## Appendix 1

## Responses Received on Public Consultation on the

## Proposed Licensing Act 2003 Statement of Licensing Policy

Date of C	onsultation	Submissions Received in Response to Public	Licensing Sections Response to
response and		Consultation	Received Submissions
Respond	ent		
100124	Individual 1	I understand that you are requesting comments on future Licensing of premises in The City of Sunderland. I am writing to you, as follows. I have had the pleasure of drinking & dining in Sunderland City Centre for the last 45 years. I've seen the good times & bad, from boom to Covid. What I must highlight is the still detrimental effects of issuing late licences to a number of establishments until 4 & 5am in the mornings. I must say, since these premises have established the effects of the numbers of drinkers between 8pm & 1am has substantially decreased, especially after Covid. You hardly see younger drinkers between these hours. The younger generation are now drinking at home, buying cheap booze from the supermarkets & hitting the town late at night , already under the influence of lots of drink & possibly drugs. They are turning out when most people are returning home, as they can still purchase drinks until 4 / 5 am. This cannot be right or continue. If these people came out earlier & late drinks were not available, the atmosphere & the licensed premises would be far better, more busier & may attract people back into the City Centre.	Good morning, Thank you for taking the time to respond to our consultation on the drafted Licensing Act Policy. Your views are most welcome. In our draft Policy document, we have considered the terminal hours for the licensable activities of sale of alcohol and late night refreshment (which is hot food and/or hot drinks) in premises. The relevant part of the document is Appendix II Framework hours and starts at page 87. The framework is a guide and general recommendations to application and operating schedules. However, if no representations (Objections) are made to an application which are outside of these suggested hours, then the licence is granted as contained in the application.

		These late licences effect the staff , taxi drivers / door staff who need to work in there's premises and its not a good time to be still working.There is a lack of staff who want to work these stupid hours , & very inexperienced staff are now being utilised. I've checked the Police records for the most troubled areas in the City Centre & it's always inside / outside or near these establishment such as Seven in Derwent Street & Old School in Vine Place who have these late opening times. Why does Sunderland have these late Licensing when other surrounding Cities / towns close at 3pm at the latest. These late Licenses are having a massive detrimental effect on The City Centre, where new developers & investors now want to open new better quality pubs & restaurants I Hope you can consider my points valid, & look forward to your future proposals.	For example, the framework suggestion for a pub wanting to sell alcohol on a typical weekend is 1am. However, if a new premises applies for 5am and no objections have been received, they are granted what they have applied for (this is common throughout the legislation). I hope the above clarifies our drafted position on your comments, xxxx but if you have any further queries regarding this matter, please do not hesitate to contact me.
180124	Individual 1 – follow up email	Thanks for your recent email. I note your comments, but it appears that the Local Authority will not object to the very late Licensing of certain premises. I thought that you would consider this or is it a legal matter to allow them & you have no legal recourse to object to them yourselves?	Good afternoon, The licensing process under the Licensing Act identifies certain organisations as "responsible authorities". These include, Police, Fire, Public Health, Planning, Home Office and then various Services within the Local Authority: Environmental Health, Health and Safety; Environmental

If these late Licensing continues & don't think the City	Protection; Trading Standards and
Centre will improve or prosper & existing problems will	Licensing. If any of the aforementioned
continue.	have concerns over an application
That would be a real shame when new decent bars &	regarding the promotion of the 4
restaurants now want to invest in Sunderland.	licensing objectives, they can submit a
Regards	representation (objection). In addition to
	those identified, anyone else can submit
	an objection to an application, again
	which relates to one or more of the 4
	licensing objectives.
	For information, the 4 licensing
	objectives are:-
	Prevention of crime and disorder
	Prevention of public nuisance
	Public Safety and
	Prevention of Children from Harm.
	If a subscript time (Ohis stime) and
	If no representations (Objections) are
	received, the legislation states that we
	must grant the licence.
	If representations are readined in much
	If representations are received we must
	hold a hearing, where a Licensing sub-
	committee makes the decision on the
	application

