

# **London Plan topic paper: Hot food takeaways**

**January 2018**

## 1. Introduction

- 1.1 This paper sets out the evidence base for the London Plan policy approach to hot food takeaways in London. It examines the impact of hot food takeaways on the health of Londoners; the prevalence of obesity in London; and current national, London and local planning policy on hot food takeaways.
- 1.2 Hot food takeaways are classified within The Town and Country Planning (Use Classes) Order 1987 (as amended) as A5 uses, for the sale of hot food for consumption off the premises. Restaurants and cafés, which are for the sale of food and drink for consumption on the premises, are classified as A3 uses. Sandwich bars are classified as A1 uses. Planning permission is required for the change of use to an A5 unit.
- 1.3 Many local authorities in London have developed planning policies to manage hot food takeaways around schools and their overconcentration within town centres. However, the lack of hot food takeaway planning policies in some boroughs has a negative impact on health inequalities across London, particularly since more deprived local authorities have a higher density of fast food outlets. The preparation of a new London Plan has provided an opportunity to establish a consistent approach across London.

## 2. Overweight and obesity

### Prevalence of overweight and obesity

- 2.1 Childhood obesity is a major problem in London. London has the highest level of childhood overweight and obesity in England: 38% of London's 10-11 year olds are overweight or obese compared to 34% nationally.<sup>1</sup> The level of overweight and obesity rises to 55% in adult Londoners.<sup>2</sup>
- 2.2 A child's body mass index (BMI) is based on 'weight for height' defined as weight in kilograms divided by the height in metres squared (kg/m<sup>2</sup>). To take into account growth patterns by age and gender, a child's BMI is compared with BMI centiles on the British 1990 growth charts. For population monitoring, children on or above the 85<sup>th</sup> centile are classified as overweight and those on or above the 95<sup>th</sup> centile are classified as obese.
- 2.3 There are marked inequalities in the prevalence of childhood obesity across London, both between boroughs and within boroughs. Children living in the most deprived areas are twice as likely to be obese as children living in the least deprived areas.<sup>3</sup> The prevalence of overweight and obesity in 10-11 year olds ranges from 22.9% in Richmond upon Thames up to 43.4% in Barking and Dagenham.<sup>1</sup>

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<sup>1</sup> National Child Measurement Programme - England, 2015-16

<sup>2</sup> Public Health England (based on Active Lives survey 2016, Sport England) Available at: [www.phoutcomes.info/](http://www.phoutcomes.info/)

<sup>3</sup> From Evidence into Action: Opportunities to Protect and Improve the Nation's Health. Public Health England, Oct. 2014. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366852/PHE\\_Priorities.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf)

## Impact of overweight and obesity

- 2.4 Action on obesity is essential because of the damage it can cause to people's health.
- 2.5 Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more GP appointments than normal weight children.<sup>4</sup> The risk of developing type 2 diabetes is four times greater in obese children than children with normal weight.<sup>5</sup> In addition, child obesity is associated with poor self-esteem and emotional health, poor sleep and weight-related bullying.<sup>6</sup> Children who are overweight or obese are also at an increased risk of overweight or obesity in adulthood.<sup>7</sup>
- 2.6 Overweight and obesity in adults increases the risk of several serious conditions including type 2 diabetes, hypertension (high blood pressure), coronary heart disease, stroke, osteoarthritis and cancer.<sup>8</sup> Obese adults are:
- 5 times more likely to develop type 2 diabetes;
  - over 2.5 times more likely to develop high blood pressure - a risk factor for heart disease and stroke;
  - at increased risk of certain cancers, for example, they are 3 times more likely to develop colon cancer.<sup>9</sup>

## Causes of overweight and obesity

- 2.7 The causes of obesity are complex and multifactorial.
- 2.8 At a simplistic level, excess weight gain occurs when energy intake is higher than energy expenditure. However, research has shown that there are multiple factors driving obesity including the environment, behaviour, biology and physiology, economy and culture.<sup>10</sup>
- 2.9 Since the middle of the 20th century, major changes in work patterns, transport, food production and food sales have created an obesogenic environment which has exposed an underlying biological tendency for many people to gain weight. It is now widely recognised that changes are required to both the food and activity related

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<sup>4</sup> Wijga A, Scholtens S, Bemelmans W, de Jongste J, Kerkhof M, Schipper M, et al. Comorbidities of obesity in school children: a cross-sectional study in the PIAMA birth cohort. *BMC Public Health* 2010;10(1):184.

