

CANNOCK CHASE COUNCIL
NOTES OF THE SCRUTINY TASK AND FINISH GROUP
IMPACT OF HOT FOOD TAKEAWAYS
INQUIRY SESSION WITH PANEL
MONDAY 4 JUNE, 2018
IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK

Present:

Councillor Miss. J. Cooper (Chairman)
Councillor A.R. Pearson
Councillor P.E. Woodhead

The Task and Finish Group met to listen to speakers discuss their work around health, and the impact of hot food takeaways on local health outcomes.

A number of documents were circulated to the Group prior to the discussions as part of the agenda. In addition, both Tom Burgoine and Chris Holmes had forwarded slides of their presentations which are attached as Appendices A and B to these notes.

The session then began with the speakers using video conferencing to present their views and to take questions from members.

Thomas Burgoine – Centre for Diet and Activity Research (CEDAR)

- Discussed the issue of takeaway food and weight problems and the trend in fast food outlets in his research on obesogenic environments ¹
- BMI increasing and obesity levels increasing – linked to deprivation
- LGA, Government and other bodies trying to encourage Local Authorities to use planning powers. Many Local Authorities taking action and a significant number of planning considerations put in place.
- Suggested that there was clear evidence to link location and density of takeaways to areas of deprivation and increased levels of obesity;

Members' and Officer Questions

Councillor Pearson commented that portion sizes could all vary in different fast food outlets and asked if there were any findings?

- The data had been received from a survey, but the data did not include this detail. In some cases although fast food was deemed unhealthy, some establishments would lean towards being more “healthy” due to the portion sizes. There was competition between fast food outlets with portion sizes, costs and a change in ingredients which made for the food being offered unhealthy.

Councillor Woodhead commented that the Council was limited to what it could do, however asked how the Council could encourage activity levels and change attitudes? He was also keen to know about Community Infrastructure Levy (CIL) being applied to the change of use application.

Councillor Pearson commented change of use doesn't come to Members it is often an Officer decision; also if Council has empty premises this is bad as Councils need income; need properties to be in use;

Tom Burgoine agreed that lots of policies go "out the window" if economic viability is an issue; but argued there is a substantial economic cost to wider society of peoples' poor health – but recognised these costs were not borne directly by the Council, but others (e.g. NHS).

Councillor Miss Cooper asked if there was any evidence of those Local Authorities who had planning policies in place with regard to fast food takeaways achieving better health outcomes?

- There had been no studies undertaken, although it was agreed that some work should be undertaken.

David Prosser-Davies, Food Safety and Licensing Manager (DPD) referred to development control issues and asked as more young people ordering takeaways on line if there was any suggestion that the physical environment played less of a role in future with online takeaways? He referred to the policies relating to A5 business use and asked if any evidence that that large businesses such as KFC, Costa and McDonalds could push out smaller retailers, if new A5 use was controlled.

Tom Burgoine recognised there could be unintended consequences; many haven't thought about this; high streets can adapt; he agreed if a Council rejected an application the business could maybe open up just inside another District.

Tom Burgoine suggested that the planning system is not really fit for purpose as a public health intervention; this requires more careful consideration; it was explained that online shopping each year was increasing, although he commented that online grocery shopping only made up around 6% of the market. With regard to the regulations around business use, he commented that this was dependent on whether it was an A5 or A3 classification.

Members thanked Tom Burgoine for his assistance.

Chris Snowdon – Institute of Economic Affairs

- Discussed his findings² after reviewing research around proximity and density of takeaways and the effects on obesity. Chris Snowdon suggested that research in this area had generally failed to establish a causal link between these.
- Argued that there was no evidence, despite extensive studies, to link presence of takeaways with obesity;

Members Questions

Councillor Woodhead referred to research that showed that the obesity problem was not

being addressed and indicated that the Government had produced a report detailing a holistic approach to this problem. He asked what Local Authorities should consider if zoning and planning laws were not used?

- Reference was made to the Amsterdam approach (see link <https://www.bbc.co.uk/news/health-43113760>) which had been designed to push down childhood obesity. The approach included working with schools and educating, although it did not include sugar tax.

DPD referred to the research around fast food outlets and the zoning policy, and asked what Local Authorities could do given the obesity levels.

Chris Snowdon said his report showed there had been 74 studies which had been published over the years which looked at links between the density and proximity of fast

food outlets and obesity. Of the studies, only fifteen (20%) found a positive association between the proximity and/or density of fast food outlets and obesity/body mass index. Forty-four (60%) found no positive association, of which eleven (15%) found evidence that living near a fast food outlet reduced the risk of putting on weight. Fifteen (20%) produced a mix of positive, negative and (mostly) null results, which, taken together, point to no particular conclusion. However, only 15 of those studies found a positive association. There had been overwhelmingly evidence reviews which had shown a lack of evidence that fast food outlets had a link to obese children.

DPD also referred to those Local Authorities who had implemented restrictions on hot food takeaways and was keen to know what was pushing those proposals if there was no clear evidence to suggest that it worked.

DPD referred to restrictions on new business and competition, and asked if there was any evidence to suggest this is where bans should be introduced.

- Reference was made to bans and Chris Snowdon gave an example and asked whether Local Authorities would allow a shop to continue trading as a fast food outlet or place a complete ban on it trading as this sort of business in the future.

Members thanked Chris Snow for his assistance

Peter Wright / Lucy Greenfield – Gateshead Council

- Said SPD planning solution took a number of years to negotiate; was the first in the UK to address health. Most other authorities' SPDs had up to then referred only to nuisance from littering, noise, Anti-Social behaviour etc.
- Evidence base linked to above average take-aways and obesity levels by ward; target of 10% in year 6 children; anywhere where more take-aways than national average also targeted; proximity to schools, youth centres, parks etc. relates only to A5 use.
- Referred to changing the emphasis away from reducing the number of people who are obese, to increasing the number of people who are a healthy weight.
- This is done through education, increasing physical activity, encouraging greater consumption of fruit and vegetables etc.

- Emphasised that healthy eating awards don't work and that the Gateshead SPD would not reduce obesity, just stop it getting worse.
- Discussed the severity of the problem in Gateshead and suggested that obesity would likely result in around 300 unnecessary deaths in Gateshead each year;
- Around 187 fast food outlets sampled with only 3 accepting the offer of assistance in making their menu / food healthier.
- Problems, for example pizza business, trying to purchase healthier cheese, as nutritional labelling not on wholesale catering packs of cheese; suggested working with wholesalers;
- Looked at SPDs and trying to define healthy eating and how this would work. SPD produced but relates to A5 business use only. Slow decline in new fast food takeaways and Council have won every appeal made.
- SPD was however, very difficult to introduce and took a lot of time;

Members' Questions

Councillor Woodhead questioned whether the restriction on A5 might result in fewer A5 premises and the customers moving from smaller independent take-aways to larger burger and fried chicken chains which served food which was just as unhealthy.

Lucy Greenfield explained very difficult to control. A3 use does not stipulate which type of food is sold, so if A3 use is granted to a "healthy" restaurant, if that were to close, then an unhealthy restaurant could then open in the same premises with no requirement for change of use. The A3 use, once granted covers anything. The local plan did refer to healthy food outlets but this was a very difficult area to implement and likely to be challenged in the courts. But if can be included in local plan it adds strength.

Councillor Woodhead asked about sustainable development and social sustainability.

Lucy Greenfield said outcomes positive; environmentally positive socially positive as tackling obesity and also economically as hot food takeaways not seen as positive in Gateshead as they are closed for long periods during the day and do not bring in other forms of business to local centres;

DPD asked about vacant units, with no income generation for the Council and ASB issues;

Peter Wright said in terms of overall picture 300 people dying each year unnecessarily and part of this is takeaways. More takeaways means drives down prices and increases portion sizes to compete for business. Look at this in the round. Members are happy to have an empty shop; view is better to have it empty and clean up appearance rather than have another takeaway.

Peter Wright emphasised that planning SPD was an obesity stabilisation tool not obesity reduction tool; would never be able to establish a correlation between SPD and reduction in obesity. But 10% in year 6 is a good target as difficult to argue against for the developer.

Councillor Woodhead also asked about how difficult it was to engage with businesses to change behaviour.

Peter Wright talked about the “salt shaker” initiative used in chip shops which worked well and saved businesses money; however fast food outlets were not interested in changing the fats they used for cooking or using boxes for smaller portions. They were worried about losing customers in a very competitive business environment.

DPD asked what the impact was of having units that had been left vacant due to not having fast food outlets present. He also referred to the target of 10% for child obesity in year 6 which was above the national average and asked if there had been a reduction in obesity since the introduction of the planning policy?

Lucy said It was not good to have fast food outlets in the area and they did not bring in much income by way of business rates. They also made the area look untidy. Therefore, on balance it was considered that it was better to have the units empty than contribute to more deaths caused by obesity.

DPD was keen to know how long the process had taken and if there was any evidence of businesses trying to find a loophole around the A5 classification.

- It was explained that the health policy had already formed part of the local plan. It was agreed to then consider producing an SPD which took around a year to complete.
- Lucy explained that some businesses had applied for A3 classification following rejection of A5. However, long term monitoring would take place and enforcement action taken if required.

DPD also asked if Licensing and the Licensing Objectives, particularly the “protection of children from harm” could be used to help from a health aspect. He was also keen to know what the one thing was for Local Authorities to do which would make an impact.

- With regard to the Licensing Objectives, this would not be possible given that fast food outlets would only be licensed between the hours of 11pm – 6am.
- The one area where changes could be made concerned reviewing the classifications of business use and including healthy food definitions.

Members thanked Peter and Lucy for their assistance.

Chris Holmes – SHIFT (an award-winning charity that helps solve social problems)

- Discussed how traditions were dissolving such as cooking at home and moving towards fast food takeaways with teens from 13-18 more likely to eat “street” food
- The idea that fast food solved solutions such as being a cheap meal, keeping young children happy and saving time
- Discussed the six need states
- The 5 themes that dominated the food environment for families including being creatures of habit, environmental triggers and social influences
- Some of the connections to takeaways including stimulating local economy and community benefit
- Discussed the FSA meal allowances, portion sizes and calorie density and also the significant contributors

Members’ Questions

Councillor Pearson referred to the obesity crisis and discussed how certain foods were previously considered as treats but have now become part of everyday life for some people.

Chris Holmes said it had been found that cooking a meal was now considered a chore, and with so many options available families were either ordering fast food or picking it up from somewhere to take home. It was also pointed out that depending on the environment people had grown up in, it was possible that this could have an influence on the food choices they made later in life.

Councillor Woodhead was keen to know how fast food was having an impact on the market and whether or not there was a point to producing a strategy.

It was accepted that whilst the fast food market would grow, it was important that when producing a strategy growth was in healthy areas (information on Tower Hamlets would be forwarded).

DPD commented on the work required with fast food outlets and how resource intensive it was, and asked if there were any measures to evidence the health benefits. He also discussed the Goffe paper (2018)³ and the difficulties around market pressures and the evaluation of interventions.

Chris It was explained that it was very difficult to engage with fast food outlets in order to try and provide information on health benefits. Work had continued with outlets and to develop trust with owners which had taken a long time to gain. The sector for consideration was wholesale and cash and carry businesses as calories were coming from raw ingredients. These businesses would be easier to influence and would not want to risk their reputation because of the products they were selling.

Members thanked Chris for his assistance.

¹ Burgoine, T. et al (2014) *Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study.* British Medical Journal

² Snowdon, C.J. (2018) *Fast Food Outlets and Obesity* Institute of Economic Affairs

³ Goffe, L. et al (2018) *The challenges of interventions to promote healthier food in independent takeaways in England: qualitative study of intervention deliverers' views* Bio Med Central Public Health

Report of:	Chair of Wellbeing Scrutiny Committee
Contact Officer:	David Prosser-Davies
Telephone No:	01543 464202
Portfolio Leader:	Health and Wellbeing
Key Decision:	No
Report Track:	Wellbeing Scrutiny Cttee: 03/08/18

WELLBEING SCRUTINY COMMITTEE

03 JULY 2018

FINAL REPORT OF HOT FOOD TAKEAWAYS TASK & FINISH GROUP

1 Purpose of Report

- 1.1 To provide the Committee with the findings of the Task and Finish Group (the Group) which was set up under the then Health, Culture & Environment Scrutiny Committee, to examine ways in which the Council and partners can influence and limit the impact of hot food takeaways on local health outcomes.
- 1.2 Membership of Task and Finish Group is shown below

Councillor Miss Jessica Cooper	Chair of the Scrutiny Committee
Councillor Mrs. Hyra Sutton	Scrutiny Committee Member
Councillor Alan Pearson	Scrutiny Committee Member
Councillor Paul Woodhead	Scrutiny Committee Member

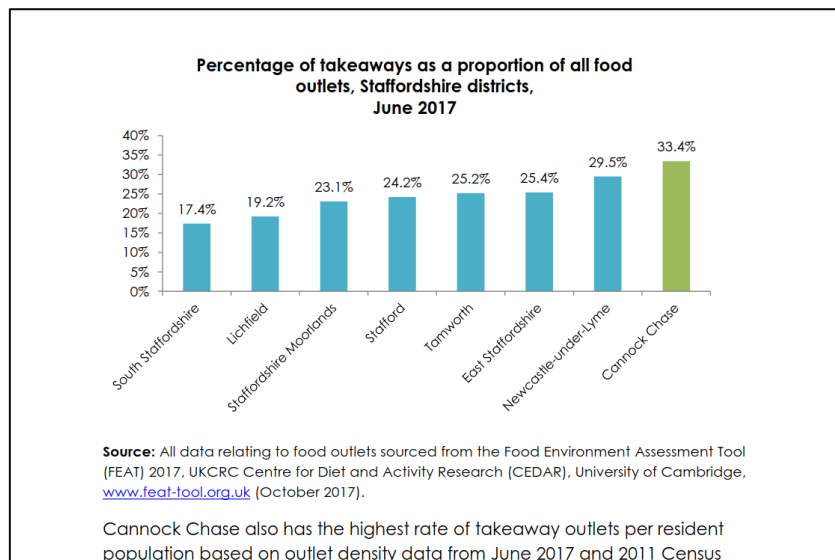
2 Recommendations

- 2.1 That the Committee notes the content of the report;
- 2.2 That the Committee identifies an appropriate mechanism to ensure the findings are used to contribute to the current Corporate Plan 2018-23, in particular in relation to development, with partners, of a strategy on healthier food choices.
- 2.3 That the Committee instructs officers to work with partner agencies to develop and present to the Committee a data set which will give insight into the local make up of take away premises, the “healthiness” of foods sold and levels of obesity in the localities.
- 2.4 That the Committee engages in the forthcoming consultation on the Local Plan, and submits a response requesting consideration be given both to strengthening the health policy within the Plan and the option of including a Supplementary Planning Document in respect of takeaways.

- 2.5 That Council, at its meeting on 27 July, be recommended to instruct Officers to write to the Secretary of State for Health and Secretary of State for Housing, Communities and Local Government expressing concern over the lack of powers available to local authorities to control the local health impact of take away premises.

3 Key Issues and Reasons for Recommendations

- 3.1 The causes of obesity are complex, consisting of a “whole system” comprised of many variables including: physical activity; the physical environment; food availability and composition; social influences; individual psychology and genetics. The main risk factors for obesity are the food and drink environment and physical inactivity.
- 3.2 The Council, rightly, invests heavily in encouraging increased participation in physical activity through its leisure centres, parks and open spaces and activity programmes. However, 2016-17 data suggests 70% of all adults in the Cannock Chase District are overweight and, of these, 36% (around 28,700 people) are obese. This is a higher proportion than the Staffordshire, West Midlands and England averages and is the second highest in Staffordshire. The proportion of overweight children in the 4-5 year (27.6%) and 10-11 year (36%) age groups in the District are also above the England average.
- 3.3 In 2017, there were 56,638 takeaway outlets in England, a rise of 8% (4,000 restaurants) in the past three years, according to Ordnance Survey data. The takeaway industry has reported a 34% increase in nominal expenditure on takeaway food from £7.9 billion in 2009 to £9.9 billion in 2016. Annual growth of 2.6% per annum is forecast over the next five years.
- 3.4 Food outlet data from 2017 indicates that 33.4 % of food outlets in Cannock Chase District are takeaways (see graph below). When expressed as a proportion of total food outlets, the District has more takeaways than any other District in Staffordshire (excludes Stoke City). Cannock Chase also has the highest rate of takeaway outlets per resident population of Staffordshire Districts at 99 outlets per 100,000 residents.



- 3.5 Evidence shows that local authorities with a higher deprivation score (i.e. more deprived) have a greater density of fast food outlets. Health survey data shows that the prevalence of overweight and obesity in the population also rises with deprivation and that fruit and vegetable consumption falls with deprivation.
- 3.6 Takeaway food can represent a very low cost option to the purchaser, especially to children, who are highly price sensitive. There are 2-3 times as many takeaways in the most deprived areas of England compared to the least deprived areas, and children from lower socio-economic groups consume takeaways more frequently than other children.
- 3.7 Within its 2017-18 workplan the Health, Culture and Environment Scrutiny Committee decided to “examine ways in which the Council and partners can influence and limit the impact of hot food takeaways on local health outcomes”. A Task and Finish Group (the Group) was set up to look at this issue.
- 3.8 The scope of the scrutiny review was limited to the health impacts of hot food takeaways and did not consider wider social and environmental issues associated with some such premises.
- 3.9 A wide range of evidence was considered by the Group, including initiatives pursued by other local authorities relating to planning policy and healthier choices / better nutrition. The Group looked at how effective these interventions were. Members also considered guidance from the Local Government Association, Public Health England and the Chartered Institute of Environmental Health, together with recent published research and press reports. A full list of references considered is given at Appendix 1 to the report.
- 3.10 During an Inquiry session Members also had the opportunity of hearing from, and questioning, recognised leaders in this field, two of whom gave evidence to the recent House of Commons Health and Social Care Committee Inquiry into childhood obesity.
- 3.11 The findings of the review suggest there is conflicting evidence in this area and there is no direct link demonstrated between the initiatives pursued by other local authorities and reduced obesity levels. Whilst there is evidence to suggest regular consumption of takeaway foods leads to increased levels of obesity there is limited, if any, evidence to suggest this consumption is reduced, and obesity levels fall, as a result of the introduction of planning controls or healthier choice initiatives. It is suggested that the impact of many initiatives has not been evaluated due to lack of resources and that the complex causes of obesity make such causal links difficult to establish.

