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Date: 4<sup>th</sup> October 2018

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Dear Licensing Manager,

**South Cambridgeshire District Council - Draft Statement of Licensing (2003 Act) Policy – Consultation Response**

Thank you for your recent communication regarding the consultation on the Statement of Licensing Policy for South Cambridgeshire District Council (SCDC). As you will be aware, since April 2013 Directors of Public Health (DPH) have been included as Responsible Authorities under the Licensing Act 2003. 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.

Please find below our comments on the draft policy for your consideration. These comments have been formulated, in part, from Public Health England guidance and examples of good practice from elsewhere.

Licensing Objectives (page 6)

2.2 Please add "*the Director of Public Health*" to the list of partners who the Council will work closely with in meeting the objectives.

Public Health as a Responsible Authority

Following the introduction of public health as a Responsible Authority, we would recommend that the Statement of Licensing Policy includes a section on public health. This has been identified as good practice by Public Health England and is included in other licensing authorities' Statement of Licensing Policies.

We would like to suggest the inclusion of the following text following section 2 on Licensing Objectives:

*"3. Public Health:*

*3.1 The Director of Public Health (DPH) is now recognised as a Responsible Authority under the Licensing Act 2003, with all of the powers and responsibilities this brings.*

*3.2 The licensing authority recognises that alcohol can cause harm and supports the commitment of the Cambridgeshire Health and Wellbeing Strategy to 'minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing'.*

*3.3 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.*

3.4 The licensing authority recognises that the DPH is able to provide useful data and evidence of alcohol-related harms, such as health services activity data, which may be directly relevant to an application under the Act.”

#### Integration with Council Strategies (Page 11)

12.1 – Please consider adding “*Health and Wellbeing Strategy*” within the list of strategies that the policy seeks to integrate. SCDC statement of licensing policy will have key links to Cambridgeshire’s Health & Wellbeing Board and local work undertaken by the Greater Cambridge Living Well Area Partnership Board.

#### Cumulative Impact (Page 7)

We welcome the inclusion of the section on Cumulative Impact in the Statement of Licensing Policy. A considerable body of research examines the relationship between alcohol outlet density (AOD) and alcohol-related harms. There is strong evidence for a relationship between AOD and problems associated with social disorder<sup>1</sup>. 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.

In addition, the National Institute for Health and Care Excellence (NICE) public health guideline on the prevention of alcohol-use disorders<sup>2</sup>, 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.

Please therefore consider adding the following into section 4, page 7:

*“There is strong evidence for a relationship between alcohol outlet density and alcohol-related harms, including social disorder. Cumulative Impact Policies can be a useful tool in limiting alcohol outlet density.”*

Thank you for taking the time to consider these comments, we look forward to receiving the final document and working with SCDC on alcohol licensing going forward.



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**Director of Public Health**  
**Cambridgeshire County Council**

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

<sup>2</sup> 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.