

Obesity, Hot Food Takeaways and Spatial Planning

Tackling obesity requires a whole system approach, with local authorities, health services and commissioners all playing their part.

Lancashire County Council Public Health and Wellbeing is working with district councils to explore how we can implement the following spatial planning initiatives:

A 400m restriction zone for new hot food takeaways surrounding secondary schools – limiting children's access to unhealthy food

Refusing applications for new hot food takeaways within wards where more than 15% of year 6 pupils and 10% of reception pupils are classed as obese

Prevent the clustering of too many hot food takeaways in deprived neighbourhoods

It is estimated that the NHS in England spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015.

The health and wellbeing of local communities is affected by a wide range of factors. The built environment is a key factor that spatial planning can be used to improve.

It is estimated that 63.5% of Lancashire's residents are either overweight or obese. According to the child measurement programme, 22.5% of children in reception year and 33.2% of children in year 6 are overweight.

This is a significant public health issue as obesity increases the risk of developing a whole host of diseases, including:

- an increased risk of certain cancers, including being 3 times more likely to develop colon cancer
- more than 2.5 times more likely to develop high blood pressure - a risk factor for heart disease
- 5 times more likely to develop type 2 diabetes

Between 2012 and 2016, Lancashire saw an increase in fast food outlets of 20%, a large proportion of which are situated in our most deprived communities.

We recognise the challenges for new businesses, and the economic activity generated by new hot food takeaways must be viewed in context with the long term cost of obesity to healthcare and the wider workforce and community.





Hot Food Takeaways and Spatial Planning

Public Health Advisory Note

Director of Public Health and Wellbeing, Dr Sakthi Karunanithi MBBS MD MPH FFPH

Introduction

This Public Health Advisory Note covers how local planning authorities could help to tackle the increasing health issues of excess weight and obesity within Lancashire, through stricter control of the development of hot food takeaways. It focuses on a rapid data analysis of weight levels in Lancashire and the prevalence of hot food takeaways. A review of planning policy options, application decisions and recommendations for action by local authorities is provided.

Wider Determinants of Health

The health and wellbeing of individual people and local communities is affected by a wide range of factors. Some factors concern the environment, including the built environment. Spatial planning can be used to address a range of health issues such as air quality, physical inactivity, social isolation and obesity.

Within the National Planning Policy Framework (NPPF), guidance is provided on how health should be considered by the planning system. As part of the delivery of the social dimension of sustainable development, planning has a role in supporting, and developing, strong, vibrant and healthy communities.

One of the core planning principles that underpin both plan-making and decision-taking is for planning "to take account of and support local strategies to improve health, social and cultural wellbeing for all" (paragraph 17 NPPF). In preparing the proportional evidence base for local plan-making, NPPF also states that

"Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and any information about relevant barriers to improving health and well-being." (Paragraph 171)

Lancashire County Council's Director of Public Health, through the Health Equity, Welfare and Partnerships service, is collaborating with Lancashire's local planning authorities (LPAs) to take account of local health issues and considerations, through the provision of local health data and advice.

Obesity

Within Lancashire, obesity is of particular concern, with significantly high levels of overweight adults and children being recorded within the county.

Some local authorities in England have started addressing increasing obesity levels within their populations by using the planning system to restrict hot food takeaways and by extension restricting access to unhealthy food.

The Town and Country Planning (Use Classes) Order 1987 (as amended) puts uses of land and buildings into various categories known as 'Use Classes'. In general planning permission is needed to change from use class to another. Hot food takeaways are specified as A5 use class.

LPAs have generally pursued two options when looking to restrict A5 development for health reasons, they are:

- Refusing applications or restricting opening hours for A5 developments that fall within a prescribed proximity to secondary schools and in some cases also primary schools and youth facilities.
- Refusing applications for A5 development in deprived areas where there is already deemed to be an oversaturation of such uses – often defined as a percentage of the business uses within an area.

More recently, another form of restriction has started to emerge that takes into account the obesity rate within the surrounding area – an approach that we explore, along with the others, later in this document.

It must be recognised that spatial planning can only help reduce obesity and excess weight as part of a multifaceted approach, which should include a range of interventions and partners.

Recommendations

In light of the information and evidence presented in this document, we recommend the following principles are included in local plan policies:

1. A 400m restriction zone surrounding secondary schools

The policy benchmark of a 400m restriction zone surrounding schools (and/or a restriction on A5 use opening hours within the restriction zone) has been tried and tested by an increasing numbers of local authorities at this point. This exclusion approach will help to limit secondary school children's access to unhealthy food at lunchtimes and immediately after school and would work best if implemented alongside healthy eating policies *within* schools. This is an area in which local authorities and schools can work together in partnership for the benefit of children's health.

2. Refusing new A5 uses within wards where more than 15% of year 6 pupils and 10% of reception pupils are classed as obese

In order for policy such as this to be adopted, there must be evidence in place to demonstrate that there is a problem to be dealt with. This approach is based on targeting those neighbourhoods which have an evident problem because they sit within the top two quintiles nationally for obesity.

Data on child excess weight and obesity at ward level is freely available through www.localhealth.org.uk and is updated every year through the National child measurement programme (which displays an indicator based on the past three years of aggregated data). North Tyneside's adopted policy (DM3.7) is a good example of this.

3. Prevent the clustering of A5 uses in deprived neighbourhoods

Many local authorities already have policies that seek to prevent A5 clustering from the perspective of the character, function, vitality or viability of an area. However these policies are justified, they are also useful for addressing the issue of obesogenic environments.

A good example of this kind of policy can be found in Gatesheadⁱⁱ, who have adopted policies that restrict A5 uses to just 5% of total commercial uses within an area, and allow no more than two consecutive A5 uses in any one length of frontage.

4. Presentation of local and national evidence and circumstances

This documents contains numerous signposts to data, evidence and guidance, all of which can be used to make the case for Hot Food Takeaway planning policies. Joint Strategic Needs Assessmentsⁱⁱⁱ, mapping exercises, research studies, and when possible, public consultations can all contribute to building a compelling, evidence

based argument. Lancashire County Council Public Health can assist in pulling together relevant local evidence.

