Haringey Council

Local Plan

Hot Food Takeaway Shops: An Evidence Base Study

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1. Introduction

Background

This paper outlines the background and the Council's guidance on addressing the health impacts of hot food takeaway shops (A5 use class) and forms part of the Council's wider strategic approach on addressing poor health and obesity in the borough.

In recent years the number and location of hot food-takeaway shops in the borough has caused concern locally with individuals and organisations. The wider issues of the health challenges around obesity and the benefits of healthy eating have attracted attention nationally and have highlighted the role that local authorities have in seeking positive solutions

The Council adopted its Strategic Policies (formerly Core Strategy), the principle planning document in 2013 and is now preparing the Development Management Local Plan to set out more detailed planning policies. This paper draws together information about the relationship between health concerns and hot-food takeaway shops in the United Kingdom and in Haringey and provides the evidence base for any new policies put forward in the Development Management Local Plan to manage their number and location.

Purpose

The purpose of this paper is to:

- Review the existing national, regional and local policy framework in relation to hot food takeaway shops and identify if any further local policy guidance is required.
- Assess both the planning and health related issues around hot food takeaway shops in Haringey
- Make recommendations on the future local management of hot food takeaway shops in the borough.
- 1.5 The results of this paper will be used to provide evidence to inform and support the direction of policies for the DMLP.

The structure of this paper is as follows:

- Introduction
- Executive Summary
- An overview of the health context with regard to obesity and health inequalities both nationally and locally;
- A description of the relevant national and regional policy;
- A description of national, regional and local expert guidance;
- A review of the evidence from a national, regional and local level.
- Policy recommendations
- Conclusion

2. Executive Summary

This paper has been prepared by Haringey Council's Public Health Team to provide supporting evidence to the policy. Public Health has examined the evidence in relation to diet, fast food consumption, the location of hot food takeaway outlets and the ensuing relationship to the health and wellbeing of children and young people.

Haringey Council's draft Local Plan contains Policy DM47 Hot Food Takeaways, which attempts to prevent the establishment of hot food takeaways, if they are within 400 metres of a primary or secondary school. The reasoning behind this is the concern over the health of school pupils and easy access to unhealthy food options at lunchtime and straight after school. It also forms part of the Council's strategic approach to creating a health enhancing environment where the healthy choice is the easy choice, as outlined in the Corporate Plan 2015-2018 and Health and Wellbeing Strategy 2015-2018.

There have been growing concerns about the diet of Haringey children and young people, with recognition that many pupils are regular consumers of fast foods. The borough of Haringey has an estimated 173 hot food takeaway outlets (A5 in planning terms); this does not include restaurants that provide takeaway food. There is a high density of these near primary and secondary schools, with good access for children during school hours and to and from school. Findings from national and local reports indicate fairly regular consumption of fast foods by Haringey school children.

Fast foods tend to be high in fat and salt which are risk factors for obesity, cardiovascular disease and certain cancers. There is evidence to show that poor diet is related to 30% of life-years lost in early death and disability. In Haringey the top risk factor for early death and poor health is poor diet[1].

The imbalance between energy intake and energy expenditure lies at the heart of weight gain. A lifestyle which tips the balance towards weight gain leads to overweight individuals, which is considered medically as the intermediate state before reaching obesity. However, the balance between intake and expenditure can be deceptive at first. Framed in this way, one may presume that personal responsibility and will power are just as important, if not the most important, factor in keeping a healthy weight. But this view overlooks the built environment around us which structures our way of living into one that predisposes us to gaining weight.

A parade of hot food takeaways and unhealthy options cluster in Haringey and make it that much harder to eat healthily. Furthermore, children and young people in Haringey find themselves in this 'obesogenic environment' going to and from school and during lunchtime. They too become predisposed towards obesity in this way.

Haringey Council drafted a Local Plan (LP) Development Management Policies (DMP) to manage the number and location of hot food takeaway shops in order to address these health concerns. This paper seeks to support it by setting out the relevant policy context, expert advice and evidence.

3. Health Context

Evidence shows that at a basic level, obesity is caused by an intake of calories in excess of calories expended. However, obesity is a complex problem with a range of influences and

[1] Annual Public Health Report 2015. Longer, healthier lives, but not for all. Haringey Council.

determinants which makes it difficult for people to adapt their behaviour to make changes to their diet and lifestyle.

Overweight and obesity are clinical conditions characterised by an accumulation of excess body fat leading to a number of complications (diseases which arise as a result of the original condition). Its ultimate cause is an imbalance between energy intake and expenditure but the causes of the imbalance itself can come from many sources. Traditionally these conditions and their complications have been viewed as a disease of adulthood since very few children suffered form it. However in contemporary times its prevalence in children and young people has risen and a sizable proportion today are overweight or obese.

Weight is commonly measured through body mass index (BMI) which is a measure of weight that takes into account a person's height to improve its reliability. In adults, a BMI of 25-29 is considered to make a person overweight and a BMI of over 30 is defined as obesity. In children and young people who are still growing, their BMI is compared to the national average for their age on BMI centile charts. A BMI over the 91st centile is classified as overweight; a BMI over the 98th centile is classified as obese and a BMI over the 99.6th centile is classified as severely obese.

Overweight and obesity is such an important health issue in children and young people because it leads to a multitude of common conditions which can impair quality of life. These include:[2]

- Type 2 diabetes
- Sleep apnoea and other breathing problems
- Orthopaedic conditions
- Non-alcoholic fatty liver disease
- Poor self-esteem, low confidence and poor mental health
- Polycystic ovary syndrome
- Vitamin D and iron deficiency
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Childhood obesity is associated with significant psychological and physiological health problems. As well as increasing mortality, obesity is a risk factor for a range of chronic diseases including Type 2 diabetes, coronary heart disease and some cancers. Most of these are diseases of adult life, but the major risk of obesity and overweight in children is the likelihood that this excess weight will continue through adulthood (overweight adolescents have a 70% chance of becoming overweight or obese adults), but some directly affect children themselves. Of particular concern is the emergence of type 2 diabetes, previously considered to be a disease of adulthood, in obese schoolchildren. Childhood obesity has also been linked to poor self-image, low self-confidence and depression, as well as social and psychological consequences – including stigmatisation, discrimination and prejudice.

