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To whom it may concern.

Ref: Consultation - Hastings Borough Council's revised Licensing Act Policy Statement 2021-2026.

As a responsible authority under the Licensing Act 2003 I would like to submit a response to the consultation on Hastings Borough Council's revised Licensing Act Policy Statement 2021-2026.

Public Health fully support continuing the Cumulative Impact Policy (CIP) to limit the number and type of licenses granted within the existing CIP areas in support of the four licensing objectives. The following report outlines the rationale and evidence in support of the CIP from Public Health at East Sussex County Council.

Alcohol related harm and access to alcohol

The multi-agency [East Sussex alcohol harm reduction strategy 2021-2026](#) includes five ambitions to reduce alcohol related harm in the county.

The strategy outlines the contribution that access makes to alcohol harm. Alcohol harm is broad and multi-faceted, it includes health (accidents, chronic illness, dependence), social (relationship breakdown, exacerbating domestic violence, anti-social behaviour) and economic harm (lost productivity, strain on public services). This harm is determined by levels of consumption which in turn is heavily influenced by access, including availability of alcohol through on or off-license premises (PHE, 2016).

Fig.1 Path to alcohol harm

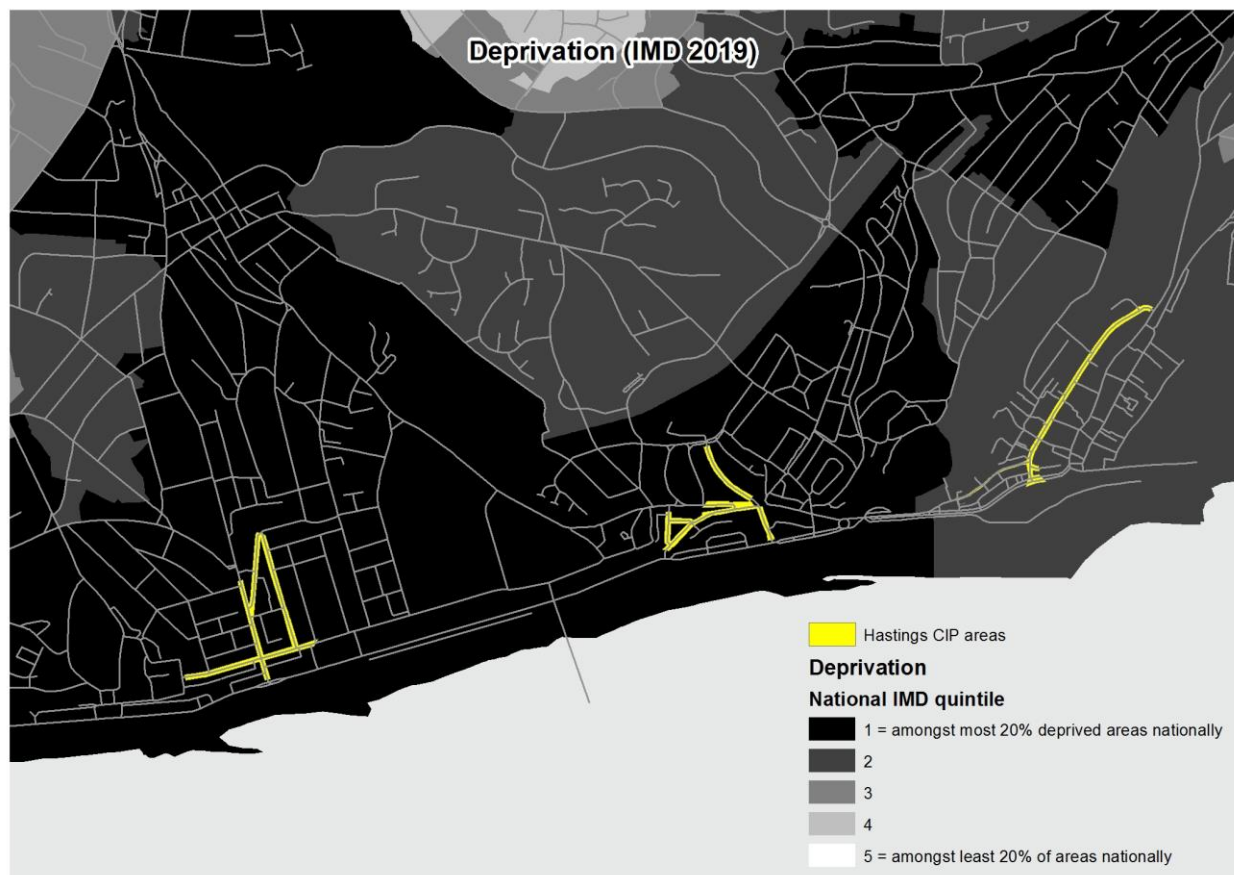


The CIP is a key mechanism for reducing access, consumption and therefore alcohol related harm, to support the four licensing objectives.

