

REPORT OF THE EXECUTIVE DIRECTOR OF ECONOMY AND PLACE

LICENSING COMMITTEE – 2 JULY 2018

LICENSING ACT 2003 – RESULTS OF CONSULTATION ON CUMULATIVE IMPACT ASSESSMENT

1. Purpose of the Report

- 1.1 To inform the Committee of the outcome of the consultation exercise undertaken in relation to a proposed cumulative impact assessment under the Licensing Act 2003 (“the Act”), to seek the further views of the Committee in relation to the proposed assessment and, subject thereto, to ask the Committee to recommend to Council that the cumulative impact assessment be published in accordance with section 5A of the Act

2. Description of Decision (Recommendations)

- 2.1 The Committee is asked (1) to consider the outcome of the consultation exercise undertaken in relation to the proposed cumulative impact assessment under the Licensing Act 2003 (“the Act”), (2) to consider any amendment required as a result of the consultation responses received and, subject thereto, (3) to recommend to Council that the cumulative impact assessment be published in accordance with section 5A of the Act.

3. Introduction/Background

- 3.1 On 5 February 2018 the Committee received a report with regard to a proposal that the Council should introduce a policy relating to cumulative impact of licensed premises. The Committee agreed that the Council should commence the process necessary to introduce such a policy.

- 3.2 The Act permits a licensing authority to publish a document known as a “cumulative impact assessment” which states that the licensing authority considers that the number of relevant authorisations in respect of premises in one or more parts of its area described in the assessment is such that it is likely that it would be inconsistent with the authority's duty to promote the licensing objectives, namely:

- Prevention of crime and disorder,
- Public safety,
- Prevention of public nuisance, and
- Protection of children from harm,

to grant any further relevant authorisations in the area or areas identified. The term “relevant authorisations” means premises licences and club premises certificates.

- 3.3 A cumulative impact assessment does not prevent the grant or variation of a

licence and a responsible authority or other person would still need to make a representation to challenge an application. However, the existence of the assessment would give rise to a presumption that an application for a licence that would be likely to add to the existing cumulative impact will normally be refused, or subjected to limitations, unless the applicant can demonstrate that there will be no negative cumulative impact on the licensing objectives.

- 3.4 Before publishing such a document the Act requires the licensing authority to consult certain persons, namely:
- The chief officer of police for the licensing authority's area.
 - The fire and rescue authority for that area.
 - Each Local Health Board for an area, any part of which is in the licensing authority's area.
 - Each local authority exercising public health functions within the meaning of the National Health Service Act 2006 in the area.
 - Such persons as the licensing authority considers to be representative of holders of premises licenses, club premises certificates and personal licences issued by the authority.
 - Such other persons as the licensing authority considers to be representative of businesses and residents in the area.

In accordance with the above, the consultation exercise undertaken upon the proposed cumulative impact assessment attached as Appendix A included consultation with the parties in Appendix C.

- 3.5 The Act further requires that the licensing authority must review any cumulative impact assessment no later than three years after its publication.
- 3.6 Should the Committee agree that this matter be taken forward, the law requires that full Council must take any decision to publish such a document.

4. Current Position

- 4.1 Comments on the proposed cumulative impact assessment were received from the following person and organisations:
- The Council's Director of Public Health;
 - Northumbria Police;
 - Sunderland NHS Clinical Commissioning Group;
 - The Council's Associate Lead for Community Safety; and
 - Balance, the North East Alcohol Office.
- 4.2 The consultation responses are attached as Appendix B.
- 4.3 The responses from the consultees were supportive of the proposed cumulative impact assessment.
- 4.4 The Committee is invited to consider the following detailed points in relation to the response received from Northumbria Police.

- 4.5 The Police wish Hylton Road near Millfield Metro Station, Sulgrave and Concord to be included within cumulative impact assessment areas and it can be confirmed that these areas are included within the proposal.
- 4.6 The Police suggest that other parts of City, not identified in the proposal, should be considered for inclusion in a cumulative impact assessment area. In response, the Committee may wish to note that, although the City-wide evidence-gathering exercise which supports the current proposal did not suggest a need for coverage of other areas, the licensing authority is, as mentioned above, required to periodically review the document and so other areas can be considered for designation at that time.
- 4.7 In respect of the proposed cumulative impact assessment for Southwick, the Police comment that there are a number of large off licensed premises near the area and so a new cumulative impact assessment area is unlikely to improve the levels of alcohol-related crime. The Committee may wish to accept this point but consider that, given that the evidence exists to support the introduction of a cumulative impact assessment area in Southwick, the licensing authority may legitimately act to prevent the situation deteriorating should new licences be granted.
- 4.8 In respect of the Millfield and Pallion area, the Police comment with regard to the numbers of public houses in that area. In response, the Committee may wish to note that the proposals relate to off licences also.
- 4.9 The Police comment that a cumulative impact assessment area may not be necessary in Shiney Row as the proposed area contains few licensed premises and they do not foresee expansion of this number other than regard to fast food outlets. In response, the Committee may wish to note that the evidence exists to support the introduction of a cumulative impact assessment area in that area and that the operators are entitled to apply for licences to sell alcohol.
- 4.10 In light of the generally positive comments upon the proposals, it is not considered necessary, subject to the view of the Licensing Committee, to suggest any changes to the document proposed for consideration by full Council.

5. Reasons for the Decision

- 5.1 To enable the Council to fulfil its statutory duty of carrying out its functions under the Act with a view to promoting the licensing objectives

6.0 Alternative Options

- 6.1 No alternative options are suggested as, given the evidence available, it appears necessary, in order to fulfil a statutory duty, that the Council publishes a cumulative impact assessment.

7.0 Relevant Considerations/Consultation

- 7.1 None.

8.0 Glossary

- 8.1 None.

9.0 List of Appendices

- 9.1 Appendix A – Proposed cumulative impact assessment
- Appendix B – Consultation responses
- Appendix C – List of consultees

Appendix A
Proposed Cumulative Impact
Assessment

Cumulative Impact Assessment

1. The Council considers that, in specified parts of the City, the number of premises licences and/or club premises certificates (relevant authorisations) are such that it is likely that it would be inconsistent with our duty to promote the licensing objectives set out by the Licensing Act 2003 to grant any further relevant authorisations in respect of premises in those areas. The evidential basis for our opinion is set out in Appendices 1,2 and 3. Appendix 4 contains maps of the relevant parts of the City. This assessment relates to the grant of premises licences or club premises certificates in these areas, where the premises are proposed to be authorised to sell alcohol.
2. This assessment does not relieve responsible authorities (or any other persons) of the need to make a relevant representation, before the Council may lawfully refuse an application.
3. The Council will consider properly the circumstances of all applications in respect of which relevant representations are received. Those applications which are considered to be unlikely to add to the existing cumulative impact upon the licensing objectives may be granted.
4. The Council intends that the City Centre should remain as an area where it would encourage business to set up. The Council recognises that a dynamic trading environment will feature applications for new licences. The Council considers that the operation of well-run, high quality licensed premises should not have an impact upon the licensing objectives. The Council, therefore, would welcome the submission of applications for new licences by businesses whose operations would significantly enhance the economic vitality of the City Centre.

Appendix 1

Evidential Basis for the Cumulative Impact Assessment of numbers of Licensed Premises

- 1.1 Compared with other local authority areas in England, the available relevant data shows that Sunderland as a whole has particular problems associated with alcohol. For example, Sunderland is in the worst 10% of the 152 upper tier local authority populations for alcohol-specific hospital admissions of young people aged under 18 (second highest) and hospital admission episodes for alcohol-related conditions (all people) (12th highest).
- 1.2 Research into the views of residents and business people in the City upon the about certain parts of the City. Data held by the Council, NHS and the Police, either covering the calendar year 2016 or the financial year 2015-16 as indicated, show that, in the areas identified by the research, the rates of crime and disorder and public nuisance associated with alcohol, and the risk of harm to people (which includes children) due to alcohol, are greater than the average situation across the City. Given the City's issues with alcohol as a whole, these data constitute good evidence that the relevant problems in these areas are being caused, in some instances, by customers of the local licensed premises and that the operations of these premises are having, cumulatively, a negative impact upon the licensing objectives.
- 1.3 The data are set out in Appendices 2 and 3. All of the data is presented within datasets which refer to Lower Super Output Areas (LSOAs). These are areas which have approximately equal numbers of residents and are used for the purposes of making statistical comparisons. Some of the datasets exclude the LSOAs in the City Centre, which are significantly the most problematic areas of the City in relevant respects, in order that the differences between the situations in more residential areas may more readily be demonstrated. Appendix 2 shows some of the data in a pictorial format and is composed of the datasets identified below:
 - Alcohol-related hospital admissions;
 - Alcohol-related assaults resulting in hospital attendance (occurring between 6am and 9pm);
 - Alcohol-related assaults resulting in hospital attendance (occurring at any time);
 - Alcohol-related ambulance call outs;
 - Alcohol-related Anti-Social Behaviour (ASB) incidents (occurring between 6am and 9pm);
 - Alcohol-related Anti-Social Behaviour (ASB) incidents (excluding City Centre LSOAs) (occurring between 6am and 9pm);
 - Alcohol-related Anti-Social Behaviour (ASB) incidents (occurring at any time);
 - Alcohol-related Anti-Social Behaviour (ASB) incidents (excluding City Centre LSOAs) (occurring at any time);
 - Alcohol-related incidents (recorded by the Police) (occurring between 6am and 9pm);
 - Alcohol-related incidents (recorded by the Police) (excluding City Centre LSOAs) (occurring between 6am and 9pm);

- Alcohol-related incidents (recorded by the Police) (occurring at any time; and
- Alcohol-related incidents (recorded by the Police) (excluding City Centre LSOAs) (occurring at any time).

1.4 Appendix 3 contains a table which indicates:

- numerical values for some of the datasets listed at paragraph 1.3 above;
- other datasets as identified in the table;
- the numbers of licensed premises in the relevant LSOAs; and
- in respect of each criterion, the ranking of the relevant LSOAs relative to all 185 LSOAs in the City.

1.5 The Cumulative Impact Assessment areas are not coterminous with Council ward boundaries. Some of the areas are wholly located within single wards whereas others are composed of parts of more than one ward. The areas are identified in the list below:

- the City Centre and East End (parts of Hendon, Millfield and St Michael's wards);
- Millfield and Pallion (parts of each ward);
- Hendon (parts of Hendon and St Michael's wards);
- Southwick;
- Shiney Row;
- Washington North; and
- Hetton (parts of Copt Hill and Hetton wards).

1.6 The fact that these areas may be seen to experience more relevant problems than the average for the City during daytime specifically, as well as on a 24 hour basis, justifies the inclusion of off licences within the assessment regime as well as premises where alcohol may be sold for immediate consumption e.g. public houses.

1.7 The Cumulative Impact Assessment areas do not, in all cases, follow the LSOA boundaries precisely. Some of the boundaries proposed go beyond the relevant LSOA areas in order to include areas closely adjacent to the LSOA. These either contain licensed premises which serve the adjacent LSOA or are areas in which it is envisaged that additional licences serving the adjacent LSOA may be sought. Restricting some of the proposed Cumulative Impact Assessment areas specifically to LSOA boundaries runs the risk of failing to prevent the establishment of licensed premises immediately outside the problematic LSOA area; thus having, potentially, an adverse impact on the licensing objectives within the neighbouring LSOA.

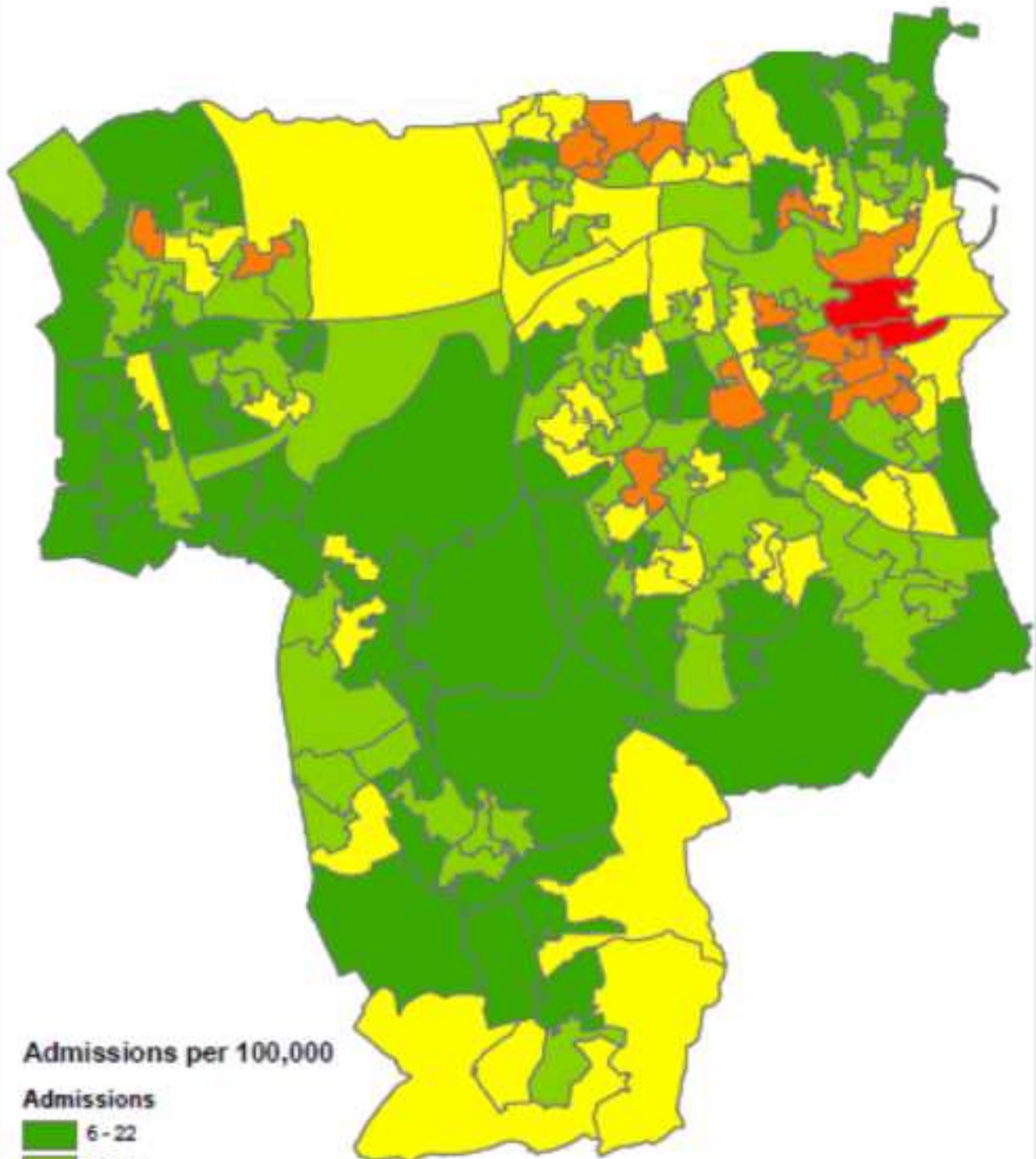
1.8 The boundaries of the Cumulative Impact Assessment areas are indicated in the maps contained in Appendix 4. Where a boundary is demarcated by a street, the special policy area includes only the inner side of the street i.e. that side which is continuous with the remainder of the area.