4 Relationship to Corporate Priorities

- 4.1 The Corporate Plan 2013-17 set out Better Health Outcomes as a key priority for the Council. This work therefore directly contributed to that priority. The new Corporate Plan 2018-23 sets out Improving Community Wellbeing as a key priority and within the associated Opportunities for Healthy and Active Lifestyles Delivery Plan includes an action to develop a strategy to enable residents to make healthy food choices. This work therefore also links to the new plan and can be used to inform the development of the strategy.

5 Report Detail

5.1 In looking at the impact of hot food takeaways, extensive documentation was considered by the Group. References included a wide range of published material, including guidance from Public Health England and the Local Government Association. In addition, Members reviewed research papers and recent news stories. A list of references is given at Appendix 1 to the report.

5.2 An Inquiry session was arranged during which, using video conferencing, the Group was able to speak with and question some leaders in this field, including:

- Dr. Thomas Burgoine*, Centre for Diet and Activity Research (CEDAR), Cambridge University;
- Peter Wright, Environmental Health, Community Safety and Trading Standards Manager, Gateshead Council;
- Chris Snow, Head of Lifestyle Economics , Institute of Economic Affairs
- Chris Holmes* SHIFT (an organisation developing healthier food initiatives);

*those with asterisks presented evidence to the recent House of Commons Health and Social Care Committee Inquiry into childhood obesity.

5.3 After considering the available published material, and after having heard from the expert panel, the Group's findings can be summarised as follows:

5.3.1 The available evidence *suggests* (but does not conclusively prove) that neighbourhood access to hot food takeaways is linked to excess consumption of takeaway food, greater body weight and likelihood of obesity, *and* that these associations might be stronger among groups of lower socio-economic status (the theory being that takeaways hold stronger appeal among these groups because they're cheap and served in large portions among other things), which contributes to the social inequalities we see in both poor diet and obesity in the District and in the wider UK.

5.3.2 Since 2010, more than 40 councils in England have introduced planning controls, through polices and Supplementary Planning Documents (SPDs) aimed at limiting the expansion of the takeaway sector locally on health grounds. Measures include: the imposition of 400m fast food exclusion zones around schools; restricting new hot food takeaway development where childhood obesity levels are high; requiring new businesses to pay a levy to fund local health initiatives. Evidence about the effectiveness of using the planning regime and legal powers however, is yet to be published.

5.3.3 There is no conclusive evidence to suggest that greater environmental exposure to takeaways is directly linked to higher consumption of take away foods or increases obesity levels in local populations. Likewise there is no evidence to suggest that limiting new take away developments reduces obesity levels.

5.3.4 The Planning system is designed to control development, and not to reduce obesity. Planning laws or policies cannot be used to close "unhealthy" businesses, or to restrict the type of food sold or the portion size and nutritional content of meals sold. Equally planning law cannot prevent empty premises with permission for take away use from reopening. Peter Wright from Gateshead

was clear that the aspiration of the SPD was to prevent the situation from worsening, rather than to make improvements.

- 5.3.5 The current planning use classes do not identify take away food, or health, as an issue and do not define “unhealthy”. SPDs focus on new Class A5 use, which includes hot food takeaways (fish and chip shops, pizza and burger takeaways, Chinese and Indian takeaways etc.). A5 use does NOT include Chinese or Indian restaurants which may also offer takeaway food, nor does it include McDonalds, KFC, Burger King, or retail bakeries selling hot food such as Greggs. The ability to control numbers in this area is therefore limited.
- 5.3.6 There is an increasing trend to order takeaway food on line and have this delivered through companies such as Deliveroo and Just Eat. In some cases, delivery only kitchens are being used which are not situated on the high street and are not classed as takeaway premises. Young people in particular use this method for consuming food and the extent to which limiting new development can reduce consumption from these sources is unclear.
- 5.3.7 Many local authorities have introduced awards, or initiatives aimed at encouraging healthier food choices at takeaway premises. In the main, initiatives encourage outlets to switch to healthier ingredients, give calorie content in menus, highlight healthier options and improve cooking practices. They focus particularly on reductions in salt, fat and sugar, smaller portions, and inclusion of more fruit and vegetables etc. These frequently draw on behavioural economics, encouraging consumers to make healthier choices through, for example, promoting the sale of food in smaller containers or the placing of healthier drinks at eye level.
- 5.3.8 Research suggests, however that these awards or initiatives are very resource intensive and that limited evidence of success is available due to lack of evaluation, which itself is costly and time consuming. A further issue is that, if labelling or nutritional information is introduced, then the better educated, and more health- conscious, will be more likely to respond, thereby increasing health inequalities further. There is also evidence suggesting businesses are reluctant to engage, as they risk loss of business due to the intense competition in this market.
- 5.3.9 Licensing law also has a part to play in take away premises with those opening between 11pm and 5am to sell hot food requiring a licence from the Council. However, the licence cannot include any restrictions on the type of food sold, or require that “healthy” foods are on the menu. All requirements must relate to one of more of the four licensing objectives of: prevention of crime and disorder; public safety; prevention of public nuisance; protection of children from harm. It is not therefore possible to include conditions relating to public health (although this has been debated, and discounted, by Government).
- 5.4 The Group’s conclusions are as follows:
 - 5.4.1 It is clear that obesity is a complex condition, influenced by many variables, and that there is no single cause on which local authorities can direct action.
 - 5.4.2 The adults and children of Cannock Chase District are suffering higher levels of obesity than our neighbouring Districts and higher levels than the national average.

- 5.4.3 There is a lack of local information concerning the make up of local takeaway premises, the nature or “healthiness” of foods sold, and the links to local obesity levels.
- 5.4.4 There is a lack of evidence demonstrating that local authority initiatives to reduce impact of takeaways, such as SPDs, achieve reductions in obesity levels. It is not clear whether this lack of evidence results from there being no link, or whether it is a result of a lack of effective evaluation due to the complexity of causes.
- 5.4.5 There are few, if any, statutory powers available to the local authority to directly control or limit the continuing increase in take away premises, or the nature of foods sold within takeaway premises, be this relating to portion size, nutritional content, labelling, menus etc.

6 Implications

6.1 Financial

None.

6.2 Legal

None.

6.3 Human Resources

None.

6.4 Section 17 (Crime Prevention)

None.

6.5 Human Rights Act

None.

6.6 Data Protection

None.

6.7 Risk Management

None.

6.8 Equality & Diversity

None.

6.9 Best Value

None

7 Appendices to the Report

Appendix 1: Reference list of material considered by the Task and Finish Group.

Previous Consideration

None

Background Papers

None

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Appendix 1**Selection of Background Reading for Members of Task and Finish Group – Hot Food Takeaways****Contents List**

1. Summary of current position and research: members have previously received this by e-mail);
2. Extract from CCDC District Needs Analysis 2017: (available from CCDC Policy and Performance Team);
3. FEAT (Food Environment Assessment Tool) for Cannock Chase District 2017: (members have received this by e-mail; also available from CCDC Policy and Performance Team);
4. Gov.uk: Health Matters: Obesity and the food environment
<https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>
5. Foresight Report: Tackling Obesity , Future Choices 2007
<https://www.gov.uk/government/publications/reducing-obesity-future-choices>
6. Guardian news article 2017: dominance of fast food shops
<https://www.theguardian.com/inequality/2017/jul/25/large-rise-takeaway-shops-highlights-dominance-fast-food-deprived-areas-england>
7. Daily Telegraph news article June 2016: children ordering fast food deliveries to school.
http://www.telegraph.co.uk/news/2016/06/23/one-in-four-children-have-ordered-a-fast-food-delivery-to-their/?WT.mc_id=tmg_share_em
8. Guardian news article December 2017: children in poor areas exposed to more fast food outlets.
<https://www.theguardian.com/inequality/2017/dec/01/schoolchildren-poor-areas-exposed-fast-food-takeaways>
9. Guardian article July 2017: does putting a cap on hot food take-aways improve health?
<https://www.theguardian.com/inequality/2017/jul/25/fast-food-england-does-putting-a-cap-on-takeaways-improve-peoples-health>
10. BBC News Nov 2017: Just Eat: £5.5bn firm fuelled by takeaway obsession.
<http://www.bbc.co.uk/news/business-42170603>
11. Healthy Places: Development Control of hot food take-aways 2014:
<http://www.healthyplaces.org.uk/themes/access-to-healthy-food/hot-food-takeaways/development-control/>
12. Healthy Places: Hot Food take-aways:
<http://www.healthyplaces.org.uk/themes/access-to-healthy-food/hot-food-takeaways/>
13. Centre for Diet and Research (CEDAR) 2017: Briefing on Hot Food Take-aways:
<http://www.cedar.iph.cam.ac.uk/resources/evidence/eb7-takeaways-obesity/>
14. Tipping the scales: LGA 2016: Case studies on use of planning powers.
<https://www.local.gov.uk/sites/default/files/documents/tipping-scales-case-studi-bff.pdf>

15. Obesity and the Environment: Regulating growth of fast food outlets. LGA 2014.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf
16. Healthier fast food – Mapping the Fast food Environment in Hackney
http://shiftdesign.org.uk/content/uploads/2017/05/Shift-Healthier-Fast-Food_FINAL.pdf
17. Strategies for encouraging healthier “out of home” food provision LGA / PHE 2017
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604912/Encouraging_healthier_out_of_home_food_provision_toolkit_for_local_councils.pdf
18. Encouraging Healthier takeaways in low- income communities 2014: Economic & Social Research Council
https://responsibilitydeal.dh.gov.uk/wp-content/uploads/2015/01/Takeaways_toolkit.pdf
19. BMJ Article 2014: Association between exposure to take away food, takeaway food consumption and body weight
<http://www.bmj.com/content/348/bmj.g1464>
20. International Journal of Behavioural nutrition and physical activity 2014: Study investigating association between exposure to food outlets and childhood obesity
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4271469/pdf/12966_2014_Article_138.pdf
21. BBC News 8 Feb 2018: Anti-Obesity programmes in schools don't work
<http://www.bbc.co.uk/news/health-42976971>
22. BMJ Article 2018: Effectiveness of childhood obesity programmes
<http://www.bmj.com/content/360/bmj.k211>
23. Gateshead SPD March 2017
<https://www.gov.uk/government/case-studies/planning-document-to-limit-the-proliferation-of-takeaways>
24. Sustain Report into Childhood Obesity (2018)
https://www.sustainweb.org/news/feb18_childhood_obesity_report/
25. NICE Guidance (2015) Preventing Obesity
<https://www.nice.org.uk/guidance/cg43/chapter/1-Guidance>
26. Staffordshire Health Select Committee Obesity Report (2017)
<http://moderngov.staffordshire.gov.uk/documents/s92838/Preventing%20Obesity%20Working%20Group%20Final%20Report.pdf>
27. LGA Making Obesity Everyone's Business (2017)
<https://www.local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf>
28. Planning Policy Guidance (2017) Ministry of Housing, Communities & Local Government
<https://www.gov.uk/guidance/health-and-wellbeing>

Fast Food Programme

State of the Food Nation

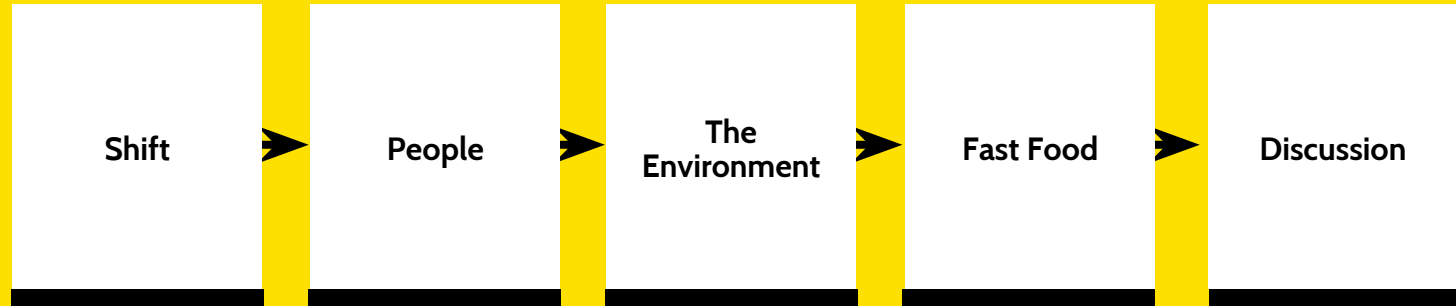
Product design for social change

Shift

Agenda

30-mins

15-mins



A person is shown from the chest down, sitting and using a laptop. They are wearing a t-shirt with a vibrant, multi-layered graphic design. The top part of the design features a green and blue parrot. Below that is a landscape with a blue sky and white clouds. The bottom part of the design is a classical painting depicting several figures in a dramatic scene. The person is wearing a black watch on their left wrist. The background is a dark, textured wall.

**Shift designs products
& builds social businesses
to help solve social problems**

Shift

A close-up photograph of a young Black woman with her hair in braids, smiling as she eats a taco. She is wearing a dark jacket with a circular badge on the left side that says 'emosew'. The background is dark and out of focus.

Redesigning Obesogenic Environments

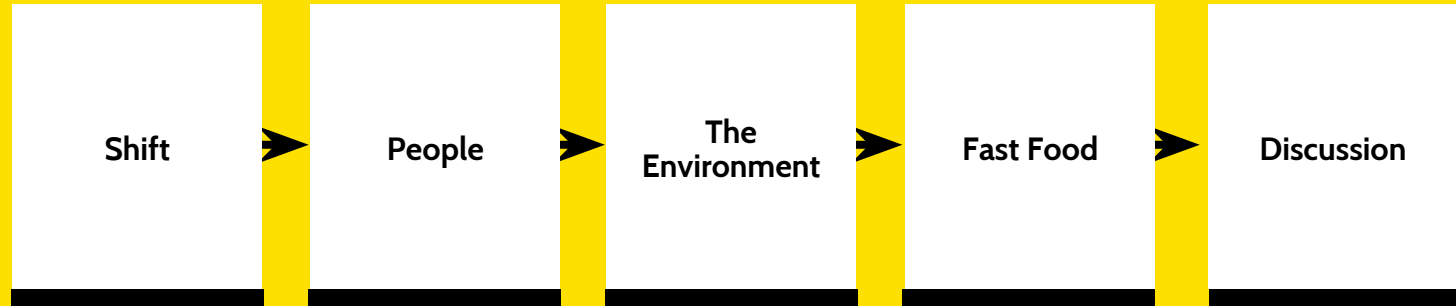
Build a venture that
reduces the calorie content
of takeaway food
in low income communities.

- reduces calorie content in existing outlets
- prefers new entrants that are healthier

