

Tackling the take-aways: a new policy to address fast-food outlets in Tower Hamlets

Final draft research report

Prepared for the London Borough of Tower Hamlets and NHS Tower Hamlets

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1 Introduction

- 1.1 Tower Hamlets' Local Development Framework Core Strategy Policy SP03 (*Creating Healthy and Liveable Neighbourhoods*) seeks to support opportunities for healthy and active lifestyles through planning. This includes reducing the over-concentration of any use type where this detracts from the ability to adopt healthy lifestyles.
- 1.2 There is a body of evidence detailing the links between obesity and the abundance of hot-food take-aways, particularly in areas of socio-economic deprivation – and in the borough, one of the most deprived in the country, there are currently nearly 200 such take-aways.
- 1.3 The Council considers that this represents an over-concentration of take-aways and that there is a role for the planning system to reduce their further development.
- 1.4 To this end, in December 2010, the Council and NHS Tower Hamlets commissioned Dr Foster Intelligence and Land Use Consultants to develop a robust development management framework for managing the number and location of hot-food take-aways and to recommend approaches for integrating health issues into planning policy and the development management process.
- 1.5 Building on its work on health inequalities, Dr Foster carried out a wide-ranging evidence review on the association between the over-concentration of hot-food take-aways and obesity and also examined good practice elsewhere, particularly within other London boroughs.
- 1.6 Drawing on its planning expertise, Land Use Consultants further developed the evidence base with reference to Tower Hamlets and devised a number of draft policy options for consideration by the Healthy Spatial Planning Project Steering Group.
- 1.7 These options were refined in consultation with Tower Hamlets' planning officers and lawyers, while proposals on complementary measures were also developed.
- 1.8 This report sets out the results of that work.

The problem

- 1.9 Tower Hamlets has one of the highest population densities in London (215,300 according to 2007 estimates) and is one of the most ethnically diverse areas in the country with about half the total population coming from black and ethnic minority communities.

- 1.10 The borough is also ranked as the third most deprived local authority in the country (nearly four in five residents live in neighbourhoods ranked as the most 20% deprived in the country), with life expectancy lower than the national average: ¹
- Men have a life expectancy of 75.3 compared to 77.9 nationally;
 - Women have a life expectancy of 80.4 compared to 82 nationally; and
 - Four wards (Mile End East, Whitechapel, Bethnal Green North and Shadwell) have mortality rates for cardiovascular disease which are close to twice the national average.
- 1.11 Alongside this picture, Tower Hamlets' residents also suffer from high levels of obesity and unhealthy lifestyles:
- One in five children in the borough (20%) is obese and a third are overweight;²
 - In 2007/08, data from the national child measurement programme showed that 13.7% of 4-5 year olds in Tower Hamlets were obese – the fourth highest figure in London and the fifth highest in England;³ and
 - In 2008, 7% of Tower Hamlets children in years 6, 8 and 10 reported eating no daily portions of fruit and vegetables compared to 4% nationally and only 15% ate five or more portions a day (compared to 23% nationally).⁴
- 1.12 A Cochrane Review on obesity prevention in children noted that “obesity in childhood is known to be an independent risk factor for adult obesity”⁵ and adults in Tower Hamlets also live unhealthily.
- 1.13 Seven in ten adults in the borough take less than the recommended level of physical activity (compared to six in ten nationally) while nine in ten Tower Hamlets residents eat less than the recommended ‘five a day’ portions of fruit and vegetables (compared to seven in ten nationally).⁶

¹ Tower Hamlets Primary Care Trust (2009) *Joint Strategic Needs Assessment 2009/10*

² London Borough of Tower Hamlets and NHS Tower Hamlets (2006) *Improving Health and Wellbeing in Tower Hamlets: A Strategy for Primary and Community Care Services*

³ NHS Information Centre (2010) *National Child Measurement Programme: England, 2009/10 school year*. Department of Health, London

⁴ Ofsted (2008) *TellUs3 Local Authority Report: Tower Hamlets*. Ofsted, London

⁵ Summerbell C. *et al.* (2005) *Interventions for Preventing Obesity in Children*. Cochrane Database of Systematic Reviews 2005, Issue 3

⁶ Ipsos MORI (2009) *Health and Lifestyle Research: Tower Hamlets Primary Care Trust*. Ipsos MORI, London

Hot-food take-aways in Tower Hamlets

- 1.14 The Council and NHS Tower Hamlets consider that the number and distribution of hot-food take-aways (classified as 'A5' in planning terms)⁷ – and potentially restaurants and cafés where a take-away service may be available (A3) – is a key determining factor in obesity levels in the borough:
- Two in five adults in Tower Hamlets eat take-away food at least once a week. The heaviest consumers are young people, with three in five eating fast-food once a week and 1 in 20 eating it on a daily basis;⁸ and
 - According to the government's Foresight Review⁹, food purchased from fast-food outlets and restaurants is up to 65% more 'energy-dense' than the average diet.
- 1.15 Researchers from London Metropolitan University recently carried out a survey of fast-food customers in Tower Hamlets and found that over half bought meals in fast-food outlets at least 2-3 times a week and that one in four (27%) bought food in them every day.¹⁰
- 1.16 Tower Hamlets has a high number of A5 hot-food take-aways – estimated at 196 according to UK mapping. These are not, however, evenly distributed across the borough.
- 1.17 A recent mapping study of fast-food outlets in Tower Hamlets, undertaken in partnership with the Food Policy Unit at City University, found that there were 627 fast-food outlets, newsagents and groceries in the borough. There was a particularly high concentration of fast-food outlets in the main thoroughfares: Bethnal Green Road, Roman Road, Whitechapel Road, Mile End Road, Commercial Road and East India Dock Road.¹¹
- 1.18 Furthermore, a large number of these hot-food take-aways are located in close proximity to schools, youth clubs and leisure centres:
- The City University study found that there were 42 'junk food' outlets (including fast-food restaurants and cold food outlets) per school in Tower Hamlets. This compares to 25 per school in inner London as a whole.

⁷ *The Town and Country Planning (Use Classes) Order 1987* (as amended)

⁸ Ipsos MORI (2009) op.cit.

⁹ Foresight (2007) *Tackling Obesities: Future Choices – Obesogenic Environments – Evidence Review*. Government Office for Science, London

¹⁰ Bagwell and Doff (2009) *Fast-Food Outlets in Tower Hamlets and the Provision of Healthier Food Choices*. London Metropolitan University, London

¹¹ Caraher, Lloyd, and Madelin (2007) *Fast-Food in Tower Hamlets*. City University, London

- In fact, it found that 97% of Tower Hamlets residents live within ten minutes of a fast-food outlet.
- 1.19 The study considered five proximity-related risk factors and found that the odds of living within 250 metres of a fast-food outlet in Tower Hamlets increase by:
- 1.1 times if an individual is in the 16-35 age group;
 - 1.2 times if they live in a household on benefits;
 - 1.3 times if they live in social housing; and
 - 1.4 times if they are of Bangladeshi origin.
- 1.20 Map 1 sets out the locations of current hot-food take-aways in the borough as well as detailing where schools, youth clubs and leisure centres are situated.
- 1.21 Taken together, all of these factors have persuaded NHS Tower Hamlets and the Council (which is already part of the national Healthy Boroughs Programme) that action needs to be taken to limit the future number of hot-food take-aways.
- 1.22 The rest of this report will outline the reasoning behind this decision and the policy proposals in more detail.

Tower Hamlets Healthy Spatial Planning

Map 1: Policy Context

Key

- Tower Hamlets Borough
- Core Strategy Places
- Publicly accessible greenspaces
- A5 (Hot Food Takeaways)
- Leisure Centres
- Youth Clubs
- Schools**
- Primary
- Secondary
- Roads/Transport Interchanges**
- A roads
- Transport nodes (DLR, Underground, Overground, National Rail)
- Brick Lane
- Town Centres**
- CAZ Frontage
- Major centre
- District centres
- Neighbourhood centres
- Tower Hamlets Activity Area

Core Strategy Places

- | | | |
|--------------------|-------------------|----------------------|
| 1. Tower of London | 9. Shadwell | 17. Fish Island |
| 2. Wapping | 10. Aldgate | 18. Bromley by Bow |
| 3. Limehouse | 11. Spitalfields | 19. Poplar Riverside |
| 4. Millwall | 12. Shoreditch | 20. Bow |
| 5. Cabot Town | 13. Globe Town | 21. Mile End |
| 6. Canary Wharf | 14. Bethnal Green | 22. Bow Common |
| 7. Blackwall | 15. Whitechapel | 23. Stepney |
| 8. Leamouth | 16. Victoria Park | 24. Poplar |

1:25,000 at A3



Date: 21/04/2011
 Revision: 3
 Source: Tower Hamlets, UK Map, Ordnance Survey



2 National and regional policy context

- 2.1 In recent years there has been renewed emphasis on the need for planning authorities to consider the impact of the built environment on health issues, including obesity.
- 2.2 The Government's overriding planning objective places planning authorities in "more of a role as a place-enabler and place-shaper", moving away from a predominantly "regulatory role in controlling land use activities".¹² This opens the door to planners drawing on a broader range of issues – including the health impact of spatial planning – in support of their policies.
- 2.3 The previous Government's *Healthy Weight, Healthy Lives* strategy called for "local authorities [to] use existing planning powers to control more carefully the number and location of fast-food outlets in their local areas".¹³ Although this national policy emphasis is likely to diminish, *Healthy Lives, Healthy People*, the current Government's 2010 Public Health White Paper explicitly recognises that "health considerations are an important part of planning policy".¹⁴

¹² Ellis, Chang and Mannion (2010) *Spatial Planning for Health: A Guide to Embedding the Joint Strategic Needs Assessment in Spatial Planning*. Hyde and TCPA, London

¹³ Cross-Government Obesity Unit (2009) *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England*. COI, London

¹⁴ Department of Health (2010) *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. Department of Health, London

The existing planning policy framework

National Planning Policy is currently set down in Planning Policy Statements (PPS) and Planning Policy Guidance (PPG). The most relevant PPS to health is *PPS1: Delivering Sustainable Development* which seeks to “promote communities which are inclusive, healthy, safe and crime free, whilst respecting the diverse needs of communities and the special needs of particular sectors of the community” [emphasis added].

PPS1 states that planning policies should seek to reduce social inequalities, deliver safe, healthy and attractive places to live and support the promotion of health and wellbeing by making provision for physical activity.

PPS4: Planning for Sustainable Economic Growth and *PPS6: Planning for Town Centres* are also of relevance when considering the role that planning has to play in managing the function and hierarchy of centres, as well as determining the need for different use classes of development. Whilst these policy statements are not directly related to health, achieving the appropriate balance and mix of uses is seen as critical in achieving healthier outcomes.

Health is also referenced in *PPG24: Planning and Noise* (considering the potential for development noise to impact on health); *PPS10: Planning for Sustainable Waste Management* (the overall objective of the policy seeks to protect human health and the environment by producing less waste and using it as a resource wherever possible); and *PPS23: Planning and Pollution Control* (which seeks to limit pollution which would be detrimental to human health).

- 2.4 Despite this, many planning authorities are not fully realising their potential to address public health issues. 2010's Marmot Review (a government-commissioned strategic review of health inequalities in England) identified a lack of attention to health issues in planning authorities.¹⁵ This echoes concerns voiced by the Parliamentary Health Committee in 2009.¹⁶
- 2.5 The Marmot Review set out two evidence-based guidelines that explicitly address planning authorities' role in public health. As well as pressing the importance of considering health issues in general, the first guideline in particular recommends policies aimed at improving the food environment:
- "E2.1. Prioritise policies and interventions that reduce both health inequalities and mitigate climate change . . . by . . . improving the food environment in local areas across the social gradient"
- "E2.2. Integrate planning, transport, housing, environmental and health policies to address the social determinants of health"
- 2.6 The following strands of national policy in the fields of planning and health support or provide an infrastructure for implementing the Marmot Review's recommendations.
- 2.7 **The localism agenda:** as seen in the Localism Bill, the Public Health White Paper and *Equity and Excellence: Liberating the NHS* (the Health White Paper) local government is taking on a greater public health remit. This is intended to:
- "shift power and accountability to local communities and create healthy places to grow up and grow older in, with new partnerships in important areas, such as housing, planning, schools and transport"¹⁷
- 2.8 The localism agenda also aims to engage local people in planning a vision for the local community. This presents the opportunity to involve them in developing planning policies aimed at creating a healthier community.
- 2.9 **National planning policy framework:** the Public Health White Paper explicitly recognises that "health considerations are an important part of planning policy". It makes clear that the new national planning policy framework (an overarching policy statement, due to replace the current planning policy

¹⁵ Marmot (2010) *Fair Society, Healthy Lives – The Marmot Review: Strategic Review of Health Inequalities in England post-2010*. The Marmot Review, London

¹⁶ Health Committee (2009) *Health Inequalities: Third Report of Session 2008-9*. The Stationery Office, London

¹⁷ Department of Health (2010) *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. Department of Health, London

statements) will “support local areas with streamlined planning policy that aligns social, economic, environmental and health priorities into one place” .