Appendix 2

Evidential data in pictorial Format

Alcohol-related hospital admissions

2015-16



Admissions per 100,000

Admissions

6 - 22

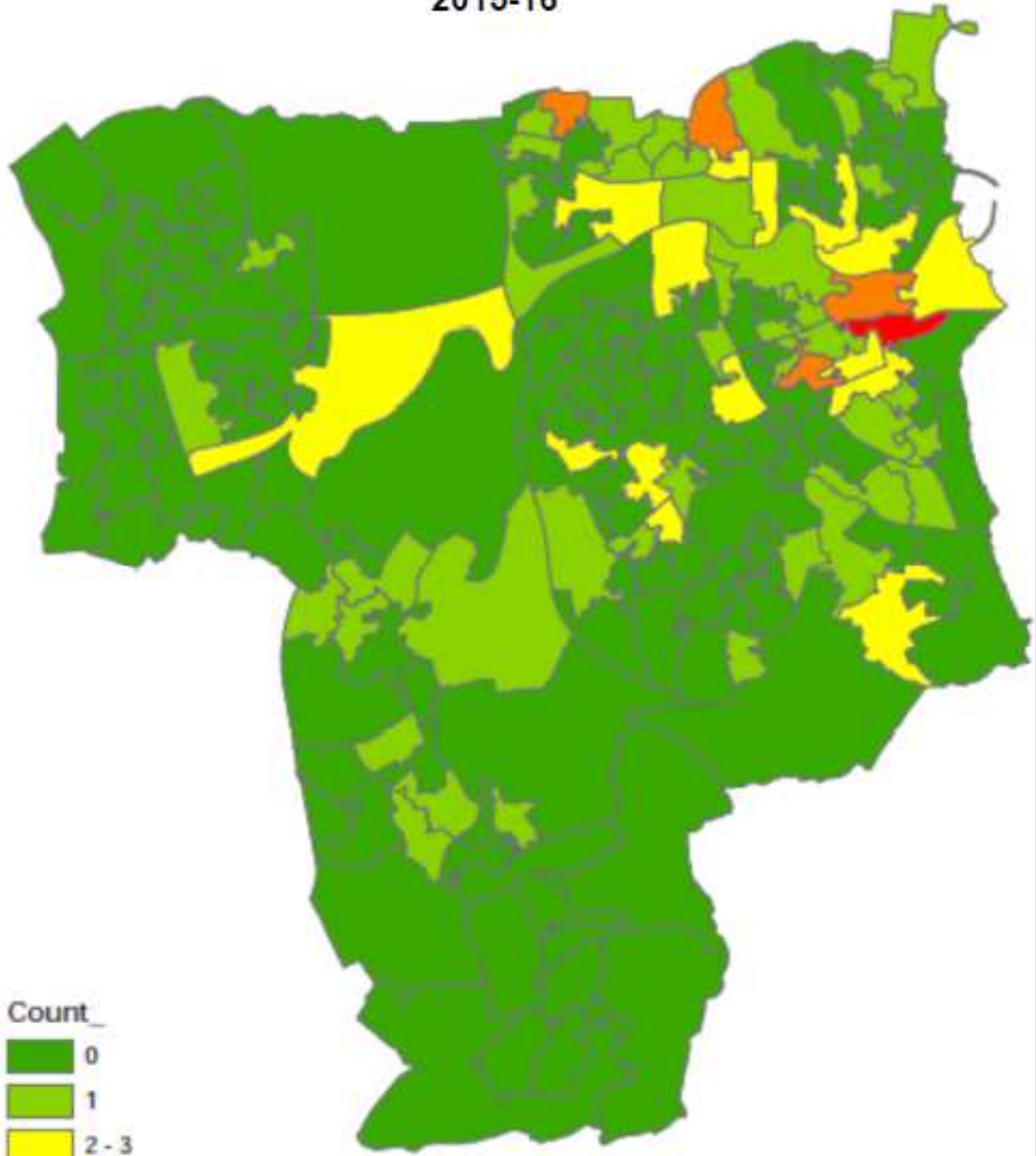
23 - 44

45 - 74

75 - 167

168 - 261

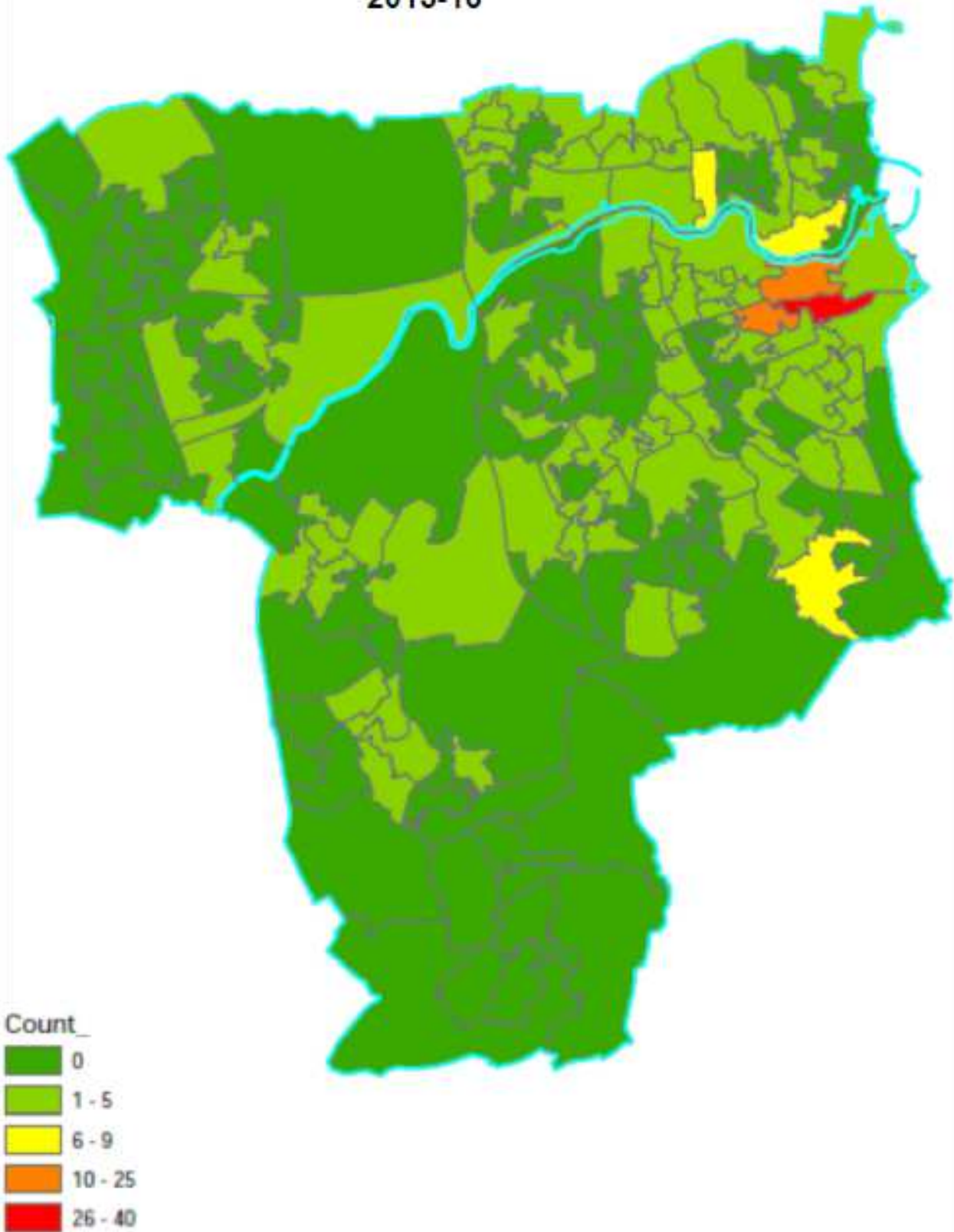
Alcohol-related assaults
resulting in hospital
attendance
(6am - 9pm)
2015-16