Being overweight or obese in childhood also greatly increases the risk of being so in adulthood (overweight adolescents have a 70% chance of becoming overweight or obese adults). Adult overweight and obesity can also lead to further complications as well as any of the ones mentioned above. The following are at increased risk of:

- Cardiovascular disease including stroke and heart attack
- Osteoarthritis
- Some cancers

[2] Scott O, Harding M. Obesity in Children. Patient. URL: http://patient.info/doctor/obesity-in-children [accessed 19/11/2015]

Each of these complications can significantly impair quality of life or even life expectancy. They can also lead to even further complications. For example, Type 2 diabetes can lead to kidney problems, eye disease and nerve damage. Diabetes also increases the likelihood of cardiovascular disease, the risk of which is already raised in overweight and obesity.

Aside from the personal cost to the individual, overweight and obesity stores up financial costs for the future. The costs of treating them and their complications, the number of work days lost, and the lost opportunities to make a social contribution to the community makes the prevention of overweight and obesity a financial choice as well. There are also examples of more immediate costs – such as schools needing to purchase specialist classroom and gym equipment to accommodate the needs of obese and overweight children.

4. Poor diet and health

Poor nutrition has contributed to the increase in levels of obesity and poses major challenges to public health. An increasing number of overweight and underweight people are living with its effects, which can lead to ill-health and premature death. Poor nutrition is a major modifiable risk factor for a range of long term conditions including diabetes, cardiovascular disease, cancer and other conditions associated to obesity.

The Department of Health (1998) estimated that one-third of cancers can be attributed to poor diet and nutrition. Further estimates suggest that if diets matched the nutritional guidelines on fruit and vegetable intake and saturated fat, added sugar and salt intake, 70,000 premature deaths could be avoided annually[3]. Costs to the NHS associated with treating ill-health from a poor diet are estimated to be in the region of £6billion each year [4]. In 2007, it was estimated that the public expenditure on malnutrition amounted to over £13 billion per year. Further estimates suggest that a cost saving of 1% of the annual healthcare cost, namely £130 million per year, could be achieved through improved nutrition[5]. NICE (2011) report that improving nutritional care could provide substantial costs savings to the NHS, and identified this area as being the sixth largest potential source of cost savings.

A healthy diet is one consisting of a high intake of fruits, vegetables, legumes (e.g. beans and lentils), nuts and grains and cutting down on salt, sugar and fat, particularly saturated fat[6]. The World Health Organisation estimate that a diet low in fruit and vegetables causes 31% of ischaemic heart disease, 19% of gastrointestinal cancer and 11% of stroke[7]. Further estimations suggest that a sufficient increase in fruit and vegetable intake could potentially save 2.7 million lives annually[7]. In Haringey the top risk factor for early death and poor health is poor diet.

The Low Income Diet and Nutrition Survey (FSA, 2007) revealed similar areas of concern to those identified in the general population. However, some were more marked in low income populations.

- Average consumption of fruit and vegetables was one-half of the recommended 5 portions per day.
- Intakes of non-milk extrinsic sugars (particularly among children) and saturated fatty acids were above the maximum UK recommendations.
- Intakes of non-starch polysaccharides fell below the minimum UK recommendations.

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[3] Strategy Unit. Food matters: towards a strategy for the 21st Century. London: The Cabinet Office; 2008.
[4] Mike Rayner and Peter Scarborough. The burden of food related ill health in the UK. J Epidemiol Community Health 2005;59:1054-1057 doi:10.1136/jech.2005.036491
[5] Malnutrition Matters: Meeting Quality Standards in Nutritional Care. A Toolkit for Clinical Commissioning Groups and providers in England. Ailsa Brotherton, Nicola Simmonds and Mike Stroud. BAPEN 2012
[6] Healthy diet. Fact sheet N°394, World Health Organisation 2003. Updated September 2015
[7] World Health Report, Reducing Risks, Promoting Healthy Lives, 2002,WHO

- There was evidence of inadequate nutritional status for iron, folate and vitamin D.
- A large proportion of men and women were overweight or obese.

Haringey is the 13th most deprived borough in the country and 4th most deprived in London (using the average deprivation score) and 29.2% of Haringey is amongst the 10% most deprived in the country. Residents in the most deprived parts of the borough, have, on average poorer health outcomes than the average for Haringey and for London. For example men living in Northumberland Park are still dying, on average, 7 years earlier than men in Crouch End.

Lifestyle risk factors including unhealthy diet continue to be major risks to good health amongst the Haringey population. It's noted that in Haringey the top risk factor for early death and poor health is poor diet [8].

5. Prevalence of obesity

The prevalence of obesity is rising among all age ranges. By 2050 it is predicted that 60% of adult men, 50% of adult women and 25% of children will be obese.25 The latest information from Public Health England (PHE) is shown below.[9]

Tables 1 and 2 show the national prevalence of overweight and obesity among children:

- In 2013 over a quarter (25.6%) of children aged 2-10 years were overweight or obese
- Over a third (35.9%) of children aged 11-15 years were overweight or obese
- The overall trend for the prevalence of overweight or obesity has either increased or remained constant.

