Public Document Pack

Scrutiny Inquiry Panel - Tackling Childhood Obesity in Southampton

ADDITIONAL INFORMATION

Tuesday, 26th November, 2019
at 5.30 pm

ADDITIONAL INFORMATION RELATED TO THE LISTED REPORTS

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ADDITIONAL INFORMATION

7 UNDERSTANDING LOCAL ENVIRONMENTAL INFLUENCES ON CHILDHOOD OBESITY - THE FOOD ENVIRONMENT (Pages 1 - 96)

Monday, 18 November 2019

SERVICE DIRECTOR, LEGAL AND GOVERNANCE

The role of public policy in healthy food environments

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Director, Centre for Food Policy, City, University of London
Vice Chair, London Child Obesity Taskforce
Distinguished Fellow, George Institute for Global Health

Southampton's Tackling Childhood Obesity Inquiry, November 26 2019

Vision: what is a healthy food environment?

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Available

Affordable

Acceptable

Appealing

How can national policy change these food environments?

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1. Policies on quality of food supply

2. Policies for shops

3. Policies for schools and other public institutions

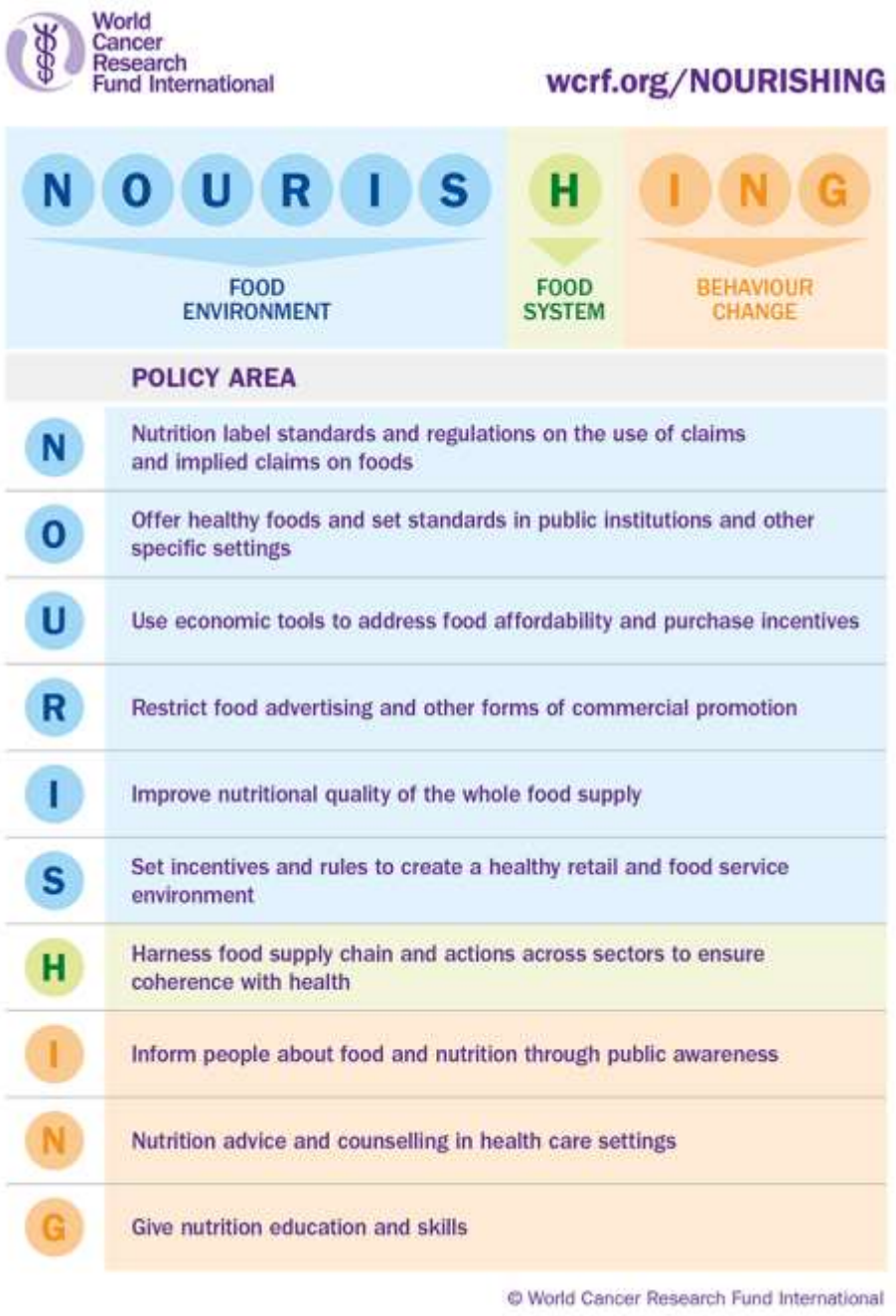
4. Policies for price

National policy
can change environments to support norms
change for people & businesses

5. Policies for labelling

5. Policies for marketing

Six key food environment policies



What are UK national policies doing to change food environments?

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	Childhood Obesity Plan Ch.1-3	Earlier policies
Labelling	Mandatory calorie labelling OOH	Traffic light labelling
Public institutions	School food standards Healthy rating scheme for primary schools	School Fruit Scheme Universal free school meals KS1 School breakfast funding Guidance on food for early years
Fiscal	Soft drinks industry levy	Healthy Start vouchers Change4Life money-off vouchers
Marketing	Consulting on further advertising restrictions Ending price, volume & place promotions on unhealthy foods	Broadcast advertising restrictions to u16s Change4Life related activities
Food supply	Target to reduce sugar by 20% in childrens foods Calorie reformulation programme Energy drinks ban for u16s Improve content of baby food	Salt reduction targets
Food retailing		

What do we know about impact in practice?

- **Labelling:** Impacts vary with consumer characteristics, context & type of label but consistent effect is on “reformulation”
- **Schools:** Improve food offer but may be undermined by food environment outside of schools and at home
- **Taxes:** Evidence from Mexico suggests 6.3% reduction in the observed purchases of SSBs in 2014
- **Marketing restrictions:** Effective in reducing exposure on restricted channels but not more broadly; evidence from Chile will be critical
- **Reformulation:** Clear impacts on salt levels in food if stringent enough targets

What's missing at the national level?

(1) Retail & neighbourhood policies

A. Neighbourhood planning and infrastructure
1. Zoning, licensing e.g. zoning prohibitions
2. Financial (dis) incentives e.g. business rate reductions, investment in supermarkets
3. Restricting HFSS marketing on city transport and facilities
B. Alternative food provisioning models (e.g. farmers markets, urban gardens, CSA)
4. Permits, subsidies, investment and/or business support for alternative retailing
5. Support for development and maintenance of urban agriculture community gardens
6. Engaging with community organisations, food banks etc, to provide more nutritious foods
C. Inside store environments
7. Certification schemes, guidance and/or partnerships to incentivise retailers
8. Support services for small businesses to change offer
9. Regulations and legislation to reduce the appeal of HFSS foods by retailers and food outlets

Example: neighbourhood planning/infrastructure

- **Zoning, licensing:** Ban on new takeaway outlets from opening within 400 metres of schools in Waltham Forest London

- **Financial incentives**: Food Retail Expansion to Support Health Program (FRESH) in NYC provides financial and zoning incentives (e.g. exemption from standard business taxes) to promote neighbourhood grocery stores offering fresh foods in under-served communities

FRESH
Food Retail Expansion to Support Health

Example: alternative food provisioning

- **Permits, subsidies, business support – Curitiba, Brazil**
  - "Armazém da Família" ("family shop") enables families enroll to access 33 stores selling foods 33% cheaper
  - Family Sacolão Programme provides permits to distribute fruits and vegetables at a single price maximum (40% lower than conventional markets);
  - Our Fair (Feria)" markets), fruits and vegetables sold at a single price per kilo (at least 40% cheaper) from family farmer cooperatives

- **Support for urban agriculture/community gardening**
  - Micro-vegetable gardening programme in low-income neighbourhoods in Antananarivo (Madagascar)
  - Micro-gardening on standing tables by low income women in Dakar, Senegal
  - Participatory Urban Agriculture Program in Quito, Ecuador, with 4000 allotments and products sold through local markets

Example: Inside stores and outlets

- **Certification:** The Healthier Catering Commitment for London encourages businesses to commit to meeting specific requirements fc healthier options by awarding them with the Healthy Catering Commitment.

- **Regulations and legislation.** Around 12 cities in the US (many in California) require all fast food outlets to make water, sparkling or flavoured water, with no added natural or artificial sweeteners, milk or non-dairy milk alternatives the default beverage in children's meal

What's missing?

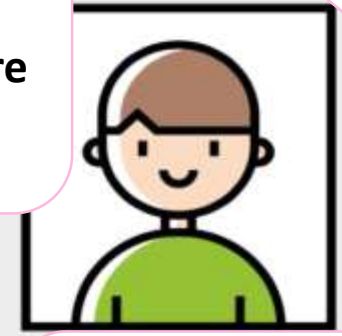
(2) Accounting for people's lived experience of food environments

AT HOME (PM)

- 5:00pm: We stay inside the flat once we get home as it is hard to get back down the stairs with the stroller – I mostly play with my Mum's phone or watch TV.
- 7:30pm: Our dinner time varies depending on the day, it is often late and always in front of the TV as it is ou

"We live in a one-bedroom high-rise flat on the sixth floor. The lift is often broken, so my mum has to carry me and the buggy to the top"

"I am a fussy eater so Mum no longer tries to give me fruits and vegetables and gives me the processed snacks I ask for. These are cheaper and more convenient for Mum to buy"



- My name is Justin,
- I live in outer East L
  Mum, we have no c
- We live in a one-be
  on the 6th floor, the
  so my Mum has to c
  stroller to the top.
- Mum is currently ou
  have limited money

"We travel down the high street to nursery and my mum gets me a snack"

"Fruits and healthy snacks <u>are available at nursery, but I don't like eating them</u> – I'd rather eat the processed snacks I'm used to at home."

WEEKENDS

- Weekends are similar to weekdays for me since Mum is currently out of work. We usually stay around home as it is easier.

ON THE HIGH STREET

- 4:00pm: We travel down the High Street from Nursery and my Mum gets me a snack from one of the take-aways we walk by that I eat in my buggy.

- tries to give me frui
  and gives me the pr
  I ask for. These are
  convenient for Mum
- Mum buys us grocer
  supermarkets, choos
  at sale prices. We ca
  bus home.

RSERY

n't come to nursery
ggle to build positive
nships with the children who
regularly.

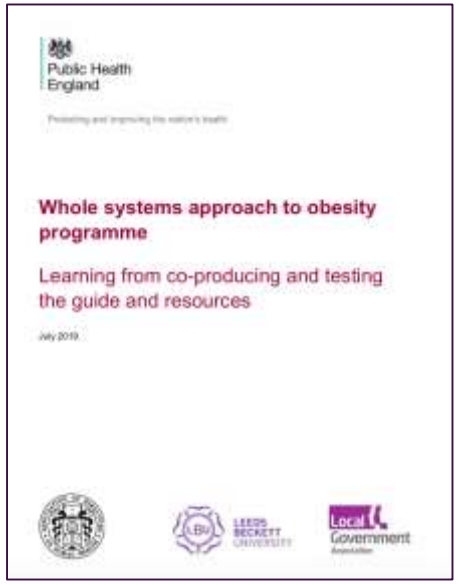
At play-time I have the option
outside or inside. I'm most
playing inside as it is familiar
lcoming.

: Fruits and healthy snacks
ilable at Nursery, but I don't
ing them – I'd rather eat the
processed snacks I'm used to at home.

EVERY CHILD A HEALTHY WEIGHT - TEN AMBITIONS FOR LONDON

What's missing?

(3) Building locally on action & assets, meeting people where they are



Overview of the whole systems approach to obesity process

Phase	Aim	Key steps
Phase 1 Set-up	Secures senior-level support and establishes the necessary governance and resource structure to implement the approach.	1. Engage with senior leaders to obtain their support 2. Set-up a core working team to undertake the day-to-day operations and coordinate the approach 3. Establish resources to support the process 4. Secure the accountability, advice and support of a group of senior stakeholders offering a broad range of expertise to ensure the approach has sufficient challenge, governance and resource
Phase 2 Building the local picture	Builds a compelling narrative explaining why obesity matters locally and creates a shared understanding of how obesity is addressed at a local level.	1. Collate key information about obesity locally 2. Start to understand the local assets including community capacity and interest 3. Establish a comprehensive overview of current actions 4. Identify the departments, local organisations and individuals currently engaged in supporting work around obesity
Phase 3 Mapping the local system	Brings stakeholders together to create a comprehensive map of the local system that is understood to cause obesity. Agreeing a shared vision.	1. Prepare for workshop 1: • Identify and engage wider stakeholders • Prepare presentation slides and add local information • Prepare facilitators to undertake system mapping 2. Deliver workshop 1: system mapping 3. Begin to develop a shared vision
Phase 4 Action	Stakeholders come together to prioritise areas to intervene in the local system and propose collaborative and aligned actions.	1.Prepare for workshop 2: • Create a comprehensive local system map • Prepare presentation slides and add local information • Prepare facilitators to support action mapping • Refine a draft shared vision 2. Deliver workshop 2: action planning 3. Develop a draft whole systems action plan 4. Refine the shared vision
Phase 5 Managing the system network	Maintains momentum by developing the stakeholder network and an agreed action plan.	1.Develop the structure of the system network 2.Undertake the first system network meeting 3.Present the finalised shared vision 4.Agree the action plan
Phase 6 Reflect and refresh	Stakeholders critically reflect on the process of undertaking a whole systems approach and consider opportunities for strengthening the process.	1.Monitor and evaluate actions 2.Maintain momentum through regular meetings 3.Reflect and identify areas for strengthening 4.Monitor progress of the whole systems approach and adapt to reflect how the system changes over time

AMBITION 6

MAKE FREE 'LONDON WATER' AVAILABLE EVERYWHERE

OUR CALLS TO ACTION

- We call on **the Mayor**, **water companies** and the **advertising industry** to incentivise children to drink water by reframing London's free drinking water as a 'London Water' brand, co-designed with London's children.
- We call on **the Mayor**, the **food service industry**, **schools** and **public institutions** to scale up and extend existing initiatives to make drinking water widely, freely and conspicuously available from public drinking fountains, all restaurants and public buildings, and in 'water only' schools.

Summary

1. **A small number of national policies needed for norms change for people and businesses**
   - Transforming food environments; reducing unhealthy intrusions into people's lives

2. **Policies that work for people start with understanding the context – the <u>reality</u> *of people's lives***
   - What people are eating; why; how they respond to existing policy

3. **Local government can both complement & lead national policy by building on assets with actions tailored to their populations**
   - Local environments (retail/food service outlets/neighbourhoods); poverty; skills, care & support

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Thank you

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@FoodPolicyCity @corinnahawkes

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Understanding local environmental influences on childhood obesity

Professor Janis Baird

Dr Christina Vogel

MRC Lifecourse Epidemiology Unit

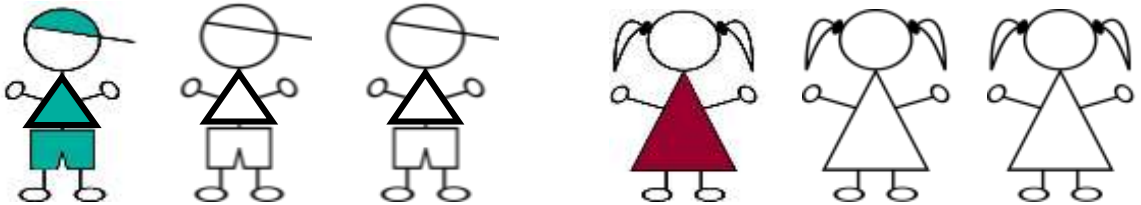
November 26th 2019

Poor diet and obesity

- Poor diet-related ill health costs the £5.8 billion each year[1]

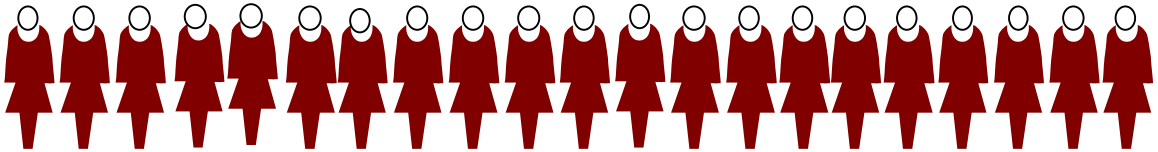
- Over half (56%)  aged 25 to 34 years are overweight or obese[2]

- One in three children aged 10-11 years are overweight or obese[3]



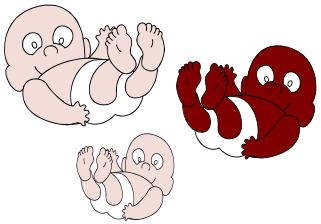
1 Scarborough, JPH 2011
2 HSE, 2017
3 NCMP data 2017/18

The Southampton Women's Survey



12,583 non-pregnant Southampton women aged 20-34 years interviewed between 1998 and 2002