- 2.10 **General competence power:** the Public Health White Paper echoes the Marmot Review in recommending that planners fully consider the health implications of planning and the potential for planning to improve public health. In addition to urging the integration of health issues into planning policy in general, *Healthy Lives, Healthy People* explicitly addresses the potential for local authorities to impact on access to healthy food and concentration of fast-food outlets. It highlights local authorities’ existing powers to restrict the development of new fast-food outlets and to impose conditions on development (e.g. through restricted opening hours) and suggests that, with the introduction of the new ‘general competence power’ such powers may be strengthened.
- 2.11 **Health and Wellbeing Boards:** the creation of Health and Wellbeing Boards, as outlined in the Health White Paper, is designed to facilitate joined-up working in healthcare and to “take a strategic approach”, integrating health issues into the wider local authority agenda.¹⁸

Health considerations in regional planning policy and guidance

- 2.12 The GLA Act of 2007 introduced additional and enhanced powers for the Mayor of London and the London Assembly in several areas including housing, planning, climate change, waste, health and culture.
- 2.13 The Mayor champions London’s health to national bodies and improves the wellbeing of all Londoners through his powers over the economy, transport, planning and housing. The Mayor has no direct responsibility for health and social care services, but he has a legal duty to promote the health of Londoners and to consider the health impact of all his policies. This includes the preparation of a strategy to reduce health inequalities in London.¹⁹
- 2.14 The current health inequalities strategy sets out a number of commitments to the delivery of improvement in inequalities – including a challenge to leaders of public, private and community organisations, employers and service providers to “make it easier for all Londoners to benefit from opportunities to eat well, be more active, and make healthier choices in other

¹⁸ Department of Health (2010) *Equity and Excellence: Liberating the NHS*. Department of Health, London

¹⁹ Greater London Authority (2010) *The London Health Inequalities Strategy*. GLA, London

aspects of their daily lives". Indeed the work on fast-food outlets in TH was noted in this report.

- 2.15 It also notes that "access to affordable fresh food . . . tends to be lower in areas of high deprivation where there is a proliferation of fast-food shops and restaurants".
- 2.16 The Mayor has made addressing childhood obesity his number one health priority.²⁰ This commitment has been complemented by the London Assembly's recent report on childhood obesity, which notes that the most effective interventions are multi-faceted, supporting children and their families to eat more healthily and become more active.²¹
- 2.17 The Mayor of London is also responsible for the London Food Strategy²² and for producing the London Plan, a planning strategy for the capital. This Plan forms part of Tower Hamlets' own Development Plan.
- 2.18 The London Plan consolidated draft²³ (while not yet adopted) sets out two key policies which relate to health: Policy 3.2 Improving Health and Addressing Health Inequalities and Policy 3.18 Health and Social Care Facilities. Policy 3.2 – which is the most relevant one to Tower Hamlets' position – is set out below. This incorporates (under D) the recommended rewording from the Plan's Examination in Public Panel Report.²⁴

²⁰ Boris Johnson, Health Leadership Summit, City Hall, 1 November 2010

²¹ London Assembly Health and Public Services Committee (2011) *Tipping the Scales: Childhood Obesity in London*. GLA, London

²² London Development Agency (2007) *Healthy and Sustainable Food for London – The Mayor's Food Strategy*. LDA, London

²³ Consolidated Draft Replacement London Plan (Mayor of London, updated 20th December 2010)

²⁴ Planning Inspectorate (2011) *Draft Replacement London Plan. Report of the Panel, Volume 1*. Planning Inspectorate, London

Policy 3.2 Improving health and addressing health inequalities

A The Mayor will take account of the potential impact of development proposals on health and health inequalities within London. The Mayor will work in partnership with the NHS in London, boroughs and the voluntary and community sector as appropriate to reduce health inequalities and improve the health of all Londoners, supporting the spatial implications of the Mayor's Health Inequalities Strategy.

B The Mayor will promote London as a healthy place for all – from homes to neighbourhoods and in the city as a whole – by:

- a. coordinating investment in physical improvements in areas of London that are deprived, physically run-down, and not conducive to good health.
- b. coordinating planning and action on the environment, climate change and public health to maximise benefits and engage a wider range of partners in action.
- c. promoting a strong and diverse economy providing opportunities for all.

Planning decisions

C New developments should be designed, constructed and managed in ways that improve health and promote healthy lifestyles to help to reduce health inequalities.

D The impact of major planning applications on the health and wellbeing of communities should be taken into account in accordance with the Mayor's Best Practice Guidance on Health Issues in Planning.

LDF preparation

E Boroughs should:

- a. work with key partners to identify and address significant health issues facing their area and monitor policies and interventions for their impact on reducing health inequalities.
- b. promote the effective management of places that are safe, accessible and encourage social cohesion.
- c. integrate planning, transport, housing, environmental and health policies to promote the health and wellbeing of communities.
- d. ensure that the health inequalities of development is taken into account in light of the Mayor's Best Practice Guidance on Health Issues in Planning.

Assessing health impacts of new developments

- 2.19 Alongside this national and regional policy landscape, there are a number of processes which can be used to assess the potential health impacts of new developments at a strategic and project level. These include:
- Strategic Environmental Assessments (SEA) (where human health is a topic for consideration in the appraisal of plans/programmes);
 - Environmental Impact Assessments (EIA); and
 - Health Impact Assessments (HIA).
- 2.20 SEA of plans and programmes is required under European Directive 2001/42/EC, transposed into UK law as *The Environmental Assessment of Plans and Programmes Regulations 2004 (Statutory Instrument 2004, No. 1633)*. EIA is required under Directive 85/337/EEC (as amended by Directive 97/11/EC) and is transposed into UK law through The Town & Country Planning (Environmental Impact Assessment) (England & Wales) Regulations 1999 (Statutory Instrument 1999 No 293). Environmental Statements are required to set out the impact on a range of issues including potential effects on human beings (which may include health impacts).
- 2.21 HIA is not required by law, although Policy 3.2 of the draft London Plan proposes that health inequalities impacts of major planning applications be considered through the use of HIA.
- 2.22 There are other tools which can be used to influence the potential health impacts of development. These include the Code for Sustainable Homes (CfSH).²⁵
- 2.23 A comprehensive review of these approaches is provided in Tower Hamlets' own *Analysis of Health and Town Planning in Tower Hamlets*²⁶ and so is not repeated here. The key recommendations arising from that report which are of most relevance to this project are set out below.

²⁵ The Code for Sustainable Homes is intended as a single national standard to guide industry in the design and construction of sustainable homes.

²⁶ Rahman, J. (2011) *Analysis of Health and Town Planning in Tower Hamlets*. LBTH, London

Health Impact Assessments (HIAs) to be carried out for large scale neighbourhood regeneration projects, Area Action Plans (AAPs) and Opportunity Area Planning Framework (OAPF) levels to inform the strategic context for downstream Environmental Impact Assessments (EIAs) for individual applications as part of the planning application process.

Ensuring EIAs consider health and wellbeing more extensively and cumulatively than currently the case by specifying requirements in the EIA Scoping Paper under the heading of 'healthy and liveable neighbourhoods'. This includes a more comprehensive approach to health impacts (in addition to healthcare services) within socio-economic chapters of submitted Environmental Statements (ESs) connecting health with the environmental impacts already assessed.

All new homes in the borough to be assessed against the optional health and wellbeing criteria set out in the **Code for Sustainable Homes (CfSH)**, the national standard to guide industry in the design and construction of sustainable homes.

- 2.24 The study also looked at a range of other mechanisms to improve the integration of health into planning and development. These include supporting innovation in the borough and influencing development at an early stage. Pre-application discussions with developers regarding the potential health impacts of developments were considered particularly important in seeking to avoid impacts and should be programmed into the project inception.
- 2.25 The study found that monitoring of potential impacts following submission of applications and post-construction is limited. This results in uncertainty in delivery of predicted outcomes (both positive and negative). The study recommended that post consent monitoring be funded by developers through Section 106.

3 Planning in Tower Hamlets

- 3.1 Planning decisions in the London Borough of Tower Hamlets are based on national policy, regional policy (as set out in the London Plan), the Tower Hamlets Core Strategy²⁷, the Unitary Development Plan Adopted 1998 (saved policies), a suite of documents forming 'Interim Planning Guidance' (including the Core Strategy and the Development Control Plan) and a series of Masterplans and Area Action Plans. This portfolio of planning documents is supported by supplementary planning guidance on a range of issues and places.
- 3.2 The Core Strategy is the key spatial planning document for Tower Hamlets, setting out the spatial vision for the borough and how it will be achieved. It defines the town centre hierarchy through Strategic Policy 1 (SP01):
- Central Activity Zone;
 - Tower Hamlets Activity Area;
 - Major Centre;
 - District Centre;
 - Neighbourhood Centre.
- 3.3 The detailed town centre hierarchy which underpins policy SP01 is set out in Appendix 4 of the Core Strategy, with further detail provided in the Town Centre Spatial Strategy (2009). The following table (taken from the Town Centre Spatial Strategy) sets out the designation criteria for each centre.

Designation	Designation criteria
Activity Area	An Activity Area is where the scale, intensity and continuity of town centre and commercial activity differs from the rest of the borough.
Major Centre	<p>This is normally the principal centre in the authority's catchment area.</p> <p>Present or future residential employment density in excess of 40,000 persons.</p> <p>Uses: Contains a mix of comparison and convenience retailing and some leisure and entertainment functions.</p> <p>Size: Has 50,000 sq metres of retail floorspace and is of sufficient scale for there to be distinct character area or quarters to the centre.</p>

²⁷ Strategic Planning Team (2010) *Core Strategy 2025: Development Plan Document*. LBTH, London

	Accessibility: Major centres are accessible for pedestrians and are within walking distance to a transport node and major bus routes.
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Designation	Designation criteria
District Centre	<p>These centres would serve local communities within an 800m catchment.</p> <p>Present or future residential and employment density between 8,000 and 35,000 persons.</p> <p>Uses: Contains at least one supermarket and a range on non-retail services such as a bank, café and restaurants. Contains civic functions, such as post-office, health facility or library.</p> <p>Size: Generally accommodates between 10,000 to 50,000 sqm of retail floorspace (depending on the surrounding character and needs of the area).</p> <p>Accessibility: District centres are accessible for pedestrians and are within walking distance to a transport node and major bus routes.</p>
Neighbourhood Centre	<p>Serves a very local catchment within 400 metre or a ten minute walk.</p> <p>Present or future residential density in excess of 2,000 but below 5,000 persons.</p> <p>Uses: Contains a range of small shops such as a local supermarket, pharmacy or launderette.</p> <p>Size: Generally under 10,000 sqm of retail floorspace.</p> <p>Accessibility: There is a high level of accessibility in a local context in the neighbourhood centre. It is also within walking distance to a transport node or on a major bus route.</p>

3.4 Planning can define and manage the role and function of different centres and determine which uses are most appropriate in specific centres. Maintaining the vibrancy and vitality of centres and managing the amount and distribution of uses within centres can indirectly contribute to healthier lifestyles.

3.5 The Core Strategy is also structured under five themes:

- Refocusing on our town centres;
- Strengthening neighbourhood wellbeing;
- Enabling prosperous communities;
- Designing a high-quality city; and
- Delivering placemaking.

3.6 'Strengthening Neighbourhood Wellbeing' is the most relevant theme to this project and includes Strategic Policy 3 (SP03), which provides a clear policy framework for delivering healthier

lives in the borough. The first part of this policy seeks to support opportunities for healthy and active lifestyles through:

- a. Working with NHS Tower Hamlets to explore new ways to improve opportunities for healthy and active lifestyles.
- b. Providing high-quality walking and cycling routes.
- c. Providing excellent access to leisure and recreation facilities.
- d. Seeking to reduce the over-concentration of any use type where this detracts from the ability to adopt healthy lifestyles.
- e. Promoting and supporting local food growing and urban agriculture.

Reference to A5 use in Tower Hamlets' current policies

3.7 Until such time as the Development Management and Sites and Place Making DPDs are adopted, reference is still made to the saved policies in the UDP and the Interim Planning Guidance. These do not specifically restrict A5 uses from any part of the borough but the following policy principles apply within the UDP:

- The core area of district centres should be retained in primarily shopping use. Non-A1 uses may be favourably considered where they do not harm the character of these areas as prime shopping frontages and do not detract from the function, vitality and viability of the centre (policy S2)
- Outside of the core areas of District Centres, consideration will be given to permitting other uses which contribute to the viability and vitality of the shopping centre (policy S3)
- In the local shopping parades, permission may be granted for non-A1 uses where they do not detract from the local character and function of the parade, and there is adequate provision for essential shops to meet local needs (S4)
- Proposals for hot-food take-aways would be considered in the light of amenity of residents, on-street parking, free flow of traffic and adequate measures for ventilation (S7)
- New development for non A1 use in District Centres, Local or other Parades will be required to maintain an appropriate shopfront (S13)

3.8 (Policy S5) Applications for changes of use from A1 use outside district centres and local parades may be favourably considered where:

1. In the case of vacant property, the applicant can demonstrate that the building has been actively marketed at values prevailing in the area for retail or launderette re-use or redevelopment, or

2. There is adequate provision in the locality for essential shops to meet local needs; and
 3. Proposed uses would not be detrimental to the amenity of residents.
- 3.9 The Core Strategy and Development Control Plan refers to A5 uses in policy RT5 Evening and Night-Time Economy – when considering such proposals regard would be given to a number of policy criteria including (b) the cumulative impact and level of disturbance associated with A3, A4 and A5 uses.