Table 1. Prevalence of overweight and obesity among children aged 2–10 years

	2011 (%)	2012 (%)	2013 (%)
All children			
Overweight	11.9	12.8	13.2
Obese	13.9	10.6	12.4
Overweight including obese	25.8	23.4	25.6
Boys			
Overweight	14.9	13.1	13.6
Obese	12.4	10.8	12.8
Overweight including obese	27.4	24.0	26.4
Girls			
Overweight	8.7	12.5	12.8
Obese	15.5	10.3	12.0
Overweight including obese	24.3	22.8	24.8

Source: Health Survey for England

[8] Annual Public Health Report 2015. Longer, healthier lives, but not for all. Haringey Council.
[9] Public Health England. Child weight data factsheet. 2015

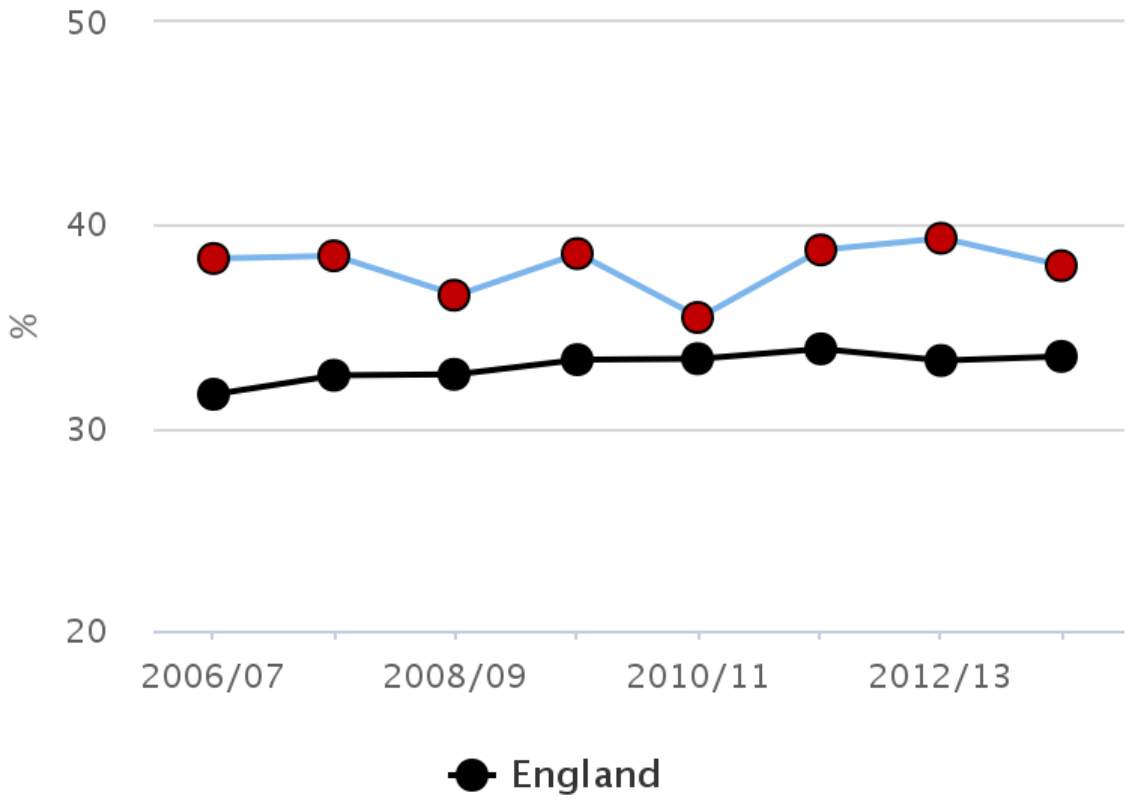
Table 2. Prevalence of overweight and obesity among children aged 11–15 years

	2011 (%)	2012 (%)	2013 (%)
All children			
Overweight	16.8	16.4	16.0
Obese	20.2	18.7	19.9
Overweight including obese	37.1	35.2	35.9
Boys			
Overweight	14.6	15.0	15.2
Obese	23.8	19.1	20.4
Overweight including obese	38.4	34.0	35.6
Girls			
Overweight	19.2	18.0	16.9
Obese	16.5	18.7	19.4
Overweight including obese	35.7	36.7	36.3

Source: Health Survey for England

In Haringey, the prevalence of overweight and obese children in 2014/2015 for Year 6 is 36.70% compared to the national 33.2%. As Figure One shows, the prevalence of overweight and obese Year 6 children has been consistently above the national level.

Figure One: Year 6 – Prevalence of overweight (including obese) – Haringey



The National Child Measurement Programme (NCMP)

The height and weight of Year 6 and Reception aged children in Haringey is measured annually as part of the statutory NCMP. This is often regarded as world-class data, measuring over 1 million children nationally, and also collecting a wide range of data points such as ethnicity, postcodes which provides opportunity for robust analysis.

The latest data from 2014/15 shows a higher proportion of Haringey children are obese in both Reception and Year 6 than London and England as a whole.

In Reception (ages 4-5) – nearly 1 in 4 (23%) Haringey children are overweight or obese. In Year 6 (ages 10-11) - over 1 in 3 (36.67%) Haringey children are overweight or obese.

The Haringey trend for Reception aged children has been very similar to London and England. However for children in Year 6, Haringey has remained consistently above the national rate.

6. Overweight and obesity contribute to health inequalities

Deprivation

The prevalence of overweight and obesity disproportionately affects the lower socioeconomic and socially disadvantaged groups and in Haringey obesity rates are closely linked to deprivation (NCMP data). Reception year children living in deprived areas are 2 times more likely to be overweight or obese than children living in more affluent areas. Children in Year 6 are 2.5 times more likely to be overweight or obese.

Children living in the east of the borough generally have higher levels of overweight or obesity than children living in the west of the borough.

Seven Sisters ward has the highest proportion of overweight and obese Year 6 children at 50.51%, followed by Noel Park ward at 49.12%. Crouch End ward has the lowest proportion of overweight and obese year 6 children at 18.46%.