Subsequent pregnancies studied, ultrasound scans and interviews

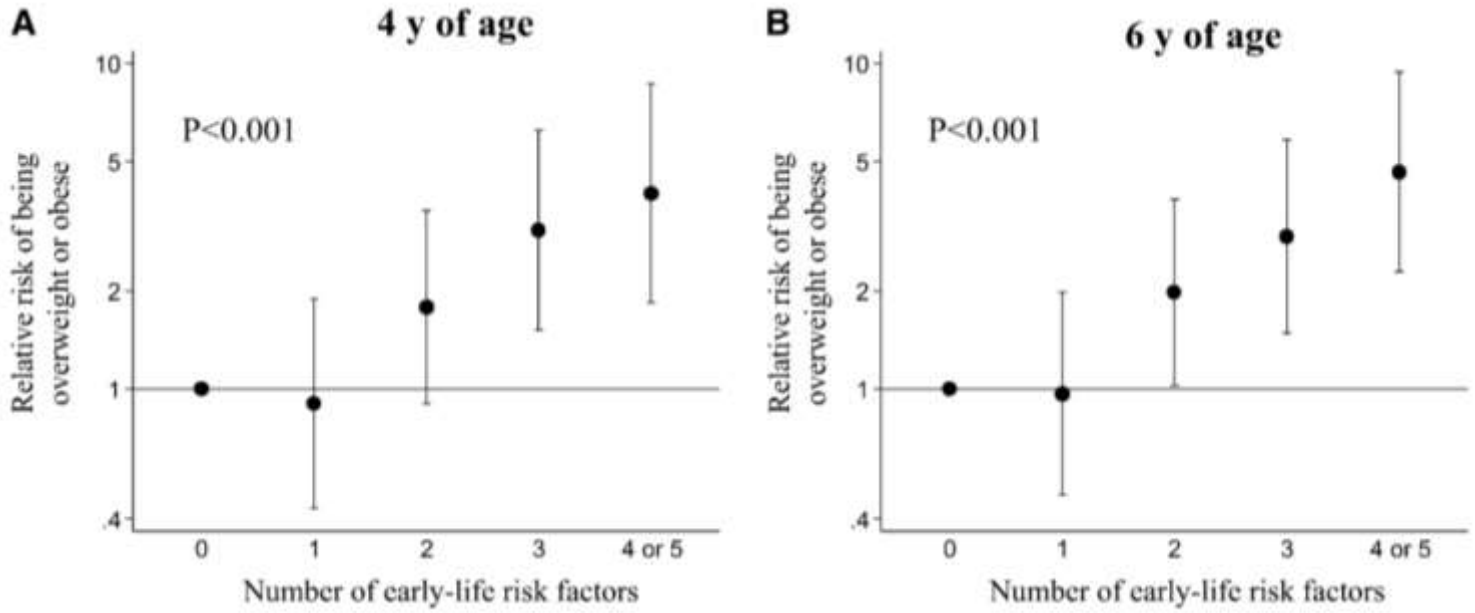


3,158 births

Children followed-up at 6, 12, 24 and 36 months, samples seen at 4, 6-7, 8-9 and 11-13 yrs

Adapted from Inskip et al. Int J Epidemiol. 2006;35:42-48

Early life risk factors for childhood overweight/obesity



(1) maternal pre-pregnancy obesity (2) maternal smoking in pregnancy
(3) low maternal vitamin D status in pregnancy (4) maternal excessive gestational weight gain
(5) Not breastfed or short duration of breastfeeding

Gillman *et al*. Obesity. 2008;16:1651-6
Robinson *et al*. Am J Clin Nutr. 2015;101:368-75

Diets of women and children










Page 26

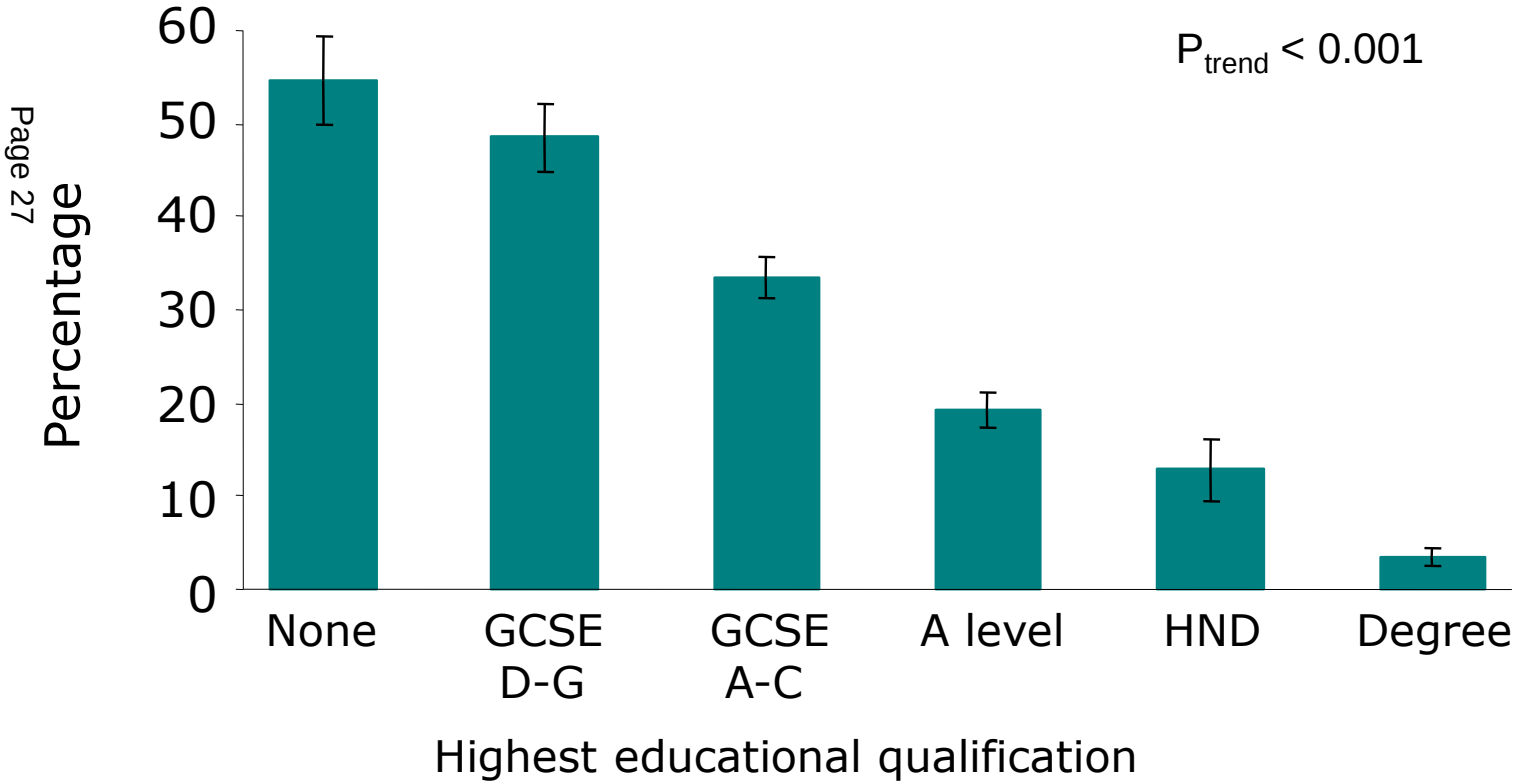







Crozier et al, E J Clin Nutr 2010

Percentages in the lowest quarter of diet quality score by highest educational qualification

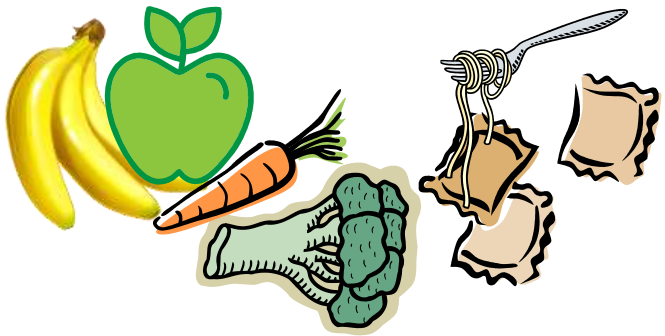


Robinson et al. Eur J Clin Nutr. 2004;58:1174-80

Infant guidelines pattern

High consumption:

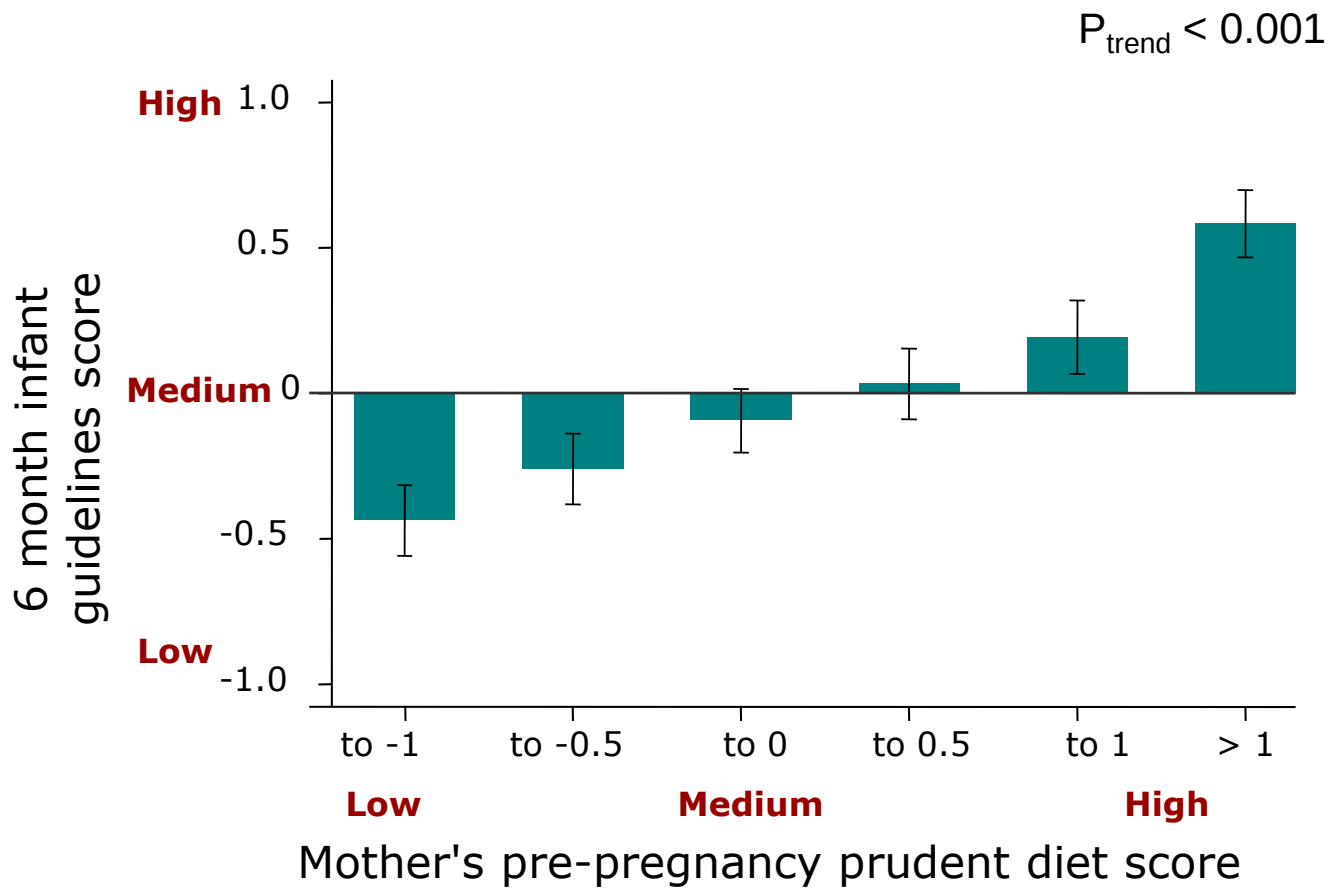
- fruit
- vegetables
- rice and pasta
- home prepared foods



Low consumption:

- commercial baby foods - jars

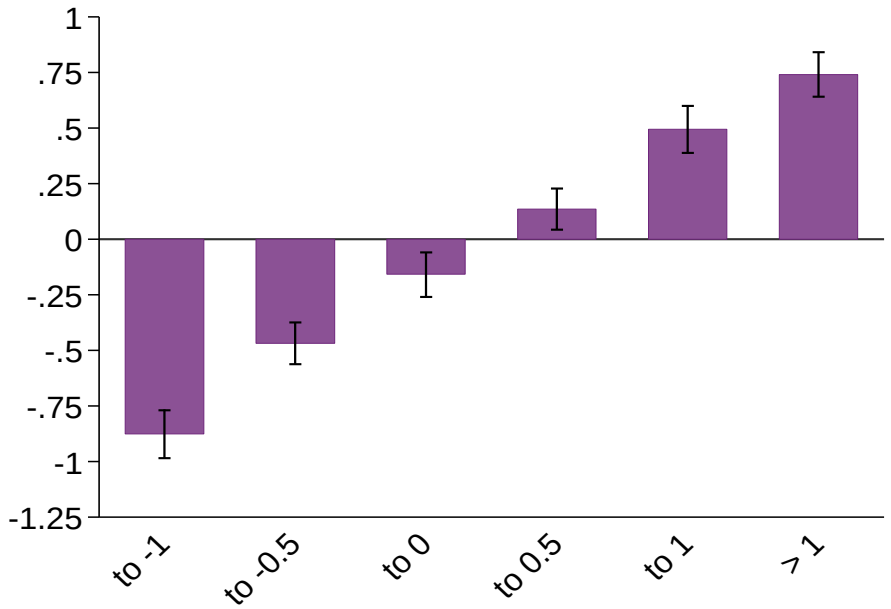
Infant guidelines pattern score according to diet quality score of the mother



Robinson et al. Br J Nutr. 2007;98:1029-37
Fisk CM et al. Br J Nutr. 2011;105:287-96

Association between childhood diet quality at 3 years and maternal preconception diet

Association between diet quality of mother preconception and child at 3 years



Fisk CM et al. Br J Nutr. 2011

Why do some women have poorer diets?

"Easy to take the kids down to McDonalds or something"

"Fruit and veg is expensive. It's a shame they can't make it cheaper"

"There's always buy-one-get-one-free isn't there on a packet of chicken nuggets or something."

Barker et al Pub Health Nutr 2008

Acknowledgements

- Colleagues at the MRC Lifecourse Epidemiology Unit including: Hazel Inskip, Mary Barker Cyrus Cooper, Sarah Crozier, Keith Godfrey, Wendy Lawrence, Siân Robinson (now University of Newcastle)
- SWS staff and participants
- Funding bodies including:

Addressing dietary inequalities

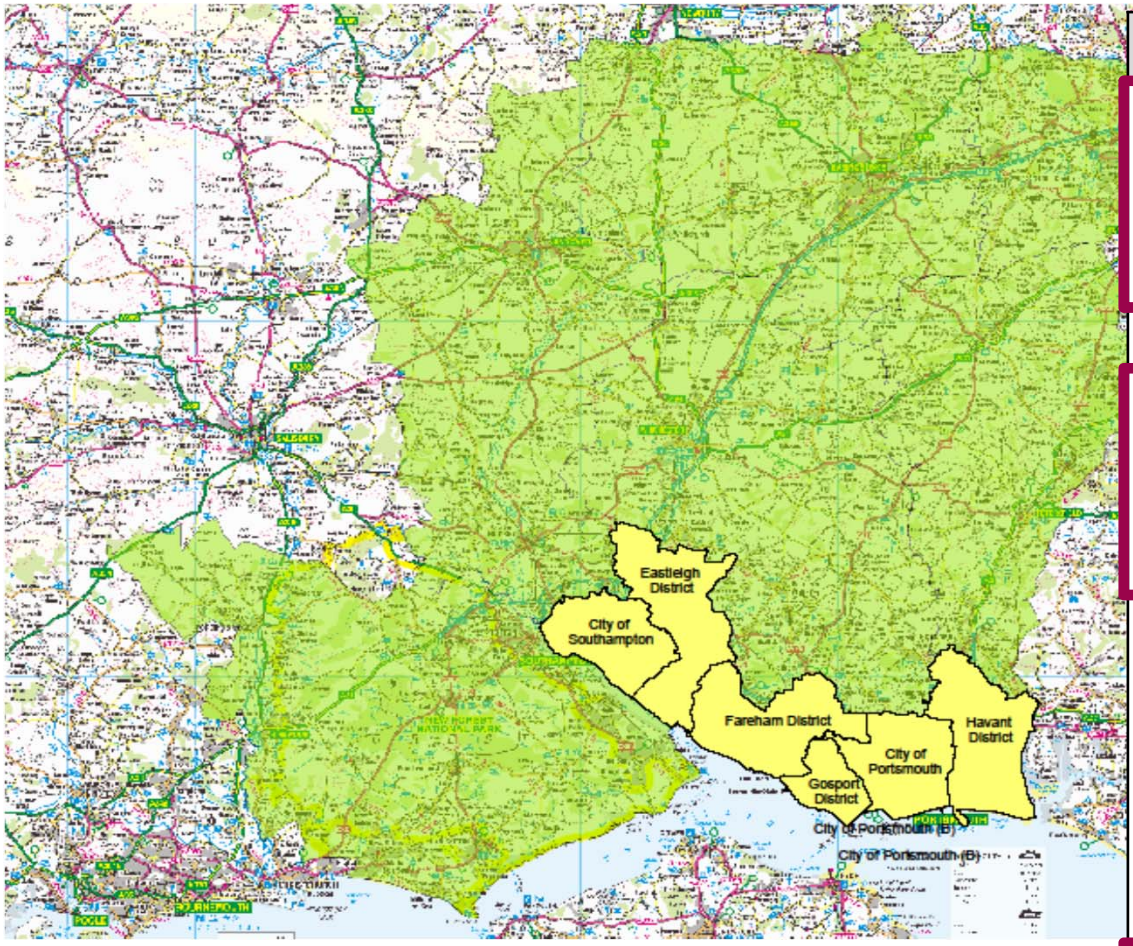
- Information/media campaigns largely ineffective among disadvantaged groups[1,2]
- Effective interventions for disadvantaged groups address environmental and social determinants[1,2]

1 Beauchamp, Obes Rev 2014
2 Lorenc, JECH 2013

The modern food environment

- Socioeconomic disparities in fast food outlet access across high-income countries[1]
- 45% increase in fast-food outlets in the UK over the last 18 years[2]
- Most deprived areas have had greatest rise, 43% compared with 30% in least deprived areas[2]

