

Tipping the scales

Case studies on the use of planning powers to limit hot food takeaways



Foreword

England has one of the highest rates of unhealthy weight of other western countries. The prevalence of obesity in England has more than doubled in the last twenty five years. And if we go on as we are, the rate of obese people is expected to double in the next 40 years. Although the recent increase in the prevalence of obesity has been seen in virtually every country in the world, the rate of increase in England has been particularly high. This is bad news for our residents, their children, our health and care services and our economy because being very overweight dramatically increases the risk of many long-term, life-threatening medical conditions.

Obesity is a complex problem that requires action from individuals and society across multiple sectors. One important action which the Foresight report identified was the need to modify the environment so that it supports being active and does not promote sedentary behaviour or provide easy access to energy-dense food. Indeed, the Foresight report on Obesity showed that to successfully address this problem we need to address it in a holistic manner on many levels, considering such issues as individual behaviour and food consumption. <https://www.gov.uk/government/publications/reducing-obesity-future-choices>

We know that many councils have begun to take such a holistic approach to addressing the challenge of obesity. This is where those councils that have introduced restrictions on the proliferation of fast food takeaways are seeking to make a contribution.

I was fascinated to read of one multi-faceted approach to changing a whole population's norms about diet. In 1972, the population of North Karelia in Finland had the highest rate of heart attacks in the world. They also had a diet enormously high in fat and salt, based on meat and high fat dairy products, with almost no vegetables or fruit. Following decades of work with community groups, food producers, dairy farmers and local media, the mortality rate of coronary heart disease in the middle-aged male population in North Karelia has reduced by a whopping 73 per cent. What seems to have happened is that, through the efforts of public health specialists and the grassroots allies they made in farming communities, the whole 'food environment' has changed and obesity is no longer the norm as it has become in our country¹. Of course, rates of death from heart disease have decreased elsewhere, including the UK, during this period, in large part due to reductions in smoking and effective treatment. But North Karelia is an outstanding example of how a multi-faceted approach can make a difference.

Raising awareness, generating public debate, working with our communities, schools and businesses and using our local government functions can all help to make the food environment a healthier one for our children and young people. One of the important messages from Karelia, which is echoed in the case studies, is that to create this healthier environment we must work at many levels with many sectors and partners and with communities.

¹ To read how this community changed its eating habits, see: www.theatlantic.com/health/archive/2015/04/finlands-radical-heart-health-transformation/389766/

The Local Government Association (LGA) and the councils it represents do not want to make life unnecessarily difficult for restaurant and catering business. We need a flourishing eating-out sector in our towns and cities: it is good for both the day- and night-time economies for balanced and busy town centres – and people enjoy it! That is why all the councils which have introduced restrictions on takeaways through their planning policies are also working with businesses to help them make a healthier offer to their customers. Talking to businesses is already beginning to pay dividends, with some businesses improving their offer with advice from environmental health and public health staff and some competing for awards for healthier food.

Using the planning system is only one weapon in our armoury. For those councils that choose to use it, I hope the key messages and case studies below will give some useful pointers.



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Chair, LGA Community Wellbeing Portfolio

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Introduction

Obesity is one of the most important public health issues currently being addressed by this country. It is a cause of chronic disease leading to early death. Two-thirds of English adults, more than one fifth of four to five-year-old children and more than a third of 10 to 11 year olds are obese or overweight. There is a growing body of evidence on the 'obesogenic environment' that makes it harder for people to attain and remain at a healthy weight and hardest of all for people in the most deprived areas in this country. This has been recognised in national policy and by local authorities and the bodies representing and advising them (DH 2011, Foresight 2007, LGA 2013, PHE 2015).

A study by McKinsey and Company in 2014 estimated that obesity was a greater burden on the UK's economy than armed violence, war and terrorism, costing the country nearly £47 billion a year. The report found that obesity has the second-largest economic impact on the UK behind smoking, generating an annual loss equivalent to 3 per cent of GDP. The country spends about £6 billion a year on the medical costs of conditions related to being overweight or obese and a further £10 billion on diabetes. Together obesity and diabetes cost as much as the UK's combined budget for the police and fire services, law courts and prisons. If current trends are not reversed, the cost of obesity and overweight conditions could increase from between £6 billion and £8 billion in 2015 to between £10 billion and £12 billion in 2030 (McKinsey, 2014).

The need for action at all levels of government and society has been recognised by the newly-announced partnership between Public Health England, the LGA, the Association of Directors of Public Health and Leeds Beckett

University to support councils in designing a whole-system approach to reducing obesity². NHS England is also developing a programme of support to councils in developing healthy towns and communities³.

These initiatives recognise that local authorities, through a wide range of their functions, are well placed to take action to combat obesity. A multi-faceted approach to tackling this issue appears in all local authorities' health and wellbeing strategies. A number of important publications have already drawn attention to the potential for local government to use its powers in a variety of ways to combat obesity and try to dilute some of the effects of the obesogenic environment. The planning system is one area in which local government can act.

The National Planning Policy Framework (March 2012) makes it clear that the planning system can play an important role in creating healthy, inclusive communities. For some years, a number of local authorities have been using their planning powers to try to restrict the growth of hot food takeaways near schools and in town centres⁴. There are now over 20 councils which have introduced restrictions on fast food outlets (Ross 2013), these outlets tend to sell food that is high in fat and salt, and low in fibre, fruit and vegetables.

There is evidence that there are elevated levels of obesity in communities with high

2 <http://www.local.gov.uk/documents/10180/6101750/Whole+systems+approach+to+obesity+-+invitation+to+participate+in+national+programme/45319246-4a78-4686-82a5-3e2657a547df>

3 <https://www.england.nhs.uk/2015/07/01/healthy-new-towns/>

4 'Hot food takeaways' is the term used in planning legislation to describe the A5 use class in relation to retail outlets "for the sale of hot food consumption intended for consumption off the premises". Here, this term is used interchangeably with 'fast food outlets', 'takeaways' etc. The planning restrictions described in the case studies below apply exclusively to the A5 use class.

concentrations of fast food outlets (Zenk 2009) and further evidence that such concentrations are highest in areas of greatest deprivation (PHE 2014a). There is also evidence that the type of food on sale nearest to schools may influence the diet of schoolchildren. (Engler-Stringer, 2014; Smith, 2013)

This document contains case studies of seven local authorities which have developed policies and supplementary planning documents with this objective. It complements a previous publication by Public Health England (PHE), the Chartered Institute of Environmental Health (CIEH) and the LGA which describes the policy, the evidence and the legislative background (PHE, 2014).

The planning system alone cannot solve the problem of obesity whose causes are many and complex. One obvious obstacle is that councils' planning powers can do nothing to address the clustering of fast food outlets that are already in place. Nor can planning decisions influence the quality or nutritional value of takeaway food. Planning experts point out that the planning system is not designed to deal with the detail of how a business is operated, but rather with how land is used: the licensing system, if it were strengthened might be a more effective route for looking at issues of quality. This is why the councils in the case studies are also working to provide incentives and rewards for improved content of takeaway menus in the context of community-wide healthy weight strategies. A very recent evaluation of an experiment with mobile fast food outlets selling significantly healthier food than the present norm over a number of weeks in inner North and East London suggests that people in low income areas, including young people, may be willing to buy healthier takeaways as long as their tastes, needs and priorities are met. But considerable further research and perhaps legislative change may be required before effective redesign of damaging food environments can be achieved (Stoll et al, 2015).

Despite its limitations, using planning powers is one obvious tool in the toolbox available to local authorities in tackling the huge increase in obesity among children and young people

in particular. Below we describe how a number of councils have used their planning powers and, as far as possible, what the impacts have been. We provide detail in six case studies with additional examples in boxes to illustrate the range of councils which have taken action through planning. Public health and planning specialists have begun to draw conclusions from their experience about the best approach. Some of the lessons learned and key messages from local authorities which have gone down the planning route to tackling obesity are outlined below.