<sup>5</sup> Abbasi A, Juszczak D, van Jaarsveld CHM, Gulliford MC. Body mass index and incident type 1 and type 2 diabetes in children and young adults: a retrospective cohort study. *J Endocr Soc* 2017;1(5):524–37

<sup>6</sup> Public Health England (2015) Childhood obesity: applying All Our Health.

<https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health>

<sup>7</sup> Singh AS, Mulder C, Twisk JWR, van Mechelen W, and Chinapaw MJM. Tracking of childhood overweight into adulthood: a systematic review of the literature. *Obesity Reviews* (2008) 9, 474–488.

<sup>8</sup> Government Office for Science (2007) Foresight Tackling Obesities: Future Choices – Project Report 2nd Edition

<sup>9</sup> Public Health England (2017) Health matters: obesity and the food environment.

<https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

<sup>10</sup> Government Office for Science (2007) Foresight Tackling Obesities: Future Choices – Project Report 2nd Edition

environment in order to support behaviour change and appropriate behaviour patterns.<sup>10</sup>

- 2.10 Dietary risk factors for obesity include high energy density foods, diets high in fat and low in fibre, sugar-rich drinks, and consumption of large portion sizes.<sup>10</sup> The proportion of food eaten outside the home has increased in recent years. This is an important factor contributing to increasing levels of obesity.<sup>9</sup> Food eaten outside the home is more likely to be high in calories and hot food takeaways tend to sell food that is high in fat and salt, and low in fibre, fruit and vegetables.
- 2.11 London boroughs have some of the highest densities of fast food outlets in England. Eighteen of London's boroughs have a higher density of fast food outlets per 100,000 population than the England average.<sup>11</sup> Data obtained from the Local Data Company shows that in 2016 there were over 7,000 takeaways in London. This data also reveals that approximately 55% of secondary schools and 63% of primary schools in London have a takeaway within 400 metres.<sup>12</sup>

### **3. The Mayor of London's role in health**

- 3.1 The GLA Act states that when preparing his statutory strategies, including London's spatial development strategy, the Mayor has a duty to:
1. have regard to the effect of the proposed strategy on the health of Londoners and on health inequalities;
  2. promote improvements in the health of Londoners and reductions in health inequalities; and
  3. mitigate any detrimental effect of the proposed strategy on the health of Londoners and mitigate any increase in health inequalities.
- 3.2 The Mayor has a statutory duty to publish a Health Inequalities Strategy for London. The draft Health Inequalities Strategy was published on 23 August 2017. One of the Mayor's key ambitions is to work with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity.<sup>13</sup>

### **4. The role of local authorities in health**

- 4.1 Local authorities have a statutory duty to improve the health of their residents through the Health and Social Care Act 2012. Directors of Public Health are statutory chief officers tasked with developing, and supporting delivery of strategies to address local priorities to improve health and reduce inequalities. Borough public health teams commonly lead the preparation of Joint Strategic Needs Assessments

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<sup>11</sup> Public Health England (2016) Fast Food Map  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/578041/Fast\\_food\\_map\\_2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/578041/Fast_food_map_2016.pdf)

<sup>12</sup> Source: Local Data Company, 2016. Takeaways includes the following categories: Chinese Fast Food Takeaways, Fast Food Takeaways, Fish & Chip Shops, Indian Takeaways, Pizza Takeaways and Take Away Food Shops

<sup>13</sup> Greater London Authority (2017) Better Health For All Londoners. Consultation on the London Health Inequalities Strategy.  
[https://www.london.gov.uk/sites/default/files/draft\\_health\\_inequalities\\_strategy\\_2017.pdf](https://www.london.gov.uk/sites/default/files/draft_health_inequalities_strategy_2017.pdf)

and play a key role in developing Health and Wellbeing Strategies. Many London borough Health and Wellbeing Strategies have identified reducing childhood obesity as a priority.