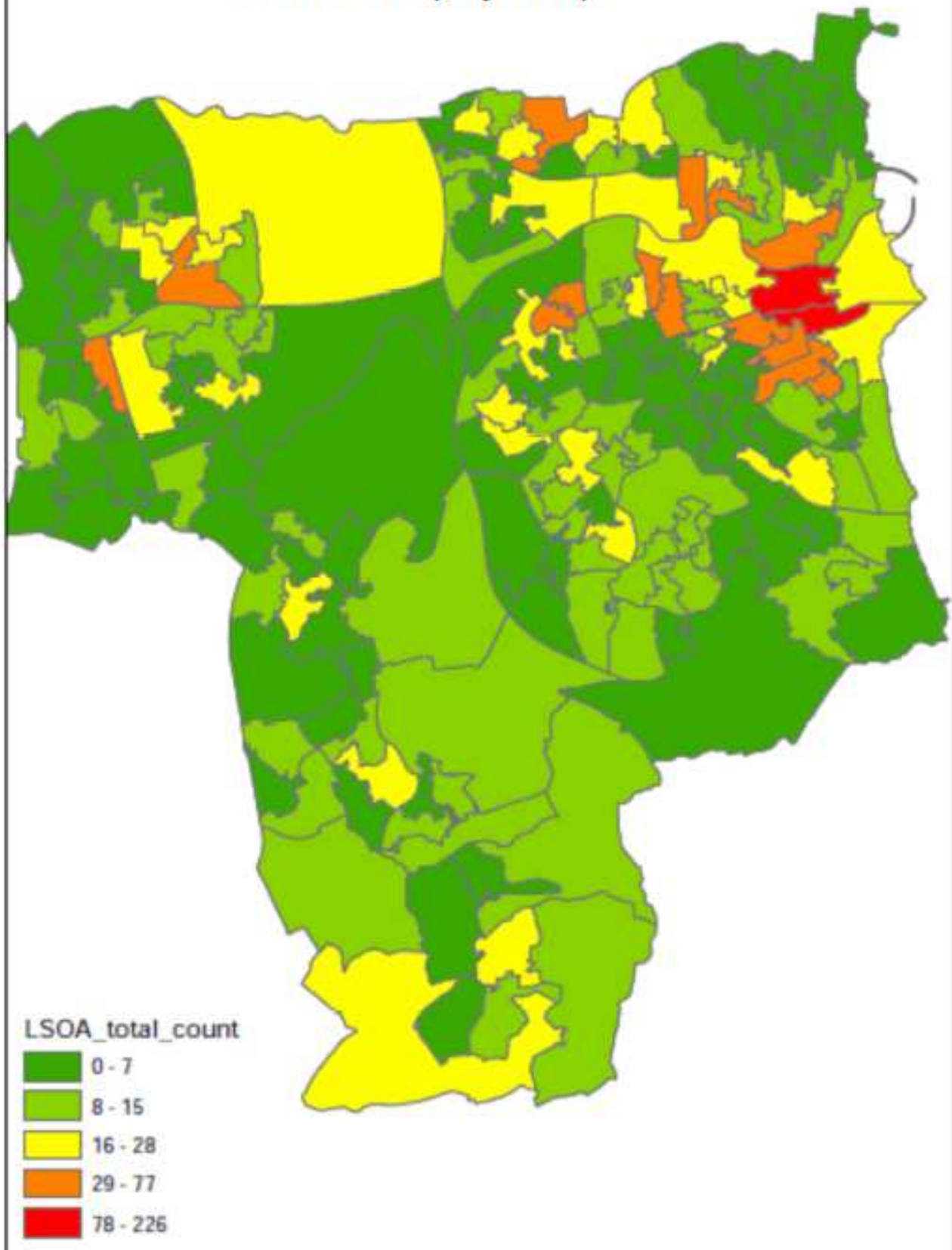
Count_

0
1
2 - 3
4 - 5
6 - 7

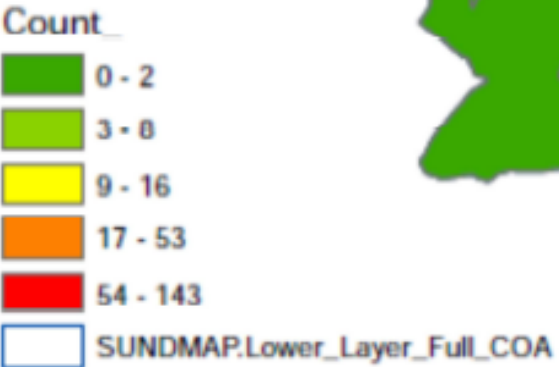
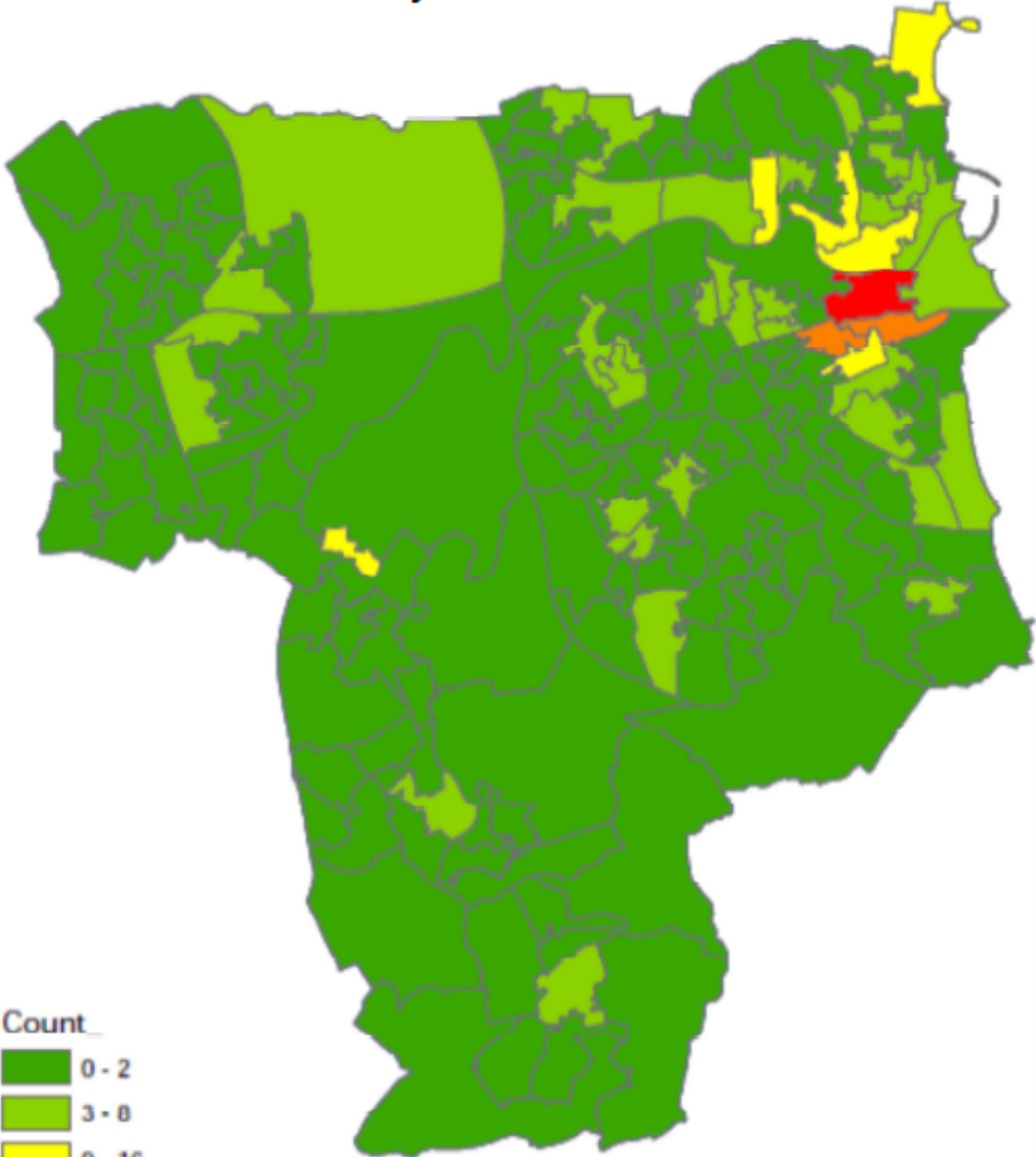
Alcohol-related assaults resulting in
hospital attendance
(any time)
2015-16



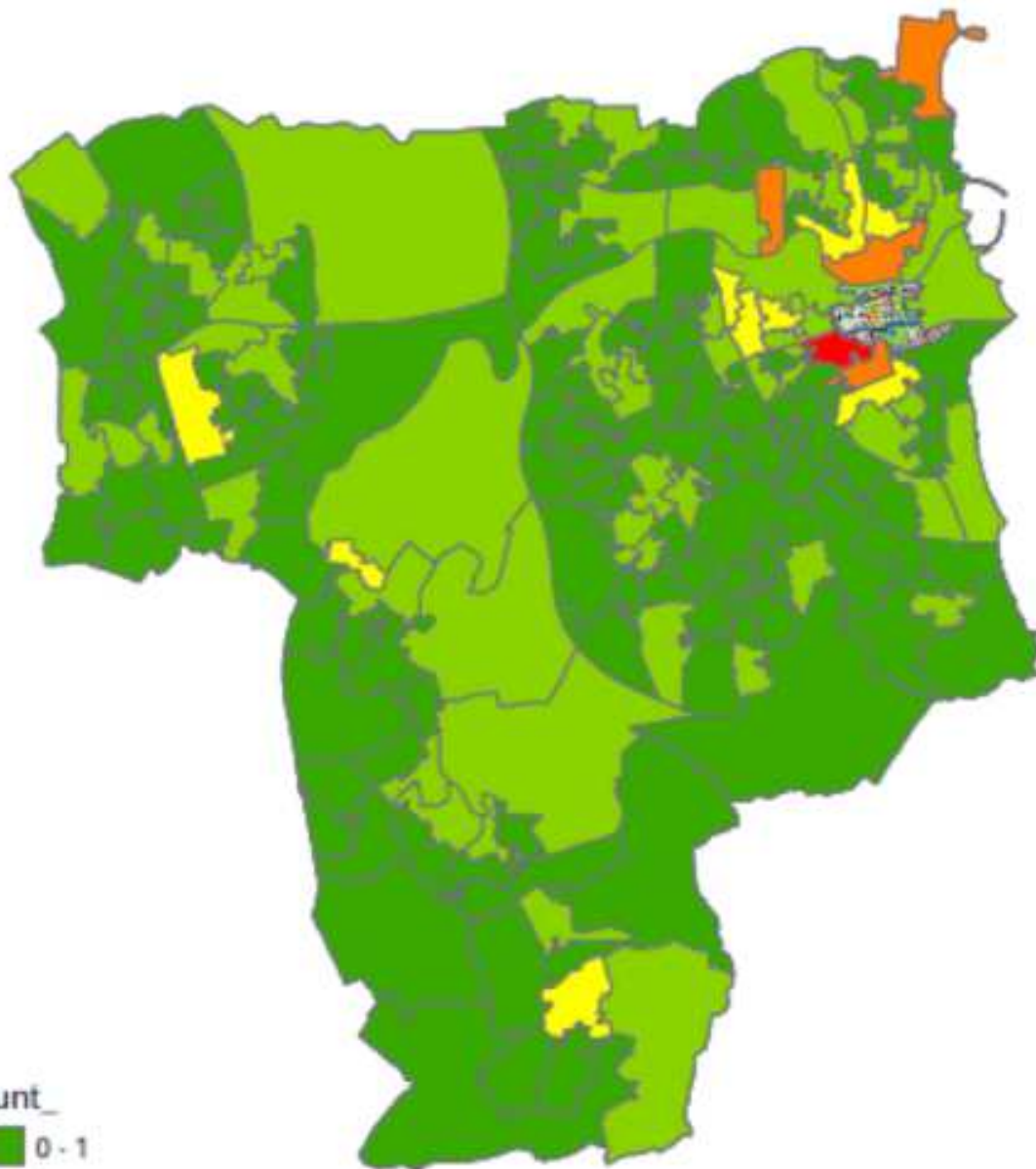
Alcohol-related ambulance call outs 2015-16 (any time)



**Alcohol-related ASB incidents
(6am – 9pm)
January-December 2016**



**Alcohol-related ASB incidents
(6am – 9pm)
(excluding City Centre LSOAs)**

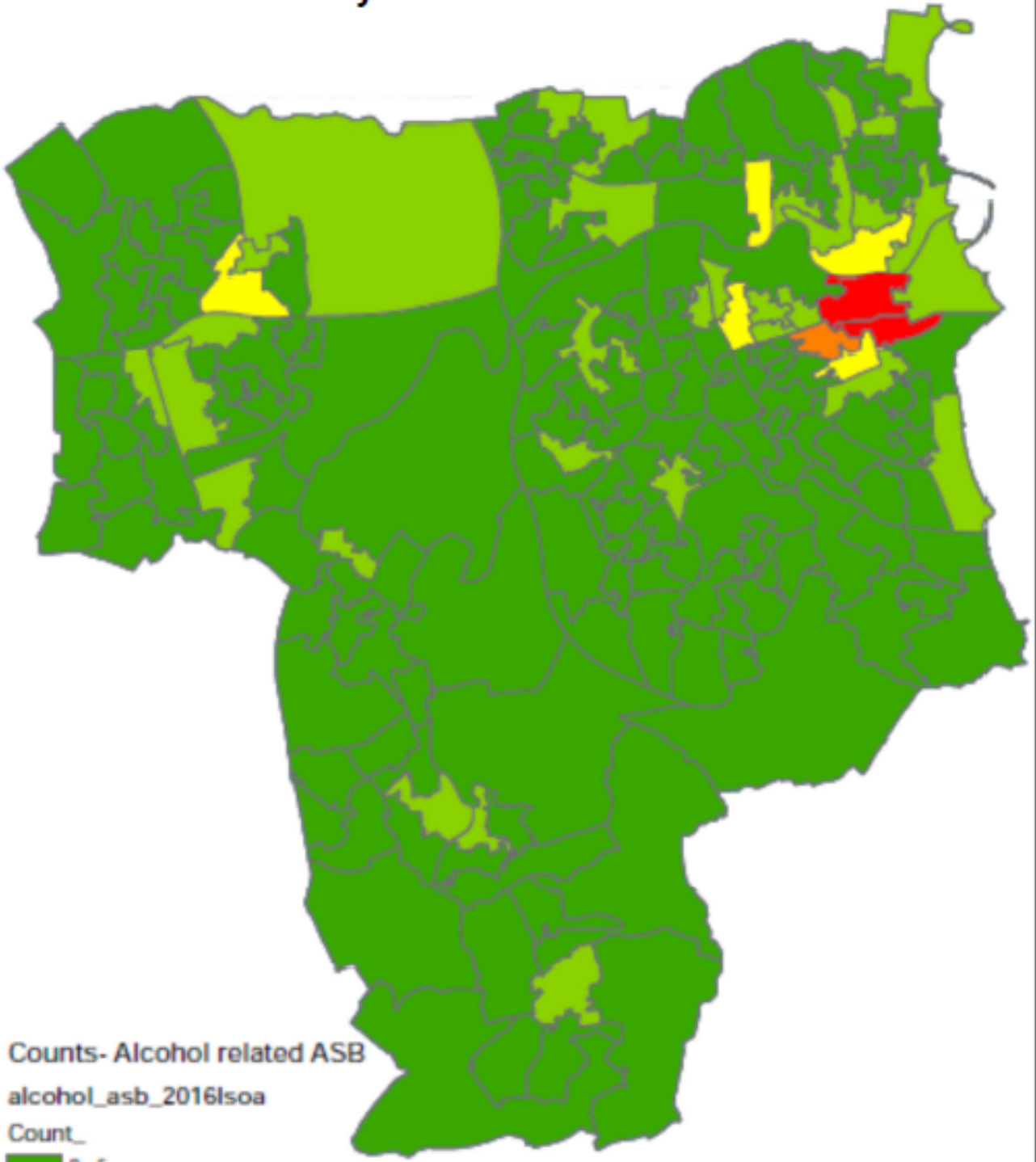


Count_

- 0 - 1
- 2 - 5
- 6 - 10
- 11 - 16
- 17 - 35

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**Alcohol-related ASB incidents
(any time)
January-December 2016**



