



Date: Monday, 5 February 2024

Time: 10.00 am

Venue: Wilfred Owen Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Tim Ward, Committee Officer
Tel: 01743 257713
Email: tim.ward@shropshire.gov.uk

LICENSING ACT SUB-COMMITTEE

TO FOLLOW REPORT (S)

3 Application for a New Premises licence - SY8 Studios, Gravel Hill, Ludlow, Shropshire, SY8 1FP (Pages 1 - 18)

Supporting Information – Gill George and Emma Byrne

Contact Ross O'Neil on 0345 6789026

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THE 'GATHER' APPLICATION:
ADDITIONAL INFORMATION
FOR THE LICENSING SUB-
COMMITTEE

Gill George

Chair of Shropshire Defend Our NHS

Preface

My apologies. This is not a polished document. It has been written in haste, over the last few days. It reflects an attempt to respond to the new information about the Gather application shared by the applicant. It also reflects my very imperfect but somewhat improved knowledge of licensing legislation and policies. I am an NHS clinician by background, and that more than anything else has informed the content here.

Introduction

Smoking in recent years has lost its social respectability in the UK. Tobacco use is steadily declining. Alcohol use, by contrast, is very much part of our society. Most adults in the UK drink, and alcohol is close to ubiquitous in social situations. Many of us – including me – drink because we enjoy it. Although younger people are, overall, drinking less, older people (45 to 64 years) are tending to drink more. The gap between male and female consumption of alcohol has closed markedly since 2000.¹

There are of course pros to alcohol consumption. The Shropshire Drug and Alcohol Strategy notes, *'Alcohol is part of our culture, we use it to socialise, celebrate and respond to life's milestones. In Shropshire, the hospitality sector makes a significant contribution to the economy.'*²

Absolutely correct. There is also a downside, again highlighted in the Council's strategy document:

'Alcohol misuse is the biggest risk factor for death, ill health and disability among 15-49-year-olds in the UK and the fifth biggest risk factor across all age groups. In 2019 Public Health England (PHE) estimated there were 19.3% of the adult population in Shropshire drinking at harmful levels, this equates to a staggering 48,636 people aged 18 years plus whose alcohol consumption could be impacting on their future health and well-being. PHE also estimated Shropshire is home to 2,815 dependent drinkers, of which, around 26% accessed alcohol treatment in 2018 - better than the England average of just 15% of dependent drinkers accessing treatment support.'

This is not in any way a typical licensing application. This is a nationally unique situation, and the outcome may well have profound national implications for the future. My view is that it is absolutely legitimate for the Sub-Committee to give strong consideration to specific health-related issues in its decision making.

I also strongly request that the Sub-Committee seeks the opinion of the Council's Public Health Director on issues wider than the availability of taxi cab numbers; that the Sub-Committee requests the attendance of an ICB representative at its hearing; and that it listens very carefully to the evidence given on behalf of the 23 staff on Ludlow's Dinham Ward (the inpatient ward) who oppose the licence. As an former clinician and local campaigner, I can give a broad-brush outline of significant concerns. I am not an expert – and because of the uniqueness and importance of this decision, I very much hope the Sub-Committee will seek the most expert views available to it at local level.

¹ Data from Institute of Alcohol Awareness. Alcohol Across Society. <https://www.ias.org.uk/factsheet/alcohol-across-society/#>. Accessed 29/02/24

