

## Licensing Committee

11 November 2019

<b>Title</b>	<b>Cumulative Impact Assessment and Adoption of Cumulative Impact Zone</b>
<b>Report of</b>	Executive Director Environment
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	<b>Appendix 1</b> – Cumulative Impact Assessment <b>Appendix 2</b> – Consultation document <b>Appendix 3</b> – Consultation responses <b>Appendix 4</b> – Summary of responses to the Consultation
<b>Officer Contact Details</b>	Emma Phasey Group Manager, Commercial Premises <a href="mailto:Emma.phasey@barnet.gov.uk">Emma.phasey@barnet.gov.uk</a>

### Summary

This report sets out the cumulative impact assessment completed by officers in accordance with approval given by the Committee. A consultation has been carried out in accordance with statute and the outcome of that consultation is set out in this report. This report recommends that the Committee approves the adoption of a cumulative impact zone in Burnt Oak.

### Officers Recommendations

1. That the Committee notes the Cumulative Impact Assessment.
2. For the proposed Cumulative Impact Zone to be approved by the Committee
3. That the Committee recommend that the Cumulative Impact Zone be adopted

**at the next full meeting of the Council**

## **1. WHY THIS REPORT IS NEEDED**

- 1.1 At previous meetings the Licensing Committee approved the investigation of whether or not there was a case for a Cumulative Impact Zone (“CIZ”) within the borough. There was particular concern about the proliferation of licensed premises in Burnt Oak and the high levels of alcohol related nuisance being experienced in the area.
- 1.2 A Cumulative Impact Zone (“CIZ”) may help to limit the number or types of premises licence applications granted in areas where there is evidence to show that the number or density of licensed premises in the area is having a cumulative impact and leading to problems which are undermining the licensing objectives.
- 1.3 CIZ’s relate to applications for new premises licences, club premises certificates and applications to vary existing premises licences and club premises certificates in a specified area. Temporary event notices are not affected.
- 1.4 While the cumulative impact assessment (CIA) evidence underpinning the publication of a CIZ should generally be suitable as the basis for a decision to refuse an application or impose conditions, it does not change the fundamental way that decisions are made under the Licensing Act 2003 (“the Act”). However, licensing applications within the CIZ still need to be determined on a case-by-case basis with a view to what is appropriate for the promotion of the licensing objectives.
- 1.5 There must be a good evidential basis for a decision to adopt a CIZ. Information which licensing authorities may be able to draw on includes:
  - local crime and disorder statistics, including statistics on specific types of crime and crime hotspots;
  - statistics on local anti-social behaviour offences;
  - health-related statistics such as alcohol-related emergency attendances and hospital admissions;
  - environmental health complaints, particularly in relation to litter and noise;
  - complaints recorded by the local authority, which may include complaints raised by local residents or residents’ associations;
  - residents’ questionnaires;
  - evidence from local and parish councillors; and
  - evidence obtained through local consultation
- 1.6 The licensing authority may consider this evidence, alongside its own evidence of the impact of licensable activities within its area, and consider in particular the times at which licensable activities are carried on. Information which may inform consideration of these issues includes:
  - trends in licence applications, particularly trends in applications by types of premises and terminal hours;
  - changes in terminal hours of premises; and

- premises' capacities at different times of night and the expected concentrations of drinkers who will be expected to be leaving premises at different times.
- 1.7 The draft licensing policy has been amended at Section 5.3 – 5.19 to detail how a CIZ would operate. This section identifies that any CIZ in operation in the Borough will be detailed in Appendix 4 of the licensing policy. If the Committee supports the adoption of the CIZ in the area detailed in this report the map in Appendix 1 would form Appendix 2 of the Licensing Policy.
- 1.8 S.5A(4) allows an assessment, and therefore a CIZ, to apply to all relevant authorisations or only relevant authorisations of a kind described in the assessment. This assessment recommends that the proposed CIZ only applies to the sale of alcohol off the premises.
- 1.9 A consultation was undertaken from 19<sup>th</sup> August 2019 until 11<sup>th</sup> October 2019. Information on this consultation can be found in 5.8. The responses received can be found in Appendix 2.
- 1.10 Following consideration of the Cumulative Impact Assessment and the responses to the consultation (see Appendix 2) it is recommended that the Licensing Committee adopt that proposed policy

## **2 REASONS FOR RECOMMENDATIONS**

- 2.1 A full consultation has been taken in relation to this matter and the adoption of the proposed CIZ is supported by all consultee responses.
- 2.2 Evidence collected as part of the Cumulative Impact Assessment supports the adoption the proposed CIZ.

## **3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 The Committee could decide not to adopt a Cumulative Impact Zone. This would mean that further premises could apply for a premises licence to include off sales of alcohol and would be dealt with in the usual way and the general presumption would remain that the licence should be granted, subject to consideration of the licensing objectives.

## **4 POST DECISION IMPLEMENTATION**

- 4.1 The Committee is being asked to recommend that the Cumulative Impact Zone be adopted at the next meeting of the full Council to come into effect immediately thereafter.

## **5 IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 This review of licensing issues within Burnt Oak, supports the corporate priority of “Tackling anti-social behaviour and environmental crime“

## **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 Administration and enforcement is carried out by the Licensing team in Re, together with support from HB Public Law and from Governance Services, when arranging and co-ordinating arrangements for hearings.
- 5.2.2 The CIZ will have no further financial implications and will be delivered within existing resources.

## **5.3 Social Value**

- The CIZ will positively impacts on the environment in Burnt Oak and contributes to a vibrant and healthy community by reducing anti-social behaviour within the area.

## **5.4 Legal and Constitutional References**

- 5.4.1 Section 5A of the Licensing Act 2003 sets out what a licensing authority needs to do in order to consider adopting a CIZ. The licensing authority must publish an assessment document which states it 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 under section 4(1) to grant any further relevant authorisations in respect of premises in that part or those parts. This assessment should include the evidence for this review. The information can be found in Appendix 1 and if adopted will be added to Appendix 4 of the Licensing Policy.
- 5.4.2 Before adopting the CIZ the Authority should undertake a consultation with the following information—
- the reasons why it is considering publishing a cumulative impact assessment;
  - a general indication of the part or parts of its area which it is considering describing in the assessment;
  - whether it considers that the assessment will relate to all relevant authorisations or only to relevant authorisations of a particular kind.

The consultation document used can be found in Appendix 2.

- 5.4.3 The Authority has to consult with :

- The police
- The fire and rescue authority for that area,
- Public health
- Representatives of holders of premises licences issued by that

- authority,
- Representatives of holders of club premises certificates issued by that authority,
- Representatives of holders of personal licences issued by that authority,
- Businesses and residents in its area.

This consultation has been undertaken.

5.4.4 Article 7 – Committees, Forums, Working Groups and Partnerships, of the Council's Constitution states that the Licensing Committee is responsible for, "*all policy matters relating to licensing with licencing hearings concerning all licencing matters delegated to sub-committees.*"

## **5.5 Risk Management**

5.5.1 It is important that the London Borough of Barnet adopts a robust and accountable regulatory regime in relation to all Licensing. It needs to ensure that the risk of non-compliance and the regulatory burden to both the Local authority and to the trade is minimised.

## **5.6 Equalities and Diversity**

5.6.1 The Council has a legal obligation under section 149 of the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination and to promote equality of opportunity and good relations between persons of different groups.

5.6.2 When considering applications, only issues provided for in the relevant legislation, in addition to the authority's policy will be taken into account. This will ensure a consistent approach is adopted. Under the terms of the policy, every application will be considered on its own merits.

## **5.7 Corporate Parenting**

5.7.1 Not relevant to this report.

## **5.8 Consultation and Engagement**

5.8.1 The consultation document was sent to the all responsible authorities. It was also sent to councillors.

5.8.2 The consultation was also be published on London Borough of Barnet's online website and on the Engage Barnet portal.