Counts- Alcohol related ASB

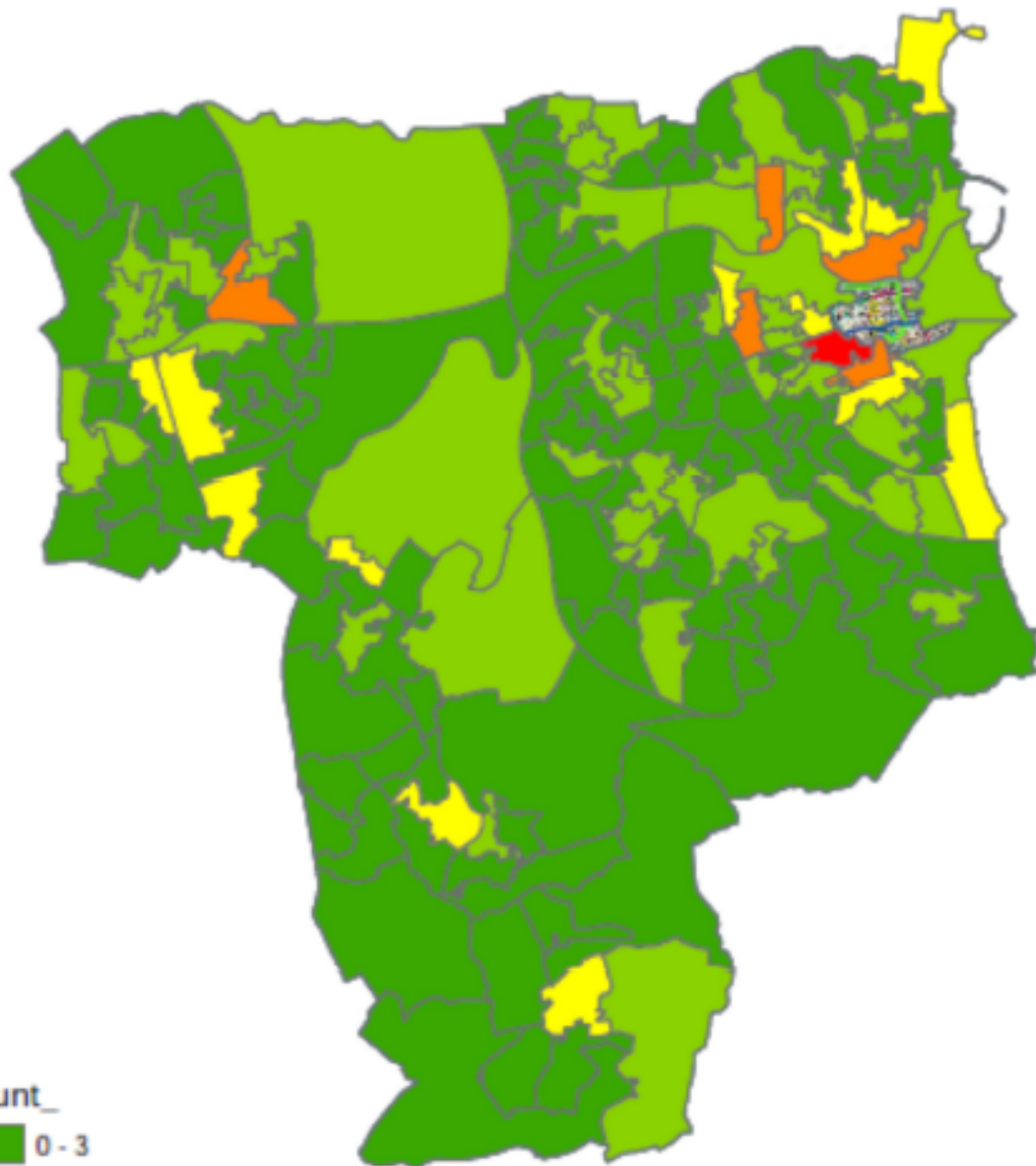
alcohol_asb_2016lsoa

Count_

- 0 - 5
- 6 - 16
- 17 - 31
- 32 - 104
- 105 - 251

Alcohol-related ASB incidents (any time)(excluding City Centre LSOAs)

January-December 2016

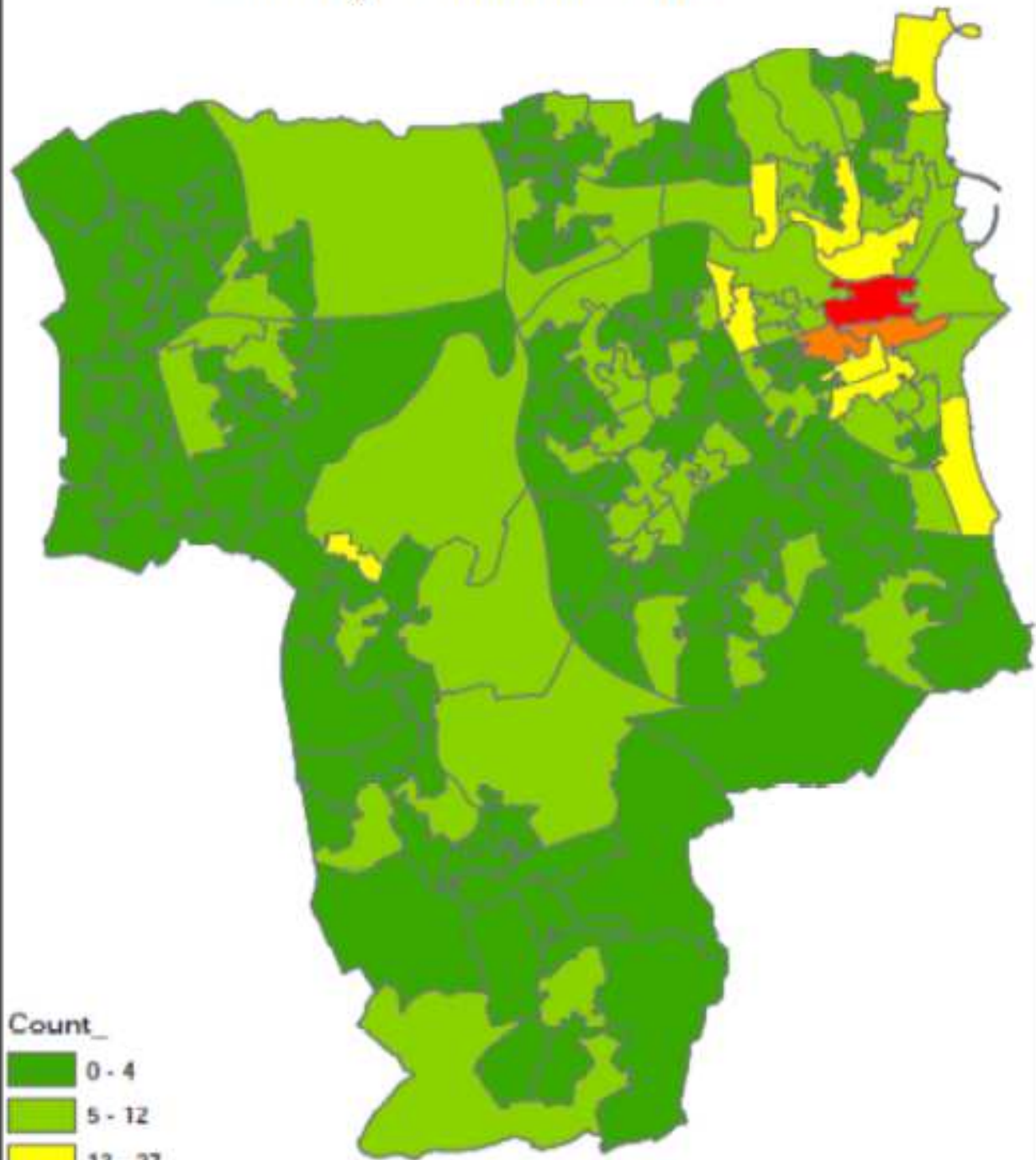


Count_

- 0 - 3
- 4 - 8
- 9 - 16
- 17 - 31
- 32 - 104

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**Alcohol-related incidents (recorded by the
Police) (6am – 9pm)
January – December 2016**