- 4.2 The national Public Health Outcomes Framework (PHOF) sets out the key indicators the Department of Health expects local authorities to work towards. The PHOF includes indicators on levels of obesity and diet:
- Prevalence of overweight and obesity among children in Reception (aged 4-5 years) and in Year 6 (aged 10-11 years);
  - Proportion of the population meeting the recommended '5-a-day' portions of fruit and vegetables at age 15;
  - Percentage of adults (aged 18+) classified as overweight or obese;
  - Proportion of the adult population meeting the recommended '5-a-day' on a 'usual day'.

## 5. National planning policy

- 5.1 The National Planning Policy Framework (NPPF) states that in order to achieve sustainable development, the planning system should contribute to building a strong, responsive and competitive economy, as well as supporting strong, vibrant and healthy communities. One of the twelve core planning principles in the NPPF, which should underpin plan-making and decision-taking, is that planning should “take account of and support local strategies to improve health, social and cultural wellbeing for all”.<sup>14</sup>
- 5.2 The NPPF directs local planning authorities to work with public health leads and health organisations to assess and take account of the health status and needs of the local population and barriers to improving health and well-being.
- 5.3 National Planning Practice Guidance (NPPG) on health and wellbeing<sup>15</sup> supports local planning authorities to bring forward local plan policies which limit the proliferation of certain use classes in identified areas in order to create a healthier food environment.
- 5.4 The NPPG recognises that the built and natural environments are major determinants of health and wellbeing. The guidance states that “local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making.” It prompts planning authorities to consider how:
- development proposals can support strong, vibrant and healthy communities and help create healthy living environments
  - the local plan promotes health, social and cultural wellbeing, supports the reduction of health inequalities and considers the local health and wellbeing strategy
  - opportunities for healthy lifestyles have been considered (for example, planning for an environment that supports people of all ages in making healthy choices and promotes access to healthier food)

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<sup>14</sup> Department for Communities and Local Government (2012) National Planning Policy Framework

<sup>15</sup> National Planning Practice Guidance: Health and wellbeing <https://www.gov.uk/guidance/health-and-wellbeing>

- 5.5 The NPPG highlights the importance of developing a healthy community which:
- supports healthy behaviours
  - supports reductions in health inequalities, and
  - enhances the physical and mental health of the community

- 5.6 The NPPG on health and wellbeing was updated on 28 July 2017 to state that:

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

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

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

## **6. London policy**

### London Plan

- 6.1 The 2016 London Plan includes a number of policies which consider the health of Londoners and/or hot food takeaways.
- 6.2 Policy 3.2 (Improving health and addressing health inequalities) directs boroughs to work with key partners to identify and address significant health issues facing their area. The supporting text states that local policies can be used to address concerns over the development of fast food outlets close to schools.
- 6.3 Policy 4.8 (Supporting a successful and diverse retail sector and related facilities and services) advises boroughs to use local plans to manage clusters of uses, having regard to the impact of clustering on health and wellbeing. The policy notes that over-concentrations of hot food takeaways can cause concerns.
- 6.4 The Mayor’s Town Centres Supplementary Planning Guidance (SPG) encourages boroughs to manage over-concentrations of activities, for example betting shops, hot food takeaways and payday loan outlets.

- 6.5 The 2016 London Plan and the Town Centres SPG reference the GLA's Takeaways Toolkit which includes an overview of the research and evidence on the health impacts of hot food takeaways and makes three main recommendations:
1. local authorities should work with takeaway businesses and the food industry to make food healthier, for example, through schemes such as the Healthier Catering Commitment
  2. schools should have strategies to reduce the amount of fast food children eat at lunch and on their journey to and from school
  3. planning policies should be used to address the proliferation of hot food takeaway outlets
- 6.6 The Healthier Catering Commitment is a scheme that helps food businesses in London provide healthier food to their customers. The scheme promotes a reduction in the consumption of fat, salt and sugar and an increase in access to fruit and vegetables. It is supported by the Mayor of London through the GLA's food team and is actively promoted by 24 London boroughs.

## 7. London borough local plan policies

- 7.1 Many London boroughs have built upon the policies within the 2016 London Plan and prepared policies on hot food takeaways. At present 24 London boroughs have policies on hot food takeaways in their adopted or draft Local Plans.
- 7.2 London boroughs generally take a *distance* or a *concentration* policy approach to managing hot food takeaways.