Agenda

30-mins

15-mins



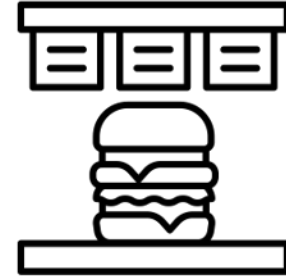
Home still the centre for eating



Restaurant



Supermarket



Takeaway

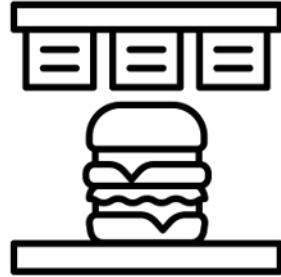
Families with
children
0-18 years



Teens
13-18 years



Traditional boundaries dissolving



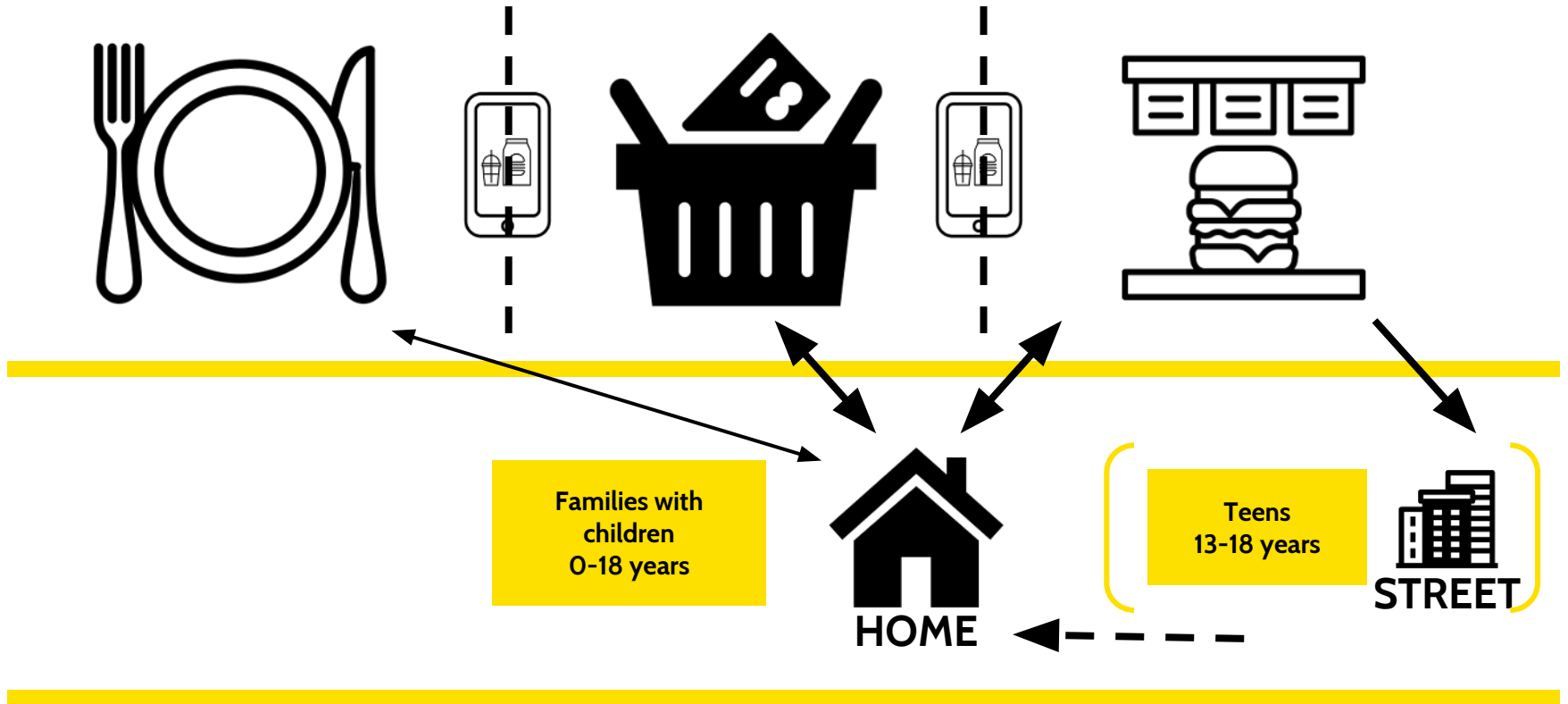
Families with
children
0-18 years



Teens
13-18 years



Primary food sources changing



Current fast food > ideal solution because

1. Cheap meals



2. Happy kids



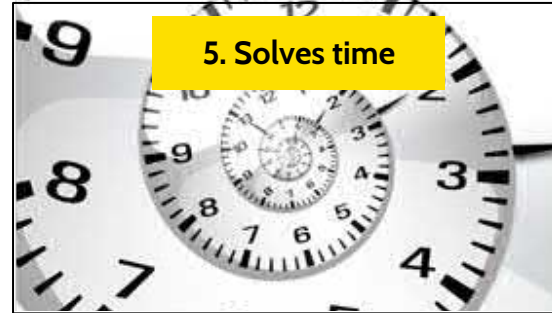
3. 'Buys' relationship



4. Avoids Stress



5. Solves time



But tension exist for families > six need states

1. Harmonious meal times



2. You're doing a good job



3. No regrets



4. Peek under the hood



5. Love me



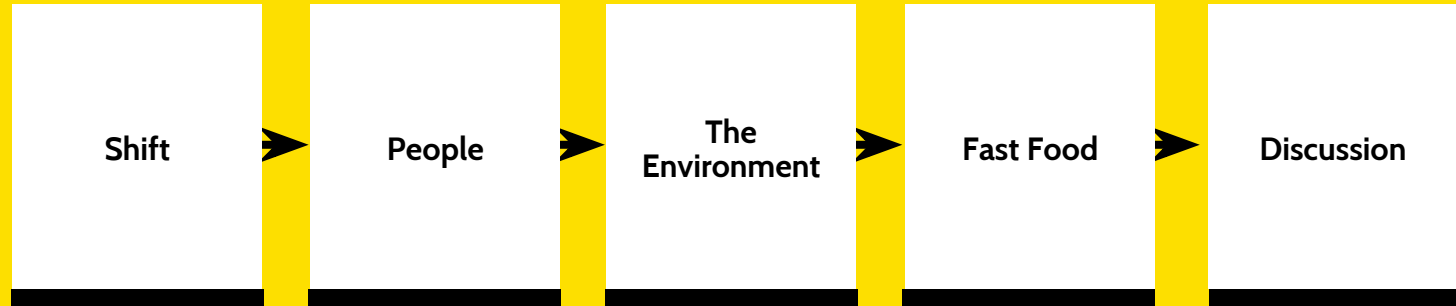
6. Family favourites



Agenda

30-mins

15-mins



5 themes dominate the food environment for families

A black and white photograph showing a series of footprints in a snowy or sandy surface, receding into the distance.

1. Creatures of habit

An aerial photograph showing the silhouettes of several people walking on a paved surface, with their shadows cast on the ground.

2. Social influencers

A photograph showing the silhouette of a person standing in a market or industrial setting, with large structures and a bright sky in the background.

3. Market gaps

A photograph of a grocery store aisle, showing shelves stocked with various products and a person walking in the background.

4. Environmental triggers

A photograph of a large construction site, featuring several yellow cranes and a building under construction, with many birds flying in the sky above.

5. Changing 'normal'

Creatures of Habit Challenge

Families are creatures of habit. Throughout the week they travel along the same routes and do the same things over and over again. They rarely go anywhere new or eat anything new. This means that they are not exposed to other (healthier) food options.

The power of social influence

Families live in the same areas and similar spaces but they each interact differently with them. Each family has a way of doing things in the home and a set of places (e.g. shops, takeaways, facilities) they consider 'theirs'. They can become blind to other possible options.

The Market Gaps challenge

Takeaway is the perfect solution for parents with limited bandwidth. Families see it as just another option of having dinner: it's no longer a treat. But the problem is most takeaways are designed as a treat, and healthier home-style takeaway options are less accessible.

Environmental triggers point one way

The street and retail environment is saturated with carefully designed cues that nudge families towards high calorie foods such as special offers, advertising, attractive packaging and kid-height shelving. The home environment is less designed.

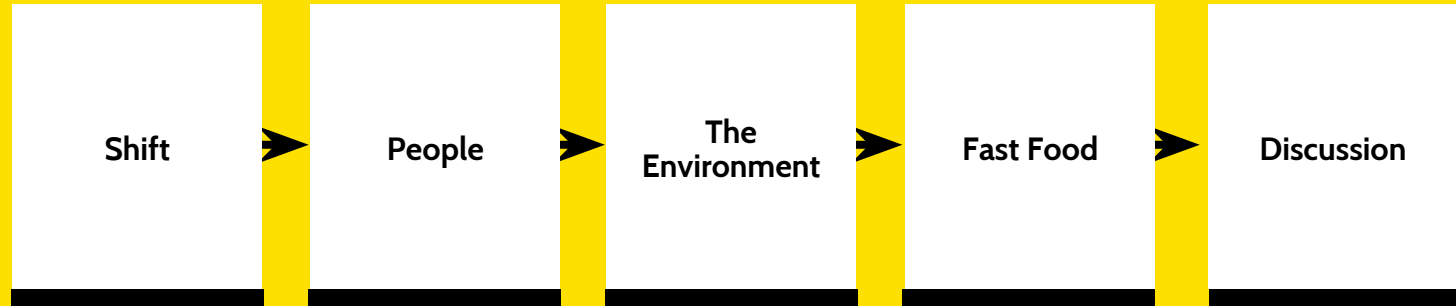
The impact of regeneration

As areas regenerate, new food options are starting to enter previously obesogenic environments. However these new entrants often appear alien to local families because they feel they are not for people like them.

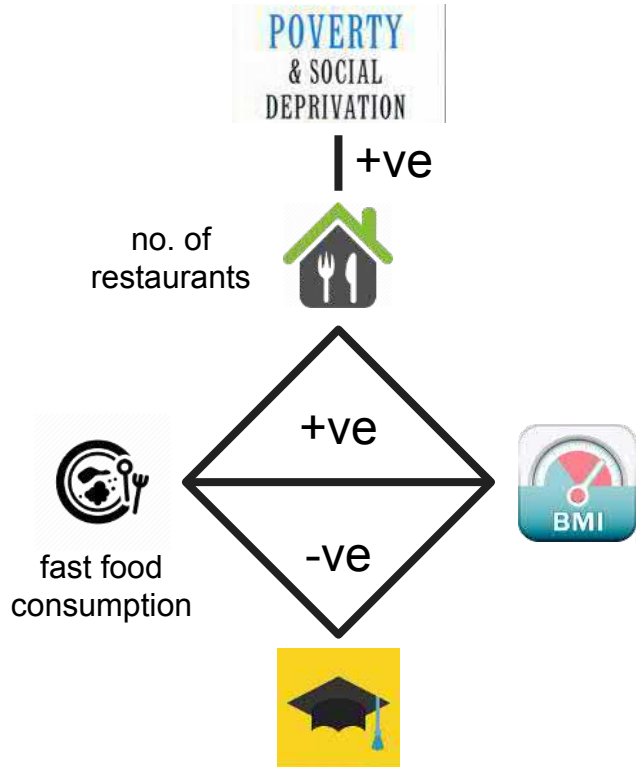
Agenda

30-mins

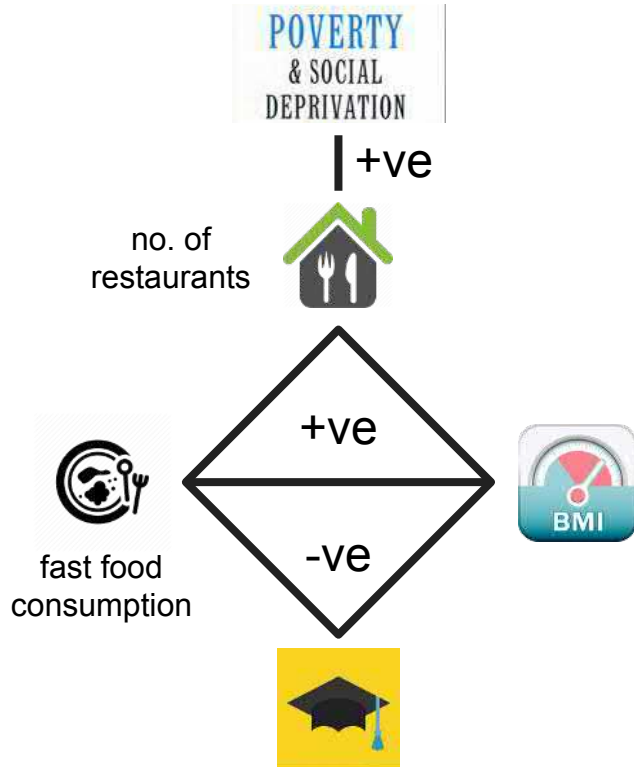
15-mins



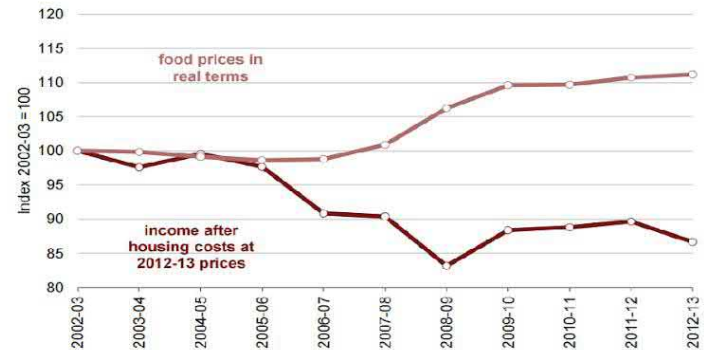
What's the connection to takeaways?



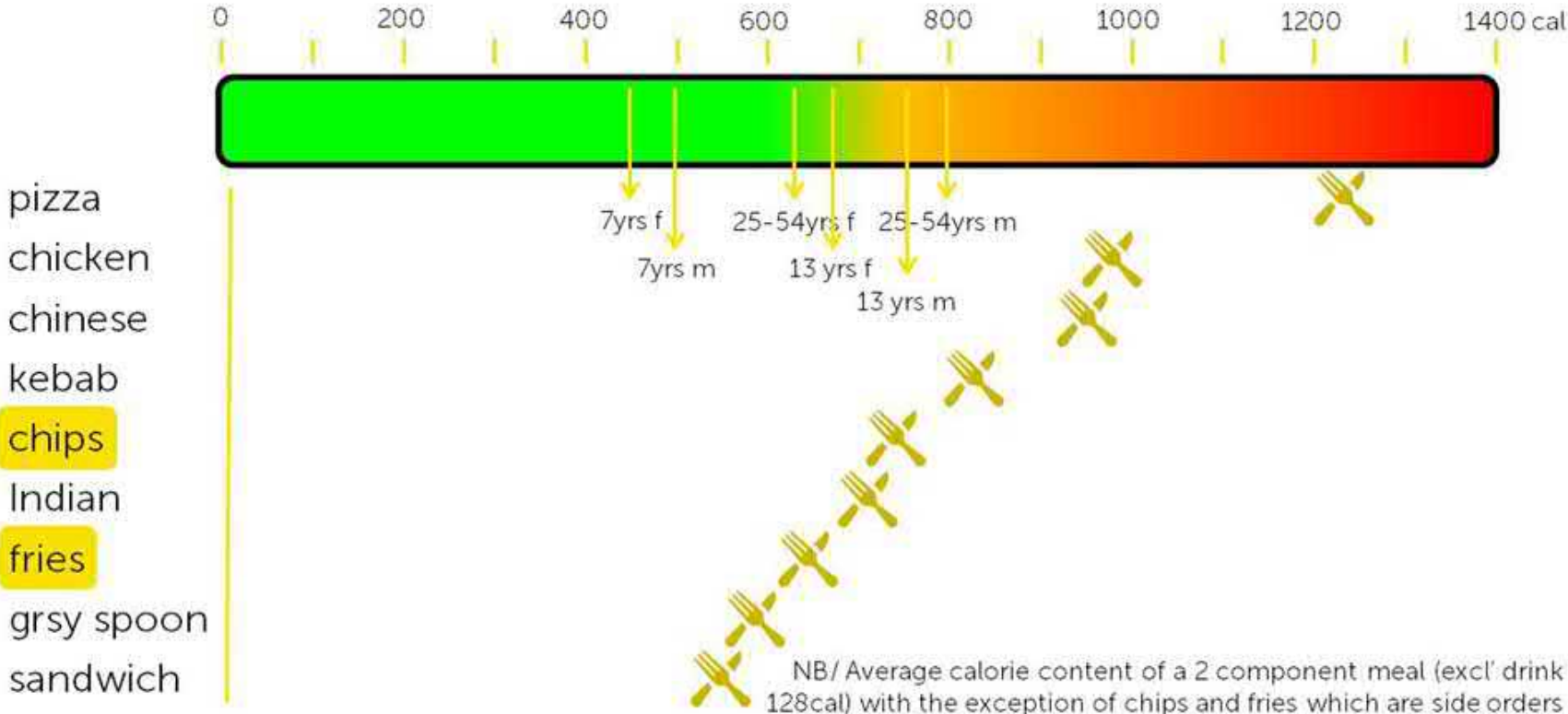
What's the connection to takeaways?



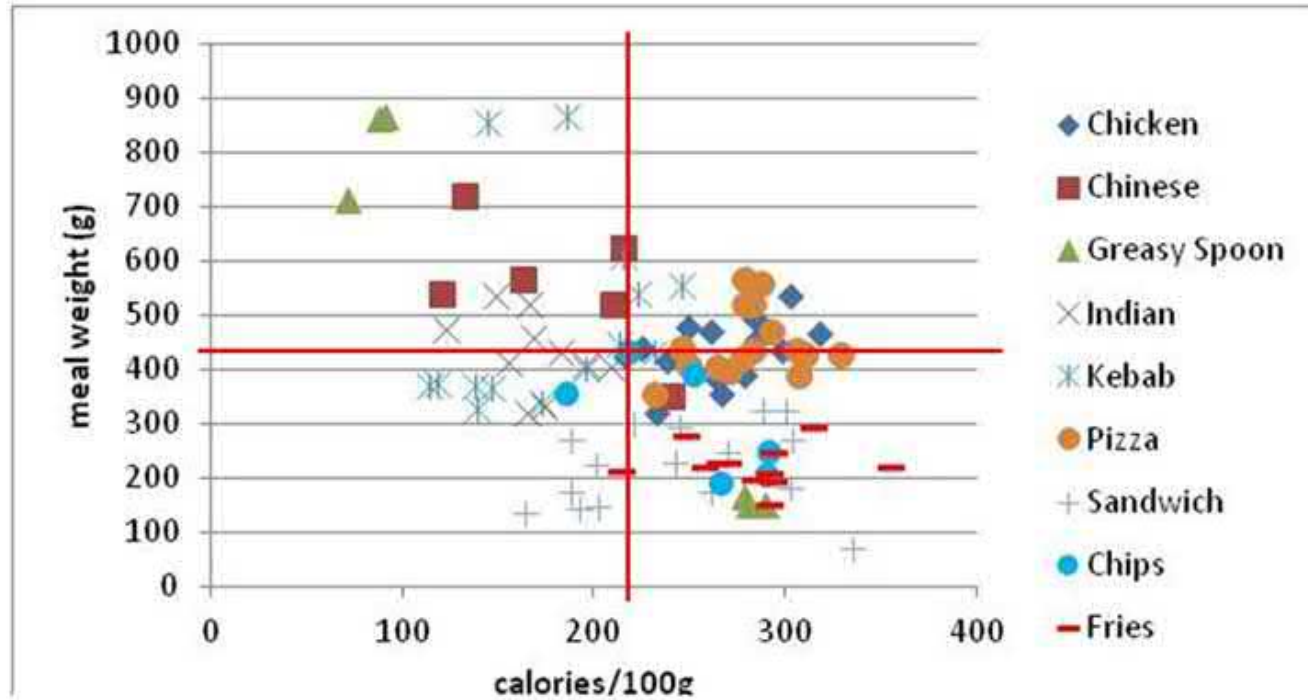
- stimulating local economy
 - micro eco'-system
- community benefit
 - social isolation
 - safe space for young people
- less to spend – cheap energy