A5 case law in Tower Hamlets

- 3.10 The key case law in the borough relates to an A5 application on Cable Street. The 'Cable Street' Case (PA/07/01104, PA/07/03290 [recently resolved at appeal] and PA/09/00967) includes three applications at 375 Cable Street for a change of use from A1 retail to A5 hot-food take-away. The first case (PA/07/01104) was refused planning permission and a subsequent appeal was dismissed.
- 3.11 The second application PA/07/03290 was recommended for refusal by the planning department, however, this was overturned subject to a number of conditions (including opening hours and ventilation) by the Committee. This application was then subject to a judicial review (on the grounds that the reasons given for approval were inconsistent with the reasons provided by the Committee). Following amendment of the discrepancies in the reasons for approval, the application was again recommended for approval in 2009 and the decision notice was issued on 9th April 2009.
- 3.12 Following the above decision, a further claim for judicial review was lodged on 6th July 2009. The Court ruled on 22nd June 2010 that the planning permission should be quashed because the Council should not have said in its planning report to the Committee that a school's healthy eating policy was not capable of being a material consideration in the determination of this application.
- 3.13 The Court found that healthy eating and proximity to local schools was capable of being a material consideration.
- 3.14 Following a full consultation period and assessment by the case officer, the matter was put back before the Strategic Committee on 16th September 2010 taking account of the Judge's ruling and seeking to address the issue of the proximity of local schools and their healthy eating policy. Members resolved to refuse planning permission and the decision notice was issued on 5th

October 2010. The applicant lodged an appeal against this decision, which was held in early 2011. The inspector determined to uphold the appeal and grant planning permission. The inspector identified three main issues in the case:

- The effect of the proposal on the health and wellbeing of local residents.
- The effect of the proposal on parking availability, and any subsequent impact on highway safety or the free flow of traffic in nearby streets.
- The effect of the proposal on the living conditions of nearby residents (this was not given as a reason for refusal but was included in recognition of the significant number of representations received from the local community objecting to the proposal on amenity grounds).

3.15 The inspector also reviewed the policies available to determine where future A5 applications should be located.

3.16 Further detail is provided below in relation to the inspector's view on the effect of the proposal on the health and wellbeing of local residents and the location of A5 applications as these are highly relevant to the development of any future policy in Tower Hamlets.

The Cable Street judgement and its implications

- 3.17 The inspector made a number of key points in respect of health and wellbeing:
- The specific location of the application was not considered to be 'over-concentrated' with A5 uses. This was corroborated through a Council Land Use Survey.
 - No evidence was provided demonstrating that "the location of a single take-away within walking distance of schools has a direct correlation with childhood obesity, or would undermine school healthy eating policies".
 - "There are no adopted or emerging local policies that would support refusal of the proposal in this location, or which seeks to take forward the Government advice in 'Healthy Weight, Healthy Lives', which seems to seek to control a proliferation of such outlets near schools".
- 3.18 The inspector referred to PPS4: Planning for Sustainable Economic Growth (town centre guidance), Policy 3D.1 of the London Plan and Policy SP01 of the Tower Hamlets Core Strategy and the support these policies provide to focusing retail and other activities in recognised centres. The inspector accepted these policy aims, but noted that this does not preclude development of retail (and other uses such as hot-food take-aways) outwith these areas.
- 3.19 What this means for any future development of A5 policy is that while there is case law to demonstrate that healthy eating and proximity to local schools can be seen as a material consideration, over-concentration of any use type may be difficult to prove in practice.
- 3.20 Furthermore, evidence is required to demonstrate a link between childhood obesity and the proximity of A5 uses to schools – and this evidence was not provided in this particular case.
- 3.21 Fundamentally, in the absence of any policy explicitly seeking to control proliferation of fast-food outlets near schools, it was difficult for the inspector to refuse an application on such grounds.
- 3.22 The next chapter sets out some of this evidence and moves towards a consideration of the factors which will need to be taken into account in the development of such a policy.

4 Evidence review

- 4.1 Although it may appear to be simply a matter of common sense that there is a link between fast-food and obesity, between fast-food take-aways and obesity and therefore between an over-concentration of fast-food take-aways and obesity, planning policies need to be built on something more robust than intuition.
- 4.2 Planning Policy Statement 12 (PPS12) requires local planning authorities to ensure that there is a robust evidence base for their planning policies. There is, however, no prescriptive guidance on what constitutes sufficient evidence and the Planning Inspectorate has indicated that the character of the evidence required "will depend on the content and nature of the DPD" and that "local circumstances will also be directly relevant".²⁸
- 4.3 Provided that there is a strong evidence base, local planning authorities are free to include policies aimed at controlling A5/A3 building use in DPDs.²⁹
- 4.4 It is therefore vital that any policy based around healthy spatial planning is rooted in a robust evidence base.
- 4.5 A useful starting point is the 2010 systematic review conducted by the United States Department of Agriculture's Nutrition Evidence Library (NEL). This looked at the relationship between the built environment, obesity and fruit and vegetable intake and concluded:

"Moderately strong evidence now indicates that the food environment is associated with dietary intake, especially less consumption of vegetables and fruits and higher body weight. The presence of supermarkets in local neighborhoods and other sources of vegetables and fruits are associated with lower body mass index (BMI), especially for low-income Americans, while lack of supermarkets and long distances to supermarkets are associated with higher BMI. Finally, limited but consistent evidence suggests that increased geographic density of fast food restaurants and convenience stores is also related to increased BMI"³⁰
- 4.6 A table outlining the key findings from this work is presented on the following pages. As can be seen, there is a degree of agreement on linkages between obesity and a range of

²⁸ Planning Inspectorate (2010) *Local Development Frameworks: Examining Development Plan Documents – Soundness Guidance*. Planning Inspectorate, London

²⁹ Ellis, Chang and Mannion (2010) op.cit.

³⁰

http://www.nutritionevidencelibrary.com/evidence.cfm?evidence_summary_id=250300

environmental factors (including concentrations of fast-food restaurants) while also a recognition that more work needs to be carried out in this area.

Author and year of meta-analysis	Number of studies considered	Criteria for inclusion in analysis/search terms	Outcomes
Black and Macinko 2008	37	<ul style="list-style-type: none"> • Outcomes of weight, physical activity or diet • Assessment of neighbourhood level indicators 	<p>Decreased neighbourhood-level economic and social resources were associated with raised obesity rates in 15 studies</p> <p>Associations between neighbourhood income inequality and racial composition with obesity were mixed</p> <p>Healthy food availability is associated with food choices (especially fruit and vegetable consumption), but the impact on obesity is unclear</p>
Casagrande <i>et al.</i> 2009	10	<ul style="list-style-type: none"> • The objective or perceived physical built environment • Dietary behaviours and obesity or BMI as outcomes • Populations that were 90% or more African American • 18 years of age or older 	<p>The presence of supermarkets and speciality stores was consistently positively associated with meeting fruit and vegetable guidelines</p> <p><i>The lack of studies on this topic made it difficult to draw conclusions on features of the built environment that influence dietary intake or weight</i></p>
Dunton <i>et al.</i> 2009	15	<ul style="list-style-type: none"> • One or more features of the built or biophysical environment • BMI, overweight or obesity • People up to the age of 18 	<p>Findings varied by age, gender, socio-economic status, population density, and whether reports were made by the parent of child</p> <p>Vegetation density, presence of hazards and number of locked schoolyards were positively correlated with BMI. Intersection density, road safety and access to recreational facilities and trails were negatively correlated with BMI</p> <p>Those living in rural, ex-urban, and mixed urban areas were more</p>

			likely to be overweight than those living in suburban and inner city areas
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Author and year of meta-analysis	Number of studies considered	Criteria for inclusion in analysis/search terms	Outcomes
Ford and Dzewaltowski 2008	13	<ul style="list-style-type: none"> • Food environment • Nutrition environment • Food access • Food availability • Obesity 	<p>Poor-quality retail food environments in disadvantaged areas, in conjunction with limited economic resources, contribute to raised risk of obesity within racial and ethnic minorities and disadvantaged populations</p>
Giskes <i>et al.</i> 2007	21	<ul style="list-style-type: none"> • Energy intake • Total and saturated fat intakes or fruit and vegetable intakes as outcomes • Environmental factors 	<p>14 studies found relationships between environment and energy intake</p> <p>16 studies found relationships between environment and total fat intake</p> <p>Nine showed relationships between environment and saturated fat intake</p> <p><i>More research is needed before conclusions can be made</i></p>
Holsten 2008	7	<ul style="list-style-type: none"> • BMI as a continuous or categorical variable • Physical measurement of environmental variables related to food outlets 	<p>Five studies found associations between obesity and the food environment, including presence of food stores, fruit and vegetable prices, neighbourhood disadvantage, distance to the food store and number of fast-food restaurants</p> <p><i>Many studies had limitations, and more research is needed to generate an overall conclusion</i></p>
Jago <i>et al.</i> 2007	31	<ul style="list-style-type: none"> • Availability • Accessibility • Fruit and vegetables 	<p>The availability of fruits and vegetables was associated with intake, and this relationship was mediated by socio-economic status and preference</p>

			Variations in availability are likely to mediate changes in consumption
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Author and year of meta-analysis	Number of studies considered	Criteria for inclusion in analysis/search terms	Outcomes
Kamphuis <i>et al.</i> 2006	24	<ul style="list-style-type: none"> • Accessibility and availability of fruits and vegetables • Social conditions • Cultural conditions • Socioeconomic conditions • Fruit and vegetable intake 	<p>Living in an economically advantaged area, good availability, having a vegetable garden and a supermarket in the census tract were positively associated with fruit and vegetable intake</p> <p>Living in an economically disadvantaged neighbourhood and low household income were negatively associated with fruit and vegetable intake</p> <p><i>There is not enough evidence to justify interventions targeting specific environmental factors</i></p>
Papas <i>et al.</i> 2007	20	<ul style="list-style-type: none"> • Direct measurement of body weight • At least one objective measure of the built environment 	<p>Obesity was positively associated with fast food restaurant density, rise in the presence of convenience stores and greater distance to a supermarket, and negatively associated with falling food prices for fruits and vegetables</p> <p><i>More research on the built environment and obesity is needed</i></p>
Van der Horst <i>et al.</i> 2007	58	<ul style="list-style-type: none"> • Obesity-related dietary behaviours • Assessment of some aspect of the environment • Subjects aged three to 18 years 	<p>A positive, but inconsistent, association was found for availability and accessibility on children's fruit and vegetable intake</p> <p><i>More studies examining environmental factors using longitudinal study designs and validated measures are needed for solid evidence to inform interventions</i></p>

The link between fast-food and obesity

- 4.7 Above and beyond the NEL work, there is clear evidence that over-consumption of energy-dense foods can lead to obesity and malnutrition. According to the Foresight Review, food purchased from fast-food outlets and restaurants are up to 65% more “energy-dense” than the average diet. A longitudinal study conducted in America and cited by Foresight found a relationship between frequency of consumption of food from fast-food restaurants in American girls (aged 8-18) and the development of obesity.³¹
- 4.8 Another US study found a positive association between eating at fast-food restaurants and a high Body Mass Index.³²
- 4.9 In addition, there is evidence that food consumption is becoming increasingly unstructured, leading to an increased reliance on ‘food on the go’ (including, but not restricted to, fast-food). In its findings, the Foresight Review concludes that this combination of issues makes factors such as availability of and access to ‘food on the go’ important considerations for planners.

The link between overconcentration of A5 use and obesity

- 4.10 Systematic reviews and high quality literature reviews have identified a number of American studies that have found a causal link between over-concentration of/proximity to fast-food outlets and obesity.³³
- Research published in 2004 found that differences in the prevalence of fast-food outlets across American states could explain 6% of the variance in obesity levels between their residents.³⁴
 - More recent work has found “significant associations . . . between resident-level individual characteristics and the likelihood of being obese for neighbourhoods with a high-

³¹ Thompson *et al.* (2004) “Food purchased away from home as a predictor of change in BMI Z-score among girls” in *International Journal of Obesity*, 28, pp282-289

³² Jeffery *et al.* (2006) “Are fast food restaurants an environmental risk factor for obesity?” in *International Journal of Behavioral Nutrition and Physical Activity*, 3:2

³³ e.g. Davis and Carpenter (2009) “Proximity of fast-food restaurants to schools and adolescent obesity” in *American Journal of Public Health*, 99:3, pp505-510

³⁴ Maddock (2004) “The relationship between obesity and the prevalence of fast-food restaurants: state-level analysis”, in *American Journal of Health Promotion*, 19, pp137-43

density of fast-food restaurants in comparison to those with a low density".³⁵

- 4.11 In addition some US studies considering the impact of access to (un)healthy food in general have found that proximity of healthier foods could improve dietary intake.
- For example, a study cited by the Foresight Review found a positive association between proximity to supermarkets and fruit and vegetable intake among low-income households³⁶ – while research from 2010 found that low-income neighbourhoods have significantly poorer access to supermarkets.³⁷
 - A Canadian study from 2009 found that "the lower the ratio of fast-food restaurants and convenience stores to grocery stores and produce vendors near people's homes, the lower the odds of being obese".³⁸
- 4.12 This suggests that complementary measures which make room for healthier food stores (e.g. through reducing the opportunity cost by restricting A5 use as well as encouraging other uses) could have an impact in terms of curbing obesity.
- 4.13 More generally, there is the suggestion that the food environment – including concentration of/proximity to fast-food outlets – may contribute to obesity levels. This conclusion is supported by national consumer surveys in the UK, which suggest that the accessibility of fast-food outlets (including proximity and opening hours) is a factor that influences use.³⁹