Distance from schools or places attended by children and young people:

- The majority of boroughs have used a distance of 400m
- All policies include secondary schools
- Some policies also include primary schools, parks and youth centres

Concentration of A5 uses within a certain stretch of street. This takes several forms:

- Percentage of units, for example, no more than 5% of units within a Town Centre consist of A5 uses.
- Quantum, for example, no more than two A5 units located adjacent to each other.
- Distance, for example, there should be a minimum of two non-A3/A4/A5 units, or at least 10 metres, between the units, whichever is greater.

- 7.3 A summary of the policy approaches used by London boroughs is shown in table 1.

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<sup>16</sup> Greater London Authority (2012) Takeaways Toolkit  
<https://www.london.gov.uk/sites/default/files/takeawaystoolkit.pdf>

**Table.1** – London borough policy approaches to A5 uses / hot food takeaways (as at November 2017)

Policy Approach	Policy Type			TOTAL number of boroughs
	LP (adopted)	LP (draft)	SPD	
Proximity to schools	2 Hackney Lambeth	1 Richmond	1 <i>Islington</i>	3*
Over concentration	7 Camden Barking & Dagenham Greenwich Haringey Hounslow Merton Newham	4 Croydon Hammersmith & Fulham Hillingdon Sutton	0	11
Both policy approaches used	8 Brent Ealing Enfield Islington Lewisham Tower Hamlets Waltham Forest Wandsworth	2 Redbridge Southwark	3 <i>Barking &amp; Dagenham Waltham Forest Wandsworth</i>	10*
TOTAL number of boroughs	17	7		24

\*Where a Borough has both a Local Plan policy (adopted/draft) and SPD policy, only the Local Plan policy has been counted in the totals

- 7.4 Ten boroughs have adopted Local Plan policies to restrict A5 uses within proximity of schools, including Brent, Ealing, Enfield, Hackney, Islington, Lambeth, Lewisham, Tower Hamlets, Waltham Forest and Wandsworth.
- 7.5 Fifteen London boroughs have adopted Local Plan policies to manage overconcentration of A5 units. Where boroughs limit the percentage of A5 units within designated centres the limit chosen generally ranges from 5% to 20%, with the majority at 5 or 6%.

## 8. Evidence review

### The link between hot food takeaways and obesity

- 8.1 Dietary risk factors for obesity include high energy density foods, diets high in fat and low in fibre, sugar-rich drinks, and consumption of large portion sizes.<sup>8</sup> Hot food takeaways are generally a source of cheap, energy-dense and nutrient-poor food.<sup>17</sup> A single typical fast food meal contains nearly 60% of recommended daily calories, half the recommended daily level of salt and saturated fat, and no portions of fruit and vegetables.<sup>18</sup> A study which analysed 489 samples of takeaway meals from a random sample of 274 takeaway establishments in Wirral, Liverpool and Knowsley showed that takeaway meals were inconsistent with UK dietary recommendations and that the majority of meals were excessive for portion size, calories, fat and salt. The content of one portion varied from 44 to 93 per cent of the estimated average requirement (EAR) for calories, total fat levels ranged from 37 to 106 per cent of the dietary reference value (DRV), and the majority of meals exceeded the reference nutrient intake (RNI) for salt.<sup>19</sup>
- 8.2 Studies show that regular consumption of energy dense food from hot food takeaways is associated with weight gain.<sup>20</sup> A UK cross-sectional study of over 3,600 children aged 13 years showed that increased frequency of eating at fast food outlets was associated with higher consumption of unhealthy foods, lower intake of fruit and vegetables and higher body mass index standard deviation score (BMISDS). Teenagers were classified as obese if their BMISDS was greater than the 95th percentile (BMISDS > 1.64).<sup>21</sup> The lower consumption of fruit and vegetables by the teenagers who ate more frequently at fast food outlets suggests that consumption of unhealthy foods may displace consumption of healthy foods.
- 8.3 There is evidence that takeaway food is appealing to children. Interviews with children in nursery, primary and secondary schools in London and other parts of the UK, conducted by Barnardo's, identified that pupils view 'fast food' as the most tasty and desirable food.<sup>22</sup>
- 8.4 London boroughs have some of the highest densities of fast food outlets in England and it has been shown that more deprived areas have a higher density of fast food outlets.<sup>11</sup> Cheap, energy dense fast food is targeted at people in lower income groups who spend a greater proportion of their income on food.