5.8.3 Licensed businesses affected by this were written to and a selection were visited to discuss this in more detail.

5.8.2 All replies received have been taken into account.

## **5.9 Insight**

5.9.1 Not relevant to this report.

## **6 BACKGROUND PAPERS**

Statutory Guidance issued under section 182 Licensing Act 2003 (April 2018)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/705588/Revised\\_guidance\\_issued\\_under\\_section\\_182\\_of\\_the\\_Licensing\\_Act\\_2003\\_April\\_2018\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/705588/Revised_guidance_issued_under_section_182_of_the_Licensing_Act_2003_April_2018_.pdf)

London Borough of Barnet Licensing Policy, Section 6.

Evaluation of Islington Council CIZ

<https://sphr.nihr.ac.uk/research/cumulative-impact-zone-policy/>

PSPO details for Burnt Oak

<https://www.barnet.gov.uk/pspo>

Community Alcohol Partnership

<https://www.communityalcoholpartnerships.co.uk/about>

## Appendix 1 – Cumulative Impact Assessment

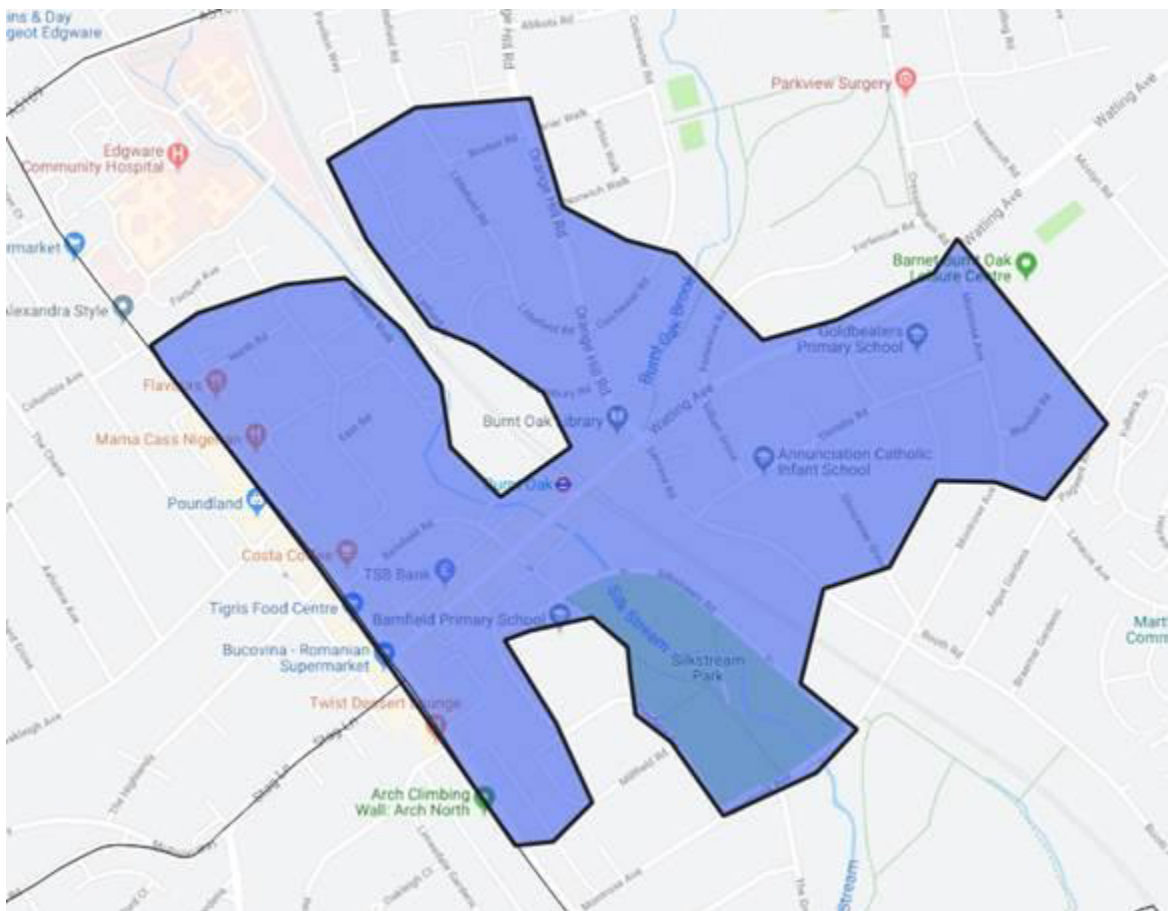
Note: if approved this appendix will form appendix 4 of the Licensing Policy

- A. Statement of Adoption
- B. Area
- C. Date of Adoption
- D. Evidence for Assessment
  - a. A Report for Safer Communities Partnership Board: Substance misuse prevalence, trends, preventative interventions and local opportunities
  - b. Alcohol misuse impact in Burnt Oak Report
  - c. Public Health Assessment October 2019

### A: Statement of Adoption

The licensing authority considers that the number of relevant authorisations in respect of premises in the area outlined below are is such that it is likely that it would be inconsistent with the authority's duty under section 4(1) to grant any further relevant authorisations in respect of premises in that part or those parts.

### B: Area – Burnt Oak



### C. Date of adoption



Date of Adoption: TBC

Date of review by: TBC (Three years from adoption)

## **D: Evidence for assessment**

### **1. A Report for Safer Communities Partnership Board: Substance misuse prevalence, trends, preventative interventions and local opportunities**

**Louisa Songer - Public Health Strategist  
October 2018  
Executive Summary**

#### **Local Prevalence Data**

The rate of opiate users in Barnet is lower than London and England, but the age profile follows a similar pattern to elsewhere in the country. The prevalence of opiate use in Barnet is highest in people aged 35-64 which is reflective of an aging heroin using population and fewer younger people commencing heroin use. Younger substance users are showing a preference to other substances such as cocaine, ecstasy and cannabis. In London and England, the largest cohort of opiate users is those aged 25-35. As the Barnet opiate using cohort ages, we can expect the group to become more complex and develop a need for wider health and social care services.

Similarly, it is estimated that there are fewer opiate and crack users in Barnet than elsewhere in the country. However, Barnet follows a different age pattern. The most noticeable difference is in the younger age group 15-24 year olds. Barnet's prevalence of opiate and cocaine users in this group is higher than London and England, indicating there is possibly a group of young crack users not accessing services.

There is a large gap between the number of people accessing substance misuse treatment (for opiates, other drugs and alcohol) and prevalence estimates, indicating that there is substantial unmet need in the community. It is estimated that 61% of opiate users in Barnet are not accessing local treatment services and 88% of dependent drinkers are not accessing treatment services.

#### **Substance Misuse Trends – Adults**

A snapshot taken in the last quarter showed that of the 652 people in treatment, primary opiate users account for 58% of people in treatment. This is followed by alcohol users, forming 24% of the treatment population, crack and cocaine 13% and the remaining 5% other drugs. This is a similar picture nationally.

People accessing substance misuse treatment services in Barnet reported higher levels of mental health conditions than other areas, lower misuse of

“over the counter”/prescription medication, and are more likely to be economically inactive.

A greater focus is needed on older adults and other drug users to understand the needs of this group.

Understanding the relationship between substance misuse, mental health and domestic abuse is a corporate priority. A deep dive has been completed locally to explore the relationship between the areas. Recommendations have been made to a) Addressing ineffective referral pathways, learning lessons from audit and case review b) improving the identification and management of domestic abuse in Mental Health and Substance Misuse settings by embedding best practice through evidence based commissioning and c) improve holistic, multi-agency working in Family Services to ensure parents have access to the right support at the right time

### **Substance Misuse Trends – Young People**

The picture is very different to that of the adults service. Primary cannabis users account for 78.5% of people in treatment. This is followed by alcohol users, forming 9.2% of the treatment population. This reflects a total 65 young people in treatment. Unlike the adult population, young people in treatment are more likely to report benzodiazepine, hallucinogen and ecstasy use. Whilst opiate and cocaine use is less common than in adults, there are some young people using these substances. This is a similar picture nationally.