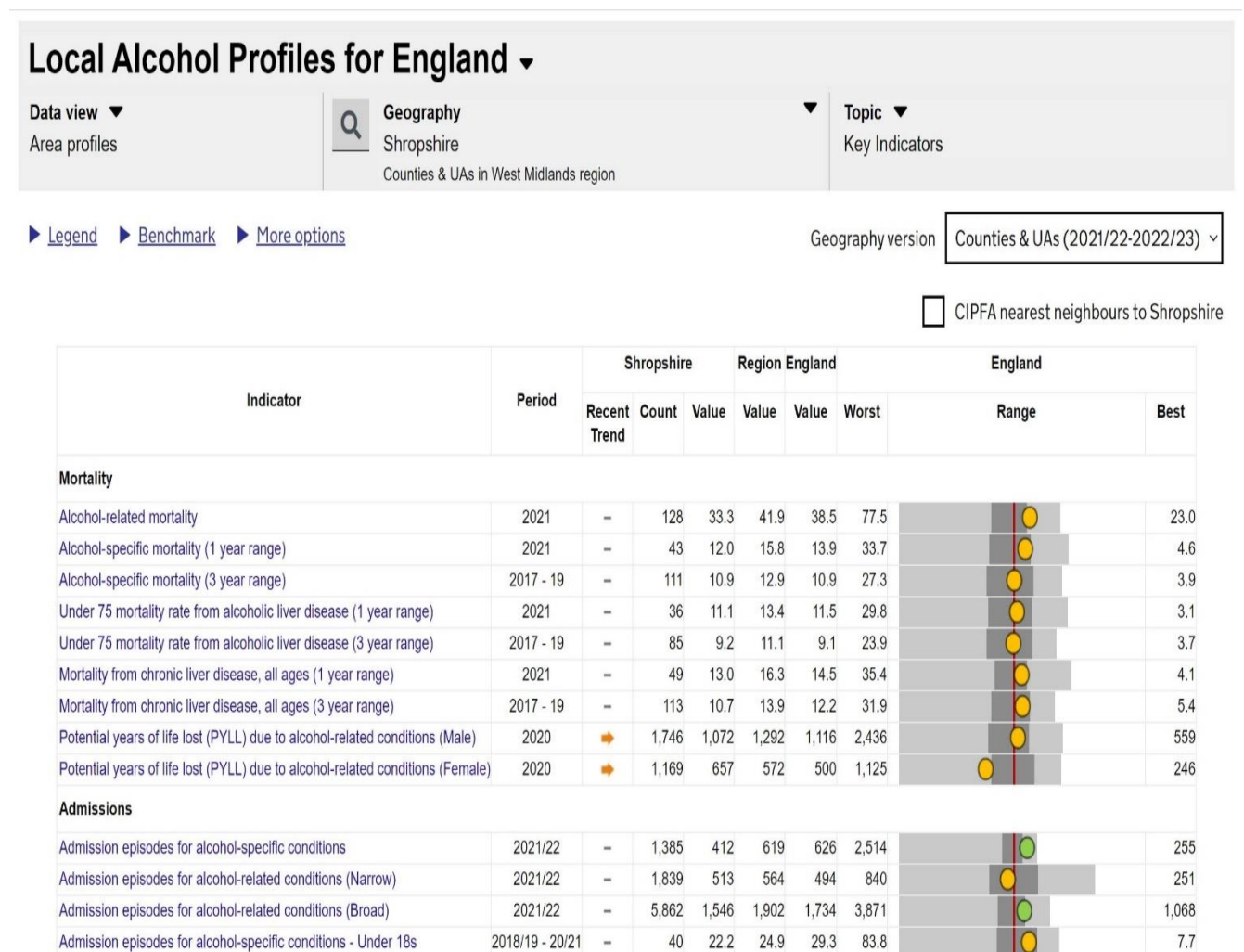
² Shropshire Council. Drug and Alcohol Strategy. Page 3. <https://www.shropshire.gov.uk/get-involved/shropshire-drug-and-alcohol-strategy-2021-2023-draft-strategy-consultation/>. Accessed 29/02/24

Alcohol use in Shropshire

The table below shows the 'Local Alcohol Profile' for England, and is generated via 'Fingertips' from the Public Health Office for Health Improvement and Disparities. On most key indicators, Shropshire is within an average range for England. This is not a success story; it just means we're doing no worse than many other areas. In 2021/22, for example, we had 5,862 hospital admission episodes in Shropshire for alcohol-related conditions³.

Two concerning things do stand out. As of 2020, Shropshire had an **upward trend** for 'Potential Years of Life Lost' through alcohol consumption: 1072 years for men and 657 years for women. That is a cause for concern. For Shropshire's women, that measure is now slightly **worse** than the average for England; again a cause for concern. Your Public Health Department will of course be aware of this data and will have a level of knowledge and understanding far greater than my own.

It is important to understand that 'affluent drinking' is real. Problem drinking in Shropshire can affect all of us, irrespective of our socioeconomic status or age.



³ NHS 'broad measure'

Is this relevant to the Licensing Sub-Committee?

In short, yes. Shropshire Council's Inequality Plan includes this: *'an overriding priority is to reduce dependency and the harms associated with drug and alcohol misuse, especially among young people'*⁴.

One of those ways of reducing the dependency and harm is noted a little later in the Inequality Plan as a priority/issue, an apparent objective: (that) *'Licensing decisions impact on health through controlling alcohol supply'*⁵.

The Local Government Association supports amendment of the 2003 Licensing Act to include health as a specific objective, reflecting the return of public health responsibilities to local authorities. The LGA notes in its 'Licensing Act Councillor's Handbook'⁶ that *'public health can contribute against any of the four existing licensing objectives'* but wishes to see this made more straightforward.

The LGA's handbook also encourages the involvement of the Director of Public Health as a 'responsible authority', and promotes the use of the web-based resource developed by Public Health England to support licensing decisions being informed by relevant health data. This is now hosted by HM Government. The stated aim of that resource is to *'make sure that licensing policy and applications consider the health and wellbeing of local communities'*⁷.

Public Health

A major concern for me personally derives from my background as an NHS clinician. The SY8 Studios building is on a hospital site. I've been criticised for using that phrase, but I note the applicant comments in her recent video, *'We are on a hospital site'*. It is now a privately owned building, with a privately owned garden behind and a small strip of privately owned land to the front – but it is indeed on a hospital site. It's an 'in-your-face' building, a large and striking building in front of you as you enter Ludlow Hospital from Gravel Hill. It is immediately adjacent to the hospital's main clinical building, which houses the inpatient beds and the four end-of-life rooms on the ground floor, with maternity services on the first floor. The distance between the clinical area and SY8 Studios is 10 feet at the narrowest point. The two buildings share a walkway/access route, which means people entering or exiting SY8 Studios on foot will pass very close to the clinical building, and, in particular, close to the end-of-life rooms.

One of NHS England's priorities, included in the NHS Long-term Plan, is for better treatment and better prevention around alcohol misuse. The Shropshire Drug and Alcohol Strategy 2022 to 2025⁸ reflects similar themes at local level. It's a partnership document, developed by our Council and our local NHS working together. The strategy identifies the personal, social and economic harm caused by alcohol misuse. Increasing awareness of health-related alcohol harms is one of the identified 'themes' contributing to reduction of alcohol-related admissions. There is a thread running through the strategy around prevention through awareness, and also supporting early intervention.