Deprivation and alcohol related harm.

Alcohol related harm is highest in communities with higher deprivation and those communities also tend to have a higher density of outlets selling alcohol (WHO, 2014, PHE, 2016). Hastings has the highest levels of deprivation in East Sussex and Fig. 2 shows the current areas covered by the CIP are in the 10% most deprived areas in England (English Indices of Deprivation, MHCLG, 2019).

Fig. 2



Alcohol related hospital admissions and ambulance call outs.

When cross referenced with the IMD map (Fig. 2), fig. 3 and 4 below highlight the link between alcohol health harm and deprivation. Two of the CIPs cover areas with the highest alcohol related hospital admissions (Fig.3) and the CIP in Hastings town centre is in a zone with the highest alcohol related ambulance call outs (Fig. 4).

Fig.3

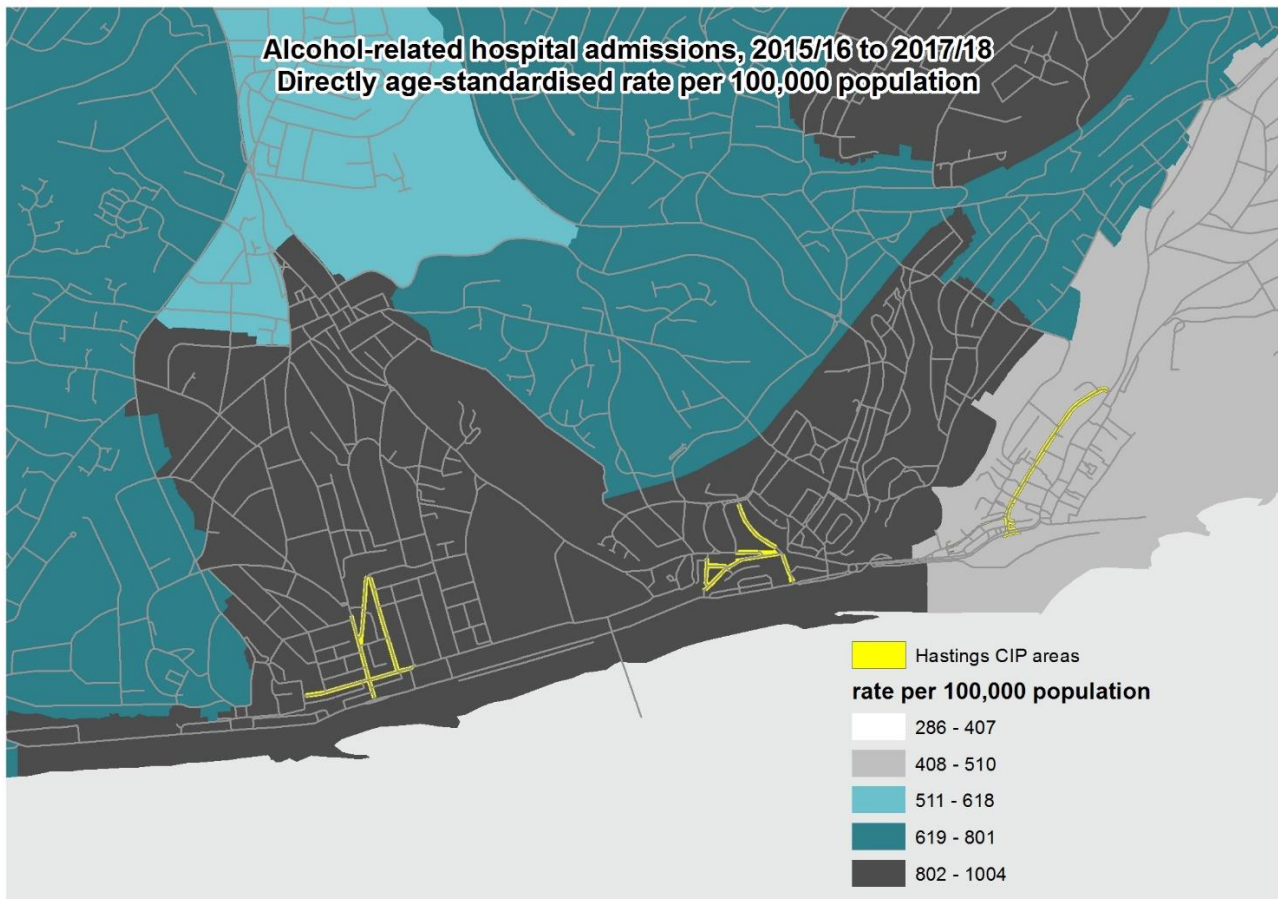
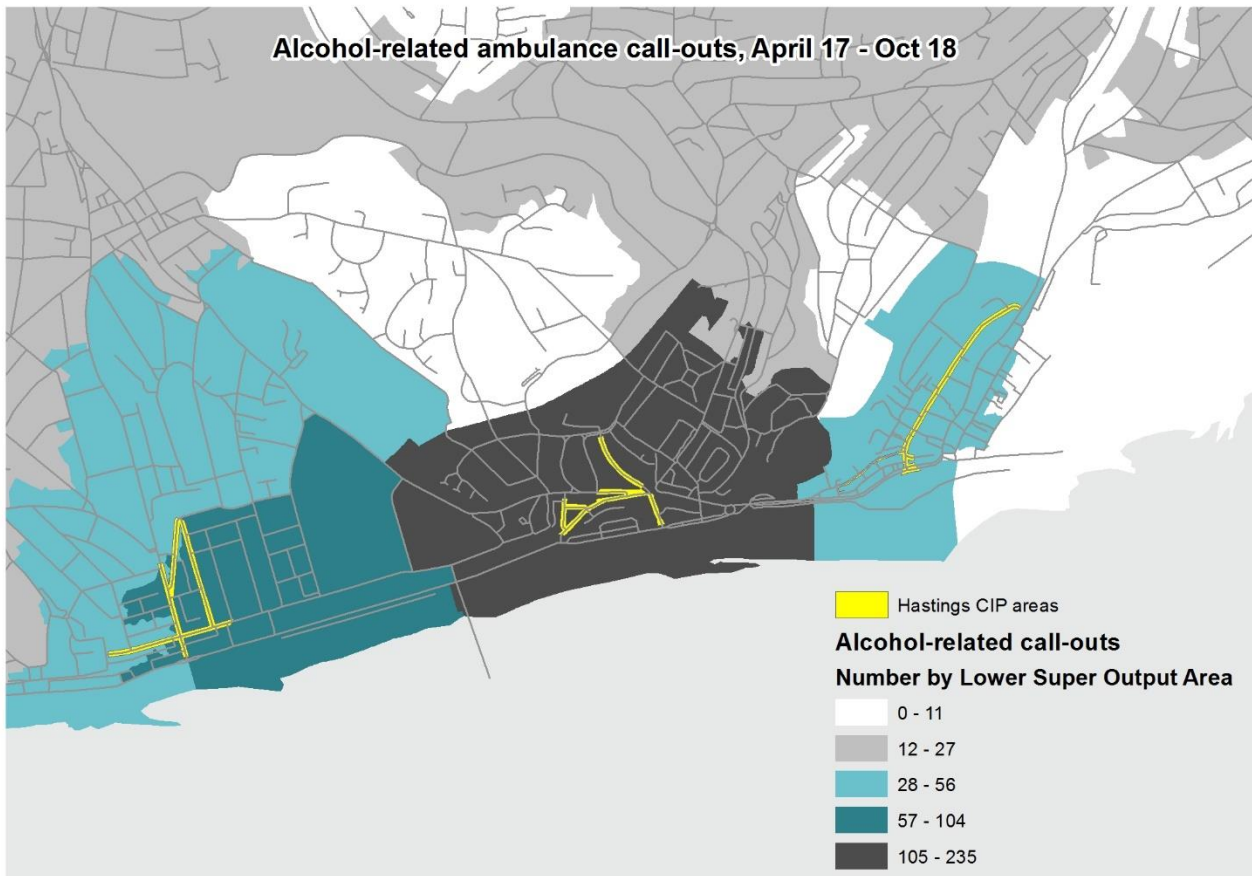


Fig. 4



Conclusion

All CIPs/CIP areas should be maintained or extended in support of the four licensing objectives. Increasing the number and density of outlets selling alcohol in the existing areas covered by the CIPs will increase access and ultimately add to the burden of social, economic and health harms in these areas. In line with the [East Sussex alcohol harm reduction strategy 2021-2026](#) the CIPs are an important regulatory tool for reducing access to alcohol in areas where the harm is highest, and they also support the four licensing objectives.

Yours sincerely,



Colin Brown
Alcohol and Tobacco Lead
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Appendix: references

1. [Alcohol public health burden evidence review 2016 \(publishing.service.gov.uk\)](#) pg 15
2. [Alcohol and Inequities \(who.int\)](#) 2014
3. [WHO | Strengthen restrictions on alcohol availability](#) 2018