5. Partnership Buy-in

If the planning system is to be used as a tool to improve the health of the population, the policies should be joined up with healthy weight strategies and backed by the Health and Wellbeing partnerships and boards.

It is hoped that if Lancashire Local Planning Authorities (LPAs) take account of these recommendations, that any resultant local plan policies restricting hot food takeaway developments, will be as robust as possible.

A clear evidence base and justified policy wording, should result in the policies being found to be 'sound' by the Planning Inspectorate and subsequently become the adopted policy.

It is important that any adopted policy provides strong grounds that enable the policy to be used as grounds for refusal in planning application decision making and that the decision is capable of being upheld at any subsequent appeal proceedings.

Excess weight and obesity

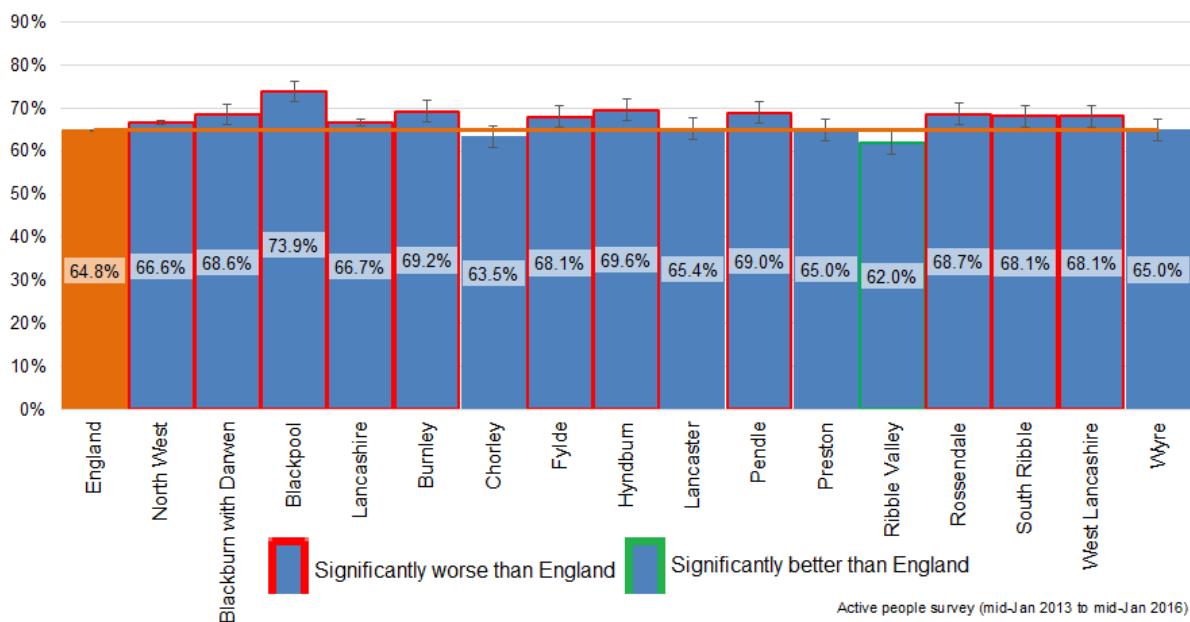
Excess weight and obesity in adults

Excess weight and obesity are important indicators of population health. The prevalence of these conditions is linked to numerous chronic physical and mental conditions, which places a burden on those people affected and also on the resources of local health services.

England has an obesity prevalence of 26.2% and one of the highest rates of unhealthy weight when compared with other western countries^{iv}. In 2014, 58% of women and 65% of men were recorded as overweight or obese. Obesity prevalence in England has increased from 15% in 1993 to 26% in 2014.

Figure 1, shows that the estimated proportion of adults with excess weight in Lancashire is significantly above the England average for the survey period mid Jan 2013 to mid-Jan 2016 (*Sport England Active People Survey*^v). Within the Lancashire 12 authority areas, the survey results suggest that 66.7% of the adult population are living with excess weight. This is significantly above the England prevalence of 64.8% and when applied to the latest population estimates (2015), it equates to 649,659 people.

Figure 1: Estimated adult (16+) excess weight prevalence at a national, regional, upper tier and district level



Within Lancashire 12, seven districts have significantly higher excess weight prevalence than the national average, Hyndburn (69.6%), Burnley (69.2%), Pendle (69.0%), Rossendale (68.7%), Fylde (68.1%), South Ribble (68.1%) and West Lancashire (68.1%). Additionally, the estimates for the neighbouring unitary authorities of Blackburn with Darwen (68.6%) and Blackpool (73.9%), are also significantly higher than England.