### **Risk Groups**

Recent evidence has been published demonstrating the effectiveness of interventions that aim to delay the onset of, and reduce the harms of drug and alcohol misuse. There are specific groups who are more at risk of developing substance misuse issues. These include people with a family history of substance misuse, people with lower socio-economic status, people with mental health conditions, people who have been sexually assaulted or exploited, people who are not in employment, education or training, people in contact with the criminal justice system and homeless people.

### **The costs of substance misuse**

A Cabinet Office estimate placed the economic costs of alcohol in England at around

£21 billion in 2012, equivalent to 1.3% GDP. This estimate included costs relating to alcohol-related health disorders and disease, crime and anti-social behaviour, loss of productivity in the workplace and problems for those who misuse alcohol and their families, including domestic violence. Similarly, drug misuse also impacts all those around the user and the wider society. The Home Office estimated in 2010 to 2011 that the cost of illicit drug use in the UK was £10.7 billion per year.

28% of costs relate to deaths linked to illicit substances. Deaths involving opioids (such as heroin) account for the majority of drug poisoning deaths. Heroin related deaths in England and Wales have more than doubled since 2012 to the highest number since records began 20 years ago. In Barnet the rate of drug related deaths has remained steady.

### **Prevention Opportunities**

Some of the key ways we can impact alcohol related harm (including crime and disorder) centre on affecting national policy and regulation, for example considering options around taxation and price regulation and regulating marketing. Having said that, there is much that can be done at a local level, particularly when considering options for regulating the availability of alcohol. There are also intervention that can be conducted in the immediate drinking environment that have a great impact.

It is also essential, particularly when looking at preventing substance misuse more widely, to consider specific interventions that should be delivered with those particular risk groups and in particular settings. For example, offering information, advice and awareness raising in settings such as primary care, mental health services, sexual health services, health visiting, midwifery, criminal justice services, A&E, hostels, nightclubs, festivals and gyms (to target people using image and performance enhancing drugs) .

Screening, identification and brief advice should be delivered at opportunistic and routine appointments with statutory and other services such as those listed above, and skills training for vulnerable children and young people should be upscaled to help vulnerable young people develop appropriate skills such as conflict resolution and managing stress

### **Key recommendations for the board to consider – Putting the evidence into practice**

Partners must work collaboratively on local opportunities for improving outcomes. There are local structures and processes currently in place support a reduction in drug and alcohol-related harm however there is much work to be done to ensure these structures and processes are effective.

1. **Leadership, vision & governance:** The Health and Wellbeing Board and Community Safety Partnership Board should articulate a clear and shared ambition for reducing alcohol harm, demonstrated by strong oversight of the local substance misuse strategy and implementation plan. They should also ensure strategic join up, and ensure common purpose reflected in strategy and commissioning.
2. **Planning and commissioning services:** The partnership must be up to date with the needs of the local substance misusing population and in a position to address the needs of all at risk groups, including offenders, homeless people and those with complex needs. More must be understood about the new and

emerging groups such as club-drug users and older adults. There must also be an updated plan for preventing and reducing alcohol related harm.

3. **Data and Intelligence:** Routine, co-ordinated data sharing across local alcohol partners should be used to inform strategic planning and operational service delivery and relevant indicators of alcohol related harm should also be reflected in KPI dashboards across partnership boards.
4. **Alcohol Licensing:** Influencing local licencing policy is one of the most effective ways to prevent alcohol related harm. It is recommended that there should be improved recognition of alcohol-related harm in the local licensing policy with a commitment to use local crime, health and social care data to inform policy and planning.

The full report can be found here:

[http://barnet.moderngov.co.uk/documents/s49121/e\\_item8\\_Barnet%20Public%20Health%20Update.pdf](http://barnet.moderngov.co.uk/documents/s49121/e_item8_Barnet%20Public%20Health%20Update.pdf)

## **B. Alcohol misuse impact in Burnt Oak Report**

In the last 12 months Burnt Oak has the second highest rate of alcohol related ASB related calls to the police and the highest alcohol related violent crimes in Barnet borough. In both cases rates are significantly higher in Burnt Oak than the Barnet borough average. Alcohol related ambulance callouts and violence against person crime peak from around 2200 hours to after midnight. A correlation to Burnt Oak night time economy.

Alcohol related anti-social behaviour peak days are Friday, Saturday and Sunday

Underage drinking cases have reduced across the borough by 50% in Qtr 4 compared to the previous 3 months. No report of underage drinking reported from Burnt Oak in a space of 6-month to date.

Alcohol related ambulance callouts, alcohol related crimes and alcohol related anti-social behaviour hotspots are in close proximity to licensed premises.

The London Ambulance Service attendances to alcohol related illness, alcohol related violent crime and alcohol related ASB hotspot is Watling Avenue and its surrounding streets.

### **Impact of Burnt Oak crime and disorder on emergency services**

For the purpose of this topic, Crime and ASB related incidents in Burnt Oak have been grouped into quarters (Dec 2017-Feb 2018 = Q1, Mar – May = Q2, Jun – Aug = Q3 and Sep -Nov = Q4).

#### **Metropolitan Police**

- Anti-social behaviour in Burnt Oak has reduced by 4% in Qtr4 compared to the previous 3 months.
- However, crimes in general in Burnt Oak have increased by 8% compared to the previous 3 months.
- Burnt Oak is in the worst 10 of crime rate per 1000 population in the borough.
- Violence Against the Person is the top for alcohol related crimes in the last 12 months in Burnt Oak.
- During the last 12 months, Burnt Oak accounted for 6% of the total number of ASB related calls to the police
- The total number of ASB related calls where alcohol is one of the contributing factors is higher by 3 incidents in Q4 compared to the previous 3 months – Q3. This translates as 33% increase.
- During Q4 of 2018, 5% of the total number of crimes in Barnet borough and 5% of the total number of emergency calls to police were accounted in Burnt Oak.

#### **London Ambulance Service (LAS)**

- Burnt Oak is the second highest ward for calls to the London Ambulance Service (2,354 calls between Jan and Oct 2018), but the fifth largest in the number of alcohol related calls.

#### **London Borough of Barnet Noise Team**

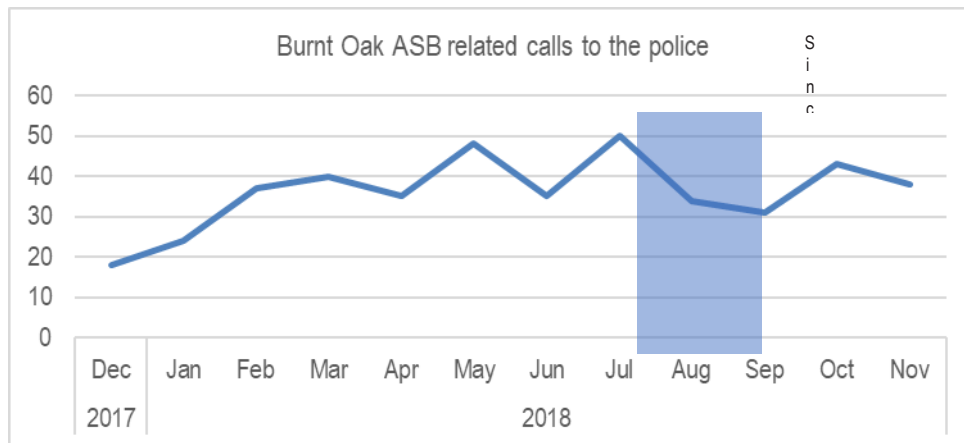
- During the last 12 months, Burnt Oak Commercial noise related nuisance cases (Commercial Alarm, Construction, Deliveries or Collections, Loud Music Commercial) are the lowest compared to the rest of the borough.