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310124	Executive Director of Public Health.	As a responsible authority under the Licensing Act 2003, I welcome the opportunity to respond to the draft Statement of Licensing Policy (SoLP). In April 2013, Sunderland City Council assumed its duties in relation to public health and is therefore responsible for delivering improvements against all of the indicators within the Public Health Outcomes Framework; these include measure in four domains which are as follows: the wider determinants of health, healthcare public health and preventing premature mortality, health improvement, and health protection.	Firstly, Officers are extremely grateful for the time taken to review the Draft Licensing Policy and for the submission received, including the level of detail provided.
		Reducing alcohol harm is a key priority within the health improvement domain as well as our ten-year Healthy City Plan which aims to tackle the social determinants, 'the causes of the causes' of poor health throughout the life course and address inequalities for key vulnerable populations. Alcohol remains a key driver of health inequalities as well as being one of the primary causes of premature death. Whilst progress has been made, most health outcomes remain poorer than the England average.	
		The SoLP should support policy measures which can be employed as part of a more proactive approach that councils can take towards improving the commercial alcohol environment and reducing associated harms, which in turn support improvements against the indicators within the Public Health Outcomes Framework. The SoLP should seek to drive	

improvement against indicators of alcohol harm-related hospital admissions and mortality from liver disease. The survey commissioned by Balance in 2020 (appendix 1) shows that 50% of residents in Sunderland say the Government should be doing more to tackle harms associated with alcohol.	
Alcohol is a causal factor in more than 200 disease and injury conditions and, worldwide, 3 million deaths every year result from harmful use of alcohol (5.3% of all deaths). It is associated with a number of non- communicable diseases, mental and behavioural disorders, and injuries. In addition to the direct health impacts on individuals, there are also harms to others, including children and wider communities. Alcohol-related harm is estimated to cost the NHS £3.5 billion every year. . We know that Inequalities in alcohol-related harm exist, and national data reveals a socio-economic gradient in alcohol-related mortality (figure 1).	
Figure 1 - Alcohol-related mortality by deprivation decile in England1 In Sunderland, alcohol-related mortality rate was 52.1 per 100,000 population, significantly worse than the England average of 37.8 per 100,000.	
I welcome the inclusion the Sunderland Alcohol Strategy, Calling Time: It's time to rethink drink in section 2.6. The strategy has been endorsed by	

Cabinet and I would strongly recommend that the SoLP should support the priorities and objectives in the strategy around prevention and early intervention and protecting children, young people and families from alcohol related harm.	
Our ambition within the alcohol strategy is clear, we want Sunderland to be a vibrant city with a wide range of experiences on offer for everyone. We want the city to 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. We want to create the conditions for economic growth while achieving the best possible health and wellbeing for Sunderland. Our agreed priorities within the strategy are to:	e
<ul> <li>Promote an alcohol-free pregnancy</li> <li>Promote an alcohol-free childhood</li> <li>Create a culture where people drink less alcohol</li> <li>Reduce availability of cheap alcohol</li> <li>Promote the responsible sale of alcohol</li> <li>Reduce the harms that alcohol currently causes</li> </ul>	
The SoLP should support policy measures which can be employed as part of a more proactive approach to achieve the aims and priorities within the strategy, and that we can take forward to improving the commercial alcohol environment and reducing associated harms, and support policies around cumulative impact assessment, late levy, minimum unit price and the vision around an alcohol-free childhood.	

Within the draft SoLP it states that "the Council recognises that the cumulative effect of the number, type and density of licensed premises (premises selling alcohol for consumption on or off the premises and premises licensed for the provision of latenight refreshment) in a given area may cause serious problems of nuisance and disorder outside or some distance from licensed premises" and "such a special policy will be implemented if the authority is satisfied that there is enough evidence to support such a decision, and that it is proportionate and the most effective measure to address the problems identified". I strongly recommend that CIAs are included the SoLP as a measure that support our vision for the city and ensure new developments seek to minimise the adverse impact of alcohol on the health of local people and the resulting demand for health services.	
CIAs are a tool to enable us to deliver our vision for the city. In 2016 an independent consultation was commissioned to gather evidence which the licensing authority could take into consideration for the introduction of CIAs. After extensive engagement with residents and the collection of evidence it was concluded that there was evidence to support CIAs in Sunderland, and a number were implemented in various areas. Of course, the successful introduction and operation of a CIA 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.	