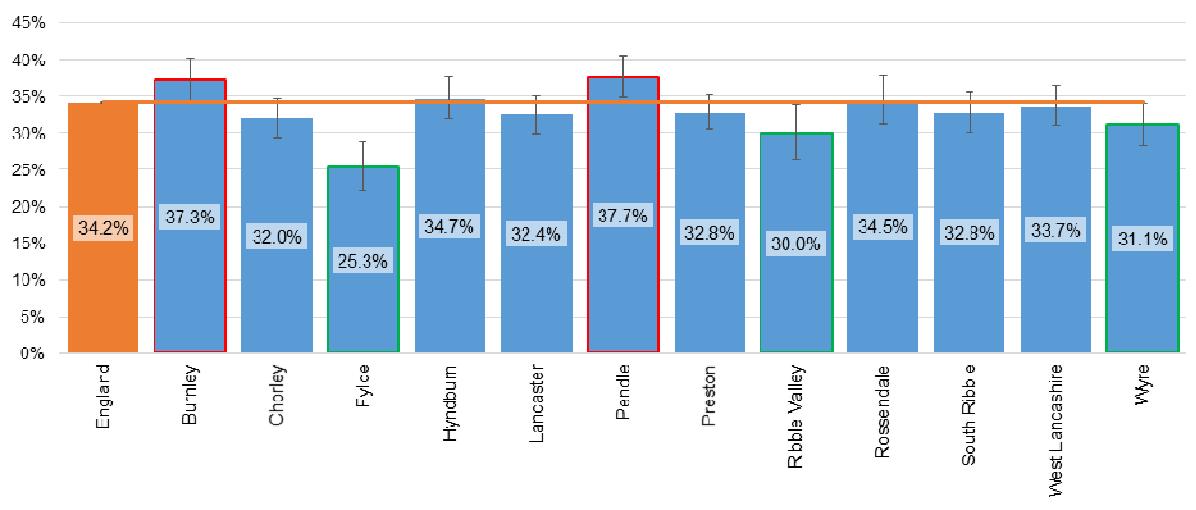
Excess weight and obesity in children

Public Health England states^{vi} that one in three children nationally are overweight or obese by the time they leave primary school and obesity prevalence in the most deprived 10 per cent of children in England is approximately twice that among the least deprived 10 per cent.

High levels of excess weight are prevalent amongst the children of Lancashire 12, with the highest prevalence figures being found in the most deprived wards in the county.

The National Child Measurement Programme (NCMP) 2015/16 found a total of 7,146 reception and Year-6 age children from across the Lancashire-12 were living with excess weight. Figure 2 displays the proportion of children with excess weight by district.

Figure 2: Excess weight in year 6 children by Lancashire district 2015/16

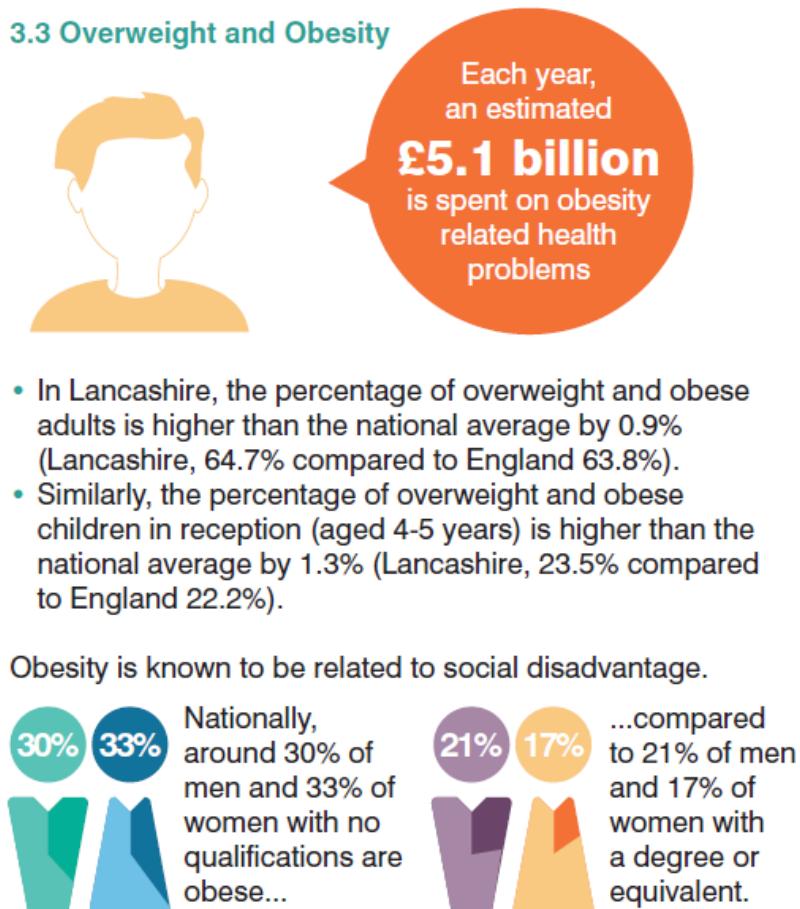


Public Health Outcomes Framework^{vii}

Public Health Interventions

Lancashire's Director of Public Health, Dr Sakthi Karunanithi, in his 2016 annual report Securing our Health and Wellbeing^{viii}, identifies the need to enable sustainable behaviour and lifestyle changes as a key action. Lancashire County Council Public Health will continue to support Lancashire residents to adopt healthier lifestyles through a comprehensive behaviour change approach, including to tackle obesity and physical inactivity.

Figure 3. Excerpt from 'Securing our Health and Wellbeing' Report of the Director of Public Health and Wellbeing 2016



Lancashire County Council was the first two-tier authority to become a signatory of the Healthy Weight Declaration^{ix} which was designed by Food Active to support local government to exercise their responsibility in developing and implementing policies which promote healthy weight.

The Healthy Weight Declaration shows commitment to reducing unhealthy weight in our communities, protecting the health and well-being of staff and citizens and making an economic impact on health and social care and the local economy by striving to:

- Engage with the local food and drink sector (retailers, manufacturers, caterers, out of home settings) where appropriate to consider responsible retailing (such as not selling energy drinks to under 18s), offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar and salt (HFSS) products;
- Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities. Funding may be offered to support research, discretionary services (such as sport and recreation and tourism events) and town centre promotions;
- Review provision in all our public buildings, facilities and ‘via’ providers to make healthy foods and drinks more available, convenient and affordable and limit access to high-calorie, low-nutrient foods and drinks (this should be applied to public institutions such as schools, hospitals, care homes and leisure facilities where possible);
- Increase public access to fresh drinking water on local authority controlled sites;
- Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited;
- Advocate plans with our partners including the NHS and all agencies represented on the Health and Wellbeing Board, Healthy Cities, academic institutions and local communities to address the causes and impacts of obesity;
- Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; ‘giveaways’ and promotions within schools; at events on local authority controlled sites;
- Support action at national level to help local authorities reduce obesity prevalence and health inequalities in our communities;
- Ensure food and drinks provided at public events include healthy provisions, supporting food retailers to deliver this offer;
- Support the health and well-being of local authority staff and increase knowledge and understanding of unhealthy weight to create a culture and ethos that normalises healthy weight;
- Invest in the health literacy of local citizens to make informed healthier choices;
- Ensure clear and comprehensive healthy eating messages are consistent with government guidelines.
- Consider how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity;
- Monitor the progress of our plan against our commitments and publish the results.