Local authorities do not claim that their planning decisions have an immediate and direct impact on obesity, but as one public health specialist put it, at the very least their work may help to make 'a chink in the obesogenic environment'.

Takeaways – the facts

- There are over 50,000 fast food and takeaway outlets, fast food delivery services, and fish and chip shops in England (PHE 2014a).
- In 2013/14, Britain spent £29.4 billion on takeaway food (VoucherCodes, 2014).
- The number of takeaway restaurants rose by 45 per cent between 1990 and 2008.
- The number of fast food outlets per 10,000 people rose to 3.8 from 2.6 per 10,000 over the same period.
- The highest density of takeaways is in areas of highest deprivation, where takeaways have risen fastest from 4.6 in 1990 to over 6.5 per 10,000 people. This is a 43 per cent increase, as compared with a 30 per cent increase in the least deprived areas (Maguire et al, 2013, based on a study of Cambridgeshire).
- People exposed to the highest number of takeaways are 80 per cent more likely to be obese and 20 per cent more likely to have a higher Body Mass Index than those with the lowest number of encounters (Burgoiné et al, 2014, based on a study of Norfolk).

Key messages

1. Ensure decision-makers understand the issues

Support will be needed from councillors both in developing appropriate policies and planning guidance and also in responding to individual applications from prospective fast food outlets. As many councillors as possible should have an opportunity to discuss the health and planning implications of a proposed policy. All councillors are potentially in the position of having to represent their ward residents in relation to specific planning applications and appeals. Therefore, it is not just health portfolio holders and councillors with a planning remit who need to be briefed and have an opportunity to consider the issues.

Similarly, there is a need for mutual education between planners, public health and environmental health officers. Planners need to understand the health evidence, the links to obesity, why it is a serious health issue and how use of planning powers fits in with a broad approach to facilitating healthy eating and physical activity and tackling health inequalities. Health specialists need to understand the opportunities offered as well as the constraints of the planning system. They need to recognise that planners must take account of planning considerations other than health, such as the need to encourage employment opportunities, avoid 'voids' (empty retail units) in town centres etc.

2. Use planning powers as part of a community healthy weight strategy

All the councils interviewed for the case studies agreed that use of the planning system should

be part of a wider corporately-owned strategy on healthy eating and healthy weight and that this strategy should be an agreed priority right across the community, involving the NHS, the community and voluntary sector and local businesses. A strategic approach will include working with local communities as well as working with takeaway businesses to support them in improving the nutritional content of their menus, working with schools to support their healthy school policies, enabling access to healthy food for all (eg through markets, street trading, allotments, cooking and eating projects) and promoting physical activity (which itself can make use of planning powers eg for provision of green spaces, walking and cycling routes). Preventing new hot food takeaways from opening can only be a small part of an overall, place-shaping approach to healthy eating and can be open to challenge, especially if it is not explicitly part of a much broader strategic approach.⁵ Public health and environmental health teams have been developing such approaches for some time.

For example, in addition to their planning powers councils can take action to restrict the selling of unhealthy food on council properties or in places like sports and leisure centres which local authorities often leases to private operators. Sports clubs often use council-related properties and councils often provide free access and use to certain groups as part of their attempt to increase physical activity. But this attempt to combat obesity can be undermined by the kind of unhealthy food that is sold, for example to children as they emerge with an appetite from a swim, sports or exercise activity.

⁵ See NHS London Healthy Urban Development Unit (2013) for more detailed recommendations

Making use of their licensing powers as part of healthy weight and healthy school strategies, some councils have taken steps to improve the offer or restrict the location of street food vendors (which are not covered by the planning system).

Guildford City Council introduced a street trading policy which requires at least one healthier meal option to be provided on the menus of street food vendors.
www.guildford.gov.uk/CHttpHandler.ashx?id=1808&p=0

Hillingdon Council passed a resolution prohibiting ice cream vans from trading in the vicinity of schools.
www.hillingdon.gov.uk/article/19042/Itinerant-ice-cream-sales

After being approached by head teachers, **Leicester City Council** introduced a new street trading policy to prevent burger vans trading outside school gates.
www.leicester.gov.uk/media/179171/street-trading-policy-code-of-practice-june-2015.pdf

3. Provide a policy context for supplementary planning documents

Ideally the council should have a local development plan or policy on planning that specifically refers to health impacts that a supplementary planning document (SPD) can sit beneath⁶. Planning policy has to be robust legally and SPDs should be seen as the outcome of the council's overall approach to planning and health. A number of appeals have been allowed where inspectors have found no specific policies to restrict takeaways on health grounds. The Joint Strategic Needs Assessment will be an important vehicle to lay out the demographic profile of the area and local issues of obesity

⁶ Supplementary planning documents are non-statutory planning documents prepared by the Council in consultation with the local community. They are a 'material consideration' when the Council makes a planning decision.

and describe problem 'hot spots' in relation to takeaways. The Joint Health and Wellbeing Strategy can provide the context for an overall approach to health and planning.

This is likely to include more than just reference to takeaways, but also how the built environment in general can impact negatively or positively on health. Some councils have produced stand-alone policies specifically on takeaways (see the case study on Tower Hamlets) to support planning decisions.

4. Ensure you have the community and stakeholders on your side

Consultation with residents on the issues that are important to them should mean that health is high on the agenda of any spatial planning team. Having such a clear mandate from community consultation can help to drive a new policy through. If developing a policy to restrict the proliferation of hot food takeaways near schools and centres where young people gather, it is very important to involve schools and parents as well as children and young people. Understanding the potential impact of a planning application will enable individuals and groups to make informed objections if they choose; and in appeals evidence from consultation and letters of support to inspectors from head teachers and school governors are likely to carry weight.

Medway Council has developed guidance which states that it will:

- restrict the hours of operation of hot food takeaways within 400 metres of schools
- restrict A5 uses to 10 per cent in town centres and 15 per cent in neighbourhood and local centres.

[http://www.medway.gov.uk/pdf/Hot%20Food%20Takeaways%20in%20Medway%20-%20A%20Guidance%20Note%20\(2\).pdf](http://www.medway.gov.uk/pdf/Hot%20Food%20Takeaways%20in%20Medway%20-%20A%20Guidance%20Note%20(2).pdf)

5. Supplement national evidence with local evidence

The councils in the case studies have developed a number of methods for demonstrating the local links between obesity and the character, density and location of hot food takeaways. These include mapping exercises, research studies by public health teams in collaboration with local universities, surveys of the nutritional content of takeaway meals and qualitative information from schools, parents and local residents. Evidence should be up to date, should support policies and should apply to the locations where policies are being applied. Producing local evidence is not only likely to be helpful in justifying a council's own planning decisions but also adds to the overall body of evidence on which future policy decisions can be based. When councils first started developing policies in this area, one of the difficulties was the lack of hard evidence of a causal relationship between obesity and density of hot food takeaways. Because obesity is such a multi-faceted issue, as are many public health concerns, it will always be difficult to establish direct causal links. But more research is taking place in the UK (much of the early evidence has been from the USA) and the collaboration between public health, environmental health, planning and councils' intelligence units is producing further evidence. The National Obesity Observatory (www.noo.org.uk) provides information, data and evidence on obesity and its determinants to support policy makers and practitioners. It has web pages specifically designed to support local authorities.

6. Ensure you are clear which aspects of takeaways you want to limit and why

In addition to health issues, there are other reasons why councils may want to restrict the proliferation of takeaways.

These reasons include issues of over-concentration and clustering in town centres or district centres which disturb the balance of the retail offer, the vitality and viability of retail centres, noise, litter and anti-social behaviour, particularly when takeaways are part of the night-time economy.