Figure 2 - Number of alcohol licensed premises in
each quintile of deprivation in Sunderland
The maps in figure 3 show on and off licensed premises in Sunderland by corresponding levels of deprivation (IMD). As you can see there are higher concentration of licensed alcohol premises in more deprived areas – this is for both on and off trade. 2 Source: Sunderland City Council and IMD 2019 405
217
88 75
32
0
100
200
300 400
500
Number of Licensed Premises
Quintile 1 Quintile 2 Quintile 3 Quintile 4 Quintile 5
No' of Alcohol Licensed Premises in each Quintile
of Deprivation
(IMD Quintile 1 is most deprived)
Figure 3 - On and off licensed premises in Sunderland by corresponding levels of deprivation (IMD)
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

<b>Late night levy</b> is an example of policy measures which can be employed as part of a more pro-active approach that councils can take towards improving the commercial alcohol environment and reducing associated harms. The current absence of a specific fifth licensing objective

LA with one of the highest burdens attributable to alcohol, it is increasing indefensible for Sunderland not to actively explore the options which would be most suitable for introduction here. <b>Minimum unit price (MUP)</b> remains the best evidenced and most cost-effective regulatory intervention for alcohol harm reduction. Alcohol is now more affordable than it was in the 80s. Implementing minimum unit price is a targeted measure which ensures that tax increases are passed on to the consumer and improves the health of the heaviest drinkers and there is strong evidence that minimum unit price for alcohol works as a policy. Recent research in relation to alcohol sales in Scotland showed MUP was associated with a 3% net reduction in total per adult alcohol sales30. Local authorities across the North- East are working with Balance North-East to ask Government to take action on alcohol to tackle price, promotion and availability. Sunderland City Council has strongly supported MUP and was disappointed by the	
promotion and availability. Sunderland City Council has	
I welcome the opportunity for the council to consider as part of its duties in relation to public health how this policy can play its part in rebalancing the impact of commercial determinants on our residents. This year my Annual Director of Public Health Report	

2022/23 – Commercial Determinants of Health (CDoH): Whose Choice is it?4 sets out a vision with overarching recommendations for action around alcohol which should be considered as part of this policy, in particular section 6.5.	
Commercial determinants of health affect everyone, some individuals and groups have been affected more than others. In Sunderland, our healthy life expectancy is significantly worse than the England average; there are many complex reasons for this, and it is vital that we view health inequalities and health outcomes through a wide public health lens – and this includes exploring the impact of commercial determinants. Commercial sector products and practices from four main areas; alcohol, tobacco, diet and air pollution attribute to a third of all global deaths from non-communicable diseases including obesity, diabetes, cardiovascular health, cancer. In Sunderland, non-communicable diseases contribute significantly to the gap in life expectancy between the most and least deprived quintiles.	
The marketing of unhealthy products through drinks promotions like buy on get one free offers can contribute to the adoption of unhealthy behaviours, such as smoking and excessive alcohol consumption and section 6.5 should be strengthened around reducing the marketing and sponsorship of events by alcohol and gambling industry and also implementing voluntary partnerships to reduce the sale of harmful levels of alcohol for example licensed premises could introduce minimum unit pricing,	

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I welcome the inclusion of Integration of licensing policy with other strategies, policies and plans set out in section 2.6 and the Sunderland Alcohol Strategy, Calling Time: It's time to rethink drink, but would strongly recommend that this section should reflect the strategic agendas within the council and the views of relevant Leadership Boards for the city - the City Board, Sunderland Health and Wellbeing Board, the Safer Sunderland Partnership and the DA and VAWG Exec Board. From a business perspective there is the Sunderland Business Innovation District (BID) and Sunderland Business Group. I would also ensure the policy aligns with the Sunderland Core Strategy and	
Development Plan. This would be in keeping with the Local authority's statutory responsibility for public health across the City. Alcohol is implicated in an enormous amount of crime and disorder, and the effects on victims can be devastating. Government statistics show that alcohol is a factor in 39% of violent crime in England. Since 2019 the number of alcohol related incidents and crimes have been increasing throughout Sunderland, however	
<ul> <li>there was a slight reduction in reduction in 2022.</li> <li>Further information from Northumbria Police shows that:</li> <li>Much of the rise in alcohol related incidents and crime from 2019 to 2021 can be attributed to the re-opening of the nighttime economy with the city centres consistently identified as hotspots.</li> </ul>	

