

# Tower Hamlets Local Plan

## Topic Paper: Town Centres

### Introduction & background

This topic paper has been prepared in response to a number of representations relating to chapter 6 of the Tower Hamlets Local Plan (Revitalising our town centres), which were raised at the regulation 19 consultation for the Tower Hamlets Local Plan.

### The Local Plan

The new Tower Hamlets Local Plan is a key strategic document which will set the framework for the future development and growth of Tower Hamlets over the period from 2016 to 2031.

The Local Plan went out to consultation over a period of 6 weeks from Monday 2 October 2017 to Monday 12 November 2017 (known as the regulation 19 stage). The regulation 19 version of the Local Plan (along with relevant supporting documents and the representations) can be found on the examination library page on our website.

### Role & purpose of this topic paper

This topic paper has been produced to accompany the submission of the Local Plan to the secretary of state before it undergoes a public examination. In particular, the paper aims to:

- provide more detail and explanation about how we have arrived at our approach to town centre policies and the assumptions, information and calculations we have used that underpin our approach;
- respond to representations during regulation 19 consultation; and
- set out the need for further evidence to justify the approach taken in the Local Plan.

### Scope

This paper covers the following topic areas:

1. The locally defined threshold for assessing the impact of retail developments outside of town centres and the application of the National Planning Policy Framework tests
2. Our approach to betting shops
3. Our approach to hot-food takeaways
4. Our approach to addressing the need for short-stay accommodation.

### Overall legislative & policy context

This section sets the overall context in which the town centre policies in the local plan have been developed. A more specific policy analysis is provided under each topic area.

#### National Planning Policy Framework (NPPF) (2012)

The NPPF sets out the overarching planning policy framework for England. Our policies must be positively prepared, justified, effective and consistent with national policy as set out in the NPPF, and should have regard to national planning guidance set out in the National Planning Practice Guidance (PPG) which supports the NPPF.

The NPPF states that planning policies should be positive, promote competitive town centre environments (paragraph 23), and aim for a balance of land uses so that people can be encouraged to minimise journey lengths for employment, shopping, leisure, education and other activities (paragraph 37). It also states that local planning authorities should:

“recognise town centres as the heart of their communities and pursue policies to support their viability and vitality”, and “promote competitive town centres that provide customer choice and a diverse retail offer and which reflect the individuality of town centres” (paragraph 23).”

## London Plan and Supplementary Planning Guidance

The London Plan (2016) sets the London-wide framework for town centre and retail uses.

The London Plan states that boroughs should support a successful, competitive and diverse retail sector which promotes sustainable access to the goods and services (policy 2.15). It also states that borough plans should take a proactive approach to planning for retailing and related facilities and services and manage clusters of uses having regard to their positive and negative impacts including a centre's:

- broader vitality and viability,
- broader competitiveness, quality or diversity of offer,
- success and diversity of its broader retail sector, and
- role in promoting health and well-being.

## **Topic 1: Local retail threshold**

### **Planning policy context**

Central to the NPPF is the need to ensure the vitality of town centres. One of the principal tools in achieving this ambition is through ensuring the 'town centre first' approach to new town centre uses. The starting point for new retail development is that it should be located within an existing centre. Only when it is shown that this cannot be achieved will an 'edge of centre' location be appropriate and only when this cannot be achieved will an 'out of centre' location be considered.

The NPPF does, however, recognise that there may be circumstances where new town centre uses will be acceptable where not in an existing centre, and when not in accordance with an up-to-date plan. However, to ensure that such an approach will not harm the vitality of existing centres, paragraph 26 of the NPPF requires the use of an impact assessment. It supports the use of what it terms "a proportionate, locally set floorspace threshold (if there is no locally set threshold the default threshold is 2,500 sqm)".

The National Planning Practice Guidance which accompanies the NPPF sets out the factors for the council to consider when setting this "locally appropriate threshold". These factors include:

- scale of proposals relative to town centres;
- the existing viability and vitality of town centres;
- cumulative effects of recent developments;
- whether local town centres are vulnerable;
- likely effects of development on any town centre strategy; and
- impact on any other planned investment.

Policy 4.9 of the London Plan considers the provision of small shops: In LDF preparation, *"Boroughs should develop local policies where appropriate to support the provision of small shop units"*.

Paragraph 1.1.14 of the Mayor of London's Town Centre Supplementary Planning Document states that "boroughs are encouraged to meet identified demand for small shops". Paragraph 3.4.2 states that large scale retail developments over 2,500 square metres may give rise to adverse impacts on town centres and small shops and boroughs may wish to identify a lower threshold in local policies drawing upon local evidence.

### **Relevant Local Plan policy**

Policy D.TC3 (Retail outside our town centres) in the regulation 19 version of the Tower Hamlets Local Plan (parts 1 and 2) states:

1. *Development of new A1 retail floorspace outside of the borough's town centres will be directed to designated employment locations, transport interchanges and accessible locations along major routes and only supported where:*
  - a. *individual units do not exceed 200 square metres;*
  - b. *shop-fronts are well integrated into their surroundings and are implemented upon completion of the development; and*
  - c. *the role of nearby town centres is not undermined.*
  
2. *New A1 retail floorspace will only be supported at other locations to those specified in part 1 where it meets the same criteria and additionally:*
  - a. *demonstrates local need that cannot be met within an existing designated centre; and*
  - b. *does not affect amenity or detract from the character of the area.*

### **Relevant designations / allocations**

- The town centres hierarchy – Central Activities Zone (CAZ), Tower Hamlets Activity areas (THAAs) and designated town centres.

### **Issue**

The council has set a local retail threshold of 200 square metres. There are also concerns that the policy is inconsistent with the NPPF retail tests.

### **Regulation 19 representations**

A summary of representations received on this issue during regulation 19 consultation include:

- concern that the local retail threshold of 200 square metres is unjustified and overly-restrictive; and
- the policy is inconsistent with paragraphs 23 and 24 of the NPPF regarding the sequential tests and the impact assessment. There is no flexibility in policy and no justification for the approach.

### **Reason for approach**

In response to representations made, the policy has now been amended to ensure greater consistency with the NPPF tests. Overall, the council will require applications for new retail uses to be located in its town centres. Any application for retail uses outside of the existing designated centres must submit a sequential test. Where the retail development is in excess of 200 square metres gross floorspace, applicants must also submit an impact assessment.

The reason for the locally-set threshold of 200 square metres is to ensure that new retail units outside of town centres are small enough to serve a day-to-day local need for large scale mixed use developments and employment areas. It is considered that retail units above this threshold could not only threaten the vitality and viability of the borough's town centres but could also have a negative impact on existing local shops (often local independent businesses) which are serving the needs of the local community. The introduction of larger shops may also be unsuitable to the local area in terms of size and the activity they may generate, for example with regards to congestion, parking and noise.

It is accepted that further evidence on this locally-set threshold is required and this work has been undertaken to support the council's position at examination.

It is important to note that the council's position is not that any development over 200 square metres in an out of centre location should be refused permission, simply that the developments of this scale should pass a sequential test and impact assessment to be approved.

## **Justification / evidence**

The 200 square metres threshold for application of the impact test is considered appropriate given that Tower Hamlets is an inner London borough and the town centres are characterised by relatively small sized shop units (approximately 100 – 300 square metres).

The GLA's study (Cornered shops: London's small shops and the planning system, July 2010) identifies small shops and workspaces of typically around 70 – 90 square metres. Similarly, the adopted Tower Hamlets Managing Development Document (2013) sets a gross size threshold of 100 square metres for local shops in order to ensure that they are local in nature.

In setting a new retail threshold for the borough as part of policy D.TC3, the above size thresholds for local shops are considered too low, given that a threshold at this level would implicate the majority of retail proposals outside town centres that included a single retail unit in Tower Hamlets.

However, it is considered that the size threshold of 200 square metres will capture larger proposals which are more likely, when located outside of existing centres, to have adverse effects on existing town centres, unless demonstrated otherwise.