⁴ Shropshire Council. Shropshire Inequality Plan 2022-2027. Page 15.

<https://www.shropshire.gov.uk/media/25751/shropshire-inequalities-plan-executive-summary.pdf>. Accessed 29/02/24

⁵ Shropshire Council. Shropshire Inequality Plan. Op. cit. Page 39.

⁶ Local Government Association. Licensing Act: Councillors' Handbook.

<https://www.local.gov.uk/publications/licensing-act-2003-councillors-handbook-england-and-wales-0>.

Accessed 30/01/24

⁷ HM Government. Guidance: Alcohol licensing: a guide for public health teams.

<https://www.gov.uk/guidance/alcohol-licensing-a-guide-for-public-health-teams>. Accessed 29/01/24

⁸ Shropshire Drug and Alcohol Strategy 2022 to 2025. Op. cit.

The public and personal health messages around alcohol are not heard loudly enough in our society. Locally and nationally, the data confirms significant harm from alcohol misuse. (As I have said, I write this as someone who drinks alcohol).

In Ludlow, that much-needed public health message risks being weakened by the presence of licensed premises **on a hospital site**. Of course there will be publicity for events. Assuming the project succeeds, local people will talk about events, invite friends to events with them and so on. The applicant hopes to host Local Produce markets once or twice a year. Gather and the sale of alcohol will be known about in town. Anywhere else, that would be absolutely fine. Drinking alcohol is part of our society and that will continue. But alcohol consumption and alcohol retail sales **on a hospital site**? However careful the badging, the subliminal message becomes that alcohol from these premises is accepted by or supported by or associated with the NHS. Creating that association between alcohol sales and an NHS hospital is wrong in principle. The public health message gets diluted.

Section 182 guidance does not lend itself readily to licensing authorities making decisions on the basis of public health arguments. Nevertheless, this is the context in which this Sub-Committee will be taking its decisions. The material is available to support local authorities in taking account of public health issues as a strand within their decision making. The NHS and licensed premises are not natural bedfellows at all. If the requested licence is granted, this *will* be a unique and extremely concerning situation.

[What is known about the licensing application and the applicant's intentions?](#)

The proposed changes circulated by the Licensing Department on 18th January are welcome, but cannot adequately mitigate against potential harm. There has obviously been a great deal of information circulated over the last month in written and video form, through statements circulated on social media, and through social media posts and comments. I had the pleasure of meeting Anabelle and one of the building owners (Ed Godrich) at the site on 12th January, and attended a Ludlow Residents Group meeting on 13th January where both Anabelle and Ed spoke.

A persistent challenge has been that different things have been said and written at different meetings or at different points in time, and written statements have existed in different versions. It has been really hard to pin down exactly what is intended, and comments or questions that reference the content of the planning application or the limited publicly available information in the licence application have routinely been dismissed as 'misinformation'.

[Licensing hours and conditions](#)

The original licensing application was for a licence for the sale of alcohol to be consumed both on and off the premises. The requested hours were for 12 noon to 23.00 on Monday to Saturday, and 12 noon to 22.00 on Sunday. The premises were to be open until 23.30 Monday to Saturday, and until 22.30 on Sunday. These times seemed to apply both to 'on-sales' and 'off-sales'.

Supporting information from the applicant was circulated by the Licensing Department on 18th January. This included a number of conditions that varied the initial application.

Under conditions suggested by the Environmental Protection Department, the hours when licensable activities can be conducted have been reduced. The application is now for shorter opening hours: 12 noon to 21:00 for on-sales and 12 noon to 17.30 for off-sales. (*What is the proposed closure time of the Gather premises? Planning consent is sought for community events to run until 22:00 from Monday to Saturday.*)

Additional conditions include that customers will not remove alcohol from the premises any drinks in open containers/drinking vessels; that consumption of alcohol will be confined to the area of the building that is licensed; that entry to members of the public after 18:00 will be restricted to individuals with a pre-booked ticket or place; and additional conditions intended to reduced noise or light disturbance (including clear and legible notices by exists to remind customers to leave quietly and have regard to neighbours).

These are of course positive amendments. A real fear was that the original licence application could have allowed consumption of alcohol in the small open area to the front of the building, close to the hospital entrance, and in the garden to the rear. (The Gather website continues to offer members ‘a large garden’. Not misinformation, but a verbatim quote.)

Cigarette smoking remains unclear. Shropshire Community Trust has a policy of banning smoking inside its buildings and on hospital grounds and car parks, but of course that does not apply to the privately owned SY8 Studios building and grounds.

Retail sales

There is clarification now about the intentions for ‘off-sales’: *‘the applicant would like to be able to retail locally-sourced, ethically-produced and responsibly-packaged quality and artisan alcoholic products for consumption OFF the premises between 12 and 17:30hrs. No doubt the majority of these sales will be made online and will be for home delivery via courier.’*

It is a useful clarification. A 1st January statement circulated on social media stated *‘As a local producer we want to support other local producers and we would like people to be able to pick up their boxes of produce from the site - this may include local breweries and distillers.’* A 13th January meeting of Ludlow Residents Group was told this would be *‘a pick-up spot for goods from other small producers’*.