- Commercial noise related nuisance cases have significantly reduced in Burnt Oak due to none being reported in Q4, compared to 2 cases reported in Q3

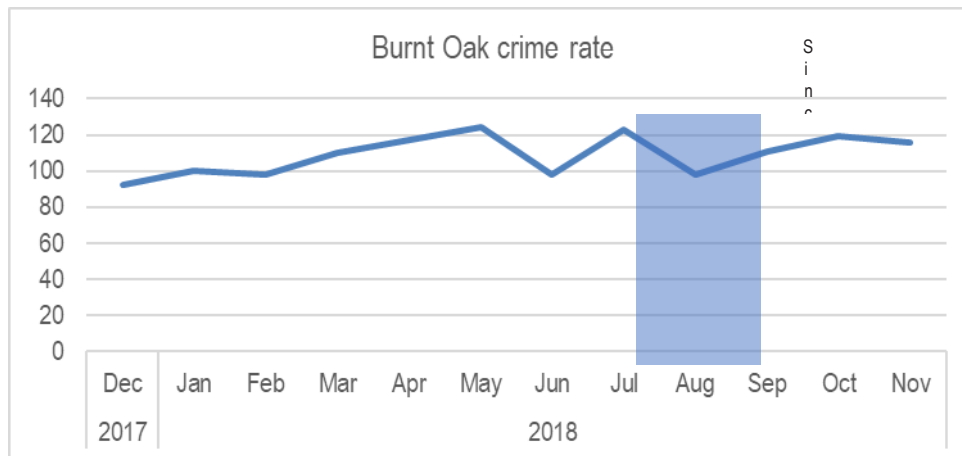
### Street drinking

- Street drinking activities have significantly reduced in Burnt Oak, due to no report of street drinking in Q4 compared to 5 incidents reported in Q3.

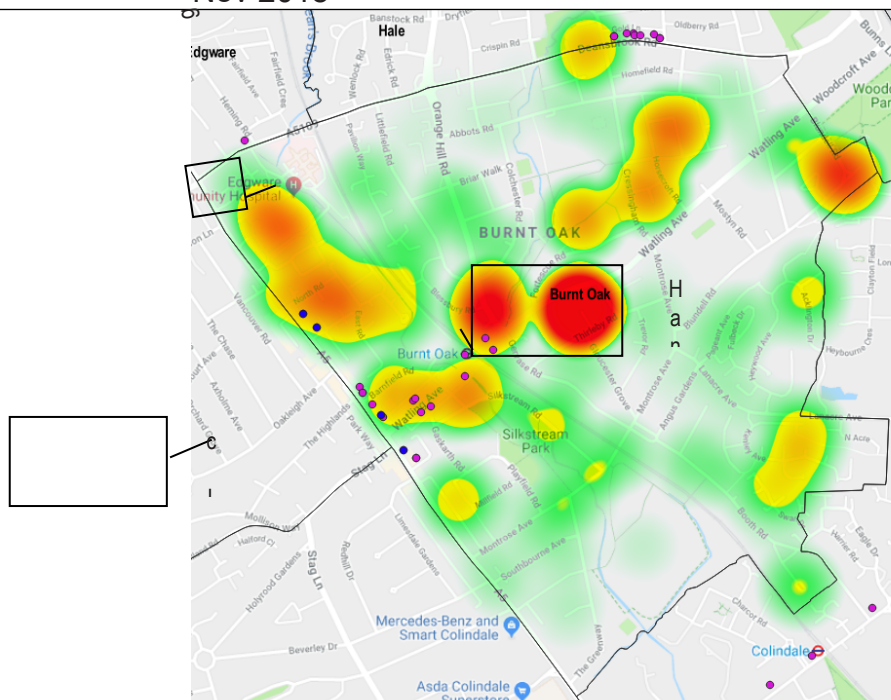
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**Burnt Oak ASB hotspots between Dec 2017 and Nov 2018**



ASB hotspot in Burnt Oak ward is Watling Avenue and its surrounding streets (e.g. Orange Hill Road, Hanshaw Drive, North/South/East Road, Market Lane/ Barnfield Road, Silkstream, Back Lane)

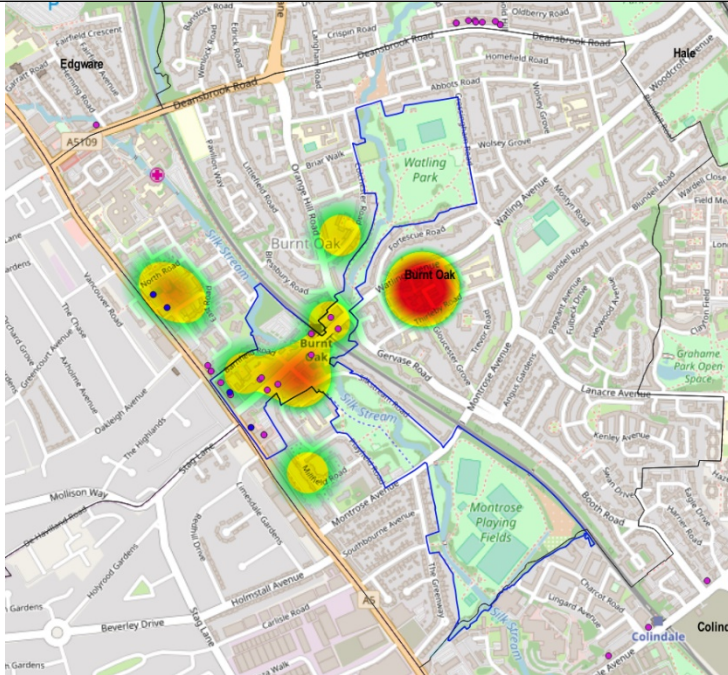
## 12-month alcohol related violent crimes in Burnt Oak



The violent crimes hotspot where victim and/or suspect had been drinking prior to the offence are in close proximity to licensed premises, especially off licence premises.



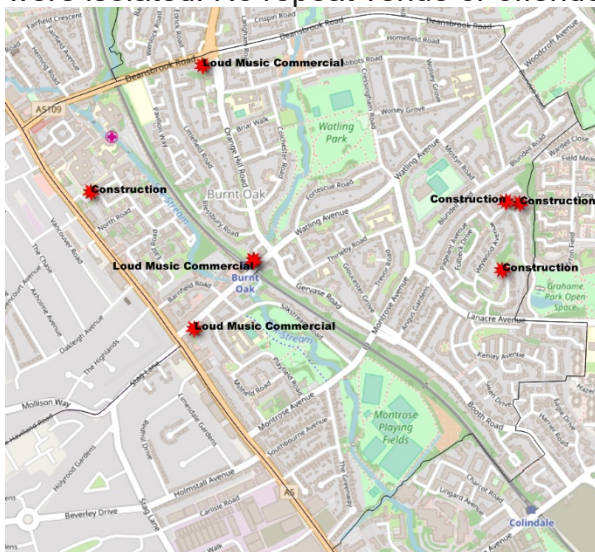
#### Q4 Alcohol related ASB overlaid on Burnt Oak PSPO



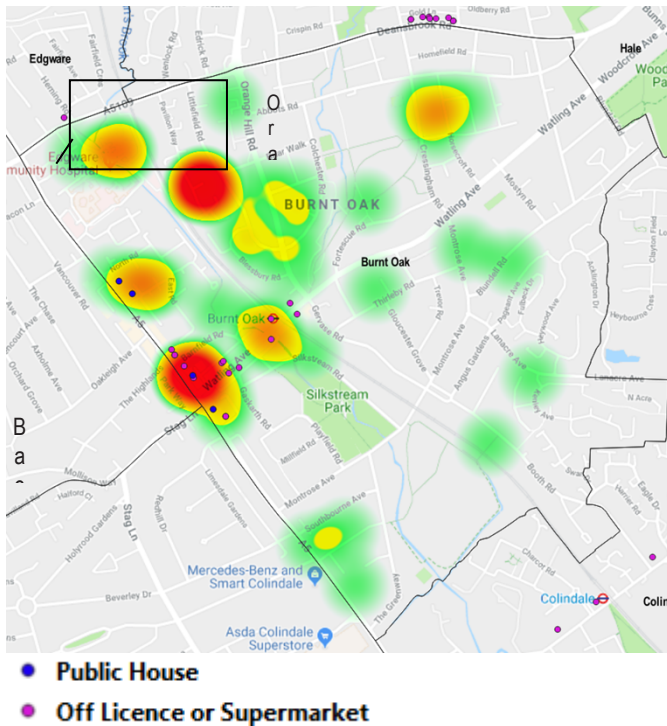
Alcohol related calls to the police are still noticeable within the perimeters of Burnt Oak PSPO boundary, however these incidents have significantly reduced compared to the previous 3 months.

