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NHS Cambridgeshire and NHS Peterborough
working in partnership

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Dear Licensing Team

Consultation on the amendment to Peterborough City Council's Statement of Licensing Policy to include a Cumulative Impact Policy (CIP) in respect of the area known as Operation Can-Do

I am writing to express my support for the proposed Cumulative Impact Policy (CIP) in the Operation Can-Do neighbourhood.

Worldwide, alcohol misuse is the third greatest contributor to ill-healthⁱ. It is estimatedⁱⁱ that 12% of the Peterborough population (13,650 people) drink above the recommended levels, increasing the risk of damaging their health, with a further 2% (2,768 people) who drink at very heavy levels which significantly increase the risk of damaging their health and may have already caused some harm to their health.

Peterborough also suffers a higher than average rate of alcohol-related hospital admissionsⁱⁱⁱ and it is an objective to reduce these and the associated health burden upon individuals, families and the community. Alcohol-related hospital admissions from Central and North wards in the Operation Can-Do area are among the highest for any neighbourhood in Peterborough. The Millfield area enjoys a particularly diverse population, including many from other European Union states and World Health Organisation data^{iv} shows considerably higher rates of liver cirrhosis among people from Lithuania, Latvia, Poland and Portugal than the UK average.

Notwithstanding the human costs borne by victims of crime and individuals affected by their own drinking or that of someone close to them, the financial cost of alcohol misuse to Peterborough, based upon national data on health, crime and absenteeism, is estimated at £22m annually^v.

We believe it is important that we strive to reduce alcohol-related harm among all people living in our city. The problem requires a multi-dimensional, multi-agency approach and Public Health supports partnership approaches to concerns regarding community cohesion and anti-social behaviour. We have seen police data showing crime and ASB to take place late into the evening in the Lincoln Road area and our own analysis shows the Operation Can-Do area to have the highest density of licensed outlets in the city already. We therefore believe that there is sufficient access to alcohol in the area to merit the introduction of the CIP presumption against granting further licenses, subject to the conditions described in the consultation briefing.

ⁱ Global Health Risks, WHO

ⁱⁱ Alcohol Concern Mapping Project, 2012

ⁱⁱⁱ Local Alcohol Profile England (LAPE) NW Region Public Health Observatory, 2012

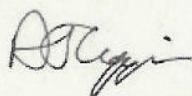
^{iv} WHO, 2005

^v NICE, Local Government Public Health Briefing, 12 October 2012

The National Alcohol Strategy published in March 2012 indicated Government's intention to introduce a "health" ground for objection to granting licences, particularly in areas where a CIP is in place. Alongside the Safer Peterborough Partnership, Public Health has registered its support for this measure as it is our view that concerns for health should have formal weight in the licensing process.

Alcohol is a dangerous drug and we consider licensing regulation to be an important contributor to reducing harm by restricting availability and safeguarding the public, including the young and vulnerable. I therefore welcome the ambition to introduce a CIP and look forward to Public Health's contribution to its effective deployment.

Yours faithfully



Dr Andy Liggins
Director of Public Health