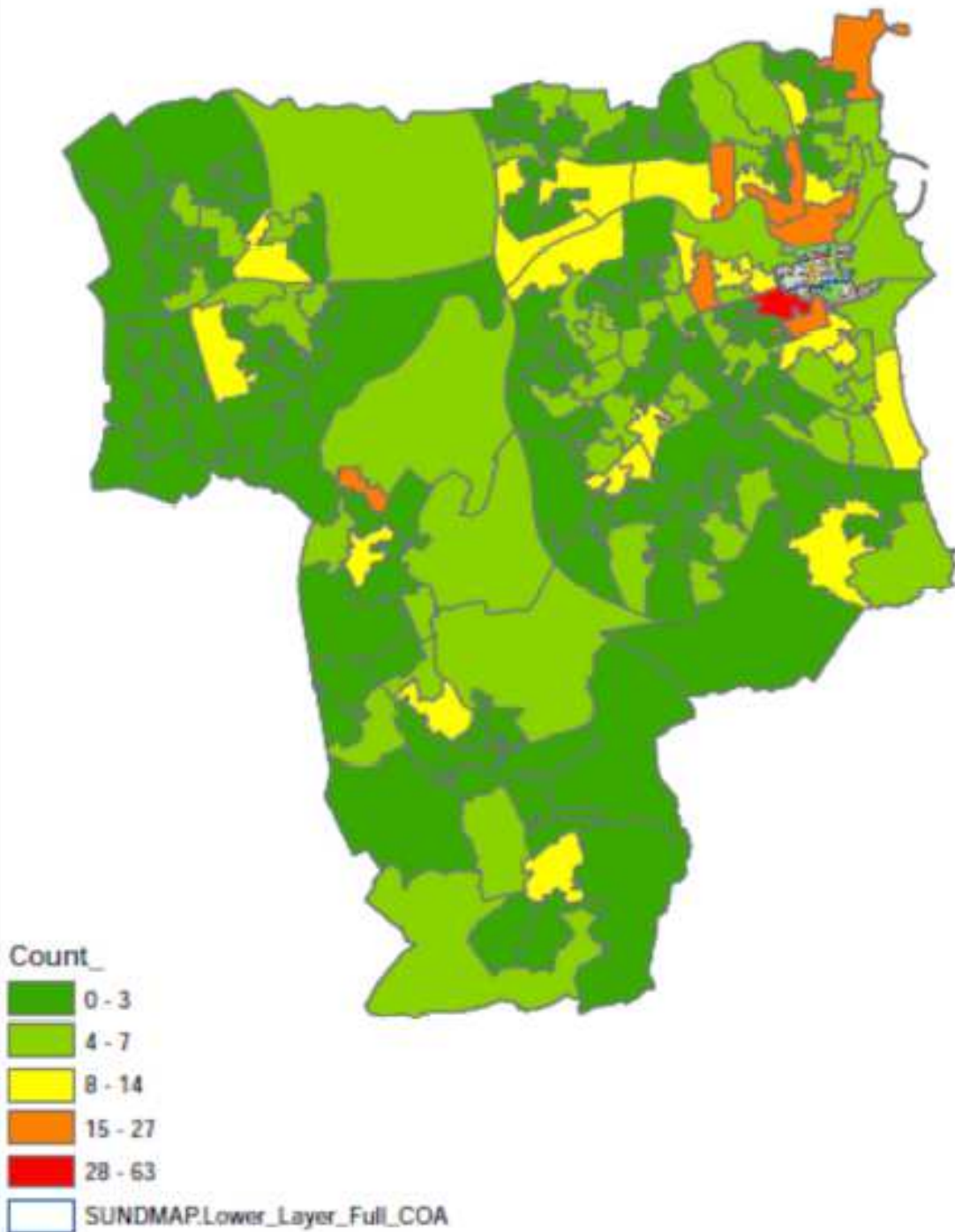
Count_

- 0 - 4
- 5 - 12
- 13 - 27
- 28 - 67
- 68 - 212

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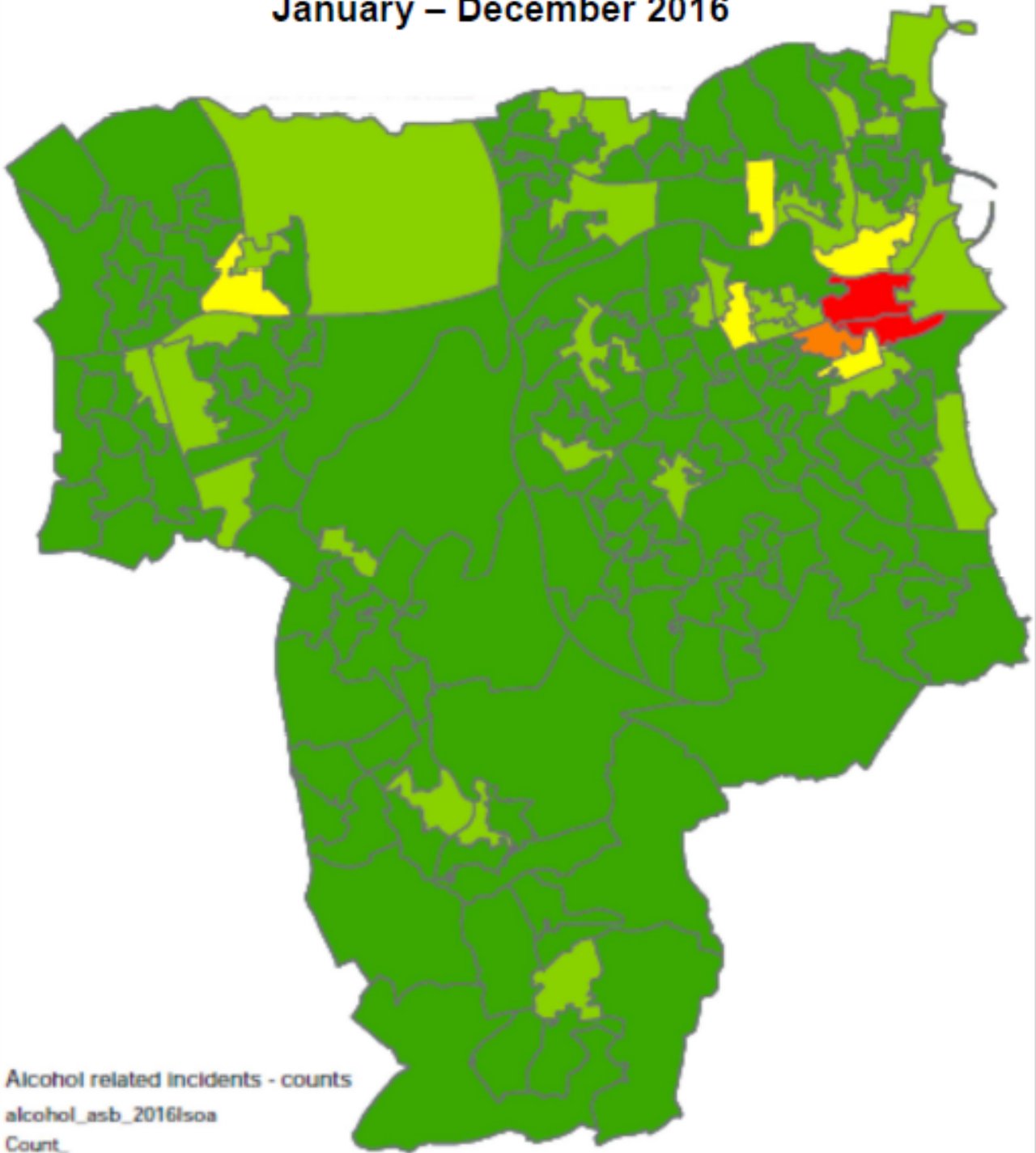
**Alcohol-related incidents (recorded by the Police)
(6am – 9pm) (excluding City Centre LSOAs)**

January – December 2016



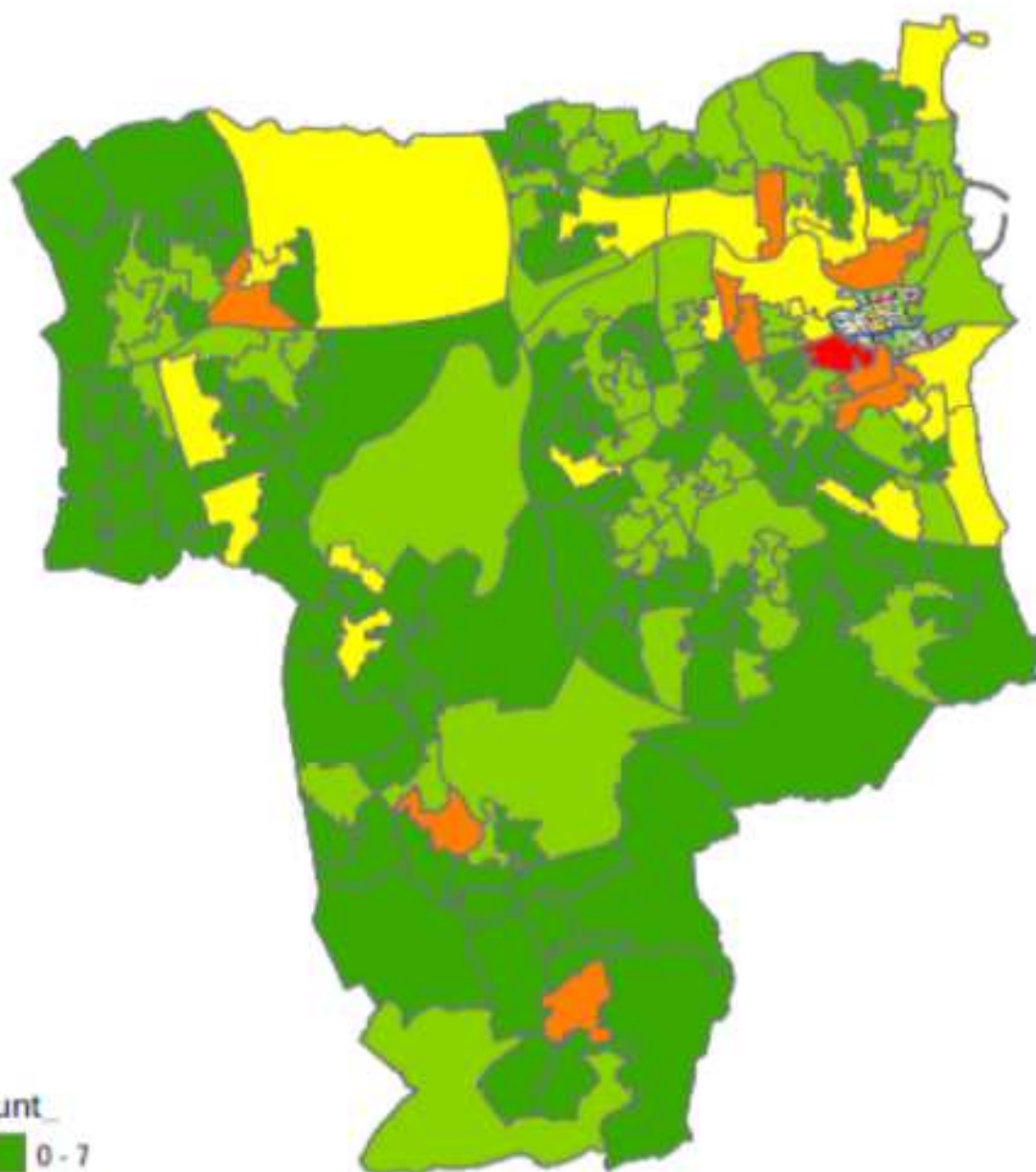
**Alcohol-related incidents (recorded by
the Police) (any time)**

January – December 2016



**Alcohol-related incidents (recorded by the Police)
(any time) (excluding City Centre LSOAs)**

January – December 2016



Count_

0 - 7

8 - 14

15 - 24

25 - 53

54 - 166

SUNDMAP.Lower_Layer_Full_COA

Appendix 3

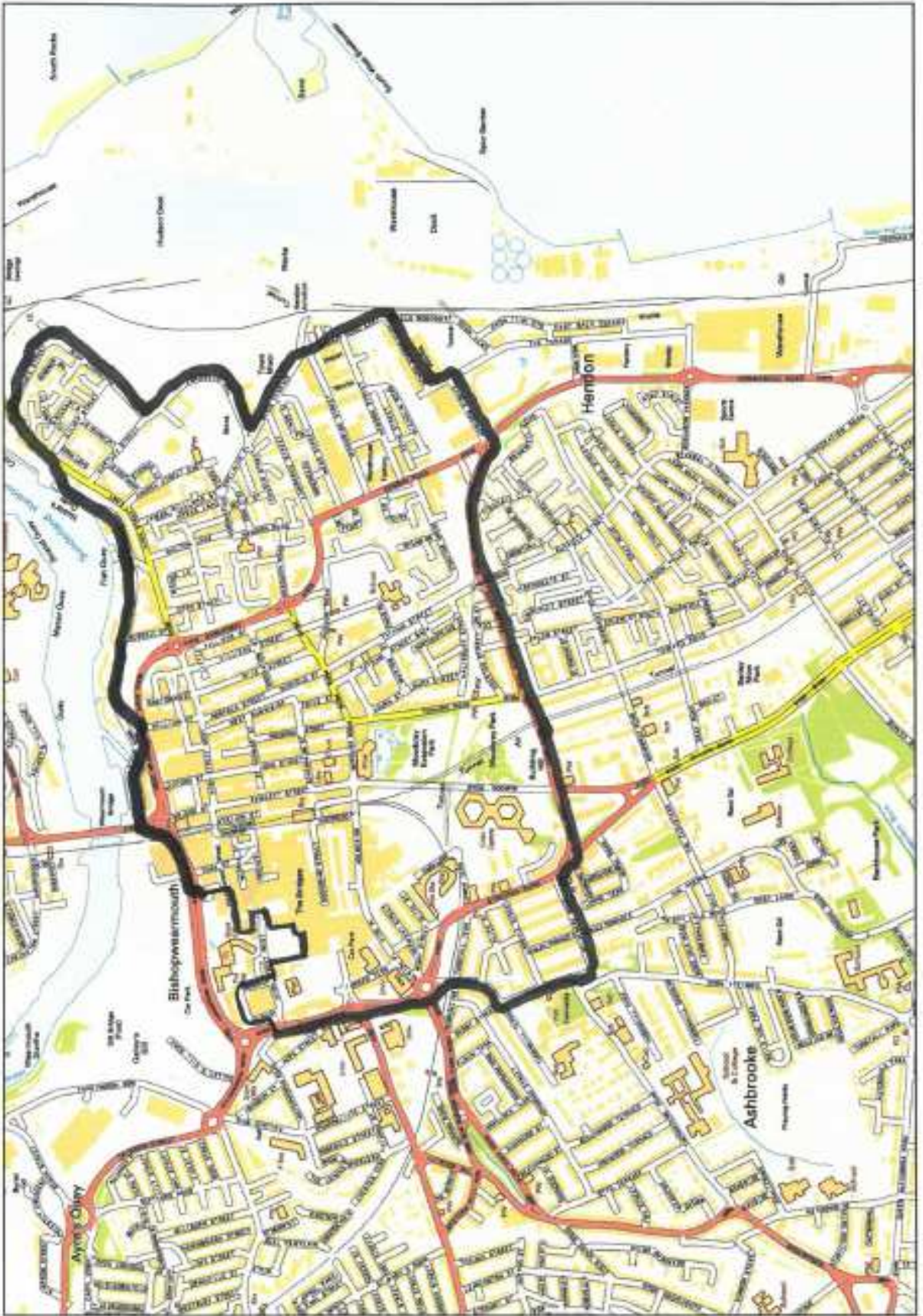
Evidential data in tabular format

LSOA(s)	Area	Alcohol-related ambulance callouts		Alcohol-related assaults (recorded by Police) (6:00-21:00)		Alcohol-related assaults (recorded by Police) (any time)		Alcohol-related ASB (6:00-21:00)		Alcohol-related ASB (any time)	
		Ranking within City	Number	Ranking within City	Number	Ranking within City	Number	Ranking within City	Number	Ranking within City	Number
E01008703 E01008836	City Centre and East End	1 2	178 113	2 1	186 224	2 1	233 266	1 2	240 128	1 2	463 448
E01008705 E01008700 E01008707	Millfield and Pallion	32 18 56	12 18 9	29 24 19	16 17 15	30 22 44	23 27 18	30 14 65	8 13 4	18 23 72	25 21 8
E01008534 E01008735	Hendon	6 11	31 25	14 12	25 26	15 73	64 24	4 9	37 21	4 11	71 37
E01008818	Southwick	4	37	5	37	5	55	7	25	9	45
E01008600	Shiney Row	68	8	17	21	17	30	15	12	17	19
E01008858 E01008853 E01008854	Washington North	145 58 68	2 9 8	39 4 12	14 38 28	50 4 10	16 72 43	40 23 185	6 10 0	32 7 80	15 58 7
E01008742	Hetton	33	11	17	21	13	34	65	4	12	32

LSOA(s) (185 City wide)	Area	Alcohol-related incidents (recorded by Police)		Alcohol-related incidents (recorded by Police) (any time)		Number of alcohol outlets	
		Ranking within City	Number	Ranking within City	Number	Ranking within City	Number
E01008703 E01008836	City Centre and East End	1	336	1	759	1	93
		2	163	2	493	3	25
E01008705 E01008700 E01008707	Millfield and Pallion	19	22	19	43	25	7
		13	28	16	52	6	19
		34	16	43	31	69	3
E01008834 E01008735	Hendon	5	64	5	116	28	6
		18	23	22	40	69	3
E01008818	Southwick	11	31	15	54	9	13
E01008800	Shiney Row	8	37	13	57	10	12
E01008858 E01008853 E01008854	Washington North	74	9	38	32	90	2
		10	32	6	110	8	14
		58	11	50	28	124	1
E01008742	Hetton	19	22	14	56	13	10

