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Local
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Association

Healthy people, healthy places briefing

Obesity and the environment: regulating the growth of fast food outlets



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About PHE

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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About this briefing

This briefing has been written in conjunction with the Local Government Association (LGA) and the Chartered Institute of Environmental Health (CIEH). It is aimed at those who work in or represent local authorities. It addresses the opportunities to limit the number of fast food takeaways (primarily hot food takeaways, especially near schools) and ways in which fast food offers can be made healthier. It summarises the importance of action on obesity and a specific focus on fast food takeaways, and outlines the regulatory and other approaches that can be taken at local level.

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We would welcome your views on this briefing and how we might develop or improve these in future. If you have ideas for future topics, let us know. Enquiries to Healthypeople.healthyplaces@phe.gov.uk

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Obesity and the environment: regulating the growth of fast food outlets

1. The importance of action on obesity

In 2011 the government published 'Healthy lives, healthy people: a call to action on obesity in England',¹ which described the scale of the obesity epidemic and set out plans for action across England.*

Obesity impacts on health in many ways. It is a cause of chronic disease leading to early death. It increases the risk of type 2 diabetes (fivefold in men and twelvefold in women), raised blood pressure (two and four times respectively) and colorectal cancer (three and two times respectively).²

Two-thirds of English adults, one fifth of children in reception (four to five years old), and a third in year 6 (ten to 11 years) are obese or overweight.^{2,3} Obesity tends to track into adulthood, so obese children are more likely to become obese adults.³

There are stark inequalities in obesity rates between different socioeconomic groups: among children in reception and year 6, the prevalence of obesity in the 10% most deprived groups is approximately double that in the 10% least deprived.

2. The role of the environment

The 2007 UK government Foresight report 'Tackling obesities: future choices'⁴ remains the most comprehensive investigation into obesity and its causes. It described

* In adults, obesity is commonly defined as a body mass index (BMI) of 30 or more. BMI is weight (in KG) divided by the square of height (in metres). For children in the UK, the British 1990 growth reference charts are used to define weight status. See www.noo.org.uk/NOO_about_obesity for details

the complex relations between the social, economic and physical environments and individual factors that underlie the development of obesity.

Obesity is a complex problem that requires action from individuals and society across multiple sectors. One important action is to modify the environment so that it does not promote sedentary behaviour or provide easy access to energy-dense food.⁵ The aim is to help make the healthy choice the easy choice via environmental change and action at population and individual levels. This provides the opportunity to build the partnerships that are important for creating healthier places, and around which local leaders and communities can engage.⁶

Local authorities have a range of legislative and policy levers at their disposal, alongside wider influences on healthy lifestyles, that can help to create places where people are supported to maintain a healthy weight. Public health professionals should work with their colleagues across local authorities to use these and other approaches to maximise health benefits.

3. Planning and health: the policy context

Planning authorities can influence the built environment to improve health and reduce the extent to which it promotes obesity.^{7,8} The government's public health strategy 'Healthy lives, healthy people', explicitly recognises that "health considerations are

an important part of planning policy”,¹ and the Department of the Environment 2011 white paper made many explicit connections between planning and health.⁹ One of the ten recommendations of the Academy of Medical Royal Colleges’ 2013 report on obesity was that “Public Health England should, in its first 18 months of operation, undertake an audit of local authority licensing and catering arrangements with the intention of developing formal recommendations on reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather”.¹⁰ It also recommended that local authority planning decisions should be subject to a health impact assessment.

4. Evidence for action on obesity

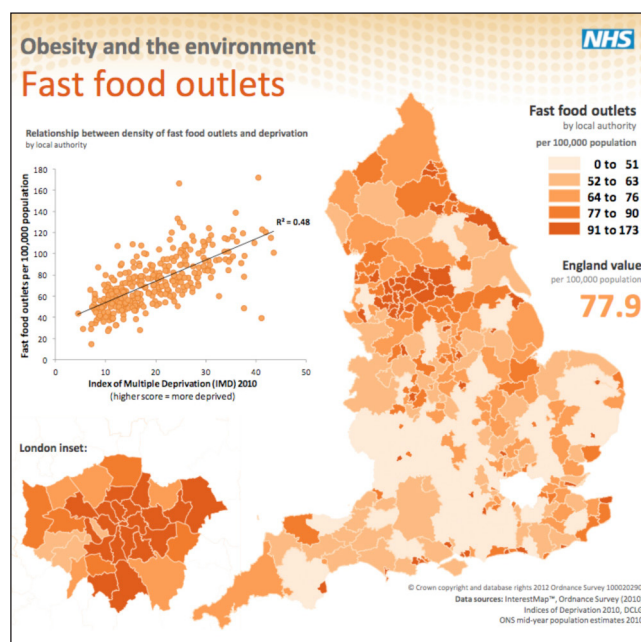
The typical adult diet exceeds recommended dietary levels of sugar and fat. Less than a third of adults currently meet the five a day target and around one in five children aged five to 15 meets the target, with the average being just three portions a day.¹¹ Healthy eating is associated with a reduced risk of being overweight or obesity and of chronic diseases, including type 2 diabetes, hypertension, and certain cancers.¹²