Some councils have used these additional considerations to supplement restrictions based on zones (eg within a certain distance of schools) with policies setting out thresholds on clustering (eg restrictions on the number of 'A5' (hot food takeaway) uses within a defined number of retail units). Being clear about the purpose of restrictive policies is helpful in presenting policies for consultation with local communities and particular stakeholders, including local media. It is also helpful in advising applicants for planning permission and in decision making.

7. Ensure planning decisions refer to health issues where relevant

If healthy eating and reducing obesity are reasons for refusing an application, it is important to say so explicitly in the reasons for refusal and to refer to the relevant policy documents that justify the decision. If these reasons and references are not given in representations on initial applications, inspectors will not be inclined to take them into account or to give little weight to them in considering appeals. They may also ask why these arguments were not raised earlier in the process.

8. Offer carrots as well as sticks

Recognising that while they may limit the proliferation of takeaways in the future, many towns and areas have already reached saturation point, all the councils in the case studies have tried in a variety of ways to work with and provide incentives to fast food outlets to provide healthier menus.

Objectives include reducing portion size, regulating the temperature of oil, stopping double and triple frying (the case study on St Helens gives more detail of their Gold and Platinum Healthy Chip Fryer awards).

Broxtowe Borough Council are working with and encouraging businesses to provide healthier food options on their menus and help customers manage their weight.

The council implemented a Healthier Options Takeaway (HOT) Merit scheme in conjunction with Nottinghamshire County Council and the other district council's within Nottinghamshire, where you can apply for a Merit award if you are a take away business that has a food hygiene rating of three or above.

The HOT Merit aims to increase accessibility and awareness of healthier options in takeaway outlets and forms part of our approach to reduce obesity within Nottinghamshire.

9. Know how you are going to monitor, evaluate and report on the impact of policies and planning decisions

In the short term, assessing the direct impact on obesity of using the planning system to restrict hot food takeaways will not be possible, although it will be important to gather intelligence and data that may help to establish causal links in the longer term. However, as far as the objective of reducing the proliferation of fast food outlets is concerned, monitoring and evaluation is certainly possible.

To date, the numbers of refusals of planning permission and upheld appeals are small, but evidence gleaned so far from the case studies suggests a number of outcomes:

- increased local media publicity when proposals to make restrictions are made: this contributes to educating residents about the issues and may to a certain extent increase pressure on takeaways to take action such as giving calorie content of dishes, reducing portion size and fat content – in this way a small but significant contribution is made to shifting norms and expectations
- an increased number of council decisions upheld on appeal: councils are learning from each other and appear to be getting better at developing policies and strategic frameworks for their individual planning decisions (see the case study on St Helen's where its SPD was said by the planning inspector to "lend further weight" to his decision to uphold an appeal).
- there is some evidence that catering retailers may be put off applying to set up fast food outlets, particularly near schools – some of this may be due to the recession, as council officers have pointed out, but the experience of pre-application discussions seems to suggest that SPDs are also having an influence
- collaborative work between public health, environmental health and planning teams has meant that incentive schemes, such as awards for healthy eating, are being developed alongside planning restrictions and some fast food retailers have been willing to modify aspects of their menus, for example to reduce their fat and salt content.

A systematic approach to gathering evidence of this kind may result in it being more than anecdotal and therefore provide additional justification for planning decisions (See the case study on Sandwell for information on its monitoring data sheet).

10. Engage the whole community in discussion about implementation

A council's health and wellbeing strategy should be the starting point for raising awareness of the obesity challenges facing the council. However, raising awareness and generating public debate might be the first direct outcome of an initiative to control the growth of hot food takeaways. Indeed, generating public debate could be identified as one key objective of the regulatory change. This might involve more than simply issuing a press release to coincide with the adoption of new regulations. The help of councils' communications and community engagement teams could be enlisted to develop follow-up strategies focusing on healthy eating.

As one planning officer pointed out, including policies on hot food takeaways among planning guidance gives local authorities three opportunities to initiate a discussion with purveyors of fast food: at the pre-application stage, during the application process and at the appeal stage. With good coordination between planners, public health, environmental health and communications specialists these opportunities can be maximised to influence the thinking of retailers.

In this way, planning restrictions can not only be used to stem the tide of too easily available unhealthy food, to a small extent, but can also influence the public and industry debate about this issue.

Box Chicken is a healthy street food campaign aimed at children in low income areas to tackle childhood obesity

The project sells peri-peri or Caribbean chicken as a low fat alternative to fried chicken to school children via mobile kitchens, in an effort to balance the predominance of junk food outlets in deprived areas.

Young unemployed people and catering students are also encouraged to work on the vans to gain a City & Guilds qualification in catering.

Box Chicken is a project by Shift (formerly We Are What We Do) – a not-for-profit behaviour change company that aims to shift the everyday behaviours of individuals by tackling a series of major social and environmental issues, such as mental health, youth obesity and domestic food and energy waste.

Following a successful pilot with Newham Council, other London boroughs are set to benefit from the Box Chicken model, including Tower Hamlets, Hackney and Camden.

www.shiftdesign.org.uk/content/uploads/2015/11/Shifts-Healthy-Fast-Food-Evaluation_November-2015-V2.pdf



Gateshead, situated on the south side of the Tyne Bridge (Newcastle is on the other) in the North East of England, and has a population of around 200,500 people.

- Overall, Gateshead is the 73rd most deprived local authority in England, out of 326 local authorities. Nearly 23,600 (12 per cent) people in Gateshead live in one of the 10 per cent most deprived areas of England. Around 3.7 per cent (7,500) of the population are from a black or minority ethnic (BME) group. Almost two out of every three people (61.9 per cent) in Gateshead are overweight or obese (Active People Survey, 2012).
- Nearly one in four (23 per cent) of 10 and 11 year olds in Gateshead are obese, above the national average of 19 per cent and the proportion had risen over the five years to 2014.

Local evidence

The Gateshead Independent Takeaway Study Analysis of Nutrient Data, 2013 established that hot takeaway food in Gateshead is unhealthy. The study sampled foods from all 187 independent takeaways in Gateshead, and reported on the nutrient content of these samples. It was found that a large proportion of takeaway food contained more calories, fat and saturated fat in one portion than 66 per cent of the recommended daily intake for a female, and in many cases nearly 100 per cent of the recommended daily intake.

In Gateshead, there were 1.03 hot food takeaways per thousand people, higher than the (then) national average of 0.86 per thousand.

Development of healthy weight strategy

Gateshead's Council's involvement of the planning function in tackling obesity stemmed from its healthy weight working group which included the director of public health and a representative of the planning department.

As with other authorities, the working group was aware that a multi-stranded approach to healthy weight would be necessary, of which use of its regulatory functions would be only one part: planning policy could halt any further overconcentration of takeaways, but environmental health officers would also have to work with businesses to help make their menus less detrimental to health. Although some local authorities have focused on clustering of fast food outlets around schools, Gateshead wanted to look more broadly at locations where young people live and congregate and also to ensure that it considered the locational aspect in terms of those wards with the high incidence of obesity.

Gateshead's Sustainable Community Strategy, Vision 2030 informed the Local Plan for Gateshead. The strategy includes as one of its six 'Big Ideas', an Active and Healthy Gateshead. It sets out a number of outcomes relating to the health of the people of Gateshead, including increasing life expectancy, reducing inequalities and, specifically, the goal that 75 per cent of Gateshead residents eat five portions of fruit and vegetables each day. Reducing unhealthy eating was seen as a contributory factor to each of these outcomes.

The draft core strategy for Newcastle and Gateshead included the specific objective of "controlling the location of, and access to, unhealthy eating outlets" (Policy CS14 Wellbeing and Health). It was important for the supplementary planning document⁷ to follow that this policy was included in the Local Plan. At the time of the inquiry into the proposals for the core strategy, the Inspector was satisfied that the Council was justified in including this policy.