The revised information from the Licensing Guys sees this as an outlet for courier deliveries rather than pick up for *‘the majority of these sales’* but does not exclude the sale of alcohol to walk-in customers. The Sub-Committee may wish to seek further clarification on this. **This is important, as inpatients at Ludlow Hospital include alcohol-dependent people.** Patients who have mental capacity can of course leave the ward if they choose. One of the triggers for relapse is simple opportunity: the ready availability of alcohol. Yes, there’s a near-by convenience store that sells alcohol – but that involves leaving the hospital site, turning left and walking to the end of the road. It’s close, but not with the immediacy of an outlet in the next-door building. Shropshire Council’s Statement of Licensing Policy⁹ explicitly references the protection of those vulnerable to alcohol-related harm in its discussion of the public safety objective.

There may also be **a level of risk around expectant mothers attending maternity appointments** on the first floor of the adjacent clinical building. Local data confirms that some women in Shropshire misuse alcohol to a significant extent. Giving up alcohol if you are dependent or at high risk of becoming dependent is difficult. An appointment with a midwife will of course involve advice to stop drinking. Alcohol will be discussed. Leaving that appointment with a retail outlet for alcohol a few yards away raises the same concerns as for alcohol-dependent inpatients. Availability of alcohol and exposure to alcohol are known triggers for people who are finding it hard to stop drinking. I have worked with babies and children with Foetal Alcohol Spectrum Disorder (FASD). Difficulties are lifelong. The prevention of children from harm may be a legitimate objective here.

⁹ Shropshire Council. Licensing Act 2003: Statement of Licensing Policy 2019 to 2024. Page 103.

(More generally on children, it may perhaps be relevant to consider the timing of children's workshops and seek to schedule these for times when alcohol is not being consumed elsewhere on the premises.)

Numbers using the premises and noise nuisance

This matters, as the number of people using the Gather premises will be closely related to the amount of noise likely to be generated. (The consumption of alcohol I believe is likely to exacerbate noise levels, although this has been robustly challenged on social media. There is no suggestion from me of people attending Gather events drinking excessively or behaving in an out-of-control manner. It is simply that alcohol consumption tends to cause people to be disinhibited, and drinking in a social situation tends to lead people to be 'louder' than they otherwise might be.)

It is now clarified that the licenced premises will be in the part of the building more distant from the clinical spaces, and there will be noise control measures around secondary glazing and so on. This is really pleasing. **My greatest level of concern, though, has been around dispersal noise from patrons leaving the site at the end of an event at which alcohol has been consumed.** The shared entry/exit route and the very tight space between the two buildings mean that patrons leaving SY8 Studios on foot will pass close to patient areas and very close indeed to the end-of-life rooms.

The prevention of public nuisance is the obvious relevant objective here. The noise levels appropriate to these premises are **not** the same as noise levels appropriate in a typical residential area which in turn are different to the noise levels appropriate in a town centre. **The population most affected by noise here is a very small and particularly vulnerable one: the patients on the inpatient ward (many of them frail elderly people), the patients with dementia who are routinely cared for at Ludlow Hospital, and of course the dying people who are arguably most vulnerable of all.** (Family members of dying people are also individuals in a situation of considerable vulnerability). The factors that lead to increased vulnerability for these groups are widely recognised and really should not be contentious.

People with dementia often have altered perception of noise and may misinterpret or misunderstand noise. Unexpected noise may cause increased confusion and may cause distress. This will not affect every patient with dementia who is cared for on the inpatient ward – but it **will** affect some of them.

And for end-of-life patients: a 'good death' is an individual and subjective experience – for the person who dies and for their loved ones. Common strands though will involve respect, compassion, choice and sensitivity. It is those end of life rooms that are extremely close to the shared access route to SY8 Studios *and* the Gravel Hill hospital entrance. If a group of visitors to an event are leaving together on foot and are even slightly 'loud', that creates noise that denies the dying person choice and control over their environment. For some, that will not matter. For others, that will make the difference between a good death and a bad death. (For family members/loved ones, the perception that someone you love has died with avoidable distress can and does lead to guilt that you allowed it to happen and, for some bereaved people, a process of 'complicated grief').

It is as close to inevitable as it could be that a proportion of these extremely vulnerable people will be harmed if an alcohol licence is granted, and more so if that is combined with larger events. This is completely foreseeable. The *extreme* vulnerability of this population of people – effectively temporary 'residents' of this very small area - means that public safety can rightly be considered as a relevant objective in addition to the prevention of public nuisance.

The Sub-Committee may also choose to see this as a safeguarding issue, albeit different to those this Sub-Committee might typically consider. The Council's Statement of Licensing Policy references adults with care and support needs, adding, *'An adult with care and support needs is someone who is in need of community care services due to disability, age or illness. They may be unable to take care of or protect themselves against significant harm...'* This would describe many – not all – of the people cared for in that clinical space.

There will be distress and harm here, and it will be caused to the most vulnerable people in Ludlow. My strong view is that the needs of those people must take priority.

Back to numbers. As with other issues, there has been a lack of clarity about this. The planning application submitted last November made reference to *'a small group of 50'* in relation to music events. Fifty people on a hospital site, in the building next to a major clinical area and with a shared access route close to end of life care would of course be a cause for concern. That figure of 50 was not 'misinformation'. It was the number that the applicant discussed with the Council planners at pre-application stage and the number she chose to include in her planning application.