Lancashire County Council also commissions the Active Lives and Healthy weight services which involves five providers delivering programmes covering all 12 Lancashire districts. In every district the provider has two distinct, but often closely related, programmes.

1. **Active Lives** – a 12 week free programme of 1 session per week, aimed at getting the individual more active through a variety of ways from simple chair-based exercise, to "Couch to 5k". Sessions are either delivered in existing

Leisure Centre venues, or out in the community, for example Scout Huts or organised local events like Health Melas. Physical activity levels are tracked to show increased activity at 12 weeks (end of programme), 6 months and 12 months, to establish that activity regimes have been embedded in client lifestyles.

2. **Healthy Weight** – similar to above with a 12 week programme designed to help clients address their weight through a variety of means. The clients are weighed before and after and there is an expectation that they will lose at least 3% and longer term 5% of their weight. Clients are weighed at the end of the 12 weeks, then at 6 months and finally at 12 months to track progress.

Hot food takeaways

Prevalence of Hot food takeaways

Hot food takeaway's fall within the A5 planning use category and are described as "for the sale of hot food for consumption off the premises".

As Figure 3 displays, Lancashire and most of its district authorities have significantly more fast food outlets per 100,000 population than England. Fast food outlets are distinctive from hot food takeaways and are defined as premises that prepare and supply food that is available quickly, covering a range of outlets including, but not limited to, burger bars, kebab & chip shops, fish & chip, and sandwich shops. It excludes outlets classed as bakeries, as well as those considered to be cafés or restaurants. However, in the case of large fast food chains, all outlets including those classified as cafes and restaurants are included in the figures.

- The districts of Burnley, Hyndburn, Pendle, Preston and Rossendale have the highest concentration of fast food outlets in Lancashire, and the concentration rates are significantly higher than the England average. The two neighbouring authorities of Blackburn with Darwen and Blackpool also recorded rates significantly above the National average.
- Every district in Lancashire has seen increases in the numbers of fast food outlets when compared with 2012, and Lancashire as a whole has seen an increase of 20%.

Public Health England has calculated that the total number of Fast Food outlets across England was 47,928, of which 1,282 were based in the Lancashire-12. Giving the area a crude outlet concentration rate of 121.85, significantly above the England rate of 87.8.

Figure 4: Fast food outlet density in Lancashire and comparisons between 2012 and 2016

LA name	2012				2016				Difference	
	Count of outlets	Rate per 100,000 population	Local rank	Significance from England	Count of outlets	Rate per 100,000 population	Local rank	Significance from England	Actual	%
England	40,486	77.5	-	-	47,928	87.8	-	-	7,442	16%
Blackpool with Darwen	163	116.4	4	High	188	128.1	5	High	25	13%
Blackpool	241	172.2	1	High	271	192.9	1	High	30	11%
Lancashire-12	1,028	87.9	-	High	1,282	121.9	-	High	254	20%
Burnley	102	119.6	3	High	132	151.2	2	High	30	23%
Chorley	89	84.4	8	-	109	97.7	11	-	20	18%
Fylde	62	81.0	10	-	79	102.5	8	-	17	22%
Hyndburn	101	124.5	2	High	114	142.1	3	High	13	11%
Lancaster	119	84.4	9	-	127	89.9	13	-	8	6%
Pendle	80	89.6	7	-	118	131.3	4	High	38	32%
Preston	151	111.8	5	High	176	125.3	6	High	25	14%
Ribble Valley	38	65.5	13	-	56	96.4	12	-	18	32%
Rossendale	63	93.5	6	-	86	124.3	7	High	23	27%
South Ribble	78	72.0	12	-	111	101.8	10	-	33	30%
West Lancashire	57	51.7	14	Low	63	56.3	14	Low	6	10%
Wyre	88	79.0	11	-	111	102.1	9	-	23	21%

Source: Public Health England^x

Figure 5, demonstrates that the largest proportion (48.7%) of fast food outlets fall within the most deprived 20% of wards nationally. Giving this quintile a crude rate per 100,000 of 167.02 significantly above the Lancashire-12 average of 121.85 and significantly above the crude rate recorded for all other deprivation quintiles.

Figure 5^{xi}: Fast food outlets in Lancashire-12, grouped by the deprivation quintile of the ward the outlet falls within.

IMD Quintile 2015 (1 = most deprived, 5 = least)	All-age population	Count of outlets	% of total	Outlets per 1,000 population	Significance from Lancashire-12
1	373,599	624	48.7%	167.02	High
2	176,248	226	17.6%	128.23	-
3	160,351	170	13.3%	106.02	-
4	209,136	178	13.9%	85.11	Low
5	132,750	84	6.6%	63.28	Low
Grand Total	1,052,084	1,282	-	121.85	-

A recent development in the mapping of food environments is Feat (Food environment assessment tool) which has been developed by the Centre for Diet and Activity Research and the MRC Epidemiology Unit at the University of Cambridge. It allows for detailed exploration of the geography of food retail access across England:

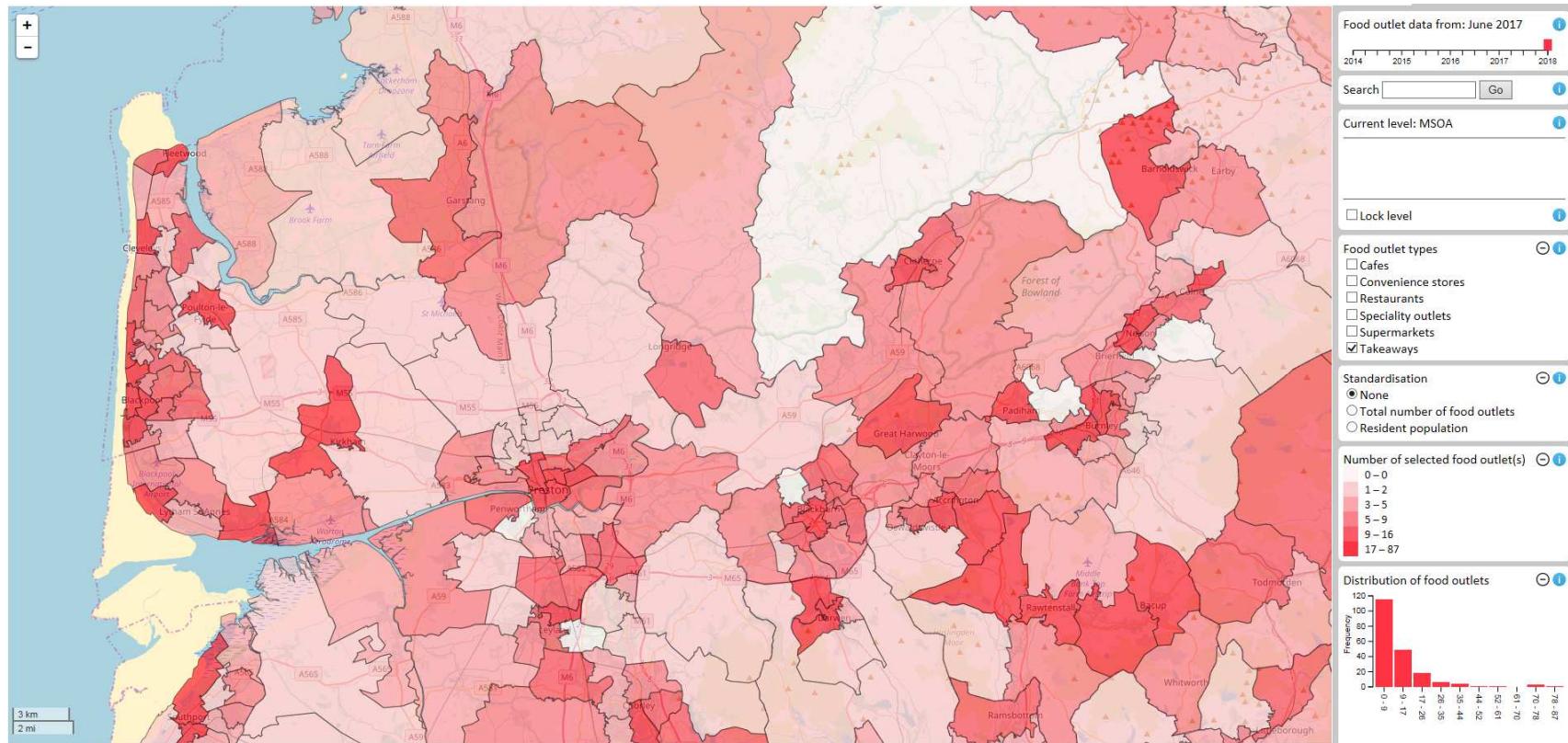
Feat is underpinned by the latest scientific evidence about how food access in our neighbourhoods affects our dietary choices, body weight and health. It will allow you to map, measure and monitor access to food outlets at a neighbourhood level, including changes over time.

It is designed around the needs of professionals in public health, environmental health and planning roles, locally and nationally. Use it to:

- Generate local evidence for use in the development of Obesity Strategies, Local and Neighbourhood Plans, JSNAs and Strategic Planning Documents.

- *Support planning decisions*
- *Compare food access between neighbourhoods, and see where is changing fastest*
- *Target interventions, and test the effectiveness of planning policies*

Figure 6^{xii}: The Feat Tool mapping Hot Food Takeaway density at ward level



National Guidance

Government planning guidance, which is situated on the central government website^{xiii}, contains a section on health and wellbeing (last updated July 2017) which states:

Planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role in enabling a healthier environment by supporting opportunities for communities to access a wide range of healthier food production and consumption choices.

Local planning authorities can consider bringing forward, where supported by an evidence base, local plan policies and supplementary planning documents, which limit the proliferation of certain use classes in identified areas, where planning permission is required. In doing so, evidence and guidance produced by local public health colleagues and Health and Wellbeing Boards may be relevant. Policies may also request the provision of allotments or allotment gardens, to ensure the provision of adequate spaces for food growing opportunities.

Local planning authorities and planning applicants could have particular regard to the following issues:

- *proximity to locations where children and young people congregate such as schools, community centres and playgrounds*
- *evidence indicating high levels of obesity, deprivation and general poor health in specific locations*
- *over-concentration and clustering of certain use classes within a specified area*
- *odours and noise impact*
- *traffic impact*
- *refuse and litter*

The National Institute of Clinical Excellence (NICE) states in their 2010 guidance document NICE Guidance ph25^{xiv}, on the prevention of cardiovascular diseases, that reducing salt and saturated fat intakes for the population will reduce morbidity and mortality rates from cardiovascular disease. Furthermore, sections of the population who regularly eat fried fast-food may be consuming substantially higher amounts of trans-fats (Industrially-produced trans-fatty acids) which are a significant health hazard.