The link between overconcentration, obesity and deprivation

- 4.14 In the UK and Europe, an observational association has been drawn between over-concentration of fast-food outlets and obesity, in particular in deprived areas. This is based on a number of factors which may be associated with each other:

³⁵ Li *et al.* (2009) "Obesity and the built environment: does the density of neighborhood fast-food outlets matter?", in *American Journal of Health Promotion*, 23(3), pp203-209

³⁶ Rose and Richards (2004) "Food store access and household fruit and vegetable use among participants in the US food stamp program", in *Public Health and Nutrition*, 7, pp1081-88

³⁷ Zenk, Schulz and Odoms-Young (2010) "How neighborhood environments contribute to obesity", in *American Journal of Nursing*, 109:7, pp61-64

³⁸ Spence *et al.* (2009) "Relation between local food environments and obesity among adults", in *BMC Public Health*, 9:192

³⁹ e.g. Bagwell and Doff (2009) *op. cit.*; Key Note (2010) *Market Report Plus: Fast-Food and Home Delivery Outlets*; Institute of Grocery Distribution (2009) *Food To Go Report*. IGD, Watford

1. Low income groups are more likely to consume 'energy-dense' foods (e.g. pizzas, processed meats and fast-foods) than higher income groups.⁴⁰
 2. There is evidence to suggest that concentration of fast-food outlets is higher in deprived areas. For instance, in 2005 researchers studied the location of McDonald's restaurants in England and Scotland and found that, per capita, there were four times as many in the most deprived census output areas than in the least.⁴¹
 3. And levels of obesity tend to be higher in deprived areas than in wealthier areas.⁴²
- 4.15 This has led some to propose that the creation of so-called 'food deserts' (areas where there is poor access to healthy and fresh foods) in deprived areas may contribute to obesity.⁴³ A recent UK review of 33 studies points out:
- "Most of the studies have found a positive association between availability . . . of fast-food outlets and increasing deprivation . . . This is an important issue to highlight to policy decision makers as land use restrictions on new fast-food outlets may help to stop the 'deprivation amplification' effect"⁴⁴
- 4.16 Bearing this in mind, it should be remembered that not only is Tower Hamlets the most deprived borough in the country, it also has the significant pockets and concentrations of deprivation – with the most deprived Lower-layer Super Output Area in London and, on average, the most deprived top 20 LSOAs in the capital.

The link between overconcentration and proximity to schools

- 4.17 American researchers recently compared food consumption and obesity between students with fast-food restaurants within half a mile of their high school and those without. They found that:

⁴⁰ Food Standards Agency (2007) *Low Income and Diet Survey*. Food Safety Authority, London

⁴¹ Cummins, McKay and Macintyre (2005) "McDonald's restaurants and neighbourhood deprivation in Scotland and England", in *American Journal of Preventative Medicine*, 4, pp308-10

⁴² Foresight (2007) op.cit.

⁴³ Marmot (2010) op. cit.; Cummins and Macintyre (2006) "Measuring outcomes from active transport interventions for children", in *International Journal of Epidemiology*, 25, p100-104

⁴⁴ Fraser *et al.* (2010) "The Geography of Fast Food Outlets: A Review" in *International Journal of Environmental Research and Public Health*, 7, pp2290-2308

“Students with fast-food restaurants near (within one half mile of) their schools consumed fewer servings of fruits and vegetables, consumed more servings of soda, and were more likely to be overweight or obese than were youths whose schools were not near fast-food restaurants”⁴⁵

- 4.18 Other US researchers have found that fast-food restaurant within 160 metres of a school (0.1 miles) is associated with a 5% increase in obesity.⁴⁶ As the same UK research review mentioned above notes, “children in schools are exposed to more fast-food outlets than expected and this has important policy implications”.

Equivocal evidence

- 4.19 Although all of the above appears to build a compelling body of evidence for various links between fast-food and obesity, it should be noted that there are also a number of studies which point in the other direction.
- The same study that found associations between eating fast-food and a high BMI also found that proximity of fast-food restaurants to either home or work was not causally related either to eating at fast-food restaurants or to higher BMIs.
 - The UK study of McDonald’s outlets – while finding an overall link between deprivation and over-concentration of fast-food outlets – did not find that link holding everywhere.
 - Research published only this year has found no correlation between the proximity of fast-food take-aways to schools and childhood obesity (although it should be noted that this was based solely on a ‘buffer zone’ of 800 metres, with no analysis apparent at the 400 or 200 metre level).⁴⁷
 - Another American study found that, while proximity to *food stores* impacted on dietary intake and weight, proximity to *restaurants* (including fast-food outlets) did not.⁴⁸
 - The factors which create ‘food deserts’ in the UK have been found not to influence intake of fruit and vegetables.⁴⁹

⁴⁵ Davis and Carpenter (2009) op. cit.

⁴⁶ Currie *et al.* (2010) “The effect of fast-food restaurants on obesity and weight gain” in *American Economic Journal: Economic Policy*, 2:3, p32-63

⁴⁷ Howard, Fitzpatrick and Fulfrost (2011) “Proximity of food retailers to schools and rates of overweight ninth grade students: an ecological study in California” in *BMC Public Health*, 11:68

⁴⁸ Lovasi *et al.* (2009) “Built environments and obesity in disadvantaged populations”, in *Epidemiologic Reviews*, July 2009

⁴⁹ Pearson *et al.* (2005) “Do ‘food deserts’ influence fruit and vegetable consumption? A cross-sectional study”, in *Appetite*, 45, pp195-197

- Another UK study found no independent relationship between indicators of healthier eating and the local retail environment.⁵⁰

4.20 All of this has led some researchers to conclude that “food availability and accessibility, which have been suggested by studies in North America as important components of the obesogenic environment, do not seem to play such a role in Europe, even among lower socio-economic groups”.⁵¹

But it is not just the proximity issue which can be considered a proxy for an obesogenic environment with limited healthy options. See our work in City and Hackney and Preston for this.⁵²

Also with travel routes to school it is not simply the proximity but the sheer abundance of outlets.

Implications for Tower Hamlets

- 4.21 There is more evidence for links between obesity and fast-food take-aways than for there being no link. However, the fact that there is *some* evidence which queries this link – which may be drawn on by disputants – means that caution should be exercised when building policies solely on existing research.
- 4.22 This may therefore require Tower Hamlets to develop a wider response to the number of fast-food take-aways in the borough – such as relating over-concentration more explicitly to vitality and viability or by focusing on deprivation.
- 4.23 That said, even those who find no evidence for a link query their own definitions of ‘fast-food’ (restaurants are sometimes included, evidence for consumption is sometimes reported second-hand) and ‘proximity’ (which is variously related to home, work or school and which sometimes draws arbitrary lines

⁵⁰ White *et al.* (2004) *Do Food Deserts Exist? A Multi-Level Geographical Analysis of the Relationship between Retail Food Access, Socio-Economic Position and Dietary Intake*. Food Standards Agency, London; Lake and Townshend (2006) “Obesogenic environments: exploring the built and food environments”, in *Journal of the Royal Society for the Promotion of Health*, 126:6, pp262-67

⁵¹ Maziak, Ward and Stockton (2007) “Childhood obesity: are we missing the big picture?”, in *Obesity Review*, 9, pp35-42

⁵² Bowyer, S., Caraher, M., Eilbert, K. and Carr-Hill R. (2009). Shopping for Food; Lessons from a London Borough. *British Food Journal*, vol 111, issue 5, pp 452-474.

Lloyd S, Lawton J, Caraher, M, Singh G, Horsley K, and Mussa F. (2011) A tale of two localities: Healthy Eating on a restricted income. HEJDOI: 10.1177/0017896910364837.

Caraher, M. Lloyd S, Lawton J, Singh G, Horsley K, and Mussa F. (2010) A tale of two cities: A study of access to food, lessons for public health practice. *Health Education Journal*, Jun 2010;. 69, 200 - 210 .

– 800m, 400m, even 1,600m in some cases – around those locations). The validity of some of those studies (particularly around proximity to schools) can also be called into question.

- 4.24 Furthermore, just because the evidence is sometimes conflicting, this does not mean that it isn't there – it can also mean that not enough work has been carried out. Several high-quality reviews (including the meta-analysis carried out by NEL discussed at the beginning of this chapter) have, for instance, identified the need for further research into the association between over-concentration of fast-food outlets and obesity, and between poor access to a good supply of healthy food and obesity.⁵³
- 4.25 One group of researchers have argued that as well as understanding more about the impact of “objectively measured aspects of the built environment” on obesity (such as the number of fast-food outlets per 1,000 residents) more research is needed into the impact of “subjective or perceived environmental traits”⁵⁴ – that is, into people's own perceptions of their built environment and how this affects their behaviour.
- 4.26 The goal of research in this field is “to explain and potentially change . . . fundamental human behaviours”.⁵⁵ Understanding the reasons *why* people behave in certain ways is important to achieving this goal. Therefore, it is important to understand residents' own views on their built environment and how this impacts on their food choices – an approach to evidence-gathering that may require ‘qualitative’ exploration.
- 4.27 Evidence from high-quality qualitative research is increasingly recognised as being important and valuable in developing policies aimed at behaviour change. In their guidance on evaluating the effectiveness of public health interventions, both the Cochrane Collaboration and the Centre for Reviews and Dissemination recognise the value of qualitative and exploratory evidence (including focus groups, depth interviews and surveys). Evidence from qualitative or exploratory studies into the factors that influence the eating habits of Tower Hamlets residents may, therefore, be valuable as part of an evidence base for policies designed to restrict A5.
- 4.28 The public consultation on Tower Hamlets' Core Strategy could be a useful case in point, as responses from Local Area Partnerships placed a heavy emphasis on restricting new fast-

⁵³

http://www.nutritionevidencelibrary.com/evidence.cfm?evidence_summary_id=250300

⁵⁴ Papas *et al.* (2007) “The built environment and obesity”, in *Epidemiologic Reviews*, 29, pp129-43

⁵⁵ *Ibid.*

food outlets while encouraging existing ones to serve healthier food options. A similar consultation in Hounslow found that over four in five respondents felt that “the Core Strategy should seek to differentiate between policies on restaurants, public house and take-away facilities rather than treating them all in a similar way”.

5 Existing policy approaches and case law

- 5.1 Alongside reviewing the evidence for linkages between obesity and an over-concentration of hot-food take-aways it is also important for Tower Hamlets to take other factors into account – in particular, to draw on existing policy approaches which are in force elsewhere, especially in other London boroughs.
- 5.2 This section therefore summarises policy approaches used in other local authorities to manage A5 uses. It is not exhaustive but it provides a useful indication of the direction of travel within the planning arena.

Policy approaches to managing A5 uses

- 5.3 A range of policies and mechanisms are used to manage the impact of A5 uses. Historically, policies have sought to control the impact on amenity (e.g. from increased noise, odour, traffic etc). Recently local authorities have considered the potential health impacts of A5 uses. This has resulted in some authorities developing policies which seek to manage the number of A5 uses in close proximity to schools and youth clubs (recognising the links between consumption of less healthy food and childhood obesity).
- 5.4 Such policy approaches can be included in local development documents (e.g. Development Plan Documents) or through use of Supplementary Planning Documents.

Development Plan Documents (and the policies therein) are tested by means of an Examination in Public, held by an Independent Inspector. Aspects of the Plan can be subject to third party challenge during the Examination – for example, if the third party does not support evidence used to justify a policy or policy approaches.

Supplementary Planning Documents (SPDs) are used to provide more detail on policies/policy approaches in a higher tier plan. These documents are not subject to independent scrutiny, although there is an opportunity to provide comments through a formal consultation period.

- 5.5 There are a number of restrictions on A5 uses which councils have sought to implement:
- Considering applications only in specified areas
 - Concentration and clustering
 - Proximity

- A3 as A5

5.6 Although not a London authority, St Helen's Council has implemented a wide-ranging policy which encompasses many of these restrictions, granting planning approval only:

- i) "within identified centres, or
- ii) beyond a 400m exclusion zone around any primary or secondary school and sixth form college either within or outside Local Education Authority control.

"Where an A5 is to be located within a centre it should not result in:

- i) more than 5% of the units within the centre or frontage being A5
- ii) more than two A5 units being located adjacent to each other
- iii) any less than two non-A5 units between individual or groups of hot-food take-aways
- iv) the proportion of A1 uses in a primary retail frontage falling below 75%"

5.7 Within London, the following councils have been identified to have either proposed or adopted restrictive policies based around A5 usage: Barking and Dagenham, Greenwich, Haringey, Havering, Kensington and Chelsea, Kingston-upon-Thames, Newham and Waltham Forest – while Hackney and Islington have stated plans to produce DPDs and SPDs which tackle over-concentration of use and Kingston-upon-Thames has a commitment to "resist concentrations of hot-food take-aways close to schools".

5.8 Barking and Dagenham's approach is considered separately below as it has been subject to a planning appeal.

Considering applications only in specified areas

5.9 In Greenwich, "Major, District and Local Centres and Neighbourhood Parades are the preferred location for hot-food take-away establishments".

5.10 Three other councils make the wider point about over-concentration and saturation. In Havering, for instance, this relates to cinemas rather than hot-food take-aways – "The study identifies that cinema provision in the borough is above the London average suggesting a slight oversupply and, therefore, considers there is little scope for additional provision in the near future".