One of the dietary trends in recent years has been an increase in the proportion of food eaten outside the home, which is more likely to be high in calories.⁴ Of particular concern are hot food takeaways, which tend to sell food that is high in fat and salt, and low in fibre, fruit and vegetables.¹³

Research into the link between food availability and obesity is still relatively undeveloped¹⁴ although a US study has found evidence of elevated levels of obesity in communities with high concentrations of fast food outlets.¹⁵

PHE’s obesity knowledge and information team (formerly the National Obesity Observatory) has produced a briefing paper on fast food outlets, together with downloadable data on fast food outlets by local authority. This shows the density of outlets varies between 15 and 172 per 100,000 population (see below).

This data shows a strong association between deprivation and the density of fast food outlets, with more deprived areas having a higher proportion of fast food outlets per head of population than others.



School food

Children who eat school meals tend to consume a healthier diet than those who eat packed lunches or takeaway meals.¹⁷ While there have been many initiatives to improve standards of school meals, including nutrient-based standards and the School Food Plan, these currently only affect around four in ten children who take school meals.^{4,18,19} Uptake of school meals decreases when children move from primary to secondary school (46.3% compared to 39.8%), and in many

cases secondary school pupils are allowed to leave the school premises at lunchtime.

Improving the quality of the food environment around schools has the potential to influence children's food-purchasing habits, potentially influencing their future diets.¹⁹ However, it is important to note that taking action on hot food takeaways is only part of the solution, as it does not address sweets and other high-calorie food that children can buy in shops near schools.

Action on the food environment is supported by the NICE public health guidance, 'Prevention of Cardiovascular Disease'.²⁰ NICE recommends encouraging planning authorities "to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools)".

It is only in recent years that local authorities have started to use the legal and planning systems to regulate the growth of fast food restaurants, including those near schools. There is thus an unavoidable lack of evidence that can demonstrate a causal link between actions and outcomes, although there is some limited evidence of associations between obesity and fast food,²¹ as well as with interventions to encourage children to stay in school for lunch.¹³ However, there are strong theoretical arguments for the value of restricting the growth in fast food outlets, and the complex nature of obesity is such that it is unlikely any single intervention would make a measurable difference to outcomes on its own.

There are several reasons why the presence of fast food outlets may be undesirable from a public health perspective, with implications for planners. For example:

- many hot food takeaways may generate substantial litter in an area well beyond their immediate vicinity
- discarded food waste and litter attracts foraging animals and pest species
- hot food takeaways may reduce the visual appeal of the local environment and generate night-time noise
- short-term car parking outside takeaways may contribute to traffic congestion
- improving access to healthier food in deprived communities may contribute to reducing health inequalities

The most relevant evidence of successful approaches in England tends to come from case studies of approaches being taken by local authorities using policy and regulatory approaches.

5. What tools are available?

The 'Takeaways toolkit'¹³ noted that there were three broad approaches that could be taken to address the problem of over-proliferation of hot-food takeaways in city centres and near schools:

- working with the takeaway businesses and food industry to make food healthier
- working with schools to reduce fast food consumed by children
- using regulatory and planning measures to address the proliferation of hot food takeaways

This briefing focuses on the role of planning on the food environment and so addresses only the last of these approaches.

Planning laws

The National Planning Policy Framework (NPPF) makes it clear that local planning authorities (LPAs) have a responsibility to promote healthy communities.⁸ Local plans should “take account of and support local strategies to improve health, social and cultural wellbeing for all”.

LPAs should prepare planning policies and take decisions to achieve places that promote “strong neighbourhood centres and active street frontages which bring together those who work, live and play in the vicinity”.

The NPPF also gives clear advice that local planning authorities should “work with public health leads and organisations to understand and take account of the health status and needs of the local population... including expected changes, and any information about relevant barriers to improving health and wellbeing”. Important issues may be identified through health impact assessments* that may be conducted as part of the planning process.