 • During 2022 almost half of the top 10 hotspot areas are	
in the city centre and linked to the nighttime economy.	
Almost a third of the serious violence related offences	
were domestic related during 2021. With assaults	
occasioning actual bodily harm being the primary offence	
type in Sunderland during 2022 where alcohol is involved.	
I welcome the inclusion of the health-related impact	
data in section 2.6 and appendix V; however, I would	
strongly recommend that the link is to the Joint	
Strategic Needs Assessment, data insights and	
Public Health Outcome Framework are included in	
document so up to date data is accessible to all.	
At present, health is not a separate licensing objective;	
under the current Licensing law health considerations are	
only considered to be relevant where they relate to one of	
the existing four licensing objectives which are:	
• the prevention of crime and disorder,	
• public safety,	
the prevention of public nuisance and	
<ul> <li>the protection of children from harm,</li> </ul>	
However, many Local Authorities use these objectives to	
curtail the irresponsible supply of alcohol, thus reducing	
alcohol harm and can include the 'cumulative impact' of	
multiple places selling alcohol in a particular area being	
taken into account if CIA were in place.	
I welcome the inclusion of 'An Alcohol Free	
Childhood' in appendix V but would strongly	

<ul> <li>The medical advice for children and young people is clear, an alcohol-free childhood until the age of 18 is the healthiest and best option. For young people who do drink alcohol, the implications could be life changing. For example:</li> <li>Young brains continue to develop and change until the mid-twenties. Drinking alcohol before adulthood can change or delay the development of the logical, thoughtful part of the brain.</li> <li>Alcohol can affect a child's mental health and wellbeing. It is linked to stress, depression and self-harming behaviour.</li> <li>Children are smaller, which means alcohol's effects work more quickly. Alcohol poisoning can result in young people being admitted to hospital or worse.</li> <li>Alcohol can lead to other risky, impulsive behaviour.</li> <li>Young people who drink regularly are four times more likely to smoke and three times more likely to take</li> </ul>	recommend that this should be in the main body of the SoLP. We should be support the vision and implementation a set of measures to secure an alcohol free childhood approach and licensed premises should adopt specific measures that support an Alcohol Free Childhood approach. This also supports the evidence around the CDoH report and the need to strengthen restrictions on alcohol marketing to protect children and vulnerable people.	
<ul> <li>the mid-twenties. Drinking alcohol before adulthood can change or delay the development of the logical, thoughtful part of the brain.</li> <li>Alcohol can affect a child's mental health and wellbeing. It is linked to stress, depression and self-harming behaviour.</li> <li>Children are smaller, which means alcohol's effects work more quickly. Alcohol poisoning can result in young people being admitted to hospital or worse.</li> <li>Alcohol can lead to other risky, impulsive behaviour.</li> <li>Young people who drink regularly are four times more</li> </ul>	clear, an alcohol-free childhood until the age of 18 is the healthiest and best option. For young people who do drink alcohol, the implications could be life	
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• Children's bodies are still developing through the teenage years. We know that drinking alcohol can affect their liver, bones, hormones and their growth.	
Working in collaboration with Balance, the North East has adopted a vision of working towards 'an alcohol free childhood for every child growing up in the region' to help denormalise alcohol in families and communities so they can have the best start in life. This is a vision that every child can grow up:	
<ul> <li>free from the impact of other peoples' drinking</li> <li>free from commercial, social and environmental pressure to drink</li> <li>free from health and social harms caused by drinking alcohol themselves</li> <li>supported and encouraged to make heathy positive lifestyle choices as they</li> <li>enter adulthood</li> </ul>	
The Licensing Act 2003 requires local authorities to promote the objective of 'the protection of children from harm' within their licensing decisions and while the scope of the Act is clear and bound in law, there are ways in which the vision of an alcohol free childhood can be reflected in these decisions and the discussions that lead up to them. Local licensing processes can be a key strategic and practical means of securing an alcohol free childhood for young people within their communities.	
Along with the mandatory conditions relating to protecting children from harm, such as age verification systems,	

there are a number of measures which local authorities can recommend licensees implement to support the alcohol free childhood vision as a whole and the Chief Medical Officer's advice that under 18s do not consume alcohol at all. Licensees can be asked to commit to the following measures, many of which are already in place in some local authorities:	
<ul> <li>For off-licences</li> <li>Remove external alcohol advertising – for example pavement boards or posters that are visible from outside – in locations close to schools or other children focused premises.</li> <li>Avoid placing alcohol products in areas that will excessively promote its availability.</li> <li>Create distance between alcohol products and products aimed at children.</li> <li>Maintain clear visibility through windows so that staff can clearly observe if alcohol purchased by adults is provided to young people i.e. proxy purchasing.</li> </ul>	
<ul> <li>Restrict alcohol consumption to those aged 18 or over, regardless of whether they are accompanied by an adult and eating a meal.</li> <li>Set aside 'alcohol free' spaces for families.</li> </ul> For all licensed premises <ul> <li>Refuse to serve marketed 'alcohol free' drinks to under 18s, particularly those which are brand stretched e.g.</li> </ul>	