The guidance explains that food from hot food takeaways and the ‘informal eating out sector’ comprises a significant part of many people’s diet. In recognition that LPAs have powers to control fast-food outlets, the guidance contains the following recommendations on the subject of planning restrictions:

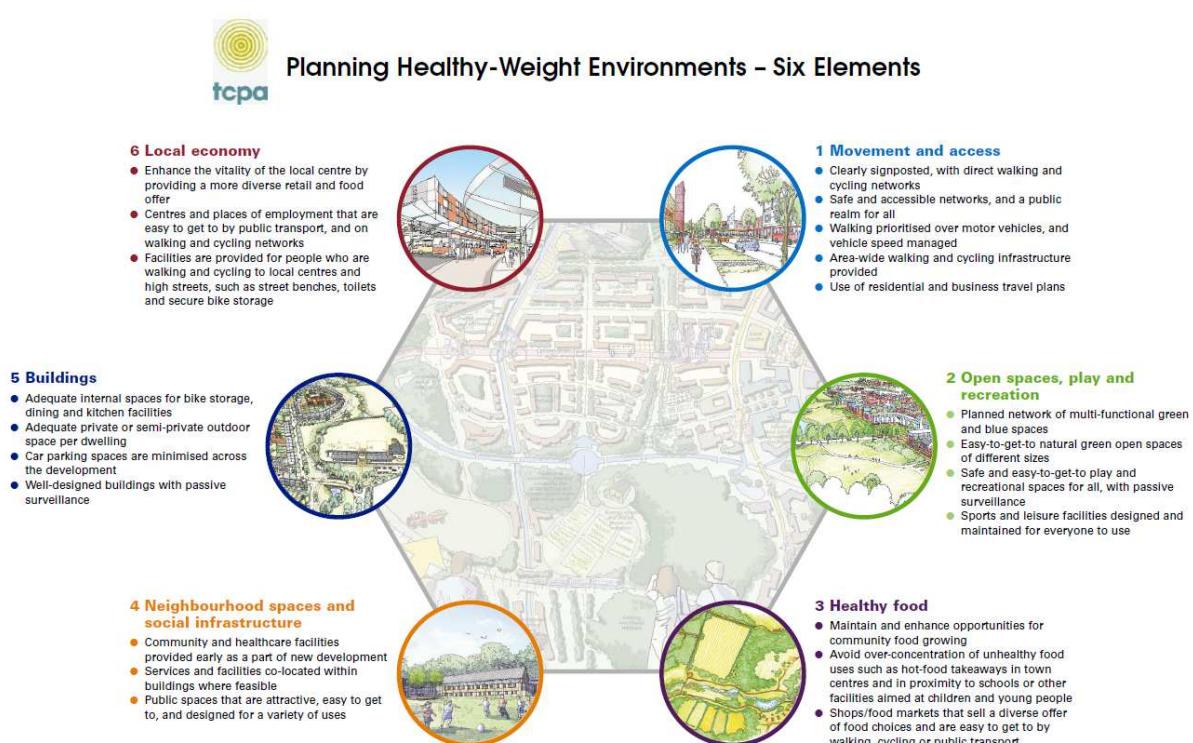
- Encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools). Help them implement existing planning policy guidance in line with public health objectives.
- Review and amend 'classes of use' orders for England to address disease prevention via the concentration of outlets in a given area. These orders are set out in the Town and Country Planning (Use Classes) Order 1987 and subsequent amendments.

In 2014 as part of the Planning Healthy Weight Environment project^{xv} supported by Public Health England (PHE), the Town and Country Planning Association (TCPA) have identified six elements for a Healthy Weight Environment, which are shown in figure 7. The TCPA recommend a range of interventions within the planning and design of a new development, or for an existing community, that will help in creating environments which supports healthier lifestyle choices. These can be used by a range of different decision-makers and actors in policy development and in assessing planning applications for schemes.

One of the themes is healthy food environments, food growing and access to healthy food retail including the following recommendation:

"Avoid over-concentration of unhealthy food uses such as hot-foot takeaways in town centers and in proximity to schools or other facilities aimed at children and young people".

Figure 7^{xvi}



Evidence for planning controls

A number of councils around the country have sought to include policies on hot food takeaways within their development plan documents. The evidence to justify the planning policies, comes from a variety of sources, but some of the most prominently featured include the following:

Understanding the relationship between food environments, deprivation and childhood overweight and obesity. Healthy Place May 2014^{xvii}

This study took a large cross sectional English sample, quantifying the association between weight status in children aged 4–5 and 10-11 years, characteristics of the food environment, and area deprivation. A positive association was found between the density of unhealthy food outlets in a neighbourhood and the prevalence of overweight and obesity in children:

A higher presence of food outlets selling unhealthy food is linked to higher levels of children who are overweight and obese, while the opposite is true for food outlets selling a range of healthier food

Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study, March 2014^{xviii}

This Population based, cross sectional study, using data on individual participants' diet and weight, and objective metrics of food environment exposure concluded that:

Exposure to takeaway food outlets in home, work, and commuting environments combined was associated with marginally higher consumption of takeaway food, greater body mass index, and greater odds of obesity.

Consumption of takeaway and fast food in a deprived inner London Borough: are they associated with childhood obesity? BMJ January 2012^{xix}

This was cross-sectional study of 193 schoolchildren aged between 11 and 14 years old focusing on body mass index and frequency of food and drinks purchased from fast food outlets and takeaway outlets over a weekly period. This study concluded that:

Taste, quick access and peer influence were major contributing factors. These schoolchildren are exposed to an obesogenic environment, and it is not surprising that in this situation, many of these children are already overweight and will likely become obese as adults.

The association between the geography of fast food outlets and childhood obesity rates in Leeds, UK. November 2010^{xx}.

This study covered 476 lower super output areas, with the main outcome measures being: the number of fast food outlets per area and the distance to the nearest fast food outlet from the child's home address and the weight status of the child. This study concludes that:

"There is a positive relationship between the density of fast food outlets per area and the obesity status of children in Leeds. There is also a significant association between fast food outlet density and areas of higher deprivation."

The studies included here represent a selection of some of the most recent research conducted in the UK. A range of links to other relevant studies and guidance documents have been included in the appendix.

Hot food takeaway planning policies

A number of Lancashire district councils are currently implementing or consulting on hot food takeaway policies, but for context we undertook a rapid review of a selection of non-Lancashire local authority local plans and followed these up with telephone interviews with planning officers from the relevant authorities.

It is clear that a growing number of LPAs around the country are seeking to use the planning system to restrict hot food takeaway development. Alongside considerations of highway and amenity impact, the subject of health is becoming more prominently referenced within these planning policies, as the national obesity epidemic becomes more evident.