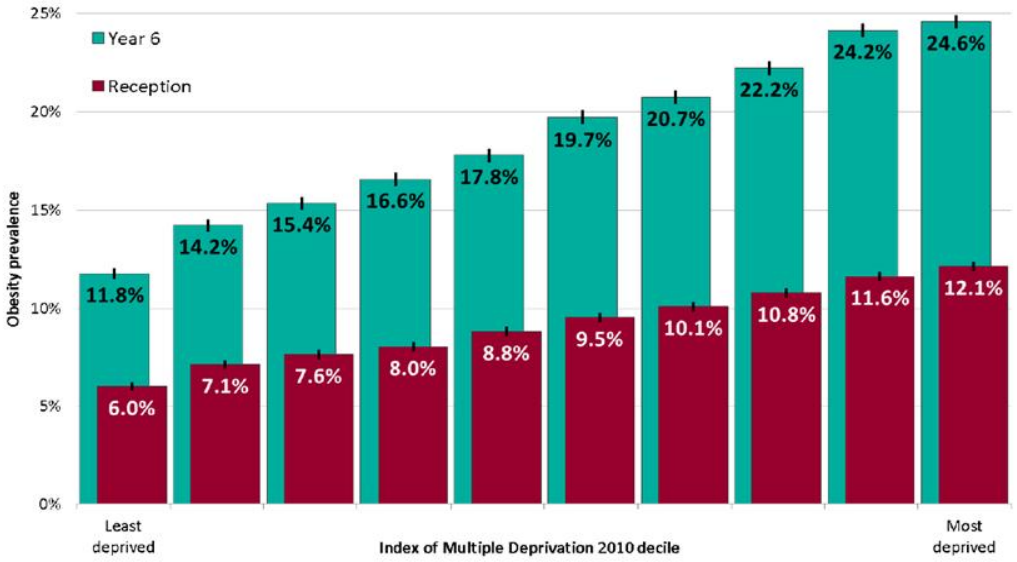
The significant socio-economic inequalities in obesity levels in Haringey, negatively impact our most disadvantaged communities, with the result that health inequalities could widen further. Therefore reversing the rising tide of obesity cannot be done in isolation and will require policies and interventions at multiple levels and across the social determinants of health to address the wider issue of deprivation and reduce inequalities.

Ethnicity

The prevalence of obesity also differs along ethnicity. Figure two shows the national prevalence of obesity across various ethnic groups. Haringey is an extremely diverse borough with a large black and minority ethnic (BME) community. 81% of children in primary schools are from BME backgrounds. The prevalence of obesity is higher amongst Haringey's black and minority ethnic groups (BME); and children from BME groups are more likely to be obese than children classified as White British (NCMP data).

Certain ethnic groups, particularly Asian and Afro-Caribbean, are already at an increased risk of diabetes and cardiovascular disease. The fact that they are also more likely to be overweight or obese compounds their risk and adds further urgency to reducing these health inequalities.

Figure Two – Prevalence of obesity by deprivation decile in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) children, 2013/14



Source: National Child Measurement Programme

For this chart the children measured in each school year have been divided into ten groups (deciles) according to the 2010 Index of Multiple Deprivation (IMD) score of where they live. Obesity prevalence figures have then been calculated for each group.

Figure three: Percentage of Year 6 children who are obese or overweight 2014/15

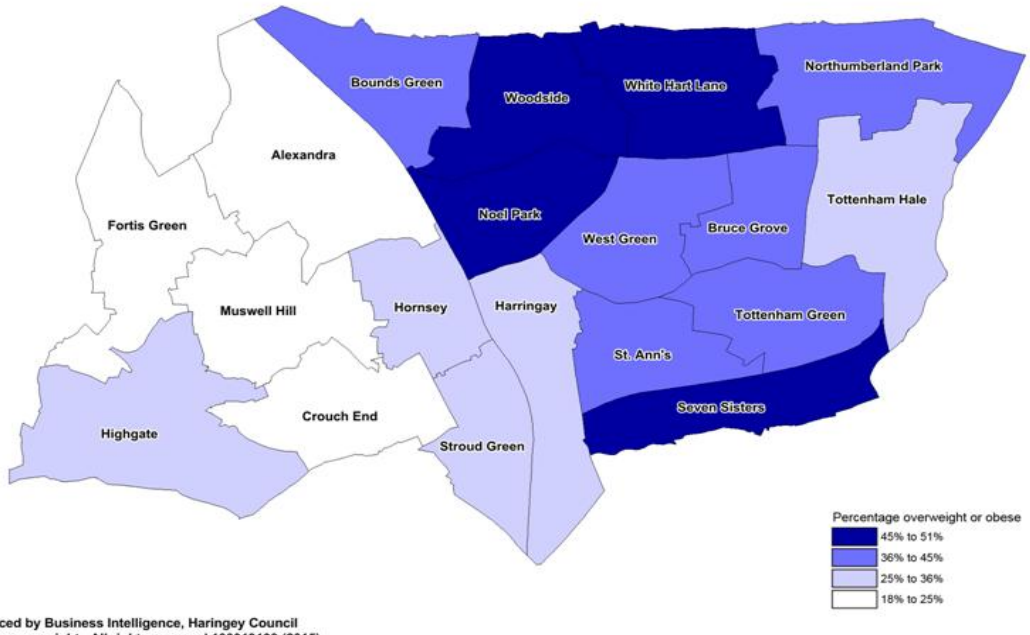
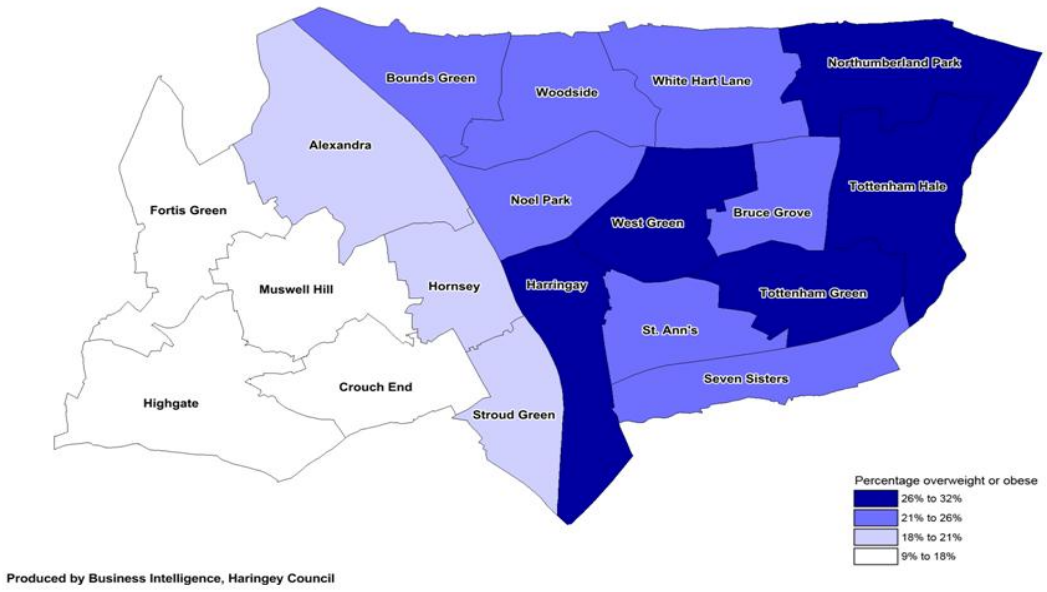