Since then, information about numbers has tended to change. One version of an online statement of 1st January said, *'The spaces are not very big and we cannot fit more than 20 people at a time in each'*, arguably giving the impression of a maximum attendance of 20. (There was no information on there being two rooms).

A very similar statement, also from 1st January, gave the information slightly differently: *'Whilst we have listed up to 50 people to ensure we are fully transparent, in reality the spaces cannot fit more than 20 people at a time in each room – there are two main rooms and they will more often than not be used one at a time as they are divided by a staircase.'* That *'more often than not'* does rather suggest that sometimes both rooms would be in use simultaneously, immediately increasing capacity to 40.

And during a visit to the site on 12th January, the applicant showed us the two rooms to which a premises license will apply, and reported the Fire Brigade had assessed them to have a capacity of up to 30 people each. This then raised the possibility of up to 60 people using the licensed premises simultaneously. At the Ludlow Residents Group meeting on 13th January, the applicant responded to a question saying there would be use of *'one room most of the time'* – again, leaving open the possibility of really quite a large number of people being present on occasion.

The Gather submission circulated by the Licensing Department on 18th January reported as an alleged 'Key Point of Misinformation' that *'50 persons will attend the premises to socialize and drink at any one time'* and adds, *'In reality, the lawful capacity for numbers is set at 30 to each room, when furnished. Incidentally, only one room will be in operation at any given time.'*

Asking questions about the number of people who will be present on the basis of published information is not 'misinformation'. It is merely trying to understand what is being proposed.

The suggestion that only one room will be in operation at any given time is new and positive information, but it does not appear to be a 'condition'. Is there a possibility that both rooms could be in use, or one room might be in use to serve alcohol while the other room is occupied by an event? The difference between a possible 30 and a possible 50 or 60 is a large one; the difference between 20 and 60 even greater. I wonder slightly about the financial viability of 20, but this would obviously cause less noise than 50 or 60. Can the Sub-Committee consider a condition on numbers?


Another suggestion on noise, although this may be one for Planning. Under the ‘Agent of Change’ principle, perhaps the new owners of the building could take responsibility – subject to NHS agreement - for creating a footpath along the southern edge of the car park, allowing pedestrians to enter and exit SY8 Studios well away from those extremely vulnerable patients in the main clinical area. It would be a much more effective mitigation than the reduction in licensing hours. Currently there is a shared access route to the two buildings and pedestrians entering or exiting SY8 Studios necessarily pass very close to that main clinical area.

Reducing the time during which alcohol will be sold is ‘damage limitation’ but genuinely not a solution to problems from noise. It would be a good suggestion in a residential neighbourhood where people are trying to sleep, for example. Unfortunately people with dementia may be losing or have lost that sense of routine, and of course are not able to turn their dementia on and off. And people at end of life cannot pre-arrange a loss of consciousness, nor schedule their own death to coincide with a time when there will be little risk of external noise. There will be harm. Genuinely, there will be harm. This is not fanciful.

How important is alcohol? Is there a way forward?

This is something I suggested on Facebook:

Gill's post ✕



Gill George
Top contributor · 23h · 🌐

OK, here's a suggestion on SY8 Studios, Ludlow Hospital and Ludlow Assembly Rooms. This is intended as a serious idea and I hope relevant people can discuss it.

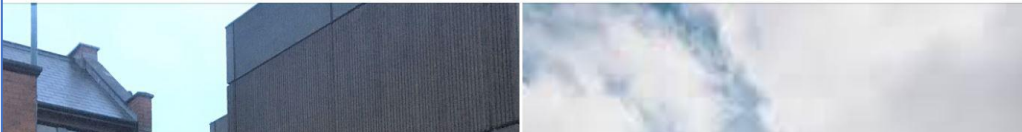
How about [Ana Belle](#) and [Steve Catanach](#) explore a collaborative arrangement here? The Ludlow Assembly Rooms is a well-established and popular community and arts venue right in the town centre. It has rooms for hire – flexible spaces of different sizes, ranging from a small meeting room to the large auditorium, with the medium-to-large Oscar's and a smaller Studio 'workshop' in between. I gather a new workshop space is in progress.

The Assembly Rooms has a bar, with a very pleasant adjacent space for people to have a drink. The licence to sell alcohol is already in place. Local pubs are nearby if preferred. Places to buy lunch are in the immediate area. There's decent access to public transport. Access to parking spaces is not bad, with the Castle Square carpark open 24/7. It's already a well-known and well-liked venue. And – very importantly indeed – it's NOT a few yards away from a clinical space where sick and dying people are receiving care.

[Ana Belle](#) has some great ideas for workshops, music, children's events, films etc. These would appear to fit with the ethos of the Assembly Rooms. Could 'Gather.At' talk to the Assembly Rooms about the possibility of hiring space to run its public events from the Assembly Rooms instead of the Ludlow Hospital site? This would be especially relevant if the events require alcohol to be sold, or are larger events, or are timetabled to finish late.

No one's objecting to these events at all, as far as I know. It's just a really, really bad idea to host them right next to the hospital ward and the end-of-life care rooms. If the events can be put on elsewhere – e.g. at the Assembly Rooms – then the SY8 Studios at the Ludlow Hospital location could revert to being about co-working, small-scale artisan production, spaces for artists etc. I think most of the worries would then melt away.