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<sup>17</sup> Prentice, A.M. and Jebb, S.A., Fast Foods, Energy Density and Obesity: A Possible Mechanistic Link. *Obesity Reviews*, 4: 187-194, 2003

<sup>18</sup> London Health Commission (2014) Better Health for London

<sup>19</sup> Jaworowska A, Blackham TM, Long R, Taylor C, Ashton M, Stevenson L, et al. Nutritional composition of takeaway food in the UK. *Nutrition & Food Science* 2014; 44:5, 414-430

<sup>20</sup> Burgoine T. et al, Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study. *BMJ*, 2014; 348 :g1464

<sup>21</sup> Fraser LK, Edwards KL, Cade JE and Clarke GP. Fast food, other food choices and body mass index in teenagers in the United Kingdom (ALSPAC): a structural equation modelling approach. *International Journal of Obesity* (2011) 35, 1325–1330

<sup>22</sup> Ludvigsen A and Sharma N (2004) Burger Boy and Sporty Girl <http://www.barnardos.org.uk/burger-boy-sportygirl-what-children-say-about-school-meals/publication-view.jsp?pid=PUB-1395>

## Tackling obesity

- 8.5 The causes of obesity are complex and multi-factorial<sup>8</sup> and therefore it is recognised that the approach to tackling obesity should be multi-faceted. The planning system can be used as part of a wide package of measures to reduce childhood obesity within London.
- 8.6 The Department of Health's policy paper *Healthy Lives, Healthy People: A Call to Action on Obesity in England* states that overweight and obesity probably represent the most widespread threat to health and wellbeing in the country. The paper recognises that the environment and availability of high calorie food makes it much harder for individuals to maintain healthy lifestyles and that it is the role of the Government, local government and partners to change the environment to support individuals to change their behaviour, for example, by using the planning system to create a healthier built environment.<sup>23</sup>
- 8.7 Public Health England (PHE) is the expert national public health agency that fulfils the Secretary of State's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation. Reducing childhood obesity is one of PHE's key priorities. PHE's briefing on obesity and the environment highlights the need for planning authorities to take action on obesity and the importance of modifying the environment so that it does not provide easy access to energy-dense food. PHE has stated that *'improving the quality of the food environment around schools has the potential to influence children's food-purchasing habits'*, and that *'there are strong theoretical arguments for the value of restricting the growth in fast food outlets'*.<sup>24</sup>
- 8.8 PHE guidance published in March 2017 recommends that "Planning documents and policies to control the over-concentration and proliferation of hot food takeaways should form part of an overall plan for tackling obesity and should involve a range of different local authority departments and stakeholders."<sup>9</sup>
- 8.9 The National Institute for Health and Care Excellence (NICE) public health guideline on the prevention of cardiovascular disease notes that poor diet and overweight/obesity increase the risk of a heart attack. NICE recommends that planning authorities "restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools)".<sup>25</sup>
- 8.10 The Royal Society for Public Health's *Health on the High Street* report<sup>26</sup> identifies the negative impact of fast food outlets on health and makes a series of recommendations to make high streets healthier which include:
- using planning controls to limit the concentration of fast food outlets
  - encouraging businesses to adopt healthier cooking practices through schemes such as the Healthy Catering Commitment

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<sup>23</sup> Department of Health (2011) *Healthy Lives Healthy People: A Call to Action on Obesity in England*

<sup>24</sup> Public Health England (2014) *Obesity and the Environment: Regulating the Growth of Fast Food Outlets*

<sup>25</sup> NICE (2010) *Cardiovascular disease prevention. Public health guideline 25*

<sup>26</sup> Royal Society for Public Health (2015) *Health on the High Street* <https://www.rsph.org.uk/our-work/campaigns/health-on-the-high-street.html>

- 8.11 In 2014, the Town and Country Planning Association (TCPA) developed 'Six Healthy Weight Environment elements' as part of the Planning Healthy Weight Environments project supported by Public Health England. One of the six elements is a healthy food environment which provides access to healthy food retail. The TCPA recommends that development avoids overconcentration of hot-food takeaways (A5 uses) in existing town centres or high streets, and restricts their proximity to schools or other facilities for children and young people and families.<sup>27</sup>