Figure four: Percentage of Reception year children who are obese or overweight 2014/15



7. Local approach to tackling obesity

Tackling obesity is complex and evidence suggests that any single intervention is unlikely to be effective on its own but many will contribute to a change. A recent report noted 74 cost-effective interventions in 18 areas[10]. Additional interventions are needed that rely less on conscious choices by individuals and more on changes to the environment and societal norms. Such interventions help make healthy behaviours easier to adopt. They include reducing default portion sizes, changing the way food is marketed, and changing the urban and school environment to encourage physical activity.

Haringey's Health and Wellbeing Board has set itself an ambitious target to reduce obesity levels to the England average by 2018. This is because 50% of adults and one in three children aged 10 & 11 living in Haringey are classed as obese or overweight. Our approach to reducing obesity includes:

Creating a healthy environment
Our aim is to create an environment where the healthy choice is the easier choice. One way to do this is for the Council to work with residents, developers and businesses to create healthy-weight environments through strong healthy public policy.

[10] FORESIGHT. Tackling Obesities: Future Choices – Project Report 2nd Edition. Government Office for Science 2007

This includes plans to restrict the over-concentration of fast food outlets within 400 metres of schools. At the same time, we will work with and support schools and academies on their school food polices including their policies on 'open gates' at lunchtimes and possible alternatives.

We are shaping the built environment through regeneration in Tottenham, in partnership with residents, businesses and communities as part of the Healthier Catering Commitment Scheme to improve the availability of healthy food. A toolkit is currently being offered to caterers who sign up to the scheme to use less fat and salt in popular dishes and to provide more options for healthy food and drink.

Council planners will work with developers to promote cycling and walking.

Working with communities
We are working with residents and communities to build their ability to help themselves and others alongside offering 'early help' to those who need it.

For example:
We continue to raise awareness and provide information to families and professionals who work with children and young people, linking in with the national Change4Life campaign.

We know that breastfeeding decreases the risk of obesity we continue to support women to breastfeed. Haringey has achieved the evidence-based Level 1 Baby Friendly Accreditation that has created supportive environments for women to breastfeed. Alongside this, Haringey has a universal healthy start vitamin offer, which provides vitamins to all pregnant and breastfeeding women and children under four as mentioned in section 7.1. Furthermore Health Visitors promote the Healthy Start fruit and vegetable scheme to eligible families, mainly in the east of the borough where we know the need is highest.

We continue to support parents with very young children, helping the whole family make positive changes to their lifestyle via the evidence-based HENRY (Health, Exercise, Nutrition for the Really Young) programme. The HENRY programme is targeted in the east of the borough, where there are higher levels of deprivation and a large proportion of BME families.

We continue to work closely with schools to support them in promoting healthy eating, physical activity and emotional wellbeing throughout the whole school community. This includes the Healthy Schools Programme linked with the council's Smarter Travel and Sport, Leisure and Park initiatives.

This type of work also allows us to target resources where we know the need is highest for instance the Public Health team support schools in achieving their healthy schools awards where schools identify a chosen health priority (e.g. healthy eating) and devise an action plan around it, with both universal and targeted outcomes. The Healthy Schools programme is very popular with Haringey schools. In September 2015, 31 Haringey schools (44%) had achieved the Bronze award and 10 schools (10%) had achieved the Silver award. Across London it was 42% Bronze and 10% silver.

The council will work with local residents and community leaders to expand the number of Haringey 'Playstreets'. This is a scheme that allows local children and families to reclaim their neighbourhoods by closing selected streets to through traffic, and turning them into temporary play streets.

We will build on links with sports activities (schools, leisure and key partners – e.g. Tottenham Hotspur Football Club) to improve access to and engagement for young people and for adults.

Support through services

We are ensuring that tackling obesity is an integral consideration within the Council's transformation programmes such as the Best Start in Life work stream (Priority 1 within the Corporate Plan), the Early Help offer, the Tottenham regeneration programme, and within NHS plans.

We are transforming the commissioned health visiting service to enable universal delivery of the evidence based Healthy Child Programme (pregnancy to age five) to support prevention and early intervention.

Schools and all professionals who work with children and young people continue to have access to funded child obesity training to enable them to work sensitively and effectively with families.

We will ensure all services 'make every contact count'. We will train health and social care professionals and other front-line staff to promote healthy lifestyle messages and information to residents in this evidence-based approach. This will include mental health promotion given the role that mental wellbeing plays in tackling obesity.

Haringey's Obesity Alliance

We are taking a multi-layered, multi-agency approach based on the evidence. Haringey has recently established a local Obesity Alliance which aspires to a culture and environment that supports eating well and being physically active, where the healthier choice is the easier choice. The Alliance can boost organisations efforts through providing a platform and forum for partners to advocate, develop and coordinate activities and projects.