Thoughts? [Hillary D Hall](#) [Andy Boddington](#) [Tracey Huffer](#) – I'm copying you guys in.



I posted this I think in early January. This was my first off-the-cuff attempt at outlining a possible solution. It was – and still is, with minor tweaks – an absolutely sincere position and one I believe offers a possible way forward. I subsequently raised this in a meeting with the applicant and one of the owners on 12th January, and in a larger meeting on 13th January. If larger events and events where alcohol is perceived as necessary were re-located – to the Ludlow Assembly Rooms or perhaps to the Bishop Mascall Centre – the concerns around noise affecting vulnerable people would immediately disappear, along with that sharp mismatch between a public health ethos and alcohol sales on a hospital site. (Additionally, car parking issues would be sharply reduced, which residents of the area around the hospital would welcome). Co-working, smaller events, children’s events, networking etc could continue and flourish, and would almost certainly do so with solid public support.

It remains a little bit unclear why alcohol sales and the alcohol licence are so important. Two very similar statements were posted by the applicant to Facebook groups; one on the 1st January and one on the 2nd January. A third similar statement was circulated by a local Councillor who runs a blog and has an extensive list of followers. All three statements note *‘We have applied for a license that is flexible to respond to different kinds of events where the consumption of alcohol is not a priority’*. There is also mention of *‘A drink after work is something we see happening on occasion when there is an event running.’* However, two of the three statements commented: *‘A moderate alcohol offering really helps with that fund raising’*. That concerned me slightly as it seemed to go beyond the ‘single glass of wine on offer’ assumption that has been made by some strong supporters of the proposals. (These were public statements by the applicant to Facebook groups with a combined membership of thousands. I am sharing no secrets.)

Those statements further discuss alcohol in relation to fundraising: *‘We really hope to be able to fund a couple of places on each workshop to support those who are looking to broaden their horizons and learn new skills but do not have the funds to do so.’* An absolutely sound objective, clearly, and one all of us would support. The applicant explained at the 12th January meeting that alcohol sales would fund those free-of-charge places. From memory, I believe she said that selling only three drinks at an evening event would cover those costs.

On the face of it, these modest objectives could be accommodated without a need for a premises licence. An attendee at the 13th January Residents Group meeting suggested, *‘People can go down the Bridge’* (the local pub). There is also the wide choice of pubs in Ludlow town centre. These could accommodate post-work or post-event drinks readily. Small-scale post-work drinks could also perhaps be made possible through co-workers putting a bottle of wine or a few beers in the fridge. A licence to sell alcohol every weekday from noon onwards feels like overkill.

The income from selling three drinks a night to cover uncharged places on workshops – well, perhaps there could be a raffle, or a collection at events, or an occasional fundraising event, or a ‘supporters price’ for event tickets. The income derived from selling three drinks a night should be achievable through other routes.

And for those events with a significant number of participants and especially where alcohol sales/consumption are seen as necessary, the possibility could be explored of a collaborative arrangement with another venue on a basis that could benefit both parties. Is this something the Sub-Committee could discuss with the applicant? It’s a way forward that could resolve so many problems.

It may be that alcohol sales are intended to occupy a somewhat more prominent role. On 12th January, the applicant spoke of wanting to 'monetise' alcohol, and said '*alcohol is our revenue stream*'. The next day, challenged at the Residents Group meeting on alcohol sales, she told the person, '*We need as many income revenue streams as possible*'.

I have no way of knowing how important alcohol sales are to this project. If alcohol is not particularly important, perhaps that compromise can be found of moving a small proportion of events elsewhere. **If alcohol sales are intended to be a major income stream, perhaps this very sensitive hospital site is not the best location for the project.**

What do local health leaders and health workers think?

Shropshire, Telford and Wrekin Integrated Care Board:

- Shropshire Telford and Wrekin ICB (Objects)

Comment submitted date: Wed 10 Jan 2024

I am writing to lodge NHS Shropshire, Telford and Wrekin's objections to the proposed changes of use Unit 2 from Class E to a mixed use of Class E and Class F, in particular the element relating to the applications of a license to sell alcohol.

NHS Shropshire, Telford and Wrekin commission a number of services which are delivered from the Ludlow Hospital site, and this includes beds which are used for acutely unwell and patients who are in receipt of End of Life Care. The bed base is utilised 365 days a year and provides key services for the local population of Ludlow and surrounding areas. Our ambition for is that people nearing the end of their life receive high quality and compassionate care and are supported to live well and to die with dignity in a place of their choosing and it is wholly inappropriate that these beds should be housed next to an entertainment venue with the potential resultant noise and general business that this would bring to the site both in and out of hours.

In addition, Ludlow Hospital sits on a very small site and car parking and access is a specific challenge for patients and their visitors. There are also risks in relation to access to the site for emergency ambulances if required but also for general patient transport to support patients to attend appointments or to be admitted or discharged into the bed base. This could potentially bring real potential risks to our service users and we request that this is given serious consideration when a decision is being made.