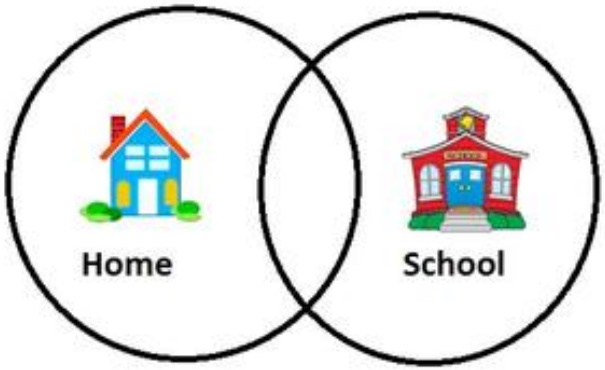
1 Black, HealthPlace 2014
2 Maguire, HealthPlace 2015



Store type	n	%
Premium supermarket	10	(0.5)
Large supermarket	32	(2)
Discount supermarket	35	(2)
Small supermarket	127	(7)
'World' store	63	(4)
Greengrocer	41	(2)
Farm shop	7	(0.5)
Health food store	19	(1)
Butcher	56	(3)
Baker	68	(4)
Sandwich shop	66	(4)
Convenience store	272	(15)
Petrol store	68	(4)
Newsagent	65	(4)
Confectioner	76	(4)
Fast food chain	92	(5)
Chinese takeaway	223	(12)
Indian takeaway	151	(8)
Fish & chips	143	(8)
Other takeaway	173	(10)
Total	1787	(100)

Food outlet access in Hampshire

- Most children aged 6 years have ≥10 fast-food outlets around home and school (some ≥50)[1]
- Only 1% of women with young children have greater access to healthy, rather than unhealthy, food outlets in their daily activities[2]



1 Barrett, PHN 2017
2 Vogel, Plos One 2017

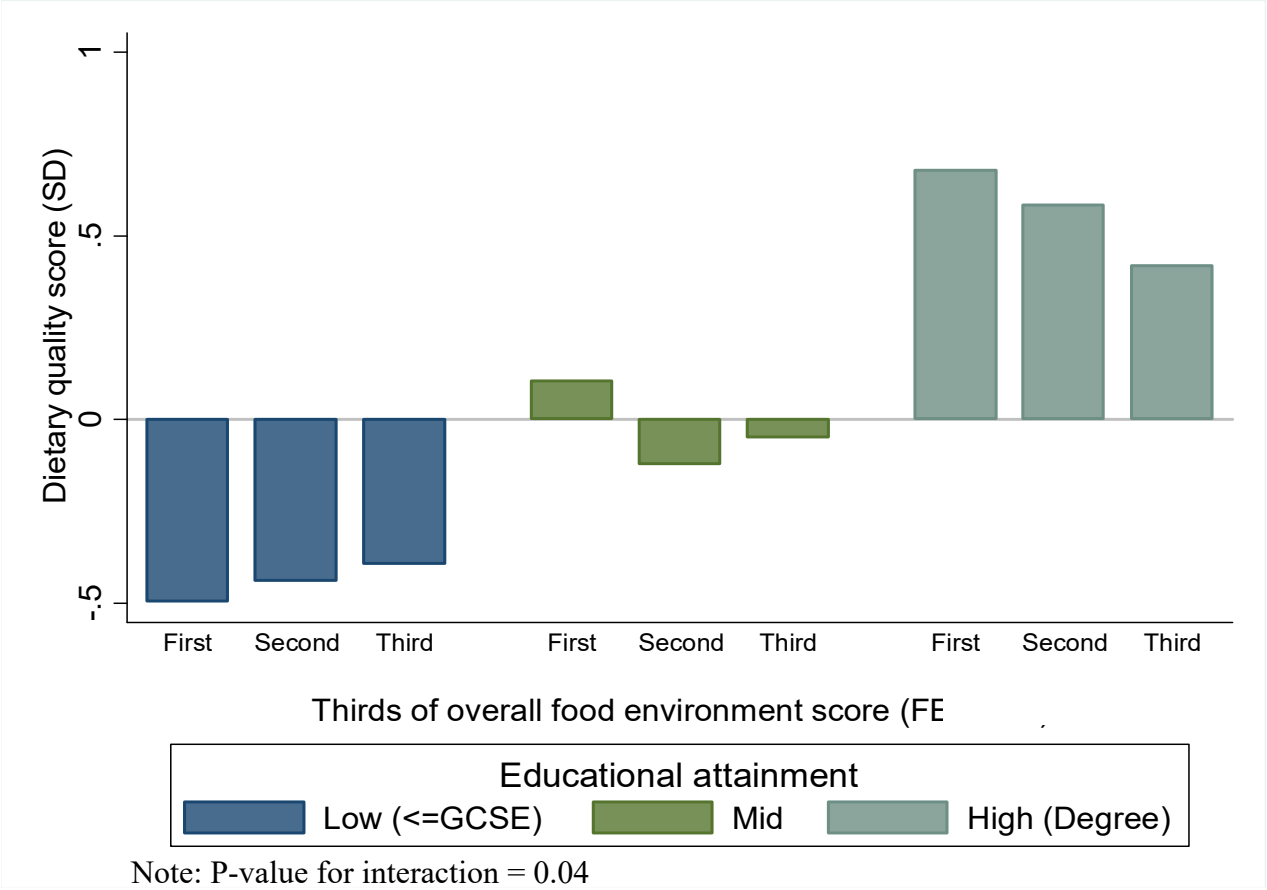
Food outlet access & child health

- Greater access to healthy specialty stores around home and school associated with better quality diet at 6 years[2]
- Greater maternal access to:
  - fast food outlets linked to poorer bone health at birth
  - healthy speciality stores linked to better bone health at 4 years[1]

1 Vogel, OI 2016
2 Barrett, PHN 2017

Food outlet access & women's diet

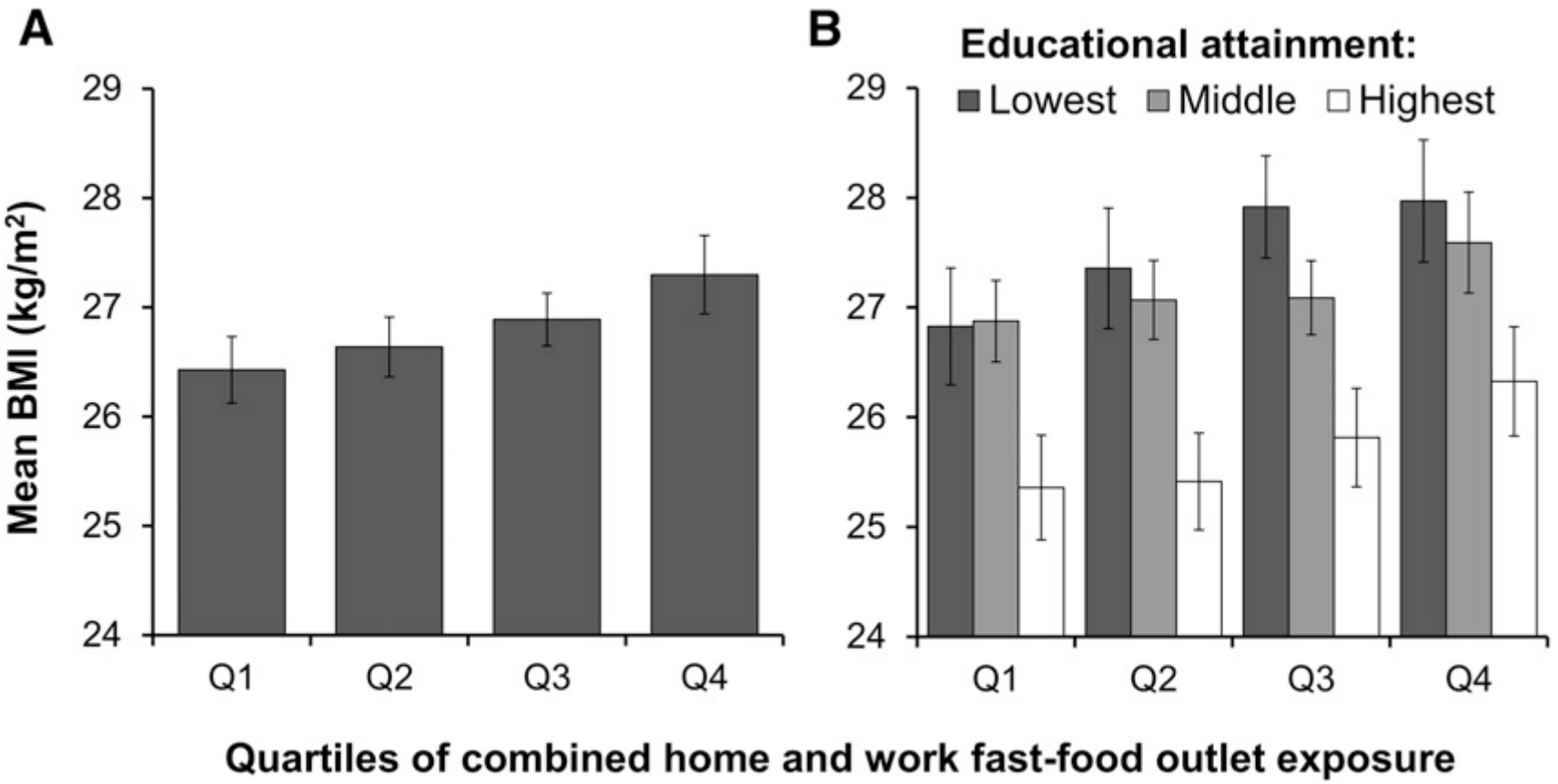
- Diets of women with degree qualifications show less susceptibility to unhealthy food environments than those with low education levels



Note: P-value for interaction = 0.04

Vogel, Plos One 2017

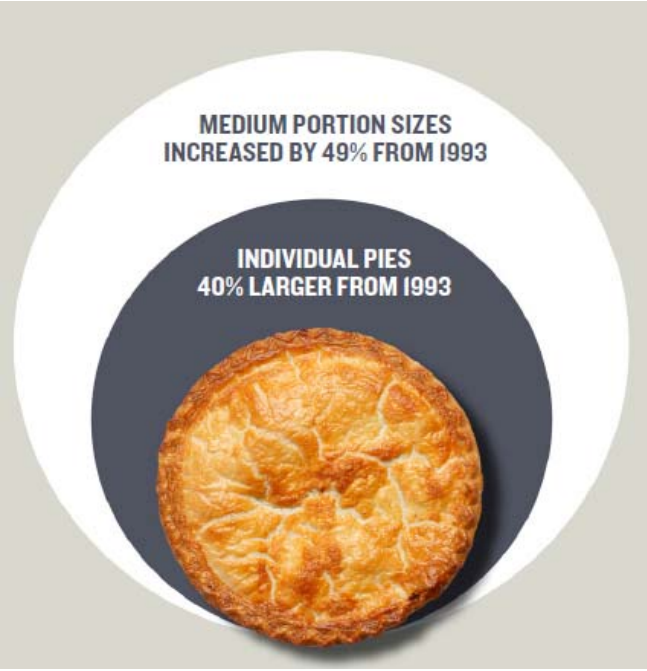
Fast food access & obesity



Burgoine, AJCN 2016

The modern in-store environment

- Healthier diets cost more than nutrient poor, energy dense diets[1]
- Portion sizes of unhealthy foods have increased significantly[2]
- Southampton's most deprived neighbourhoods have stores with:
  - poorer quality fruit and vegetables
  - fewer varieties of healthy foods[3]



1 Rao, BMJ Open 2013
2 Young, AJPH 2002
3 Black, HealthPlace 2014

Variety

£

Price

Promotion

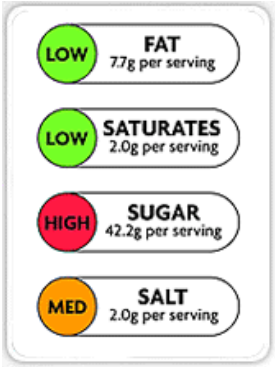
Store placement

Shelf placement

Quality

Healthier alternative

Fruit sold singly

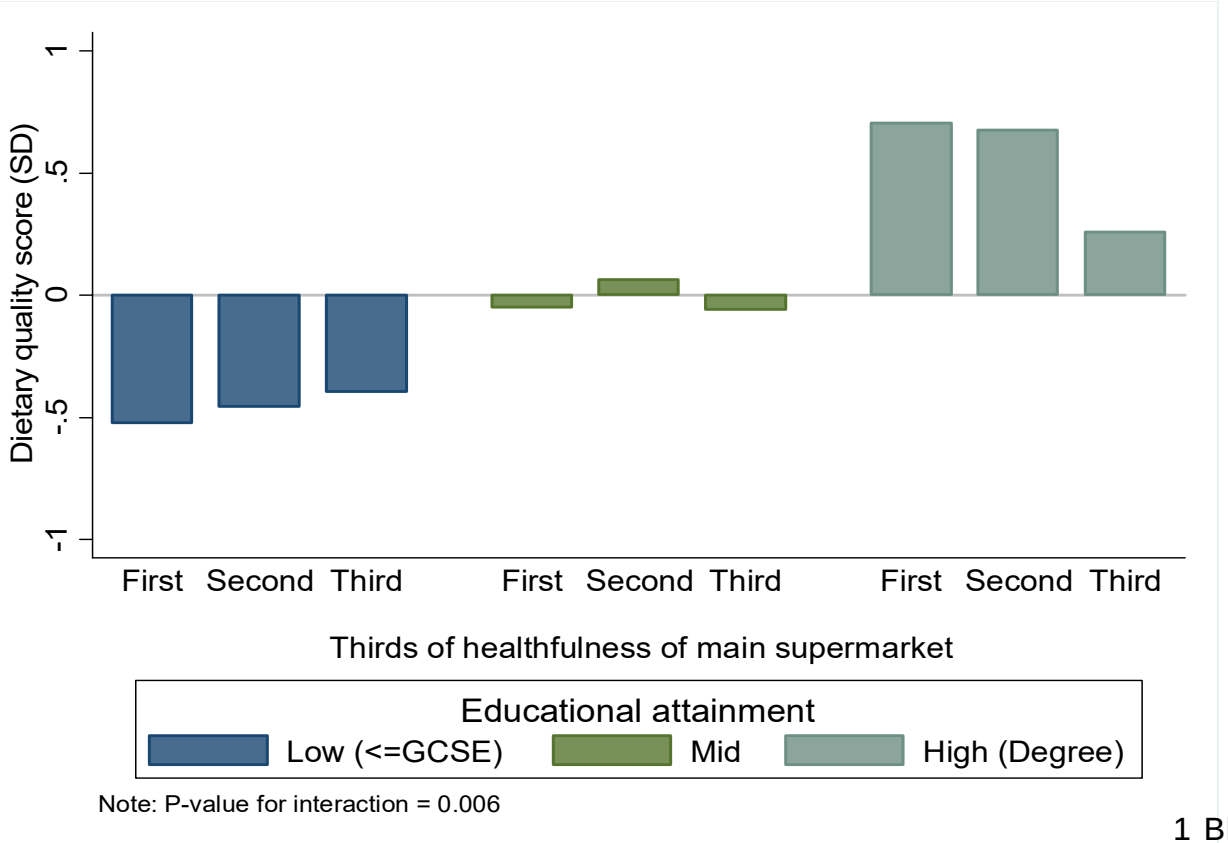


Nutrition information

Black, IJBNPA 2014

Supermarket environment and diet

- Discount and small supermarkets have poorest in-store environments[1]
- Supermarket environments have a stronger influence on the diets of women from disadvantaged backgrounds[2]



Note: P-value for interaction = 0.006

1 Black, IJBNPA 2014
2 Vogel, AJPM 2016

Food environment & inequalities

- Diet and BMI of individuals with low educational attainment showed greater susceptibility to poorer spatial and supermarket environments
- Good evidence that fast food outlets are more prevalent, and have had greater growth, in more deprived areas
- Local evidence shows fewer varieties and poorer quality of healthy foods in deprived neighbourhoods

⇨ support for **'deprivation amplification'** concept

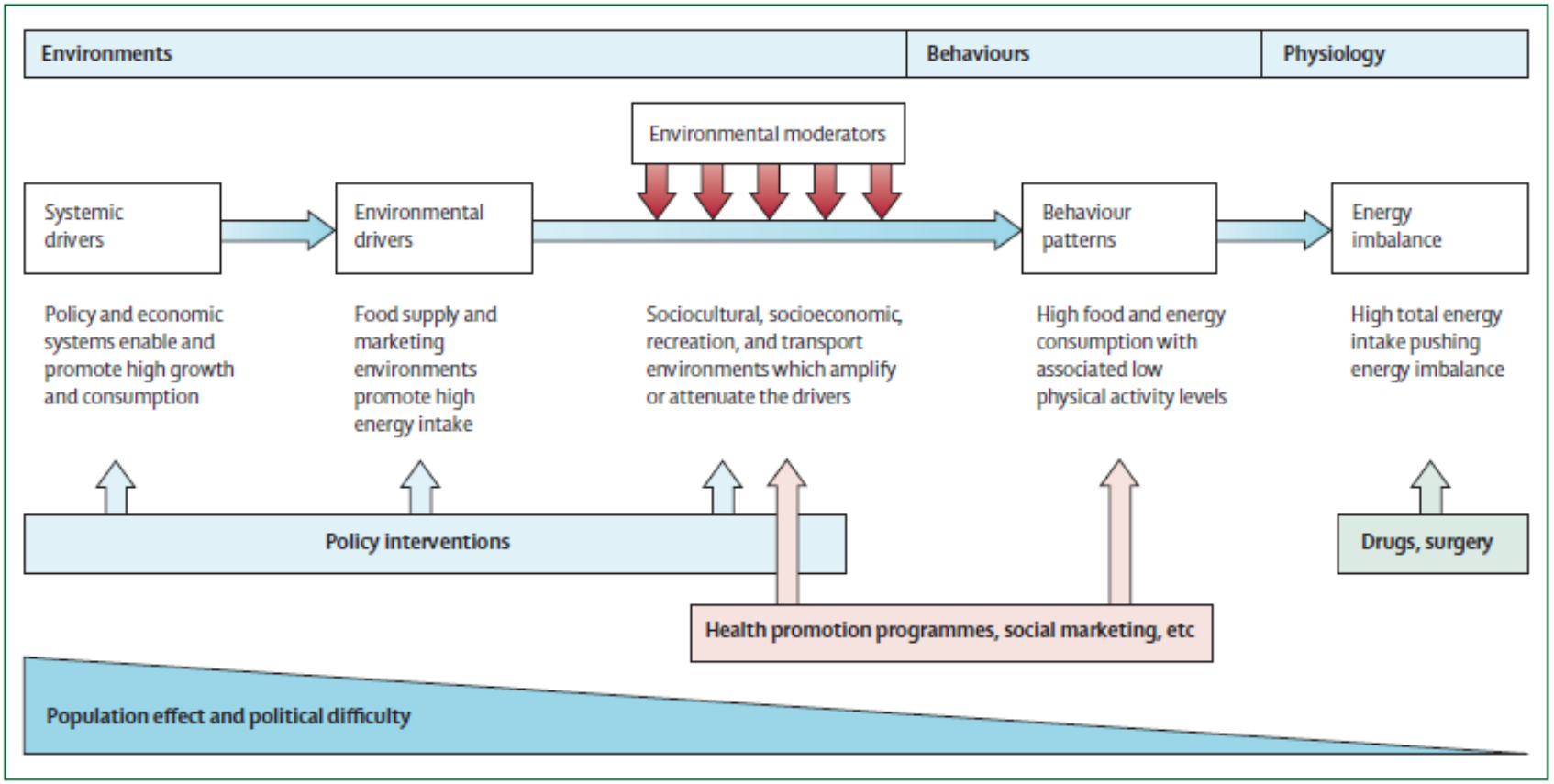
Dual processing model

- Human behaviour, including food choice, result from:
  - Reflective processes – conscious awareness of motivations and actions
  - Automatic processes – impulsive reactions to environmental stimuli

Reflective	Automatic
Shopping list	Food selection based on placement
Store selection based on cost	Store selection based proximity
Food selection based on health	Outlet selection based on abundance

⇨ differences in use of these processes may be contributing to dietary inequalities

Strack, Pers Soc Psyc Rev 2004
Marteau, BMJ 2013



⇨ Advocate for targeted interventions for high risk groups

Swinburn, Lancet 2011
Adams, Plos Med 2016

"Equality of opportunity is not enough……..