#### Consumption of fast food by school children

- 8.12 A wide range of studies conducted with school children in London show that pupils eat fast food regularly.
- 8.13 A survey of 11-14 year old school children in Tower Hamlets showed that 54% of children purchased food or drinks from fast food or takeaway outlets twice or more a week. Chips were frequently purchased on their own or with other items like fried chicken or pizzas. 70% of the children said they prefer to buy sweetened fizzy drinks compared to other drinks when purchasing fast food. The authors of the study concluded that actions are needed to either limit the ability of children to access fast food outlets or to substitute the food and drinks available for healthier options.<sup>28</sup>
- 8.14 An observational study conducted by the Nutrition Policy Unit of London Metropolitan University found that food outlets close to schools were an obstacle to secondary school children eating healthily, with many local fast food takeaways offering child-sized portions at child-sized prices.<sup>29</sup>
- 8.15 A survey of nearly 2,500 Brent secondary school pupils showed that pupils attending schools with takeaways within 400m are more likely to visit a hot food takeaway after school at least once a week (62%) than pupils at schools with no takeaways within a 400m radius (43%).<sup>30</sup>
- 8.16 In 2014 Wandsworth Youth Council conducted a survey with 200 young people attending secondary schools across Wandsworth on their use of hot food takeaways.<sup>31</sup> The results found that:
- 49% of young people buy food from hot food takeaways at least once or twice a week
  - 38% of respondents reported buying food from hot food takeaways at lunchtime and 44% reported buying it after school
  - 45% reported buying from takeaways near school
  - 85% of respondents reported that there is a takeaway shop within a 10-minute walk of their school
  - 76% said that they would buy healthier alternatives if they were available

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<sup>27</sup> TCPA (2014) Planning Healthy-Weight Environments. A TCPA Reuniting Health with Planning Project

<sup>28</sup> Patterson R, Risby A, and Chan M-Y. Consumption of takeaway and fast food in a deprived inner London Borough: are they associated with childhood obesity? *BMJ Open* 2012 ;2:e000402.

<sup>29</sup> Sinclair S and Winkler J (2008) The School Fringe: What pupils buy and eat from shops surrounding secondary schools. Nutrition Policy Unit. London Metropolitan University

<sup>30</sup> London Borough of Brent (2014) Takeaway use among school students

<https://www.brent.gov.uk/media/16403699/d26-takeaway-use-brent-school-students.pdf>

<sup>31</sup> Wandsworth Youth Council Hot Food Takeaway Survey 2014. Data provided by The Participation People.

- 8.17 Youth councillors in Greenwich Young People's Council (GYPC) took part in a workshop on food in 2016. GYPC reported that there are a lot of fast food restaurants and takeaways near schools.
- 8.18 The Newham Youth Survey conducted by Newham Council in 2012 was completed by 996 secondary school pupils in years 9, 10 and 11 (age 13 – 16 years). 53 % of young people reported eating fast food once a week or more.<sup>32</sup>
- 8.19 Ipsos MORI conducted qualitative research with primary and secondary school children and residents in the Old Kent Road Opportunity Area and Oval and Kennington Development Area in 2017. School children and residents in both areas appeared to be well informed about healthy eating. They reported that there are too many hot food takeaways and a lack of healthy alternatives in the area:
- “If I know I have to wait a while before getting home I’ll get myself some chicken and chips”* (Pupil, Year 8, Old Kent Road Opportunity Area)
- “McDonalds. We went past it the other day and it was literally over pouring with students”* (Pupil, Year 8, Old Kent Road Opportunity Area)
- “Lots of unhealthy food shops – too many chicken shops”* (Resident, Southwark Social Isolation Workshop).
- “5 chicken shops around a school means you will have fat people.”* (Resident, Southwark Social Isolation Workshop).
- “Unhealthy area to eat food – lots of chicken and chips shops – sometimes one next to another next to another – it’s nice but unhealthy”* (Pupil, Year 9, Oval and Kennington Development Area).