The main evidence and justification for this local threshold is set out within the accompanying Retail Impact Threshold Study. This study considers a range of local factors including national retail and town centre trends, the size of existing units within centres and recent planning approvals.

## **Topic 2: Betting shops**

### **Planning Policy Context**

The NPPF includes clear objectives for planning and health. A core planning principle (paragraph 17) states that: “planning should take account of and support local strategies to improve health, social and cultural wellbeing for all.”

It is also stated that local planning authorities should pursue policies to support the vitality and viability of town centres which are at the heart of communities, and should promote competitive town centres with a diverse retail offer which reflect the individuality of centres (paragraph 23).

The current London Plan (GLA, 2016) states that borough plans should take a proactive approach to planning for retailing and related facilities and services and manage clusters of uses having regard to their positive and negative impacts including a centre's:

- broader vitality and viability,
- broader competitiveness, quality or diversity of offer,
- success and diversity of its broader retail sector, and
- role in promoting health and well-being.

Paragraph 4.50A of the London Plan states that it is important that the planning system is used to help manage clusters of uses to provide diverse and more vital and viable town centres and specifically that over-concentrations of betting shops can give rise to concerns.

The Mayor of London's supplementary planning guidance for town centres states that boroughs are encouraged to manage over-concentrations of activities, including betting shops. The guidance recognises that: “*there are genuine planning issues affecting amenity, community safety, diversity of uses and the continued success of town centres which justify allowing planning authorities to consider the merits of proposals for betting shops*” (paragraph 1.2.30).

Betting shops are classed as a sui generis use. These uses were formerly in class A2 but were changed to sui generis uses in a revision to the Town and Country Planning (General Permitted Development) (England) Order in 2015, following the government's 2014 technical consultation on

planning. The consultation showed overwhelming support for the proposal to require a planning application for change of uses to such uses.

In 2011 Mary Portas was appointed by the government to lead an independent review into the future of the high street. The Portas Review was published on 13 December 2011 which review considered the influx of betting shops, often in more deprived areas, and its impact on high streets.

### **Relevant Local Plan Policy**

Policy D.TC5 (Food, drink entertainment and the night-time economy) in the regulation 19 version of the Tower Hamlets Local Plan (part 4) states:

*“New betting offices / shops will only be supported within the Central Activity Zones, Tower Hamlets Activity Areas or Secondary Frontages within Major and District Centres; such uses will be restricted where:*

- a. there is an over concentration of such uses which could give rise to negative cumulative social impacts;*
- b. the site is in close proximity to a school or sensitive community, cultural or social facilities; and*
- c. the proposal would detrimentally impact the amenity and character of the area.*

### **Relevant designations / allocations**

- The town centres hierarchy – Central Activities Zone (CAZ), Tower Hamlets Activity areas (THAAs) and designated town centres
- Primary and secondary retail frontages

### **Issue**

The policy seeks to direct betting shops to particular parts of the town centres hierarchy, and to manage concentrations in these areas. Primary shopping areas and neighbourhood centres are excluded from these areas.

### **Regulation 19 representations**

A summary of representations received on this issue during regulation 19 consultation include:

- betting shops as a town centre use should not be excluded from certain parts of borough;
- there is no evidence to suggest that betting shops are inappropriate in these areas and this is in conflict with the NPPF. Similarly, there is no evidence to suggest that there is a link between health and betting shops; and
- there is overlap between the provisions of policy and licensing considerations for betting shops legislated by the Licensing Act.

### **Reason for approach**

As the evidence below demonstrates, the proliferation of betting shops can incur negative social and health impacts on local communities as well as harming the attractiveness, vitality and character of town centres.

Our consultation on the Statement of Gambling Policy (2016) included significant concerns raised by members of the public that there were too many betting shops in the borough and that their proliferation was in areas of low income and youth vulnerability.

For the reasons above, in addition managing clusters of betting shops in particular areas, this policy seeks to prevent new betting shops on primary frontages given that:

- they are prime areas in the borough for shopping (we seek a minimum of 60% ground floor units as A1 shops within policy D.TC2) and other important services for our local communities; and

- they attract the highest levels of footfall and activity.

Similarly, our approach to preventing betting shops within neighbourhood centres is due to their important local function and size which makes them more vulnerable to the impacts of some uses such as betting shops.

### **Justification / evidence**

The approach to betting shops in the Local Plan is considered to be consistent with national and London-wide policy in supporting the continued success, vitality and viability of Tower Hamlet's centres. The approach is justified by evidence showing firstly that the clustering of betting shops is occurring in the borough; secondly that betting shops can have negative social and wellbeing impacts; and thirdly that concentrations of these uses can harm the vitality and viability of centres.

### Proportion and concentration of betting shops

The number of betting shops has increased in recent years nationally. A study that examined 1,300 UK high streets between 2011 and 2013 showed pawnbrokers/payday lenders and betting shops increased their town centre presence by 17% (Local Data Company and the University of Oxford, 2013, page 5).

Since 2005 there have been an increase in the number of betting shops in Tower Hamlets and they tend to be clustered within close proximity to pawn shops and loan outlets, which is a concern to many residents in the borough. There are currently 75 betting shops, an increase in the region of 10% since 2005. As shown in the analysis below (drawn from gambling licensing data), some of our district centre primary frontages are particularly impacted by concentrations of betting shops, for example, Whitechapel, Aldgate East, Bethnal Green and Roman Road. There are also overlaps with hot-spots of anti-social behaviour (ASB) and deprivation. These clusters have formed the basis for managing the location of new betting shops along primary frontages.

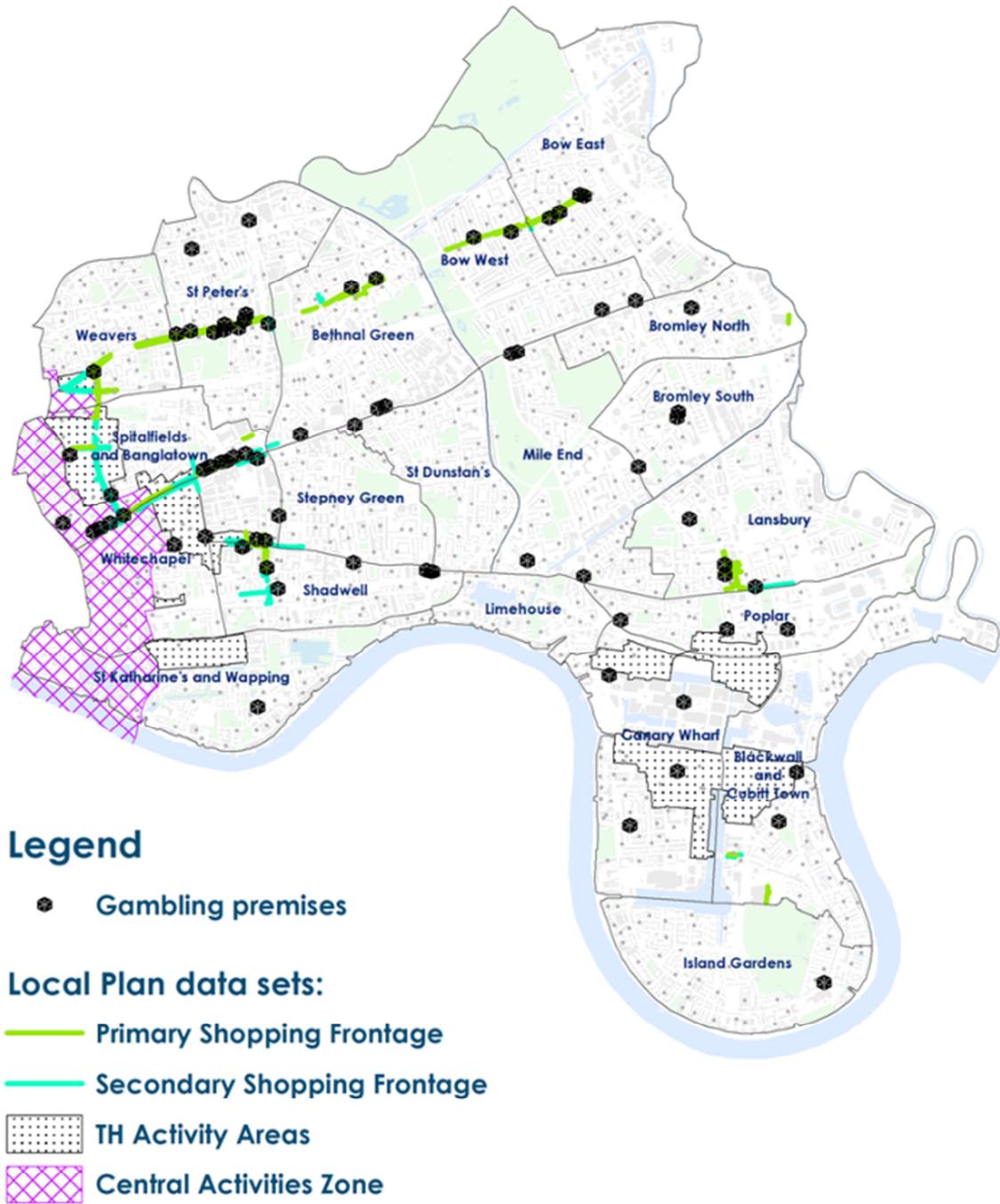
Key findings from the analysis are:

- there are 75 gambling premises within the borough;
- Spitalfields and Banglatown contain the most gambling premises (13) out of all wards in the borough, followed by St Peters (11) and Shadwell (7). Limehouse and Stepney Green are the only two wards which do not contain any gambling premises.
- almost two thirds (64%) of all gambling premises in the borough are located within 50 metres of four key road corridors (A11, A13, B119, A1209);
- 26 premises are within a primary shopping frontage<sup>1</sup> (35% of all betting shops) with particular concentrations in Bethnal Green, Whitechapel and Roman Road;
- there are small clusters of gambling premises in Whitechapel and St Peter's ward which overlap with hot-spots of anti-social behaviour (ASB) crime; and
- 10 gambling premises are located in LSOAs which have the highest rates of employment deprivation in the borough.

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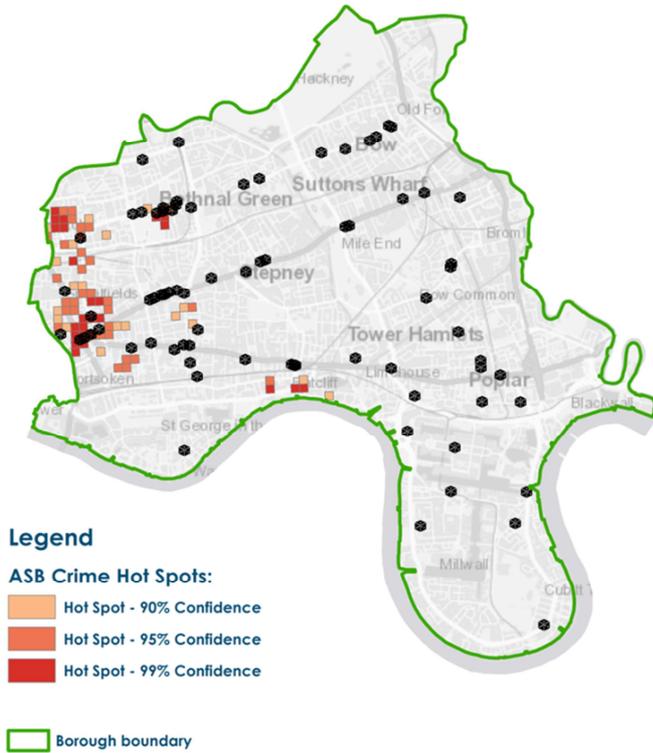
<sup>1</sup> Due to constraints with the mapping software using point data, this analysis identified all betting shops within 20 metres of a primary frontage.

Figure 1: Locations of gambling premises in Tower Hamlets



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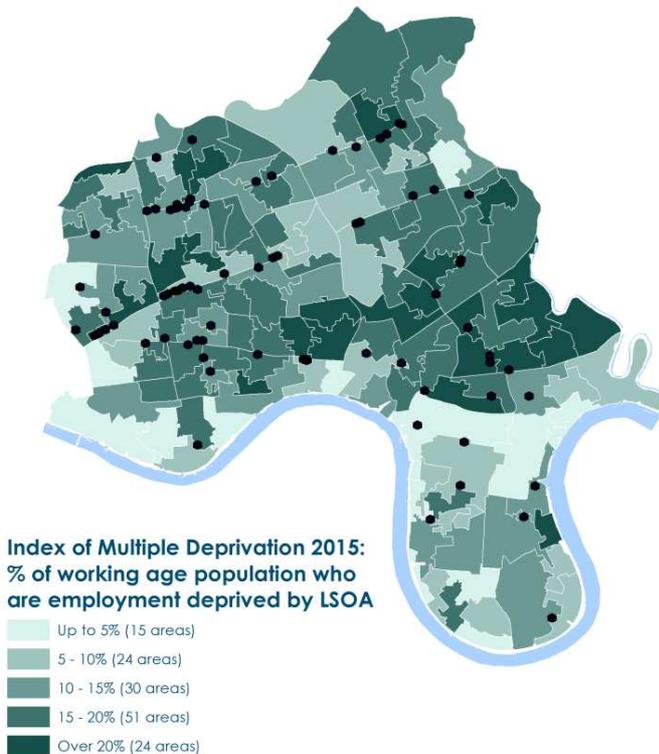
**Figure 2: ASB crime and gambling premises in Tower Hamlets**



Given incident points creates a map of statistically significant hot and cold spots using the Getis-Ord  $G_i^*$  statistic. It evaluates the characteristics of the input feature class to produce optimal results.

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**Figure 3: Index of Multiple Deprivation 2015: Employment deprivation**



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### Problem gambling and links to health and wellbeing

According to the 2015 Health Survey England, 62.2% of people in England gambled in 2015, 0.9% of people in England identified as problem gamblers and 3.9% of people in England were at low or moderate risk of developing problems with their gambling. Data shows a significant increase in problem gambling since 2007.

A recent Public Health England study<sup>2</sup> found that betting shops tend to cluster in some of the most deprived areas, noting that in recent years there has been a significant increase in the number of B2 gambling machines (by 51%, from 16,380 in 2006/07 to 32,000 in 2011). This is a concern, particularly given the relative high levels of deprivation in many parts of the borough (we have some of the most deprived neighbourhoods in England as show in Figure 3). B2 machines allow high stakes (up to £100) to be placed on bets that take 20 seconds to provide a result, enabling people to lose large amounts of money quickly.

In 2016 the London Borough of Tower Hamlets prepared a Joint Strategic Needs Assessment to assess the needs of the borough's population in relation to health and wellbeing, which included a specific paper on betting shops. The assessment found that problem gambling disproportionately affects lower income families and at a local level, the impact is often felt by the look of neighbourhoods and high streets due to the clustering of outlets and a perception that there is a link to anti-social behaviour (such as litter, street drinking and gathering of adults). Concerns are also raised about proximity to schools or faith venues. There are wider issues related to links to organized crime, gangs and human trafficking and money laundering. For health and social care professionals, and even the family and friends of at risk or problem gamblers, the challenge of problem gambling is that it is not easily detectable. It is often described as the 'hidden addiction'.