A number of local authorities** have drawn up supplementary planning documents (SPDs) to restrict the development of new fast food premises near schools. However, it is recognised that due to consultation and other procedures, these can take a long time to prepare and agree. SPDs must also relate to a policy in the local plan, so the priority is to make sure the issue is addressed within the local plan in the first place.

The ‘Use Classes’ order defines commercial premises using a coding system. Therefore,

A5 hot-food takeaway premises are defined as “where the existing primary purpose is the sale of hot food to take away”. A3 premises are “restaurants where the primary purpose is the sale and consumption of food and light refreshment on the premises”.²²

However, before 2005 all hot food takeaways were given Use of Class A3, when the 1987 Town and Country Planning (Use Classes) Order was amended. This means that, historically, hot food takeaways may have given planning permission under either Use Class A3 if they have been in existence since before 2005 or A5 if permission came after that date. This is important when considering over-concentration or cumulative impact in particular areas. Also, A3 premises can have ancillary A5 use – that is a restaurant that also provides hot food takeaways.

Planning permission is required for change of use to a different category but not change of use within the same category, although changes in permitted development rights that arose in June 2013 mean that clarification is being sought on this issue

Proximity to schools used as a criterion

St Helen’s Council has implemented a wide-ranging policy including a number of restrictions, granting planning approval only “within identified centres, or beyond a 400m exclusion zone around any primary or secondary school and sixth form college either within or outside local education authority control”.²³ The council’s SPD is a material consideration in determining planning applications. As well as proximity to schools and health impact, it covers issues such as over-concentration and clustering, highway safety, cooking smells, and litter.

* Health Impact Assessment (HIA) is a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques. See www.who.int/hia/en/ for details.

**Within London, the following councils have been identified to have either proposed or adopted restrictive policies based around A5 usage: Barking and Dagenham; Greenwich; Hackney, Haringey; Havering; Islington, Kensington and Chelsea; Kingston-upon-Thames; Newham and Waltham Forest.

Most authorities have used a distance of 400m to define the boundaries of their fast food exclusion zone, as this is thought to equate to a walking time of approximately five minutes.²⁴ However, in Brighton and Hove this was found to be inadequate to cover the areas actually used by pupils: an 800m radius is used as it covers significantly more lunchtime journeys.

Development plan or supplementary plan documents

Barking and Dagenham was nearing completion of its core strategy when it began to develop its A5 SPD, which was adopted in 2010. The council chose to develop its A5 policy as an SPD, but has reported that for local authorities developing local plans it is advisable to incorporate A5 policies within the development plan documents (DPD) rather than SPDs as they carry more policy weight. The downside of this is that DPDs face much more in the way of procedural challenges.²⁵

Planning permission/appeals

A number of authorities have had their planning decisions challenged through the appeals process. Some appeals have been successful but many have been rejected. A common challenge is a lack of direct evidence to link takeaway proximity with health outcomes. It appears that in many cases the existence of an exclusion zone may be a consideration in an appeal, but the decisions are often made on other planning grounds.²⁶

Can proximity to schools be a consideration?

In 2010 a High Court judge declared that Tower Hamlets Council in East London “acted unlawfully” when it gave the go-ahead for Fried & Fabulous to open for

business close to a school. The judge said councillors had voted in favour of permission after being wrongly directed that they could not take account of the proximity of the local secondary school because it was not “a material planning consideration”.²⁷

However, planning permission was ultimately granted on appeal for a number of reasons, including the lack of evidence that “the location of a single take-away within walking distance of schools has a direct correlation with childhood obesity, or would undermine school healthier eating policies”. This prompted Tower Hamlets to review its policies with the aim of limiting such appeals in future.

The importance of engaging with stakeholders

Sandwell Council adopted an SPD for hot food takeaways in 2012, which included a 400m buffer near schools. In one appeal, it was noted that as there was little support from the school affected and little secondary evidence, the application was approved. Council officers reported that they have subsequently made efforts to work more closely with public health colleagues and to engage with schools on the issue.²⁸

All subsequent appeals that have gone to the Planning Inspectorate have been dismissed, so the SPD appears to have been effective.²⁹

Environmental health and licensing

Alongside planning policies, there are other measures available, mainly implemented by environmental health or licensing teams, to help local authorities regulate the sale of fast food. These include:

- street trading policies to restrict trading from fast food vans near schools
- policies to ensure that menus provide healthier options
- enforcement on other issues such as disposal of fat, storage of waste, and litter
- food safety controls and compliance
- restrictions on opening times
- using Section 106 agreements and the Community Infrastructure Levy to contribute to work on tackling the health impacts of fast food outlets

No ice

Hillingdon Council passed a resolution banning ice cream vans from the vicinity of schools and nurseries. One of the reasons cited for the ban was that ice cream trading near schools contradicted dietary recommendations and the aims of the Healthy Hillingdon Schools Scheme.^{7,13}

Encouraging healthier provision

As an alternative to using legislation to restrict the proliferation of fast food takeaways, local authorities may choose to work with them to change the nature of their food provision.