Children participating in the focus groups completed food diaries for the seven days prior to the focus groups. The diaries showed that the majority of school children ate fast food at least once a week.<sup>33</sup>

### Public Perception

- 8.20 Public surveys and consultations show that Londoners support limiting the numbers of fast food takeaways.
- 8.21 The Great Weight Debate is a London conversation on childhood obesity co-ordinated by the Healthy London Partnership Prevention Programme in partnership with London boroughs, NHS Clinical Commissioning Groups, the Greater London Authority, NHS England (London), and Public Health England (London). Londoners were invited to complete the Great Weight Debate survey from September to December 2016 where they could share their ideas on what they thought could be done to help children in their area lead healthier lives. 2,765 London residents responded to the survey. 86% of respondents thought that tackling childhood obesity in London was the top priority or a high priority. Londoners were asked to select the top three things that they think make it harder for children to lead healthy

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<sup>32</sup> London Borough of Newham (2013) Newham Youth Survey 2012

<sup>33</sup> Ipsos MORI (2017) The impact of planning policy on health outcomes and health inequalities in Southwark and Lambeth

lives in their areas: 60% of Londoners said 'Too many cheap unhealthy food and drink options' and 44% of Londoners said 'Too many fast food shops'.<sup>34</sup>

- 8.22 In a health survey of 1,000 Londoners, 73% of people agreed that the government should limit the number of fast food outlets opening near schools. Only 15% of people disagreed.<sup>35</sup> The London Health Commission subsequently recommended in October 2014 that the Mayor support local authorities to protect London's children from junk food through tighter controls within 400 metres of schools.<sup>36</sup>
- 8.23 The London Borough of Waltham Forest held a public consultation on its Hot Food Takeaway Supplementary Planning Document (SPD) in 2008. The consultation received 304 responses and 89% of respondents supported the proposed SPD to resist hot food takeaways within 400m of the boundary of an existing school or youth centred facility or park.<sup>37</sup> The SPD was adopted in March 2009 and the policy was subsequently adopted in the local plan in October 2013.

## 9. Proposed Policy Approach

- 9.1 Based on the evidence within this report the proposed policy approach for the London Plan is as follows:
- A. Development proposals containing A5 hot food takeaway uses should not be permitted where these are within 400 metres walking distance of an existing or proposed primary or secondary school. Boroughs that wish to set a locally-determined boundary from schools must ensure this is sufficiently justified. Boroughs should also consider whether it is appropriate to manage an over-concentration of A5 hot food takeaway uses within Local, District and other town centres through the use of locally-defined thresholds in Development Plans.
  - B. Where development proposals involving A5 hot food takeaway uses are permitted, these should be conditioned to require the operator to achieve, and operate in compliance with, the Healthier Catering Commitment standard.
- 9.2 The proposed policy approach is made up of three key elements:
- 1. Proximity to Schools  
The policy applies to primary and secondary schools. The majority of secondary school pupils travel to and from school independently and pupils may be allowed out of school premises at lunchtimes. This allows pupils to buy food from takeaways at lunchtimes and on their journey home from school when they are not supervised by an adult. Whilst primary school pupils are not allowed out of school premises during the school day, research has indicated that the most popular time for purchasing food from takeaways or

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<sup>34</sup> The Great Weight Debate <https://healthylondon.org/greatweightdebate/>

<sup>35</sup> GLA Health Poll August 2014 <https://londondatastore-upload.s3.amazonaws.com/Aug2014-Health-Survey-Topline-Results.pdf>

