

Supporting
Evidence – Hot
Food Takeaways

Maltby Neighbourhood Plan
2017 -2028

July 2021

1.0 Introduction

This paper sets out the background and evidence supporting the policy approach to hot food takeaways set out in the draft Maltby Neighbourhood Plan. It draws on evidence from a range of sources, including from Rotherham MBC

2.0 Background

The Town and Country Planning Use Classes Order (as amended) sets out separate classes of use for different activities and specifies the uses for which planning permission is or is not required.

Establishments, whose primary business is for the sale of hot food for consumption off the premises, fall within an A5 Class. This includes uses such as fish and chip shops, pizza shops and Indian, Chinese or other takeaway shops and drive through premises.

3.0 NATIONAL STUDIES AND POLICY CONTEXT

Healthy Lives, Healthy People: A call to action on obesity¹. This identified Healthy weight and obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) identified overweight and obesity as probably the most widespread threat to health and wellbeing in this country. It notes that the absolute level of obesity is very high and that England, along with the rest of the UK, ranks as one of the most obese nations in Europe.

The Government set two new national ambitions:

- a sustained downward trend in the level of excess weight in children by 2020
- a downward trend in the level of excess weight averaged across all adults by 2020.

Healthy People, Healthy Places². In November 2013 Public Health England (PHE) launched Healthy People, Healthy Places. The programme aims to ensure that: 'health, wellbeing and inequalities are addressed in planning and development of the built environment.'

The healthy people, healthy places briefing "Obesity and the environment: regulating the growth of fast food outlets" highlights that improving the quality of the food environment around schools have the potential to influence children's food-purchasing habits, potentially influencing their future diets.

It notes that action on the food environment is supported by the NICE public health guidance, 'Prevention of Cardiovascular Disease', which recommends encouraging planning authorities "to restrict planning permission for takeaways and other food retail outlets in specific areas (for

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_13048_7.pdf

² <https://www.gov.uk/government/news/healthy-people-healthy-places-building-a-healthy-future>
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example, within walking distance of schools)”).

Using the planning system to control hot food takeaways: a good practice guide (February 2013)³. Published by NHS London Healthy Urban Development Unit, this guide notes that obesity is one of the biggest health challenges facing the UK and that food availability and accessibility are both key features of an ‘obesogenic’ environment, where the widespread availability of fast food and an environment that promotes sedentary behaviour is of concern.

It acknowledges that it may be difficult to demonstrate a direct relationship between obesity and hot food takeaways, although in general, there is more evidence for links between obesity and hot food takeaways than for there being no link. The density of hot food takeaways, particularly in a deprived area, is a factor which influences eating habits and so in turn levels of obesity.

It recommends that a range of policies or criteria should be used together to control and manage the impact of new hot food takeaways, addressing: a concentration and clustering of hot food takeaways in town or local centres, hot food takeaways in close proximity to schools, restaurants providing a takeaway service, hot food takeaways in new developments, and residential amenity, such as noise and odour.

Takeaways Toolkit 14⁴. Published in by the London Food Board and Chartered Institute of Environmental Health on behalf of the Mayor of London, this notes that fast food takeaway diets can be a contributing factor in the rise of childhood obesity and other major health problems. It identifies that:

- Diet has changed markedly over the past two decades and one of the major changes has been more food eaten outside the home.
- Dietary change has included greater demand for fast food takeaways which frequently produce meals such as fried chicken and chips, which are high in fat, saturated fat and salt and low in fibre, fruit and vegetables.
- Fast food outlets are proliferating, with some evidence suggesting a correlation between increased density and deprivation.
- The increase in fast food outlets will be a contributory factor in the growth of the obesogenic environment.
- There are particular concerns about the impact of fast food takeaways close to schools.
- Diets high in sugar, fat, saturated fat, salt and low in fruit and vegetables are a major contributor to health problems including obesity, cardiovascular disease, type 2 diabetes, stroke and some cancers.
- Such ‘junk food’ diets may also be a major factor in low levels of some micronutrients in children’s diets.
- Fried fast food may contain unacceptable levels of trans fats, which significantly increase risk of cardiovascular disease.
- There is growing concern that ‘junk food’ diets contribute to children’s negative behaviours

³ <https://www.healthyrbandevelopment.nhs.uk/wp-content/uploads/2013/12/HUDU-Control-of-Hot-Food-Takeaways-Feb-2013-Final.pdf>

⁴ <https://www.london.gov.uk/sites/default/files/takeawaystoolkit.pdf>

It highlights that any case for action should be built on an understanding of the local area and the health needs of the local population, using quantitative and qualitative information.

Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study.

March 2014⁵. This recent research builds upon the evidence above. This found 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. Referring to other initiatives seeking to alter the geography of food availability to promote healthier choices it notes that “Our findings can therefore contribute to public policy, tentatively suggesting that such initiatives might help to reduce both takeaway consumption and body weight. Such interventions could be more effective if focused on work neighbourhoods, although environmental change in one setting may lead to behaviour change in another. For example, a person may adapt their commuting route to work” (page 5).

Promoting healthy eating in Lambeth – focusing on the impact on health of hot takeaway fast food outlets. March 2013⁶. A number of evidence base documents have been produced around the country to support local planning policies on hot food takeaways. These often compile existing data from a range of sources. An example of this is the above document produced by Lambeth Public Health Team / NHS Lambeth. Whilst it provides local data not relevant to Rotherham, it indicates the broader concerns around obesity, health and access to fast food takeaways.

Of particular interest are the appendices which provide a review of evidence regarding fast food outlets. This includes:

- A summary of a review of research studies on fast foods outlets proximity to schools and obesity levels.
- Evidence review from meta-analysis studies of fast food outlets.
- National, regional and local policy drivers for restricting fast food outlets.

Evidence from the British Medical Association (Adolescent health, 2003)⁷. This notes that in general adolescents are not eating optimal diets, and many do not meet recommendations for exercise. As a result of these factors, in common with the general population, overweight and obesity are increasingly prevalent. Poor nutrition, obesity and low levels of exercise not only have an immediate impact on the health of adolescents but also contribute to adult susceptibility to diseases, such as diabetes and coronary heart disease.

The Chartered Institution of Highways and Transportation publication “Guidelines for Providing for Journeys on Foot”⁸. This points out that acceptable walking distances will vary depending on various factors including individual fitness, deterrents to walking, journey purpose and so on. However, it suggests an average walking speed of 1.4m/s equates to approximately 400m in five minutes. Whilst access to takeaways is not specifically addressed

⁵ <https://www.bmj.com/content/348/bmj.g1464>

⁶ Promoting healthy eating in Lambeth – focusing on the impact on health of hot takeaway fast food outlets. March 2013

⁷ https://www.researchgate.net/publication/281282828_Adolescent_Health_BMA_2003

⁸ <http://tranterconsultores.com/wp-content/uploads/2016/10/PROVEYENDO-A-PEATONES.pdf>

the desirable walking distance to town centres is identified as 200m, the acceptable distance is 400m and the preferred maximum distance is 800m. It is recognised that some have identified 400m as a 10 minute walking distance, however other evidence indicates that pupils and students may travel further than this to access takeaways (Takeaways Toolkit, p32).

Other neighbourhood plans. That Neighbourhood Plans can seek to regulate hot food takeaways where locally justified has been confirmed through the number of Neighbourhood Plans that contain such policies. These include Edlington Neighbourhood Plan⁹ in Doncaster and Dinnington St John's Neighbourhood Plan in Rotherham (areas that shares many social, economic and health characteristics with Dinnington) have implemented similar policies (see Policy SE3 Hot Food Takeaways in the approved Edlington Town Neighbourhood Plan).

4.0 LOCAL DATA AND EVIDENCE

Public Health Strategy for Rotherham 2007¹⁰. The Public Health Strategy for Rotherham prepared by the Primary Care Trust and Rotherham Council in 2007 identifies key aims of prevention of ill health, protection of health and health promotion. Its objectives and actions are include creating jobs, reducing deprivation, improving education and adult learning, tackling health inequalities and obesity, reducing crime and accidents, ensuring equal access to services for all communities, building cohesive communities and ensuring decent housing.

Rotherham's Joint Strategic Needs Assessment 2011. The Local Government and Public Involvement in Health Act (2007) placed a duty on local authorities and the NHS to undertake Joint Strategic Needs Assessments (JSNAs). A JSNA details the needs of the local population to guide the provision and commissioning of services, particularly those related to health and social care The Health and Social Care Act 2012 transferred this responsibility to new Health and Wellbeing Boards. JSNAs provide important evidence used to identify priorities for Health and Well-being Strategies

The 2011 JSNA identified the need for health and social care agencies to work effectively with the community in order to promote healthier lifestyles e.g. changing their patterns of exercise, diet, smoking and alcohol consumption.

