

Barnet Hot Food Takeaways Review

2018

Contents

Key Messages	1
1 Introduction.....	2
2 Relevant Planning Guidance on A5 Units (Hot Food Takeaways)	3
2.1 National Planning Policy Framework (NPPF) (2018).....	3
2.2 The London Plan (2016)	3
2.3 The London Plan Draft (2017).....	4
3 Other Relevant Regional Strategic Work	6
3.1 Mayor of London’s Health Inequalities Strategy (2018).....	6
3.2 Mayor of London’s Food Strategy Draft (2018)	6
4 Barnet Council’s Policy Approach.....	7
4.1 Planning.....	7
4.2 Adults, Communities and Health.....	7
5 National Health Context.....	9
6 Local Health Context	12
6.2 Barnet’s A5 Units (Hot Food Takeaways)	16
6.3 Year 7.....	16
6.4 Year 10.....	17
7 Hot Food Takeaway Policy	19
8 Conclusion.....	26
9 Links to Further Reading	27

Key Messages

- National planning guidance documents outline measures to address population health issues such as unhealthy weight. London mayoral strategies highlight the importance of good health throughout life, as the accumulation of children's experiences shapes the outcomes and choices they will make when they become adults. As a result of health inequalities, population health is worse in some areas, with a geographically-variable prevalence of childhood obesity. As part of a whole system approach to improving population health, these mayoral strategies explicitly state how the planning system can contribute. Local Barnet planning and health strategic documents have also affirmed their commitment to addressing these public health issues.
- Being overweight and/or obese can lead to and increase the risk of developing other health problems such as cardiovascular disease and diabetes. Results from the National Child Measurement Programme (NCMP) link deprivation with childhood obesity. Moreover, public health studies have also found a significant association between increasing area level deprivation and the availability of fast food outlets. In Barnet, hot food takeaways tend to be located in more deprived areas, and, for excess weight¹ in year 6 students, the prevalence of excess weight is higher in the west of the Borough in places in Colindale, Burnt Oak, West Hendon, Hale, Golders Green and Childs Hill. Prevalence rates exceed the Barnet rate (32.2%), the national rate (34.2%) and the regional rate (38.5%).²
- Hot food takeaways have been found to sell foods that are high in fat, saturated fat and salt and low in fibre, fruit and vegetables. Increasing consumption of takeaway food increases daily energy, fat, saturated fatty acid and salt intake. Overconsumption of salt, saturated fat and obesity increases the risk of developing conditions such as heart disease, heart attacks, strokes, and obesity. If hot food takeaways are more likely to be located in deprived areas, health inequalities could be exacerbated through the greater availability of unhealthy food.
- Out of nearly 1,000 Year 10 (aged 15 to 16) students surveyed in Barnet, 55% purchase food at least once from a hot food takeaway during the week, with over one-fifth (23%) reportedly doing so twice. The survey found that 3 out of every 4 students who buy food from hot food takeaways do so after school.
- Barnet Public Health recommends imposing planning restrictions on the opening of hot food takeaways (Planning Use Class A5) in the borough to reduce the exposure of people to unhealthy food.

¹ Excess weight includes the categories of overweight and obese.

² Public Health Outcomes Framework (2018) Child excess weight in 4-5 and 10-11 year olds – 10-11 year olds. [Online]. Available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

1 Introduction

- 1.1.1 Nearly a third of children aged 2 to 15 are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer.³ Obese children are more likely to experience ill health, school absenteeism because of illness and have greater healthcare needs than normal weight children do.⁴ Child obesity is also associated with poor self-esteem and emotional health, poor sleep and weight-related bullying.⁵ Further, adult eating patterns are often established in adolescence, so unhealthy food that is easily accessible to and commonly consumed by children and young people is concerning.^{6 7}
- 1.1.2 This evidence review paper presents national, regional and local data to contextualise people being overweight or obese in Barnet, and it proposes how the planning system can regulate negative health impacts of A5 units (hot food takeaways) that open in the borough in the future.
- 1.1.3 Public Health has examined the evidence concerning diet, fast food consumption, the geography of hot food takeaway outlets and the ensuing relationship to population health and wellbeing. The reasoning behind this is the concern over the nutritional quality of food purchased at hot food takeaways, people's exposure to unhealthy food, and the associated negative impacts on health. It also comprises part of the Council's Healthy Weight Strategy, which seek to address the direct and indirect influences of healthy weight in the Borough, one of which is the built environment.
- 1.1.4 This review examines the population health issues of excess weight and proposes planning approaches that can manage the negative health impacts of hot food takeaways.

3 Public Health England (2017) Health matters: obesity and the food environment. [Online]. Available from: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment—2> [accessed 30 July 2018].

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

5 Public Health England (2015) Childhood obesity: applying All Our Health. [Online]. Available from: <https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health> [accessed 30 July 2018].