When some people have to run a 100 metre race with sandbags on their legs, the fact that no one is allowed to have a head start does not make the race fair. Equality of opportunity is absolutely necessary but not sufficient in building a genuinely fair and efficient society."

Ha-Joon Chang

Local planning opportunities

- Use local planning laws to restrict proliferation of fast food outlets
- Ban fast food outlets around schools – is 400m enough?
- Consider introducing:
  - Restrictions on fast food outlet numbers in areas of high deprivation
  - Incentives for new healthy specialty retailers to open
  - Drinking water fountains in popular public areas


Southern Daily Echo

Southampton's unhealthiest road, Above Bar Street, among worst in country

Above Bar Street in Southampton, as seen from the Bargate


Public Health England

Local Government Association

Healthy people, healthy places briefing

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

In-store intervention evidence

Price

- Moderate evidence across settings (cafeterias, supermarkets) that subsidies on healthy foods increase their purchase and intake[1, 2]
  - 10% subsidy required to induce change
  - Some evidence that changes are price elastic (higher subsidy, higher intake)
- Good evidence that price increases on unhealthy food improve dietary behaviours[3]
- Nutrition shelf and trolley prompts can increase healthy food purchases[3,4]

Nutrition prompts

1 Adam, 2016 BMC Public Health
2 An, 2013 PHN
3 Hartmann-Boyce, AJCN 2018
4 Cameron, Curr Nutr Rep 2016

In-store intervention evidence

- Exposure to larger portion sizes increases quantity of food consumed in children and adults[1]
  - Reducing larger-sized food portions or packages could reduce average daily energy consumed

Product placement

Portion size

- Studies in the home, workplaces & cafeterias showed reducing distance to healthy products increased selection[2]
- Prominent placement of healthy foods and less prominent placement of unhealthy foods in food stores links to healthier purchasing and dietary behaviours[3]

1 Holland et al, 2015 Cochrane
2 Bucher et al, 2016 BJN
3 Shaw et al, Under review

Local in-store opportunities

- Explore opportunities to:
  - Incorporate healthy in-store activities in Environmental Health & Safety audits
  - Increase the variety and quality of healthy foods in poorer areas
  - Encourage use of shelf prompts to promote healthy foods
  - Place non-food and healthy products in prominent locations (front entrance, checkout, end-of-aisle) and remove unhealthy foods
  - Reduce portion sizes of less healthy foods
  - Subsidise the cost of healthy foods

Acknowledgements

- Thank you to participants who took part in our surveys
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- Our collaborators
- Funders:

NIHR | National Institute for Health Research

1. Southampton Biomedical Research Centre
2. Public Health Research programme

The Academy of Medical Sciences

UNIVERSITY OF Southampton

wellcome trust

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Takeaway planning policy in the UK: Evidence, precedent and local data

Dr Tom Burgoine

Centre for Diet & Activity Research / MRC Epidemiology Unit, University of Cambridge

About CEDAR

The *Centre for Diet and Activity Research (CEDAR)*:

- studies the factors that influence dietary and physical activity related behaviours
- develops and evaluates public health interventions
- helps shape public health practice and policy

CEDAR is a partnership between the University of Cambridge, the University of East Anglia and MRC Units in Cambridge.

It is one of five Centres of Excellence in Public health Research funded through the *UK Clinical Research Collaboration*.

MRC Epidemiology Unit

UNIVERSITY OF CAMBRIDGE

CEDAR
Centre for Diet and Activity Research
A UKCRC Public Health Research Centre of Excellence

Background

- Obesity is highly prevalent, and inequalities persist
- £28bn spent annually on takeaway food in Great Britain
- £9 average spend per week on food away from home
- 29% increased out of home food expenditure in last decade
- 1 in 6 meals now consumed out of home
- Regular takeaway visits and frequent takeaway consumption associated with excess weight gain over time
- **Is takeaway consumption linked to takeaway food outlet access?**

Duh! Cambridge scientists link takeaways with obesity

IT probably won't come as a surprise to many, but Cambridge scientists have found that people surrounded by takeaways eat more junk food and are more likely to be obese than those who are not.

The eating habits of 5,442 adults from Cambridgeshire were studied for a Medical Research Council paper published in the *British Medical Journal* – and the results may encourage politicians to try and restrict the number of takeaways in neighbourhoods.

It found that those living and working near takeaways, as well those who encounter fast food on their commute, are almost twice as likely to be obese, with takeaways around workplaces causing the most problems.

Dr Thomas Burgoine, lead author of the study from the UK's centre for diet and activity research, based in the MRC's epidemiology unit at Cambridge University, said:

■ GARETH MCPHERSON

"The foods we eat away from home tend to be less healthy than the meals we prepare ourselves, so it is important to consider how exposure to food outlets selling these high calorie foods in our day-to-day environments might be influencing consumption.

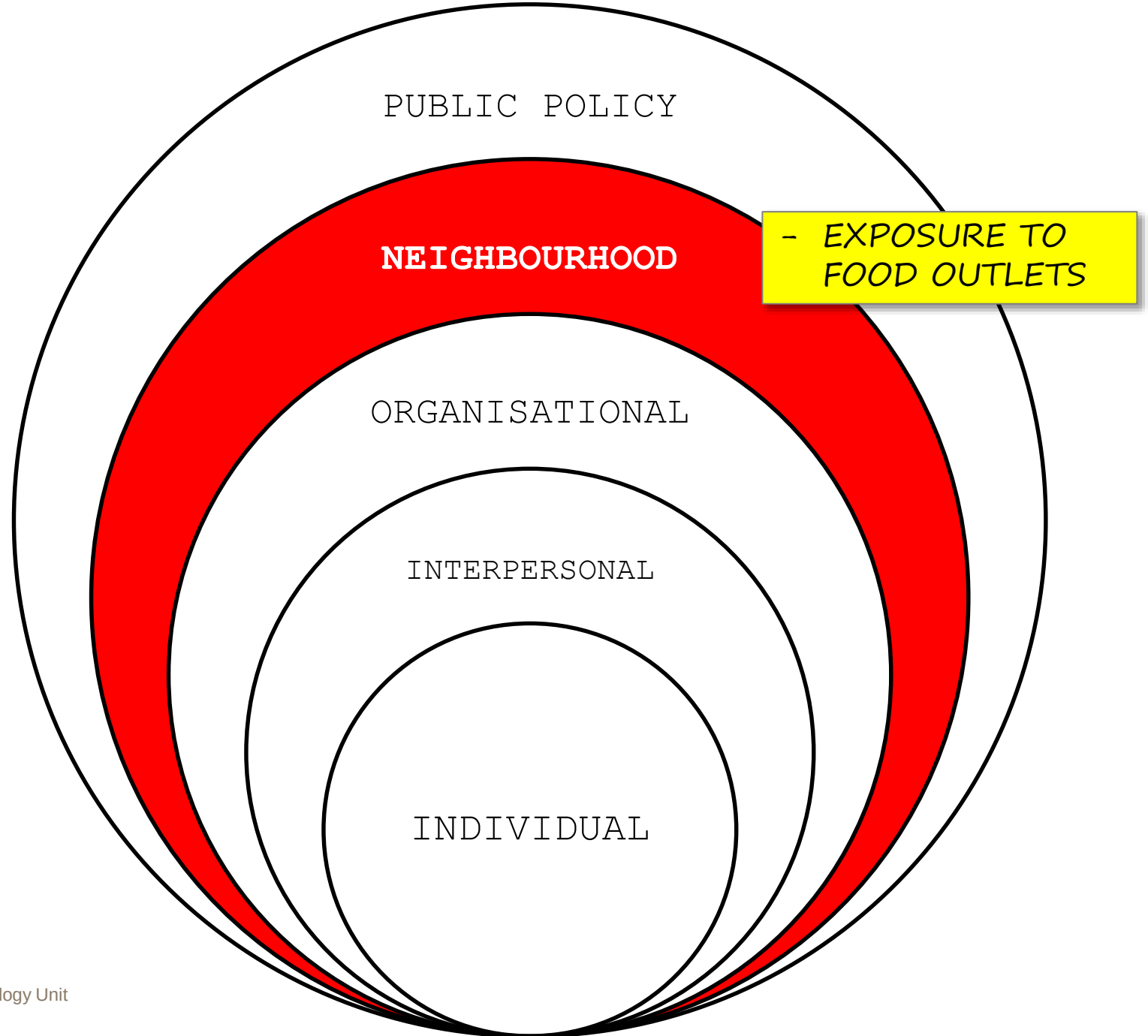
"Our study provides new evidence that there is some kind of relationship between the number of takeaway food outlets we encounter, our consumption of these foods, and how much we weigh.

"Of course this is likely to be just one of a number of factors that contribute to a person's risk of developing obesity. However, our findings do suggest that taking steps to restrict takeaway outlets in our towns and cities, particularly around workplaces, may be one way of positively influencing our diet and health."

Researchers examined how much takeaway food people ate using questionnaires for foods such as pizza, burgers, fried food and chips. They also measured people's body mass index (BMI) as a measure of their weight.

Professor Jill Pell, chairman of the MRC's population health sciences group, said this type of research will provide "robust evidence" to tackle obesity. She added: "To date, studies examining the link between the neighbourhood food environment and diet and body weight have provided mixed results, which is why it's important that we continue to study these relationships."

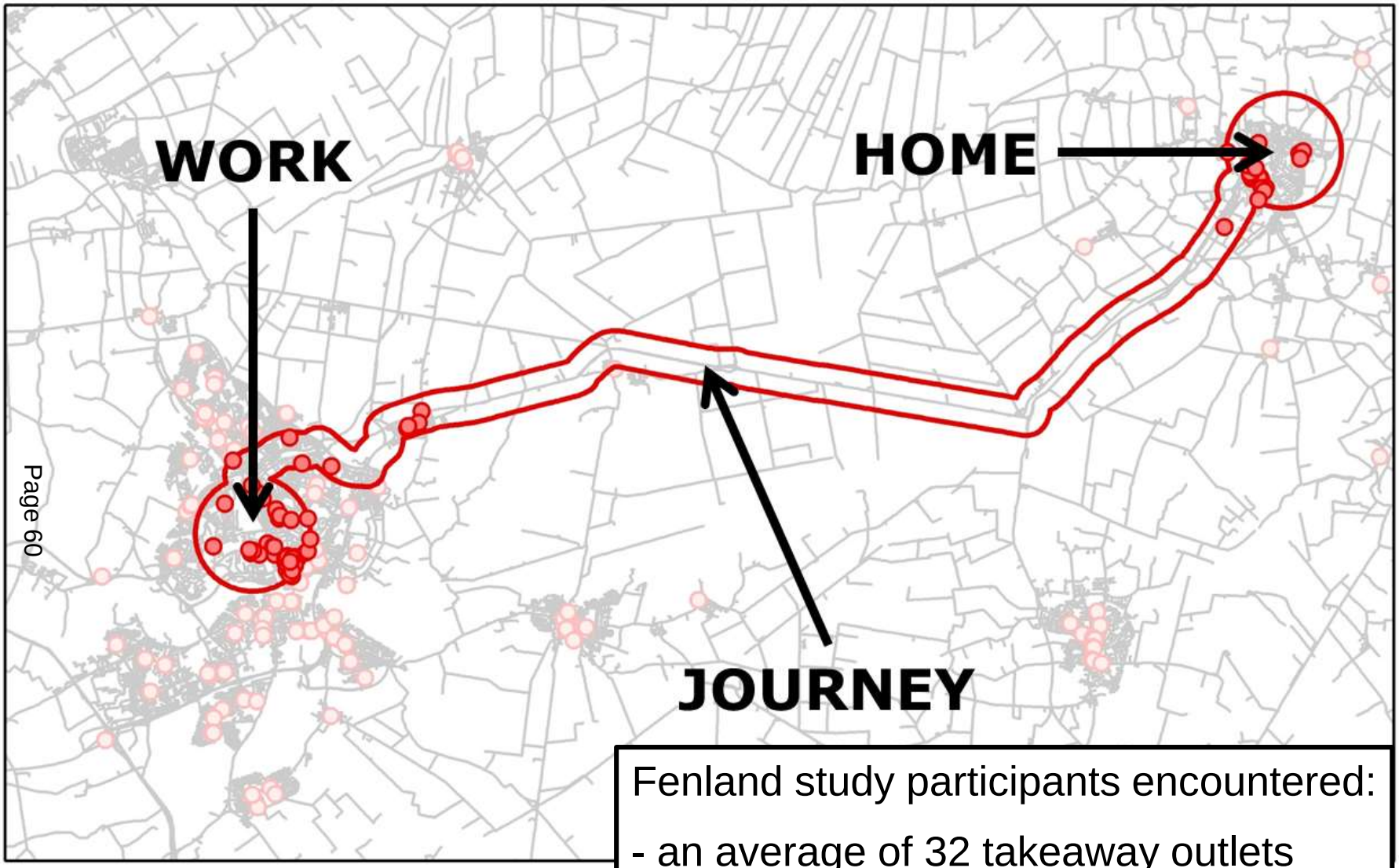
In a *BMJ* editorial, senior research scientist Kathryn Neckerman said it is unclear what impact restricting takeaway restaurants would have and added: "In a kind of nutritional 'whack-a-mole', closing takeaway outlets might lead other retailers to expand their offerings of unhealthy food."