<sup>36</sup> London Health Commission (2014) Better Health for London

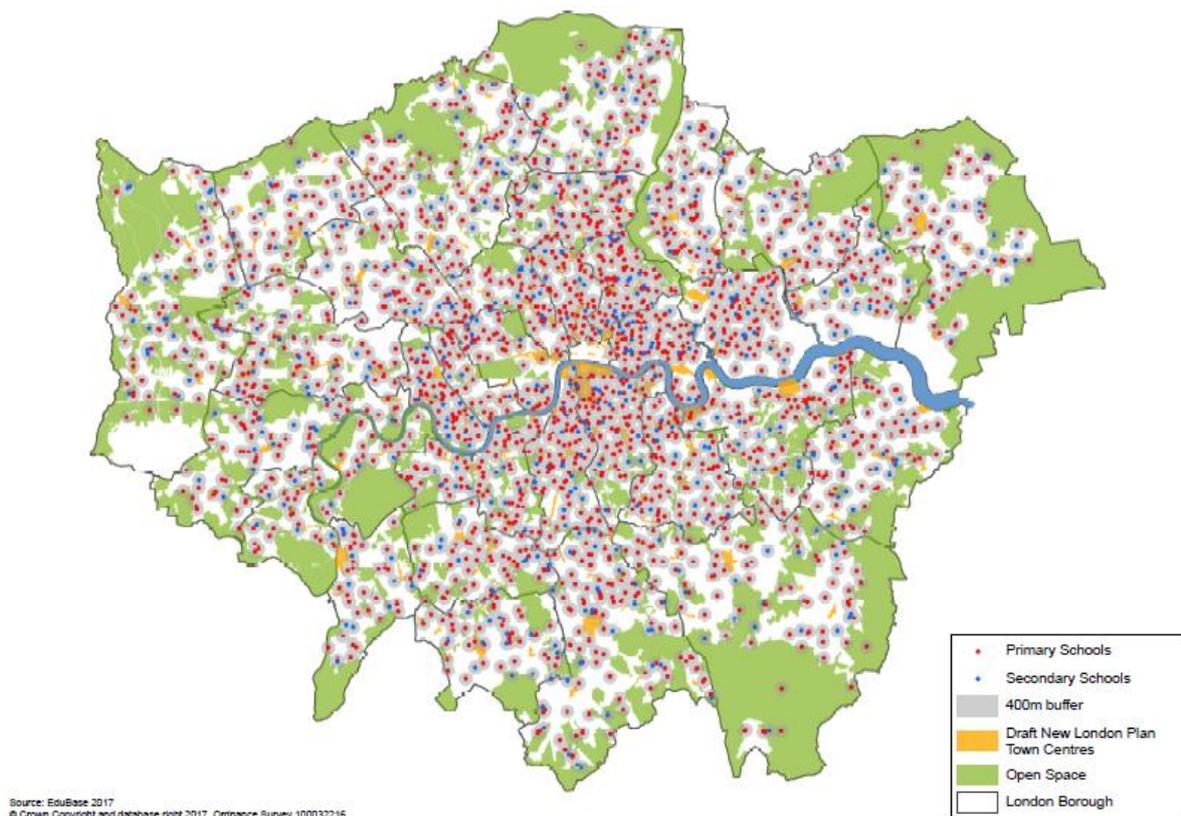
<sup>37</sup> Waltham Forest Joint Strategic Needs Assessment (JSNA) Refresh 2014/15

shops is after school<sup>38</sup> and not all primary school pupils will be accompanied home by an adult. The presence of hot food takeaways in proximity to schools also contributes to an obesogenic environment which encourages children to eat takeaway food.

A policy that restricts new hot food takeaways within a 400m buffer zone around schools will help to prevent an increase in takeaways within these areas. 400m can be walked in approximately 5 minutes and is the distance adopted by eight London boroughs.

Figure 1 illustrates 400m buffer zones applied to primary and secondary schools across London. It is important to note that although the buffer zones cover a large proportion of London, the policy will not affect hot food takeaways that are already located within 400m of schools.

**Figure 1:** primary and secondary schools across London, with 400m buffer zone applied



## 2. Over-Concentration

The policy encourages boroughs to manage an over-concentration of hot food takeaway uses in local, district and town centres, which would help to

<sup>38</sup> Sinclair S and Winkler J (2008) The School Fringe: What pupils buy and eat from shops surrounding secondary schools. Nutrition Policy Unit. London Metropolitan University

restrict the proliferation of these uses in locations where there is already an over-concentration and ensure that a viable mix of uses remains.

3. Quality Standards

Part B of the policy requires that permitted new hot food takeaways achieve the Healthier Catering Commitment standard. The Healthier Catering Commitment helps caterers and food businesses make simple, healthy improvements to their food.

## **10. Conclusion**

- 10.1 National and local planning policy and evidence supports local planning authorities to prevent an overconcentration of hot food takeaways and restrict hot food takeaways in walking distance of schools, due to the impact of takeaways on health and their cumulative impacts on amenity.
- 10.2 This policy will apply to new hot food takeaways and will therefore not affect the existing 7,000 takeaways in London.
- 10.3 Restricting permission for additional new hot food takeaways around schools and preventing further overconcentration of hot food takeaways in London will make an important contribution to promoting healthy eating across London and contribute towards the aim of the London Health Inequalities Strategy and borough Health and Wellbeing Strategies to reduce childhood obesity.