Appendix 4

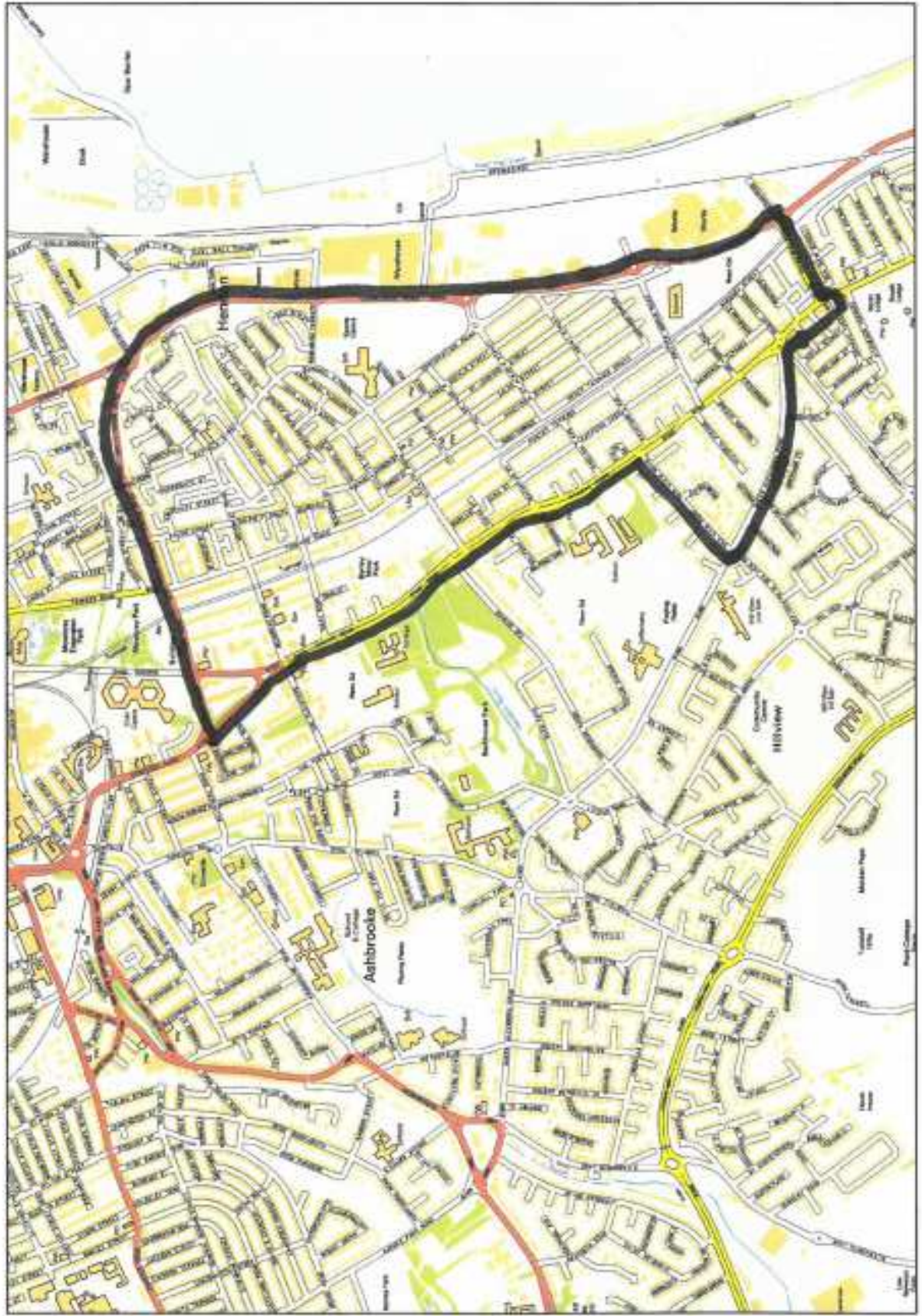
Maps of Cumulative Impact Assessment Areas



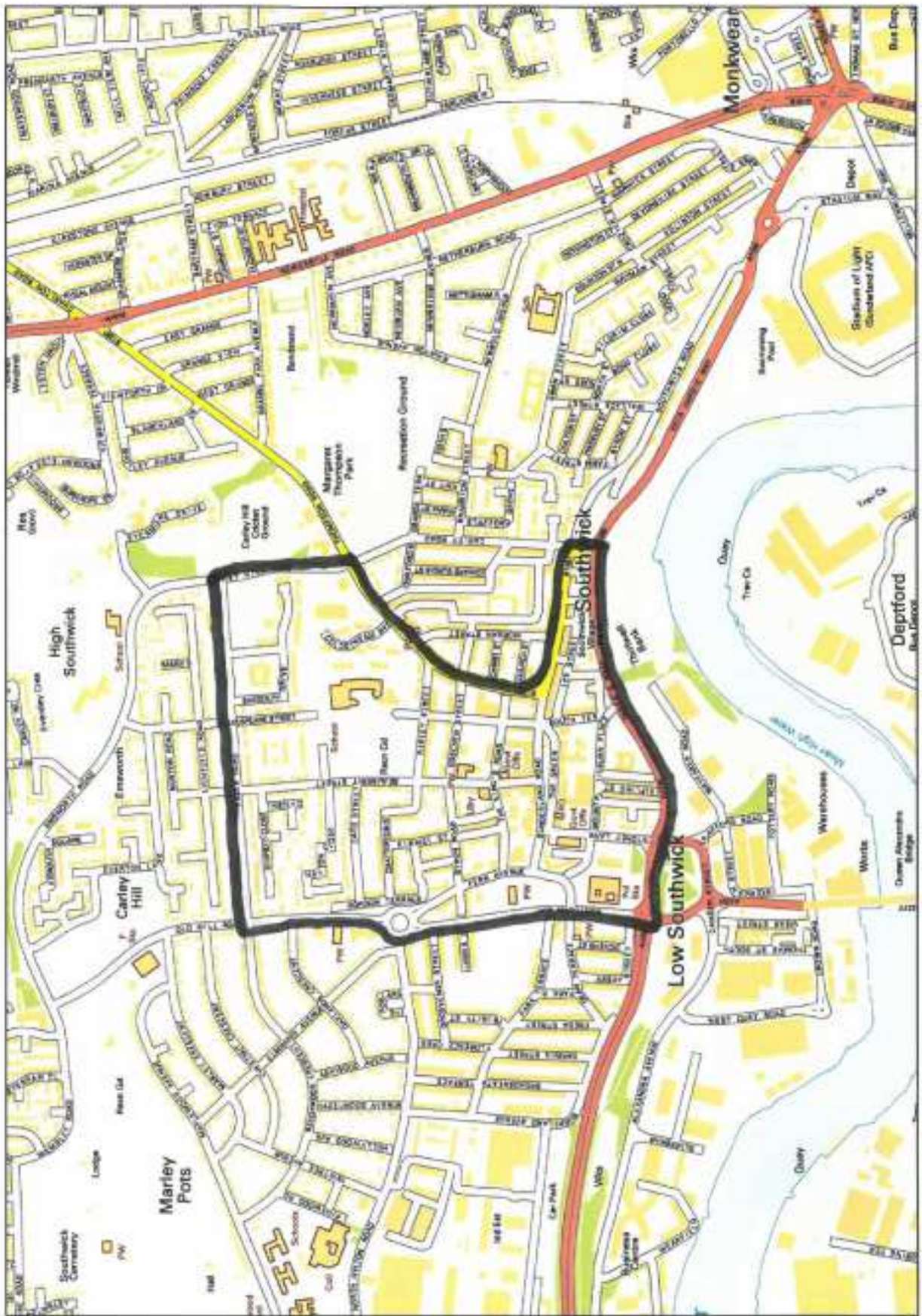
City Centre and East Cumulative Impact Assessment Area



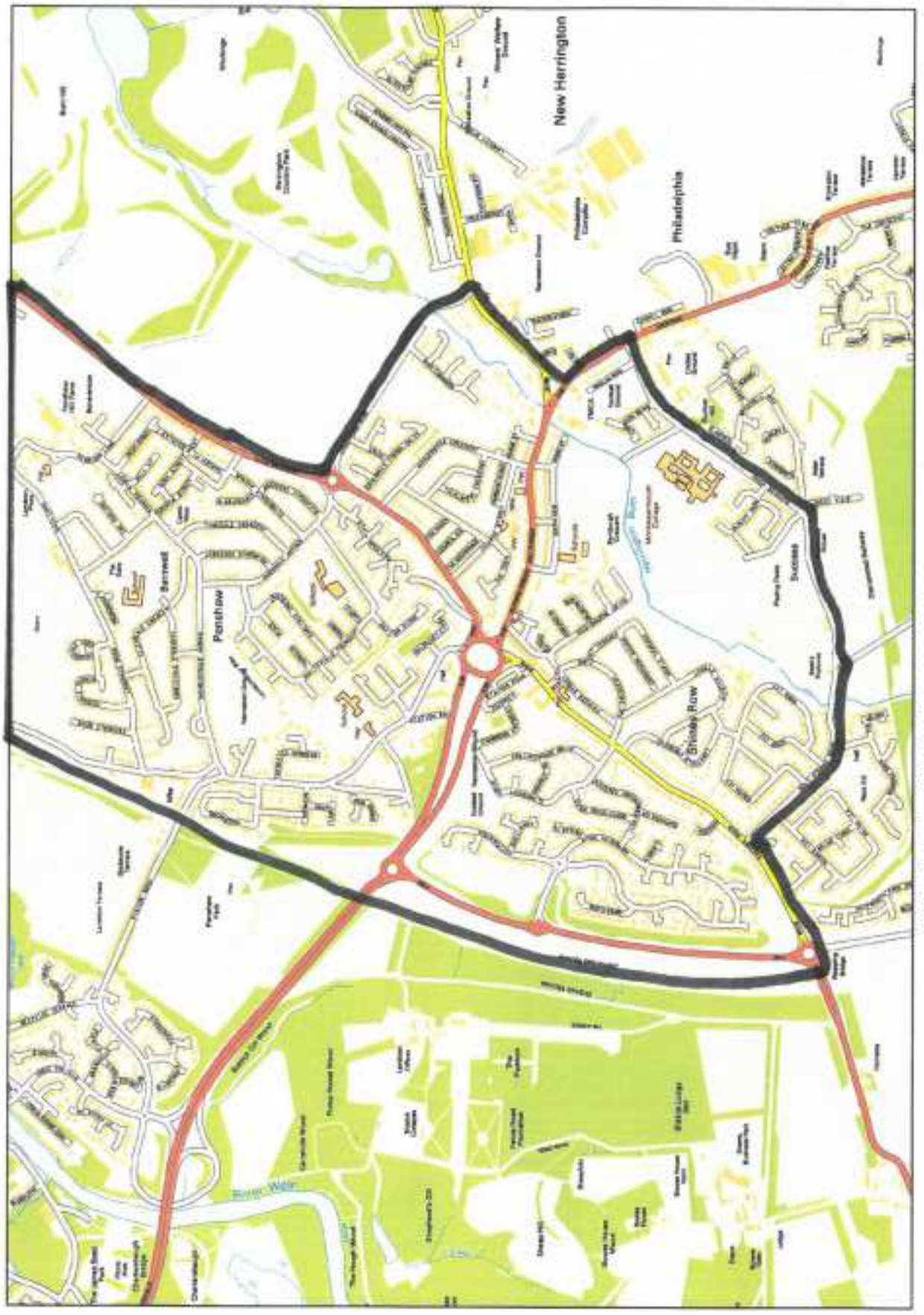
Millfield and Pallion Cumulative Impact Assessment Area



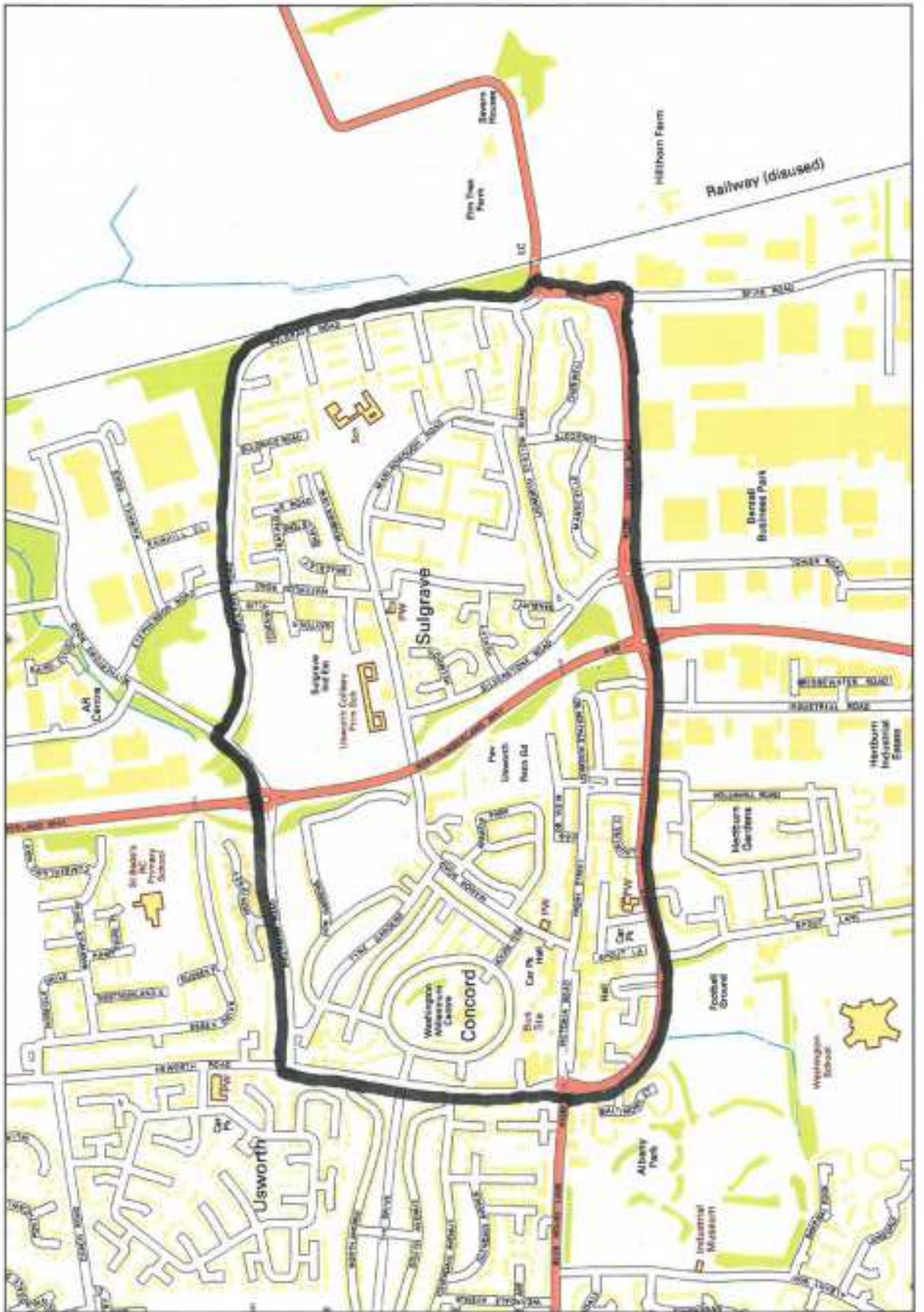
Hendon Cumulative Impact Assessment Area