#### 12 months Commercial noise nuisance (Dec 2017 and Nov 2018)

Commercial noise nuisance is not a major concern in Burnt Oak. 8 incidents in the last 12 months and were isolated. No repeat venue or offender found.



## 12 months Alcohol related incident attendances by London Ambulance Service (Jan-Oct 2018)



Watling Avenue and its surrounding streets (e.g. Market Lane/ Barnfield Road, Silkstream, Back Lane) and in and around Orange Hill Road are the hotspots. Licensed establishments are common in Watling Avenue.

### Exploring ways to improve the services we provide

#### Current action

The council and Burnt Oak SNT have worked together in obtaining evidence of ASB in order to obtain the legal requirement and funding for a gating order to be put into place so the two public stairwells in Watling Avenue which were the location for the highest amount of ASB could be closed off.

#### Operational Partnership

**This is already an ongoing partnership operation by Barnet Council (Community Safety, Regulatory Service) working with Burnt Oak SNT, NSL (enforcement agency) Westminster Drugs.**

#### **d. Public Health Assessment October 2019**

Public Health have reviewed the evidence supplied as part of the consultation and the map of the proposed CIZ. Public Health would like to suggest that in addition to the introduction of a CIZ, consideration is given to other interventions, such as a forum for Responsible Authorities to meet and discuss licensing issues, increased provision of outreach work from substance misuse services across Barnet and work with retailers within the proposed CIZ area. This should assist in ensuring that residents in Barnet see a reduction in alcohol related issues.

Public Health would also like to add to the evidence base in relation to the need for a CIZ in Burnt Oak. The information below on alcohol in Barnet and especially ambulance call outs data, could add weight to the arguments in favour of a CIZ in Burnt Oak.

For additional background data relating to alcohol use in Barnet overall, please see <https://www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/barnet-substance-misuse-needs-assessments>

Figure 1 below is taken from Public Health England's (PHEs), Local Alcohol Profile for England. This provides information on a range of indicators relating to alcohol and there is a comparison between Barnet and the England average. Figure 1 shows that Barnet is significantly better across all indicators than the average for England but this does not mean that Barnet has no issues with alcohol. For example, 1,068 years of life were lost due to alcohol in 2017 in Barnet and there were 1,576 admissions for alcohol related conditions (narrow measure see below) and 6,182 admission episodes for alcohol related conditions (broad measure see below).

# Figure 1: Barnet local alcohol profile indicators

\* a note is attached to the value, hover over to see more details

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Recent trends: — Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better → No significant change ↑ Increasing ↓ Decreasing

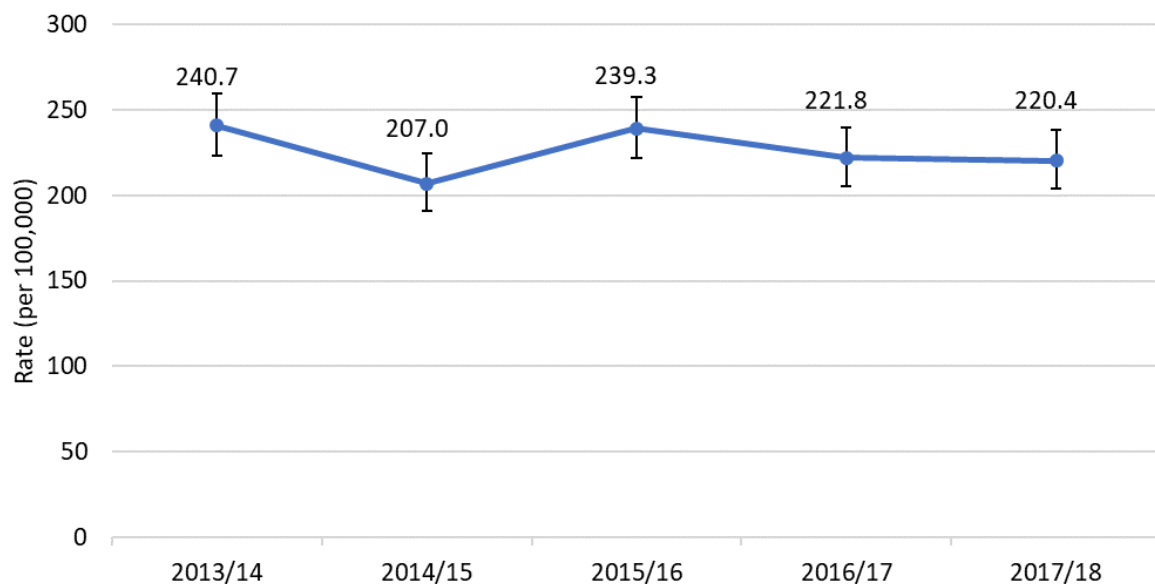
[Export table as CSV file](#)

Indicator	Period	Barnet			Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
1.02 - Years of life lost due to alcohol-related conditions (Persons)	2017	—	1,068	317	455	626	1,495	<div><div></div><div></div><div></div><div></div></div>	317	
1.02 - Years of life lost due to alcohol-related conditions (Male)	2017	—	829	496	655	898	2,249	<div><div></div><div></div><div></div><div></div></div>	459	
1.02 - Years of life lost due to alcohol-related conditions (Female)	2017	—	238	142	259	358	765	<div><div></div><div></div><div></div><div></div></div>	142	
2.01 - Alcohol-specific mortality (Persons)	2015 - 17	—	40	4.0	7.9	10.6	30.1	<div><div></div><div></div><div></div><div></div></div>	4.0	
2.01 - Alcohol-specific mortality (Male)	2015 - 17	—	31	6.5	11.7	14.5	39.8	<div><div></div><div></div><div></div><div></div></div>	6.3	
2.01 - Alcohol-specific mortality (Female)	2015 - 17	—	9	*	4.3	7.0	20.7	<div><div></div><div></div><div></div><div></div></div>	3.3	
3.01 - Mortality from chronic liver disease (Persons)	2015 - 17	—	53	5.5	9.5	12.2	33.9	<div><div></div><div></div><div></div><div></div></div>	5.5	
3.01 - Mortality from chronic liver disease (Male)	2015 - 17	—	35	7.7	13.6	16.0	45.4	<div><div></div><div></div><div></div><div></div></div>	7.4	
3.01 - Mortality from chronic liver disease (Female)	2015 - 17	—	18	3.4	5.8	8.6	22.6	<div><div></div><div></div><div></div><div></div></div>	3.4	
4.01 - Alcohol-related mortality (Persons)	2017	—	93	29.3	38.5	46.2	84.6	<div><div></div><div></div><div></div><div></div></div>	28.8	
4.01 - Alcohol-related mortality (Male)	2017	—	62	43.3	56.2	66.5	123.8	<div><div></div><div></div><div></div><div></div></div>	41.5	
4.01 - Alcohol-related mortality (Female)	2017	—	31	17.6	23.6	28.8	48.6	<div><div></div><div></div><div></div><div></div></div>	17.6	
10.01 - Admission episodes for alcohol-related conditions (Narrow) (Persons)	2017/18	—	1,576	466	533	632	1,097	<div><div></div><div></div><div></div><div></div></div>	394	
10.01 - Admission episodes for alcohol-related conditions (Narrow) (Male)	2017/18	—	990	627	704	809	1,390	<div><div></div><div></div><div></div><div></div></div>	472	
10.01 - Admission episodes for alcohol-related conditions (Narrow) (Female)	2017/18	—	586	327	381	473	824	<div><div></div><div></div><div></div><div></div></div>	256	
9.01 - Admission episodes for alcohol-related conditions (Broad) (Persons)	2017/18	—	6,182	1,949	2324	2224	3,430	<div><div></div><div></div><div></div><div></div></div>	1,412	
9.01 - Admission episodes for alcohol-related conditions (Broad) (Male)	2017/18	—	4,090	2,844	3288	3051	4,833	<div><div></div><div></div><div></div><div></div></div>	1,864	
9.01 - Admission episodes for alcohol-related conditions (Broad) (Female)	2017/18	—	2,092	1,209	1517	1513	2,403	<div><div></div><div></div><div></div><div></div></div>	910	
6.02 - Admission episodes for alcohol-specific conditions (Persons)	2017/18	—	1,348	403	544	570	1,486	<div><div></div><div></div><div></div><div></div></div>	311	
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## Alcohol-related ambulance callout data