Most meals exceed FSA meal allowances

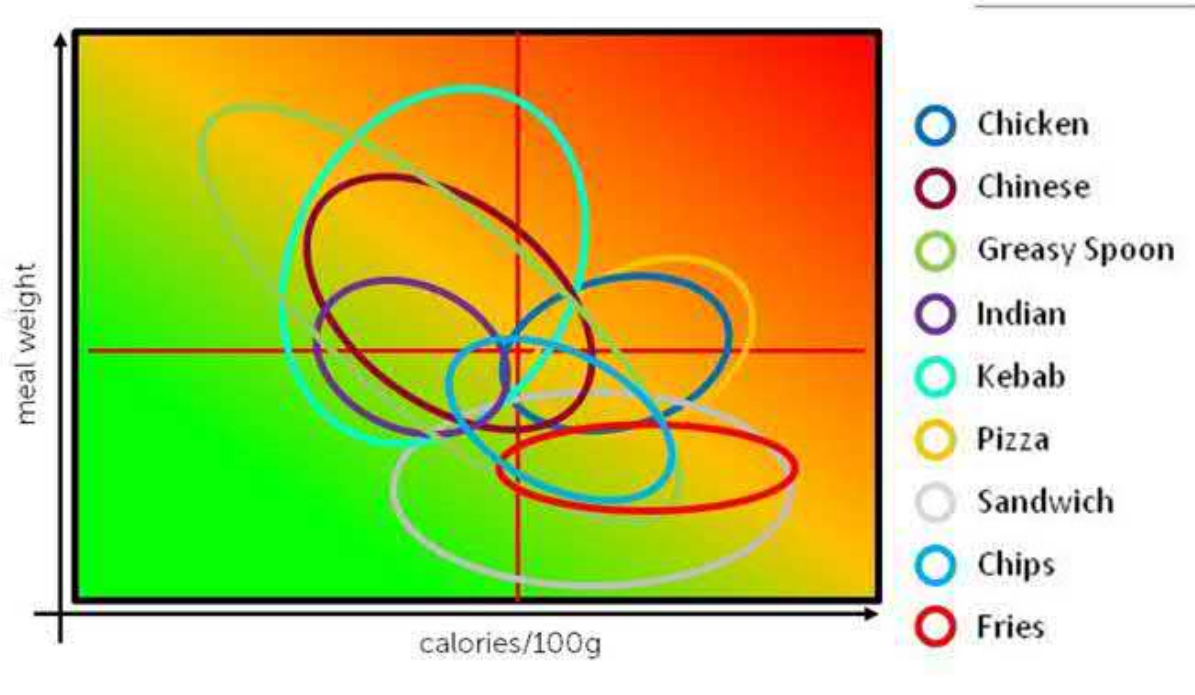


Portion size and calorie density drive total cals



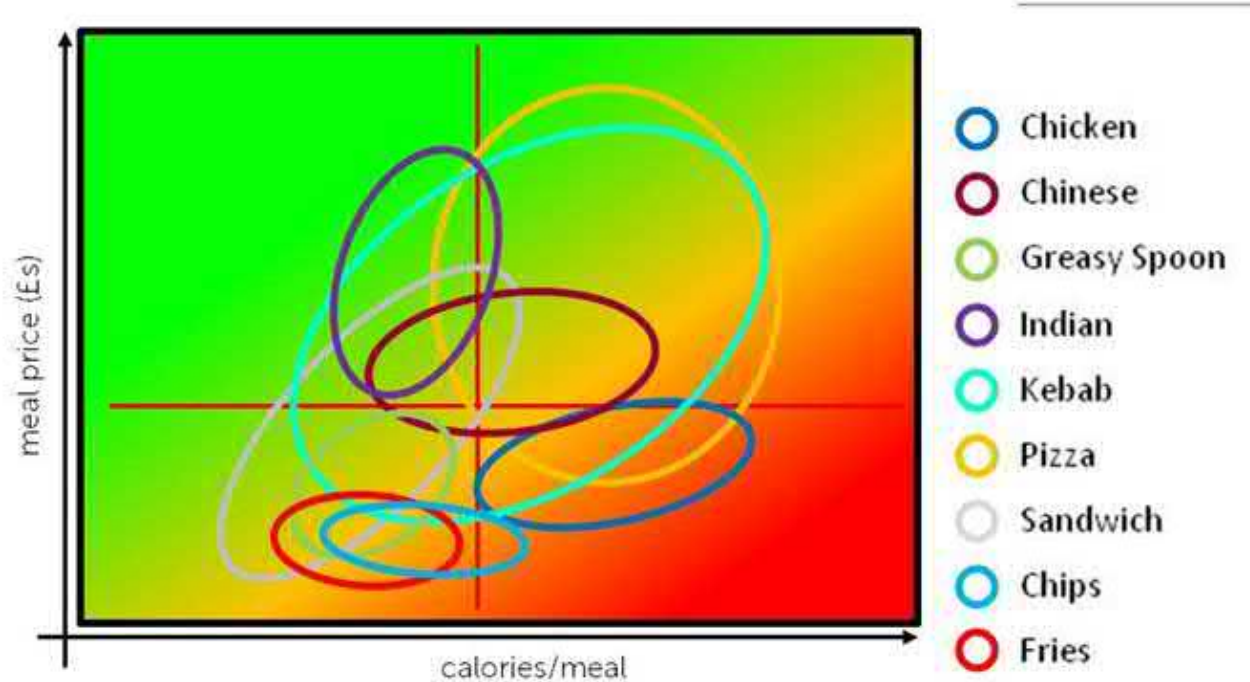
Calorie density increases with decreasing meal weight reflecting the underlying cost of calories in food ingredients and the need to hit key price points.. (red lines denote the all meal averages)

The top right quadrant is the least healthy



Pizza, Chicken and Kebabs significant contributors

Price determines ease of access (particularly for teens)



Chicken, fries and chips the primary focus for childhood obesity

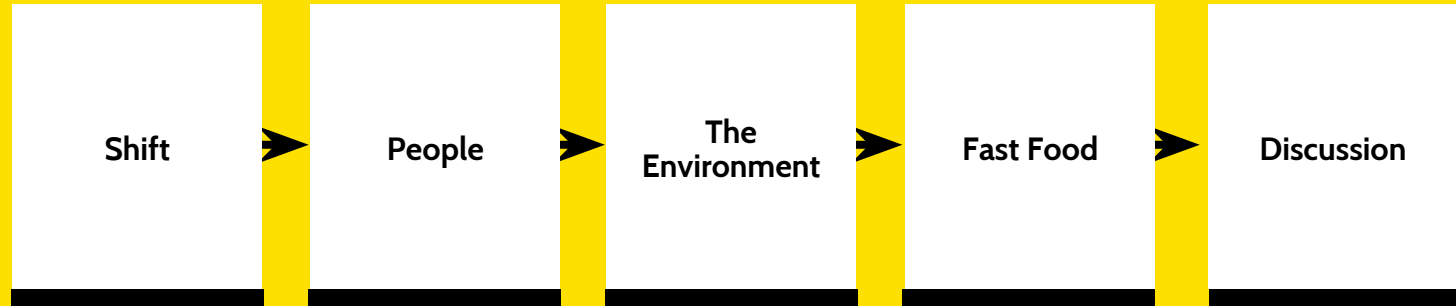
What's changing in the market>

- **'dark' kitchens are emerging**
 - delivery only kitchens with no shop front
(falling outside A3/A5 planning)
 - **1 kitchen = many restaurants online**
 - historically 1 kitchen = 1 restaurant
 - **'Gig' cooking food economy**
 - local home cooks making extra and selling on-line
-

Agenda

30-mins

15-mins



Fast Food Programme

State of the Food Nation

Product design for social change

Shift

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Food environments, diet and health: Evidence and implications for practice(?)

Dr Tom Burgoine

Centre for Diet & Activity Research, MRC Epidemiology Unit

About CEDAR

The *Centre for Diet and Activity Research (CEDAR)*:

- studies the factors that influence dietary and physical activity related behaviours
- develops and evaluates public health interventions
- helps shape public health practice and policy

CEDAR is a partnership between the University of Cambridge, the University of East Anglia and MRC Units in Cambridge.

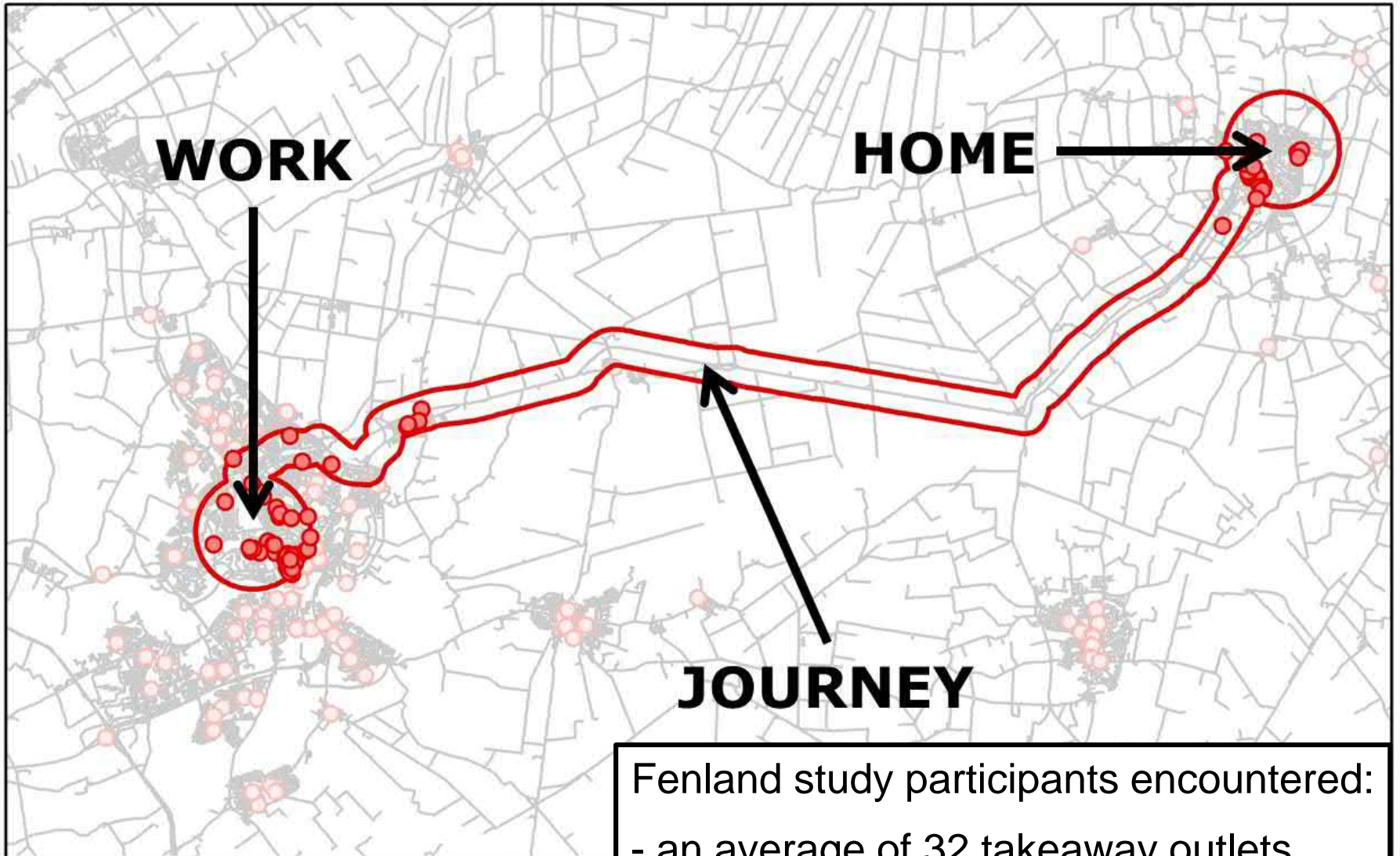
It is one of five Centres of Excellence in Public health Research funded through the *UK Clinical Research Collaboration*.



Background

- £28bn spent annually on takeaway food in Great Britain
- £9 average spend per week on food away from home
- 29% increased out of home food expenditure in last decade
- 1 in 6 meals now consumed out of home
- Regular takeaway visits and frequent takeaway consumption associated with excess weight gain over time
- Is takeaway consumption linked to takeaway food outlet access?

Evidence

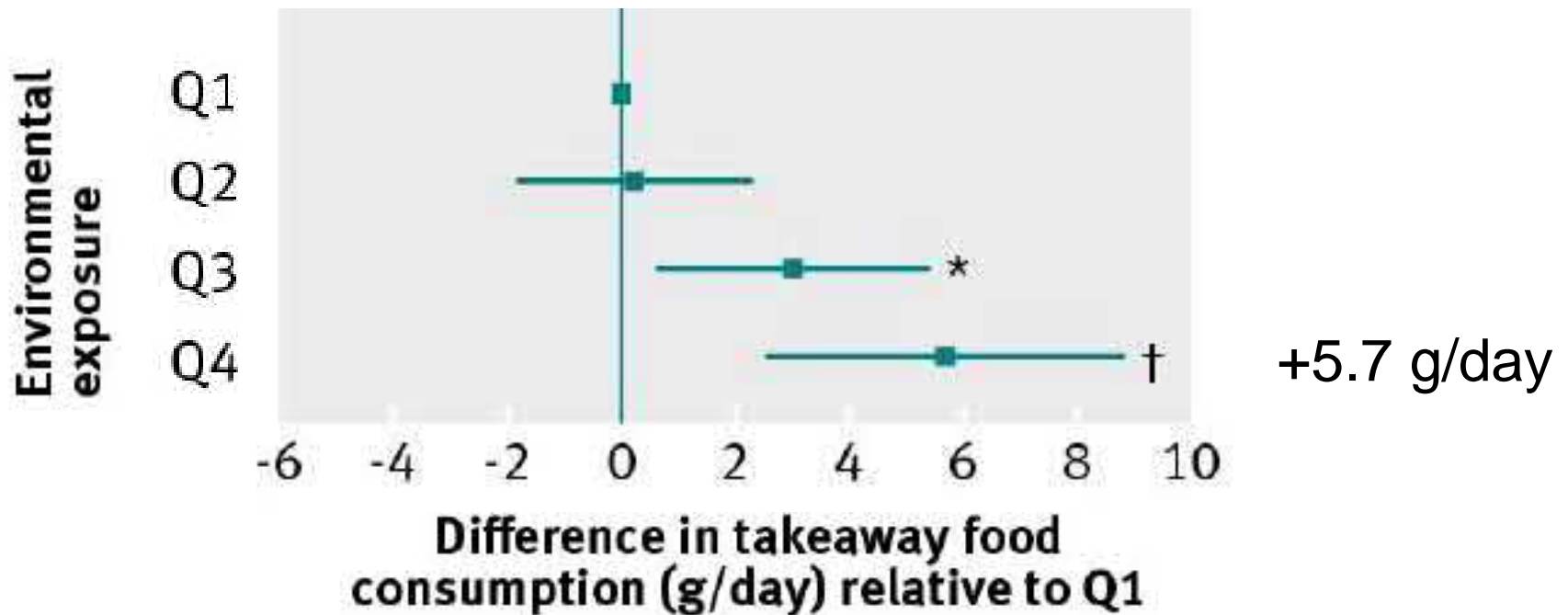


Fenland study participants encountered:

- an average of 32 takeaway outlets
- up to as many as 165 outlets
- majority of outlets away from home