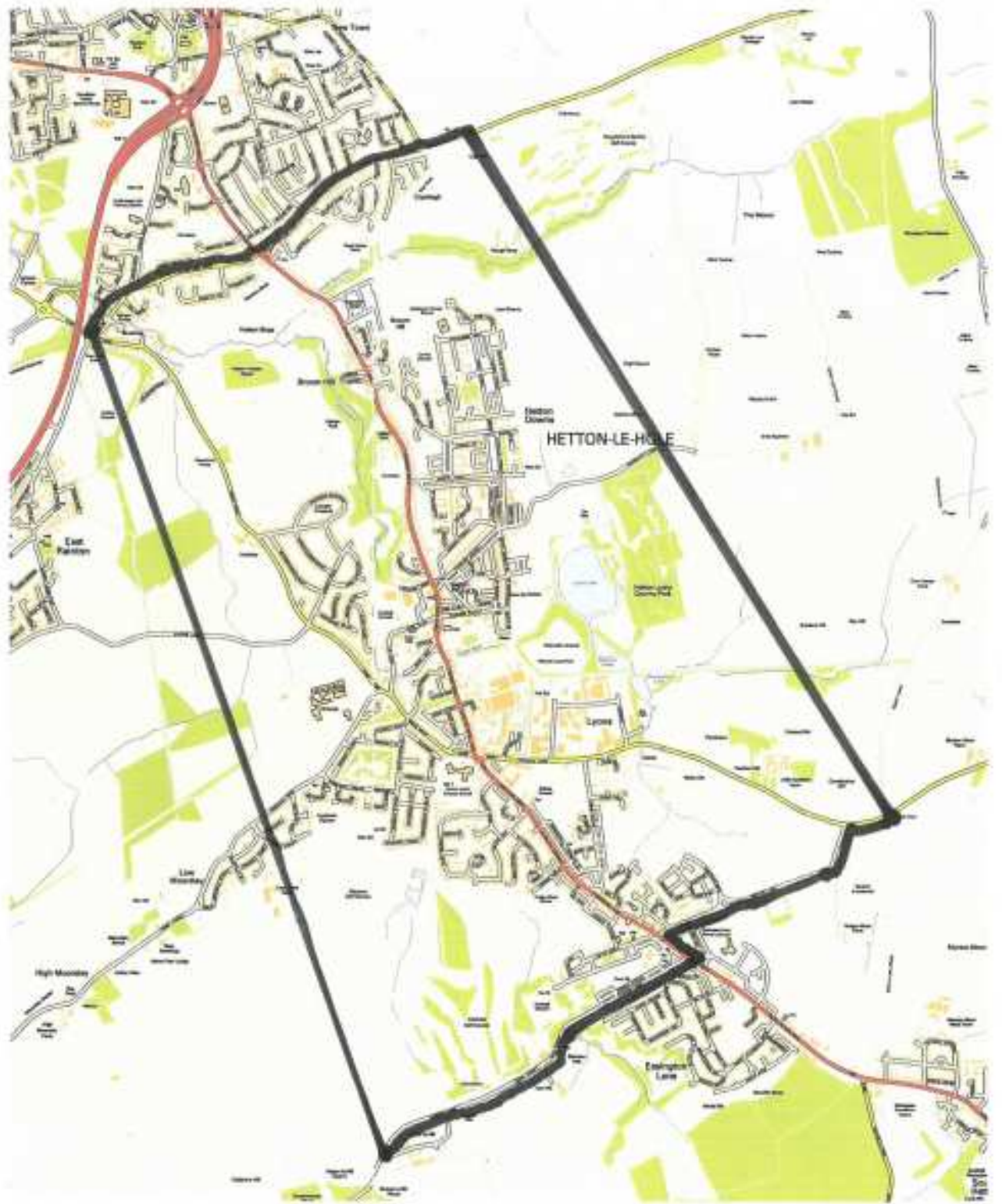
Southwick Cumulative Impact Assessment Area



Shiny Row Cumulative Impact Assessment Area



Washington North Cumulative Impact Assessment Area



Hetton Cumulative Impact Assessment Area

Appendix B

Consultation responses

Acting Director of Public Health
Sunderland City Council
Sunderland Civic Centre
Sunderland
SR2 7DN

Head of Public Protection and Regulatory Services
Commercial Development Directorate
Sunderland City Council
Jack Crawford House
Commercial Road
Sunderland
SR2 8QR

Submitted via email to licensing@sunderland.gov.uk

13th June 2018

Director of Public Health - Response to Cumulative Impact Policy (CIP) Consultation

I am writing in response to the ongoing Cumulative Impact Policy (CIP) consultation. Public Health fully supports the proposal to introduce Cumulative Impact Zones in Sunderland.

We feel through the engagement and research which has been carried out that there is a wealth of evidence to support the introduction of CIPs in the designated areas.

Our ambition is for Sunderland to be a vibrant city with a wide range of experiences on offer for everyone. The City should be a good place to do business where businesses operate responsibly; so they don't impact negatively on each other, or on residents and visitors. Creating the conditions for economic growth should not impact negatively on achieving the best possible health and wellbeing for Sunderland.

Addressing alcohol harms is a complex issue and no single approach will be successful in isolation. The burdens of alcohol related harm on public health, society and the economy within Sunderland are amongst the highest in the UK, and fall disproportionately on the most disadvantaged members of our community. It would therefore be remiss of any responsible authority not to try to intervene and make meaningful reductions to the unacceptable and unfair toll of ill health and premature mortality related to the inappropriate use of alcohol.

As acknowledged in the consultation documents, alcohol remains one of the key drivers of health inequalities and is a key cause of premature death, placing a significant burden on individuals as well as across the NHS, adult social care, and the wider economy, including local businesses. Sunderland suffers disproportionately from a variety of alcohol-related harms for example:

- **Older people:** Alcohol related hospital episodes are continuing to rise in the overs 65s group with Sunderland being the highest in England.
- **Younger people:** In Sunderland Alcohol episodes for alcohol-specific hospital admissions for those aged under 18 years are the third highest in England.
- **Inequalities of alcohol admissions at ward level:** The wards identified as having the highest hospital admissions for alcohol attributable conditions, standardised admission ratio, 2010/11-2014/15 in rank order (highest first) are Hendon, Southwick, Redhill, St Peters, Pallion, Millfield, Washington North, Castle, St Michaels and Sandhill.
- **Impact on society:** Each year in Sunderland It is estimated that the irresponsible use of alcohol costs the city in 2015/ 16 around £112 million per year (see appendix a below). The greatest costs are borne by the wider economy (£39m), crime and disorder (£34m), local NHS services (£24m) and public health/social services (£15m). It should be noted that this does not take account of the health and social consequences suffered by individuals, their families, and the wider community.(appendix one)

As acknowledged in the consultation documents, as it stands, it can be challenging to refuse license applications under the existing licensing regime. At the heart of the current licensing system is the 'presumption to approve' and local authorities can only challenge licensing applications when there is clear evidence that links a specific locality, or licensed premises to one of the four licensing objectives. However, many Local Authorities use these objectives to curtail the irresponsible supply of alcohol, thus reducing alcohol harm. This link can be extremely difficult to prove, given that evidence of alcohol misuse cannot always be tied to a specific location. Moreover, the 'presumption to approve' ignores the fact that it is rarely a single licensed premises that causes problems – on the contrary, evidence suggests that it is the widespread availability of alcohol, along with its increasing affordability, that is linked to hazardous patterns of consumption and the wide range of alcohol-related harms suffered by families and communities across Sunderland.

There is clear international evidence from a number of countries, including France, the USA and Canada that decreased availability of alcohol results in decreased alcohol consumption in the population; this is true when availability is restricted either by physical means or by price. Where changes have been robustly measured and assessed, it can be seen that the effects happen at local, regional and national levels and lead to substantive reductions in alcohol related morbidity and mortality.

As it stands under the current legislative system, the introduction of Cumulative Impact Zones in Sunderland would help to overcome this issue within the designated geographies and give the local authority more powers to control availability within priority areas. The successful introduction and operation of a CIP still requires the pro-active scrutiny of licence applications and the rationale for its introduction needs to be based on the risks of licensing objectives being compromised.

Conclusion

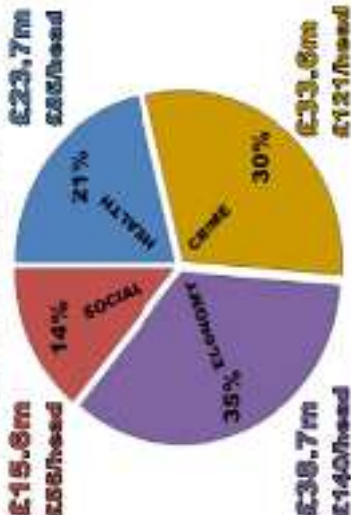
I welcome the inclusion of a Cumulative Impact Zones that will be introduced in to Sunderland, that support our vision for the City and ensures new developments seek to minimise the adverse impact of alcohol on the health of local people and the resulting demand for health services.

Director of Public Health

Public Health Specialist

Cost of alcohol harm in SUNDERLAND

OVERALL COST BREAKDOWN:



WIDER ECONOMY: £38.7m

Presenteeism:
(at work but reduced productivity)
68,000 days at a cost of **£7.2m**

Absenteeism:
(not at work due to illness)
55,700 days at a cost of **£5.9m**

101 alcohol related deaths resulted in **1,026** potential years of working life lost with associated costs of **£18.4m**

In 2015/16 the overall cost was estimated to be: = **£403** per head of population

£111.6m

of population



NHS & HEALTHCARE: £23.7m

Hospital admissions:
- wholly attributable to alcohol
1,836 admissions cost **£3.7m**
- partially attributable to alcohol
4,970 admissions cost **£8.5m**
- all alcohol related admissions
6,805 admissions cost **£12.2m**

CRIME & DISORDER: £33.6m

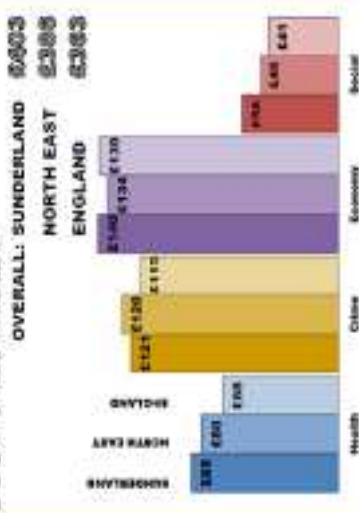
Anticipation of crime: **£1.5m**
Consequence of crime: **£30.8m**
Response to crime: **£1.2m**
Estimated number of alcohol related crimes in 2015/16: **24,400**
Including reported and unreported crimes:
6,200 for criminal damage
1,900 for violence against the person
18,400 for theft

SOCIAL SERVICES: £15.8m

Local authority budget estimated to be attributable to alcohol:
Children:
- social services **£12.4m**
- substance misuse services **£123,200**
Adults:
- substance misuse support and alcohol misuse services **£3.1m**

(based on Local Authority returns published by DCLG)

COST PER HEAD:





**Cumulative Impact Assessment
Sunderland**

**Northumbria Police submission to the Cumulative Impact Assessment
Consultation by Sunderland City Council**

13th June 2018

The Cumulative Impact Assessment clearly demonstrates Sunderland City Council's commitment to recognising the needs of the residential community of Sunderland, whilst recognising the commercial and financial needs of the licensed trade within the City.

The intended assessment will clearly not prevent the granting of a licence to applicants as long as they can demonstrate that their intended business will not adversely impact upon the local community. As such the policy should assist in providing protection from the residential and business community from alcohol related crime and disorder.

The assessment will assist with the established partnership work within the City centre involving Northumbria Police, Sunderland City Council and other partners such as the street pastors to address the challenges presented by the night time economy. As a result it will play a role in protecting those made vulnerable by that environment.

Response from – City Centre and Hendon

There is an obvious argument for the Cumulative Impact Assessment within Sunderland City Centre due to the already large concentration of licensed premises operating under various conditions. However it would be suggested that consideration be given to include Hylton Road. This area already has a number of licensed premises on the street which are located close to Millfield Metro station, this area has seen alcohol related disorder and the street itself is surrounded on all sides by residential dwellings. For this reason it is felt that greater protection is required for this community also.