Ambulance service data can provide a sense of the scale of alcohol issues in a local area. The data below was obtained from the Safe Stats website and population data was gained from the Greater London Authority (GLA) and the Office of National Statistics (ONS). Figure 2 below provides information relating to alcohol related ambulance call outs for adults in Barnet between the years of 2013 to 2018. It shows that the rate per 100,000 in Barnet fluctuates but overall it has remained similar as the confidence intervals surrounding the actual figures overlap across all years.

**Figure 2: Alcohol-related ambulance callouts for Barnet adults, 2013/14–2017/18<sup>1</sup>**



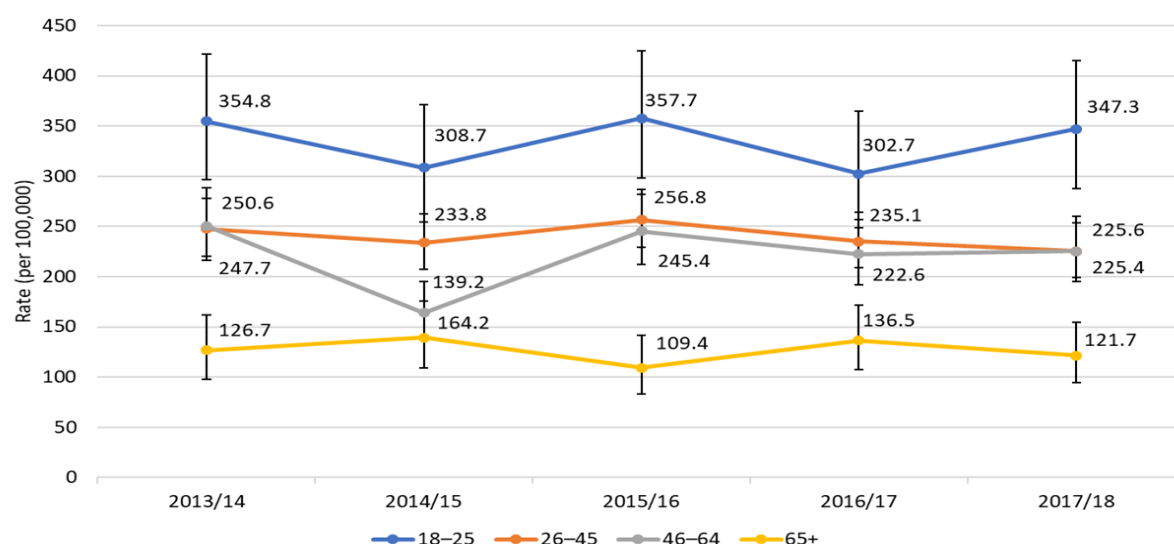
Looking at the rate per 100,000 of alcohol related ambulance call outs for Barnet residents by age ranges produced Figure 3 below. The Figure appears to show that the highest rate of ambulance call outs between 2013/14 and 2017/18 was in the 18-25-year-old groups, but during 2014/15 and 2016/17 this conclusion is questionable, due to the confidence intervals overlapping with the 26-45-year-old age group. In addition, the confidence intervals around the rate for 26-45-year olds between 2013/14 and 2017/18 crosses the rate for 46-64-year olds across all

<sup>1</sup> Greater London Authority (Safestats), Greater London Authority (ONS Mid-Year Population Estimates - Custom Age Tables)



years, apart from during the years of 2014/15. Due to the number of confidence intervals that overlap in Figure 3 below, it is difficult to draw any firm conclusions from this data.

**Figure 3: Alcohol-related ambulance callouts for Barnet adults, by age, 2013/14–2017/18<sup>2</sup>**



In the final Figure in this section, the ward location of the Barnet call outs during the years of 2017/18 was plotted as a rate per 100,000. The highest rates of ambulance call outs appear to be in Burnt Oak ward, however, when consideration is given to the confidence interval surrounding this rate, this conclusion cannot be made due to overlaps with the confidence interval around the second highest ward of West Finchley. There is also overlap in the confidence intervals around the rates for Burnt Oak, West Finchley and the third highest ward rate for Colindale. The wards with the lowest rates are listed in this Figure as Totteridge, Mill Hill and Brunswick Park, again due to overlapping confidence intervals, this should be viewed with caution. Please note that data on ambulance call out rates, could be a reflection of a number of issues not related to alcohol consumption by residents

<sup>2</sup> Source: Greater London Authority (Safestats), Greater London Authority (ONS Mid-Year Population Estimates - Custom Age Tables)

who live in these wards. For example, the location of on trade licensed premises could influence the data.



**Figure 4: Alcohol-related ambulance call outs for Barnet adults, by ward, 2017/18<sup>3</sup>**

Although the figures relating to alcohol harm in Barnet appear to not be significantly increasing there is still evidence that alcohol related health harms are not reducing either. The area of Burnt Oak, where the CIZ is proposed appears to have the highest numbers of ambulance related call outs in Barnet (although not statistically significant) and Public Health are supportive of the introduction of a CIZ for this reason.

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<sup>3</sup> Source: Greater London Authority (Safestats), Greater London Authority (ONS Mid-Year Population Estimates - Custom Age Tables)

## **Appendix 2 Consultation Document**

### **CIZ Consultation document – Burnt Oak**

In early 2019 a comprehensive review of the London Borough of Barnet's policies was undertaken on initiatives related to Licensing Act 2003 ("the Act") that could positively impact on alcohol-related harm and anti-social behaviour. Burnt Oak Ward was identified as an alcohol related violence/crime hotspot. Following the review, the Licensing Committee determined there was evidence to support the consideration of a Cumulative Impact Zone.(CIZ)

A CIZ is used where the Licensing Authority recognises that there is such a cumulative effect from the number of licensed premises in an area which is contributing to alcohol related harm. In these circumstances, the Licensing Authority considers that the imposition of conditions alone is unlikely to address the apparent problems and therefore designates an area or zone whereby there will be a presumption that new premises licence or club premises certificate applications, or applications to materially vary a premises licence, will be refused.

CIZs can help to limit the number or types of licence applications granted in areas where there is evidence to show that the number or density of licensed premises in the area is having a cumulative impact and leading to problems which are undermining the licensing objectives.