It noted that weight management, smoking cessation services designed to increase healthy life expectancy have the potential to substantially reduce demand on services in later life. Evidence suggests that early preventative initiatives have a lasting impact on community service users.

Rotherham Health and Wellbeing Strategy¹¹. The 2012-2015 Strategy highlighted high obesity rates and high levels of lifestyle risks – alcohol, smoking, substance misuse, and obesity as key issues to address. This is reflected in the priorities, including priority 4, which seeks the following outcome: “People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles.”

⁹ <http://www.doncaster.gov.uk/services/planning/edlington-neighbourhood-development-plan>

¹⁰ <https://modern.gov.rotherham.gov.uk/documents/s14386/Public%20Health%20Strategy%20Appndx.pdf>

¹¹ <http://rotherhamhealthandwellbeing.org.uk/>

The draft Strategy for 2018 -2025 highlights that the health of people in Rotherham is generally poorer than the England average. 22.2% of children leaving primary school are obese, above the national average (2016/17) and 71.4% of adults in Rotherham were overweight or obese in 2015/16, worse than the 61.3% average for England. Aim 1 of the strategy is that all children get the best start in life. In relation to aim 2: Children and young people achieve their potential and have a healthy adolescence and early adulthood, a specific objective is to reduce the number of young people who are overweight and obese. The strategy seeks to ensure that planning decisions consider the impact on health and wellbeing.

Fast food outlets, by Local Authority: 2013¹². Data published by Public Health England on fast food outlets and the number of outlets in each local authority:

The above indicates that as of May 2013 it is estimated that Rotherham has 229 fast food outlets. At 88.9 takeaways per 10,000 population, Rotherham has slightly above the English average of 86.

The report accompanying the published data acknowledges that the concentration of fast food outlets and takeaways varies by local authority; however shows a strong association between deprivation and the density of fast food outlets, with more deprived areas having more fast food outlets per 100,000 population.

National Child Measurement Programme (NCMP) Local Authority Data¹³. The National Child Measurement Programme (NCMP) measures the height and weight of over one-million children aged 4-5 and 10-11 years in each in primary schools in England. NCMP data from 2016/2017 to 2018/2019 is available.

This shows that the prevalence of health weight, overweight and obesity for children in Year 6 (age 10-11 years) in Rotherham are worse than the overall English Benchmark data. It also shows that the prevalence of obesity in Year 6 children as one of the highest in the Yorkshire and Humber Region, and that between 2006 and 2013 the overall trend shows obesity in Year 6 children increasing over time, with between 2006 and 2014 significantly worse than the English average in 5 and 8 years of data collection.

With regard to Maltby Ward, it shows that child obesity/excess weight rates for both Reception and Year 6 children for the 3 years 2016/17 to 2018/19 (combined) at 11.7% and 23.3% combined are above both the Rotherham (11% and 22.9%, respectively) and England (9.6% and 20.1%, respectively) averages. These rates are also amongst the highest in the Borough.

Evidence gathered as part of the preparation of the Rotherham Local Plan. This looked at the proliferation of A5 premises within town and district centres (as identified in the Core Strategy) in 2014. At 10.2% Dinnington showed the joint second (with Parkgate) highest

¹² https://www.london.gov.uk/sites/default/files/fast_food_map.pdf

¹³ <https://digital.nhs.uk/services/national-child-measurement-programme/>

concentration of A5 units as a percentage of all ground floor units of the ten centres surveyed, after Thurcroft (12%).

4.0 SUMMARY AND CONCLUSIONS

This report aims to provide Maltby Town Council with evidence to support the choices in formulating the policy in the Maltby Neighbourhood Plan with regard to Hot Food Takeaways.

It has been prepared using national and local information from Rotherham MBC and a range of other sources and studies.

It indicates that hot food takeaway premises can be beneficial by providing a service for local communities and contributing to the vitality and viability of town and local centres by providing complementary services, for example. However, high concentrations of such uses can have a detrimental impact through issues such as litter, noise and general disturbance, parking and traffic problems and impact on health and well being.