Problem gamblers are far more likely to present with financial, health and relationship issues before an addiction to problem gambling is recognized. Spouses and partners will report the huge efforts the family unit take to keep it hidden and to minimize the financial impact particularly to children. In terms of the adult population 'the prevalence of problem gambling is significantly higher in the 16-24 years (2.1%) and 25- 34 years (1.5%) than in older adults (0.3% in those aged 55-64 years), which reflects similar findings in international research highlighting the particular risks of problem gambling for young people. When attempting to estimate the local prevalence, statistical techniques were used to recognise the population profile of the borough (e.g. age, sex and ethnicity) and our current estimate in our population is 1.3% i.e. twice the national average for problem gambling, with 3% at moderate risk. It is likely that this is an underestimate<sup>3</sup>.

Tower Hamlets has higher rates than most of London. This would equate to in the region of 3,000 problematic gamblers with 6,000 at moderate risk. Furthermore, an assumption can be made that for every problem gambler there will, as a minimum, be between two to three other individuals affected by gambling which significantly increases the scope of work needed to address these problems.

### Impact of betting shops on vitality and attractiveness of high streets

The impacts of clusters of betting shops alongside, payday loan shops and bookmakers, is recognised by national publications, the London Plan, the Mayor's Town Centres Supplementary Planning Guidance, by other local authorities, and has been the subject of considerable public and media interest. The following section draws together the main points of evidence on how betting shops can impact on the vitality and viability of the high street and potentially on health and wellbeing.

The Portas Review, published on 13 December 2011, stated: *"I also believe that the influx of betting shops, often in more deprived areas, is blighting our high streets. Circumventing legislation which prohibits the number of betting machines in a single bookmakers, I understand many are*

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<sup>2</sup> 'Healthy high streets: Good place-making in an urban setting' (PHE, February 2018).

<sup>3</sup> Tower Hamlets Joint Strategic Needs Assessment – Gambling in Tower Hamlets (2016).

*now simply opening another unit just doors down. This has led to a proliferation of betting shops often in low-income areas” (page 29).*

The London Assembly study (Open for Business: Empty Shops on London's High Streets, March 2013) considered the perception amongst many that certain uses, including betting shops, act to devalue the attractiveness of a high street as a destination and reducing its vitality and viability. It states:

*“Many contributors to the committee’s [London Assembly] investigation are concerned about a growing concentration of particular types of shop on London’s high streets. The committee received the greatest number of complaints about the proliferation of betting shops, but also heard multiple complaints about the increase in payday loan shops, pawnbrokers, charity shops, fast food takeaways, supermarket chains, coffee shop chains and 99p/pound shops” (page 29). “Some types of shop may have other, negative economic impacts on an area. We have heard that ‘low quality’ units reduce the overall value of the high street, dissuading other businesses from opening there” (page 30).*

The report also states that the committee heard the view that ‘low quality’ units reduce the overall value of the high street, dissuading other businesses from opening there. Ealing Broadway Business Improvement District suggested that many businesses do not want to be located close to betting, 99p/pound, charity and fast food shops (page 30). Furthermore this report states that the committee heard views that bookmakers can also have the effect of increasing rent in an area as they are often national chains they can afford to pay high prices (, page 30).

One of the effects of clusters of betting shops is to reduce the offer of the centre by replicating a use. In the committee report a former director of sales and lettings at property firm Grosvenor, explained the impact of overconcentration: *“People stop coming. People stop visiting. It is driving down value to the community because you do not have, yet again, another offer. It is a replication. Actually, it does not matter whether it is a betting shop or a mobile phone shop. It is the users. You just do not want six out of ten shops the same. It is the variety and it is the palette that you are offering that brings people to high streets” (page 30).*

### **Topic 3: Hot food takeaways**

#### **Planning Policy Context**

The NPPF includes clear objectives for planning and health. A core planning principle (paragraph 17) states that: “planning should take account of and support local strategies to improve health, social and cultural wellbeing for all.”

The London Plan (GLA, 2016) has a range of policies to support promote more active lifestyles, and better diets, whilst recognising that over-concentrations of hot food takeaways can give rise to particular concerns. It states that as well as promoting healthy lifestyles through the detailed design of neighbourhoods, this can be complemented by other measures, such as local policies to address concerns over the development of fast food outlets close to schools.

The draft new London Plan contains a London-wide policy to prevent new hot food takeaways from opening within 400 metres walking distance of an existing or proposed primary or secondary school (policy E9, page 257, chapter 6). The draft plan also requires any permitted development involving hot food takeaways to be conditional upon the operator achieving and operating in compliance with the Healthier Catering Commitment Standard.

The Mayor of London’s supplementary planning guidance for town centres states that boroughs are encouraged to manage over-concentrations of activities including hot food takeaways. The draft new London Plan reiterates this advice.

In 2011 Mary Portas was appointed by the government to lead an independent review into the future of the high street. The Portas Review was published on 13 December 2011.

### **Relevant Local Plan Policy**

Policy D.TC5 (Food, drink entertainment and the night-time economy) in the regulation 19 version of the Tower Hamlets Local Plan states (part 3):

*“Development of hot food takeaways (use class A5) will only be supported within the Central Activities Zone, Tower Hamlets Activity Areas, Secondary Frontages of District Centres, Neighbourhood Centres or Neighbourhood Parades where they meet the following criteria.*

- a. There must be a separation of at least four non-A5 units between each new hot food takeaway unit.*
- b. The percentage of A5 units would not exceed 5% of the total number of units within Major, District or Neighbourhood Centres.*
- c. Within Neighbourhood Parades there would be no more than one A5 unit.*
- d. The proposal is not within 200 metres walking distance from an existing (or proposed) school and/or a local authority leisure centre.*
- e. The proposal will not harm the amenity of surrounding properties”.*

### **Relevant designations / allocations**

- The town centres hierarchy – Central Activities Zone (CAZ), Tower Hamlets Activity areas (THAAs) and designated town centres
- Primary and secondary retail frontages

### **Issue**

The policy seeks define appropriate locations and concentrations for new takeaway premises and preventing these uses in other locations, including:

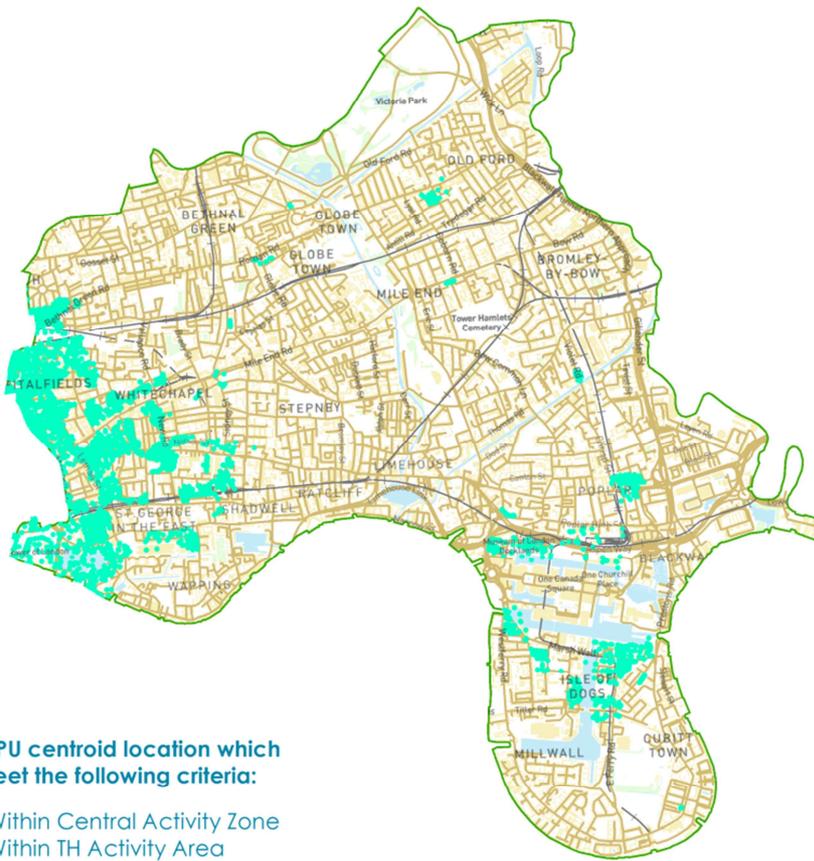
- Within 200 metres walking distance from an existing (or proposed) school and/or a local authority leisure centre; and
- Primary retail frontages within town centres.