CIZs affect applications for new premises licences and club premises certificates and applications to vary existing premises licences and club premises certificates in the specified area. Temporary event notices are not affected.

While the evidence underpinning the publication of a cumulative impact assessment (CIA) should generally be suitable as the basis for a decision to refuse an application or impose conditions, it does not change the fundamental way that decisions are made under the Act. Each decision in an area still needs to be made on a case-by-case basis and with a view to what is appropriate for the promotion of the licensing objectives.

There must be a good evidential basis for a decision to publish a CIA. Information which licensing authorities may be able to draw on includes:

- local crime and disorder statistics, including statistics on specific types of crime and crime hotspots;
- statistics on local anti-social behaviour offences;
- health-related statistics such as alcohol-related emergency attendances and hospital admissions;
- environmental health complaints, particularly in relation to litter and noise;
- complaints recorded by the local authority, which may include complaints raised by local residents or residents' associations;
- residents' questionnaires;



- evidence from local and parish councillors; and
- evidence obtained through local consultation

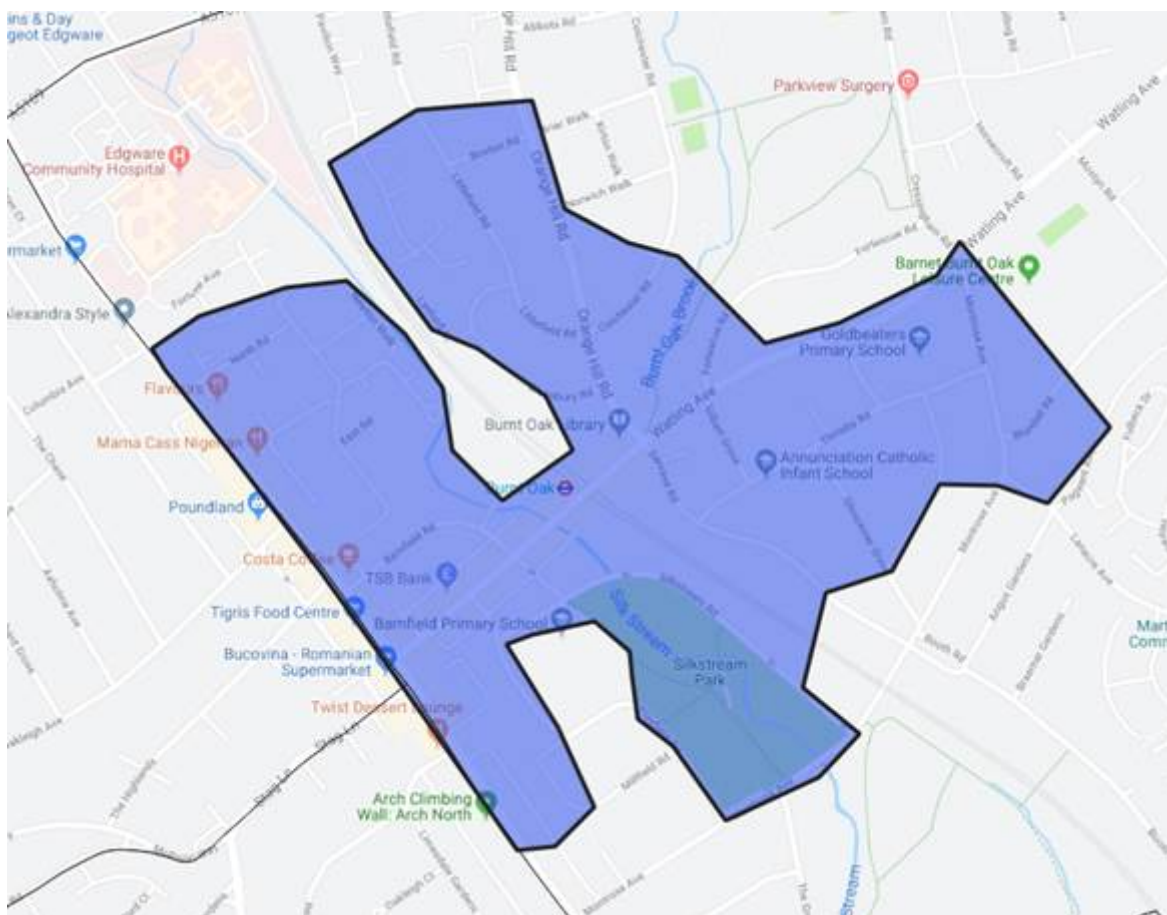
The evidence to support this consultation can be found below. This evidence must justify that it is likely that granting further premises licences and/or club premises certificates in that area, would be inconsistent with the authority's duty to promote the licensing objectives.

### **Evidence to support consideration on the Cumulative Impact Zone**

(The consultation document contained the evidence in Appendix 1 Section D related to the Alcohol misuse impact in Burnt Oak Report)

### **Area proposed for CIZ**

The area that the CIZ is proposed can be found here:



### **Appendix 3 – Consultation responses**

<b>Consultee</b>	<b>Support/Does not support</b>	<b>Further Comments</b>
<b>Responsible Authority - Police</b>	<b>Support</b>	<b>N/A</b>
<b>Licensed premises in Burnt Oak</b>	<b>Support</b>	<b>Feels that LBB and the police have made a positive impact on Burnt oak</b>
<b>Licensed premises in Burnt Oak</b>	<b>Support</b>	<b>Feels they are a responsible retailer and this will protect the area from irresponsible retailers.</b>
<b>Licensed premises in Burnt Oak</b>	<b>Support</b>	<b>N/A</b>
<b>Licensed premises in Burnt Oak</b>	<b>Support</b>	<b>N/A</b>
<b>Responsible Authority - Licensing</b>	<b>Support</b>	<b>N/A</b>
<b>Responsible Authority – Public Health</b>	<b>Support</b>	<b>See below. This has been incorporated into the assessment document that will be published as part of the licensing Policy</b>

Consultation response from Public Health to the proposed Cumulative Impact Zone in Burnt Oak by Linda Somerville

October 2019

The Public Health team welcome the proposed Cumulative Impact Zone in Burnt Oak. Any intervention to reduce anti-social behaviour and improve the area for local residents should be supported. Although the Cumulative Impact Zone (CIZ) may not initially impact on the number of licensed premises in the area (due to the CIZ only applying to new licensing applications), Public Health feel that in the medium to longer term the CIZ will be beneficial to the Burnt Oak area.

Public Health have reviewed the evidence supplied as part of the consultation and the map of the proposed CIZ. Public Health would like to suggest that in addition to the introduction of a CIZ, consideration is given to other interventions, such as a forum for Responsible Authorities to meet and discuss licensing issues, increased provision of outreach work from substance misuse services across Barnet and work with retailers within the proposed CIZ area. This should assist in ensuring that residents in Barnet see a reduction in alcohol related issues.

Public Health would also like to add to the evidence base in relation to the need for a CIZ in Burnt Oak. The information below on alcohol in Barnet and especially ambulance call outs data, could add weight to the arguments in favour of a CIZ in Burnt Oak.

For additional background data relating to alcohol use in Barnet overall, please see <https://www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/barnet-substance-misuse-needs-assessments>

Figure 1 below is taken from Public Health England's (PHEs), Local Alcohol Profile for England. This provides information on a range of indicators relating to alcohol and there is a comparison between Barnet and the England average. Figure 1 shows that Barnet is significantly better across all indicators than the average for England but this does not mean that Barnet has no issues with alcohol. For example, 1,068 years of life were lost due to alcohol in 2017 in Barnet and there were 1,576 admissions for alcohol related conditions (narrow measure see below) and 6,182 admission episodes for alcohol related conditions (broad measure see below).