Takeaway exposure and takeaway consumption

Fenland Study data, n=5,442



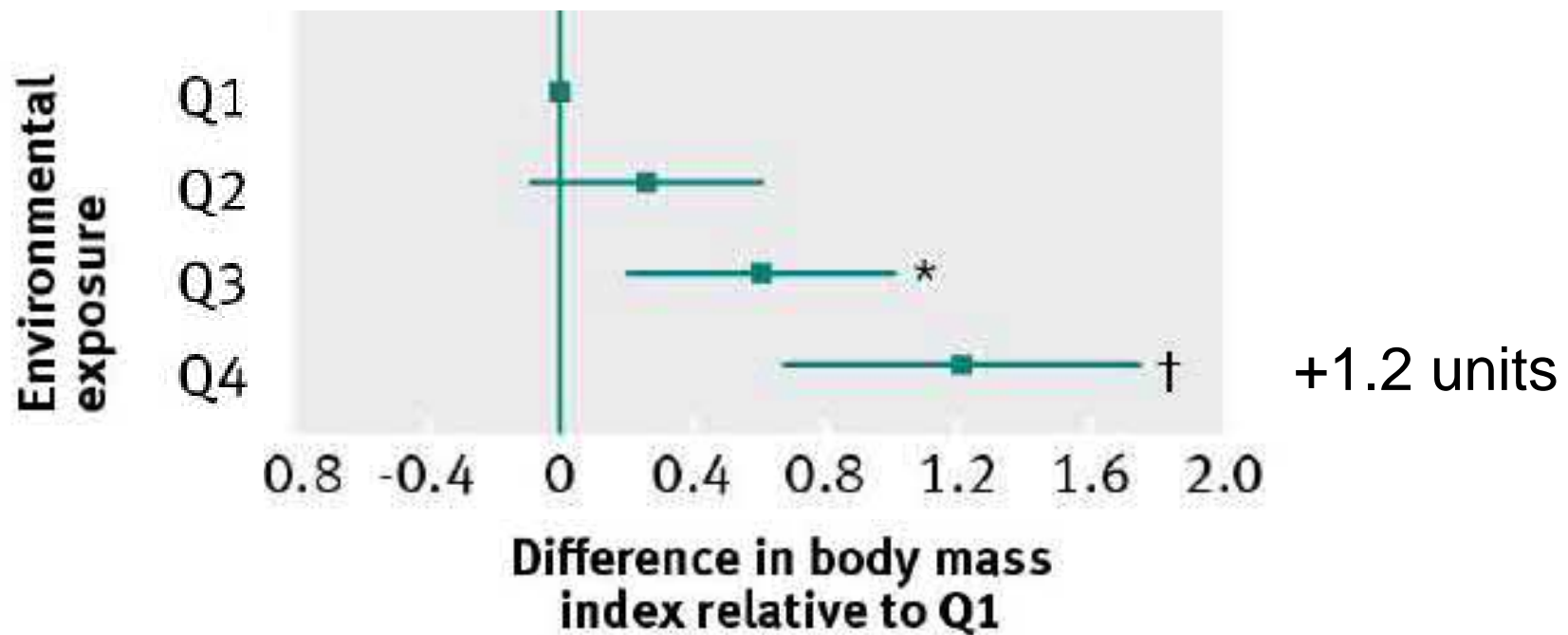


40g per week

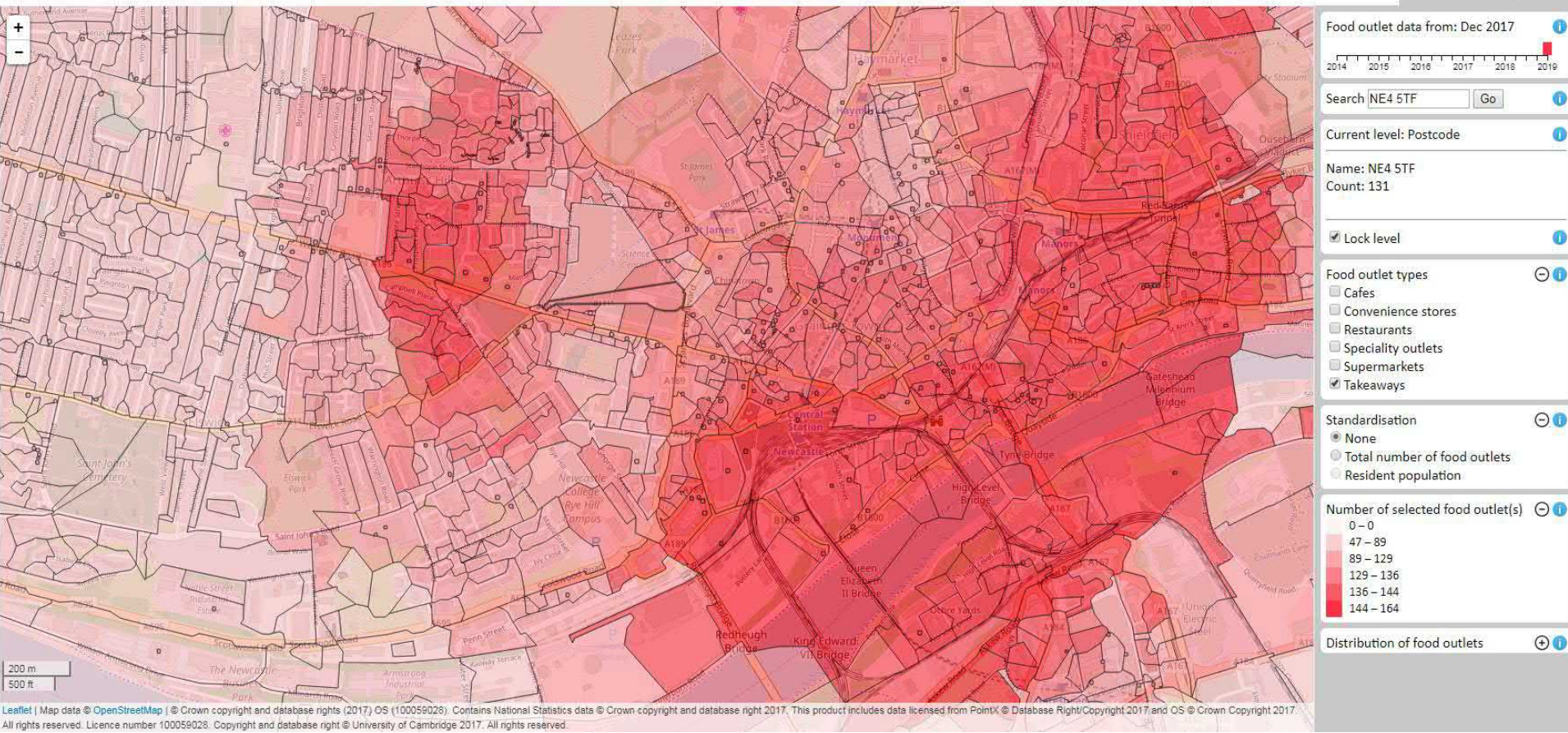
>2kg per year

Takeaway exposure and body weight

Fenland Study data, n=5,442



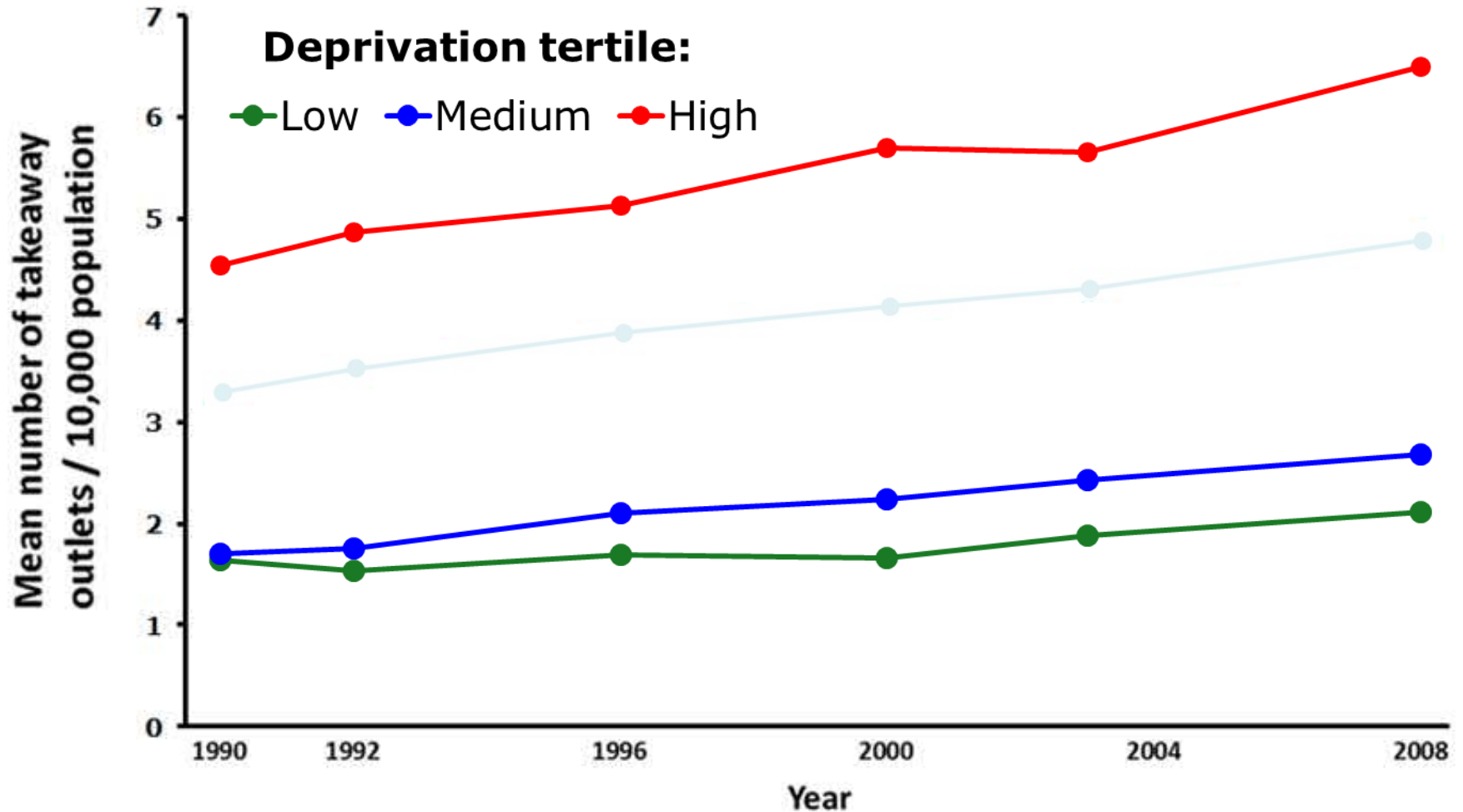




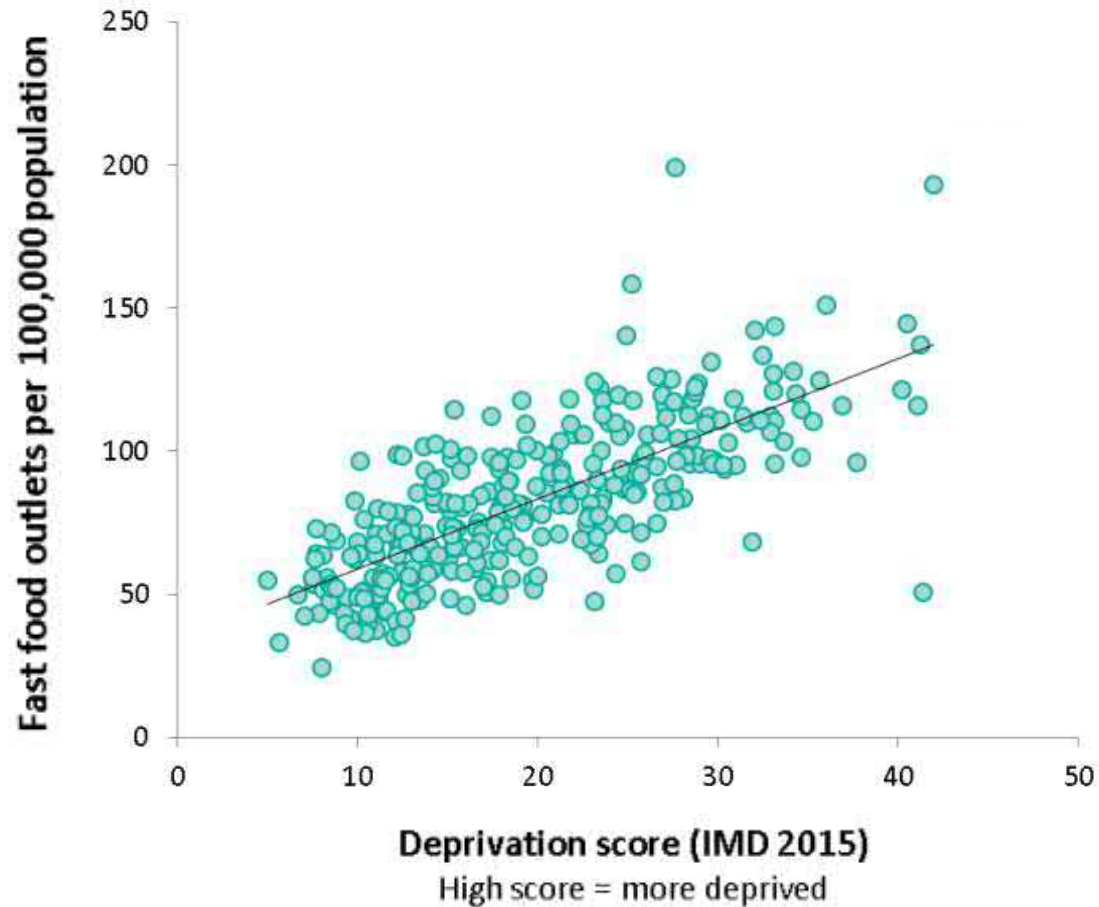
Food environment assessment tool (www.feat-tool.org.uk)

- Across England, 10% increase in takeaways over 3 years (now >56,000)
- 25% increase in some places (10% in Cannock Chase)
- Takeaways are frequently >1/3 of all food retail (often 1/2)

Takeaway proliferation in Norfolk (1990-2008)



Inequalities in takeaway exposure across England



Planning as a public health intervention?



House of Commons
Health and Social Care
Committee

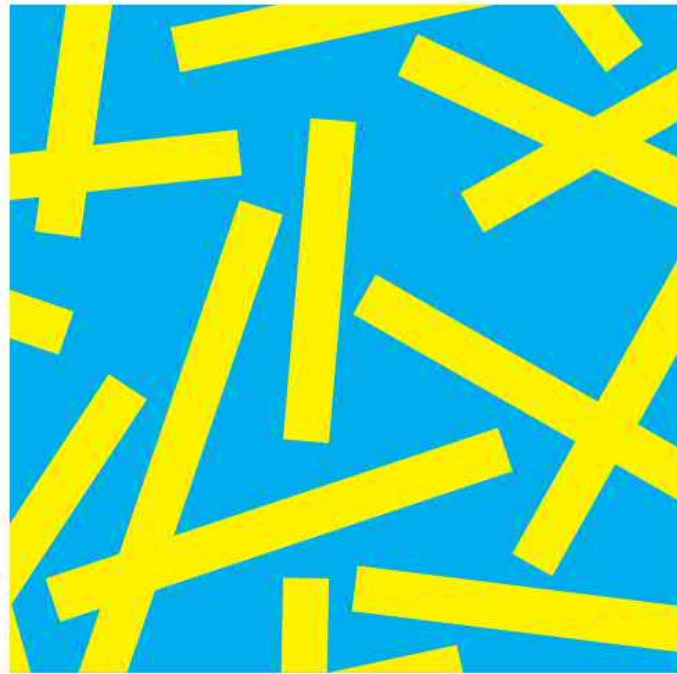
Childhood obesity: Time for action

Eighth Report of Session 2017–19

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 23 May 2018*

Planning as a public health intervention?



TAKEAWAYS TOOLKIT

TOOLS, INTERVENTIONS AND CASE STUDIES TO HELP LOCAL
AUTHORITIES DEVELOP A RESPONSE TO THE HEALTH IMPACTS
OF FAST FOOD TAKEAWAYS

NOVEMBER 2012

MAYOR OF LONDON

Local
Government
Association

Tipping the scales

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



Planning as a public health intervention?



Gateshead Council
Supplementary Planning Document 2015

Hot Food Takeaway Supplementary Planning Document



Winner: Gateshead Council

Public Health

Winner: Gateshead Council
Highly Commended: Essex County Council

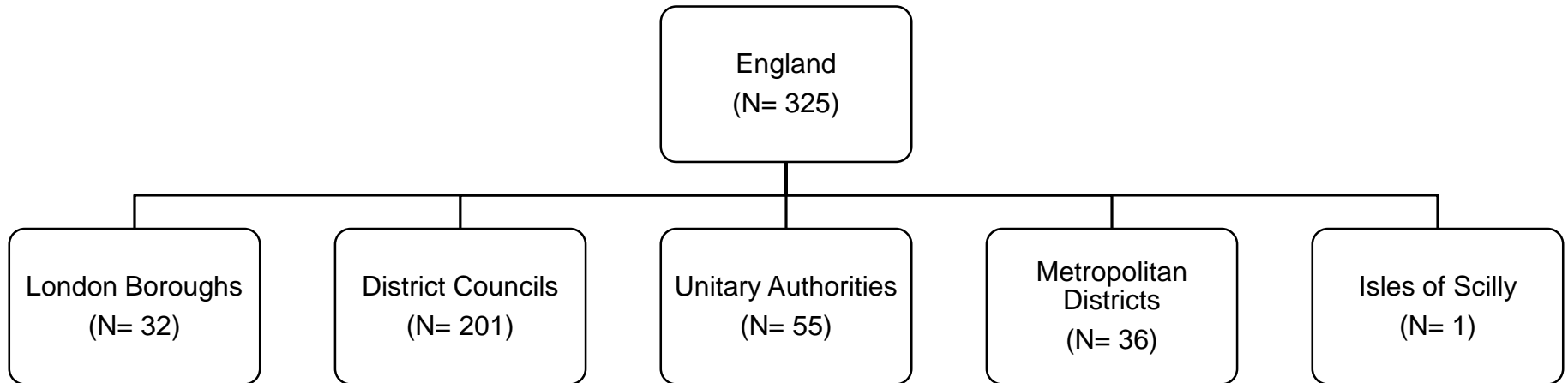
Sponsored By
NICE National Institute for Health and Care Excellence

Current Policy Practice

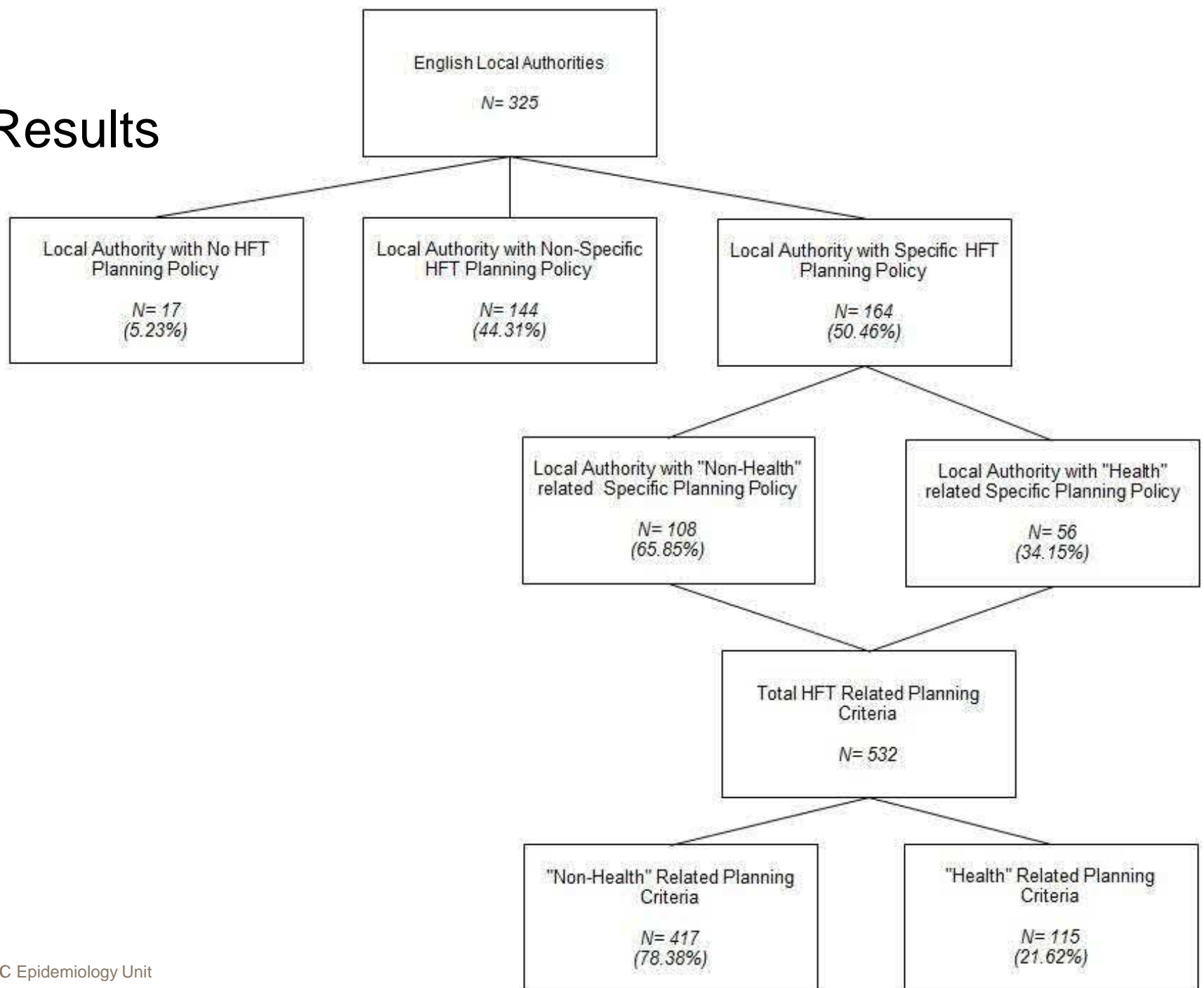
Important definitions

- **Adopted Planning Policy** – A finalised planning policy approved by the Planning Inspectorate
- **‘Specific Planning Policy’** – A policy that refers explicitly to A5 establishments
- **‘Non-Specific Planning Policy’** – A policy that does not refer explicitly to A5 establishments
- **‘Health’** – A policy or criteria specifically aimed at influencing health, obesity or dietary behaviour
- **‘Non-Health’** – A policy or criteria not specifically aimed at influencing health, obesity or dietary behaviour

Who was included?



Results



Gateshead Council
Supplementary Planning Document 2015

Hot Food Takeaway Supplementary Planning Document



1. Locations where children and young people congregate

Planning permission will not be granted for A5 use within a 400m radius of entry points to secondary schools, youth centres, leisure centres and parks*.