PUBLIC POLICY
NEIGHBOURHOOD
- EXPOSURE TO FOOD OUTLETS
ORGANISATIONAL
INTERPERSONAL
INDIVIDUAL

It’s all in the detail

- Evidence base for ‘effects’ of pretty much all food environment influences on related outcomes is equivocal
- Which means there is no systematic review that can quantify the overall ‘effect’ of takeaway access on diet / weight / health
- There are many reasons why this might be…
- Concepts, methods, data, analytical techniques, which together allow better study of environmental effects, are developing rapidly.
- Policymaking should be based on the best available evidence

Evidence



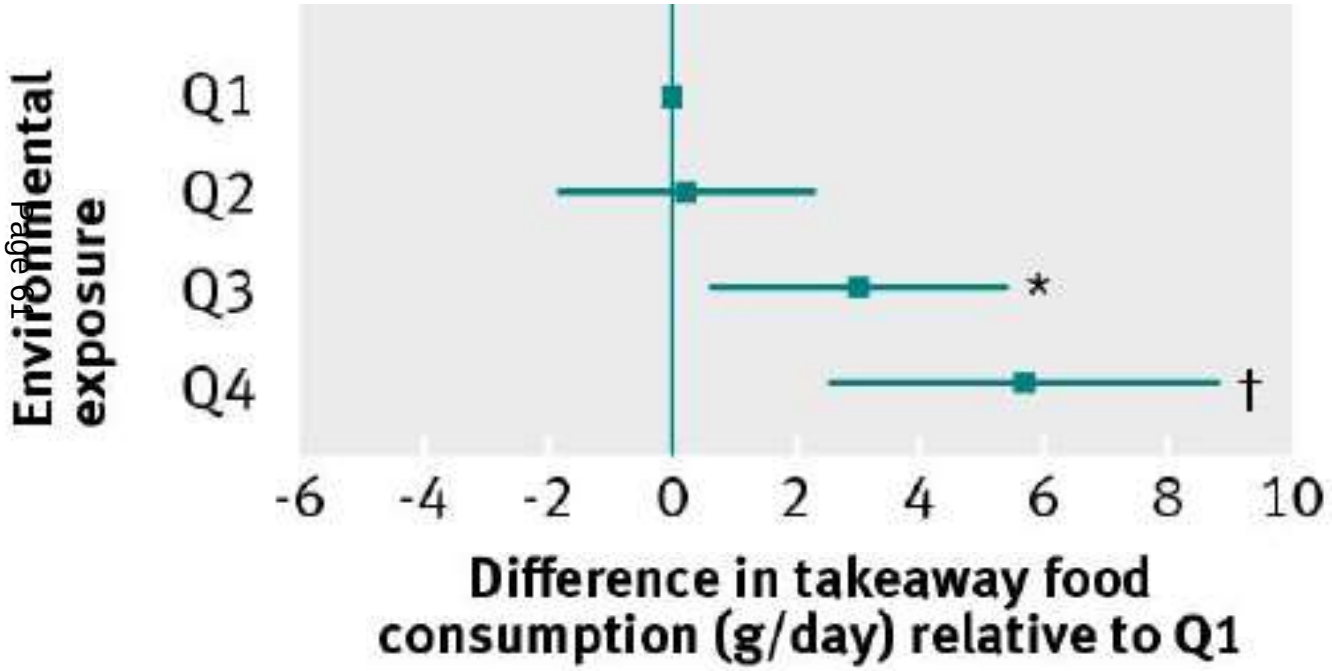
Fenland study participants encountered:

- an average of 32 takeaway outlets
- up to as many as 165 outlets
- majority of outlets away from home

Burgoine & Monsivais (2013) IJBNPA

Takeaway exposure and takeaway consumption

Fenland Study data, n=5,442



+5.7 g/day

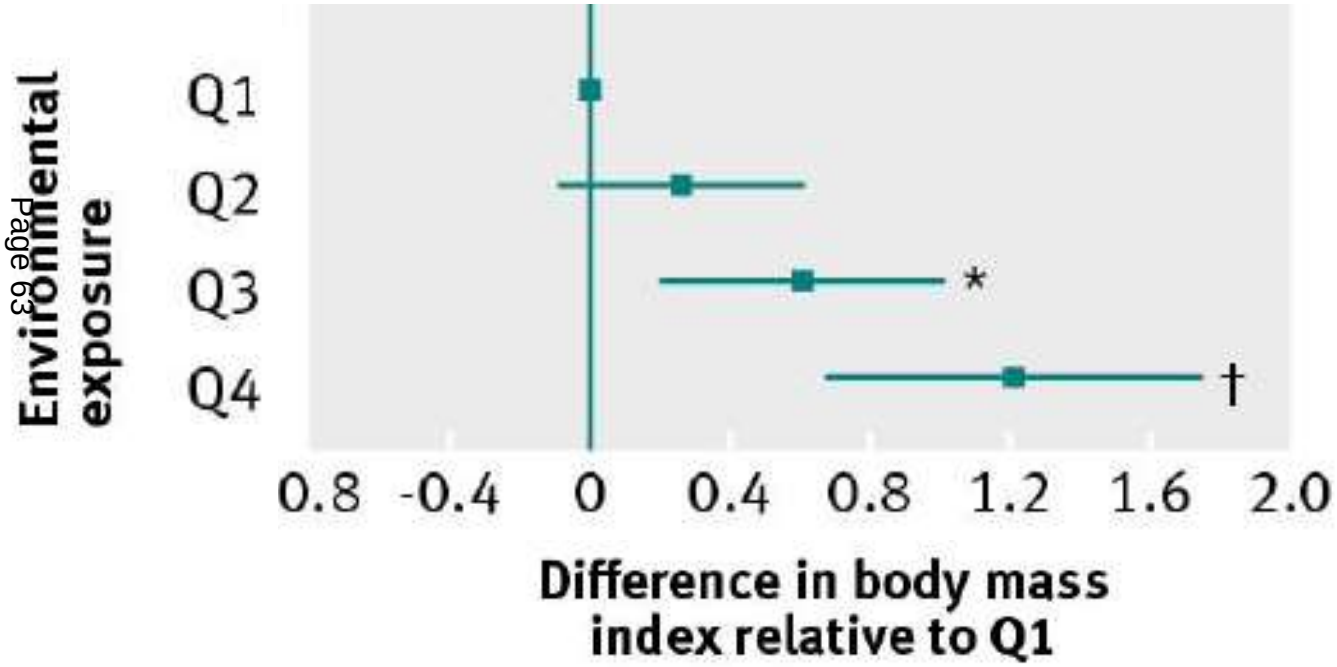
Burgoine et al (2014) BMJ

40g per week

>2kg per year

Takeaway exposure and body weight

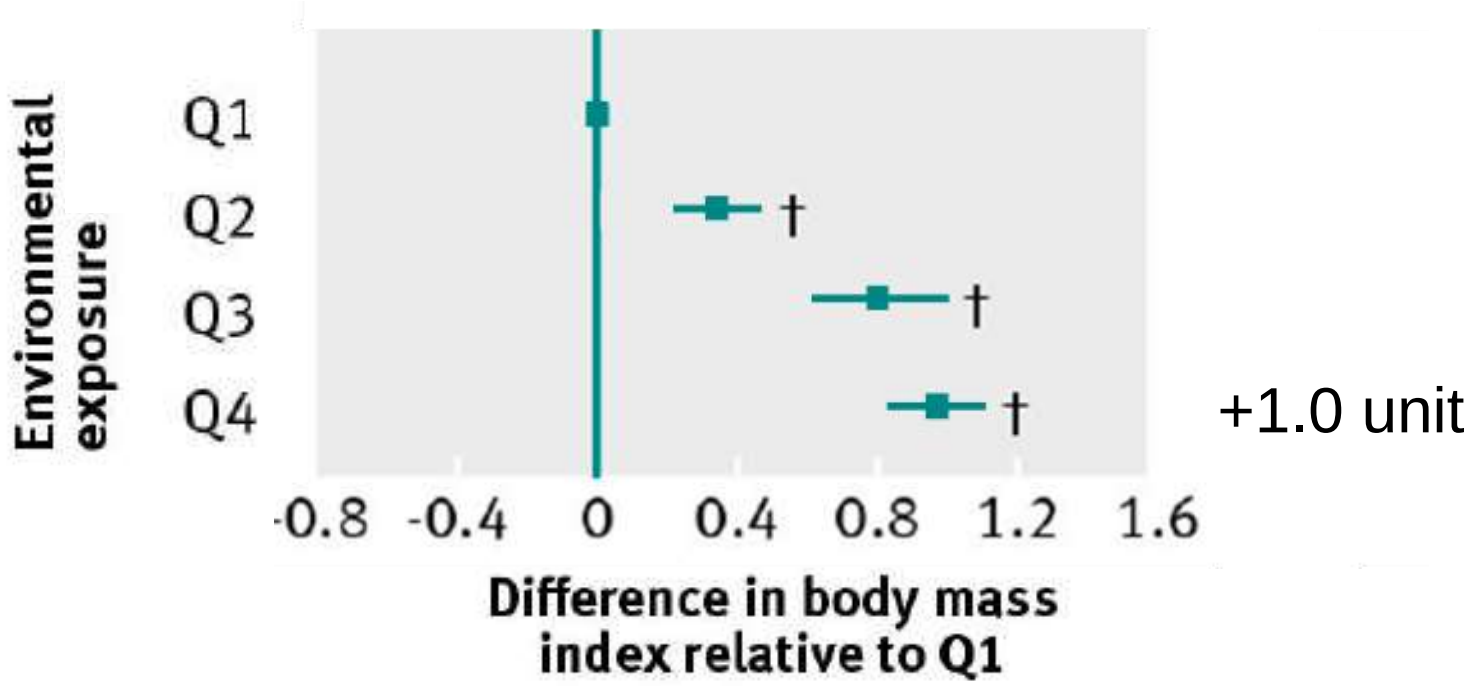
Fenland Study data, n=5,442



+1.2 units

Burgoine et al (2014) BMJ

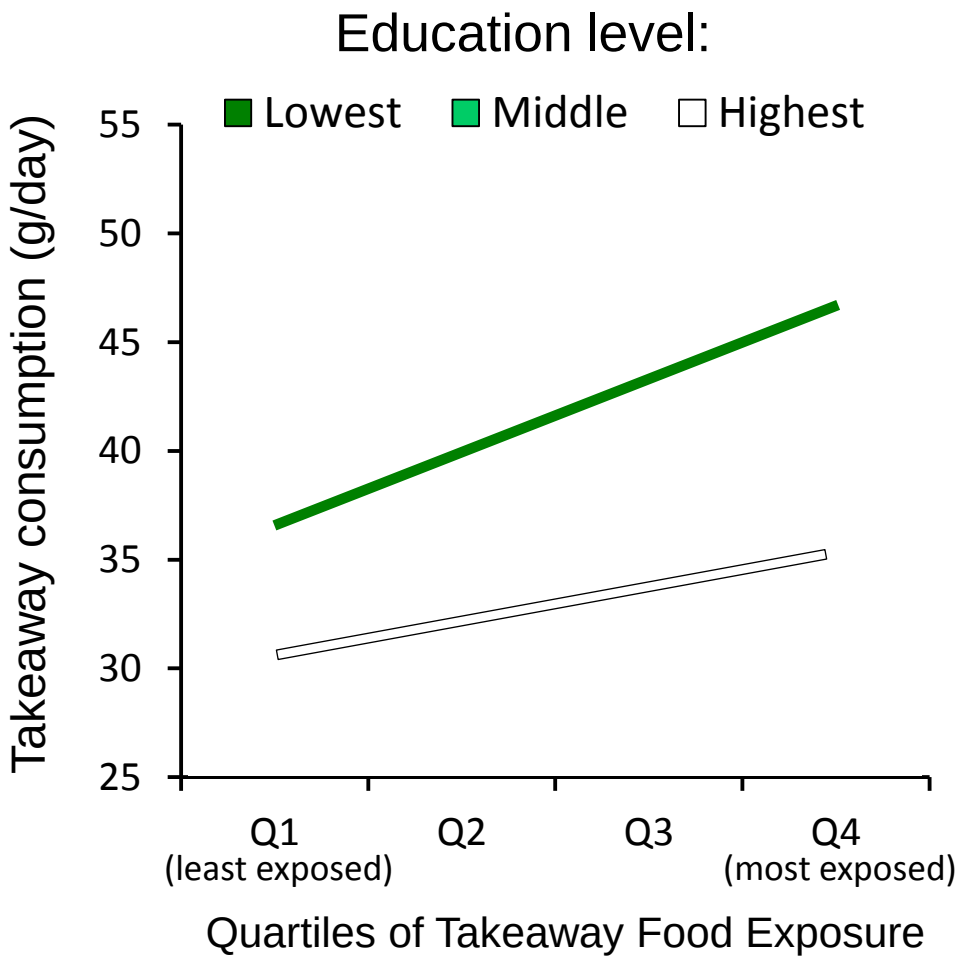
Takeaway exposure and body weight
Greater London UK Biobank data, n=51,361



+1.0 unit

Burgoine et al (2018) IJBNPA

Groups of lower socioeconomic status may be more vulnerable to unhealthy environments



Burgoine et al (2016) AJCN

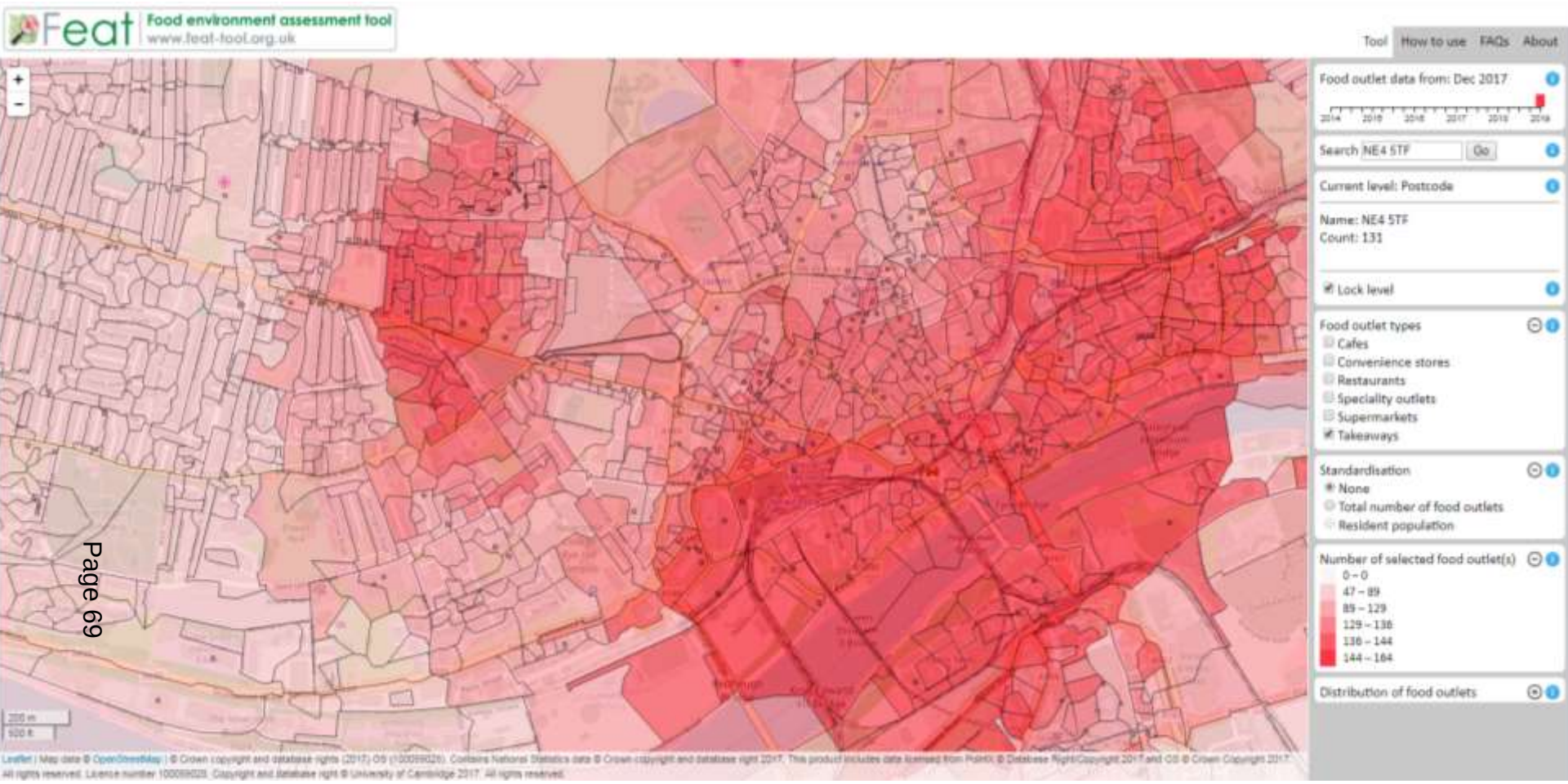
Evidence for effects on children

- Researchers have focussed on schools but this is a challenge
- Objective evidence linking takeaway exposure to diet is lacking
- Nevertheless, children are extremely price sensitive and perceive school meals to be poor value for money and poor quality
- Takeaway foods are cheap and served in large portions
- Takeaway foods are marketed towards and discounted for children e.g. special lunch time deals
- Takeaways are important social spaces; they're also cool
- Takeaways are clustered around schools


SPIRES FOR
OME MADE
READ
AFC

Public Health England

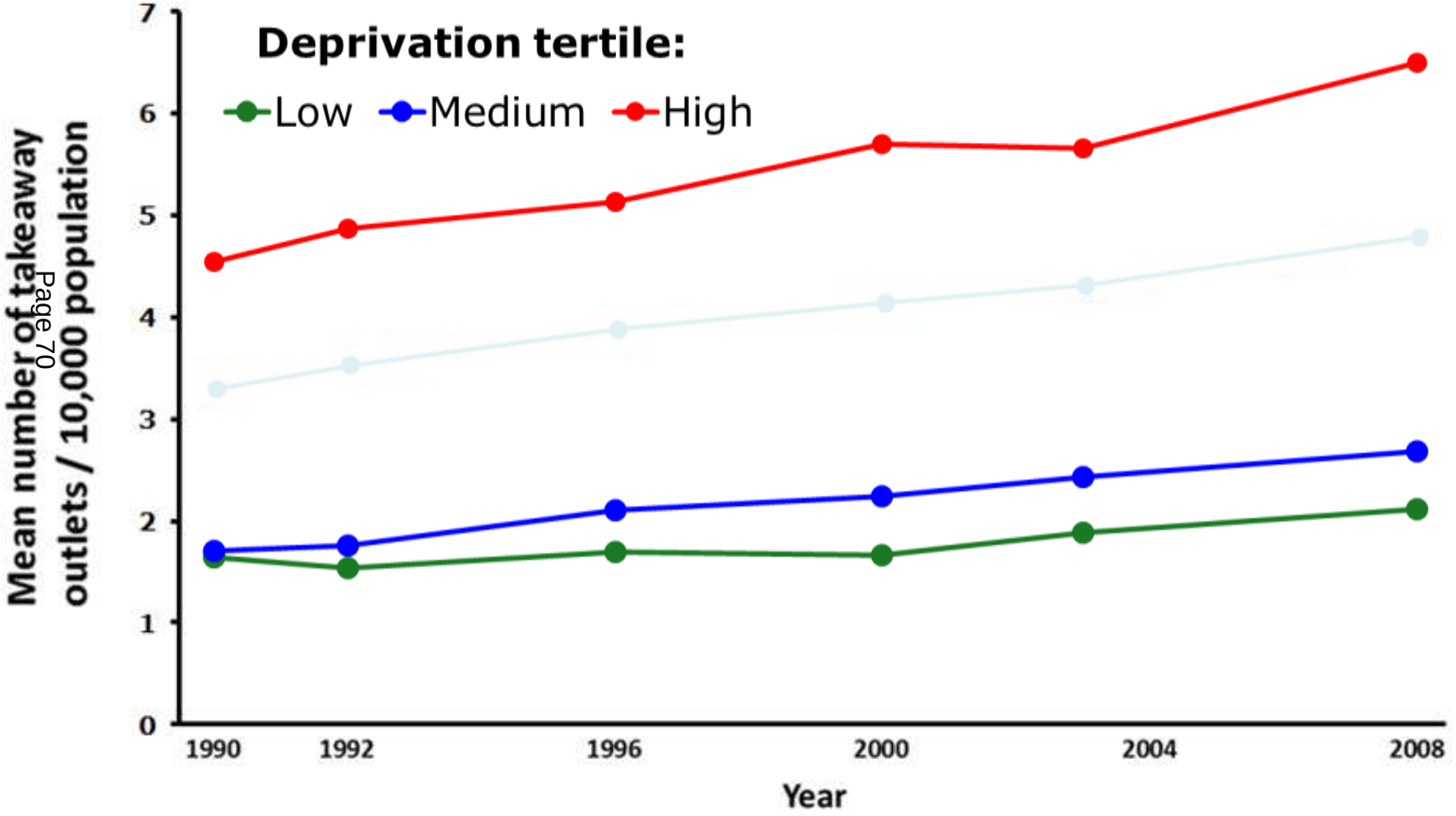
*Anywhere people are served food
– cafes, fast food outlets, restaurants etc.