- 5.11 Newham notes that “particular problems are currently reported with the clustering of A5 (hot-food take-aways) and A2 (notably betting shops) in and just outside the borough’s centres” and states its commitment to prevent A5 uses “reaching disproportionate levels” within its centres.
- 5.12 In Kensington and Chelsea, “the Council will generally discourage applications for new hot-food take-aways, estate agents and bureaux de change, as these are already oversubscribed within the centre and do not cater for the local catchment”
- 5.13 The emphasis of A5 policy within the other London councils is also very much directed towards the consideration of A5 applications only within certain centres, where the issue of concentration and clustering then comes into force.

Concentration and clustering

- 5.14 Most London councils which apply a restrictive policy on A5 applications rely on the viability and vitality argument and relate this to all non-A1 use in general:
- Haringey: “To preserve the viability and vitality of the primary and secondary frontages, no more than 2 adjoining frontages should be in non-A1 use”
- Greenwich: “Will not be permitted if, as a result, either the use class category proposed or the combined total of A2, A3, A4 and A5 uses would occupy more than 25% of all designate frontage premises within that centre”
- 5.15 Two councils explicitly apply differing levels of non-A1 use depending on the centre in question:
- Havering: “The proposal will not result in the grouping of 3 or more adjoining A2-A5 uses; within the retail core of Hornchurch and Upminster the proposal will not result in the proportion of non-retail uses within the relevant frontage exceeding 20% of its total length. Within the retail cores of Collier Row, Elm Park, Harold Hill and Rainham and the Major Local Centres, a 33% figure will apply”
- Kensington and Chelsea: “80% of the ground-floor units in the relevant street frontage [in Notting Hill Gate] will remain in an A1(shop) use and the non-shop use is not adjacent to another non-A1 use; . . . 66% of the ground-floor units in the relevant street frontage [Notting Hill Gate District Centre] will remain in an A1(shop) use and there are no more than 3 non-A1 uses in a row”
- 5.16 Waltham Forest’s policy is geared specifically towards A5 use only:

“Within primary, secondary and retail parade zones, no more than 5% A5 uses; . . . Within tertiary zones, and outside designated centres, no more than 1 A5 unit allowed within 400m of an existing A5; . . . No more than 2 A5 units adjacent to each other; . . . Between individual or groups of A5, there should be at least 2 non-A5 uses”

Proximity

- 5.17 Newham succinctly sets out its reasoning behind its 400m buffer: “The need to promote healthy eating through taking into consideration the cumulative impact of A5 uses (hot-food take-aways) and the establishment of a 400m exclusion zone for these uses around secondary schools”, while Waltham Forest expands its own 400m school zone to include youth centres and park boundaries.
- 5.18 Greenwich also imposes a restriction on hot-food take-aways within 400m “of the boundary of a primary or secondary school” and justifies this exclusion thus:

“The Council is committed to improving the health of residents, the health of school age children is particularly important. Good nutrition is essential for both physical and mental development and lack of it can result in a child under achieving. Hot-food take-away establishments are known to often sell unhealthy food. The restriction of hot-food take-aways within 400m from a school equates to a walking time of approximately 10 minutes. This is considered a distance that will deter school children from walking to these establishments within their lunch period or after school. By limiting the unhealthy food options available there is an opportunity for the health of the Borough's children to improve”

A3 as A5

- 5.19 Finally, as a council with one of the most comprehensive A5 policies, Waltham Forest explicitly considers the issue of ‘A5 by the back door’:
- “In determining the dominant use of the premises (i.e. A3 or A5), consideration will be given to:
- The proportion of space designated for food preparation and other servicing in relation to designated customer circulation space;
 - The number of tables or chairs to be provided for customer use”

The following table summarises some of the key policy areas which can be subject to differing interpretations, while in the next section, we explore Barking and Dagenham’s experience in more detail.

Council	Concentration	Clustering	Proximity
Barking and Dagenham	5% limit on A5 units and/or frontage	No more than two adjoining frontages to be A5; at least two non-A5s between groups of A5	400m around primary and secondary schools (measured from school boundary)
Greenwich	25% limit on non-A1 frontage		400m around primary and secondary schools (measured from school boundary)
Haringey		No more than two adjoining frontages to be non-A1	
Havering	20% and 33% limits on non-A1 frontage	No more than two adjoining frontages to be non-A1	
Kensington and Chelsea	20% and 34% limits on non-A1 frontage	No adjacent non-A1 frontages; no more than three adjoining frontages to be non-A1 [in other areas]	
Newham			400m around secondary schools
Waltham Forest	5% limit on A5 frontage; no A5 within 400m of existing A5 [outside designated areas]	No more than two adjoining frontages to be A5; at least two non-A5s between groups of A5	400m around schools, youth centres and park boundaries

Case Study: Barking and Dagenham’s Saturation Point SPD

5.20 The London Borough of Barking and Dagenham adopted an SPD on hot-food take-aways in July 2010. The *Saturation Point* SPD sits within the wider development plan for the borough which comprises a Core Strategy (adopted in July 2010), the borough-wide Development Policies DPD (due for adoption in 2011) and the Site Specific Allocations Document (adopted in December 2010). Paragraph 3.4 of the SPD states that:

“With 187 hot-food take-aways (A5 Use Class) in Barking and Dagenham, the Council considers that in the interests of the health of the Borough’s residents, particularly children, that the proliferation of A5 uses needs to be carefully controlled. It is for

this reason that the Council has decided to provide further guidance on the location of hot-food take-aways”

- 5.21 There are four key measures put forward within the SPD to respond to the borough’s obesity issues, which it should be noted, include not only planning responses but also health education complementary measures. These are:
- Reducing the prevalence and clustering of hot-food take-aways shops, especially those in proximity to schools, parks, and local youth amenities such as leisure centres.
 - Seeking developer contributions from new take-aways towards initiatives to tackle obesity.
 - Working with hot-food take-aways to improve the nutritional value of the food they sell.
 - Improving the opportunities to access healthy food in new developments.
- 5.22 These are detailed in Implementation points (followed by a reasoned justification for each) as set out below.

SPD Implementation Point 1 – Proximity to Schools

Planning permission for new hot-food take-aways (Use Class A5) will not be granted in the hot-food take-away exclusion zone. This is where proposals:

- Fall within 400m of the boundary of a primary or secondary school

- 5.23 Para. 5.1 of the reasoned justification to this implementation point states that: “The Borough is saturated with 187 hot-food take-aways, many of which are in close proximity to sensitive uses such as schools, leisure centres, youth facilities and parks”.
- 5.24 Para 5.4 goes further: “The Council considers therefore that take-aways within walking distance of schools are a contributing factor to the rising levels of obesity in the Borough. It is for this reason that the exclusionary zone is set at 400m from secondary and primary schools”.
- 5.25 Para. 5.5 provides justification for both primary and secondary schools: “Whilst pupils in primary education should not be allowed out of school premises during the school day, research has indicated that the most popular time for purchasing food

from shops is after school.⁵⁶ Since not all primary school pupils will be accompanied home by an adult applying the exclusion zone around primary schools is deemed appropriate”.

- 5.26 Mapping of the exclusion zone around schools in Barking and Dagenham indicates that it is extensive. For this reason, the borough considered it unnecessary to implement further buffers around parks, children centres and leisure centres.
- 5.27 It should be noted that in its response to the public consultation around the SPD, the Chartered Institute of Environmental Health stated that “The CIEH supports the provision of an exclusion zone of 400m around the boundary of a primary or secondary school in the borough”.⁵⁷

SPD Implementation Point 2 – Concentration and Clustering

Planning permission will only be granted for a hot-food take-away outside of the hot-food take-away exclusion zone provided that:

- It is within Barking Town Centre, or Dagenham Heathway, Chadwell Heath and Green Lane District Centres or one of the Neighbourhood Centres.

It will lead to:

- No more than 5% of the units within the centre or the frontage being hot-food take-aways.
- No more than two A5 units being located adjacent to each other.
- There being no less than two-non A5 units between a group of hot-food take-aways.

- 5.28 The percentage is based on the measured frontage and takes account of the whole frontage and the existing amount of A5 in identified frontages. The percentage imposed is stricter than that contained within the borough-wide Development Policies DPD (15%). The Council felt that 15% would not be restrictive enough.
- 5.29 The reasoned justification to this implementation point recognises that hot-food take-aways can contribute to the mix of town centres, but are considered to be dominating the local retail food offer in the borough. It is recognised that an

⁵⁶ Sarah Sinclair, JT Winkler (2009) *The School Fringe: from Research to Action. Policy Options within Schools on the Fringe*. Nutrition Policy Unit, London Metropolitan University

⁵⁷ Chartered Institute of Environmental Health (2009) *Addressing the Health Impacts of Hot-Food Take-Aways. Response to Draft for Public Consultation from the London Borough of Barking and Dagenham*. CIEH, London

overabundance of hot-food take-aways can have an impact on the vitality and viability of centres, detract from the primary retail function of centres and result in cumulative impacts on amenity.

SPD Implementation Point 3 – Hot-food Take-away Levy

Where hot-food take-aways are deemed appropriate a fixed fee of £1000 will be charged. This contribution will be sought through a section 106 agreement.

The fee will contribute towards initiatives to tackle childhood obesity in the Borough such as providing facilities in green spaces to encourage physical activity and improvements to the walking and cycling environment.

5.30 The levy primarily seeks to mitigate the impact of A5 uses on the health of their customers, with the money spent exclusively on initiatives to combat obesity in the borough.

5.31 The remainder of the SPD sets out the range of complementary measures which would be required to address the Borough's obesity issue and include:

- Providing advice to existing A5 owners on healthier food options;
- Working with schools to support the Healthy Schools Programme;
- Reduce A5 uses in council owned properties through conditions on leases; and
- Implement licensing restrictions on mobile hot-food take-away vans in close proximity to schools.

How has this worked in practice?

5.32 Correspondence with London Borough of Barking & Dagenham (including discussions at a practitioner workshop⁵⁸) highlighted the following points:

- The SPD was not challenged during the consultation period.
- The difference between the concentration percentage in the SPD (5%) and the Borough Wide DPD (15%) could be problematic. Under examination, the higher tier DPD is likely to hold more weight.
- The SPD focuses only on A5 uses, which could be considered a limitation.

⁵⁸ Shaping London's Public Health Partnership Working in Action, 9th March 2010

- It is not possible to distinguish between different types of A5 recognising that some may provide a healthier offer than others.
- The levy has not yet been applied to any applications.
- The SPD has been used to refuse a handful of A5 applications.

5.33 The most prominent case relates to land at 233 Heathway, Dagenham, RM9 5AN where Domino Pizza Group Limited applied for a change of use to hot-food take-away⁵⁹. The site was an existing shop unit (mostly vacant since 2009) within a primary shopping frontage in Dagenham Heathway District Centre.

5.34 London Borough of Barking and Dagenham refused permission for this application on the following grounds:

- The proposed use would result in a proportion of non-A1 uses in excess of 30% of the defined retail frontage to the detriment of the vitality and viability of the Dagenham Heathway District Centre and is contrary to Unitary Development Plan Policy S4 and Borough Wide Development Plan Policy BE1 of the Local Development Framework.
- The proposed use is sited within the hot-food take-away exclusion zone by virtue of it being within 400 metres of a school and would have a detrimental impact upon the health and wellbeing of residents of the Borough contrary to advice contained with the Draft Supplementary Planning Document 'Saturation Point – Addressing the health impacts of hot-food take-aways' which forms part of the Local Development Framework.

5.35 Dominos subsequently appealed to the planning inspectorate. The main points of their argument were:

- The application represents an exception to reason of refusal 1 in that the unit had remained empty despite marketing effort on behalf of the agent. Dominos considered that an active use would contribute more to the vitality of a centre than an empty unit.
- Dominos contended that the application is not within a 400m 'walking distance' of a school and that the application of the 400m buffer in the SPD [based on radial distance] is unrealistic.

⁵⁹ Application No. 10/00210/FUL, decision notice issued 20th May 2010

- 5.36 Dominos offered to accept a condition such that “no counter service should take place before 16.30 which would remove any concern that pupils would be able to use the Domino’s facility on schooldays”.⁶⁰
- 5.37 Following a hearing in January 2011, the Inspector dismissed the appeal.⁶¹ The inspector identified the effect on vitality and viability of the Dagenham Heathway District Centre and the effect on the health and wellbeing of local residents as the key issues for the case.
- 5.38 The inspector gave significant weight to policy BE1 of the Borough Wide Development Policies DPD (“uses in classes A2-A5 will not be permitted in more than 30% of primary shopping frontages”) noting that the plan had been examined and found to be sound.
- 5.39 The inspector recognised that exceptions could be made to policy BE1 where there is no reasonable prospect of a viable retail reuse, but did not consider that the appellant had adequately demonstrated that there was a local need for the proposed A5 use. The inspector accepted that the “cumulative length of the non-retail frontages in the parade already exceeds the policy thresholds” and that “The proposal would, therefore, materially harm the vitality and viability of the Dagenham Heathway District Centre”.
- 5.40 On health and wellbeing, the inspector recognised that the SPD was adopted in 2010 following public consultation and “is therefore an important material consideration”. He also considered that the site is “within about a 5 minutes’ walk from the school”. The inspector considered that the condition put forward by Dominos (to close the counter service between 15.00hours and 16.30hours each afternoon on schooldays) would have a neutral effect on the health and wellbeing of local residents, but would further harm the vitality of the shopping frontage as the frontage would be inactive during this period.