*Parks are categorised as playing areas, Area parks over 5 hectares in size and Neighbourhood Open Spaces over 2 hectares in size.

2. Locations where there are high levels of obesity

Planning permission will not be granted for A5 use in wards where there is more than 10% of the year 6 pupils classified as obese.

3. Over proliferation

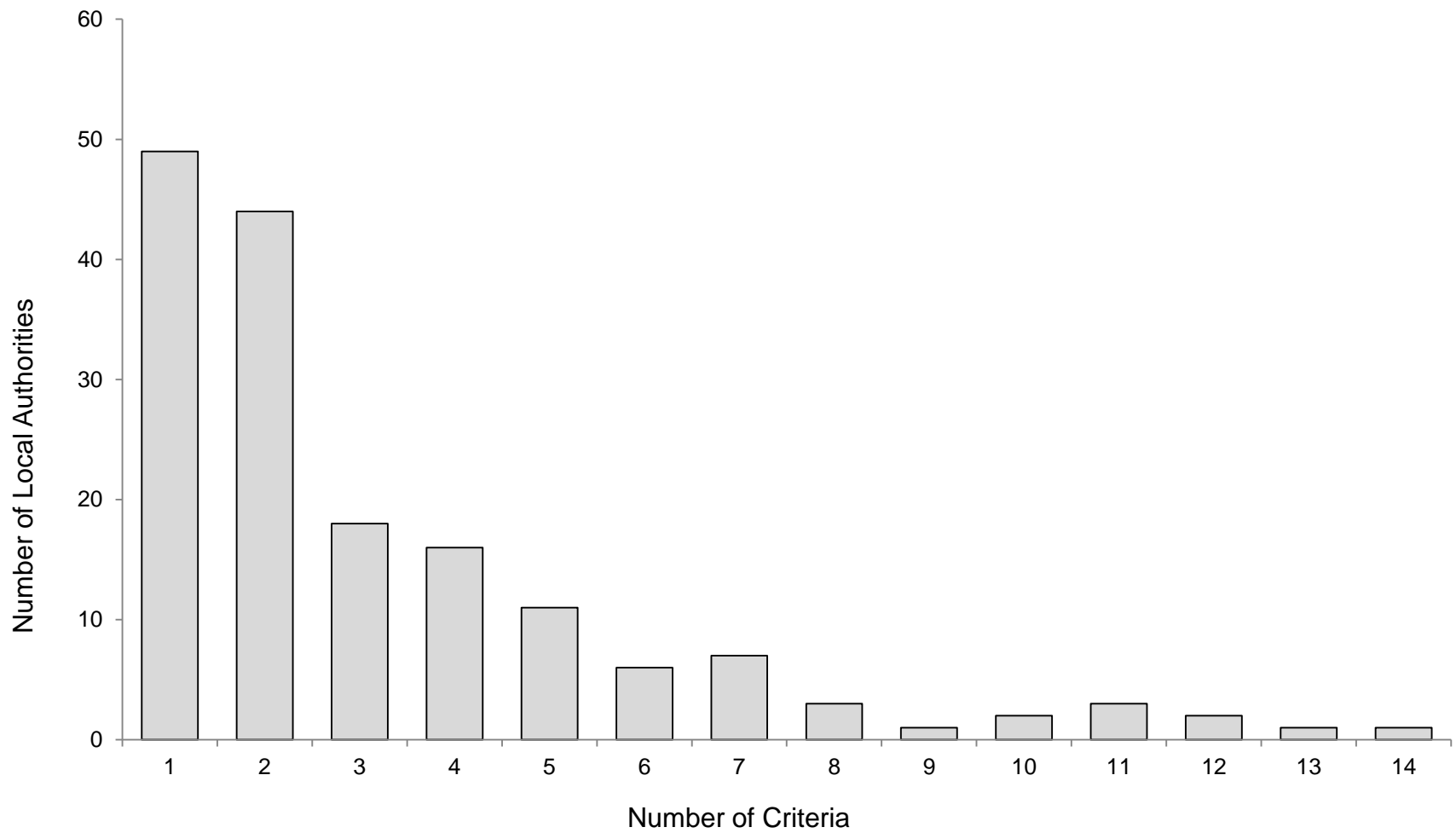
Planning permission will not be granted for A5 use where the number of approved A5 establishments, within the ward, equals or exceeds the UK national average, per 1000 population.

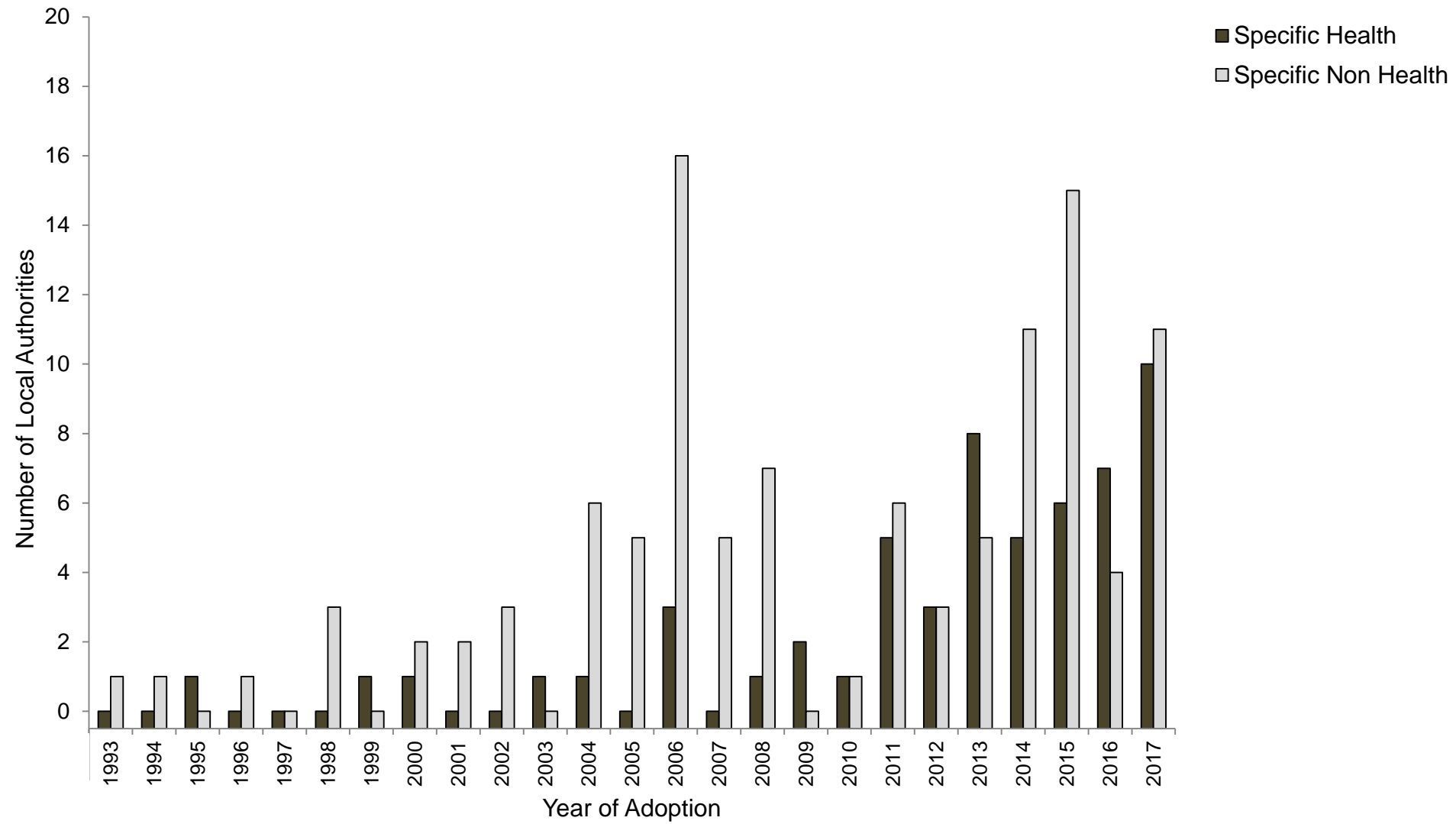
4. Clustering

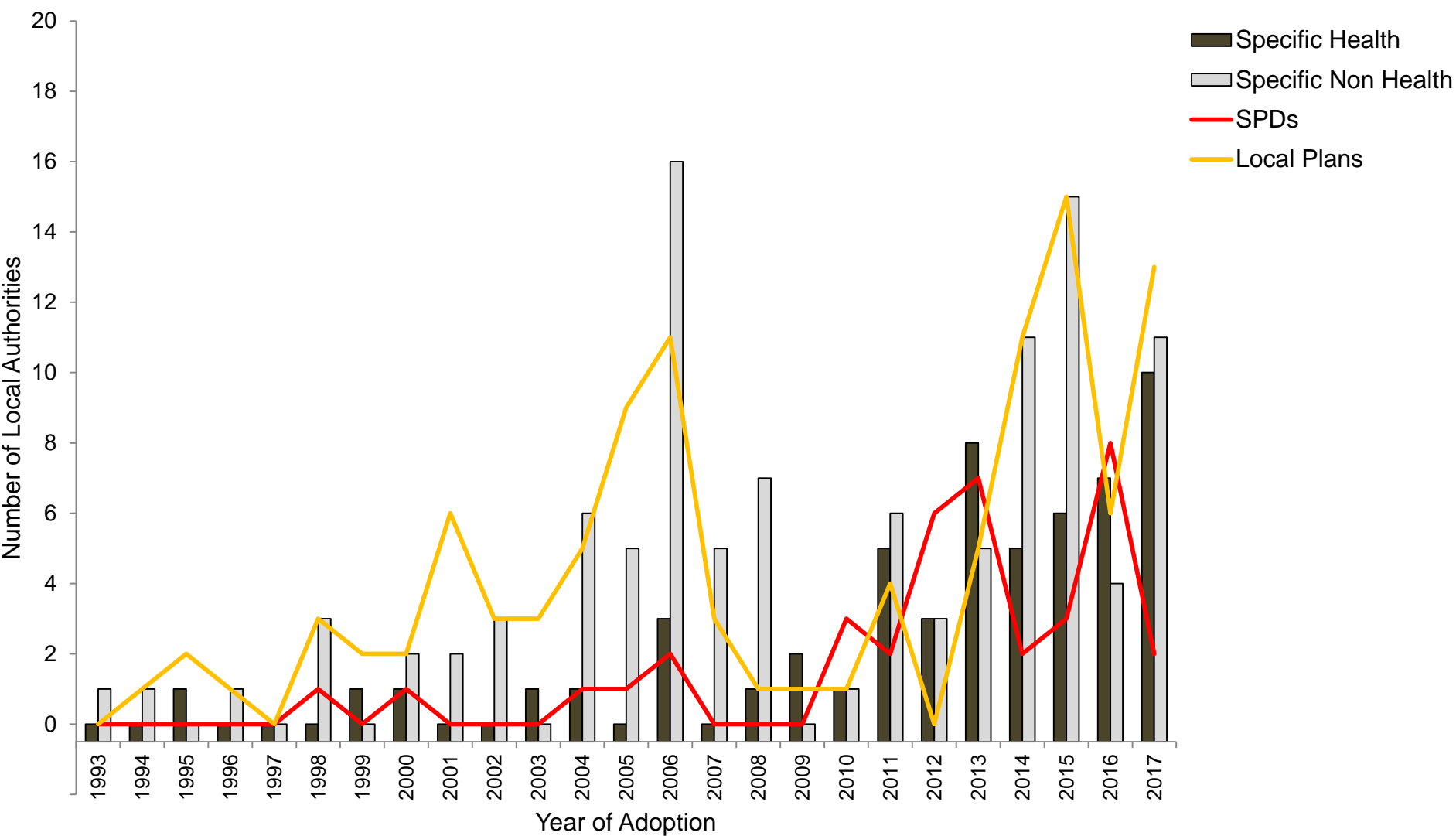
Planning permission will not be granted for A5 uses where it would result in a clustering of A5 uses to the detriment of the character and function or vitality and viability of a centre or local parade or if it would have an adverse impact on the standard of amenity for existing and future occupants of land and buildings.




LA with policy

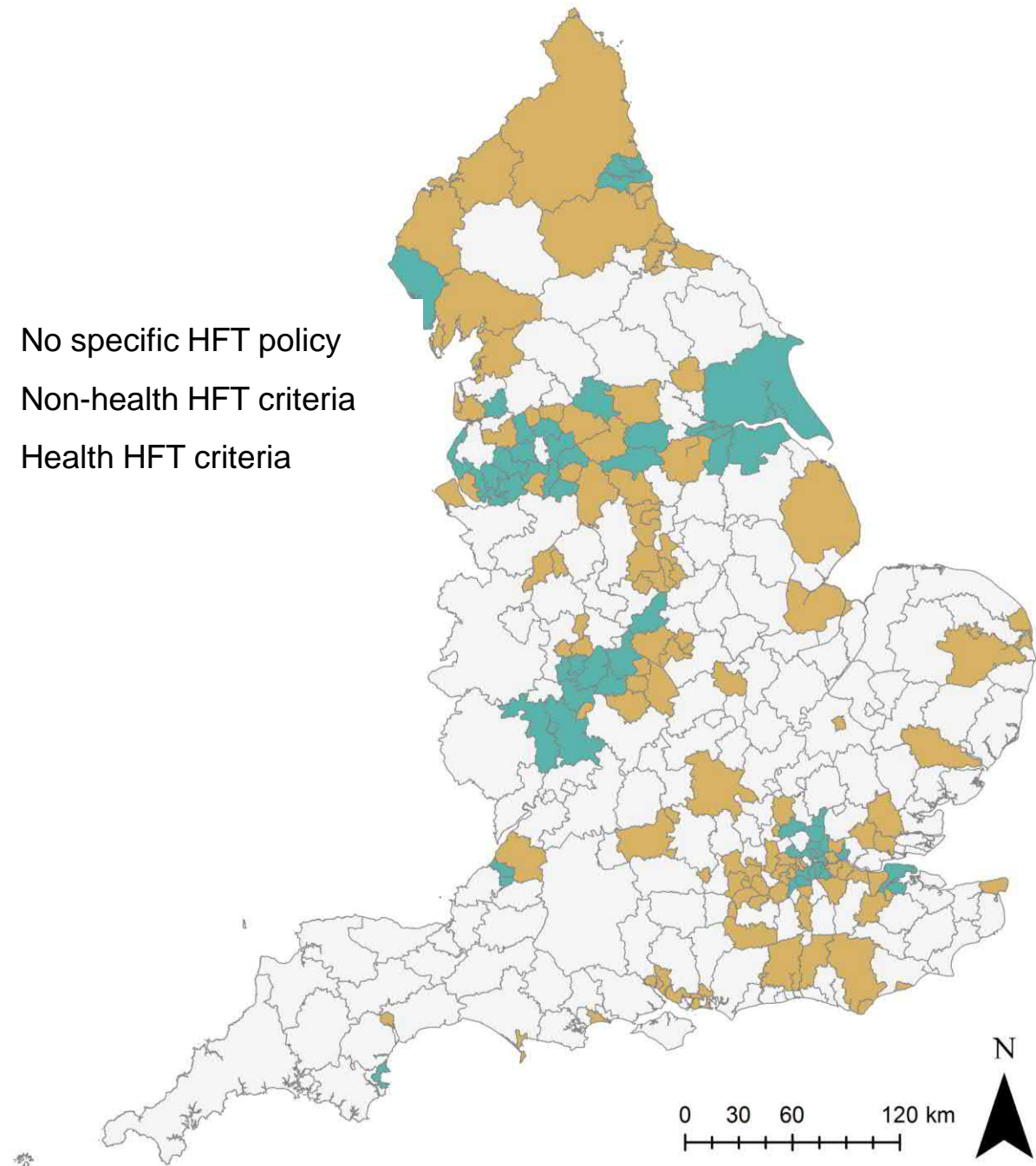
Policy considerations







-  No specific HFT policy
-  Non-health HFT criteria
-  Health HFT criteria



ACTION

		Health		Non-Health		Health		Non-Health	
		Health	Non-Health	Health	Non-Health	Health	Non-Health	Health	Non-Health
All Areas Within a Local Authority Boundary	Criteria	3		3	6	13	146	13	33
	Local Authority	3		3	6	11	67	11	25
Immediate Vicinity of Proposed Hot Food Takeaway Site	Criteria					3	11		
	Local Authority					2	7		
Places for Children & Families	Criteria	33	1	1				7	
	Local Authority	33	1	1				7	
Retail Areas	Criteria		11	29	72	9	83		16
	Local Authority		10	18	64	7	65		13
Residential Areas	Criteria		1			1	31		6
	Local Authority		1			1	30		6
		Exclusion Zones		Limit Density		Minimise Impact & Protect Vicinity		Other Strategies	

STRATEGY

PLACE

ACTION

PLACE		Health		Non-Health		Health		Non-Health		Health		Non-Health	
All Areas Within a Local Authority Boundary	Criteria	3		3	6	13	146	13	33				
	Local Authority	3		3	6	11	67	11	25				
Immediate Vicinity of Proposed Hot Food Takeaway Site	Criteria					3	11						
	Local Authority												
Places for Children & Families	Criteria	33											
	Local Authority	33											
Retail Areas	Criteria											16	
	Local Authority											13	
Residential Areas	Criteria		1			1	31		6				
	Local Authority		1			1	30		6				
		Exclusion Zones		Limit Density		Minimise Impact & Protect Vicinity		Other Strategies					

Distance or walking time based; *no new HFT within between 200-800m or 5-10 min of target place*

Target places include; nurseries, primary & secondary schools, colleges, madrassa's, advanced learning & further education centres, parks, leisure centres, youth centres & playing fields

Exclusion Zones may not apply within Retail Centre

STRATEGY

Headline results

- Over half of local authorities have a specific planning policy related to hot food takeaway regulation
- In particular, planning-led approaches to regulate hot food takeaways with a **health** focus are more common than we previously thought
- SPDs are just one option to influence health through the planning system
- The most common health based approach focuses on environments for children and families
- But diverse range of actions and clear (scope for) innovation