Food environment assessment tool (www.feat-tool.org.uk)

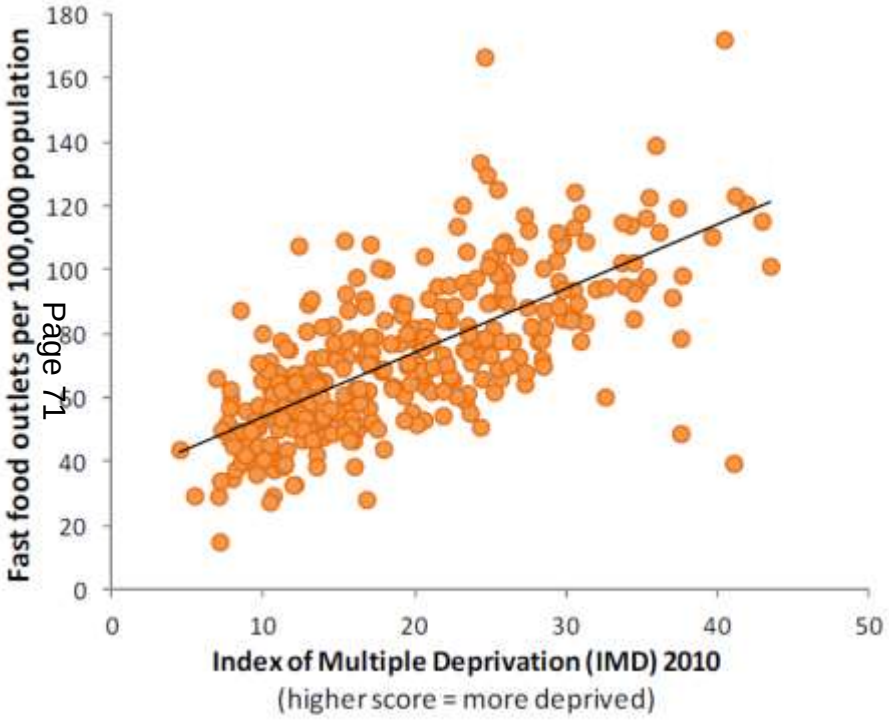
- Across England, 10% increase in takeaways over 5 years (now >59,000)
- 25% increase in some places (14% in Southampton)
- Takeaways are frequently >1/3 of all food retail (often 1/2)

Takeaway proliferation in Norfolk (1990-2008)

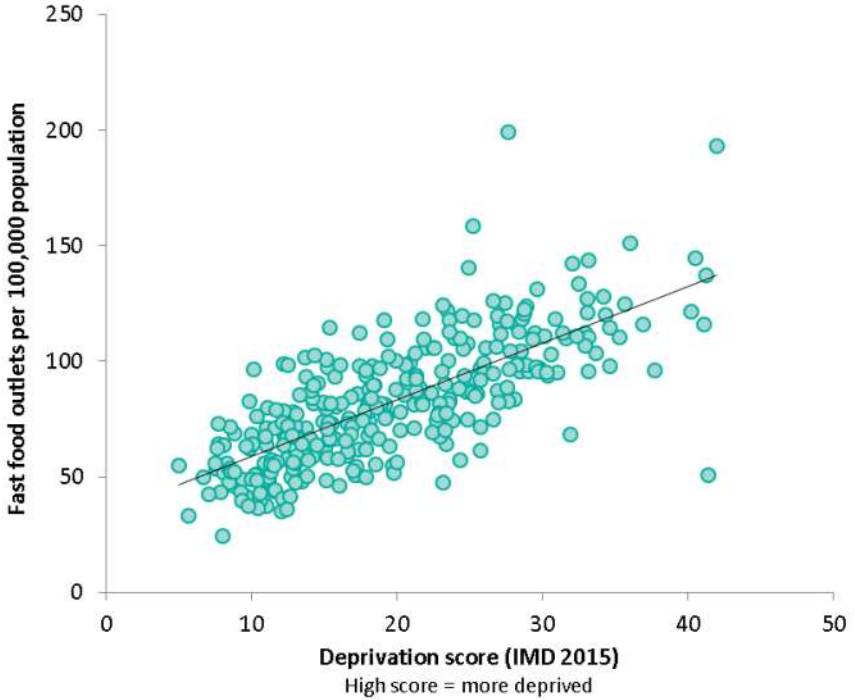


Maguire, Burgoine et al (2015) H&P

Inequalities in takeaway exposure by deprivation



2012

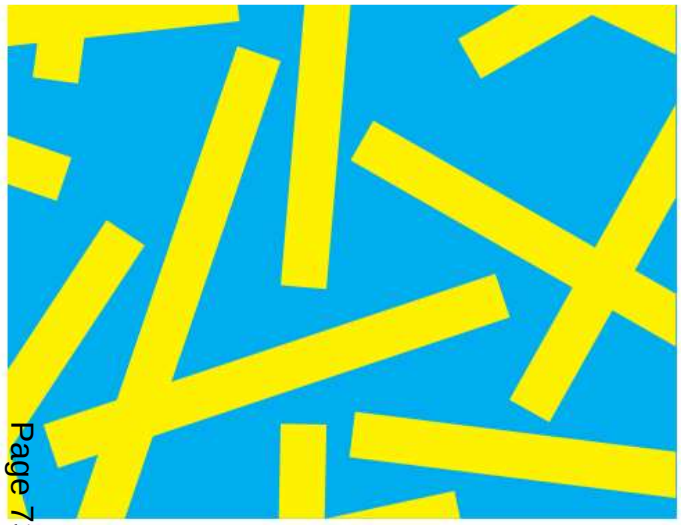


2015

National Obesity Observatory 2012 and 2015

Precedent

Planning as a public health intervention?



Page 73

TAKEAWAYS TOOLKIT

TOOLS, INTERVENTIONS AND CASE S
AUTHORITIES DEVELOP A RESPONSE
OF FAST FOOD TAKEAWAYS

NOVEMBER 2012

House of Commons

Health and Social Care Committee

Childhood obesity: Time for action

Eighth Report of Session 2017–19

Report, together with formal minutes relating to the report

ons

HC 882
Published on 30 May 2018
y authority of the House of Commons

Local Government Association

Tipping the scales

Case studies on the use of planning powers to limit hot food takeaways

Planning guidelines

The NPPF makes it clear that LAs have a responsibility to promote healthy communities:

"Planning decisions should aim to achieve healthy…places which…enable and support healthy lifestyles…for example through the provision of…access to healthier food" (91(c))

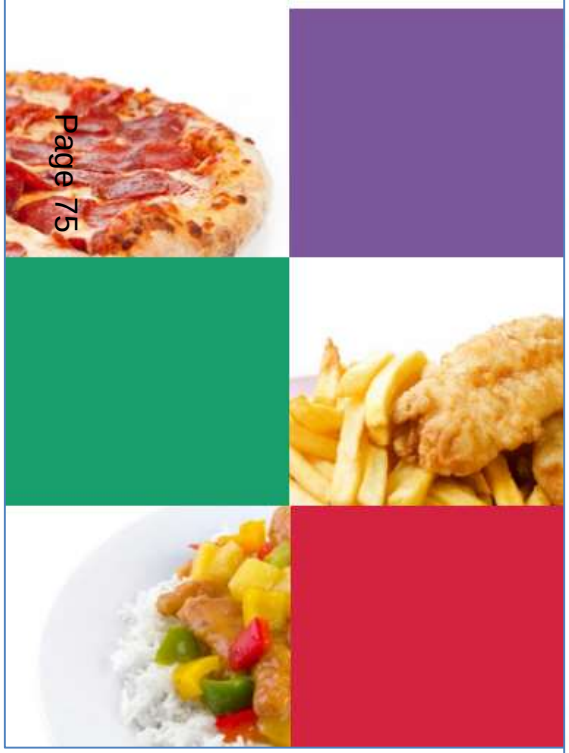
Planning Practice Guidance (PPG) further highlights that use classes (e.g. A5) can be used to manage (target) different types of retail outlets.

LA with policy

Policy considerations

Gateshead Council
Supplementary Planning Document 2015

Hot Food Takeaway Supplementary Planning Document



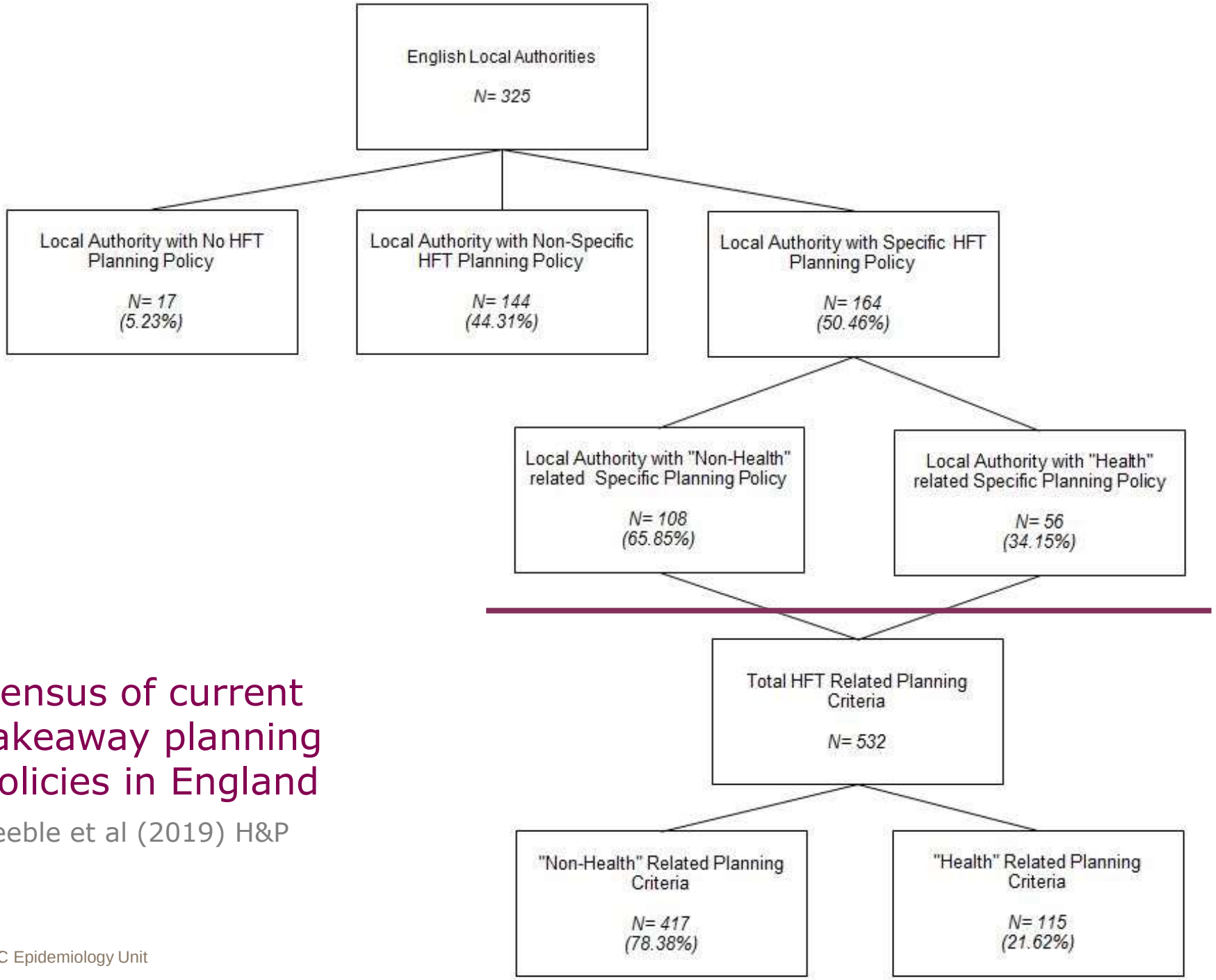
1. Locations where children and young people congregate
Planning permission will not be granted for A5 use within a 400m radius of entry points to secondary schools, youth centres, leisure centres and parks*.

*Parks are categorised as playing areas, Area parks over 5 hectares in size and Neighbourhood Open Spaces over 2 hectares in size.

2. Locations where there are high levels of obesity
Planning permission will not be granted for A5 use in wards where there is more than 10% of the year 6 pupils classified as obese.

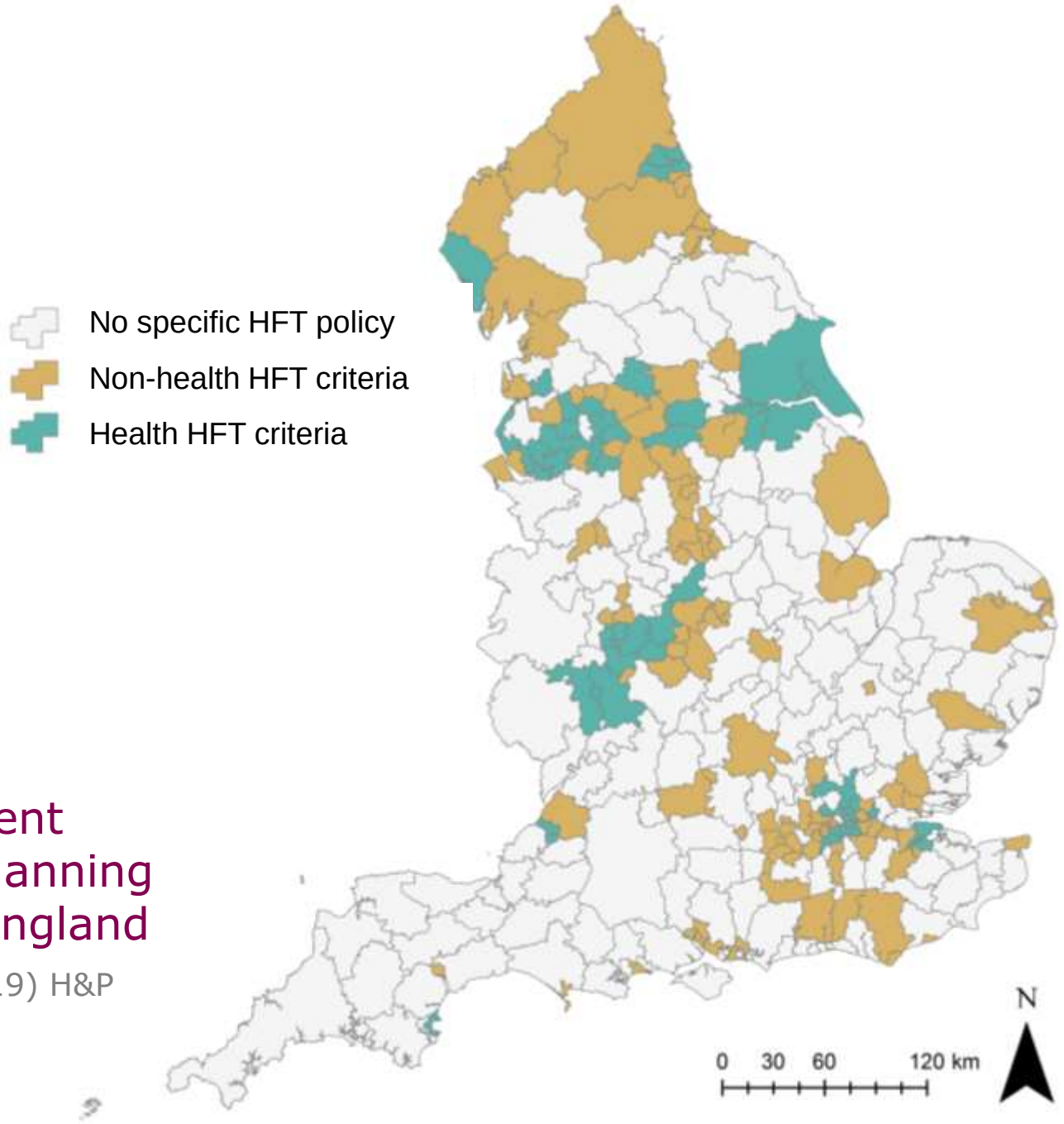
3. Over proliferation
Planning permission will not be granted for A5 use where the number of approved A5 establishments, within the ward, equals or exceeds the UK national average, per 1000 population.

4. Clustering
Planning permission will not be granted for A5 uses where it would result in a clustering of A5 uses to the detriment of the character and function or vitality and viability of a centre or local parade or if it would have an adverse impact on the standard of amenity for existing and future occupants of land and buildings.