The GP Surgery that provides medical input to the hospital:

Dr Station Drive Surgery (Objects)

Comment submitted date: Thu 11 Jan 2024

The surgery met with the tenant and councillors yesterday for the first time since the maternity site was sold. The meeting was useful and we can see that the company wishes to work constructively with local communities. After this meeting we also noted the ICB statement and objection, received feedback from many of our patients, have spoken with our patients group who represent our 9100 registered patients, and spoken with the staff at the hospital. All of these groups voice an overwhelming objection to the site being awarded an alcohol licence alongside concerns about access/ parking issues and impact on local residents. Our current position is to support our patients and the NHS staff position and we can therefore not support the granting of an alcohol licence. We remain committed to uplifting local communities, supporting any scheme that is inclusive of all of our population and will be open to starting to work with the tenants and project managers.

Comment submitted date: Tue 09 Jan 2024

As clinicians we completely support the ability of the public, and our patients, to be able to socialise with their friends and relatives; we recognise that being able to spend time together in social gatherings is good for mental health. However, like all things there is a "time and a place". The Ludlow hospital grounds are not that place. The hospital is filled with unwell, often very frail old, and young, patients trying desperately to get better and get back home. Hospitality venues don't offer that neighbouring environment. More importantly this is not "the time" to have joyous revelling next to the wards where patients are receiving palliative care, dying and saying their last goodbyes to their own friends and relatives. Often all we can give to a terminal patient is their dignity and a venue selling alcohol into the night does not provide that dignity in their last hours.

Strong concerns have also been raised collectively by a group of 23 hospital staff, by the Ludlow Hospital League of Friends, and by two retired hospital consultants living in Ludlow.

I very much hope that the Sub-Committee will take these views seriously. These are people who have a strong personal or professional knowledge of relevant issues; from some, first-hand, current and expert clinical knowledge. The Integrated Care Board also picks up on the issues affecting **the operational running of the hospital (including ambulance access and access for other hospital vehicles)**. Problems here have already been very real. If the project does result in large numbers of people and/or vehicles on site in the future, those problems are likely to worsen.

Other issues

There are other issues of course, but there is insufficient time to explore them thoroughly. For local residents, car parking remains a major concern, and with good reason.

Another issue does need touching on. Local campaigners and also the Ludlow Hospital League of Friends have very real concerns for the long-term future of the hospital. I am happy to discuss this more fully if wished. If inpatient care and/or end-of-life care are disrupted sufficiently that they close, it is very likely indeed that Ludlow Hospital would close down entirely. The impact on local healthcare would be significant, of course. The impact on the local economy would also be major. This is one of Ludlow's few large employers. The nature of the jobs available at Ludlow Hospital means it acts as a significant barrier to the outward migration of young people.

The Executive Summary of the Council's Statement of Licensing Policy comments, *'The Policy aims to support the Council's high level outcomes by creating an environment through the promotion of the licensing objectives that encourages people to be healthy, communities to be resilient and to develop a prosperous economy'*¹⁰.

Those are sound objectives. Responses to concerns have tended to be dismissed by people who say 'It won't happen' or 'You can just get the licence revoked if there's a problem'. The stakes are very high here, though – for individuals, for the hospital, and for the people of this town. Sometimes you don't know how valuable something is until it's gone – and sometimes it's then too late to do anything about it.

And, very briefly, on alleged **'misinformation'**. I have so far ignored these allegations on a 'life's too short' basis, but the intensity and nastiness of what is being alleged seems to be escalating. It's a shame. There is a sharp distinction to be made between disagreement and misinformation.

The 'Licensing Guys' allege misinformation around:

50 persons will attend the premises to socialize and drink at any one time. That 50 is the only number referenced by the applicant in her planning application. It was not misinformation to refer to it.

It has been claimed that the square footage of the premises is 250 square metres. That's not correct. Questions were asked by me about the intended purpose of the 250 square metres to be controlled by the applicant (the combined Unit 1 and Unit 2 area shown on SY8 Studios plans). That is not misinformation; that is seeking information. The applicant subsequently confirmed that 91 square metres was the area for which a premises licence was sought.

It is not acceptable to conduct licensable activities within 10 feet of acutely ill persons within the wards of the Hospital. In fact the nearest point to any Ward is 104 feet. I have made the point often

¹⁰ Shropshire Council. Statement of Licensing Policy. Op. cit. Executive Summary Page 2.

that the two buildings are adjacent – almost exactly 10 feet apart. I have daringly made factual statements such as *'There is a gap of 10 feet between the buildings at the narrowest point'*. That's a statement of fact, not misinformation. The location of the licensed premises within the building has only recently been publicised by the applicant.

It is planned to hold parties at the premises. I think this probably refers to a social media post I put up on the 31st December. It began *'Party party party where Ludlow women used to have babies?'* This was, I think, the day after I had been advised by a local NHS worker that these proposals even existed and that there were serious concerns about them. The only information I could find in the public domain was an application to sell alcohol from noon to 11 pm, and a planning application that referred to '50 people' attending events. And you know, if you have social drinking, and groups of friends meeting to take part in social drinking, and conceivably people who may get together because it's someone's birthday... I've no idea what the formal licencing definition of a party is, but in terms that most people would understand, that might be referred to as a party. There was no misinformation. There was simply a complete lack of available *information*.

I think what would be lovely would be if the time and energy spent on allegations of this sort could be devoted instead to finding a solution that might meet everyone's needs.