Following adoption of the core strategy, a SPD on hot food takeaways was agreed as one action in the wider council Health and Wellbeing Strategy for tackling unhealthy lifestyles and obesity. As part of this, the healthy weight working group has developed

⁷ Gateshead Hot Food Takeaways SPD 2015: www.gateshead.gov.uk/DocumentLibrary/Building/PlanningPolicy/SPD/Hot-Food-Takeaway-SPD-2015-FINAL.pdf

a healthy weight strategy which involves both incentives for healthy eating and disincentives for unhealthy eating, including those introduced through the planning function. The SPD sets out the council's priorities and objectives in relation to planning control of hot food takeaways. It acknowledges that unhealthy eating may encompass a broader range of uses than hot food takeaways alone, and can include restaurants (use class A3) and retail units (A1). However, the SPD was developed to control hot food takeaways (A5 uses) only, as it was felt that it would have the greatest chance of success and the greatest impact. The use of the broader term 'unhealthy eating outlets' in Policy CS14 leaves room to consider other issues at a future date, if this is considered to further the objective of tackling unhealthy lifestyles and obesity.

Details of the SPG

In light of the above evidence, the SPG makes it clear that planning permission will not be granted for A5 use:

- within a 400 metre radius of entry points to secondary schools, youth centres, leisure centres and parks
- in wards where there is more than 10 per cent of the year 6 pupils classified as obese
- where the number of approved A5 establishments, within the ward, equals or exceeds the UK national average, per 1000 population
- where it would result in a clustering of A5 uses to the detriment of the character and function or vitality and viability of a centre or local parade or if it would have an adverse impact on the standard of amenity for existing and future occupants
- where it would lead to more than two consecutive A5 uses in any one length of frontage. (Where A5 uses already exist, a gap of at least two non A5 uses is required before a further A5 use is permitted in the same length of frontage.

Each application for A5 uses is required to include a health impact assessment. Applicants are given a template to assist them in carrying out this assessment.⁸

Council staff in other departments continued to work on other aspects of the healthy weight strategy to complement the work on takeaways. For example, work was undertaken to encourage the uptake of school meals as a healthy alternative to visiting takeaways.

Outcomes

Since the SPG was issued, three outlets have been refused planning permission on one or more of the grounds described above. At the time of writing, each of the applicants is taking their case to appeal, but the Council is confident that the evidence will support its decision.

In responding to appeals against refusals of planning permission in relation to the SPD, the council has been assisted by the help and advice of the Cambridge University Centre for Diet and Activity Research (CEDAR). CEDAR has carried out research indicating that year 6 students living in areas with the highest density of fast food outlets had an average BMI-z score that was 0.12 higher than those living in areas with none (Williams et al, 2015).

Future plans

The council is monitoring changes of use from restaurants to takeaways on an annual basis in order to monitor the success of the policy. An environmental health officer is about to be appointed to work with business to try to encourage interventions to improve public health.

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⁸ The template for the health impact assessment is included as an Appendix to the SPG.

A metropolitan borough of 234,000 people within Greater Manchester

- 35.5 per cent of adults have no academic qualification and the number of sick and disabled is 70 per cent above the national average
- 12,300 children live in poverty and 21.4 per cent of 10-11 year olds and 27 per cent of adults are classified as obese
- over the past five years, the city has secured £1.3 billion of private sector investment and £425 million public sector investment, creating over 5,000 jobs, although deprivation remains higher than average and life expectancy is lower than the England average.

Approach to healthy weight

As in other local authority areas, Salford's approach to restricting hot food takeaways is part of its overall healthy weight strategy, weight management and physical activity programmes. Half of the city is made up of green spaces including parks, forests and nature reserves giving opportunities to encourage physical activity – one important contributor to healthy weight. The other is supporting and enabling people to eat an appropriate amount of healthy food. Part of this involves ensuring the built environment does not discourage healthy eating and, as far as possible, encourages it.

Supplementary planning document

A hot food takeaways SPD was originally adopted in July 2007 but was updated in 2014⁹. The updated regulations reflect the national planning policy framework, government advice and other changes to legislation.

A six week period of public consultation was undertaken and officers also ran a workshop with the environment team from Urban Vision, a development and regeneration consultancy, the council's environmental health and health improvement teams, the director of public health and the health and wellbeing board.

The health and wellbeing board which includes representation from the Chamber of Commerce, the voluntary and community sector and the Greater Manchester Police in addition to its statutory members, participated in the consultation and submitted a letter of support for the proposals. The council's motivation for updating regulations that were put in place in 2007 is summarised in the introduction to the SPD:

"Hot food takeaways do not directly cause obesity, but the majority of premises offer food which is energy dense and nutritionally poor, which can contribute to obesity. Research indicates that the more overweight and earlier in life a person becomes overweight, the greater the impact on that person's health. It is therefore considered important to support the establishment of healthy eating habits from an early age and minimise the negative impacts of hot food takeaways on childhood health."

In a chapter on Healthy Eating the SPD goes on to say:

"Given poor average health levels in Salford, it is considered appropriate to control provision in sensitive locations, particularly around secondary schools. It is however important that all food providers, including hot food takeaways, play a part in improving the health of the city's residents. Any such establishment should therefore make their products as nutritious as possible and are encouraged to provide a range of healthy eating options alongside more energy dense foods."

9 www.salford.gov.uk/hftaspd.htm

In consequence the council adopted the following policy objectives.

- To ensure there is high quality hot food take away provision within the city to satisfy demand and diversify the range of local services.
- To ensure town and neighbourhood centres retain their primary purpose of providing a range of shopping and other functions and also contain an appropriate concentration of hot food take away establishments.
- To protect the amenity of surrounding residential occupiers from adverse effect by reason of noise, disturbance, smells, fumes, litter or vehicular traffic movements.
- To minimise the negative impacts of hot food takeaways on childhood health.
- To encourage hot food takeaways to provide healthy eating options.
- To ensure hot food takeaways do not exacerbate any existing problems of crime and disorder.
- To encourage informed pre-application discussions and the submission of good quality planning applications.

In furtherance of these objectives, the Council adopted seven hot food takeaway (HFTA) policies.

- To guard against over concentration of HFTAs, while acknowledging the service they provide, ensuring that 'the role, character, vitality and viability' are protected.
- To control the availability of HFTAs near schools so that "Where a hot food takeaway is proposed within 400 metres of a secondary school, planning permission will only be granted subject to a condition that the premises are not open to the public before 5pm Monday to Friday and there are no over the counter sales before that time." The 400 metre control zone is set as the equivalent of a 10 minute walk from the school.
- To limit hours of opening so that "Within an area that is primarily residential in character, the hours of opening will be restricted to 8am to 10pm on Mondays

to Saturdays, with no opening on Sundays and bank holidays."

- To limit the impact of noise and odours caused by the HFTA.
- To manage instances of anti-social behaviour associated with HFTAs by seeking the advice of Greater Manchester Police on the advisability of any application.
- To manage the disposal of waste products generated by HFTAs.
- To control the litter generated by HFTAs.

When the updated SPD was adopted in March 2014 the City Mayor Ian Stewart said, "Just one lunchtime takeaway could provide more fat, salt and calories than an adult's entire daily allowance – and I'm sure some children rely heavily on takeaway food for lunch. Salford's childhood obesity figures are already way above the national average so we need to do all we can to protect children's health. That's why we're changing the planning rules."

Councillor Margaret Morris, at that time Assistant Mayor for Health and Wellbeing, commented, "This isn't about stopping new businesses from opening – but making sure they are in the right place with minimal impact on residents."

