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10<sup>th</sup> November 2023

Dear Luke,

Thank you for the opportunity to review the current Cambridge City 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.

**The impact of alcohol on health and wellbeing of Cambridge residents:**

The impact of alcohol on health and wellbeing of Cambridge 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 contributory factor in 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 a considerable economic burden on the government and health, criminal justice and social care systems and budgets, individuals affected and their families; 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.

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.

- (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) Alcohol outlet density and alcohol related hospital admissions in England: a national small-area level ecological study
- (4) Public Health England, 2018. Local Authority Health Profile – Cambridge.

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

Cambridge is a world-renowned city and a centre for tourism, commerce, and study, with a global reach. Over recent years the hospitality and entertainment industry has continued to thrive and whilst this brings jobs and opportunities it also brings its own challenges and has impacts on the local community. There are a total of 659 licensed premises in Cambridge of which over half 357 fall in the small area of the CIZ zones. A considerable body of research examines the relationship between alcohol outlet density (AOD) and alcohol-related harms.

The relationship between Alcohol Outlet Density (AOD) and alcohol-related harms has been well researched. 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 “higher densities of on-trade outlets (pubs, bars and nightclubs; restaurants licensed to sell alcohol; other on-trade outlets) and convenience stores were associated with higher admission rate ratios for acute and chronic wholly attributable conditions”.

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 to for CIP areas in Cambridge**

**Public health is in support of the continued CIP and zones in Cambridge in line with the following objectives:**

#### **(i) Protection of crime and disorder.**

There is a high density of premises selling alcohol in Cambridge and the majority of them concentrated in the CIZ Zones. There is strong evidence for a relationship between AOD and problems associated with social disorder (1) which affects the health and wellbeing of a local population.

#### **(ii) Public safety:**

Alcohol-related hospital admissions are a very significant issue in Cambridge with many of the associated public health indicators being worse in Cambridge than the England average. This demonstrates that alcohol is affecting the health of Cambridge residents. Table 1 below illustrates that out of the 14 wards in Cambridge, 8 of them have hospital admissions for alcohol attributable conditions higher than the England average. As a City as well overall Cambridge has higher rates of admissions than England.

- (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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**TABLE 1. Hospital admissions for alcohol attributable conditions (Broad definition), 2016-17 to 2020-21**

| Area            | Ratio | Lower CI | Upper CI |
|-----------------|-------|----------|----------|
| Abbey           | 173.1 | 162.6    | 184      |
| King's Hedges   | 164.9 | 154.8    | 175.6    |
| East Chesterton | 148.5 | 139.1    | 158.3    |
| Coleridge       | 140.6 | 131.3    | 150.4    |
| Romsey          | 125.3 | 115.6    | 135.5    |
| Cherry Hinton   | 123.2 | 114.7    | 132.2    |
| Arbury          | 122.5 | 114.1    | 131.3    |
| Petersfield     | 115.5 | 107.1    | 124.3    |
| West Chesterton | 106.6 | 99.2     | 114.5    |
| Trumpington     | 97.7  | 89.4     | 106.7    |
| Market          | 91.1  | 82.7     | 100.2    |
| Queen Edith's   | 79.8  | 73.2     | 86.9     |
| Castle          | 63.7  | 53       | 75.9     |
| Newnham         | 53.7  | 47.8     | 60.2     |
| Cambridge       | 117.8 | 115.4    | 120.2    |
| England         | 100   | 99.9     | 100.1    |

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

Source: [fingertips.phe.org.uk](http://fingertips.phe.org.uk)

**Note:** An indirectly age standardised ratio is used for this indicator. This is based on a comparison of observed to expected numbers of events or cases, achieved by applying age-specific rates from a 'standard population' to the population of interest. A ratio greater than 100.0 indicates that more admissions have occurred than would have been expected, whereas a rate lower than 100.0 indicates that less admissions have occurred than expected.

I have also reviewed the data available on the types of alcohol related conditions residents of Cambridge are admitted to hospital for, see table 2 below.

**TABLE 2**

| Alcohol-related indicators for Cambridge, RAG-rated against England   |         |                  |         |
|---|---------|------------------|---------|
| Indicator   | Period  | Rate per 100,000 |         |
|   |         | Cambridge        | England |
| Admission episodes for mental and behavioural disorders due to use of alcohol (broad) (Persons)   | 2021/22 | 454              | 404     |
| Admission episodes for mental and behavioural disorders due to use of alcohol (broad) (Male)  | 2021/22 | 694              | 587     |
| Admission episodes for alcoholic liver disease (broad) (Male)   | 2021/22 | 281.1            | 213.1   |
| Admission episodes for mental and behavioural disorders due to use of alcohol (narrow) (Persons)  | 2021/22 | 86.9             | 67.2    |
| Admission episodes for mental and behavioural disorders due to use of alcohol (narrow) (Male)   | 2021/22 | 152.9            | 96      |
| Admission episodes for alcohol-related conditions (narrow) - Over 65s (Persons)   | 2021/22 | 961              | 810     |
| Admission episodes for alcohol-related conditions (narrow) - Over 65s (Male)  | 2021/22 | 1,667            | 1,275   |
| Source: Fingertips (Calculated by OHID, based on NHS Digital Hospital Episode Statistics (HES) data and Population estimates from Office for National Statistics (ONS)) |         |                  |         |
| <b>Significantly worse than England</b>   |         |                  |         |

The table highlights a total of 7 separate alcohol related indicators where residents of Cambridge have admissions significantly worse than England. Admissions for alcoholic liver disease indicate long exposure to alcohol with a cumulative impact over time. We are also seeing high rates of admissions for the over 65's and in particular males. Higher rates of drinking among this age group is likely to impact on other health conditions and increase the risk of falls and injury impacting on independent living. This is also clearly a link between excessive alcohol use and mental health leading to associated admissions and behaviours.

- (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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As well as the health impacts of alcohol use in Cambridge I am also aware alcohol related violence and incidents in Cambridge. Table 3 below highlights this at a ward level. Market Ward where which has the highest concentration of pubs and clubs, has the highest number of incidents illustrating the link between the number of premises and incidents and crimes.

TABLE 3

| Wards in order of no. of licenced premises | Licensed Premises | Alcohol related Incs. & crimes |
|--|-------------------|--------------------------------|
| Market                                     | 254               | 665                            |
| Petersfield                                | 79                | 146                            |
| Newnham                                    | 50                | 32                             |
| West Chesterton                            | 49                | 118                            |
| Coleridge                                  | 42                | 83                             |
| Abbey                                      | 35                | 138                            |
| Romsey                                     | 33                | 82                             |
| Castle                                     | 21                | 52                             |
| Trumpington                                | 18                | 166                            |
| Cherry Hinton                              | 18                | 51                             |
| Arbury                                     | 16                | 115                            |
| East Chesterton                            | 16                | 108                            |
| King's Hedges                              | 15                | 129                            |
| Queen Edith's                              | 13                | 68                             |

***(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 (1). 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.

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. Cambridge is already saturated with premises.

- (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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Given the health impacts across all of Cambridge, with alcohol related admissions being statistically significantly worse than the England average, and the fact that the majority of premises are concentrated in the current CIZ zones. As Director of Public Health, I would like to support the continuation of the current CIZ arrangements in place.

**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 Cambridge. In addition, there are health inequalities associated with alcohol-related harm, with Cambridge receiving statistically higher hospital admission across all measures than the English average. 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 Cambridge and the zones as currently in place.

Your Sincerely,

A black rectangular redaction box covering the signature of the Director of Public Health.

Jyoti Atri (Director of Public Health)

- (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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