8. Planning Context

National

National Planning Policy Framework (NPPF)

The NPPF is the government's framework setting out their planning policies and how they are expected to be applied.[11] First released in 2012 by the Coalition government, it had the aim of simplifying the previous government guidance on planning it replaced.

It highlights the importance of social, environmental and economic objectives of which all involves public health issues and influence health outcomes. Section 8 is devoted to 'Promoting healthy communities' and there are multiple references specifically about health throughout the document.11 [pg 17] Of the three core dimensions of planning as set out in the framework, health is included in the social role of planning which seeks to support "strong, vibrant and healthy communities, by creating a high quality built environment, with accessible local services that reflect the community's needs and support its health, social and cultural well-being".11 [pg 2] It also states that "Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the population".11 [pg 41]

As one of the 'core planning principles of the framework' that should underpin plan- and decision-making, planning should "take account of and support local strategies to improve health, social and cultural wellbeing for all".11 [pg 6] Implementation of this arguably means consulting Haringey's Health and Wellbeing Strategy 2015-2018 which is the borough's foremost statement on its priorities and strategies for the health of its residents, and makes explicit its support for policies to restrict fast food outlets around schools.

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[11] Department for Communities and Local Government. National Planning Policy Framework. 2012.

Conclusion: The Government's NPPF makes clear and multiple references to health in relation to planning. It goes further and states that local strategies for health and wellbeing should be taken into account. This in practice can mean consulting the local Health and Wellbeing Strategy when planning and making decisions.

Regional

The London Plan 2015
The London Plan is the overall strategic plan for London and sets out a fully integrated framework for the development of London.[12] London boroughs' local development documents have to be 'in general conformity' with the London Plan. Of note are policies 3.2 'improving health and addressing health inequalities'; 3.17 'health and social care facilities'; and 4.8 'supporting a successful and diverse retail sector and related facilities and services'.

Policy 4.8 concerns the management of clustering of uses with "regard to their positive and negative impacts on the objectives, policies and priorities of the London Plan including a centre's...role in promoting health and well-being".12 [pg 172] As an example, it states that "Over-concentrations of betting shops and hot food takeaways can give rise to particular concerns." 12 [pg 174]

Conclusion: The London Plan forms part of the development plan of London boroughs and can be used to justify local planning policies and decisions. It devotes two sections entirely to the health and wellbeing of residents and states that the negative impact of clustering of retail uses can be grounds to manage them with the over-concentration of hot food takeaways illustrated as a potential concern.

Local

Haringey Local Plan
Haringey's Strategic Policies makes improving health and wellbeing one of the council's strategic priorities.[13] It notes the high levels of obesity in the borough and cites an assessment by the NHS in conjunction with University College London Institute of Child Health which found the highest prevalence of obesity in the borough broadly corresponded to those with a higher density of fast food outlets and a lower density of open spaces. It also comments on the health inequalities between the east of the borough and the west and states the council's priority to reducing the disparity.

Conclusion: The borough's local plan sets out its strategic policy priorities and marks health and wellbeing as one of them. It cites local evidence to support its concern over the high prevalence of obesity and its correlation with the density of fast food outlets and links it to the health inequalities the borough experiences.

9. Expert Advice and Guidance

National
The Foresight Report of 2007 provides a robust analysis of the causes of excess weight in England and potential solutions. It demonstrated how at the heart of the obesity issue is a fundamental energy imbalance– our calorie intake exceeds our calorie needs. It also showed how a complex interplay of factors drives this imbalance, from economic forces to biological

[12] Greater London Authority. The London Plan: the spatial development strategy for London consolidated with alterations since 2011. 2015
[13] Haringey Council. Healthier People with a Better Quality of Life. Haringey Local Plan: Strategic Policies. 2013

ones. The report stated that no approach to obesity will be effective if it does not combine steps to address underlying environmental factors with individual action. Any approach will therefore need to address a wide range of issues in a coordinated way.

Healthy Lives, Healthy People: A call to action on obesity in England
This 2011 paper produced by the Department of health outlined the Coalition government's public health approach to tackling obesity in England.[14] It makes multiple references to the planning system as a lever to achieve public health goals. It advocates "making the most of the potential for the planning system to create a healthier built environment" and cites as an example of this "a number of local areas [that] have also taken steps to use existing planning levers to limit the growth of fast food takeaways".14 [pg 28]

The use of the planning system is reiterated by the paper as "a powerful lever and a major contributor in influencing the wider determinants of health" and says "the planning system is increasingly recognised as a vital tool for influencing the environment in a way that builds and supports strong, vibrant and healthy communities".14 [pg 46-47]

Conclusion: The Department of Health's approach to tackling obesity at a public health level clearly refers to planning as a lever and notes local use of planning to limit fast food takeaways as an illustration of this.

National Institute for Health and Care Excellence (NICE)
NICE is a national body which issues guidance to clinicians and other interested parties that is grounded upon evidence-based and cost-effective best practice. Its guidance on Cardiovascular disease prevention is relevant here because obesity is one of the main risk factors for cardiovascular disease.[15]

Recommendation 11 is to "encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools)."15 [pg 16] Recommendation 23 is to "use existing powers to set limits for the number of takeaways and other food outlets in a given area.

Directives should specify the distance from schools and maximum number that can be located in certain areas." 15 [pg 26] These are clear statements advocating the use of planning to restrict takeaways around schools and other areas.

Conclusion: NICE is a national body which makes its decisions based on evidence and cost-effectiveness. It makes clear recommendations in using the planning system to restrict takeaways around schools and other facilities.

Fair Society, Healthy Lives: The Marmot Review: implications for Spatial Planning
The Strategic Review of Health Inequalities in England Post- 2010, also known as *The Marmot Review*, was commissioned by the then Secretary of State for Health in 2008 and published in 2010.[16] Its aim was to create a comprehensive view of health inequalities in England. It has since become a defining document that has set the public health agenda and strengthened the focus on health inequalities nationally.