Outcomes

The policy of restricting takeaways close to secondary schools generated great public and media interest, brought a focus on diet and healthy eating and has raised the profile of childhood obesity locally. A number of HFTAs in Salford have been recognised for their efforts as part of the Greater Manchester Healthy Catering Award scheme. The first to be recognised was 'Naji's Kitchen' in Walkden, Salford just six months after the council adopted its Hot Food Take Aways SPD.

Since then other businesses have been similarly recognised, often after a period of sustained support from the council's Health Improvement Service.

Since adoption of the hot food takeaway SPD, no application within the city has been refused on the grounds of policy HFTA 2 (hot food takeaways and schools). However, in three cases a restrictive condition has been attached in accordance with the policy.

Council staff point out that the process of developing and implementing the SPD has helped the planning and public health teams work together more closely. Discussion has developed from the SPD to looking at other planning areas on which public health can collaborate and work more closely across directorates. For example, joint bids have been developed to tackle air pollution and improve active transport with different teams. Discussions have also been held with elected Members about ways in which health and planning teams might collaborate more in the future.

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- With a population of over 316,000. Sandwell is one of seven areas that make up the West Midlands conurbation. Just over 34 per cent of the population are from minority ethnic groups.
- Deprivation is higher than average and about 29.9 per cent (19,900) of children live in poverty.
- The health of people in Sandwell is generally worse than the England average. The life expectancy gap between the most and least deprived areas is 8.2 years for men and 6.6 years for women.
- In Year 6, 24.8 per cent (897) of children are classified as obese, worse than the average for England. In 2012 (latest available figures), 25.4 per cent of adults were classified as obese.

Sandwell's work on a planning intervention focused on hot food takeaways began with a bid to the Government's Healthy Community Challenge Fund 2008. The bid was not one of the final 12 projects to be selected, but was highly commended and received £50,000 'seed funding' to further develop the work. Following the bid a working group was set up to bring together the Council with the public health team, who at that time, were part of the NHS. Members of the working group visited other councils to understand how they were tackling obesity issues and discussed which of the options they thought would best suit the West Midlands.

Local evidence

The public health department assisted in the development of the SPD by looking at the evidence around obesity and overconsumption of food served in takeaway outlets. A healthy urban environment officer now working in the public health team has a planning background and this helps in developing close working relationships between the two departments, for example in sharing evidence.

Obesity prevalence among Year 6 children (aged 10-11 years), as measured by the National Child Measurement Programme (NCMP), was recorded at 24.3 per cent (2012/14) and 24.6 per cent (2013/14) of children within Sandwell being classified as obese, significantly worse than the average for England. Current trends suggest that around 9 per cent of obese 1-2-year-old children will be obese when they become adults and that around 80 per cent of children who are obese at age 10-14 years will become obese adults, particularly if one of their parents is also obese. Research has also shown that a 'feed backwards' effect is observable for childhood obesity (ie the effect of the obese parent and re-cycled behaviours such as over-nutrition and over-consumption within families) in the early life stages. This is identified as a key health determinant, with up to 90 per cent of excess weight gained by girls before puberty, and more than 70 per cent in boys occurring before the age of 5 years. Recent modelling by the Health Survey for England (2012) suggests that by 2030, 41 per cent to 48 per cent of men and 35 per cent to 43 per cent of women could be obese if trends continue. A 2014 study revealed that the associated annual cost of obesity to the NHS could increase from between £6 billion and £8 billion in 2015 to between £10 billion and £12 billion by 2030.

Over the years, the council's environmental health team has carried out a significant amount of work surveying the nutritional content of local hot food takeaway menus as part of their food safety duties, and talking to owners in an attempt to reduce the fat, sugar and salt content of menus and promote smaller portion sizes. Sandwell continues to have an issue with this, as a public health consultant found in a 2014 study of 250 samples from Sandwell premises, that portion sizes were larger in some cases than the notoriously huge portions served in the USA, and salt, sugar and fat content exceeded recommended guideline daily allowances in nearly three quarters of samples. Therefore, the health evidence and forecasts clearly show the vital importance, as part of a wider obesity strategy, of taking action through a variety of means.

Supplementary planning document

It was decided that one method to tackle the obesity epidemic in Sandwell was to try to restrict the proliferation of fast food outlets through the introduction of a SPD¹⁰. This is despite the fact that the SPD relates only to the A5 use class (hot food takeaways) and not to restaurants (which fall into the A3 class) which have a minor, but often substantial takeaway offer (eg in a 'drive through' operation). The challenge was to take action that did not fit with a traditional planning model. It was agreed that it was important to produce a document as much based on empirical evidence as possible, in order to provide an objective justification for the introduction of the SPD.

It was also agreed that the issue of obesity was only one strand in the argument for restricting takeaways. Other important strands related to the vitality and viability of the town centre, whether there are adjacent residential buildings with ground floor occupancy, the generation of waste and litter and the issue of anti-social behaviour which can arise where people congregate late at night. The local police were consulted on the latter issue and supported the policy.

On the other hand, the issue of restricting takeaways for health reasons needed to take into account other planning considerations, such as the need to avoid 'voids' (empty retail units) in high streets and the need to ensure employment for local residents. Overall, the planning team took the view that it is detrimental to the vitality and viability of towns if they are swamped with hot food takeaways. This and the other issues listed above add weight to the argument for restricting takeaways on health grounds.

Outcomes

The most recent statistics for planning applications (2012/13) withdrawn and refused show that all four of the refused Hot Food Takeaway applications have been as a result of the Hot Food Takeaway Supplementary Planning Document (HFTSPD). An additional withdrawal can also be attributed to the HFTSPD. When these applications were examined it was noted that most of them were likely to have been approved if the HFTSPD had not been in place.

A number of pre-application discussions have been held with potential Hot Food Takeaway (HFT) operators. Having the SPD available at these meetings has permitted the Council to demonstrate to the operator whether their proposed development is suitably located. While there are currently no data recorded regarding the pre-application process, the planning team has noted that there is a slight reduction in the number of applications received following the SPD's implementation. In one case the SPD has been used as a tool to remove the A5 (hot food takeaway) element that formed part of a large scale development. The Council now intends to attempt to record its pre-application discussions to enable it to establish how the HFTSPD reduces the number of applications received or affects those applications that are submitted.

In relation to appeals, the Planning Inspectorate has indicated in two recent decisions to reject an appeal, its belief that location of a hot food takeaway within 400 metres of a school could be mitigated by different opening hours. It was also indicated that schools should be asked if they have any objections to proposals. If they do, this will add more weight to applications within the 400 metre zone and, it is to be hoped, allow the SPD guidance to be implemented. For this reason, the planning team has stressed the importance of working with schools on this issue, to ensure that the relationship between takeaway meals, obesity and health is understood, as well as the reasons for the HFSPD.

¹⁰ www.sandwell.gov.uk/downloads/file/2614/hot_food_takeaway_supplementary_planning_document

Further monitoring will be carried out every year to establish ongoing trends. The Council is planning to survey all of its strategic/ town and local centres to update its data. This survey will be carried out in partnership between the planning and health teams.

While the 400m buffer zone has been challenged by outlets altering their opening hours to circumvent the guidance, there is scope to make this aspect of the guidance more effective by combining this with other planning grounds for refusal and other elements of the SPD (eg vitality and viability of town centres). If the 400m buffer zone is the sole reason for refusal, then this must be backed up by support and healthy eating policies/initiatives by the school. In future, members of the public health team will make efforts to engage with schools regarding applications with 400m of a secondary school in the hope of ensuring that schools support the guidance.

As part of its monitoring regime to inform the Black Country Core Strategy (the Local Plan), a survey is carried out every year to establish ongoing trends in strategic, town and local centres. The council surveys all of its centres to update its data on premise use classes. This survey is carried out by the planning team, with public health keeping a watching brief.

The council is currently consulting on a revision to the HFSPD to update the document and tighten any small ambiguities in the centres' policies.