Conclusions from Barking and Dagenham’s experience

- 5.41 Barking and Dagenham chose to incorporate its A5 policy into an SPD. In hindsight, it may be better to incorporate A5 policies within DPDs rather than SPDs as they carry more policy weight. On the other hand, DPDs will, however, be subject to a formal examination in public and policies will be subject to more scrutiny.

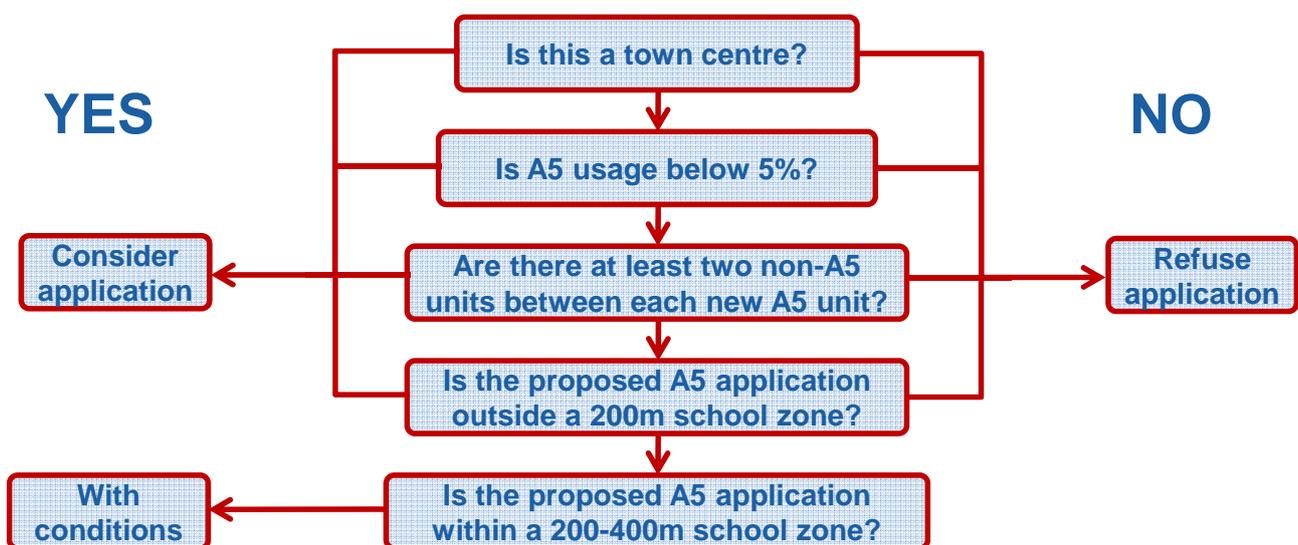
⁶⁰ Para. 7.19 of Dominos appeal statement – Appeal by Domino Pizza Group LTD APP/Z5060/A/10/2136264/NWF

⁶¹ Appeal Decision by CA Newmarch BA (Hons) MRICS MRTPI on 11th February 2011

- 5.42 It is also difficult to use planning to distinguish between A5 uses – as certain uses may provide a healthier food offer than others. This emphasises the importance of complementary measures which will be outlined more clearly in the following chapter.
- 5.43 Ultimately, although the inspector found in the Council’s favour, vitality and viability were more persuasive and robust justifications than those of health and wellbeing. It is therefore important that policies which restrict A5 use are founded upon the vitality and viability argument in the first instance with health and wellbeing acting as a refining factor. We believe that the policy recommendations contained in the next chapter do just this.

6 Policy Recommendations

- 6.1 From our analysis of the international evidence base, the national and regional policy context, the application of A5 policies by other London councils and of policy and practice in Tower Hamlets itself, we believe that a strong case can be made for a series of coherent policies which control the future development of A5 use within the borough. These policies are intended to be included within Tower Hamlets' forthcoming Development Management DPD.
- 6.2 At its core, our recommended policy suite is founded upon three interlocking policies:
- Restricted to town centres (based around vitality and viability)
 - Concentration and clustering (based around vitality and viability)
 - Proximity to schools (based around evidence and existing practice)
- 6.3 Two further planning policies would be brought in to support this core suite – relating to A3 restaurants and cafés and a combined assessment of health and environmental impacts.
- 6.4 Finally, this set of policies can only be successfully articulated if it is understood that planning is only one of many policy options which are available to Tower Hamlets. Complementary measures which support healthy lifestyles will also need to be considered and enacted.
- 6.5 Before setting out each policy recommendation in detail, it is instructive to see how the three core policies build on one another as set out in the decision tree below. As can be seen, some of these policy recommendations relate to variables identified within the table in the previous chapter (e.g. 5%, number of units between A5 units, 400m exclusion zone, etc.) and it is therefore likely that they would benefit from the



additional assurance of being tested through public consultation.

- 6.6 In devising these policy options, Dr Foster Intelligence and Land Use Consultants had discussions and met with a range of stakeholders, including Tower Hamlets' planning officers and planning lawyers and we applied the following policy appraisal criteria:
- Conformity with higher level policy;
 - Ability to address borough-specific issues;
 - Ability to meet the objective of curbing over-concentration of A5 uses;
 - Availability of evidence in support of policy objectives;
 - Conformity with case law;
 - Conformity with existing approaches and measures in Tower Hamlets;
 - Deliverability; and
 - Availability of monitoring mechanisms.

Policy 1: town centres

Proposed Policy 1: Town Centres

Applications for A5 uses will be permitted in the following centres:

- The CAZ frontage;
- Tower Hamlets Activity Area;
- The Major Centre at Canary Wharf;
- District Centres; and
- Neighbourhood Centres.

A5 uses will not be permitted outside these centres.

- 6.7 **Justification:** *A5 uses will only be permitted within the designated Town Centres, where the Council's aim is to maximise the vitality and viability of the local economy through the provision of a range of use types (including retail units and non-retail uses, such as restaurants and take-aways). Diversity of use types provides choice and serves to reduce the over-concentration of any one type, something which can also harm an area's amenity and sustainability.*

- 6.8 In the development of this policy option (which is a positive policy, 'permitting' rather than 'restricting' applications), a

previous iteration proposed that A5 uses only be permitted within District and Neighbourhood Centres as these were initially considered to be the most appropriate centres to accommodate A5.

- 6.9 Discussions with Tower Hamlets' development management planners indicated that the full suite of centres set out in CS Policy SP01 could potentially absorb A5 applications and so the full list of centres has been added to this revised policy.

- 6.10 Further guidance from DM planners suggested that Neighbourhood Centres may not be appropriate for A5 uses due to their smaller scale but from discussions with steering group members, it was felt that clarity and consistency were preferable and so the full list has been maintained.

Policy 2: concentration and clustering

Proposed Policy 2: Amount and Distribution of A5 in Town Centres

Within the defined centres, A5 uses will be permitted provided:

- i. That the total percentage (%) of A5 [in the context of the total number of units] does not exceed 5%.
- ii. Where policy test (i) is met, there must be no less than two-non A5 units between groups of hot-food take-aways.

- 6.11 ***Justification:** In seeking to maximise the vitality and viability of town centres, the Council will promote and protect uses with 'active frontages'⁶² within these centres. Multiple inactive frontages can have a blighting effect on centres and so the Council will seek to manage this potential effect by controlling the proportion and distribution of uses with inactive frontages. A5 uses which are often closed for much of the day are considered to have inactive frontages.*
- 6.12 *Multiple A5 uses can also lead to cumulative effects on amenity – through increased noise, smell, litter and traffic. The Council will also seek to avoid this by managing the total proportion and distribution of A5 uses in any single centre.*
- 6.13 Previous iterations of this policy placed further restrictions on A5 applications – within defined centres A5 uses would only be permitted within secondary frontages. This potential policy test has been removed following discussions with development management planners, recognising that work to define the primary and secondary frontages in the borough is currently underway and that such an approach could be perceived as overly restrictive.
- 6.14 Previous options also identified Brick Lane as a potential policy exception with A5 uses considered on a case-by-case basis. As with policy option 1, this was considered to be inconsistent with the main policy approach to centres and so the exception has been removed. The proposed policy framework would therefore apply to Brick Lane as to any other district centre.

⁶² The façade of a building, which the public can engage in (for example the display area of a shop).

- 6.15 It would also be possible to add a condition to a permission for an A5 application in order to retain active frontages.
- 6.16 The reasoning behind the concentration and clustering figures used in the policy (5% and no less than two-non A5 units between groups of hot-food take-aways) is that these numbers are employed by other London boroughs with similar over-concentration of A5 uses. However, it was felt by the steering group that the Council would need to develop its own proportions, informed by the current number of A5 uses within each centre.

Policy 3: proximity

Proposed Policy 3: Proximity to Schools, Youth Clubs and Local Authority Leisure Centres

Within the defined centres:

- i. A5 uses will not be permitted where these are within 200m of an existing (or proposed) primary or secondary school, youth club and/or local authority leisure centre.
- ii. A5 uses which are 200-400m from schools, youth clubs and/or local authority leisure centres will be permitted (subject to other policy tests) with conditions restricting opening during school hours, notably 12-1.30pm and 3.15-4.30pm.

- 6.17 **Justification:** *Tower Hamlets' residents suffer from a number of health and wellbeing challenges. The three main causes of death are cardiovascular disease, cancer and respiratory disease,⁶³ affecting overall life expectancy which is lower than the national average.*
- 6.18 *Obesity is also a public health issue in the borough, particularly childhood obesity. The weight of every schoolchild in London is assessed as part of the National Child Measurement Programme. The most recent results showed that one in five children in London are obese.⁶⁴ In Tower Hamlets, one in eight reception year children are obese⁶⁵ and by Year 6, over one in four are obese. This compares unfavourably to the English and London averages, with the proportion of overweight and obese Year 6 children being the fourth worst in London.*

⁶³ Tower Hamlets Primary Care Trust (2009) op. cit.

⁶⁴ A child is considered to be obese if they are in the 95th centile (the highest 5%) of the BMI scale, and overweight if they are in the 85th centile (the highest 15%).

⁶⁵ NHS Information Centre (2010) op. cit.

- 6.19 *There is considerable evidence linking proximity of hot-food take-aways to schools with childhood obesity. A recent British review of the research evidence found that “children in schools are exposed to more fast-food outlets than expected and this has important policy implications”.⁶⁶ A major review recently carried out for the US Department of Agriculture found evidence which suggests “that increased geographic density of fast food restaurants and convenience stores is also related to increased BMI”.⁶⁷*
- 6.20 *There are 37,900 5-19 year olds in Tower Hamlets, representing 16% of the total population (higher than the inner London average). There are also 196 take-aways, equating to one take-away for every 193 young people. This is a similar rate to that in Barking and Dagenham (191), which has a similar policy.*
- 6.21 *Moreover, there are 89 schools (75 primary and 14 secondary) within the borough, of which 45 primary schools and eight secondary schools (60%) are currently within 200m of a hot-food take-away. This increases to 90% when the distance is raised to 400m.*

⁶⁶ Fraser *et al.* (2010) *op. cit.*

⁶⁷

http://www.nutritionevidencelibrary.com/evidence.cfm?evidence_summary_id=250300

- 6.22 *There are currently two local authority leisure centres and 16 youth clubs in the borough and they act as activity hubs for children and young people, being places where large numbers of children will congregate. They are also often the focus for after-school activities, including sport.*
- 6.23 *In order to contribute positively to children's health and to complement existing Healthy Schools Initiatives, the Borough will therefore restrict applications for hot-food take-aways within 200m⁶⁸ of an existing (or proposed) primary or secondary school, youth club or local authority leisure centre.*
- 6.24 This is perhaps the most contentious of policy options, but attention should be drawn once again not only to the factors raised by the justification text but also to the studies noted in paragraphs 4.17 and 4.18 as well as to the conclusions (cited in paragraph 4.5) of the 2010 systematic review conducted by the United States Department of Agriculture's Nutrition Evidence Library.
- 6.25 Previously, proximity to parks and to transport interchanges was considered but the rationale underpinning this restriction was felt to be less clear cut than proximity to schools, youth clubs and leisure centres (where there is potential to influence childhood obesity). Furthermore, advice from both development management officers and the Council's planning lawyer expressed concerns regarding the defence of a policy relating to proximity to parks and transport interchanges.
- 6.26 As with policy option 2, the steering group felt that it would be appropriate to refine proximity thresholds and to present various options for public consultation, including replacing radial distances with actual walking distances:
- 400m is the generally accepted threshold, representing a five minute walk. It is also used by a number of other London councils when restricting hot-food take-aways in the vicinity of schools.
 - A buffer zone of 400m may seem too restrictive in a dense, inner London borough like Tower Hamlets. Research has found that fast-food restaurants within 0.1 miles of a school (around 160m or two and a half minutes' walk) are associated with a 5% increase in obesity among school children. A threshold of 200m would therefore be an alternative option to the 400m exclusion zone.

⁶⁸ While 400m is a recognised benchmark to denote a five minute walk (and is used by outer London boroughs implementing similar policies), 200m is considered to be more appropriate in Tower Hamlets, a high density, inner London borough.

- There is a third option – applying the 200m threshold and allowing applications for hot-food take-aways *with conditions attached* which are between 200 and 400m from schools, youth centres or leisure centres. These conditions could restrict opening times so that food cannot be served over-the-counter to school children at lunchtime or after school.