It makes two recommendations which are relevant here. First: "Improving the food environment in local areas across the social gradient."16 [pg 127] Second: "Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality."16 [pg 134]

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[14] Department of Health. Healthy Lives, Healthy People: A call to action on obesity in England. 2011
[15] National Institute for Health and Care Excellence. Cardiovascular disease prevention. 2010
[16] The Marmot Review Team. Fair Society, Healthy Lives: The Marmot Review – Strategic Review of Health Inequalities in England post-2010. 2010. UCL Institute of Health Equity

The Marmot Review: An implication for Spatial Planning is a report produced by the Marmot Review Team to follow up the original review and gives guidance on how to implement its recommendations.[17] In elaborating on how the first of the aforementioned recommendations could be implemented, it mentions "planning restrictions on the density of fast food outlets within deprived areas" that will especially improve the health when coupled with increasing the accessibility to healthy food. 17 [pg 17] The report also provides a framework for assessing the impact of developments and uses the "Reduction in local concentrations of fast food outlets" as a process indicator in relation to this recommendation.17 [pg 34]

Conclusion: The influential *Marmot Review* recognises obesity as a contributor to health inequalities and it recommends the involvement of the planning system to address this discrepancy. The team which produced the review elaborates further on this and states that restricting fast food outlets within deprived areas can improve health and reduce health inequalities.

Obesity and the environment: regulating the growth of fast food outlets
Public Health England produced this Healthy people, healthy places briefing in 2014 to highlight the opportunities to limit the number of fast food takeaways – "primarily hot food takeaways, especially near schools".[18] [pg 2] The paper addresses the role of the environment in tackling obesity. It says the following: "One important action is to modify the environment so that it does not promote sedentary behaviour or provide easy access to energy-dense food."18 [pg 3] This paper is an example of Public Health England providing guidance, specifically on limiting the number of fast food takeaways, especially near schools.

Conclusion: Public Health England believes that modifying the environment has a role to play in tackling obesity. It has issued advice specifically on limiting the number of fast food takeaways, especially near schools.

Regional

Takeaways Toolkit
The Greater London Authority developed a 'Takeaways Toolkit' to help local boroughs respond to the impacts of fast food. It recommends a three-pronged approach, one of which is: "Regulatory and planning measures should be used to address the proliferation of hot foot takeaway outlets".19 [pg 7] It follows this with: "In areas of over concentration of fast food takeaways or where vulnerable groups such as children and young people are a concern we recommend the promotion of clear guidance in planning policies that allow the restriction of fast food takeaways."[19] [pg 7]

Conclusion: In response to the concerns on the contribution of fast food takeaways to obesity, the Greater London Authority released a toolkit which recommended using regulatory and planning measures to restrict the proliferation of hot food takeaways, including around schools.

A Tale of Two ObesCities: Comparing responses to childhood obesity in London and New York City
This report by City University of New York and London Metropolitan University reviewed the evidence on interventions that tackled obesity, and compared the responses to obesity of New

[17] Geddes I, Allen J, Allen M, Morrisey L. The Marmot Review: implications for Spatial Planning. The Marmot Review Team. 2011
[18] Public Health England. Obesity and the environment: regulating the growth of fast food outlets. 2014
[19] Greater London Authority. Takeaways Toolkit: tools, interventions and case studies to help local authorities develop a response to the health impacts of fast food takeaways. 2012

York and London.[20] Based on this they made recommendations for local governments which included: “Using zoning authority, land use review and other municipal authority to limit access to fast food and the promotion of unhealthy foods to children.” 20 [pg 4]

Conclusion: A comprehensive report reviewing the evidence for interventions has made a city-wide recommendation to use authorities to limit fast food for children.

Better Health for London- London Health Commission and the Mayor of London’s response

The London Health Commission was set up by the Mayor of London in 2013 and produced a report in 2014 advising the Mayor in measures to improve the health of the capital.[21] It had a dedicated recommendation to protecting children from fast food “through tighter controls within 400 metres of schools” and stated that it was the right time to take a “much stronger approach to reducing the availability of fast food to London’s schoolchildren.”21 [pgs 33, 35]

In response to the report the Mayor acknowledged “a serious overconcentration of hot food takeaways near many schools in London” and said “the GLA would support local councils to take measures to restrict new takeaways near schools.”[22][pg 43]

Conclusion: The London Health Commission made a clear recommendation to the Mayor to limit the number of fast food takeaways available to schoolchildren. The Mayor accepted this in response and gave assurances that local councils would have regional support to implement restrictions to hot food takeaways. This has been reflected in the London Plan which has been changed to allow local councils to take this action.

Local

Haringey’s Health and wellbeing strategy 2015-2018

The Health and Wellbeing Board takes a lead role in the health of Haringey and is composed of stakeholders from the local authority, health services and the third sector. Its strategy for 2015-2018 is a statement of its values and priorities produced collectively by the Board in consultation with the public.[23]

Overweight and obesity in children or young adults is an explicit concern and reducing obesity is a priority in the strategy. It is explicit in its intention to design a Local Development Management Plan to restrict fast food outlets within 400 metres of schools.

Conclusion: The foremost statement by the Health and Wellbeing Board has placed overweight and obesity in children and young people as a primary concern. It is explicit in its intentions to use local authority levers to restrict the over-concentration of fast food outlets within 400 metres of schools.

Children’s food choices on the streets around schools in Haringey: A wall of crisps and other food choices

This report commissioned by Haringey Council collected evidence and looked into a range of issues around fast food outlets and the dietary habits of young people.[24] It made

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[20] Libman K, Freudenberg N, O’Keefe E. A Tale of Two ObesCities: Comparing responses to childhood obesity in London and New York City. New York and London: City University of New York and London Metropolitan University Childhood Obesity Collaborative. 2010

[21] London Health Commission. Better Health for London. 2014

[22] Mayor of London. Mayor’s Response to the London Health Commission. Greater London Authority. 2015

[23] Health and Wellbeing Strategy. London Borough of Haringey. URL http://www.haringey.gov.uk/social-care-and-health/health/health-and-wellbeing-strategy [accessed 13/11/2015]

[24] Caraher M. Children’s food choices on the streets around schools in Haringey: A wall of crisps and other food choices. City University London. 2014

recommendations specific to the setting of Haringey which included the use of the planning system to decrease the numbers of hot food takeaway outlets. As part of this an option proposed in the report was a policy which adopted a 400 metre exclusion zone around schools for A5 planning applications.