<ul> <li>Heineken 0.0, given the strong links between alcohol brand advertising and youth susceptibility to drinking</li> <li>Implement the 'Challenge 25' proof of age scheme to show commitment to the prevention of underage sales</li> <li>Display point of sale information highlighting CMO guidelines for children</li> </ul>	
Such measures can help progress towards achieving an alcohol free childhood and promote a culture where children are protected from alcohol-related harm. The survey commissioned by Balance in 2020 (appendix 1) shows that 73% of residents in Sunderland say they would support measure to limit children and young people's exposure to alcohol advertising and 50% would support not allowing advertising around alcohol in outdoor public spaces.	
I welcome the inclusion of Balance within the policy. I would recommend that we make reference to Sunderland City Council commissioning Balance alongside six other Local Authorities (Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Durham) so readers understand the relationship.	
The description for Balance should be changed to 'Balance the North East alcohol programme which works to reduce alcohol harms at a population level' rather than a 'North East office'.	
Finally a full Integrated Impact Assessment (IIA) should be completed on the SoLP.	

The IIA is way of assessing predicted impacts of 'activity'. We define 'activity' to be a policy, strategy, service, project or function, including commissioning and decommissioning decisions. An IIA must accompany the decision report - where a decision is required on the activity in question, via an officer with Delegated Authority, management group (i.e. Chief Officer Group) or a Committee/Cabinet, the IIA must be accompany any report that is provided. Guidance can be found on the Council's website at Purpose of the Integrated Impact Assessment - Intranet (sunderland.gov.uk). <b>Conclusion &amp; Recommendations</b> I welcome the opportunity to respond to the draft SoLP. The document is very comprehensive, and the inclusion of health information, along with cross referencing of the local alcohol strategy and also research from Balance is reassuring and demonstrates close working between licensing and public health.	
However, to support our vision for the city and ensure we seek to minimise the adverse impact of alcohol on the health of local people, I would further recommend:	
1. Introducing policy measures such as CIAs, late levy, MUP and the vision around an alcohol-free childhood as part of a more pro-active approach to improve the commercial alcohol environment and reducing associated harms which support the aims and objectives of our local Alcohol Strategy.	1 Minimum Unit Pricing (MUP) has been considered and information has been included in the Policy at 6.5 which is

<ul> <li>2. That we continue with our current approach around CIAs as a set of measures that support our vision for the city and ensure new developments seek to minimise the adverse impact of alcohol on the health of local people and commitment to our current CIAs is included in the SoLP.</li> <li>3. A set of measures including late night levy and</li> </ul>	<ul> <li>above the requirements included in the Mandatory Conditions.</li> <li>1 Information regarding alcohol-free childhood has been included into the Policy document</li> <li>1 &amp; 2 Consideration has been given to the recommendation for a Cumulative</li> </ul>
<ul> <li>minimum unit price be introduced over the next 12 months, 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.</li> <li>4. That the council as part of its duties in relation to public health consider how this draft policy can play its part in rebalancing the impact of commercial determinants on</li> </ul>	Impact Assessment (CIA) and with the approval of the Licensing & Regulatory Committee, engagement work on an assessment will commence with the support of Public Health. 3. Consideration will be given to late night levies.
our residents for example reducing the external alcohol advertising – for example pavement boards or posters that are visible from outside in locations close to schools, implementing voluntary partnerships to reduce the sale of harmful levels of alcohol, introduce minimum unit pricing, off licences/ retailers should be encouraged not to stock high-strength beers and ciders.	4. The recommendations have been considered and added to the list of Model Conditions in Appendix 2

