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14th of October 2020.

Thank you for your recent communication regarding the consultation on the Licensing Cumulative Impact Policy. As you will be aware, since April 2013, Directors of Public Health (DPH) have been included as Responsible Authorities under the Licensing Act 2003. Although the protection of public health is not a discrete licensing objective, it can be pertinent to each of the licensing objectives. The role of the DPH is to help promote the health and wellbeing of the local populations they serve. Promotion of the licensing objectives, which collectively seek to protect the quality of life for those who live and work in the vicinity of licensed premises and those who socialise in licensed premises is an important contribution to this.

I am writing in support of the continuation of the Cumulative Impact Policy (CIP) in place for the 'Op Can-Do' area of Peterborough. These comments have been formulated using relevant data and evidence, and guidance from Public Health England.

The impact of alcohol on health and wellbeing of Peterborough residents:

Public Health England's evidence of review of the impact of alcohol and the effectiveness of alcohol control policies⁽¹⁾ states that alcohol is now the leading risk factor for ill-health, premature death and disability in people aged between 15 and 49, the fifth leading risk factor for ill-health across all age groups. Alcohol is known to be a cause of over 200 health conditions and has a number of social negative impacts, including loss of earnings or unemployment, family or relationship problems and problems with the law. Many of these harms affect both the drinker and those around them, including families, friends and strangers.

These harmful effects place considerable economic burden on the government and health system, and individuals affected; the Cabinet Office estimate placed the economic costs of alcohol in England at around £21 billion in 2012.

¹ Public Health England, 2016. The Public Health Burden of Alcohol and the Effectiveness and Cost- Effectiveness of Alcohol Control Policies – an evidence review.

² National Institute for Health and Care Excellence, 2010. Public Health Guideline (PH24) – Alcohol-use disorders: prevention & National Institute for Health and Care Excellence, 2014. Evidence update 54 – a summary of selected new evidence relevant to NICE public health guidance 24.

³ Public Health England, 2018. Local Authority Health Profile – Peterborough.

There are inequalities associated with alcohol-related harm, with children, women and people with lower socioeconomic status all experiencing higher levels of alcohol-related harm. In the English population, rates of alcohol-specific and related mortality increase as levels of deprivation increase and alcohol-related liver disease is strongly related to socioeconomic gradient.

The link between alcohol outlet density and alcohol-related harms:

A considerable body of research examines the relationship between alcohol outlet density (AOD) and alcohol-related harms. This shows that areas with more deprivation tend to have greater AOD which means that regulating the local availability of alcohol has the potential to reduce health inequalities (1), which supports the use of the CIP in the 'Op Can-Do' area which has high levels of deprivation.

There is strong evidence for a relationship between AOD and problems associated with social disorder. Although the relationship between AOD and alcohol consumption and alcohol-related harm is more complex and largely obtained from other countries, a number of systematic reviews have identified that higher levels of AOD are associated with greater alcohol consumption, alcohol related violence, injuries, alcohol-related road traffic crashes, sexually transmitted infections, child abuse and neglect and suicide. This evidence supports the use of policies, such as cumulative impact policies, to limit AOD within areas, particularly those of high deprivation, such as the 'Op Can-Do' area.

In addition, the National Institute for Health and Care Excellence (NICE) public health guideline on the prevention of alcohol-use disorders (2), concludes that reducing the number of outlets selling it in a given area and the days and hours when it can be sold, is an effective way of reducing alcohol-related harm. The guidelines recommend that a cumulative impact policy should be used where an area is saturated with licensed premises and the evidence suggests that additional premises may affect the licensing Objectives.

The need for a cumulative impact policy in the 'Op Can-Do' area:

I support the need for a CIP in the 'Op Can-Do' area in line with the following licensing objectives:

1 Public Health England, 2016. The Public Health Burden of Alcohol and the Effectiveness and Cost- Effectiveness of Alcohol Control Policies – an evidence review.

2 National Institute for Health and Care Excellence, 2010. Public Health Guideline (PH24) – Alcohol-use disorders: prevention & National Institute for Health and Care Excellence, 2014. Evidence update 54 – a summary of selected new evidence relevant to NICE public health guidance 24.

3 Public Health England, 2018. Local Authority Health Profile – Peterborough.

(i) The prevention of crime and disorder:

There is a high density of premises selling alcohol in the 'Op Can-Do'. Peterborough has relatively high levels of deprivation compared with the rest of Cambridgeshire and is the most deprived lower tier area in Cambridgeshire and Peterborough. East and Central wards are among the most deprived in the City according to the IMD 2019. In addition, the 'Op Can- Do' area is within an area subject to significant level of crime and disorder (See PES response to the CIZ). Which provides evidence of:

- 115 alcohol related incidents between May 2019 and May 2020 in Millfield and New England
- Clear problem hot spots around the Triangle, Century Square, Gladstone Park and Fulbridge Road Recreation Area
- A public consultation with 51 responses including area covered by the Can Do Area showing a need for designated Public Spaces Protection Orders
- A log of specific incidents in the area.

Minimising growth of alcohol related premises in the Can Do Area is therefore important in preventing crime and disorder, and protecting the health and wellbeing of the local population.

(ii) Public safety:

Alcohol related hospital admissions have improved in recent years in Peterborough overall but there is still a significant problem in Central Ward and East Ward. Rates are of concern and there is a statistically significant higher number of admissions in these wards compared with the rest of Peterborough). In the most recent data available from 18/19 a total of 63 (equal to 783 people per 100,000) individuals from East Ward and 83 (equal to 728 people per 100,000) from central ward were admitted to hospital for an alcohol related hospital admission. This compares with only 10 in Hargate and Hempstead (equal to 184 per 100,000) ⁽³⁾. Minimising the availability of alcohol, especially in areas of high AOD such as the 'Op Can-Do' area, is therefore important to protect the health and safety of Peterborough residents and visitors.

(iii) The protection of children from harm:

Children and young people are more vulnerable to alcohol related harm. Families may be affected by alcohol in a variety of ways including violence, financial

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³ Public Health England, 2018. Local Authority Health Profile – Peterborough.

problems, absenteeism from school and disrupted relationships, and there is a strong relationship between alcohol misuse and child maltreatment. A number of studies have identified that higher levels of AOD are associated with greater alcohol related consumption and alcohol-related harm, including those that affect children, such as violence. Minimising the growth of AOD in the 'Op Can-Do' area, an area of high deprivation in Peterborough, is therefore important to protect children from harm.

Summary:

Alcohol can have significant negative health, social and economic impacts on communities, many of which are heightened in areas of high alcohol outlet density, such as the 'Op Can- Do' area. In addition, there are inequalities associated with alcohol-related harm, with more deprived communities, such as those in the 'Op Can-Do' area experiencing greater levels of harms. In line with the licensing objectives outline above, I therefore support the continuation of the cumulative impact policy in this area and would urge the licensing authority to consider the use of cumulative impact policies in other areas where a need is identified, including areas with high alcohol outlet density and high levels of deprivation.



**Dr Liz Robin MBBS FFPH
Director of Public Health
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1 Public Health England, 2016. The Public Health Burden of Alcohol and the Effectiveness and Cost- Effectiveness of Alcohol Control Policies – an evidence review.

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