Restrictions around schools are also becoming more common, with a 400m (approximately 5 to 10 minutes' walk) benchmark distance for creating hot food takeaway exclusion zones around schools. Secondary schools are the main focus of such exclusion zones, however there are authorities such as Bradford^{xxi} that have written policies recommending the refusal of any new A5 uses within a 400m radius of secondary and primary schools, youth facilities, recreation grounds and parks.

Bradford

The Bradford example is interesting as it attempts to address the issue from three directions: school proximity, over concentration and opening hours; giving the LPA the power to decide whether or not the opening hours of a new establishment will be beneficial. This policy sits within a supplementary planning document and was formally adopted by the Council executive in November 2014:

With regard to proposals which fall outside the city centre, town centres, district centres and local centres, hot food takeaways will be resisted where the proposal will:

- a) Fall within 400m of the boundary of an existing primary or secondary school or youth centred facility (e.g. YMCA, after school clubs).
- b) Fall within 400m of a Recreation Ground or Park boundary.

The hours of opening of hot food takeaways will be controlled to ensure that amenity is appropriately protected.

When determining the appropriate hours of opening for hot food takeaways regard will be had to:

- a) The likely impacts on residential amenity;
- b) The existence of an established late night economy in the area;
- c) The character and function of the immediate area, including existing levels of background activity and noise; and
- d) The potential benefits of the proposal for the wider community.

Outside designated centres, within an area that is primarily residential in character, the hours of opening will be restricted to 08:00 - 23:00 on Mondays to Saturdays, with no opening on Sundays and bank holidays. Extended hours will only be permitted where it can be clearly demonstrated that there would be no unacceptable impact on residential amenity.

Gateshead

The 2017 Local Government Chronical Award for Public Health was awarded to Gateshead Council for its approach to helping curb obesity through planning restrictions. The council's Hot Food Takeaway Supplementary Planning Document (SPD) was introduced in 2015 with the aim of addressing over proliferation of hot food takeaways.

The SPD insists that the council can go beyond traditional planning considerations by taking local people's health into account.

Policy CS14

The wellbeing and health of communities will be maintained and improved by:

- 1. Requiring development to contribute to creating an age friendly, healthy and equitable living environment through:*
 - i. Creating an inclusive built and natural environment,*
 - ii. Promoting and facilitating active and healthy lifestyles,*
 - iii. Preventing negative impacts on residential amenity and wider public safety from noise, ground instability, ground and water contamination, vibration and air quality,*
 - iv. Providing good access for all to health and social care facilities, and*
 - v. Promoting access for all to green spaces, sports facilities, play and recreation opportunities.*
- 2. Promoting allotments and gardens for exercise, recreation and for healthy locally produced food.*
- 3. Controlling the location of, and access to, unhealthy eating outlets.*

Planning Inspectors Martin Pike in his report^{xxi} on the local plan had this to say concerning the policy:

I note the objection to the statement in paragraph 12.10 that the Councils will consider controlling the proliferation of unhealthy food outlets in subsequent plans. However, there is clear evidence of poor health in Gateshead and Newcastle which is partly caused by unhealthy eating, and

easy access to clusters of unhealthy food outlets exacerbates the problem. In principle, therefore, such an approach is sound.

North Tyneside

North Tyneside Council based their planning stipulations not only on clustering and school proximity, but also the percentage of overweight children within the area:

DM3.7 Hot Food Take-aways

Proposals for A5 hot food take-aways will be permitted unless:

- a) *It would result in a clustering of A5 uses to the detriment of the character, function, vitality and viability of the defined centres or it would have an adverse impact on the standard of amenity for existing and future occupants of adjacent land and buildings.*
- b) *There are two or more consecutive A5 uses in any one length of frontage. Where A5 uses already exist in any length of frontage, a gap of at least two non A5 use shall be required before a further A5 use will be permitted in the same length of frontage.*

To promote healthier communities the Council will:

- c) *Prevent the development of A5 use within a 400m radius of entry points to all middle and secondary schools, as shown on the Policies Map.*
- d) *Prevent the development of A5 use in wards where there is more than 15% of the year 6 pupils or 10% of reception pupils classified as very overweight*.*
- e) *Assess on an individual basis, the impact hot food take-aways have on the well-being of residents.*

North Tyneside's hot food takeaway policy, which was adopted as part of their local plan^{xxiii}, has been used to refuse applications and has been examined by the Planning Inspectorate as part of the appeals process.

In an appeal decision report^{xxiv} in September 2017, Planning Inspector Graeme Robbie had this to say concerning the policy:

I have noted the appellant's argument that they consider LP policy DM3.7 to be a flawed policy, one that amounts to a blanket approach and is 'too blunt a tool' with which to address health and wellbeing. However, the LP has recently been subject to Examination, LP policy DM3.7 modified in response, and the LP adopted since the publication of the Framework. Moreover, the National Planning Policy Framework (the Framework) sets out three dimensions to sustainable development at paragraph 7 and the need for the planning system to perform a number of roles. These include supporting strong, vibrant and healthy communities by, amongst other

things, creating a high quality built environment that reflects the community's needs and supports its health, social and cultural well-being. Section 8 of the Framework seeks to promote healthy communities and recognises that the planning system can play an important role in creating healthy and inclusive communities. Planning Practice Guidance (the Guidance) also states that the link between planning and health has long been established. I am satisfied that LP policy DM3.7 is consistent with the Framework and the Guidance in this respect.

Manchester

Manchester City Council adopted their Hot Food Takeaway Supplementary Planning Document^{xxv} in March 2017. The document states that:

Reducing children's exposure to foods contributing towards obesity such as those sold in hot food takeaways, can reduce access to foods high in fat, salt and sugar. The aim of the policy is to ensure that during times when children are making food choices, such as lunch time and after school, the environment and availability of hot food takeaways is not encouraging unhealthy choices. The use of a 400m buffer is considered to be approximately a 5 minute walk and a reasonable distance from schools within which to control environments to the benefit of children.