Gill George
Chair of Shropshire Defend Our NHS

31st January 2024

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We are contacting yourselves in relation to the current licence application from Art-Iculate (Shropshire) Ltd. Ref: 23/03757/LPREM. Following on from our initial objection dated 10th January 2024, we have been given supported information dated 17th January 2024.

In response to the information provided both in written and video form we, as a group of staff at Ludlow hospital, still object to the licence application.

Looking at your planning permission, the supporting documents state that the request is for up to 50 people, yet your alcohol licence request is for 30 people. The social media posts mention youth/younger generation/school age participants and talks for children as a major part of your plan. These younger people will not be needing alcohol, yet you seem to push this as a reason to not object?

In terms of the misinformation you mention, please note all 23 of us have read your supporting documentation and have made our own decisions, with absolutely no influence from any person who does not work for the hospital. The nursing staff named at the end of this letter have a duty of care and a code of conduct to abide by. Ensuring patient safety and dignity are maintained at all times is the Nursing and Midwifery Council basic standard.

With regards to proximity to the ward, we have attached a copy of the building plans in which you can see just how close the buildings are. The area in green is the ward closest to the building in question, with end-of-life rooms being at the southernmost part of the hospital building and the area in red is designated parking for the building named in the licence request. As you can see, they are incredibly close. Staff working on the ward for day shift leave the building between 21:30-21:45. The updated times of alcohol sales that you suggest for ON-Sales are until 21:00, with the building closing at 22:30. By this time, the night shift will have provided all bedtime medication to patients and lights will have been dimmed down in the bays and side rooms. If you have people leaving your building from 22:30 this then causes noise from people standing outside talking, car engines starting and leaving the car park with headlights facing the hospital building. If people are not able to drive due to having an alcoholic drink, they may call a taxi or get picked up, still causing noise after we have settled the patients down for the night. As stated in our first written objection, during the summer months we have our side room and bay windows open to encourage fresh air.

Again, not a licensing issue as such, however you state that you will have 13 parking spaces, which in the planning request is 1 space per unit with 5 extras to be shared. 13 spaces for up to 50 people (planning application) or 30 people (licence application) is not sufficient and parking is already an issue for the hospital staff and patients (maternity patients, dialysis patients, minor injury and outpatients). You say you will encourage people to walk and cycle, however, with your suggestion of alcohol sales for people to take away, walking and cycling is not feasible, they will need some kind of vehicle to collect these purchases. Even with encouragement to park elsewhere, there will still be those that will come and park on-site.

We took note in your video of the one stop shop that is not on the hospital premises and absolutely nowhere near the ward with inpatients. They have a parking area on-site and may have 1 or 2 people visit at one time, rather than the up to 30/50 people (depending on what application you are referring to) that will be attending your premises.

Please be aware, we have no objection to the plans for coffee roastery and co-working spaces, as discussed with the initial planning permission. What we are objecting to is the need for an alcohol licence with reasons being documented in both this letter and our original letter on the 10th of January. We also object to the aggressive and threatening phone call made to the hospital manager to get us to retract our objection. We are a group of 23 members of staff objecting the licence due to the patients and their relatives that we care for and have their best interests at the forefront of our decision.

Best regards,

Emma Byrne

Louisa Hughes

Carol Bond

Carol Morgan

Sandra Cade

Adam Davies

Alison Proudman

Precious Chiyangwa

Amanda Houghton

Rachel Cullen

Christine Cambell

Viv cooper

Tara Ingram

Jackie Robinson

Ogonna Onwunatat

Ruth Bozkurt

Corinna Connor

Jacki Watts

Kriss Cooper

Lois Watts

Sharon Oertel

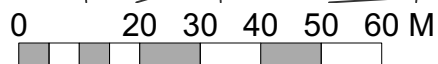
Kerrie Lloyd

Jenna Davies

Due to the fact that that we all work at the hospital which provides a 24 hour service, we are not able to attend the meeting on Monday. This is due to working shift patterns of day and night and some staff being on annual leave. Also the meeting is not within a distance where we could come during a break in our shift. We are all happy that what has been put in both documents supports our objections.



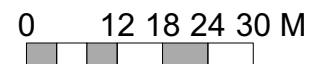
1 AERIAL VIEW
Not to scale



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SITE LOCATION PLAN

1:1250 @ A3

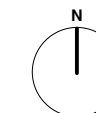


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PROPOSED BLOCK PLAN

1:500 @ A3

- 1 Do not scale off this drawing.
- 2 Any discrepancies to be referred to the Architect.
- 3 This drawing is to be read in conjunction with all relevant specifications and other drawings issued by the Architect, and other specialists.
- 4 This drawing is copyright and is not to be reproduced without RRA permission.
- 5 IF IN DOUBT, ASK.



Revision	Description	Date	Check	Rev



RRA Architects Ltd

Unit A7, Elmbridge Court,
Cheltenham Road East
Gloucester GL3 1JZ

T 01242 269 374

E enquiries@rraarchitects.com

www.rraarchitects.com

London
T 0203 130 0398

Hereford
T 01432 278 707

Ludlow
T 01584 519 747

Gloucestershire
T 01242 269374

Client :

Project :

MATERNITY WARD AT LUDLOW HOSPITAL

Drawing Title :

Location and Proposed Block Plan

Status	Date	Drawn By
PLANNING	MAY 2022	DH
Drawing No.	Revision	Scale
4170_P(0)01	-	As shown

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