### **Regulation 19 representations**

A summary of representations received on this issue during regulation 19 consultation include:

- it is unclear how refusing hot food takeaways within 200 metres of a school could be effective;
- the planning system is ineffective in distinguishing between uses that are healthy and those that are not. Some takeaways are not unhealthy for example; and
- the NPPF is not concerned with dietary issues. It identifies hot food takeaways as main town centre use that should be located in town centres or in the next most accessible location based on need.

**Figure 4: Potential site locations for new A5 applications after policy's implementation (indicative)**



**BLPU centroid location which meet the following criteria:**

- Within Central Activity Zone
- Within TH Activity Area
- Within 100m of a secondary frontage of District Centres
- Within a Neighbourhood Parade
- Outside of a school's 200m walk zone
- Only includes Centres where A5 threshold <5%

Note that according to policy there must also be at least four non-A5 units between each new hot food takeaway, and the proposal must be deemed not to harm the amenity of surrounding properties.

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**Reason for approach**

The approach taken to control the development of new hot food takeaways (use class A5<sup>4</sup>) has developed in light of increasing concerns of residents and politicians regarding the overconcentration of takeaways in the borough, especially where they tempt younger residents to consume food unhealthy foods that are high in fat, salt and sugar. There is also strengthening national and local evidence base and revised planning policy guidance relating to this issue.

These policies form part of the council's overarching strategy to tackle the borough's obesity and food poverty problems. They aim to prevent hot food takeaways developing in areas disproportionately frequented by children (i.e. in close proximity to schools and local authority leisure centres). Similarly, by ensuring a balance of takeaways within our designated centres, the policy seeks to promote and protect healthy choices and retain the economic diversity of the

<sup>4</sup> A class A5 hot food takeaway is defined as an outlet whose primary business is 'the sale of hot food for consumption off the premises' (Planning Portal, 2014). Characteristics of these takeaway food outlets include: hot food is ordered and paid for at the till, limited space for sitting in, and no waiter service (Lake et al., 2010). The usage class has been appropriated by Councils, the Mayor of London and National Planning Guidance as a way to control the location of outlets likely to sell nutrient dense foods high in fats, salt and sugar, including: fried chicken, fish and chips, pizzas or kebab shops, Indian and Chinese takeaways. The class does not include cafes, full service restaurants, drinking establishments and shops

borough, as well as protecting the attractiveness, vitality and character of primary frontages (see also “topic 2: betting shops”).

There is a deviation from new London Plan policy for a 400 metre school buffer. The 200 metre has instead been applied because, given the high level of population and development density in Tower Hamlets, the application of a 400 metre protection zone to all schools would leave very little land outside this exclusion zone (the 400 metre exclusion zone covers 82% of the borough). This would make the policy impossible to implement. Figure 5 below sets out the differences between the coverage of a 200 metre buffer and 400 metre buffer.

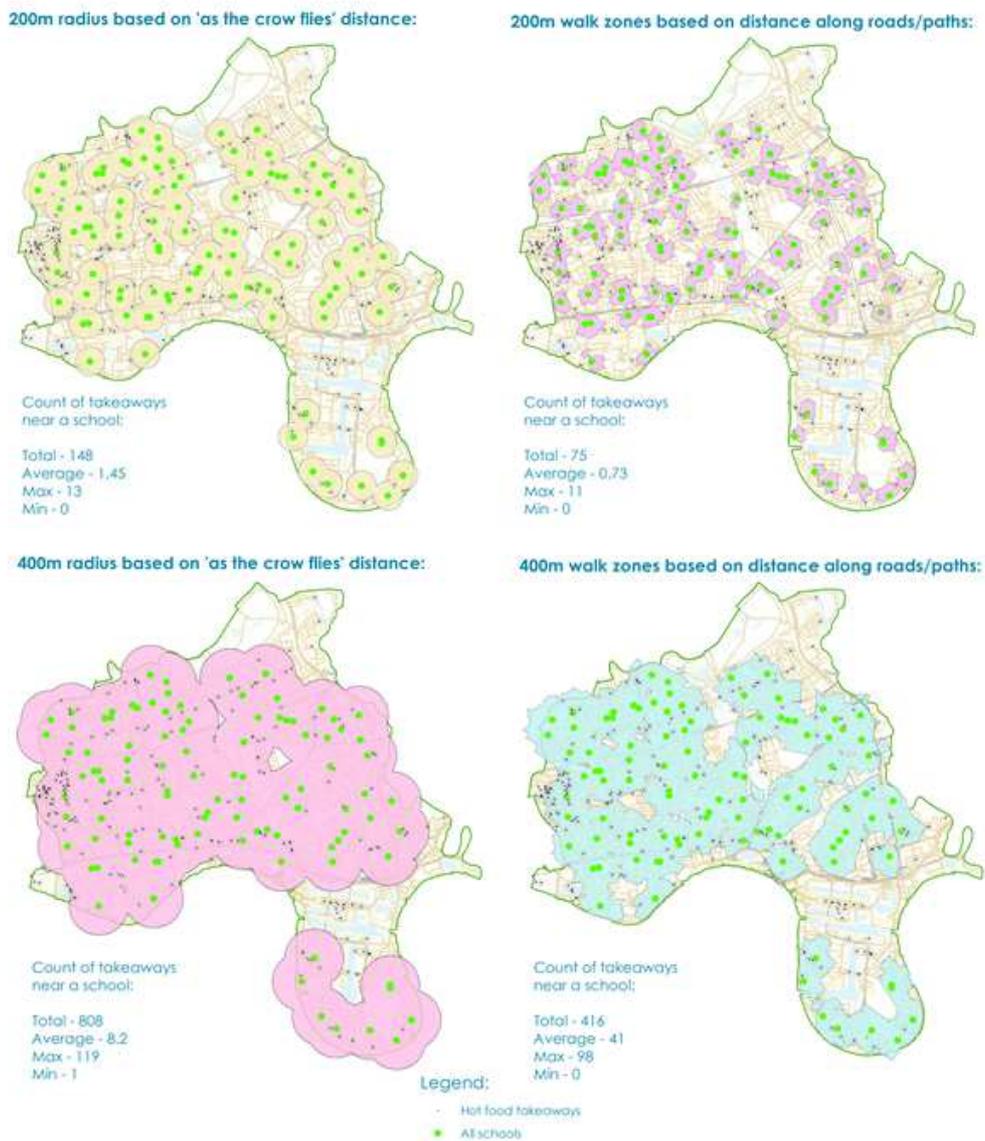
Please note: ‘local authority leisure centres’ refers to those listed on the council website that are currently managed by a charitable social enterprise (‘Better’).

Regarding issues relating to the relative ‘health’ of hot food takeaways, while it is accepted that not all hot food takeaways sell unhealthy food, it is considered that there is no guarantee that a healthy business model would continue into the future under an A5 use class and that it is not an unreasonable prospect that pressures on the business could lead to a change in the nature of the food sold despite the current best intentions of the appellant. A similar position was reached by a planning inspector at a recent appeal<sup>5</sup>.

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<sup>5</sup> Appeal reference: APP/W4515/W/17/3184901

**Figure 5: School and hot food takeaway proximity analysis**



(Top right = Tower Hamlets' proposed protection zone. Bottom Right = Mayor of London's advised protection zone).

### Justification / evidence

The evidence below sets out the problems and causes of obesity in Tower Hamlets. It describes our borough's notably imbalanced food environment and links what is sold on our high streets with high rates of diet related diseases. Finally, it sets out the current evidence base informing policies aimed at restricting the density of hot food take away and their proximity to schools.