Again, when an application for an A5 use was refused as a result of this policy, an appeal was made to the Planning Inspectorate. Planning Inspector Geoff Underwood included the following in his decision^{xxvi}:

Whilst I have not found material harm in respect of the development's effect on regeneration, the character and amenity of the area or parking and servicing, the avoidance of harm in these respects do not amount to positive considerations in support of the proposal. For the above reasons the development harms the area's wholesale trade function and fails to make a positive contribution to the health and wellbeing of residents, contrary to the development plan as supported by supplementary guidance. The appeal is therefore dismissed.

Appendix

Further examples of relevant studies:

Spatial Planning for Health (PHE, 2017)

An evidence resource for planning and designing healthier places.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625568/Spatial%20planning%20for%20health%20an%20evidence%20resource.pdf

Health Behaviours in Lancashire (LCC, 2015 updated 2017)

A joint strategic needs assessment

<http://www.lancashire.gov.uk/media/901322/20170425-health-behaviours-in-lancashire-final-v18.pdf>

Tipping the Scales (LGA, 2016)

A collection of case studies on the use of planning powers to limit hot food takeaways, published by the Local Government Association in

<https://www.local.gov.uk/sites/default/files/documents/tipping-scales-case-studi-bff.pdf>

Waltham Forest (LGA, 2016)

Local Government Association article on restricting hot food takeaways to reduce health inequalities.

<https://www.local.gov.uk/waltham-forest-banning-hot-food-takeaways-reduce-health-inequalities>

Building the foundations: Tackling obesity through planning and development (TCPA/PHE, 2016)

Tackling obesity through planning and development

<https://www.local.gov.uk/sites/default/files/documents/building-foundations-tack-f8d.pdf>

Tipping the scales: (TCPA, 2016)

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

<https://www.local.gov.uk/sites/default/files/documents/tipping-scales-case-studi-bff.pdf>

Planning healthy weight environments (TCPA/PHE, 2014)

A TCPA Reuniting Health with Planning Project

<https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=7166d749-288a-4306-bb74-10b6c4ffd460>

Obesity and the environment briefing (LGA/PHE, 2013, updated 2014)

Regulating the growth of fast food outlets

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf

Planning healthier places (TCPA/PHE, 2013)

Report from the reuniting health with planning project

<https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=aa575f46-652d-4d21-b16f-a02332f4db92>

Takeaways Toolkit (GLA, 2012)

Tools, interventions and case studies to help local authorities develop a response to the health impacts of fast food takeaways

<https://www.london.gov.uk/sites/default/files/takeawaystoolkit.pdf>

A Tale of Two ObesCities

(City University of New York and London Metropolitan University 2010)

Municipal Responses to Childhood Obesity Collaborative

A much cited document comparing the obesity problems of both London and New York. The restriction of hot food takeaways through planning or "zoning" is recommended:

City University of New York and London Metropolitan University (September 2010) A Tale of Two ObesCities.

https://www.monroecollege.edu/uploadedFiles/_Site_Assets/PDF/childhood_obesity.pdf

i http://www.northtyneside.gov.uk/pls/portal/NTC_PSCM.PSCM_Web.download?p_ID=569641

ii <http://www.gateshead.gov.uk/DocumentLibrary/Building/PlanningPolicy/SPD/Hot-Food-Takeaway-SPD-2015.pdf>

iii <http://www.lancashire.gov.uk/lancashire-insight/health-and-care/lifestyle/healthy-weight.aspx>

iv <http://researchbriefings.files.parliament.uk/documents/SN03336/SN03336.pdf>

v <https://www.sportengland.org/media/11498/active-lives-survey-yr-1-report.pdf>

vi (Building the foundations: Tackling obesity through planning and development)
<http://www.local.gov.uk/sites/default/files/documents/building-foundations-tack-f8d.pdf>

vii <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0>

viii <http://www.lancashire.gov.uk/media/898727/public-health-annual-report-2016.pdf>

ix <http://www.foodactive.org.uk/quest-blog-lancashire-the-first-two-tier-authority-to-adopt-the-declaration/>

x <https://www.gov.uk/government/publications/obesity-and-the-environment-briefing-regulating-the-growth-of-fast-food-outlets>

xi <http://www.lancashire.gov.uk/media/902372/healthy-weight-in-lancashire.pdf>

xii <http://www.feat-tool.org.uk/>

xiii <https://www.gov.uk/guidance/health-and-wellbeing>

xiv <https://www.nice.org.uk/guidance/ph25>

xv <https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=7166d749-288a-4306-bb74-10b6c4ffd460>

xvi <https://www.tcpa.org.uk/healthyplanning>

xvii <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4018665/>

xviii <http://www.bmjjournals.org/content/348/bmj.g1464>

^{xix} Patterson R, Risby A, Chan M-Y. Consumption of takeaway and fast food in a deprived inner London Borough: are they associated with childhood obesity? BMJ, Open 2012

^{xx} Fraser LK and Edwards KL. The association between the geography of fast food outlets and childhood obesity rates in Leeds, UK. Health and Place. 2010
<https://www.ncbi.nlm.nih.gov/pubmed/20691630>

^{xxi}<https://www.bradford.gov.uk/media/3039/hotfoodtakeawaysupplementaryplanningdocument.pdf>

^{xxii}<http://www.gateshead.gov.uk/DocumentLibrary/Building/PlanningPolicy/Core-Strategy-Documents/Inspectors-Final-Report.pdf>

^{xxiii}http://www.northtyneside.gov.uk/pls/portal/NTC_PSCM.PSCM_Web.download?p_ID=569641

^{xxiv} Appeal Ref: APP/W4515/W/17/3178059

^{xxv}http://www.manchester.gov.uk/downloads/download/6651/hot_food_takeaway_supplementary_planning_documents

^{xxvi} Appeal Ref: APP/B4215/W/17/3174366