Sandwell's experience has shown that having policies and planning guidance in place can be helpful at all three stages – pre-application, application and appeals – in the planning process. The HFSPD has formed an important part of the decision-making process.

The public health team at the council recognises that obesity is a complex issue which is not just about fast food, but about over-consumption in general. However the council sees its policy on hot food takeaways as a means of 'drawing a line in the sand'. Tackling the over-concentration of such premises in localities where there is convenience and easy access to outlets is seen as part of a much wider strategy to improve health. Although adopting the SPD is a small step towards this ambition, the council believes it demonstrates its intent and commitment to address the obesity epidemic in a variety of ways.

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The metropolitan borough of St Helens in Merseyside has a population of nearly 180,000. St Helens has a greater proportion of people with poor health than many areas of the country and within the borough there are some significant inequalities. Deprivation is higher than average and about 25.0 per cent (8,100) of children live in poverty.

- Life expectancy in the borough is lower than the England average. Life expectancy is 10.4 years lower for men and 9.7 years lower for women in the most deprived areas of St. Helens than in the least deprived areas.
- In Year 6, 22.1 per cent (385) of children are classified as obese, worse than the average for England. Nearly 30 per cent of adults are classified as obese, also worse than the average for England.

Local evidence

In St Helens research by the environmental health team showed that fast food outlets in the borough were growing by 1 per cent per year in proportion to other food businesses between 2002 and 2010. The environmental and public health teams were concerned about this trend, particularly in relation to the obesity statistics for children aged 0-5. The environmental health team used local data from public health on obesity and mapped this onto the number of takeaways in each ward. There was a clear link showing a strong correlation. The borough was 'saturated' with 165 hot food takeaways in 2010 with 20,000 obese residents costing the local health service an estimated £3.6 million per year.

There were also other concerns with some hot food takeaways, in relation to poor food safety and litter, as well as nutritional quality.

Supplementary planning document

Planners initially felt that, in relation to planning law, introducing exclusion zones on health grounds was a risky objective and could lead to legal challenges which they were trying to contain. It is fair to say that this is still considered a risk, because the exclusion zones have not been used as a sole reason for refusal and so the policy hasn't been fully tested. Having looked at the evidence and at a range of supplementary planning documents from other local authorities, the planning team was willing to develop a policy on hot food takeaways. It was decided to publish a SPD to create a 400 metre exclusion zone around primary and secondary schools and sixth form colleges in the borough¹¹. The exclusion zone around primary schools was justified by research indicating that the most popular time for purchasing food from shops is after school. Therefore, although primary school pupils should not be allowed out of school during the school day, the exclusion zone was deemed appropriate. It was recognised that students from 6th form colleges have freedom to visit takeaways during lunchtime and travelling home and hence they were included within the exclusion zone.

The SPD also restricts the number of A5 uses to 5 per cent of the total number of units within a centre or frontage. It also restricts the clustering and distribution of A5 units within a centre so that no more than two adjacent A5 units are allowed and at least two non-A5 uses are located between any two A5 use units.

¹¹ www.sthelens.gov.uk/media/151202/hot_food_takeaways_planning.pdf

Outcomes

St Helens reviews its hot food takeaway supplementary planning document against a set of indicators and targets in its Annual Monitoring Report and in particular monitors the effectiveness and extent of its exclusion zone.

Since introducing its policy and supplementary planning document, the council has had four planning appeals from businesses proposing to open a hot food takeaway which were all dismissed by the Planning Inspectorate. Although the dismissals were not based on obesity related issues, one of the inspector's decisions in one appeal gave some weight to the SPD, acknowledging that the Council were taking this approach; and this supported the dismissal of the appeal.

From 165 hot food takeaways in 2010, the numbers in the borough dropped by 10 per year for the first 2 years and have now remained static around 148 in 2015. Although some outlets have evidently closed because of the economic down turn, the existence of the SPD appears to have had some influence in the numbers pursuing applications and hence this approach appears to have helped reduce the numbers of takeaways. However, the council acknowledges that it is too soon to understand any direct impact on obesity which, in any case is a multi-factorial phenomenon.

The wider strategy

St Helens' SPD on hot food takeaways is part of a broader strategy to tackle obesity as set out in its Health Inequalities Plan. During the years since the introduction of the SPD, the council has launched a Healthy Weight Strategy, which advocates a multidisciplinary approach, from 'Places, Policy, People and Programmes'. These are wide ranging examples, promoting active travel with expanded 20mph zones, a Healthy Early Years Award, training all school cooks, provision of outdoor gyms in the parks, commissioning specialist weight management

programmes and a host of community food work and physical activity programmes delivered by the council's Healthy Living Team. Environmental Health and Public Health are working in partnership to improve food from hot food takeaways which includes a 'Chip Fryers' Award' which recognises good practices which lead to a 'healthier' chip.

The council is now considering working with other takeaways sectors such as the pizza sector and minority ethnic cuisines. This is currently being scoped out to develop an award along the lines of the Healthy Chip Award which would improve the nutritional content of dishes that are consumed in large quantities.

The restriction on hot food takeaways is intended to send a clear message that the borough intends to address the serious issues of poor diet and obesity and to improve the health of its residents. "When it comes to hot food takeaways, we are always trying to change the norms and put a chink in the obesogenic environment", says Helen Williams, Head of Public Health Programmes.

Staff leading this work at St Helens emphasise the importance of cross-departmental working, involving planning together with environmental and public health and trading standards. Each group of specialist staff needs to understand the culture and language of colleagues and where the risks lie for them in terms of challenge to their objectives and ways of working. To date there have been no successful planning appeals directly linked to obesity-led SPDs. Obesity is a complex issue and it has taken the UK some time to get to its current position. St Helens staff point out that it will take some time to denormalise obesity.

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- A London borough of 232,000 people, identified as the third most deprived in the country.
- Only 15 per cent of eleven, thirteen, and fifteen year old pupils in the borough eat 5 or more portions of fruit and vegetables compared to the national figure of 23 per cent.
- 12 per cent of four to five year old children are obese and this increases to 25 per cent per cent for 11 year olds; it is the most deprived borough for income deprivation affecting children (NCMP, 2014).
- 42 per cent of children aged 10-11 are overweight or obese (HSCIC, 2014).

Against this background Tower Hamlets was designated one of the nine healthy towns funded by the Department of Health England in 2008 as part of its Healthy Community Challenge Fund. The specific focus in Tower Hamlets was on the development of an “award scheme for businesses to sell healthy food”, with fast food receiving particular attention.

In 2011 the Borough published ‘Tackling the Takeaways: a new policy to address fast-food outlets in Tower Hamlets’ (Tower Hamlets, 2011) which provided a detailed analysis of the nature and impact of the issue.

- Nearly all (97 per cent) residents live within a ten minute walk of a fast food restaurant.
- There are a total of 627 fast food outlets in the borough so that there are 42 ‘junk food’ outlets (including fast food restaurants and cold food outlets) per school. This compares with 25 per school in Inner London as a whole.
- Two in five adults in Tower Hamlets eat takeaway food at least once a week. The heaviest consumers are young people, with three in five eating fast food once a week and one in twenty eating it on a daily basis.

Planning policy has been used to limit the number and location of new fast food outlets in the borough by:

- FFOs not allowed to exceed five per cent of total shopping units.
- There must be two non-food units between every new restaurant or take-away.
- The proximity of a school or local authority leisure centre can be taken into consideration in all new applications for a FFO.
- New FFOs will only be considered in retail areas and not in residential areas.

However the borough realised that it was much too late to rely on planning strategy to avoid clustering of fast food outlets around schools since the entire borough was in effect ‘clustered’. Their focus therefore has been on working with existing businesses to encourage the availability of healthier options and to raise the standards of provision.