As the acting neighbourhood Inspector for Sunderland City centre, Millfield and Ashbrooke I would support the implementation of this policy.

Response from – Southwick

I believe that given the number of retail outlets selling alcohol both within Southwick and in adjoining areas, the placing of a Cumulative Impact Assessment in Southwick would have little or no impact on alcohol related crime in the area. A number of large retailers – Sainsbury's, Tescos, Morrisons, Lidl, Aldi – have large shops bordering Southwick and all sell alcohol. There is also an Aldi in Southwick as well as small retail outlets selling alcohol

It would be suggested that given the proposed redevelopment of Seaburn that consideration would be given to include this area. There are concerns amongst local residents as to this development and a Cumulative Impact Assessment could be used to ensure that any restaurants or public houses that are built as part of this development are family themed ventures and not linked to creating another night time economy location. Night time economy venues would have an adverse impact on the quality of life of local residents.

Response from – Millfield and Pallion

I have viewed the Cumulative maps that have been created by Sunderland City Council. The map covering Millfield and Pallion covers a very small area that has no Public houses within. Therefore, due to this I would not support the implementation of this policy for the Millfield and Pallion area.

Response from**– Licensing Co-ordinator**

The introduction of the Cumulative Impact Assessment will ensure applicants will need to demonstrate through the application process that the addition of the premises will not have a negative impact on the area and the licensing objectives. The introduction of the policy, will in effect turn the table on the applicant, at present there is an assumption to grant applications unless we, the Police object, the introduction of the Cumulative Impact Assessment will reverse this. Applicants submitted at present sometimes barely show any detail on how the applicant intends to meet the objectives and with the introduction of this policy this will no longer happen. It will also assist the requirement not to keep raising objections around conditions as applicants should already include such conditions as CCTV, Challenge 25, Staff Training, Search & Safeguarding Policies etc as part of their application. I would therefore support the introduction of the Cumulative Impact Assessment.

Response from**– Houghton, Hetton and Easington Lane**

Having looked at the maps provided in the prospecting Cumulative Impact plan I concur that Hetton should be included in the assessment. Although a small area there is a concentration of public houses and late night food outlets that would benefit.

I do not see that this would be required in Shiney Row as there are very few premises with an alcohol licence and not really an area that would lend itself to expansion other than of fast food outlets.

Would consideration be given to including Sulgrave and Concord which has a high number of licenced premises and late night food outlets that are already problematic to public services? Any additions to this area without the required controls would be detrimental to the area.

Lastly I do believe that Houghton le Spring Town Centre would also benefit by its inclusion in the scheme. Again it has several licenced premises concentrated around its High Street that should be protected by this policy.

The Safeguarding team at Sunderland CCG have reviewed the proposals set out in the CIA and fully support the proposed approach in relation to the areas set out in Appendix 4.

Regards

Designated Nurse Safeguarding Adults
Sunderland Clinical Commissioning Group
Pemberton House
Colima Avenue
Sunderland Enterprise Park
Sunderland
SR5 3XB

13th June 2018

Dear Sir/madam

In response to the Council's consultation on the proposed Cumulative Impact Policy (CIP), I fully support the proposal to introduce Cumulative Impact Zones in Sunderland.

I am aware that there has been significant research carried out using a wide range of data from partner agencies together with significant consultation and engagement work. The findings have identified evidence that would support the introduction of CIPs in the designated areas proposed in Sunderland.

In order for Sunderland to be a safe and vibrant city, it needs to offer a wide range of experiences for everyone, and not be dominated by on and off-licensed premises. Any tools or powers that can promote licensed premises to operate responsibly so that they do not cause community safety concerns for residents and visitors.

I would support measures that help to create conditions for economic growth as long as they do not have a negative impact on the safety and the health and wellbeing of those living in and visiting Sunderland. This includes measures that help to safeguard vulnerable people, who can often become vulnerable as a result of the increased availability, accessibility and affordability of alcohol.

I support public health colleagues in the need to address the complex issue of the harm caused by alcohol and that a partnership approach is needed to address this. The impact of alcohol-related harm is visible in the city's public health data, domestic abuse data, anti-social behaviour data and recorded alcohol-related crime data. In 2015/16 alcohol was estimated to have cost Sunderland:

- £23.7 million in NHS and healthcare for services such as hospital admissions, A&E attendances, ambulance callouts and also treatment for alcohol dependency
- £33.6 million in crime and disorder, including 6,200 cases of criminal damage, 15,400 cases of theft and 1,900 cases of violence against the person.
- £38.7 million lost to local businesses and employers through absenteeism, lost productivity and alcohol related deaths, including 55,700 days off due to alcohol
- £15.6 million in costs to children and adults' social services and substance misuse services.

It impacts on some of our most vulnerable communities and alcohol harms data for Sunderland are amongst some of the highest in the country, and fall disproportionately on the most disadvantaged members of our community. I would therefore support the introduction of the proposed CIP zones as a measure to try and intervene and make meaningful reductions in the impact of alcohol harms in Sunderland

The consultation documents refer to alcohol as being one of the key drivers of health inequalities. It is a key cause of premature death, placing a significant burden on individuals as well as across the NHS, adult social care, community safety, safeguarding, and the wider economy, including local businesses. As well as the impact on society and the costs of alcohol harms in Sunderland stated above, Sunderland suffers disproportionately from a variety of alcohol-related harms for example:

- Impact on domestic abuse. In 2017-18 there were 1459 domestic abuse crimes that were alcohol related in Sunderland which is an increase of 15% since 2016-17

- Inequalities of alcohol admissions at ward level: The wards identified as having the highest hospital admissions for alcohol attributable conditions, standardised admission ratio, 2010/11-2014/15 in rank order (highest first) are Hendon, Southwick, Redhill, St Peters, Pallion, Millfield, Washington North, Castle, St Michaels and Sandhill.
- Older people: Alcohol related hospital episodes are continuing to rise in the overs 65s group with Sunderland being the highest in England.
- Younger people: In Sunderland Alcohol episodes for alcohol-specific hospital admissions for those aged under 18 years are the third highest in England.

As acknowledged in the consultation documents, as it stands, it can be challenging to refuse license applications under the existing licensing regime. At the heart of the current licensing system is the 'presumption to approve' and local authorities can only challenge licensing applications when there is clear evidence that links a specific locality, or licensed premises to one of the four licensing objectives. However, many Local Authorities use these objectives to curtail the irresponsible supply of alcohol, thus reducing alcohol harm. This link can be extremely difficult to prove, given that evidence of alcohol misuse cannot always be tied to a specific location. Moreover, the 'presumption to approve' ignores the fact that it is rarely a single licensed premises that causes problems – on the contrary, evidence suggests that it is the widespread availability of alcohol, along with its increasing affordability, that is linked to hazardous patterns of consumption and the wide range of alcohol-related harms suffered by families and communities across Sunderland.

Through the independent research work undertaken by Sheffield University, and the international evidence from a number of countries, including Canada and France that decreased availability of alcohol results in decreased alcohol consumption in the population; this is true when availability is restricted either by physical means or by price. Where changes have been robustly measured and assessed, it can be seen that the effects happen at local, regional and national levels and lead to substantive reductions in alcohol related morbidity and mortality.

As it stands under the current legislative system, the introduction of Cumulative Impact Zones in Sunderland would help as another tool that could assist in overcoming this issue within the designated geographies and give the local authority and its partners more powers to control availability within priority areas. The successful introduction and operation of a CIP still requires the pro-active scrutiny of licence applications and the rationale for its introduction needs to be based on the risks of licensing objectives being compromised.

In summary, I welcome the inclusion of the proposed Cumulative Impact Zones that will be introduced in to Sunderland. The proposals under consultation support one of the priority work areas of the safer Sunderland Partnership (of which the Council is a responsible authority), around addressing alcohol-related crime and disorder. The proposals also support the partnership's two strategic priorities to (i): Prevent crime and disorder, re-offending and maintain high levels of feelings of safety; and (ii) Protect and support our most vulnerable people and places from harm.

Yours faithfully

Associate Policy Lead for Community Safety

Dear Sir / Madam,

I am writing in response to the ongoing Cumulative Impact Policy consultation. Balance fully supports the proposal to introduce Cumulative Impact Zones in Sunderland. We welcome the thorough research which has been carried out to inform the proposals and agree that there is a wealth of evidence to support the introduction of CIPs in the designated areas. Similar to many local authorities across the North East, Sunderland suffers disproportionately from a variety of alcohol-related harms. Whilst we appreciate that a vibrant night time economy can bring certain benefits to a locality, it is also worth highlighting that the harm caused by alcohol is immense and, when it comes to health harms, growing. Every year in the UK, there are over 20,000 deaths, over a million hospital admissions and 700,000 violent crimes linked to alcohol. According to Balance research, alcohol harm costs the region almost £1bn in NHS, crime, licensing, social services and workplace costs every year, with costs of almost £112 million to Sunderland alone.

- Among those aged 15 to 49 in England, alcohol is now the leading risk factor for ill-health, early mortality and disability and the fifth leading risk factor for ill-health across all age groups.
- More working years of life are lost in England as a result of alcohol-related deaths than from cancer of the lung, bronchus, trachea, colon, rectum, brain, pancreas, skin, ovary, kidney, stomach, bladder and prostate, combined, representing a real challenge to economic regeneration.
- There were 3,680 alcohol related deaths (ARD) across the North East in 2010-12, with the overall ARD rate standing at 33% higher than the national average.
- It is a risk factor in over 60 medical conditions, including liver disease, cardiovascular disease and at least seven types of cancer. It is linked to poor mental health, depression and dependence. It increases the risk of accidents, violence and injuries. It can harm the unborn child and reduce birth weight.
- These risks affect a substantial proportion of the population: a recent Balance survey estimated that almost 45% of North Easterners drink enough to increase the risk of physical or psychological harm.
- Alcohol also drives inequalities: In the most deprived areas men are five times and women three times, more likely to die an alcohol-related death than those in the least deprived areas.

As acknowledged in the consultation documents, as it stands, it can be challenging to refuse license applications under the existing licensing regime. At the heart of the current licensing system is the 'presumption to approve' and local authorities can only challenge licensing applications when there is clear evidence that links a specific locality, or licensed premises to one of the four licensing objectives:

1. the prevention of crime and disorder,
2. public safety,
3. prevention of public nuisance, and
4. the protection of children from harm

This link can be extremely difficult to prove, given that evidence of alcohol misuse cannot always be tied to a specific location. Moreover, the 'presumption to approve' ignores the fact that it is rarely a single licensed premises that causes problems – on the contrary, evidence suggests that it is the widespread availability of alcohol, along with its increasing affordability, that is linked to hazardous patterns of consumption and the wide range of alcohol-related harms

suffered by families and communities across the North East. As it stands under the current legislative system, the introduction of Cumulative Impact Zones in Sunderland would help to overcome this issue within the designated geographies and give the local authority more powers to control availability within priority areas.

Furthermore, Balance research suggests that the majority of people in Sunderland support greater regulation of the trade and are overwhelmingly opposed to recent shifts in availability. Carried out in 2015-16, with several thousand responses from Sunderland residents, Balance's latest 'Public Opinion Survey' showed that:

- 58% of Sunderland residents supported restricting alcohol sales in off-licenses and supermarkets to between 10am-10pm, compared to only 14% who backed a more flexible approach;
- Two thirds of Sunderland residents felt that "the drunken behaviour of others" put them off a night out in our town and city centres;
- Almost 3/4s of Sunderland residents stated that pub and club closing times should be between 11pm and midnight;
- 95% of Sunderland residents felt that it was unacceptable to sell alcohol in a soft play area; 84% opposed sales in a hair salon; and 77% in a garage forecourt – all locations in which alcohol is currently available in the North East.

Taking all of these factors into account, we believe that there are very sound reasons for introducing Cumulative Impact Zones in Sunderland. The local data suggests that the designated geographies are also appropriate and the introduction of CIPs has had an extremely positive impact in other areas of the North East, both by helping local authorities to reject inappropriate license applications and in diversifying and shaping the night time economy in line with local preferences.

Thanks very much for giving us the opportunity to comment on the CIP consultation and we hope that these observations are of use. Please do not hesitate to contact me if you would like to discuss further.

Best wishes,

Strategic Partnerships Manager, Balance

Appendix C

List of Consultees

List of Consultees

Admiral Taverns Limited
Association of Convenience Stores
Association of Licensed Multiple Retailers
B And M Retail Limited
Bonded Warehouse Ltd
British Beer and Pub Association
British Institute of Inn Keeping
British Retail Consortium
British Transport Police
Camerons Brewery Limited
David Lloyds Clubs Limited
Dorbiere Limited
Durham CIU
Ei Group Plc
Federation of Licensed Victuallers Association
Gala Leisure Limited
Greene King Brewing And Retailing Limited
Health and Safety Executive
JD Wetherspoon Plc
Licensing Committee
Marriott Hotels Limited
Mitchells And Butlers Leisure Ltd
North East Chamber of Commerce
Punch Taverns Limited
Rontec Watford Limited
Sir John Fitzgerald Limited
Star Pubs And Bars Limited
Stonegate Pub Company Limited
Sunderland Business Improvement District Ltd
Sunderland Royal Hospital
The Chief Constable
The Chief Fire Officer
Together for Children
Trust Inns Limited
UK Cinema Association
Wear Inns Limited
Whitbread Group Plc