5. The SoLP should be strengthened around marketing and the sponsorship of events by the alcohol industry as this can contribute to the adoption of unhealthy behaviours, such as excessive alcohol consumption through drinks promotions like buy on get one free, two drinks for £5 etc. Section 6.5 should also be strengthened around implementing voluntary partnerships to reduce the sale of harmful levels of alcohol for example licensed premises could introduce minimum unit pricing, off licences/retailers encouraged not to stock high-strength beers and ciders.	5. Some of the recommendations would be considered irresponsible drinks promotions which are currently covered in the mandatory conditions. However, the recommendations regarding MUP, not stocking high-strength beers and ciders etc have been considered and added to the list of Model Conditions in Appendix 2
6. The SoLP reflects the strategic agendas within the council and the views of relevant Leadership Boards for the city.	Comment noted
7. Web links to the Joint Strategic Needs Assessment, data insights and Public Health Outcome Framework are included in document.	7. Recommendation noted and weblinks included into the Policy document
8. That we include the alcohol free childhood vision in the policy and implementation a set of measures to secure an alcohol free childhood approach and licensed premises should adopt specific measures that support an Alcohol Free Childhood approach.	8 . Recommendation noted and further information included into Section 2.1 and Appendix IX of the Policy document
9. Change the description for Balance.	9. Description changed for Balance
10. A full Integrated Impact Assessment (IIA) is to be completed on the policy	

			Agreement noted Comments noted and further information included in the Draft Policy
010224	Balance	Consultation on the draft Sunderland Statement of Licensing Policy Response from Balance February 2024 We welcome the opportunity to respond to Sunderland City Council's review of its Statement of Licensing Policy. Our response is in the context of the important role that local authorities can play in raising awareness of as well as addressing and preventing alcohol harms at a population level. This includes the vital role of the licensing process and the Statement of Licensing Policy in particular. There is much to welcome within the refreshed policy from the point of view of balancing the needs of the local community with local licensed	Firstly, Officers are extremely grateful for the time taken to review the Draft Licensing Policy and for the submission received, including the level of detail provided. Position noted on this matter.

businesses as well as the need to protect people from individual and wider societal harms of alcohol. We welcome the Sunderland City Council aim of promoting the city as a safe, healthy, crime-free environment in which responsible, law-abiding licensees provide great facilities for the enjoyment of all city residents and visitors and where children are always protected from harm. In the context of this, we encourage Sunderland to consider the importance of a diverse night time economy and entertainment offer: statements of licensing policy often assume that the provision of alcohol is central to the night time economy and we would encourage a shift towards alternative provision including offering more alcohol-free options.	
The way in which alcohol is purchased and consumed has changed significantly over recent years. Alcohol is now available all day every day and has become much more affordable. This has contributed to a striking increase in alcohol harms across the North East as a whole, which suffers from some of the highest rates of alcohol-related hospital admissions, mortality and morbidity. In 2020, the region had the worst year on record for alcohol related deaths. Liver disease has soared 400% since the 1970s and, in 2022, liver disease rates rose by nearly a fifth with the highest rates in the North East. Alcohol is now the leading risk factor for ill- health, early mortality and disability among people aged 15 to 49 in England.	
Strategic documents, such as the local Statement of Licensing Policy, are instrumental in addressing the issue	

of alcohol availability and a key local aim should be to ensure the policy's continued strategic alignment with the local authority's broader vision of preventing and reducing alcohol harms. It is therefore positive to see reference to the local authority's Alcohol Strategy 'Calling Time: It's time to rethink drink' and alignment with the Healthy City Plan.	
Given that the finalised SLP will provide the context against which licensing decisions are made, as well as the SLP being a key channel for those involved in the process to access relevant information, we make the following recommendations and comments in order to further balance the needs of the local community and local licensed businesses as well as to protect public health:	
• As well as the useful references to Balance research, the draft policy would also benefit from reference to Sunderland's commissioning of the Balance alcohol programme to lead an evidence-based collaborative alcohol programme on behalf of its funders and Sunderland's valuable participation in Balance forums – the Local Alcohol Leads Network, the Champions Network and the Alcohol Crime and Regulation Forum. This would outline to both residents and businesses the commitment from Sunderland to improving the experience of those who live, work and visit the city.	Additional information added to the Policy document
• There is a statement within Appendix V which reads: 'Whilst the safe use of alcohol continues to play an important role in the social, economic and cultural	Comment noted

