcuhb.nhs.wales/health-">www.bcuhb.nhs.wales/health-</a></p>		
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	<u><a href="#">advice/north-wales-alcohol-harm-reduction-strategy</a></u>		
14 percent of adults in Denbighshire drink above the recommended average weekly consumption of alcohol (national Survey for Wales 2019)	There is updated stats from National Survey for Wales for 2020/21	The percentage rate is correct, the reference to 2019 needs updating to 2020/21	<b>Officer recommendation:</b> If Members are minded to remove Appendix C following Health Board response as detailed above this comment is no longer relevant as it relates to Appendix 3
In 2019-2020 there were 394.3 alcohol-specific hospital admissions and 1919.2 alcohol attributable hospital admissions (European Age Standardise Rate per 100,000 population) for individuals resident in Denbighshire (Public Health Wales 2020)	Health Intelligence to up date stats here for hospital admission.	At the time of writing the report, the updated statistics have not been received	<b>Officer recommendation:</b> If Members are minded to remove Appendix C following Health Board response as detailed above this comment is no longer relevant as it relates to Appendix 3