Census of current takeaway planning policies in England

Keeble et al (2019) H&P



Map of current takeaway planning policies in England

Keeble et al (2019) H&P

ACTION

PLACE		Health	Non-Health	Health	Non-Health	Health	Non-Health	Health	Non-Health
All Areas Within a Local Authority Boundary	Criteria	3		3	6	13	146	13	33
	Local Authority	3		3	6	11	67	11	25
Immediate Vicinity of Proposed Hot Food Takeaway Site	Criteria					3	11		
	Local Authority					2	7		
Places for Children & Families	Criteria	33	1	1				7	
	Local Authority	33	1	1				7	
Retail Areas	Criteria		11	29	72	9	83		16
	Local Authority		10	18	64	7	65		13
Residential Areas	Criteria		1			1	31		6
	Local Authority		1			1	30		6
		Exclusion Zones		Limit Density		Minimise Impact & Protect Vicinity		Other Strategies	

STRATEGY

ACTION

PLACE		Exclusion Zones: Health	Exclusion Zones: Non-Health	Limit Density: Health	Limit Density: Non-Health	Minimise Impact & Protect Vicinity: Health	Minimise Impact & Protect Vicinity: Non-Health	Other Strategies: Health	Other Strategies: Non-Health
All Areas Within a Local Authority Boundary	Criteria	3		3		13		13	
	Local Authority	3		3		11		11	
Immediate Vicinity of Proposed Hot Food Takeaway Site	Criteria					3			
	Local Authority								
Places for Children & Families	Criteria	33							
	Local Authority	33							
Retail Areas	Criteria								
	Local Authority								
Residential Areas	Criteria					1			
	Local Authority					1			

Distance or walking time based; *no new HFT within between 200-800m or 5-10 min of target place*

Target places include; nurseries, primary & secondary schools, colleges, madrassa's, advanced learning & further education centres, parks, leisure centres, youth centres & playing fields

Exclusion Zones may not apply within Retail Centre

STRATEGY

Key results

- Over half of local authorities have a takeaway planning policy
- In particular, takeaway planning regulations with a **health** focus are more common than we previously thought
- SPDs are just one option to influence health through the planning system (but they are most easily adopted and most used)
- The most common health based approach focuses on environments for children and families
- Tied to the perception of children as vulnerable

Precedent from the planning inspectorate at appeal

APP/C5690/A/14/2228987 Lewisham Way, London, SE4 1UY

An application was refused for a change of use from retail to a hot food takeaway within 400m of 4 primary schools. The decision went to appeal and was dismissed. The Inspector appreciated that, although the local policy did not prove a direct link between the proliferation of hot food takeaways and the causes of obesity it sought to manage the proliferation of hot food takeaways as a method of combating their impact on the health and wellbeing of the community, in particular children. Having regard to Lewisham Council's planning policy relating to the location of hot food takeaways, which seeks to limit access to unhealthy foods…the Inspector concluded that the hot food takeaway being proposed would materially harm the health and wellbeing of local residents.

Precedent from the planning inspectorate at adoption

The Planning Inspectorate *Report to the Mayor of London* Hot food takeaways (400-411)

"The causes of obesity and poor health are multi-faceted and complex, meaning that establishing a clear causal link to one particular factor is difficult if not impossible. However, national guidance is clear that planning policies can limit the proliferation of certain use classes in certain areas, and that regard should be had to locations where children and young people congregate including schools. There is clear evidence about relatively poor health amongst young people in London and high numbers of hot food takeaways. Thus, despite the difficulty there is in demonstrating a direct link between the proximity of A5 uses to schools and the consumption of unhealthy food, national guidance and common sense would suggest that, in principle, the approach set out in the Plan is justified".

https://www.london.gov.uk/sites/default/files/london_plan_report_2019_final.pdf

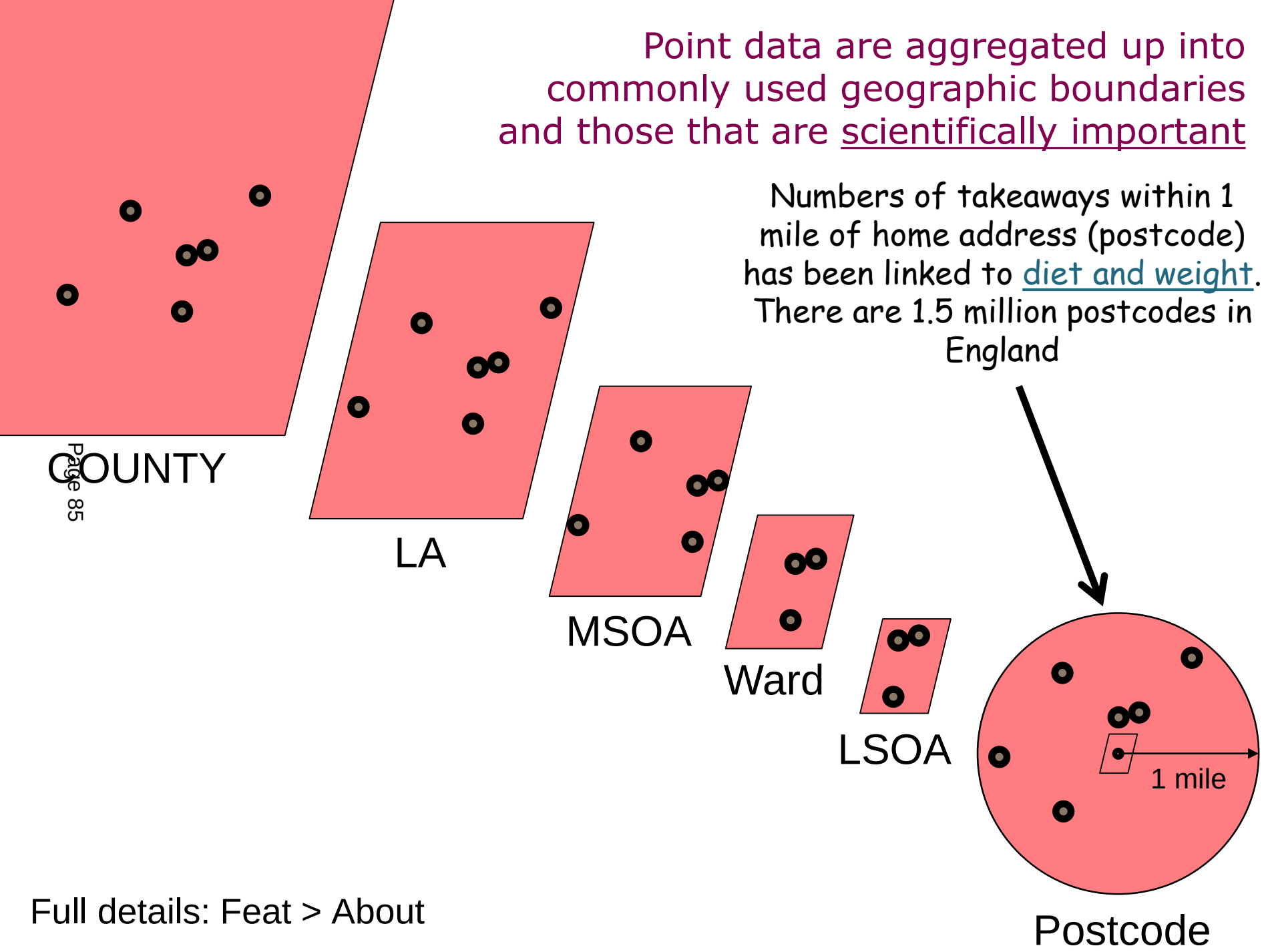
Local Data

Feat | Food environment assessment tool
www.feat-tool.org.uk

- Underpinned by CEDAR's scientific research
- A unique, interactive, web-based food access mapping tool
- Allows mapping, measuring and monitoring, including over time, of regional and neighbourhood food access
- Addresses identified need from a range of audiences for easy, accurate, up-to-date, food environment data
- Framed primarily around the needs of planners and public health in local authorities

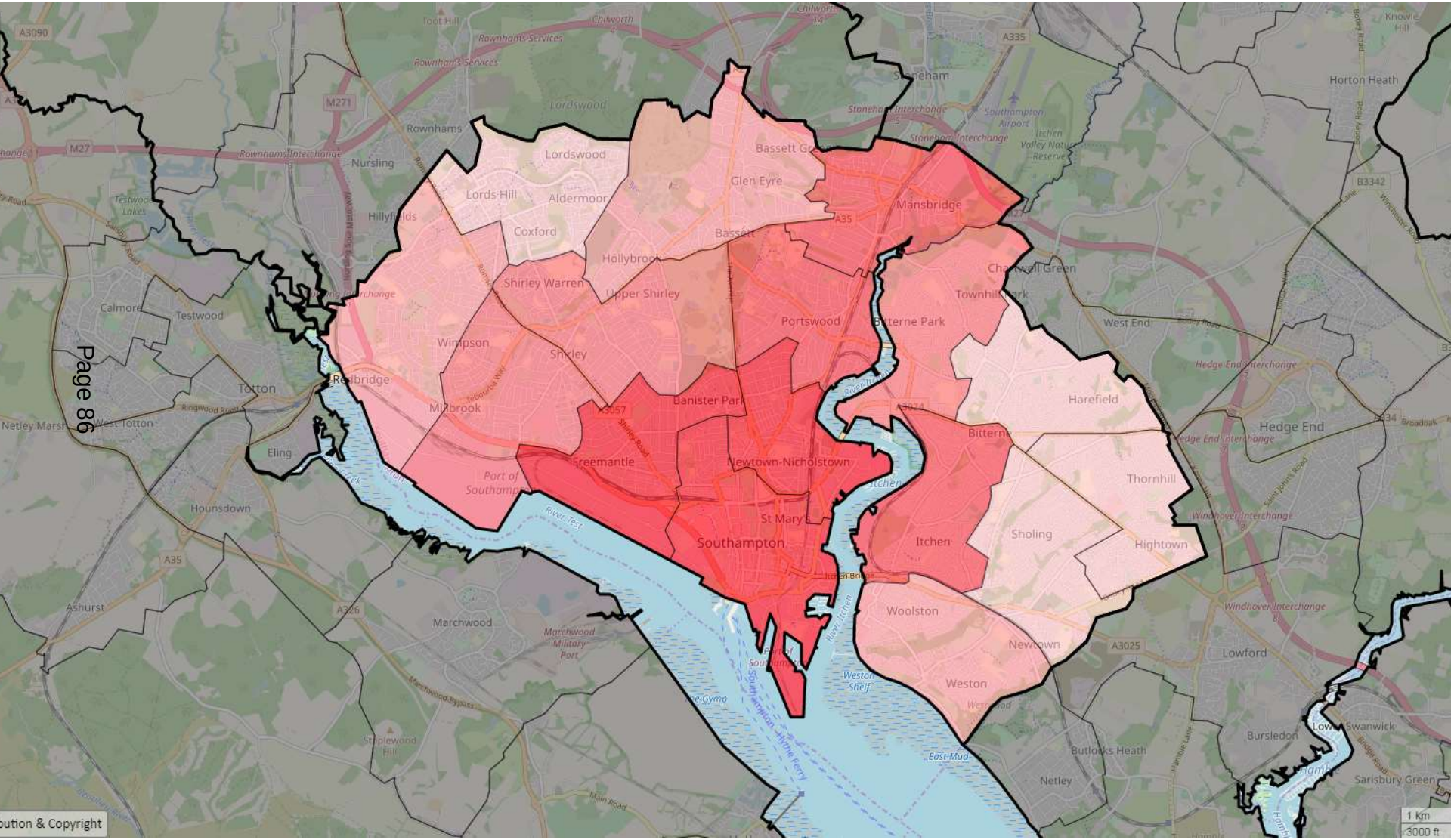
Point data are aggregated up into commonly used geographic boundaries and those that are scientifically important

Numbers of takeaways within 1 mile of home address (postcode) has been linked to diet and weight. There are 1.5 million postcodes in England



Full details: Feat > About

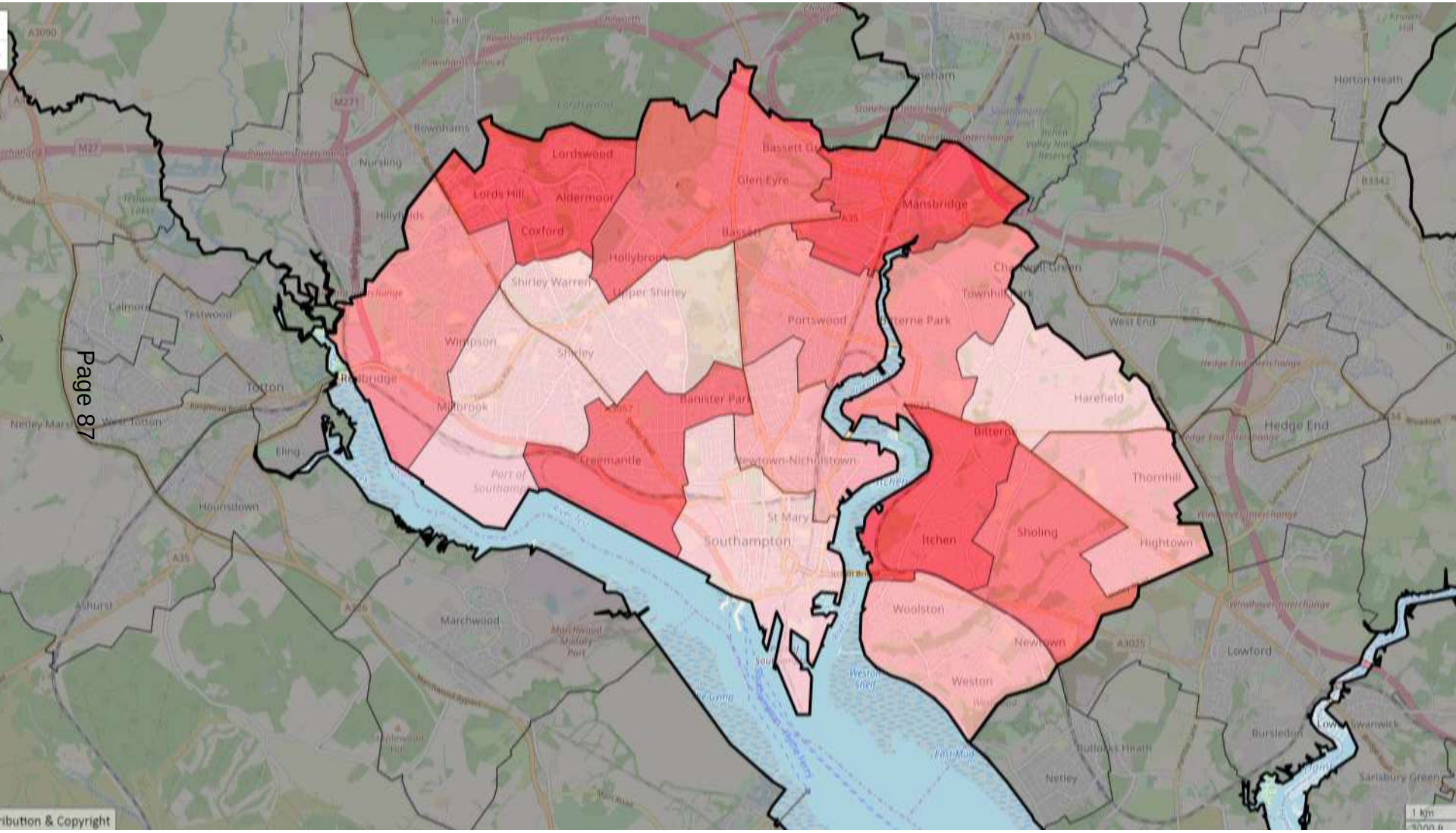
Feat | Food environment assessment tool
www.feat-tool.org.uk



MRC Epidemiology Unit

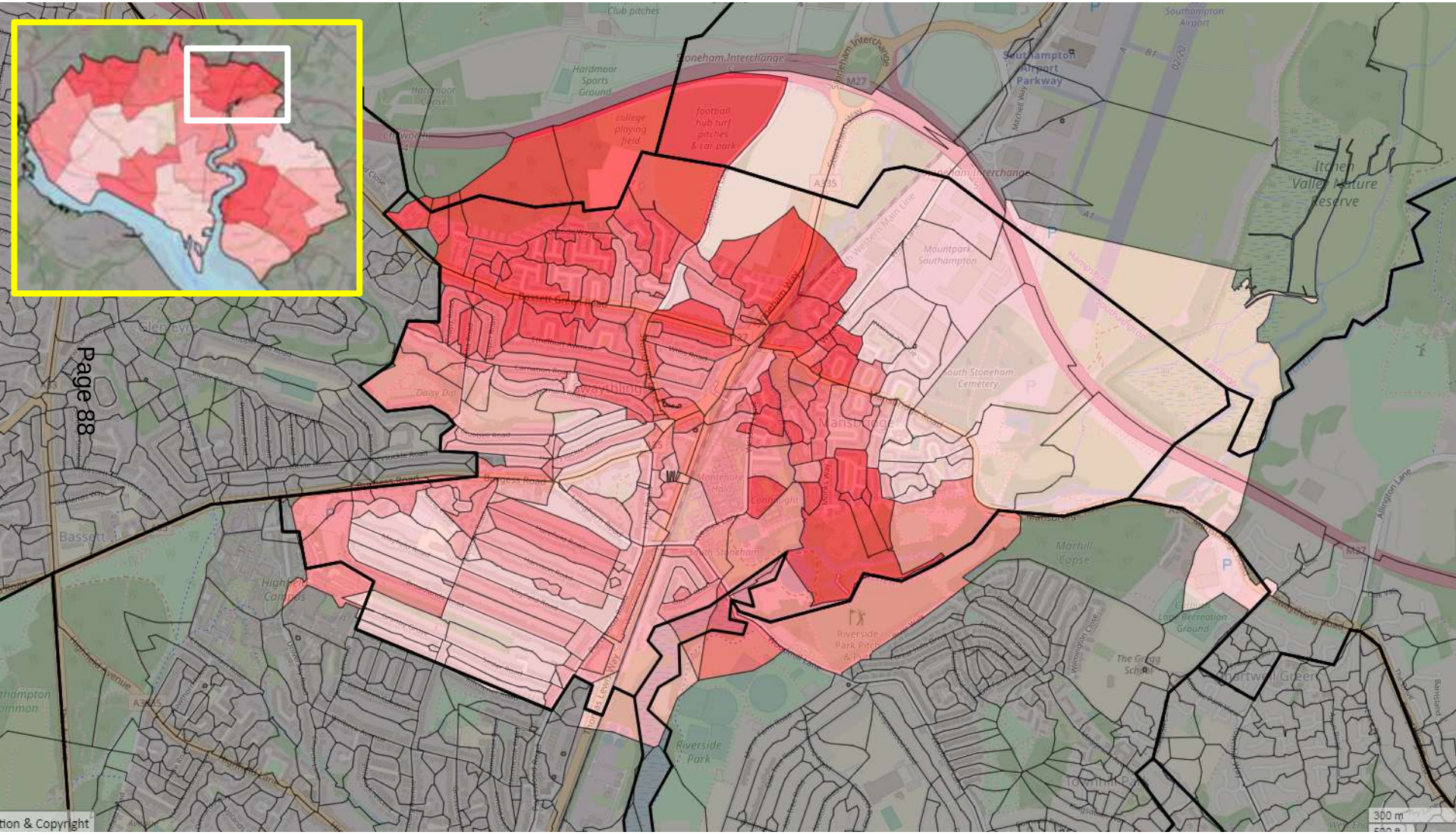
Number of takeaways (2018), wards in Southampton