Local Data

2 Analysis – The Distribution of Hot Food Takeaways (A5 Outlets)

1. Clustering of Hot Food Takeaways

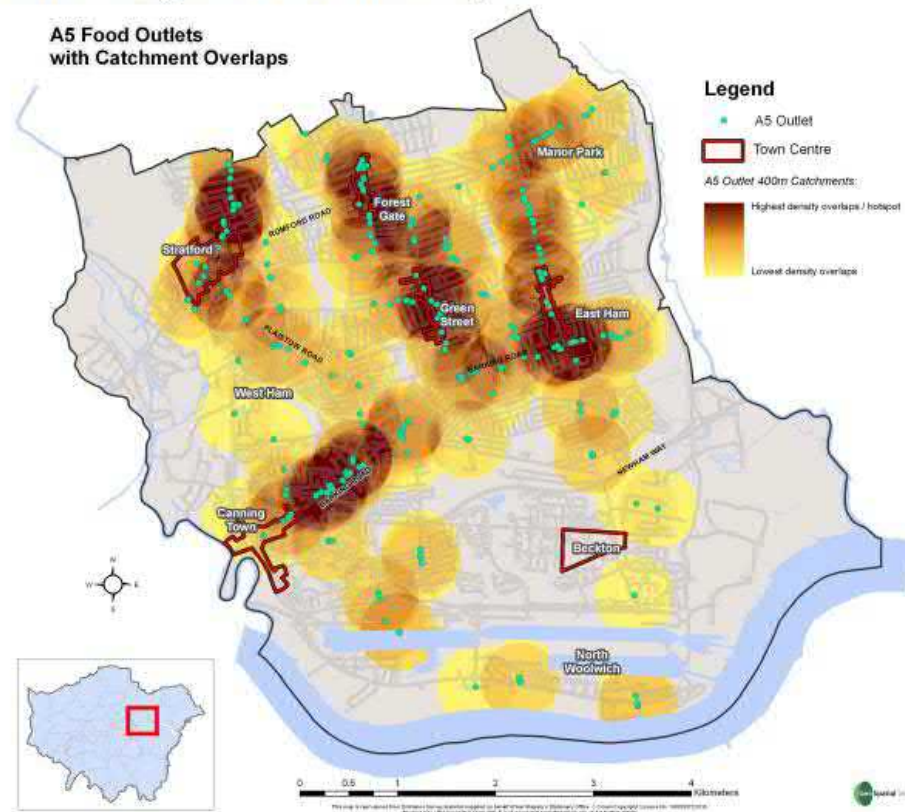


Figure 1: Distribution of A5 (hot food takeaway) outlets

Explanation of mapping

- 2.1 Hot food takeaways were defined using primary nature of business classification in the data-set and these outlets were mapped to show locational clustering (i.e. indicated by groups of green dots). If secondary uses were included, an additional 54 outlets would have formed part of this data



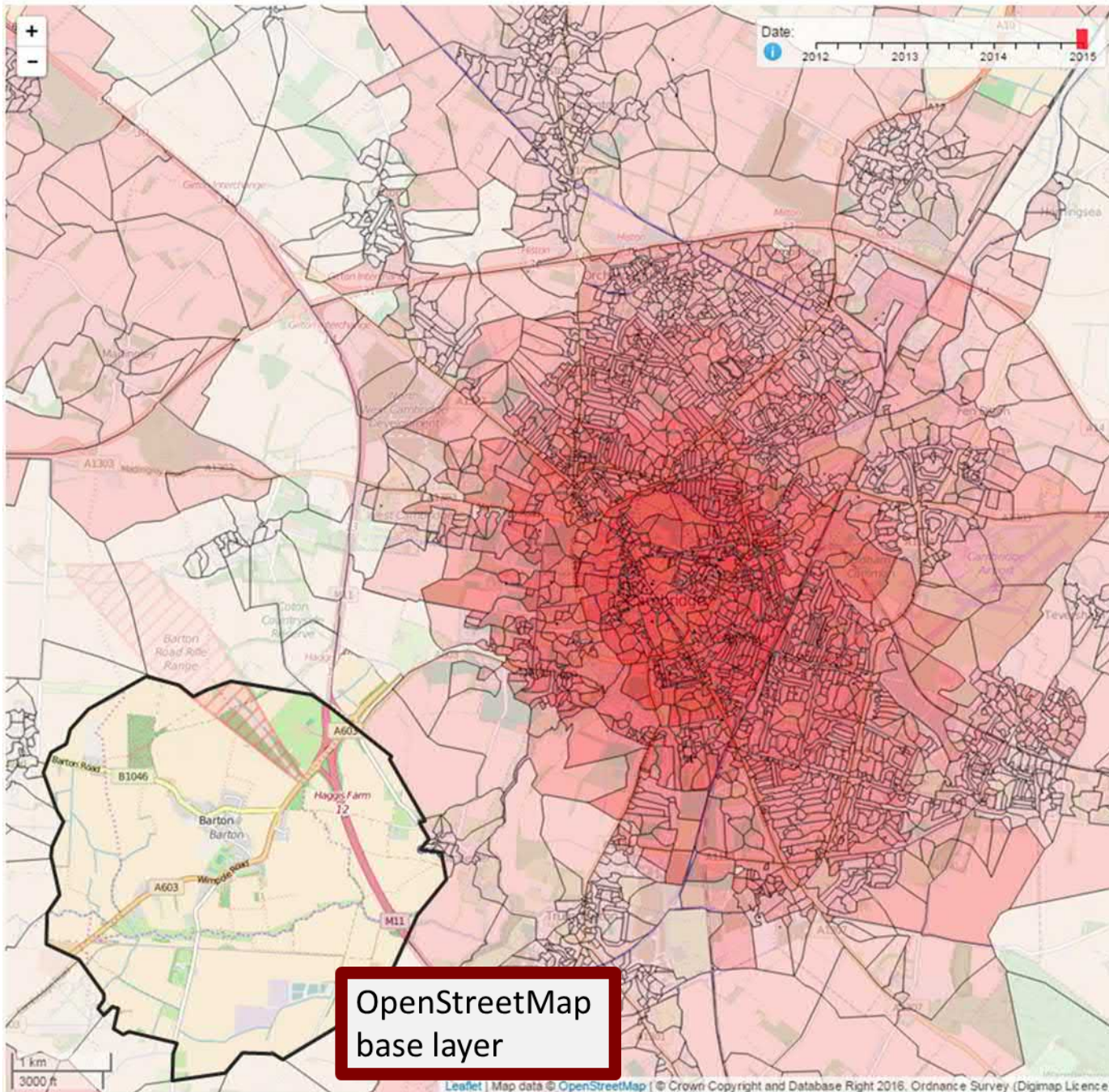
Feat

Food environment assessment tool

www.feat-tool.org.uk

- Underpinned by our scientific research
- A unique, interactive, web-based food access mapping tool (www.feat-tool.org.uk)
- Allows exploration, quantification and surveillance of regional and neighbourhood food access
- Addresses identified need from a range of audiences
- Framed primarily around the needs of planners and public health in local authorities.

Food Environment Assessment Tool (FEAT)



OpenStreetMap
 base layer

Search Go

Current level: Postcode

Name: CB41YZ
 Code: CB41YZ
 Count: 37

Lock level

Food outlet types

- Cafes
- Convenience stores
- Restaurants
- Speciality outlets
- Supermarkets
- Takeaways

Standardisation

- None
- Total number of food outlets
- Resident population

Number of selected food outlet(s)

- 0 - 0
- 1 - 8
- 8 - 27
- 27 - 84
- 84 - 168
- 168 - 235

Distribution of food outlets

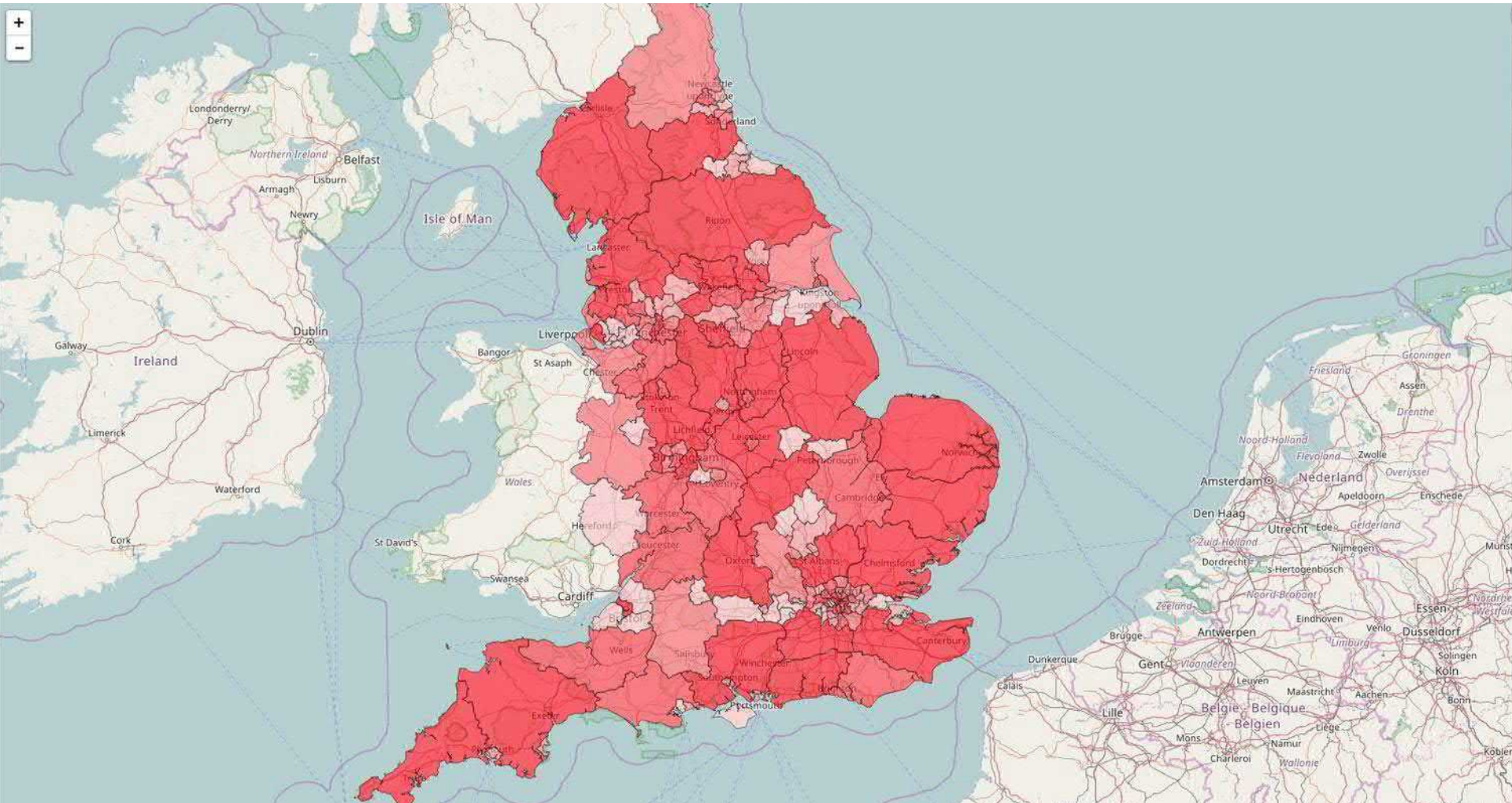
Number of food outlets	Frequency
0-24	1300
24-47	400
47-71	200
71-94	200
94-118	200
118-141	200
141-165	200
165-188	100
188-212	300
212-235	200






Feat

Food environment assessment tool

www.feat-tool.org.uk



DATA

Food outlets (OS POI) 
Boundaries 
Population data 

EXPERTISE

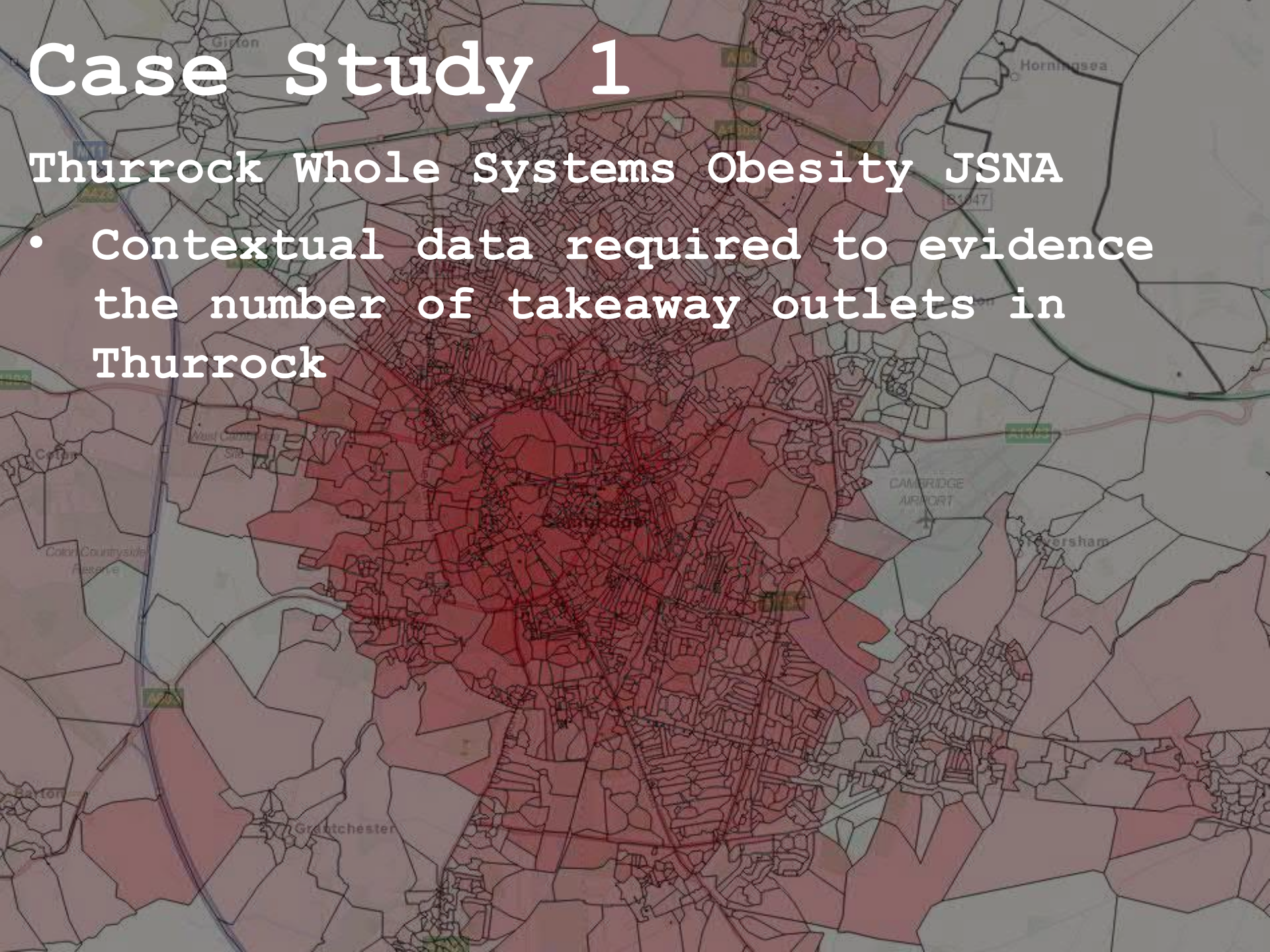
Epidemiology
GIS
Data science
Web development



Case Study 1

Thurrock Whole Systems Obesity JSNA

- Contextual data required to evidence the number of takeaway outlets in Thurrock



5.4.3 Fast food outlets in Thurrock

Fast food outlet data has been collected by PointX and reported by Public Health England (2016) which consists of 3 subsections of data: Fast Food and Takeaway Outlets, Fast Food Delivery Services and Fish and Chip shops. There are limitations on this data to be considered which include a

65

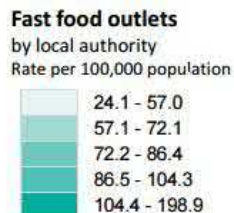
significant point noted in the PointX data *“It is likely that the data here does not show the complete picture for fast food outlets. Many of the outlets that could be considered 'fast food' are likely to be multi-functional; sit-down and eat in, takeaway and home delivery. As a result businesses may have been recorded under the category of restaurant or café which would mean they are not considered here despite selling similar types of food to those included in this analysis. Also some outlets that sell baked goods like pasties and sausage rolls may be categorised as bakeries, a category not considered in this analysis; although some of the outlets included in this analysis do sell baked goods.”*

The national report from Public Health England [94] reports a growing body of evidence on the association between exposure to fast food outlets and obesity; however some studies show conflicting results. [95], [96], [97].

Data from Public Health England reports that there are 138 fast food outlets in Thurrock Borough, representing a rate of 84.5 per 100,000 population. This is similar to the England Average of 88 per 100,000 population.