<ul> <li>aspects of society' We would question the inclusion of this statement as collectively we are working towards a vision where social norms are changed around alcohol so that it is not seen as an essential part of society. It is also important to take account of different population groups within Sunderland, where alcohol is not a feature of their social, economic or cultural experiences.</li> <li>It is welcome to see inclusion of the Alcohol Free Childhood vision and the toolkit that has been developed to support the local licensing process. We think there is scope to include more information about it – the vision, Sunderland's commitment to it and the underpinning four pillars. It is good to see the SLP reference to raising awareness of the Chief Medical Officers' low-risk guidelines: there are some further tangible ways that licensees can promote the vision, as outlined in the AFC and licensing toolkit that the SLP references, for example:</li> </ul>	Further information added to the Policy document at 2.1 and Appendix IX
The licensed premises – e.g. a shop – will consider the placement of alcohol products within retail premises to avoid excessive promotion and to create a physical distance between alcohol products and products aimed at children	Addition made to the model conditions in Appendix 2
In locations close to schools or other children-focused premises, the licensed premises will not display any external alcohol advertising – for example pavement boards or shop windows	Addition made to the model conditions in Appendix 2
Off licences will have clear visibility through the shop window so that staff can clearly observe if alcohol purchased by adults is then provided to young people through proxy purchasing	Addition made to the model conditions in Appendix 2

The licensed premises will not sell marketed 'alcohol free' drinks to under 18s	Comment noted, the condition is already listed in the model conditions in Appendix 2.
The licensed premises will implement a Challenge 25 proof of age scheme to show commitment to the prevention of underage sales	Addition made to the model conditions in Appendix 2.
On licensed premises e.g. in restaurants, alcohol consumption will be restricted to those aged 18 or over, regardless of whether they are accompanied by an adult and eating a meal	Addition made to the model conditions in Appendix 2.
Licensed premises will have 'alcohol free' spaces set aside for families	Addition made to the model conditions in Appendix III
<ul> <li>Furthermore, the local authority could adopt the following policies to demonstrate its commitment to an alcohol free childhood:</li> <li>Local authority-organised events aimed primarily at families will not seek licenses for the sale of alcohol</li> <li>In relation to non-council events aimed at families, alcohol sales would be confined to a small area of the event site 3</li> <li>Licences would not be granted for places frequented mainly by children and aimed at meeting their needs (e.g. soft play areas).</li> </ul>	Comment noted
Finally, it is positive to see the development of a framework of core hours – this reflects the role that SLPs can play in setting out expectations of licensees which could have a positive impact on public health. While these expectations are not legally binding given the 24 hour provisions within the Licensing Act, they can help	Comment noted

		local authorities to challenge applications for later licences if clear expectations are set out in advance. We support Sunderland in taking a partnership approach to licensing which involves a range of stakeholders locally who know where to feed in when any issues arise around the operation of premises and how to make representations as needed. We are happy to meet with licensing colleagues to discuss any element of this response or the local policy itself	Support noted
010224	Councillor Kelly Chequer, Portfolio Holder for a Healthy City	Submission mirrors that made by the Executive Director of Public Health	Responses mirror those made in relation to the submission made by the Executive Director of Public Health
010224	Principal Environmental Health Officer	I have had a look at the draft policy and have the following comments to make: Amendments to text: Page 61 The extent to which the above matters will need to be addressed will be dependent on the nature of the area where the premises are situated <i>i.e.</i> within residential areas, the type of premises concerned, the licensable activities to be provided, operational procedures and the needs of the local community. Page 62 Takeaways and fast-food outlets - The Council	Officers are extremely grateful for the time taken to review the Draft Licensing Policy and for the submission received, including the level of detail provided. Relevant amendment made to Policy document
		expects takeaways and late-night refreshment premises to take reasonable steps in clearing litter and cleansing from outside their premises and along the pavement in	Relevant amendment made to Policy document

		either direction as necessary, whilst the premises are open and at the end of the working day. Page 103 Additional condition Use of beer gardens shall not be used after 10pm (where close to residential properties) Page 114 Contact for Environmental Health Team	Condition added to Policy document. Contact for Environmental Health Team amended
020224	Northumbria Police	In relation to the Policy Consultation the only comment is the email address in Appendix IV, page 114 the email for Police contact is incorrect – the correct email address is: REDACTED @northumbria.police.uk	Email address amended