Food for Health

In 2009 the Tower Hamlets Food for Health Award scheme was launched. It involved up to 600 visits a year to fast food outlets by environmental health department advisors and encouraged 200 operators to join the awards scheme and qualify for free food safety training.

In a parallel consumer survey it was found that only 5 per cent of respondents chose to eat in a particular restaurant because they believed the food on offer was healthy, whereas 33 per cent chose for taste and 20 per cent for convenience. Almost all believed that restaurants ought to offer healthy options.

Tower Hamlets is seeking to build upon the experience and limited success of the Food for Health Awards by exploring the viability of a more ‘stealthy’ approach to improving the diet of the population.

The public health department has commissioned a feasibility study to test a variety of realistic adaptations to three fast food businesses and systematically evaluate these adaptations to elucidate their relative effectiveness.

The model they seek to develop would:

- improve the nutritional value and wholesomeness of the food served in fast food outlets
- demonstrates the intervention is economically advantageous to the fast food outlet.

The Healthy Towns programme enabled Tower Hamlets to strengthen its efforts to make the borough a more supportive environment for children and families to maintain a healthier weight. The work focused on reducing child obesity levels but also wanted to improve the environment for people of all ages and all communities. So the work with the fast food outlets was just one of a number of initiatives that aimed to take a whole systems approach through the life course.

Another initiative that aimed to do this was the Buywell Fruit and Vegetable project which is still going strong and now comes under the Food for Health Award umbrella. Tower Hamlets public health team has commissioned a retail expert to work with convenience stores and markets to increase the availability and quality of fruit and vegetables. The average uplift in sales from baseline, after working with the stores and market traders, is 40 per cent. In this way not only is the amount of unhealthy food available being reduced but at the same time the availability of healthy food is being increased.

The overall approach reflects a belief that the owners of fast food outlets must be brought on-board by demonstrating that offering healthier food is good for business. It also acknowledges that past efforts to change patterns of consumption by demonstrating the health benefits have met with only limited success. The Greater London Assembly has stated that, “engaging positively with takeaways to help them improve their business competitiveness as well as the healthiness of their food is as important as developing clear planning guidance and new regulation” (GLA (2012) Takeaway Toolkit).

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- Waltham Forest is an outer London borough with a population of approximately 266,000.
- Deprivation is higher than average and about 25 per cent of children (14,500) live in poverty.
- There are clear health inequalities in the borough – for example, life expectancy is 5.2 years lower for men and 6.1 years lower for women in the most deprived areas compared to the least deprived areas of the borough.
- Around 54.6 per cent of adults are classified as overweight or obese, lower than the average for England. In year 6, 38 per cent (659) of children are classified as overweight and obese, higher than the average for England, which is 33.5 per cent.

Supplementary Planning Document development and rationale

The London Borough of Waltham Forest was the first council to develop a SPD specifically to tackle the health impacts of hot food takeaways, by restricting their development around the ‘school fringe’. When first considering this issue in 2008, the council carried out public consultation on hot food takeaways. This showed that the public had clear objections to the proliferation of takeaways, due to their detrimental effects both on the local environment and on health. According to the consultation, residents were concerned that the increasing number of these outlets was “spoiling the look and feel of the borough”. Their concerns included litter, bad smells, noise, short-term parking issues and other unwelcome behaviour. Residents were clear that they “wanted the council to tackle these problems”.

In addition, research conducted by London Metropolitan University found that

- hot food takeaways are popular with students
- the nutritional quality of the food available is generally poor
- a significant proportion of students’ fat, salt and sugar intake comes from the food they buy there
- some shops use ‘student offers’ specifically to target school children (Sinclair & Winkler, 2008).

A hot food takeaway corporate steering group brought together partners from across the council (including schools, environmental health, enforcement, planning and public health) to develop a co-ordinated approach to tackling the health impacts of fast food. Having a clear mandate from the consultation helped to drive the new policy through. As part of the initiative, the council’s planning team prepared a SPD in 2009, which set out clear restrictions on planning permission for hot food takeaways near schools. Since 2013, the new policy approach has been incorporated in the Local Plan. The policy aims to limit the opportunities that young people have to access fast food, in order to improve health and reduce obesity. The SPD seeks to deal both with environmental problems arising from the proliferation of takeaways and with the potential health risks to children as highlighted by residents during the consultation.

One potential concern in relation to restricting hot food takeaways was whether the proposed restriction would have an adverse impact on black, Asian and minority ethnic groups. Anecdotal evidence suggested that the majority of hot food takeaway outlets are owned by or employ people from these groups. Restricting the number of premises thus might constrict a potential source of employment. The council undertook an Equalities Impact Assessment of the policy. It determined that, while there might be some impact, the potential benefits of the policy would outweigh this.

The final SPD states that new hot food takeaways will be 'resisted' where the proposal falls within 400 metres or less from a school, youth facility or park.

The 400 metre exclusion zone around schools, youth facilities and parks was based on the London Metropolitan University research, which suggested that 400m, about a 10 minute walk, was the maximum distance that students could walk to and back from their lunch break. Planners justified this as being part of "an effort to provide a holistic approach to tackling concerns over community health and childhood obesity".

The SPD tackles the issues of over concentration and clustering, as well as proximity to schools, youth facilities and parks. Planners had to work hard to convince the council's legal team that the policy was worth pursuing. Their experience (and subsequent decisions by the planning inspectorate in other areas) makes it clear that including a health inequalities policy in core strategies or local development plans can significantly aid the adoption of an SPD.

Outcomes

Since the adoption of the Hot Food Takeaway SPD in March 2009, 83 per cent of planning applications for hot food takeaway uses have been refused. The remaining proportion have been approved under exceptional circumstances or allowed through planning appeals to the Planning Inspectorate. Where cases have been allowed, technicalities associated with the practical application of the policy have been considered – for example, issues arising from the planning history of the property, certificates of lawful use or other enforcement issues, and the weight to be given to the SPD in planning decisions. However, since the policy approach was incorporated into the Local Plan in 2013, the restrictions set out in the SPD must be given full weight in Inspectors' decisions.

This means the SPD can no longer be ignored in favour of other considerations. With limited chances of success at planning appeals, there has been a reduction in the number of planning applications submitted for hot food take away uses generally.

Wider work on the healthy weight agenda in Waltham Forest

Waltham Forest recognises that restricting new hot food takeaways from opening is only a small part of an overall approach to reducing unhealthy eating and that it is important for planners to work closely with other departments, such as environmental health and public health, to take forward this agenda.

The council has now adopted Healthy Weight for All in Waltham Forest, its healthy weight strategy for 2015-2020. This is a wide-ranging strategy with actions to be taken across a number of work streams, by staff across health, social care and the wider council, and in a number of settings. The overall vision of the strategy is:

"To provide an environment that enables all Waltham Forest residents to make healthy food choices, to stay physically active and to maintain a healthy weight throughout their lives".

In relation to healthy food, the strategy's specific objective is:

"To increase healthy eating by increasing and promoting the availability of, and access to healthy food choices and reducing the availability of and access to foods that are high in fat, sugar and salt."

It is against these objectives that the council's ongoing restrictions on hot food takeaways should be viewed.

Cllr Ahsan Khan, Waltham Forest Council's Cabinet Member for Health and Wellbeing, said: "We want all residents to make healthy food choices, and we're especially keen to see our young people fully appreciate and understand the importance of leading healthy lifestyles from an early age."

"Measures like the SPD give us the ability to help limit the prevalence of outlets primarily selling foods that are high in fat, sugar and salt, particularly those that target schoolchildren by setting up shop across the road."

"Combined with a growing number of health-related initiatives in schools, planning powers like this are a huge boost to our ongoing efforts to tackle obesity rates in Waltham Forest, and our commitment to doing all we can to give our young people the best start in life."