### Health context

#### Obesity and its consequences

Obesity is one of the most important preventable challenges to health. An obese Londoner is at greater risk of developing a number of diseases, including type 2 diabetes, coronary heart disease, stroke and some cancers, as well as conditions such as depression and low self-esteem. Residents who are moderately obese (BMI 30-35) have an average reduced life expectancy of three years. Residents who are morbidly obese (BMI 40-50) have a reduced life expectancy of eight to ten years (National Obesity Observatory, 2010)<sup>6</sup>. In children and young people, obesity is

<sup>6</sup> National Obesity Observatory. (2010). Briefing note: Obesity and life expectancy. Oxford: National Obesity Observatory.

associated with school absence. In adults, it is linked to increased sick leave and unemployment (Joseph Rowntree Foundation, 2008).<sup>7</sup>

There are considerable inequalities in obesity rates among different population groups. The burden is falling hardest on those from low-income backgrounds, with obesity rates highest for children in the most deprived areas and getting worse (NHS Digital, 2015)<sup>8</sup>: obesity prevalence of the most deprived 10% of the population is approximately twice that of the least deprived 10% (National Obesity Observatory, 2016). The National Child Measurement Programme (NCMP) also shows substantial variation in levels of obesity among different ethnic groups. The prevalence of health conditions linked to obesity, including cardiovascular disease and type 2 diabetes, also varies by ethnic group. For example, type 2 diabetes affects people of South Asian, African-Caribbean, Chinese or black African descent up to a decade or earlier than white Europeans. Furthermore, Bangladeshi men are almost four times more likely to have doctor-diagnosed diabetes compared to men in the general population; whereas, Bangladeshi women are over three times more likely than their white European counterparts. This inequality is particularly pertinent for Tower Hamlets where there is a sizable Bangladeshi population.

In addition to the health impact, obesity is costly. The NHS spent an estimated £1.5 billion on overweight and obesity related ill-health in 2014-15 (Scarborough, 2011)<sup>9</sup>.

<b>Obesity in Tower Hamlets</b> (Source: PHE Fingertips)			
<b>Indicator</b>	<b>Tower Hamlets</b>	<b>London region</b>	<b>England</b>
Reception: Prevalence of overweight (including obese)	23.2%	22.3%	22.6%
Year 6: Prevalence of overweight (including obese)	42.5%	38.5%	43.9%
Proportion of the population meeting the recommended '5-a-day' on a "usual day" (adults)	44.9%	49.4%	52.3%
Percentage of adults (aged 18+) classified as overweight or obese	57.8%	55.2%	61.3%

### Obesity and its causes

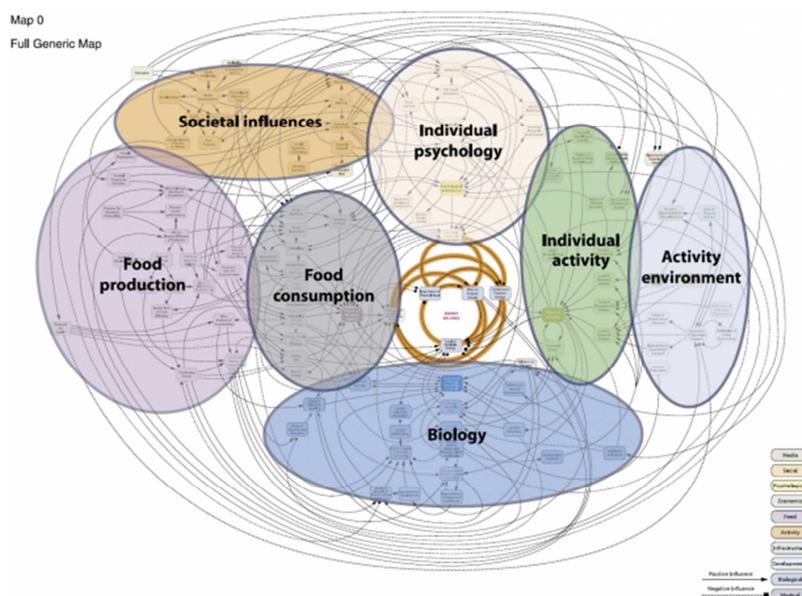
Obesity is a complex issue with many drivers, including our behaviour, environment, genetics and culture. To reduce obesity levels, a long-term whole system approach is needed, with measures that begin at birth and carry on throughout the life course. The government's Foresight Report (2007) argues that approaches will only be effective if initiatives to support individual action are combined with action to address the underlying environmental factors. As well as providing residents with the knowledge, skills and opportunities to eat healthily and undertake physical activity, we crucially need to create an environment that makes it easier for people to make healthy choices.

<sup>7</sup> Griggs, J., Walker, R. (2008) The costs of child poverty for individuals and society: A literature review. Joseph Rowntree Foundation.

<sup>8</sup> NHS Digital (2015): Statistics on Obesity, Physical Activity and Diet - England, 2015

<sup>9</sup> Scarborough, P., Bhatnagar, P., Wickramasinghe, K.K., Allender, S., Foster, C., Rayner, M. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-07 costs

**Figure 6: The government’s obesity system map with thematic clusters. The role of the environment and individuals**



Source: *Tackling Obesity: Future Choices (Foresight Report, 2007)*: <https://www.gov.uk/government/collections/tackling-obesity-future-choices>

### Healthy eating

A healthy diet is one that is rich in vegetables, pulses, fruits, nuts and whole grains. Modest portions of lean meat, poultry, white and oily fish, soya foods, low fat dairy products and vegetable-based spreads and oils also play an important role in a healthy diet, as they are low in saturated fat and rich in a range of other essential nutrients.

What we eat has a profound effect on our health. Poor diet has been acknowledged as a risk factor for obesity, some cancers, type 2 diabetes and cardiovascular disease. Poor nutrition can also have a damaging and lasting impact on cognitive ability and behaviour. Evidence suggests the need for healthy nutrition to ensure optimal mental and behavioural performance at all times among children and adolescents. Too many calories than the body requires can lead to weight gain and, overtime, can lead to obesity. This is more likely if a person’s diet is high in saturated fat and sugar.

Results from the National Diet and Nutrition Survey (2008/2009-2011/2012)<sup>10</sup> indicate that the UK population are consuming above the recommended amount of sugar, saturated fat and salt and not enough portions of fruit and vegetables.

### Obesogenic environments

Consuming food from outside the home is now a regular feature of our increasingly busy lifestyles.

In the national context:

An analysis of the UK National Diet and Nutrition Survey (2008-12) found that more than a quarter of adults and a fifth of children ate out once or more a week, and one fifth of adults and children ate takeaway meals at home once per week or more (Adams et al, 2015)<sup>11</sup>.

In Tower Hamlets:

- Two in five adults eat take-away food at least once a week.

<sup>10</sup> Gov.uk (2014) National Diet and Nutrition Survey

<sup>11</sup> Adams J, Goffe L, Brown T, Lake AA, Summerbell C, White M, et al. Frequency and socio-demographic correlates of eating meals out and take-away meals at home: cross-sectional analysis of the UK national diet and nutrition survey, waves 1–4 (2008–12). *Int J Behav Nutr Phys Act.* 2015 Apr 16;12(1):51.

- 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 (Ipsos MORI, 2009)<sup>12</sup>.
- 27% of fast-food customers surveyed frequent takeaways every day (Bagwell and Doff, 2009)<sup>13</sup>.

Eating out-of-home foods, and in particular food from takeaways, is associated with higher energy and fat intakes (Jaworowska et al, 2013)<sup>14</sup>.

In the national context:

- Takeaway food outlets disproportionately offer ready-to-eat, energy-dense foods that are associated with higher total energy and fat intakes (Lachat et al., 2012)<sup>15</sup>.
- Food purchased from fast-food outlets and restaurants is up to 65% more 'energy-dense' than the average diet (Foresight, 2007)<sup>16</sup>.
- In a West Midlands study 30% of samples exceeded the previously existing children's Guidelines Daily Amount (GDA) for total fat and saturated fat and 27% of salt analyses exceeded the previous salt GDA (Saunders et al, 2015)<sup>17</sup>.
- The consumption of takeaway food has been associated with higher Body Mass Index (BMI) scores, higher body fat scores and increased odds of being obese (Fraser et al, 2012; Rosenheck, 2008; Prentice and Jebb, 2003)<sup>18</sup>.