# Figure 1: Barnet local alcohol profile indicators

\* a note is attached to the value, hover over to see more details

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Recent trends: — Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better → No significant change ↑ Increasing ↓ Decreasing

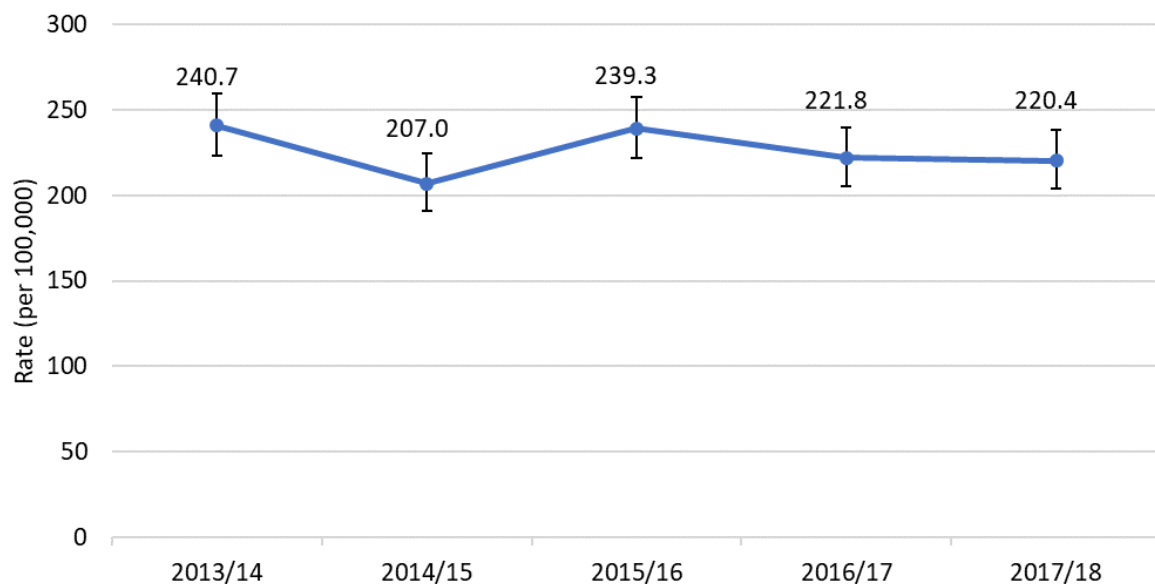
[Export table as CSV file](#)

Indicator	Period	Barnet			Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
1.02 - Years of life lost due to alcohol-related conditions (Persons)	2017	—	1,068	317	455	626	1,495	<div><div></div><div></div><div></div><div></div></div>	317	
1.02 - Years of life lost due to alcohol-related conditions (Male)	2017	—	829	496	655	898	2,249	<div><div></div><div></div><div></div><div></div></div>	459	
1.02 - Years of life lost due to alcohol-related conditions (Female)	2017	—	238	142	259	358	765	<div><div></div><div></div><div></div><div></div></div>	142	
2.01 - Alcohol-specific mortality (Persons)	2015 - 17	—	40	4.0	7.9	10.6	30.1	<div><div></div><div></div><div></div><div></div></div>	4.0	
2.01 - Alcohol-specific mortality (Male)	2015 - 17	—	31	6.5	11.7	14.5	39.8	<div><div></div><div></div><div></div><div></div></div>	6.3	
2.01 - Alcohol-specific mortality (Female)	2015 - 17	—	9	*	4.3	7.0	20.7	<div><div></div><div></div><div></div><div></div></div>	3.3	
3.01 - Mortality from chronic liver disease (Persons)	2015 - 17	—	53	5.5	9.5	12.2	33.9	<div><div></div><div></div><div></div><div></div></div>	5.5	
3.01 - Mortality from chronic liver disease (Male)	2015 - 17	—	35	7.7	13.6	16.0	45.4	<div><div></div><div></div><div></div><div></div></div>	7.4	
3.01 - Mortality from chronic liver disease (Female)	2015 - 17	—	18	3.4	5.8	8.6	22.6	<div><div></div><div></div><div></div><div></div></div>	3.4	
4.01 - Alcohol-related mortality (Persons)	2017	—	93	29.3	38.5	46.2	84.6	<div><div></div><div></div><div></div><div></div></div>	28.8	
4.01 - Alcohol-related mortality (Male)	2017	—	62	43.3	56.2	66.5	123.8	<div><div></div><div></div><div></div><div></div></div>	41.5	
4.01 - Alcohol-related mortality (Female)	2017	—	31	17.6	23.6	28.8	48.6	<div><div></div><div></div><div></div><div></div></div>	17.6	
10.01 - Admission episodes for alcohol-related conditions (Narrow) (Persons)	2017/18	—	1,576	466	533	632	1,097	<div><div></div><div></div><div></div><div></div></div>	394	
10.01 - Admission episodes for alcohol-related conditions (Narrow) (Male)	2017/18	—	990	627	704	809	1,390	<div><div></div><div></div><div></div><div></div></div>	472	
10.01 - Admission episodes for alcohol-related conditions (Narrow) (Female)	2017/18	—	586	327	381	473	824	<div><div></div><div></div><div></div><div></div></div>	256	
9.01 - Admission episodes for alcohol-related conditions (Broad) (Persons)	2017/18	—	6,182	1,949	2324	2224	3,430	<div><div></div><div></div><div></div><div></div></div>	1,412	
9.01 - Admission episodes for alcohol-related conditions (Broad) (Male)	2017/18	—	4,090	2,844	3288	3051	4,833	<div><div></div><div></div><div></div><div></div></div>	1,864	
9.01 - Admission episodes for alcohol-related conditions (Broad) (Female)	2017/18	—	2,092	1,209	1517	1513	2,403	<div><div></div><div></div><div></div><div></div></div>	910	
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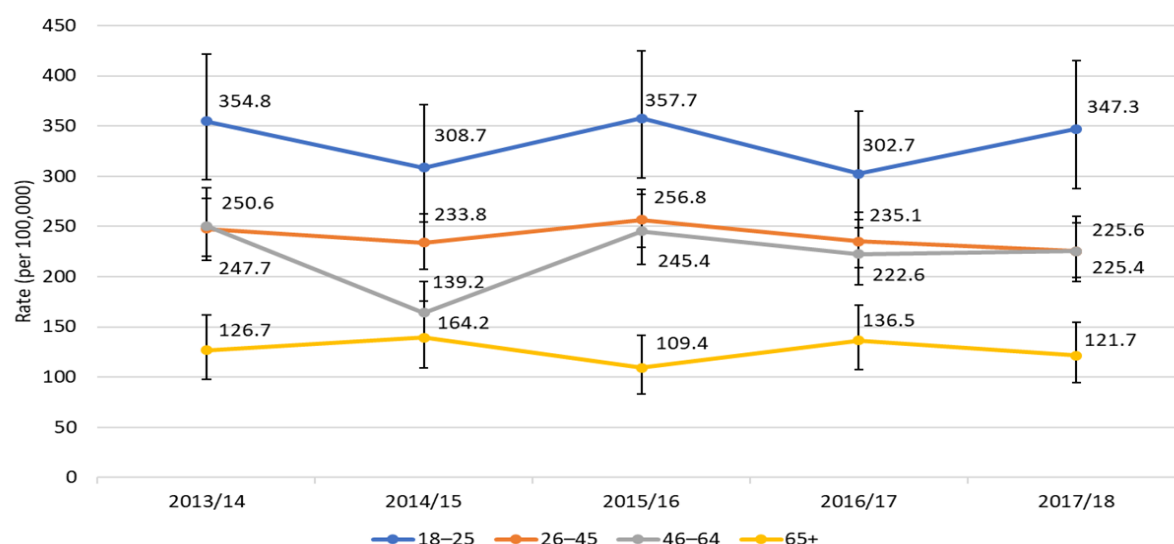


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