Cllr Clare Coghill, Waltham Forest Council's Cabinet Member for Economic Growth and High Streets, said: "What we wanted to do was to stop takeaways targeting our young people. The health benefits from diverting children away from a regular lunchtime diet of chicken and chips are obvious, but there were other considerations too."

"In addition to helping combat childhood obesity, we also know that kids who enjoy a decent nutritious meal at lunchtime, rather than a whole load of fatty carbs, have better levels of concentration, energy and attention."

"It's not just our children's waistlines that a diet of junk food impacts on, it also plays a part in holding back their learning and attainment. Plus of course the policy also stops too many shops ruining the high street, and cuts down on elements such as noise, smell, litter and anti-social behaviour."

Dr Andrew Taylor Director of Public Health said: "Access to healthy food is an important element of the work across the borough for residents to maintain a healthy weight. The council is committed to influencing the quality of the food offer on our high streets."

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A metropolitan borough of 280,000 people within Greater Manchester

- 60.1 per cent of the adult population are overweight or obese.
- Health is generally worse than the England average.
- Life expectancy gap between the most and least deprived areas is 11.2 years for men and 9.8 years for women.
- 19.4 per cent of children live in households with low income. This is higher than the national and regional values of 14.7 per cent and 19 per cent.
- By 2021 Bolton's 0-4 population will increase by 11% and the 5-9 population will increase by 26 per cent.

Bolton's Healthy Weight Strategy 2012-2017

In developing Bolton's Healthy Weight Strategy a consultation with stakeholders and public took place. A strong theme that there were too many takeaways emerged from the consultation, parents felt this was hindering their families chances of achieving a healthy balanced diet. This evidence along with other research informed the three priority areas in the strategy, one of which was to create an environment that promotes and supports healthy weight. Two recommendations within this theme were to restrict the number and sitings of new takeaways and introduce a healthy catering award.

Gathering the evidence

Public Health and Planning worked together to address issues around planning, takeaways and healthy eating. The first step was a review of the evidence base for restricting the number and sitings of new hot food takeaways linked to the obesogenic environment. This review included a literature review, sustainability appraisal, health impact assessment and takeaways mapping exercise.

The second part included a consultation with both the public and businesses on their views regarding the number of takeaways and the proposal for a healthy catering award.

The public consultation generated a large response with the majority stating that there were too many takeaways. The main issues identified were litter, leafleting and limited healthy choices.

The business consultation consisted of a seminar and workshop attended by a broad spectrum of food businesses. Overwhelming the businesses were of the view that there were too many takeaways, particularly in areas of high deprivation, and this led to increased competition between takeaways. There was a feeling that restricting the number of takeaways may help the economy and existing takeaways. There was strong support for the proposed Greater Manchester Healthy Catering Award and a general interest in health. The perceived advantages included:

- recognition for what was already happening
- giving you the edge above the competition
- 'Doing your bit' and putting in the extra effort for your customers
- generating good PR in the press
- greater staff satisfaction and gaining new skills
- Development of the Supplementary Planning Document.

The council already had in place a Planning Control Policy Note (PCPN) on the location of restaurants, cafes, public houses, bars and hot food takeaways in urban areas. This PCPN which was last reviewed in 2009 covered the following issues:

- residential amenity
- highway considerations
- scale of activity
- proliferation
- uses in Bolton town centre.

One issue that the PCPN did not cover was the relationship between new takeaways and schools. Following presentation of the evidence based in the report 'Tackling the obesogenic food environment in Bolton – Planning a new food horizon' the council agreed to update the PCPN to a Supplementary Planning Document (SPD) so that it could be used as a material consideration for new applications for Hot Food Takeaways. This updated SPD included the following condition:

'If an application site is within 400 metres of a secondary school, then the council may refuse the application on the grounds that it would be harmful to public health'.

The council also agreed that alongside the SPD it would take part in the Greater Manchester Healthier Catering Award to encourage existing takeaways to improve their health offer.

Outcomes

Following the adoption of the SPD one new takeaway has been refused planning permission to open near to a secondary school. The partnership between public health and planning has continued to grow and now all applications for new hot food takeaways are forwarded to public health to comment on. This has also provided the opportunity to enrol takeaways in the Healthier Catering Award.

The public health and planning departments are now looking to work on other areas where planning can play a key role in supporting the healthy weight agenda.

Next steps

The next steps will be to look at exclusion zones around schools for street vendors selling unhealthy food eg ice cream vans. Preliminary discussions have started with the licensing team.

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Annexe A

Supplementary Planning Documents and Local Evidence

The main concern for planners, in our experience, is to make sure that any Supplementary Planning Document (SPD) is sound and that it is supported by a good evidence base that underpins the proposed policies and approach, in order to avoid challenges by hot food takeaways companies.

Please note that the Planning Inspectorate deals with all planning appeals and checks plans for “soundness”, and as an organisation the Planning Inspectorate likes to ensure there is some consistency in terms of the decision making process.

The existence of a significant number of adopted SPDs on this issue should establish a clear precedent to planners that such policies can be successfully adopted and implemented at a local level.

Learning from other Local Authorities on this issue tells us there are a couple of determining factors that seem to underpin challenges to policy and SPDs on this issue:

- Is the evidence base up-to-date and does it support the policy (See below).
- Does it apply to the specific location where the policy is being applied.
- How have the objectives of the SPG been counter balanced by other issues and priorities (economic vitality of the town centres, attractiveness, need to provide local jobs).

Does it work?

Local evidence

It is important to provide local evidence that is specific to the proposal being considered. Issues to be considered include:

1. The site of the proposal

- What is the current or previous use? Is it currently vacant and will a takeaway bring it back into use; is it currently a restaurant that already operates a takeaway service so the impact may not be significant.
- Is it in a local centre, local parade or stand alone?
- Are there other takeaways already in the area? What will be the cumulative impact of another one and will it lead to over-concentration or clustering?

2. Public health evidence

- Levels of childhood obesity in the area
- How does limiting the number of new hot-food takeaways in the area fit into a broader approach to tackling childhood obesity such as:
 - local obesity strategy
 - work with environmental health and trading standards
 - healthy eating campaigns
 - community cooking skills

3 The local school

- What type of school is it? Secondary or primary
- What is its catchment area?
- How far is the school away from the proposed hot-food takeaway?
- Is the proposed takeaway on a route to the school? An exclusion zone policy provides a general guide, but specific detailed evidence strengthens the case.
- Are pupils accompanied by an adult on their way to and from school?
- What Initiatives has the school undertaken?
 - Healthy School status
 - Healthy eating initiatives
 - Pupils allowed out at lunch-time or not
 - Has the school made an objection to the proposed hot-food takeaway?

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Further information

Research

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Planning legislation and guidance

Policy context National Planning Policy Framework (NPPF): <https://www.gov.uk/government/publications/national-planning-policy-framework--2> was published on 27 March 2012 and is a material consideration in planning decisions. NPPF paragraph 23 highlights the importance of promoting competitive town centre environments and paragraph 69 sets out that “the planning system can play an important role in creating healthy, inclusive communities”.

National Planning Practice Guidance (NPPG) - (health and wellbeing): <http://planningguidance.planningportal.gov.uk/blog/guidance/health-and-wellbeing/>. The NPPG is statutory guidance which underpins the NPPF. In relation to health and wellbeing it states; ‘The built and natural environments are major determinants of health and wellbeing’ The range of issues that could be considered through the plan-making and decision-making processes, in respect of health and healthcare infrastructure, include how: the local plan promotes health, social and cultural wellbeing and supports the reduction of health inequalities; the local plan considers the local health and wellbeing strategy and other relevant health improvement strategies in the area; and considers opportunities

for healthy lifestyles (e.g. planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity, and promotes access to healthier food, high quality open spaces and opportunities for play, sport and recreation).

Local government publications

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