In Tower Hamlets:

- 2017 research funded by the council's Public Health Team and undertaken by 'Shift design' mapped and nutritionally profiled restaurants across the borough. The project developed to work closely with restaurants on Burdett Road to capture sales and cost data, co-design in-restaurant interventions to reduced calorie content of meals and test their impact on sales, customer satisfaction and costs. The study's conclusions included an observation that the competition caused by the overconcentration of fast food takeaways often negatively impacts upon the nutritional quality of food served. This happens in two ways: 1) restaurant owners often cite large portion size as a way to attract and retain custom; and 2) to compete on price restaurant owners feel pressured to use cheaper ingredients which tend to have higher fat content and/or absorb more fat during cooking. Other studies in the borough found examples where chip portions from takeaways had avoidable levels of trans fats that were nearly 90% of GDA (Sandelson, 2012)<sup>19</sup>.

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<sup>12</sup> Ipsos MORI (2009) Health and Lifestyle Research: Tower Hamlets Primary Care Trust. Ipsos MORI, London

<sup>13</sup> Bagwell, S and Doff, S., (2009) Fast Food Outlets in Tower Hamlets and the Provision of Healthier Food Choices, London Metropolitan University

<sup>14</sup> Jaworowska A, Blackham T, Davies IG, Stevenson L. Nutritional challenges and health implications of takeaway and fast food. *Nutr Rev.* 2013 May 1;71(5):310–8.

<sup>15</sup> Lachat C, Nago E, Verstraeten R, Roberfroid D, Van Camp J, Kolsteren P. Eating out of home and its association with dietary intake: a systematic review of the evidence. *Obes Rev Off J Int Assoc Study Obes.* 2012 Apr;13(4):329–46.

<sup>16</sup> Foresight (2007) Tackling Obesity: Future Choices – Obesogenic Environments – Evidence Review. Government Office for Science, London

<sup>17</sup> Saunders P, Saunders A, Middleton J. Living in a 'fat swamp': exposure to multiple sources of accessible, cheap, energy-dense fast foods in a deprived community. *Br J Nutr.* 2015;113(34):182818

<sup>18</sup> R. Rosenheck Fast food consumption and increased caloric intake: a systematic review of a trajectory towards weight gain and obesity risk *Obes. Rev.*, 9 (2008), pp. 535-547, 10.1111/j.1467-789X.2008.00477.xOBR477[pii]

<sup>19</sup> Sandelson, M. Summary of the results of an investigation into the use of partially hydrogenated vegetable oil as a frying medium in fast food outlets and potential impact on consumer's health. London Borough of Tower Hamlets; 2012

## The association between obesity and the abundance of hot food takeaways

In the national context:

- Areas where energy-dense foods of low nutritional value are readily available and when there are few opportunities to purchase healthier foods are likely to pose a risk to a population's dietary health (Swinburn et al., 2013; Feng et al., 2010)<sup>20</sup>.
- Exposure to areas with a high density of take away outlets is associated with excess consumption of takeaway foods and excess body weight (Burgoine et al., 2014)<sup>21</sup>.
- PHE mapping of data on hot food takeaways and deprivation across England shows an association between the concentration of fast food outlets and areas of deprivation (Public Health England, 2016)<sup>22</sup>.
- The disproportionate concentration of takeaway outlets in poorer areas – like Tower Hamlets - risk reinforcing inequalities in diet and obesity, with those living in unhealthy neighbourhoods finding it more difficult to make healthy food choices (Black et al., 2014; Fleischhacker et al., 2011; Macdonald et al., 2007; Cummins et al., 2005)<sup>23</sup>.

In Tower Hamlets:

- There are 42 fast food outlets and convenience stores per school compared with the London average of 35 (Caraher et al, 2007).
- 97% residents live within ten minutes of a fast-food outlet (Caraher et al, 2007)<sup>24</sup>.
- Exposure to fast food restaurants drives up temptation to eat fast food in a variety of ways, including increasing availability, accessibility and the marketing of foods high in salt, fat and sugar (Bagwell and Doff, 2009)<sup>25</sup>.
- 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;
  - 1.4 times if they are of Bangladeshi origin.

## The proximity of hot food takeaways to schools

In the national context:

- Young people are exposed to unhealthier food and drink in many out-of-home environments. The frequency that children and families visit such outlets is therefore important (Horsley et al, 2014; Tyrrell, 2014)<sup>26</sup>.
- Secondary school pupils often buy food from a range of outlets in the school fringe for their lunch or, on their way to and from school (Wills et al, 2015<sup>27</sup>; Tyrrell, 2014<sup>28</sup>; Cowburn G, 2016<sup>29</sup>).

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<sup>20</sup> B. Swinburn, S. Vandevijvere, V. Kraak, G. Sacks, W. Snowdon, C. Hawkes, S. Barquera, S. Friel, B. Kelly, S. Kumanyika, M. L'abbe, A. Lee, T. Lobstein, J. Ma, J. Macmullan, S. Mohan, C. Monteiro, B. Neal, M. Rayner, D. Sanders, C. Walker, Informas Monitoring and benchmarking government policies and actions to improve the healthiness of food environments: a proposed Government Healthy Food Environment Policy Index *Obes. Rev.*, 14 (2013), pp. 24-37, 10.1111/Obr.12073

<sup>21</sup> The Strategy Unit Food: An Analysis of the Issues Cabinet Office, London (2008). Burgoine, N.G. Forouhi, S.J. Griffin, N.J. Wareham, P. Monsivais Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study *BMJ* (2014), p. 348, 10.1136/bmj.g1464

<sup>22</sup> PHE. Obesity Data and Tools :: Public Health England Obesity Knowledge and Intelligence team [Internet]. [cited 2016 Sep 1]. Available from: <http://www.noo.org.uk/visualisation>

<sup>23</sup> C. Black, G. Moon, J. Baird Dietary inequalities: what is the evidence for the effect of the neighbourhood food environment? *Health Place*, 27 (2014), pp. 229-242, 10.1016/j.healthplace.2013.09.015

<sup>24</sup> Caraher, Lloyd, and Madelin (2007) *Fast-Food in Tower Hamlets*. City University,

<sup>25</sup> Bagwell, S and Doff, S., (2009) *Fast Food Outlets in Tower Hamlets and the Provision of Healthier Food Choices*, London Metropolitan University

<sup>26</sup> Horsley JA, Absalom KA, Akiens EM, Dunk RJ, Ferguson AM. The proportion of unhealthy foodstuffs children are exposed to at the checkout of convenience supermarkets. *Public Health Nutr.* 2014 Nov;17(11):2453–8.

<sup>27</sup> Wills W, Kapetanaki A, Danesi G, Martin A, Hamilton L, Bygrave A. The influence of Deprivation and the Food Environment on Food and Drink Purchased by Secondary School Pupils Beyond the School Gate

- Takeaways situated close to schools risks undermining efforts to provide healthy school food (Sarah Sinclair and Jack Winkler, 2008 & 2009)<sup>30</sup>. For Example, children sometimes skip lunch to save money which can be spent after school at fast food outlets. A large scale (n=10,645) study of secondary school children from 30 schools in one large UK city found that 2.9% reported never eating regularly and 17.2% reported daily consumption of junk food (Zahra et al, 2014)<sup>31</sup>.
- Proximity to schools is suggested to be a key factor in secondary school pupils decisions about where to purchase food, but the evidence is equivocal (Wills et al, 2015; Cowburn G, 2016; Williams et al, 2014<sup>32</sup>).