Haringey Council wanted to hear from the voices of local children and young people. On behalf of Haringey Council City University London conducted research in factors influencing childhood obesity which included access to fast food outlets in relation to proximity to schools fast food.24 Key finding were that children's intake of fast food and sugary soft drinks goes up when it easily available and cheap. It also commented that the ratio of outlets where unhealthy food could be bought per school was higher than even the worst local authorities as identified by the Children's Food Trust. Geographical mapping of the outlets showed many to be within 300 metres of schools. The research concluded that "the location of fast food outlets and takeaways has a significant impact on the numbers of pupils using takeaways."24 [pg 21] Moreover, "access to takeaways fast food is clearly associated with increased buying of food from takeaways near the Haringey schools we observed."24 [pg 21]

In a detailed observation and analysis, the researchers observed extensive purchasing activity after school, with purchasing also occurring before school and during lunchtimes in schools which allowed pupils off-site for lunch. Reasons for buying food in the morning included as a substitute for breakfast or to consume later in the day including lunchtime. For lunchtime, the low cost of food purchased outside of school and dissatisfaction with the environment of the school dining room counted as factors which encouraged the purchasing of unhealthy food outside of school. Food bought after the school day was said by the pupils to fill them up until they ate at home later on. Generally, the pupils reported fast food to be more satisfying and tasty than school meals, which pupils would often eat in addition to takeaway food as well. On analysis of the nutritional content of the most typical purchases, the researchers found that the takeaway meals were nutritionally deficient and lacking many of the constituents of a healthy meal.

Another key finding was that school children are less inclined to travel further for food at lunch with 300 metres being considered the limit. The authors cite that 400 metres (equivalent to 15 minutes walking and purchasing time) is considered the industry standard as the maximum people will walk to access food.

The majority of purchasing activity was after school with chicken and chips from takeaways being the favourite by far. All the outlets which the children bought from were less than a 400 metre radius – they were actually within 200 metres of the school. Soft and energy drinks, often available from takeaways, also counted as one of the main purchases. After school, when the time constraints of lunchtime were removed, pupils considered a longer walking distance to an outlet as less of an issue, especially if it was near their route home.

Another observation made by the study was the number of special offers that target specifically at pupils, further encouraging purchases. The offers would involve special prices that were affordable for the pupils and which were only available at certain times of the day.

Conclusion: This report collected evidence in Haringey and made recommendations that were specific to the area including the use of planning levers to restrict fast food takeaways around schools.

10. Policy options

The planning system can support in addressing the national, regional and local concerns regarding takeaway uses and the impact this has on health and in particular children's health.

Restricting the number of hot food takeaway shops in proximity to primary and secondary schools, typically within 400m which is walking distance, is an approach which could limit school pupil's access to unhealthy foods. This is particularly an issue at lunchtime and immediately after school.

In areas which are further away from schools a restriction on the concentrations and clustering's of takeaways could be tailored to a type of centre or parade.

11. Conclusion

The rise in overweight and obesity in children and young people is a concerning trend. The impact it inflicts on individuals results in morbidity, it leads to a high chance of staying overweight and obese in adulthood, and it shortens life expectancy. In Haringey, over a quarter of children aged 2-10 years were overweight or obese and over a third of children aged 11-15 years were overweight or obese. This is higher than the national average.

Overweight and obesity is also a big contributor to health inequalities. In Haringey there is a clear divide between the eastern and western wards. Whilst the more deprived east suffers badly in overweight and obese indicators, the affluent west performs much better. Data from PHE also displays clear trends describing prevalence increasing linearly with deprivation and social class as well as showing that not all ethnic minorities are affected equally.

Public health therefore considers these issues a priority for addressing through its commitment to improving the health of the population and reducing health inequalities. It is the public health view that as much as possible should be done to prevent and protect the population from overweight, obesity and their effects.

Actions that are effective will not come in the form of a single intervention. The government's Foresight report[25] and the McKinsey Global Institute report[26] on obesity are some of the most comprehensive discussions on the causes of obesity. They both strongly emphasise that there is no magic bullet or single intervention that will solve the obesity problem. The solution will have to involve many smaller interventions working synergistically as part of a wider web. This is the view of public health and it therefore supports any policy which will play into a wider drive to tackle overweight and obesity.

With regards to the policy of restricting hot food takeaways, the policy should be considered in the context of the available evidence and the opinions and guidance of experts. Whilst the peer-reviewed literature specifically applicable to Haringey is sparse, what is available supports the notion that schoolchildren with access to fast food near schools consume extensive amounts of fast food. This is backed up by local research which has observed the same thing.

The authority to take restrictive action is already supplied by planning and regulatory powers. This has been confirmed by several authorities when giving guidance including the GLA. Indeed, several local authorities have successfully implemented similar policies using planning and regulatory levers.

There is a large body of guidance and opinion from experts at national, regional and local levels. Their guidance is clear about the need to restrict hot food takeaways especially near schools. The background of the organisations making the recommendations spans both health and governmental fields giving a broader call to action from multiple fronts. Especially given that

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[25] Butland B, Jebb S, Kopelman, et al. Tackling Obesities: Future Choices – Project report. Foresight 2007. Government Office for Science

[26] Dobbs R, Sawers C, Thompson F, et al. Overcoming obesity: An initial economic analysis. McKinsey Global Institue 2014.

gold-standard evidence is unlikely to ever come by, the opinions and recommendations of these bodies should be heeded with seriousness. In light of this, with regards to tackling overweight and obesity, best practice is likely to involve the restriction of hot food takeaways, especially around schools, to limit the opportunities for the consumption of fast food.