6.27 Three maps – outlining a 200m buffer, a 400m buffer and a 200-400m ‘conditions zone’ respectively – are set out on the following pages.

Tower Hamlets Healthy Spatial Planning

Map 2: Policy and Development Management Framework

Key

- Tower Hamlets Borough
- Core Strategy Places
- Publicly accessible greenspaces
- Primary schools
- Secondary schools
- Leisure Centres
- Youth Clubs

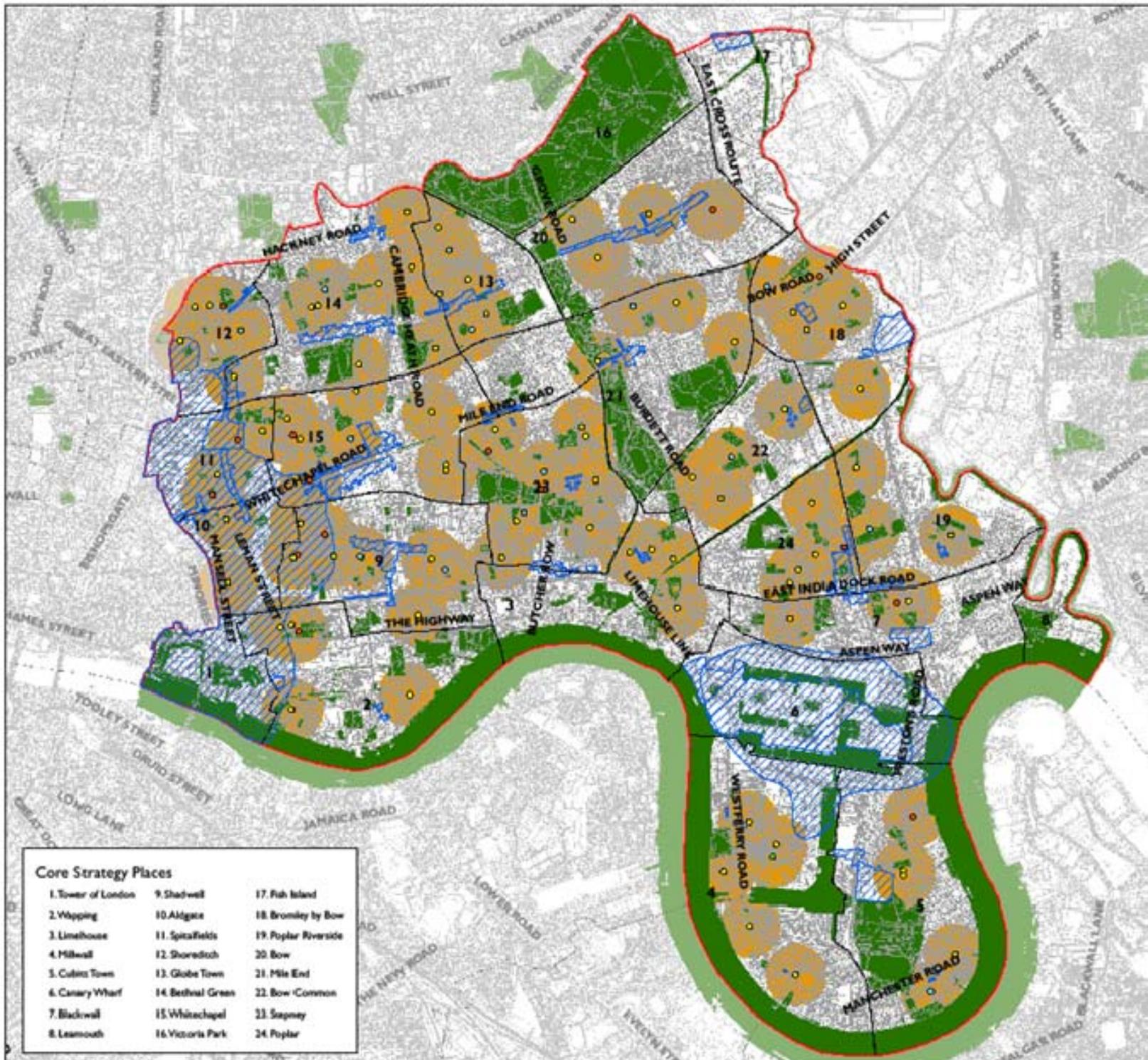
Permitted as long as policy criteria are met in full

- Major centres
- CAZ
- District centres
- Neighbourhood centres
- Activity Area

Sensitive receptors

Not permitted within 200m of:

- Schools
- Leisure centres
- Youth clubs



Core Strategy Places		
1. Tower of London	9. Shadwell	17. Fish Island
2. Wapping	10. Aldgate	18. Bromley by Bow
3. Limehouse	11. Spitafields	19. Poplar Riverside
4. Millwall	12. Shoreditch	20. Bow
5. Cubitt Town	13. Globe Town	21. Mile End
6. Canary Wharf	14. Bethnal Green	22. Bow Common
7. Blackwall	15. Whitechapel	23. Sapping
8. Leamouth	16. Victoria Park	24. Poplar

1:25,000 at A3



Date: 21/04/2011
 Revision: 5
 Source: Tower Hamlets, UK Map, Ordnance Survey



Tower Hamlets Healthy Spatial Planning

Map 3: Policy and Development Management Framework

Key

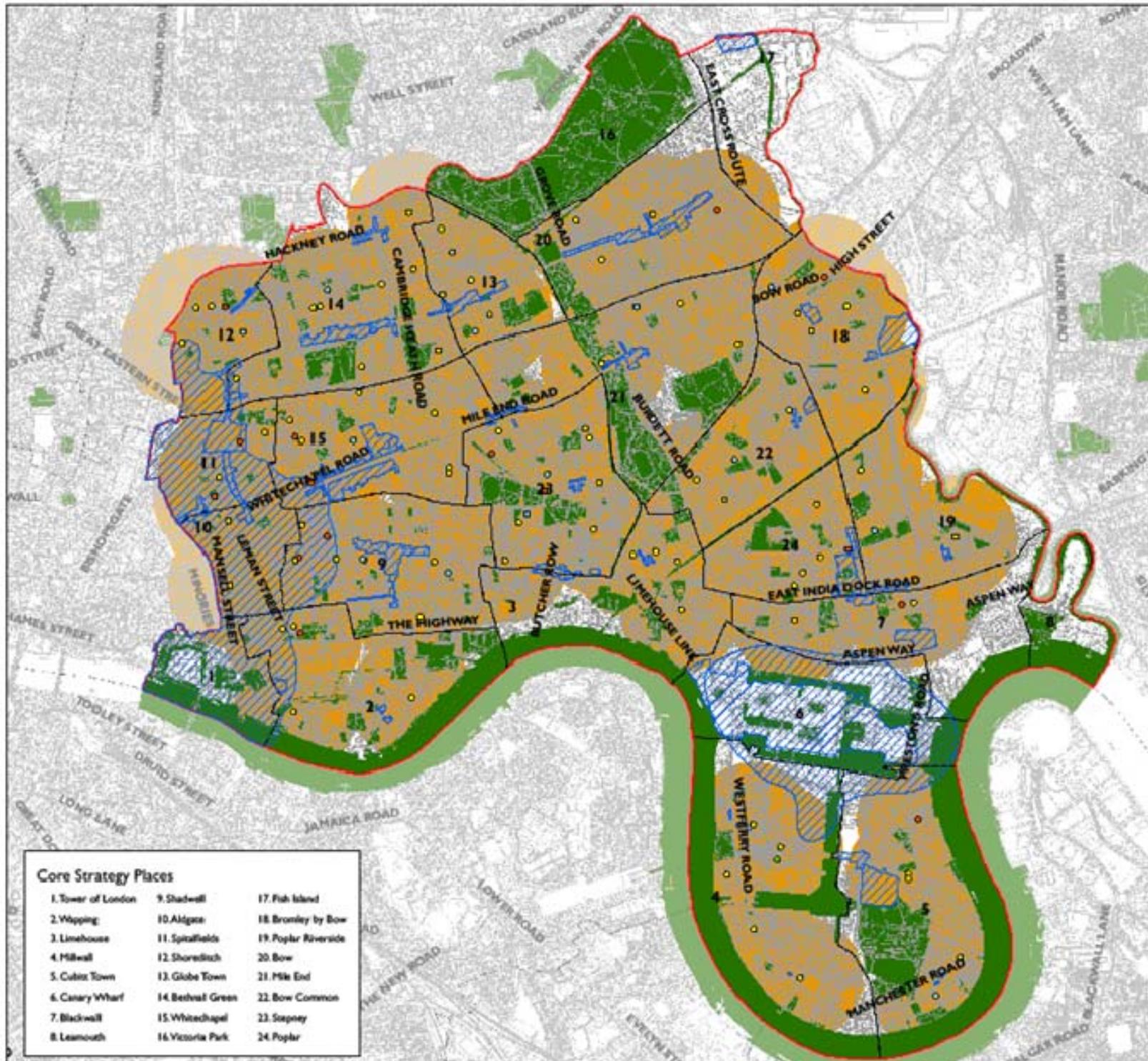
- Tower Hamlets Borough
- Core Strategy Places
- Publicly accessible greenspaces
- Primary schools
- Secondary schools
- Youth Clubs
- Leisure Centres

Permitted as long as policy criteria are met in full

- Major centres
- CAZ
- District centres
- Neighbourhood centres
- Activity Area

Sensitive receptors

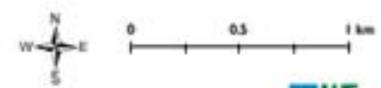
- Not permitted within 400m of:
- Schools
- Leisure centres
- Youth clubs



Core Strategy Places

1. Tower of London	9. Shadwell	17. Fish Island
2. Wapping	10. Aldgate	18. Bromley by Bow
3. Limehouse	11. Spitalfields	19. Poplar Riverside
4. Millwall	12. Shoreditch	20. Bow
5. Cubitt Town	13. Globe Town	21. Mile End
6. Canary Wharf	14. Bethnal Green	22. Bow Common
7. Blackwall	15. Whitechapel	23. Stepney
8. Leamouth	16. Victoria Park	24. Poplar

1:25,000 at A3



Date: 21/04/2011
 Revision: 4
 Source: Tower Hamlets, UK Map, Ordnance Survey



Tower Hamlets Healthy Spatial Planning

Map 4: Policy and Development Management Framework

Key

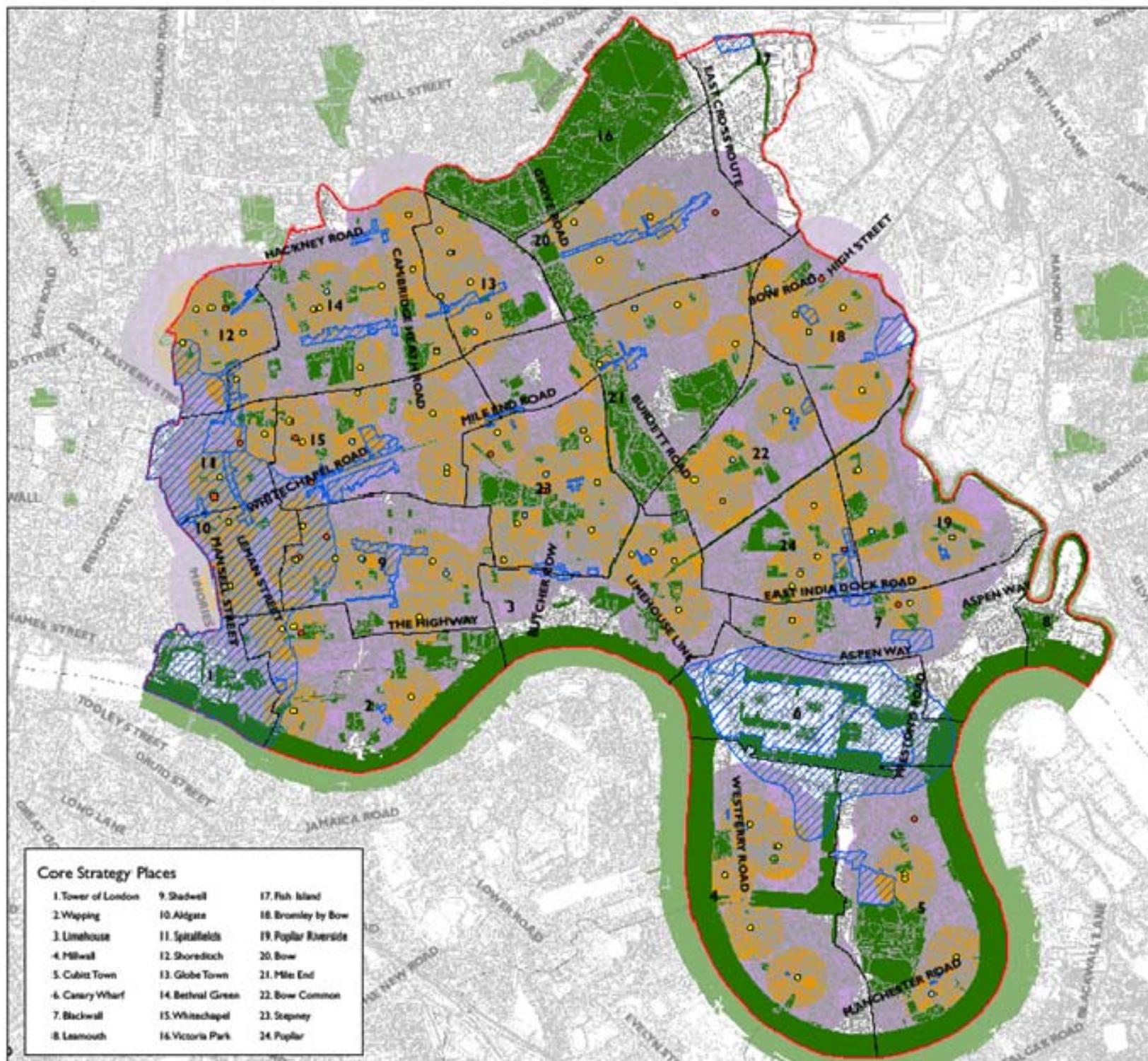
- Tower Hamlets Borough
- Core Strategy Places
- Publicly accessible greenspaces
- Primary schools
- Secondary schools
- Youth Clubs
- Leisure Centres