Feat | Food environment assessment tool
www.feat-tool.org.uk



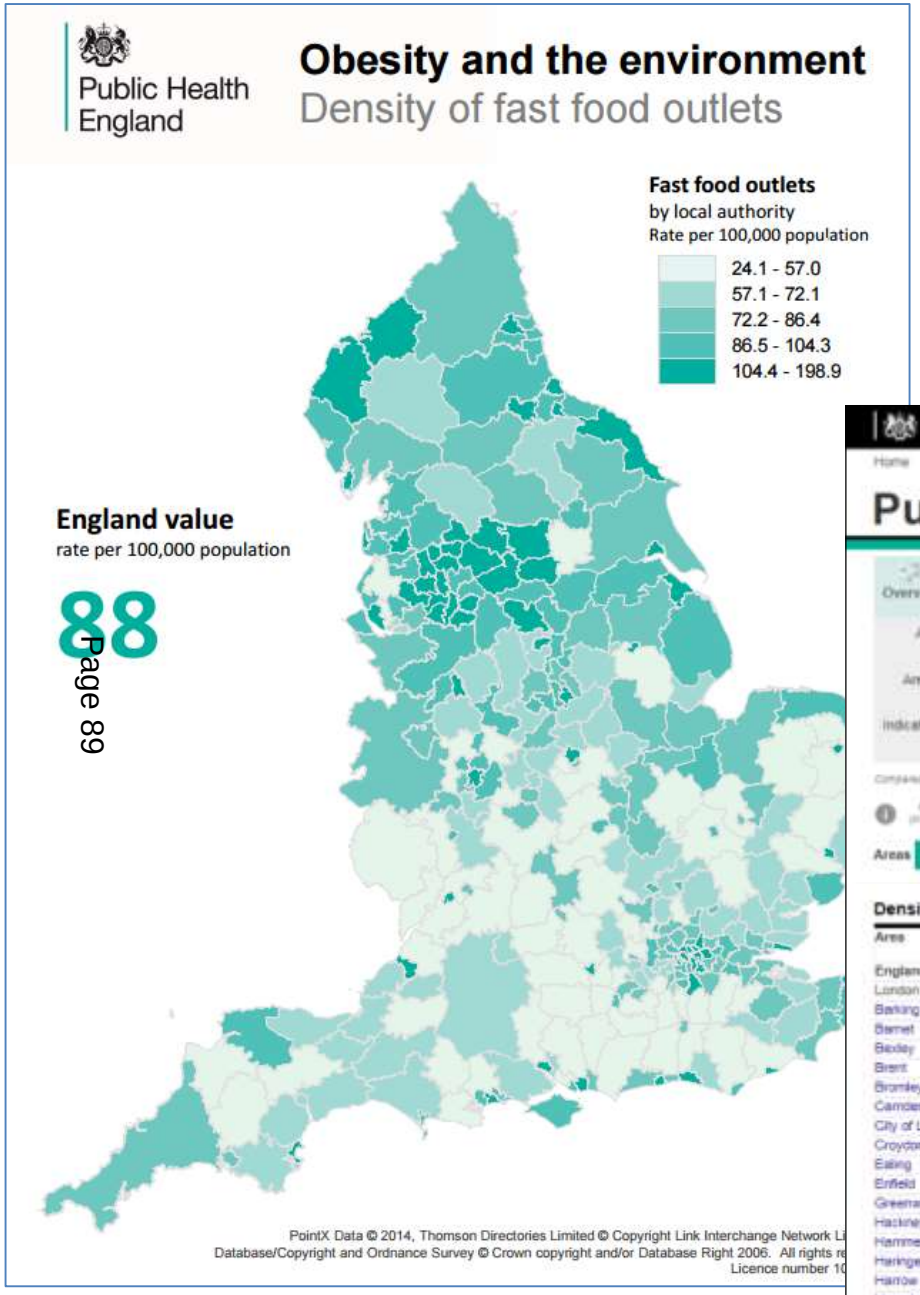
% takeaways (2018), wards in Southampton

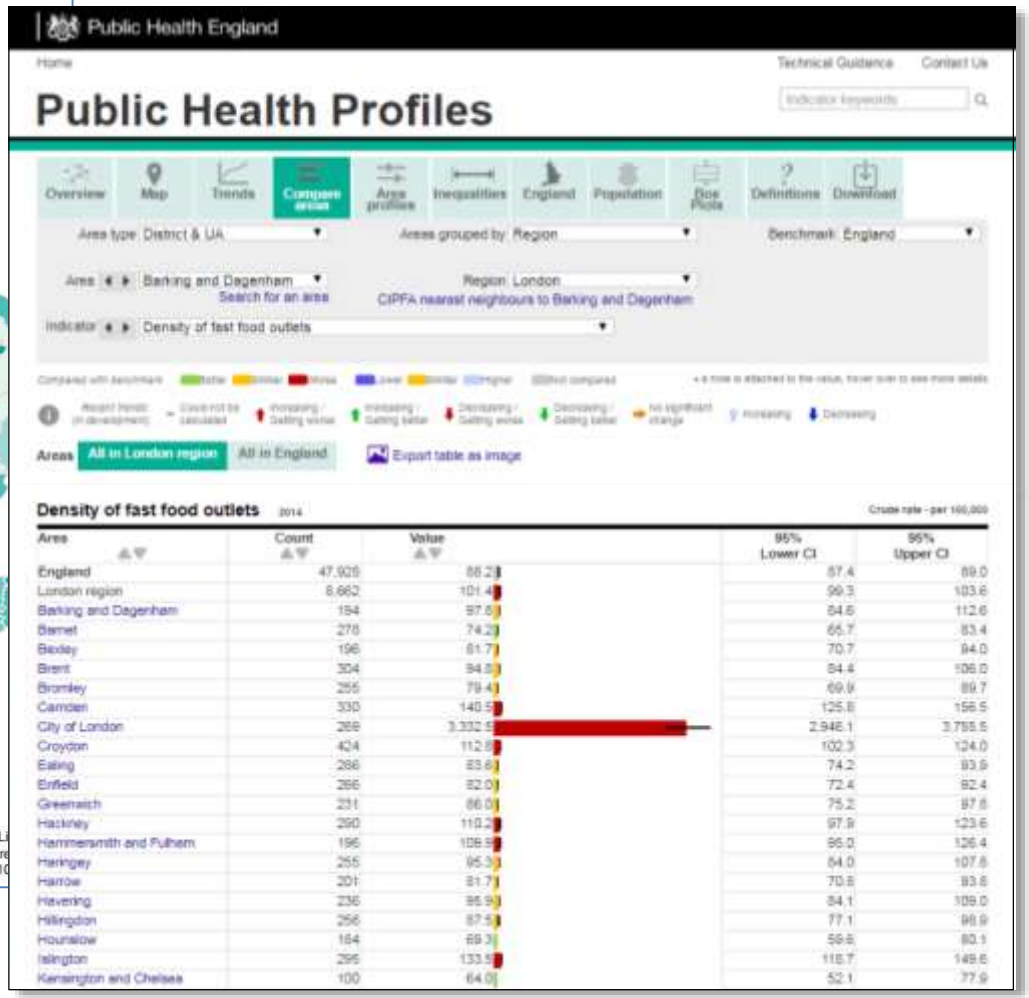
Feat | Food environment assessment tool
www.feat-tool.org.uk



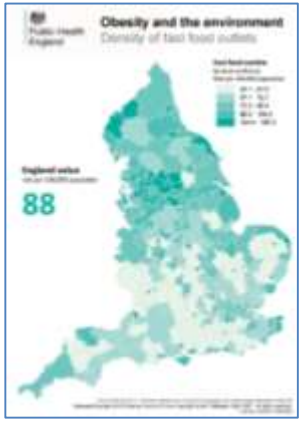
% takeaways (2018), postcodes in Swaythling

PHE fast food tool

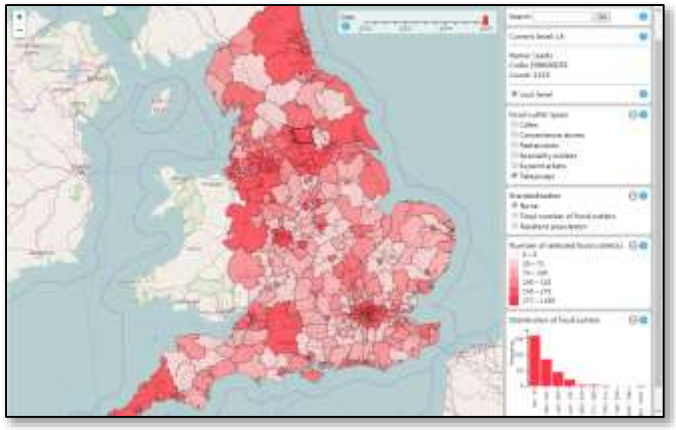




Data comparison

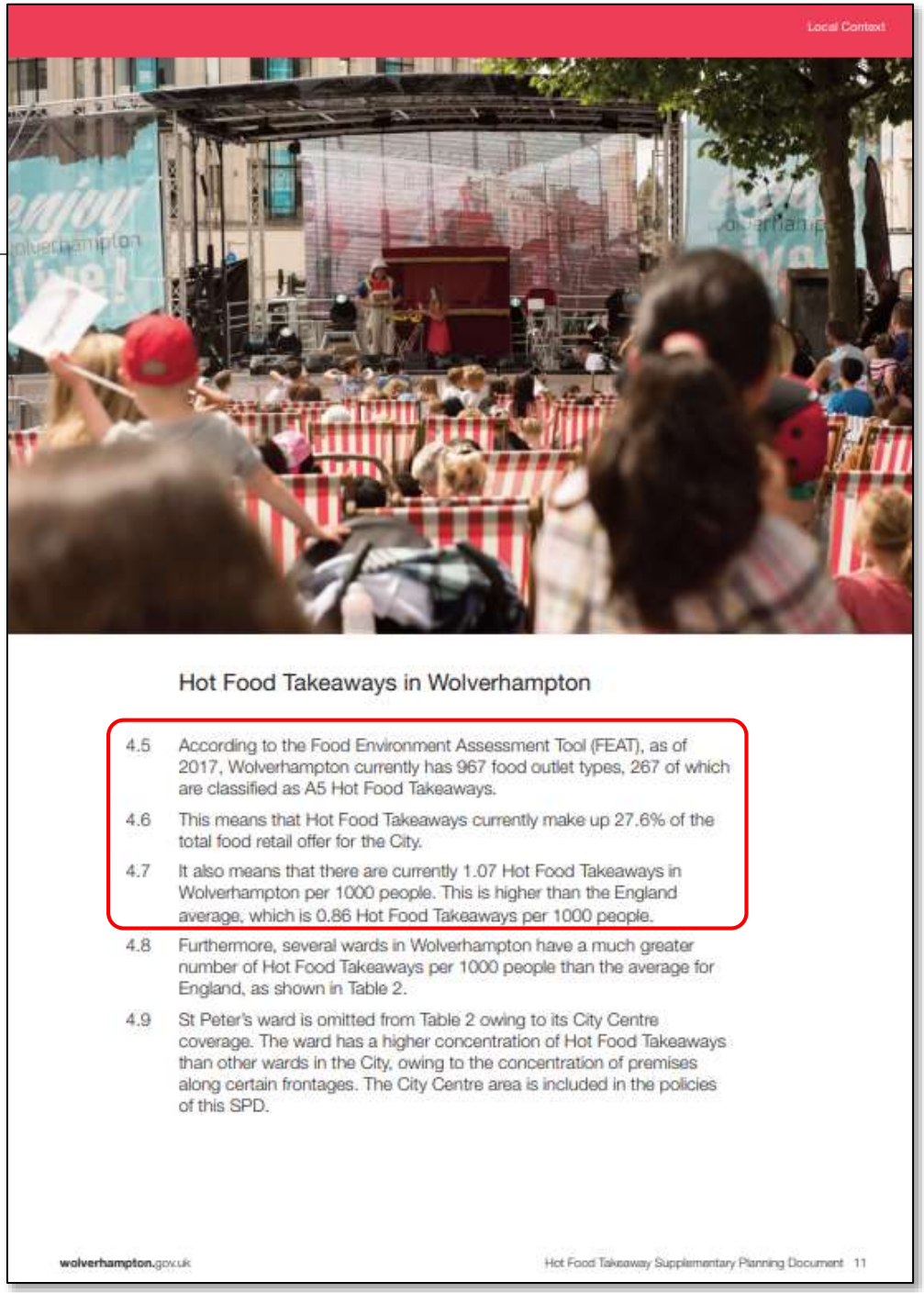


VS



PHE fast food tool
National coverage
Annual updates
Counts, per head
Static (map)
Table view
Fast food
LA

Feat
National coverage
Quarterly updates
+ Proportion
Interactive
Map view
Six outlet types
County, LA, MSOA, LSOA, Ward, Postcode



Example of use from Wolverhampton's SPD

Conclusions

- Neighbourhoods have the potential to shape diet and body weight, and evidence increasingly suggests they do
- Neighbourhood effects play into social inequalities, for example through inequitable access to takeaways
- The planning system is being used as a form of public health intervention, more commonly than expected
- Interventions mostly focus on schools
- Local data (with scientific evidence and support) are important to make the case for, to target and evaluate, action

School for Public Health Research

NHS National Institute for Health Research

Get in touch: tb464@medschl.cam.ac.uk or feat-tool@mrc-epid.cam.ac.uk

ACKNOWLEDGEMENT

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UNIVERSITY OF CAMBRIDGE

Durham University

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

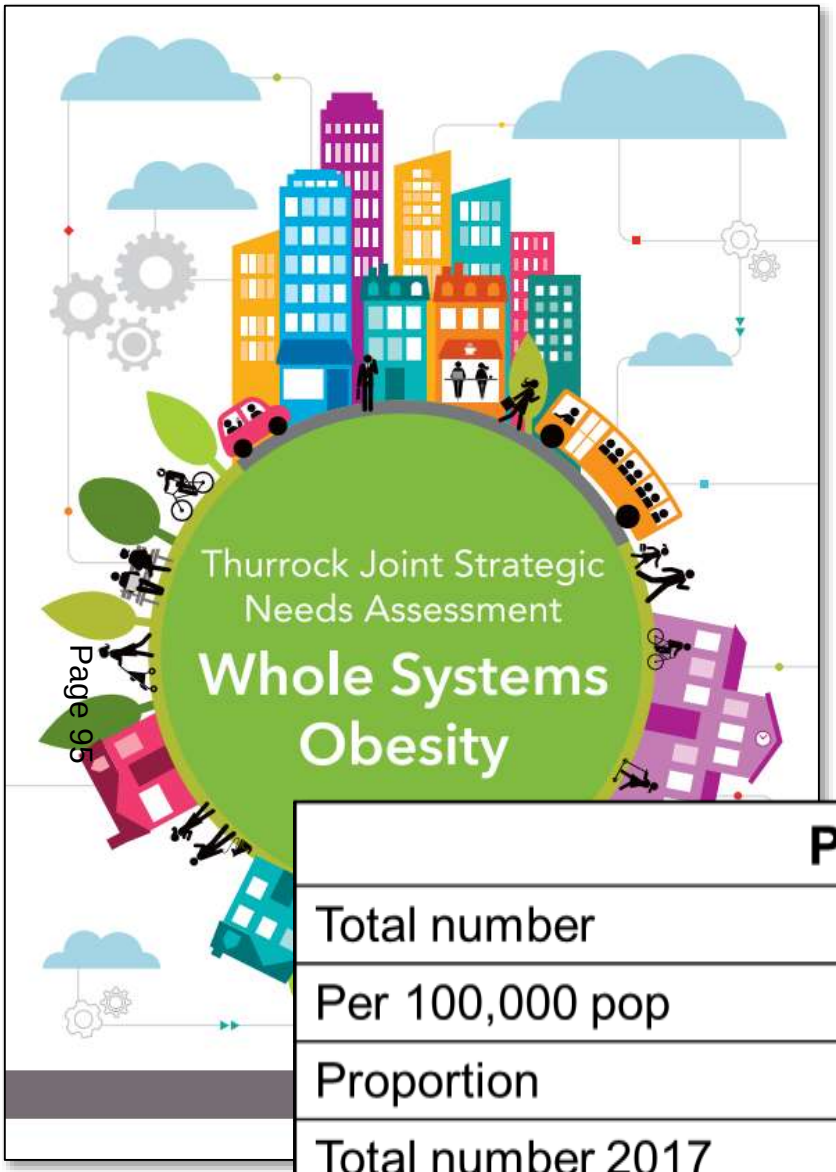
Data

Food outlets (OS POI)
Boundaries (various)
Population data (2011 census)

Expertise

Epidemiology
GIS (i.e. mapping)
Data science
Web development

Data comparison: in practice



Thurrock LA used data from the PHE tool in their JSNA. Feat would have provided more up to date data, plus other salient takeaway metrics

	PHE fast food tool	Feat
Total number	138	148
Per 100,000 pop	85	94
Proportion	-	32%
Total number 2017	-	156
Change 2014-2017	-	5%

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