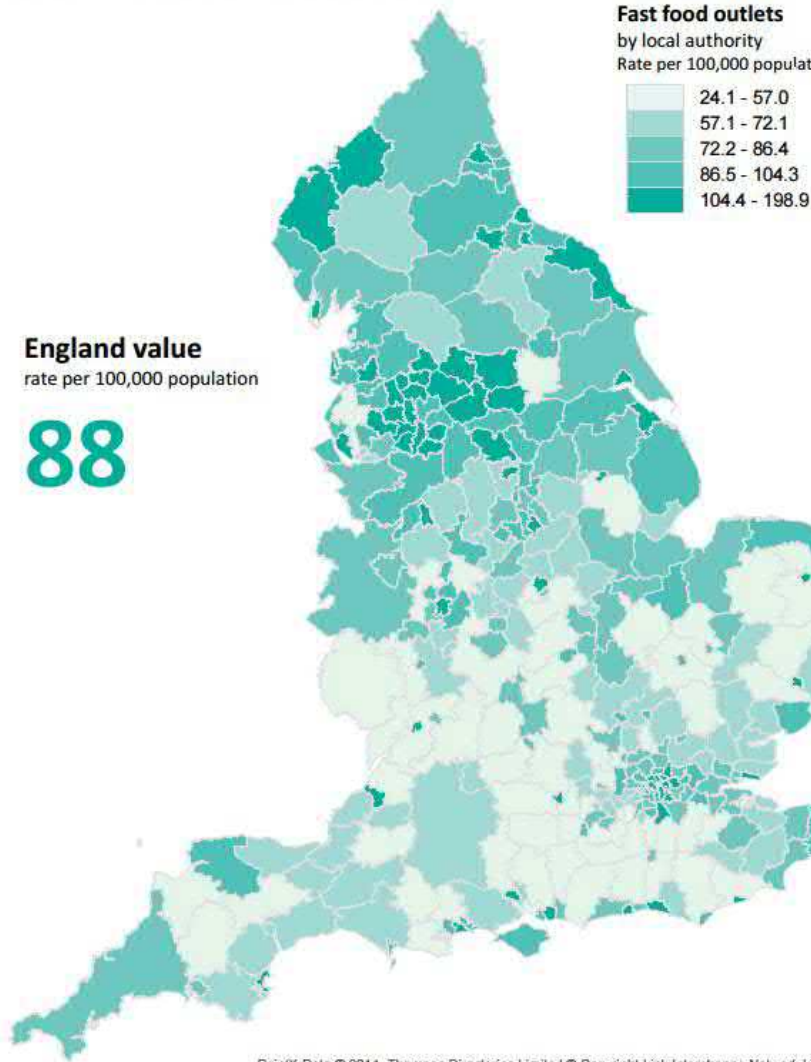
Obesity and the environment

Density of fast food outlets



England value
rate per 100,000 population

88



PointX Data © 2014, Thomson Directories Limited © Copyright Link Interchange Network Ltd Database/Copyright and Ordnance Survey © Crown copyright and/or Database Right 2006. All rights reserved. Licence number 10

PHE fast food tool

Public Health England

Home Technical Guidance [Contact Us](#)

Public Health Profiles

Indicator keywords

Overview **Map** Trends **Compare areas** Area profiles Inequalities England Population Box Plots Definitions Download

Area type: District & UA Areas grouped by: Region Benchmark: England

Area: **Barking and Dagenham** Region: London

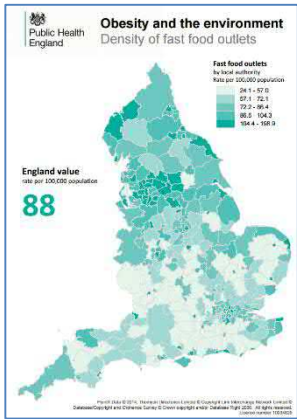
Indicator: **Density of fast food outlets**

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Lower ■ Similar ■ Higher ■ Not compared

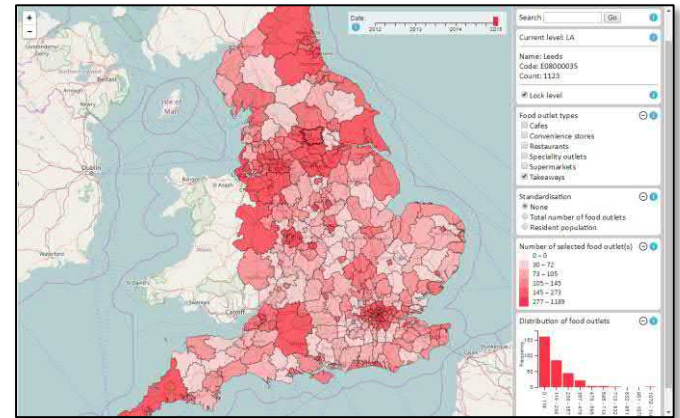
Recent trends: ■ Could not be calculated ▲ Increasing / Getting worse ▲ Increasing / Getting better ▼ Decreasing / Getting worse ▼ Decreasing / Getting better ◀ No significant change ▲ Increasing ▼ Decreasing

Areas: **All in London region** All in England [Export table as image](#)

Area	Count	Value	Crude rate - per 100,000	
			95% Lower CI	95% Upper CI
England	47,928	88.2		
London region	8,662	101.4		
Barking and Dagenham	194	97.8		
Barnet	278	74.2		
Bexley	196	81.7		
Brent	304	94.8		
Bromley	255	79.4		
Camden	330	140.5		
City of London	269	3,332.5	2,946.1	3,755.5
Croydon	424	112.8	102.3	124.0
Ealing	286	83.6	74.2	93.9
Enfield	266	82.0	72.4	92.4
Greenwich	231	86.0	75.2	97.8
Hackney	290	110.2	97.9	123.6
Hammersmith and Fulham	196	109.9	95.0	126.4
Haringey	255	95.3	84.0	107.8
Harrow	201	81.7	70.8	93.8
Havering	236	95.9	84.1	109.0
Hillingdon	256	87.5	77.1	98.9
Hounslow	184	69.3	59.6	80.1
Islington	295	133.5	118.7	149.6
Kensington and Chelsea	100	64.0	52.1	77.9



VS



PHE fast food tool

National coverage

Annual updates

Counts, per head

Static (map)

Table view

Fast food

Excludes bakeries

LA

Feat

National coverage

Quarterly updates

+ Proportion

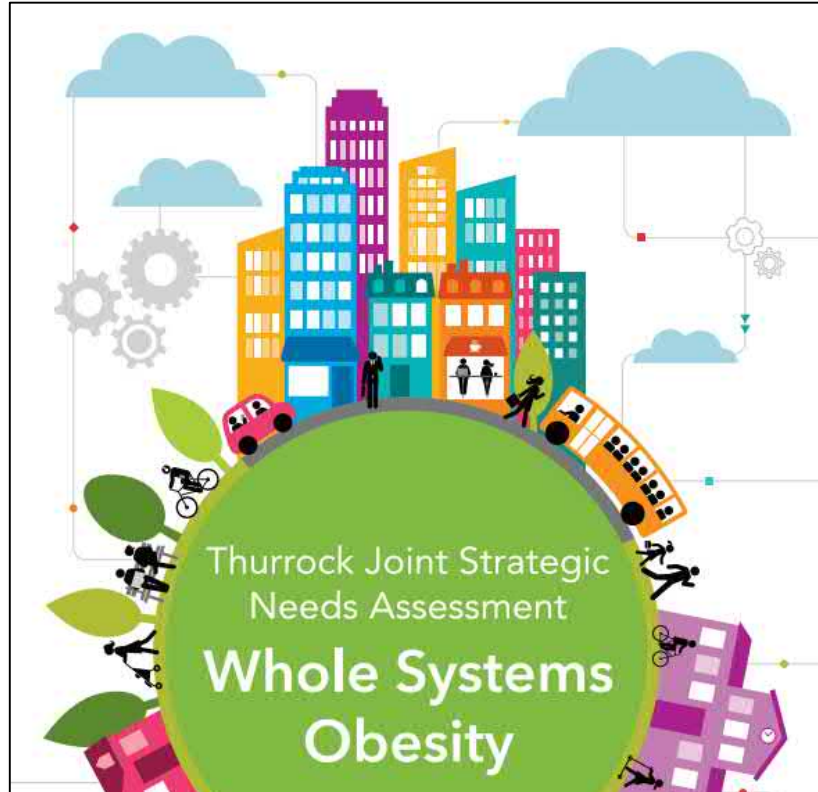
Interactive

Map view

Six outlet types

Includes bakeries

County, LA, MSOA,
LSOA, Ward, Postcode

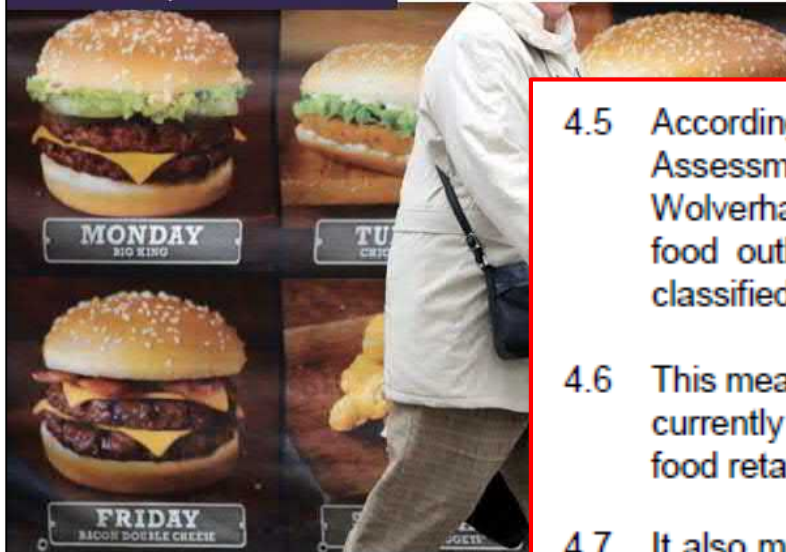


Thurrock Joint Strategic
Needs Assessment
**Whole Systems
Obesity**

	PHE fast food tool	Feat
Total number	138	148
Per 100,000 pop	85	94
Proportion	-	32%
Total number 2017	-	156
Change 2014-2017	-	5%

DRAFT Hot Food Takeaway Supplementary Planning Document September 2017

Planning Guidance on new
Hot Food Takeaways (A5)
in the City of
Wolverhampton



wolverhampton.gov.uk

WEIGHT
WE CAN'T WAIT
Tackling obesity in Wolverhampton

Hot Food Takeaways in Wolverhampton



4.5 According to the Food Environment Assessment Tool (FEAT), as of 2017, Wolverhampton currently has 967 food outlet types, 267 of which are classified as A5 Hot Food Takeaways.

4.6 This means that Hot Food Takeaways currently make up 27.6% of the total food retail offer for the City.

4.7 It also means that there are currently 1.07 Hot Food Takeaways in Wolverhampton per 1000 people. This is higher than the England average, which is 0.86 Hot Food Takeaways per 1000 people.

4.8 Furthermore, several wards in Wolverhampton have a much greater number of Hot Food Takeaways per 1000 people than the average for England, as shown in Table 2.

4.9 St Peter's ward is omitted from Table 2 owing to its City Centre coverage. The ward has a higher concentration of Hot Food Takeaways than other wards in the City, owing to the proliferation of premises along certain frontages. The City Centre area is included in the policies of this SPD.

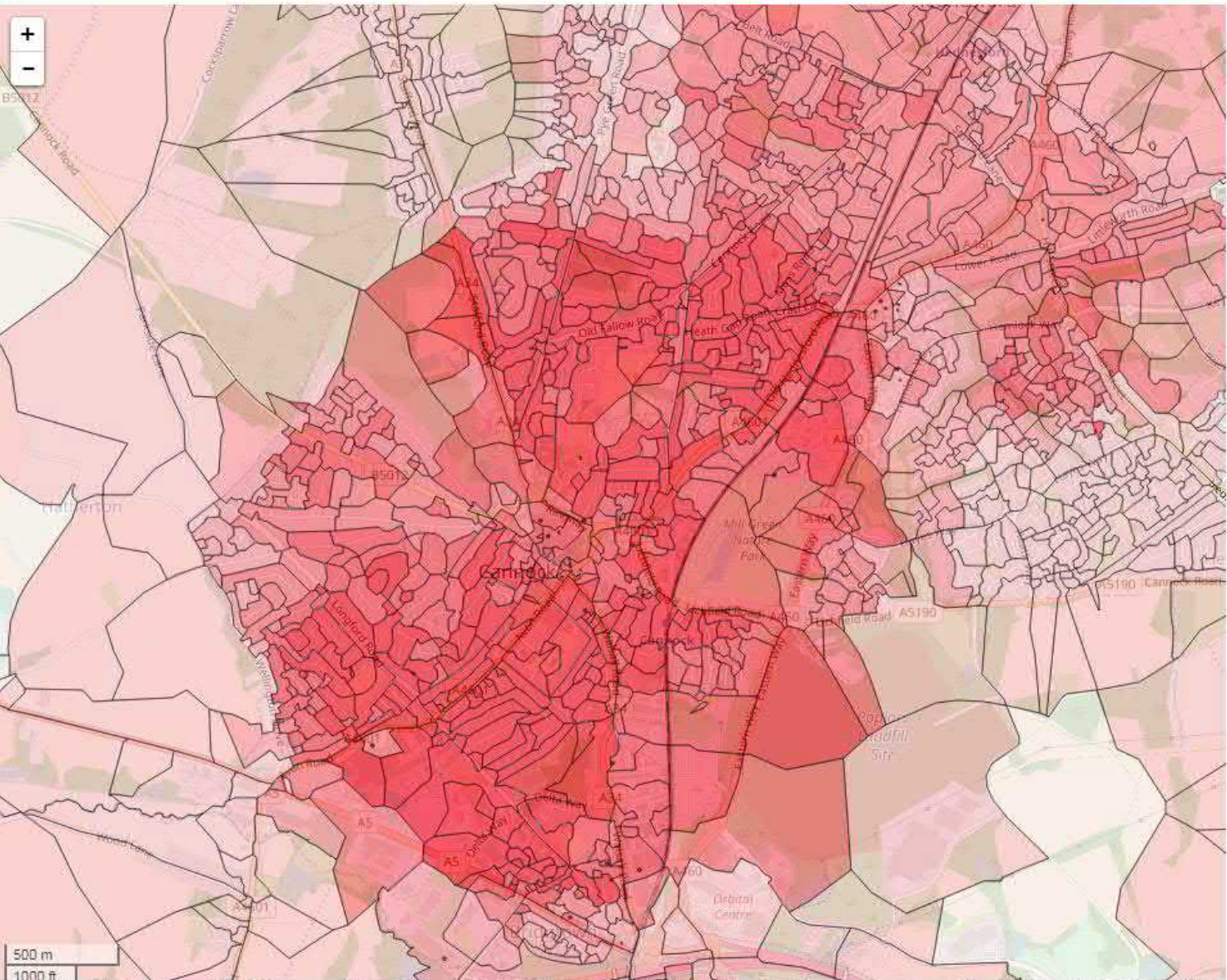


Case Study 2

Exploring Postcodes in Cannock

- Identify takeaway hotspots to be considered for planning intervention

Comparisons | Takeaway count (Postcodes in Cannock)



Food outlet data from: Dec 2017



Search

Current level: Postcode

Lock level

Food outlet types

- Cafes
- Convenience stores
- Restaurants
- Speciality outlets
- Supermarkets
- Takeaways

Standardisation

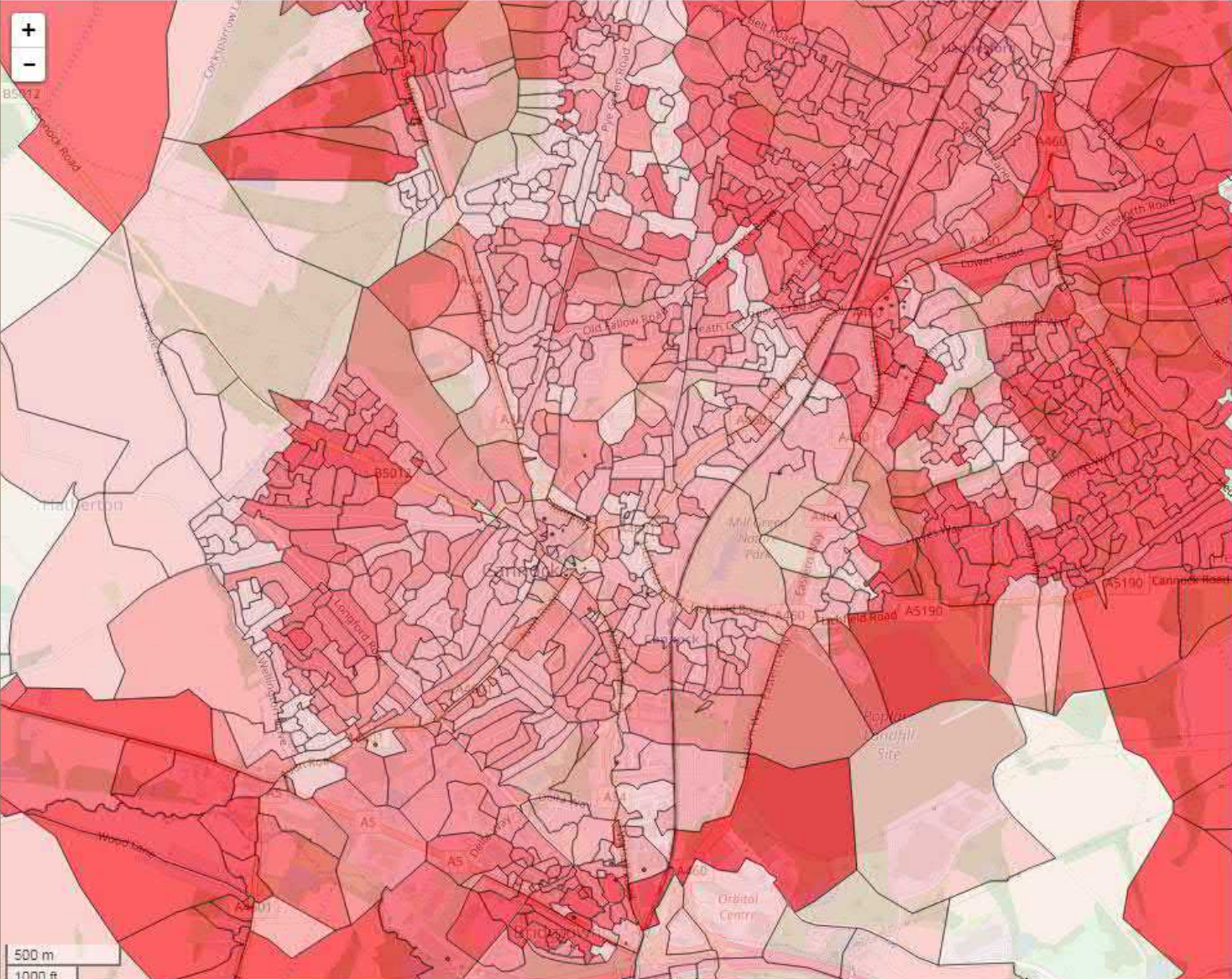
- None
- Total number of food outlets
- Resident population

Number of selected food outlet(s)



Distribution of food outlets

Comparisons | Takeaway proportion (Postcodes in Cannock)



Food outlet data from: Dec 2017 ⓘ

2014 2015 2016 2017 2018 2019

Search ⓘ

Current level: Postcode ⓘ

Lock level ⓘ

Food outlet types ⊖ ⓘ

- Cafes
- Convenience stores
- Restaurants
- Speciality outlets
- Supermarkets
- Takeaways

Standardisation ⊖ ⓘ

- None
- Total number of food outlets
- Resident population

Number of selected food outlet(s) ⊖ ⓘ
as a proportion of all food outlets (%)

0 - 0

- 14.3 - 25.4
- 25.4 - 26.5
- 26.5 - 27.6
- 27.6 - 29.1
- 29.1 - 41.7

Distribution of food outlets ⊕ ⓘ

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