Permitted as long as policy criteria are met in full

- Major centres
- CAZ
- District centres
- Neighbourhood centres
- Activity Area

Sensitive receptors

- Not permitted within 200m of schools
- Permitted subject to conditions on opening hours (within 200 - 400m of schools, leisure centres and youth clubs)



Core Strategy Places

- | | | |
|--------------------|-------------------|----------------------|
| 1. Tower of London | 9. Shadwell | 17. Fish Island |
| 2. Wapping | 10. Aldgate | 18. Bromley by Bow |
| 3. Limehouse | 11. Spitalfields | 19. Poplar Riverside |
| 4. Millwall | 12. Shoreditch | 20. Bow |
| 5. Cubitt Town | 13. Globe Town | 21. Mile End |
| 6. Canary Wharf | 14. Bethnal Green | 22. Bow Common |
| 7. Blackwall | 15. Whitechapel | 23. Stepney |
| 8. Leamouth | 16. Victoria Park | 24. Poplar |

1:25,000 at A3



Date: 21/04/2011

Revision: 4
Source: Tower Hamlets, UK Map, Ordnance Survey



Policy 4: A3 restaurants and cafés

Proposed Policy 4: Take-away Service through A3 Restaurants and Cafés

Applications for A3 uses will be supported in the following centres:

- The CAZ frontage;
- Tower Hamlets Activity Area;
- The Major Centre at Canary Wharf;
- District Centres; and
- Neighbourhood Centres.

6.28 **Justification:** *A3 uses are considered to be appropriate in all of the defined centres and can contribute positively to vitality and viability. A3 uses can provide a take-away service (although this should be ancillary to the primary use, which is for the sale of food and drink for consumption on the premises) and there is a concern that this could become a 'back door' for a hot-food take-away service. LBTH planners will therefore engage in pre-application discussions with developers to understand the proposed restaurant layout and proportion of floorspace given over to tables to ensure that the predominant use of the application site is for A3, with a benchmark of 75% of floorspace being given over to tables in new restaurants and cafés.*

6.29 Originally, the '75%' condition was included in the policy wording but as the rationale for the proportion could be called into question, it was felt that it was better placed within the justification and that it be used by planners as part of their assessment criteria (such as, for example, the number of tables, waiter service and/or the provision of customer toilets) rather than necessarily being imposed as a condition. This would be in line with Waltham Forest's policy.

Policy 5: health impacts

Proposed Policy 5: Health and Environmental Impacts

Health Impact Assessment (HIA) will be required for strategic developments. This will be requested of all strategic developments at pre-application stage.

Direct health impacts identified through HIA will be used to inform mitigation proposals and Section 106 Agreements.

Applications for which Environmental Impact Assessment (EIA) is required will include a health topic as part of the assessment. This will be in conformity with Tower Hamlets' EIA Scoping Guidance.

Applications for all other developments will undertake a health impact screening exercise in line with the HUDU Watch Out for Health checklist.

- 6.30 **Justification:** *The Draft London Plan Policy 3.2: Improving Health and Addressing Health Inequalities states that the health impacts of major developments should be considered through the use of HIAs. Although HIAs are not mandatory requirements, they can provide a useful mechanism to identify the major health impacts of strategic developments so as to help inform developer contributions.*
- 6.31 *The Council has prepared EIA Scoping Guidance to provide developers with a clear indication of the scope and level of detail expected within Environmental Statements. This guidance is being updated to incorporate health as a topic within such statements, ensuring that future EIAs consider health consistently and enable health impacts to be captured transparently.*
- 6.32 *The Council also recognises the need to identify potential health impacts arising from all other applications (those which do not require EIA or are not defined as 'strategic') without unduly burdening development management officers. The HUDU Watch Out for Health Checklist⁶⁹ will therefore be used to scope and screen out the potential health impacts of all developments.*
- 6.33 Earlier versions of this policy recommendation required HIA for major developments. Following discussion with development management policy officers this has been changed to strategic

⁶⁹ Healthy Urban Development Unit (2009) *Watch Out for Health: A Checklist for Assessing the Health Impact of Planning Proposals*. HUDU, London

developments, considered to be more reasonable given the potential cost and time implications of HIA.

- 6.34 Recognising that health should be considered in some form within all applications, an additional requirement for health impact screening – to be carried out at the earliest possible stage – has been added to this policy.

Policy 6: supporting healthier lifestyles

Proposed Policy 6: Supporting Healthier Lifestyles

We recommend that policies/proposals be included to provide support for complementary actions across LBTH. Funding would be secured through S106/Community Infrastructure Levy (CIL).

This funding might be used to secure a proportion of retail units at affordable sale/rent price. These units would be made available to individuals/groups promoting healthier uses.

S106 could also be used to fund longitudinal studies into health e.g. monitoring of health impacts on completion of the development.

- 6.35 ***Justification:** Supporting healthier lifestyles requires wide-ranging and complementary action and intervention. This could be through the use of the CIL to subsidise healthier uses and programmes which have been identified as neighbourhood priorities (e.g. subsidised gyms and/or support to existing managers of hot-food take-aways to improve the quality of food served). LBTH planners will work with other Council departments and with other stakeholders (e.g. schools) to identify the key health priorities for the borough and how these can be effectively funded, managed and delivered.*
- 6.36 The steering group supported the intention of this proposed policy and while it was recognised as being outside the scope of this project, it was agreed that this would be necessary to help achieve the overall health objectives of the policy.

Policy 7: complementary measures

6.37 In addition to the proposed policy framework set out above, there are a series of complementary measures which go beyond the scope of planning but which will help support the borough’s aim of promoting healthier lifestyles. Although these are presented last, they are key to achieving the overall objectives of this project, namely the reduction of the health impact of fast-food take-aways on the borough’s population. These measures could also help ameliorate the effects of *existing* hot-food take-aways within the borough.

Objective	Complementary measure	Responsibility
<p>Improve the quality and availability of good quality food within the borough</p>	<p>Buy Well is one strand of ‘Well London’ and is a five year Big Lottery-funded programmed run by London Food Link and covers 10 boroughs in London.</p> <p>Buy Well projects have supported organisations and individuals to:</p> <ul style="list-style-type: none"> • Set up and maintain community-led “food co-ops”, box schemes and mobile food stores, linked to local producers/markets. • Increase provision and improve displays of fruit and vegetables for convenience stores. • Expand the role of existing “food co-ops” so that they help people to access other food, mental health and physical activity-related services, and assist them to become more financially independent. • Offer healthier choices on the menus and ranges of local food restaurants and/or shops. <p>Continued investment in this scheme could be provided through CIL.</p>	<p>Currently led by London Food Link and part-funded by Public Health and through the Local Authority Business Growth Incentives funding stream</p>
<p>Improve the quality of food served within existing hot-food take-aways (and restaurants</p>	<p>Food for Health Awards which provides three levels of award – Gold, Silver and Bronze awards – to restaurants, cafés and take-aways offering healthier food options.</p> <p>Continued training and investment in this scheme could be provided through CIL.</p>	<p>Currently sponsored by Change 4 Life and the Healthy Borough</p>

Objective	Complementary measure	Responsibility
and cafés)		Programme

Objective	Complementary measure	Responsibility
<p>Improve the quality of food served within the borough's schools and colleges</p>	<p>Healthy Schools Programme, a national programme, which includes supporting healthier foods options in schools.</p> <p>It is important that all schools in the borough are signed up to this if the proximity of A5 to schools policy is to have overall success.</p> <p>Continued training and investment could be provided through CIL.</p>	<p>Primary and Secondary School Headteachers</p>
<p>Improve the quality of food on offer in council owned properties e.g. cafés in parks and leisure centres and/or units in town centres</p>	<p>Where opportunities arise to review leaseholds on properties, the council could place restrictions on the type of food which can be offered and/or limit the number of A5 units in council ownership.</p>	<p>LBTH Parks & Leisure; LBTH Properties</p>
<p>Seek to improve the quality of food served in properties under private ownership/leaseholds</p>	<p>Place a condition on leases, controlling the type of food which can be sold.</p> <p>This could be rolled out more widely through investment in training of private leaseholders/property owners.</p>	<p>Private leaseholders and/or property owners in the borough</p>
<p>Control Mobile Hot-food Take-away Vans</p>	<p>Licensing – to support the proximity of A5 to schools policy, the borough should prohibit mobile hot-food take-away vans within 200m of schools. Between 200-400m the licence should restrict the hours of operation (i.e. prior to the start of the school day, during the school lunch hour and for up to one hour after the end of the school day the sale of hot take-away food would not be permitted).</p>	<p>LBTH licensing</p>
<p>Seek to reduce the cumulative amenity effects of A5 e.g. increased noise, litter etc</p>	<p>The proposed concentration and clustering policies should reduce the cumulative effects of A5 moving forward, however, there is a need to manage existing uses. This would be through environmental health controls e.g. on excessive noise, litter, odour impacts and co-ordinated street cleaning.</p>	<p>Environmental Health; Street Cleaning; Enforcement</p>

Objective	Complementary measure	Responsibility
	Complaints/suspected breach of conditions should be followed up quickly.	

7 Conclusions

- 7.1 As the previous chapter recognises, there is a strong case for the development of a suite of planning policies which address future A5 applications and uses within Tower Hamlets. In order to achieve these policies, Dr Foster Intelligence and Land use Consultants believe that the following will need to be taken into account.
- 7.2 **Evidence:** The Council to review the responses received following a public consultation into the Draft Development Management DPD (in particular people's views on hot-food take-aways in the borough). This could provide further democratic evidence in support of the proposed policy framework.
- 7.3 **Case Law:** The Council to keep abreast of A5 case law within London and more widely. Provide regular (e.g. monthly) briefings to development management officers on the implications of these.
- 7.4 **Policy 1 – town centres:** Review the suite of centres in this policy following completion of the work currently underway to define town centres and primary/secondary frontages.
- 7.5 **Policy 2 – concentration and clustering:** Undertake land surveys of each town centre to quantify the existing number of hot-food take-aways. The results should be used to inform the proportion of A5 uses which are appropriate within each town centre.
- 7.6 **Policy 3 – proximity:** If this policy is taken forward, then proximity to schools, youth clubs and leisure centres should be measured based on actual walking distance rather than radial buffers. This can be undertaken through use of GIS mapping software.
- 7.7 **Policy 4 – A3 restaurants and cafés:** Undertake surveys of all A3 restaurants in the borough to determine which of these are also offering a take-away service (and how this operates in practice). This would provide evidence in support of more restrictive policy approaches to A3.
- 7.8 **Policy 5 – Health Impact Assessment:** Provide training for development management officers in HIA and in the use of the HUDU Watch out for Health Checklist, so that officers are better informed and able to build consideration of health issues into pre-application discussions.
- 7.9 Where strategic developments are likely to have health impacts (as identified through HIA), S106 money could be used to provide mitigation. The use of S106 to fund longitudinal studies into health (e.g. monitoring of health impacts on completion of the development) should be considered.

- 7.10 **Complementary measures:** Complementary measures are key to achieving the objectives of this study and the CIL should be one of the main funding mechanisms for these measures. When drafting the CIL schedule it is essential that the Council engage with all those involved in complementary measures to ensure that these can be maintained in the long term.

Monitoring

- 7.11 There is little use in measuring A5 usage and implementing the policy suite if the impact of any changes is not monitored.
- 7.12 Once the A5 policies have been approved, it will therefore be necessary to consider how best to monitor their outcomes so as to ensure that the policy objectives are being met. Indicators could include:
- 7.13 **Policy 1:** number of A5 applications approved/refused within town centres (and why); number of A5 applications approved/refused outside town centres (and why).
- 7.14 **Policy 2:** number of A5 applications refused on the basis of the proposed concentration threshold; number of A5 applications refused on the basis of the proposed policy clustering criteria.
- 7.15 **Policy 3:** number of A5 applications refused on the basis of the proposed proximity policy (compared to the total number received in proximity to schools, youth clubs and leisure centres).
- 7.16 **Policy 4:** number of A3 applications approved/refused within town centres (and why); number of A3 applications approved/refused outside town centres (and why).
- 7.17 It is recommended that future A3 applications are monitored closely to avoid the potential for 'A5 by the back door'. This may become more of an issue if the proposed policy framework is implemented.
- 7.18 **Policy 5:** number of strategic developments accompanied by HIA (compared with total number of applications); number of developments requiring EIA which have included health within the environmental statement compared to total number of EIA applications (this could be monitored through the Tower Hamlets ES review contract); number of applications which have included health impact screening (compared to the total number of applications received).

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