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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 licencing 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 areas of Gladstone, Millfield and New England also known '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 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.

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.

⁴ Alcohol outlet density and alcohol related hospital admissions in England: a national small-area level ecological study

These harmful effects place a considerable economic burden on the government and health criminal justice and social care systems and budgets, and individuals affected; the Cabinet Office estimate placed the economic costs of alcohol in England at around £21 billion in 2012. Whilst there are no up to date cost figures, the lack of a National Strategy on Alcohol and signs of increased drinking during the global pandemic would indicate the burden is still considerable.

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.

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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:

The relationship between Alcohol Outlet Density (AOD) and alcohol-related harms has been well researched. 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. Historically the studies focussing on the relationship between AOD and alcohol; related harm have been international. There is good evidence now from an English study which found "admissions wholly attributable to alcohol were 22% higher where there is higher density of outlets" and "Convenience stores selling alcohol; selling alcohol are associated with higher hospital admission rates". (4).

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 (2).

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 as it will support the following licensing objectives:

(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 Central, Dogsthorpe and North wards are among the most deprived in the City according to the IMD 2019. These are all close by to the CIZ area see table 1 below.

Table 1: Index of Multiple Deprivation ranking for Peterborough wards.

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.

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Ward Name	IMD score (National)	IMD decile (National)
Barnack	11.7	8
Bretton	40.1	1
Central	39.4	1
Dogsthorpe	42.6	1
East	34.9	2
Eye, Thorney and Newborough	21.7	4
Fletton and Stanground	25.3	3
Fletton and Woodston	19.6	4
Glinton and Castor	10.3	8
Gunthorpe	16.9	5
Hampton Vale	17.7	5
Hargate and Hempsted	14.3	6
North	41.0	1
Orton Longueville	42.1	1
Orton Waterville	19.6	4
Park	24.5	3
Paston and Walton	35.9	1
Ravensthorpe	34.1	2
Stanground South	24.5	3
Werrington	16.5	5
West	19.8	4
Wittering	11.2	8

Source: Ward level deprivation calculated by aggregating from LSOA level, provided by the Ministry of Housing, Communities, and Local Governments, 2019. [2018 ward boundaries are used].

In addition, the 'Op Can- Do' area is within an area subject to significant level of crime and disorder (See Safer Communities Response detailing a long list of challenges and issues in the area, including continuing issues ongoing since the last review in 2020). This is backed up by recent Police data which shows:

- 189 Athena crime records with either Alcohol as a keyword or a 'Street Drinking' or 'Drunken Behaviour' category between the 1st of April 2022 and the 31st of March 2023. In the wards of Central, Dogsthorpe, North, Park and East all near to or partially within the CIZ area. (source Cambridgeshire Constabulary).

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 Specific Hospital Admissions.

This indicator includes admissions to hospital where the primary diagnosis is an alcohol-attributable code.

Alcohol specific admissions by Ward for Peterborough, 2022/2023 (Table 2)

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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Area	2022/23		
	Rate	Lower CI	Upper CI
Barnack	628	375	982
Bretton	339	230	483
Central	684	532	864
Dogsthorpe	470	334	643
East	681	524	870
Eye, Thorney and Newborough	285	187	415
Fletton and Stanground	486	355	649
Fletton and Woodston	564	409	756
Glington and Castor	384	242	574
Gunthorpe	177	99	293
Hampton Vale	242	141	383
Hargate and Hempsted	825	521	1,220
North	695	530	894
Orton Longueville	371	258	517
Orton Waterville	418	293	578
Park	536	394	713
Paston and Walton	356	247	496
Ravensthorpe	494	364	655
Stanground South	354	230	519
Werrington	468	346	620
West	325	186	525
Wittering	265	113	525
Peterborough Total	456	425	488

Source: fingertips.phe.org.uk

	Statistically significantly lower than England average
	Statistically similar to the England average
	Statistically significantly higher than England average

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Alcohol related hospital admissions have improved in recent years in Peterborough overall, but there are particular issues in some of the wards within or close by to the CIZ area. In the most recent data 684 per 100,000 people in Central Ward were admitted to hospital and is a particular concern (highest ward overall). Nearby East Ward is also a concern with 681 per 100,000 being admitted to hospital (3rd highest ward overall). Both areas are statistically significant higher number of admissions in these wards compared with England. Parts of North Ward are in the CIZ and this ward has a rate of 695 per 100,000 admitted to hospital here (5th highest in Peterborough).

There rates compare with 456 per 100,000 for Peterborough as a whole and a rate of only 177 per 100,000 in Gunthorpe which has the lowest rates in Peterborough. So overall the picture remains that minimising the availability of alcohol in areas of AOD such as the 'OP Can-Do' area is therefore important to protect the health and safety of Peterborough residents and visitors. Also worth highlighting there are high rates is Hargate and Hempsted which require further investigation, this is a new finding and sits outside of the CIZ review and area.

(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 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:

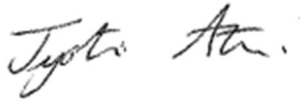
Alcohol can have significant negative health, social and economic impacts on communities, many of which are heightened in areas of high alcohol outlet density, such as the 'Op Can- Do' area. In addition, there are inequalities associated with alcohol-related harm, with more deprived communities, such 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.

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