The government procurement standards for food and catering services aim to set standards for more sustainable and healthier food provision. They provide criteria to reduce the salt, fat and sugar content of different food categories,³⁰ and sit alongside DH guidance on healthier, more sustainable catering.³¹ The government's Responsibility Deal also offers a wide range of advice for small businesses on issues, including calorie labelling and reducing saturated fat.³²

In London, the Healthier Catering Commitment is a voluntary scheme for food outlets, operating across 25 London boroughs by catering businesses in partnership with environmental health and public health teams. It provides information on healthier food together with offering healthier alternatives.³³

6. Ideas for action

Public health professionals and others who wish to address the prevalence of fast food outlets in their area in order to support healthier lifestyles may find the following actions helpful:⁷

Strategic leadership: local authority and health and wellbeing boards

- identify a councillor who will be a champion on behalf of the local authority and provide leadership (and in two tier areas, to engage with work with district councillors)
- work with key partners: local authority public health teams and clinical commissioning groups, to identify a senior lead officer with responsibility for this work who will champion it within the health and wellbeing board
- work with other professional groups to identify lead officers, such as environmental health practitioners, to support this work early on, especially in two-tier authorities that may otherwise not be directly involved
- in addition to statutory consultees, ensure the engagement of planners and environmental health practitioners as early as possible when developing a policy

Public health teams

- identify a person within the public health team to liaise with planning officers

- establish a programme of health impact assessment (HIA) training for public health teams, planning officers, and others
- agree a process with the planning team for incorporating HIAs in the planning process. Some councils are writing such requirements into their assessment processes for planning or development applications over a certain size or scale
- use government buying standards for food and catering services as the basis for school food procurement
- conduct wider community engagement to incorporate the views of local residents, community groups and schools in planning decisions

Supporting data and information

Planning officers will require evidence before including items in the development plan or SPD so:

- review all the publications in the 'additional resources section'. These contain detailed advice and case studies
- consider collecting other data such as surveys of school children's purchasing habits on the way to and from school

Evaluation

Local authorities are required by law to publish an annual monitoring report. This is an excellent source of information on the impact of policies. Public health colleagues should work with planners and other local authority colleagues to ensure that appropriate and important information is recorded.

Additional resources

'Takeaways toolkit'. A comprehensive briefing including tools, interventions and case studies to help local authorities develop a response to the health impact of fast food takeaways. Published in 2012 (updated in June 2013) by the London Food Board and Chartered Institute of Environmental Health, based on a consultancy report by Food Matters.. Available from www.foodvision.cieh.org/document/view/326

'Fast food saturation'. A resource pack that collates good practice and key resources from across London and beyond on managing the impact of fast food shops on local health and wellbeing through the use of planning powers. Although developed for use in London, it is based on the use of national powers for local authorities and is directly applicable in all local areas in England. Published in July 2103 by the London Health Inequalities Network. Available from www.lho.org.uk/viewResource.aspx?id=18208

'Tackling the takeaways: a new policy to address fast-food outlets in Tower Hamlets'. This is a wide-ranging evidence review on the association between the over-concentration of hot-food takeaways and obesity, and an examination of practice (mainly in London). The evidence review and policy background are very comprehensive and will be likely to be very useful for drawing up policy options. Published in 2011 by NHS Tower Hamlets. Available from [www.towerhamlets.gov.uk/i doc.ashx?docid=2b285be6-9943-4fec-a762- 76c93d07ca50&version=-1](http://www.towerhamlets.gov.uk/i%20doc.ashx?docid=2b285be6-9943-4fec-a762-76c93d07ca50&version=-1)

'Hot-food takeaways near schools; an impact study on takeaways near secondary schools in Brighton and Hove'. This assesses the policy options for Brighton and Hove, but

contains a very useful review of the evidence and case studies on successful approaches to date. Published in 2011 by Brighton and Hove City Council and NHS Sussex. Available from www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/downloads/ldf/Healthy_eating_Study-25-01-12.pdf

The UK Health Forum's website contains a wealth of useful information on the food environment, including an extensive resource on marketing food to children. www.ukhealthforum.org.uk and www.ukhealthforum.org.uk/who-we-are/our-work/policy/nutrition/marketing-food-and-drink-to-children/

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