#### In Tower Hamlets:

- A longitudinal study of 29 secondary schools (including those in Tower Hamlets) found a significant increase in the number of takeaways, grocers and convenience stores within 800 metres of a school, between 2001 and 2005. This had a small negative effect on adolescent diet with a decrease in average healthy and an increase in unhealthy diet scores (Smith et al, 2013)<sup>33</sup>.
- Caraher et al (2014) also reported food outlets increasingly clustering around schools providing numerous opportunities for pupils to purchase energy dense foods.
- Some takeaways located near schools have been shown to target children with special deals within their price range. One study found outlets offering four fried chicken wings for £1, or a large portion of chicken and chips for just £1.99 undercutting the price of the average secondary school lunch (Bagwell, S and Doff, S., 2009).
- There are concentrations of fast-food outlets near schools and students reported use of these. The schools that enforce their closed gate policy had some success restricting their students' lunchtime custom. However, many report skipping lunch in order to save money and eat after school at these outlets. The research concluded Tower local policy was needed to context improve the food offered the immediate environment around the school (Caraher et al, 2014).

#### Impacts to the high street and links to deprivation

A recent study by Public Health England<sup>34</sup> found definitive evidence that that in some areas, particularly in areas of high deprivation, small, independent food retailers are being undermined by a proliferation and density of hot food takeaways, creating what it terms 'food deserts', which are defined as areas of poor access to the provision of healthy affordable food.

The study stated that: *"Food poverty is the inability to afford, or have access to, food that makes up a healthy diet. The health impacts of food poverty are wide ranging and follow a social gradient. Food poverty and poor nutritional intake are significant risk factors for cancer, diabetes and coronary heart disease within the UK, and are estimated to represent 30% of life years lost to early mortality and disability."*

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<sup>28</sup> Tyrrell RL, Greenhalgh F, Hodgson S, Wills WJ, Mathers JC, Adamson AJ, et al. Food environments of young people: linking individual behaviour to environmental context. *J Public Health*. 2016 Mar 8;fdw019.

<sup>29</sup> Cowburn G, Matthews A, Doherty A, Hamilton A, Kelly P, Williams J, et al. Exploring the opportunities for food and drink purchasing and consumption by teenagers during their journeys between home and school: a feasibility study using a novel method. *Public Health Nutr*. 2016 Jan;19(1):93–103

<sup>30</sup> Sarah Sinclair and Jack Winkler (2009) *The School Fringe: from Research to Action*. Policy Options within Schools on the Fringe. Nutrition Policy Unit, London Metropolitan University

<sup>31</sup> Zahra J, Ford T, Jodrell D. Cross-sectional survey of daily junk food consumption, irregular eating, mental and physical health and parenting style of British secondary school children. *Child Care Health Dev*. 2014 Jul;40(4):481–91.

<sup>32</sup> Williams J, Scarborough P, Matthews A, Cowburn G, Foster C, Roberts N, et al. A systematic review of the influence of the retail food environment around schools on obesity-related outcomes. *Obes Rev*. 2014 May 1;15(5):359–74.

<sup>33</sup> Smith D, Cummins S, Clark C, Stansfeld S. Does the local food environment around schools affect diet? Longitudinal associations in adolescents attending secondary schools in East London. *BMC Public Health*. 2013;13:70

<sup>34</sup> 'Healthy high streets: Good place-making in an urban setting' (PHE, February 2018)

*Food poverty can also increase the prevalence of dental caries in children, the risks of trips and falls in older people, the risk and incidence of low birthweight, and childhood morbidity and mortality.*

### Resident attitudes

Residents of Tower Hamlets recently participated in the ‘great weight debate’ that took place across London. The common themes that emerged from the ‘great weight debate’ were that residents want to lead healthy lifestyle but they feel that their environment and the food that is available are working against them. Londoners were extremely concerned about the accessibility of fast food in particular. The tendency of fast food outlets to cluster around schools and target school children emerged as a spontaneous concern of the workshops. Overall, there was strong support for limiting the operations of fast food outlets, and for encouraging the development of healthier alternatives. They felt that encouraging healthier food in these outlets, limiting when they can operate, and preventing additional outlets from operating would tackle the issue at its source

### Conclusion

Tower Hamlets has rates of obesity higher than much of England and most other London boroughs. Furthermore, emerging epidemiological evidence suggests that many of our residents disproportionately suffer the ill effects of diet related diseases. Because of this, the council, as a member of the borough’s Health and Wellbeing Board, has developed a package of policies, strategies and programmes designed to lead a transformation in addressing childhood obesity in the borough. The Local Plan ambition to define appropriate locations and concentrations for new takeaway premises is a major part of this package. It is also supported by residents’ attitudes and the national and local evidence base.

## **Topic 4: Short stay accommodation**

### **Planning policy context**

The NPPF identifies hotels as a main town centre use; therefore new hotel developments should be directed to town centres.

The London Plan policy 4.5 directs new visitor accommodation to town centres and within the Central Activities Zone (CAZ) in opportunity areas/intensification areas.

### **Relevant Local Plan policy**

Policy D.TC6 (Short-stay accommodation) in the regulation 19 version of the Tower Hamlets Local Plan states:

*“Development of visitor accommodation will be supported in locations within the Central Activities Zone, Canary Wharf (Major Centre), Tower Hamlets Activity Areas and District Centres (as shown on the Policies Map) or along primary routes where adjacent to transport interchanges, providing:*

- a. the size, scale and nature of the proposal is proportionate to its location;*
- b. a need for such accommodation can be demonstrated, taking account of other proposals and unimplemented consents in the local area;*
- c. it does not compromise the supply of land for new homes or jobs and our ability to meet the borough’s housing and employment targets; and*
- d. the applicant can demonstrate adequate access and servicing arrangements appropriate to the scale, nature and location of the proposal”.*

### **Relevant designations / allocations**

- The town centres hierarchy – Central Activities Zone (CAZ), Tower Hamlets Activity areas (THAAs) and designated town centres.

## **Issue**

The need for short stay accommodation should be demonstrated, taking account of other proposals and unimplemented consents in the local area.

## **Regulation 19 representations**

Representations received on this issue during regulation 19 consultation include: Hotels are a 'main town centre use' (as defined in the NPPF) and therefore should be no requirement to demonstrate need where proposed within designated centres.

## **Reason for approach**

While it is accepted that hotels are a main town centre use and an important use to developing the visitor infrastructure of Tower Hamlets, it is considered to be detrimental to the health of town centres should a cumulative over-concentration develop. Over-concentrations of hotels can harm the character of a place and can also lead to a loss of land suitable for uses of greater priority, such as housing or employment. A similar position is taken for other uses which are also referenced within the NPPF as being main town centre uses, such as A5 uses.

## **Justification / evidence**

The direct disadvantage of hotel over-concentration is their local impact. Where over-concentration occurs, hotels can harm the character of a place, particularly in residential areas, both directly (e.g. creating noise and disturbance for neighbouring residents) and indirectly (by generating a high level of transience in the overnight population).

This policy approach is consistent with the London Plan, which aims to resist further intensification of hotels in areas with an existing concentration.

Hotels can also lead to a loss of land suitable for uses of greater priority, such as housing or employment. In terms of employment land specifically, although hotels can be classified as an employment use, they often provide low employment densities, which means that other employment uses providing higher employment densities would be preferred where there was a conflict over available development land.

For example, the Employment Densities Guide (3rd Edition) (HCA, 2015) indicates that B1(a) office floorspace generates around 1 employee per 10-13 square metres (depending on the sub-sector), with budget hotels generating around 1 employee per 5 bedrooms, mid-scale hotels generating around 1 employee per 3 bedrooms, upscale hotels generating around 1 employee per 2 bedrooms and luxury hotels generating around 1 employee per 1 bedroom. Hotels therefore offer much less capacity for employment growth.

The proposed hotels policy will ensure that hotel developments will not result in adverse cumulative impacts, including where there would be an over-concentration.