6 Tyrell R, Greenhalgh F, Hodgson S *et al.* Food environments of young people: Linking individual behaviour to environmental context. *J Public Health* 2016; 38: doi.org/10.1093/pubmed/fdw019

7 Jennings A, Welch A, Jones A *et al.* Local food outlets, weight status and dietary intake: Associations in children aged 9-10 years. *Am J Preventive Med* 2011; 40: 405-10.

2 Relevant Planning Guidance on A5 Units (Hot Food Takeaways)

2.1 National Planning Policy Framework (NPPF) (2018)⁸

2.1.1 Although there is no specific reference to hot food takeaways in the NPPF paragraph 91 is of some relevance.

2.1.2 Paragraph **91** states: “Policies and decisions should aim to achieve healthy, inclusive and safe places which:

- a) Promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for multiple connections within and between neighbourhoods, and active street frontages;
- b) Are safe and accessible, so that crime and disorder and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high quality public space, which encourage the active and continual use of public areas; and
- c) Enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food allotments and layouts that encourage walking and cycling.”

2.2 The London Plan (2016)⁹

2.2.1 The London Plan is the overall strategic plan for London and its constituent local authorities. The London Plan is legally part of each London Local Planning Authorities’ Development Plan and must be taken into account when planning decisions are taken in any part of London. Of note are policies:

2.2.2 **Policy 3.2 Improving Health and Addressing Health Inequalities** states at 3.2D: “New developments should be designed, constructed and managed in ways that improve health and promote healthy lifestyles to help to reduce health inequalities.”

2.2.3 Further at 3.2E it states that in preparing Local Plan’s

- “Boroughs should integrate planning, transport, housing, environmental and health policies to promote the health and wellbeing of communities.”
- “Boroughs should ensure that the health inequalities impact of development is taken into account in light of the Mayor’s Best Practice Guidance on Health Issues in Planning.”

⁸ Ministry of Housing, Communities and Local Government (2018) National Planning Policy Framework. [Online]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728643/Revised_NPPF_2018.pdf.

⁹ Greater London Authority (2016) The London Plan. [Online]. Available from: https://www.london.gov.uk/sites/default/files/the_london_plan_2016_jan_2017_fix.pdf

2.3 The London Plan Draft (2017)¹⁰

2.3.1 The Draft London Plan represents a full review of the 2016 version. It has introduced:

2.3.2 **Policy GG3 – Creating a healthy city-** “To improve Londoners’ health and reduce health inequalities, those involved in planning and development must:

- a) Ensure that the wider determinants of health are addressed in an integrated and co-ordinated way, taking a systematic approach to improving the mental and physical health of all Londoners and reducing health inequalities.
- b) Promote more active and healthy lifestyles for all Londoners and enable them to make healthy choices.
- c) Use the Healthy Streets Approach to prioritise health in all planning decisions.
- d) Assess the potential impacts of development proposals on the health and wellbeing of communities, in order to mitigate any potential negative impacts and help reduce health inequalities, for example through the use of Health Impact Assessments.
- e) Plan for improved access to green spaces and the provision of new green infrastructure.
- f) Ensure that new buildings are well-insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold.
- g) Seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options.”

2.3.3 Policy E9 Retail, markets and hot food takeaways highlights that in Development Plans, boroughs should:

- manage clusters of retail and associated uses having regard to their positive and negative impacts on the objectives, policies and priorities of the London Plan, including:
 - a) Town centre vitality, viability and diversity
 - b) Sustainability and accessibility
 - c) Place-making or local identity
 - d) Community safety or security
 - e) Mental and physical health and wellbeing.”

2.3.4 **Policy E9C states that** “Development proposals containing A5 hot food takeaway uses should not be permitted where they are within 400 metres walking distance of an existing or proposed primary or secondary school. Boroughs that wish to set a locally-determined boundary from schools must ensure this is sufficiently justified. Boroughs should also consider whether it is appropriate to manage an over-concentration of A5 hot food takeaway uses within Local, District and other town centres through the use of locally-defined thresholds in Development Plans.”

¹⁰ Greater London Authority (2017) The London Plan. [Online]. Available from: https://www.london.gov.uk/sites/default/files/new_london_plan_december_2017.pdf

- 2.3.5 **Policy E9D** states that “where development proposals involving A5 hot food takeaway uses are permitted, these should be conditioned to require the operator to achieve, and operate in compliance with, the Healthier Catering Commitment standard.”
- 2.3.6 The supporting text for Policy E9 highlights in:
- 2.3.7 **Paragraph 6.9.6** that “obesity is one of the greatest health challenges facing the capital. In London 38 per cent of Year 6 pupils (10 to 11 year-olds) are overweight or obese – higher than any other region in England. Children living in the most deprived areas of London are twice as likely to be obese as children living in the least deprived areas.¹¹ The creation of a healthy food environment, including access to fresh food, is therefore important. The number of hot food takeaways in London has been steadily rising, with London boroughs having some of the highest densities of hot food takeaways in England. More deprived areas commonly have a higher density of hot food takeaways than other areas.
- 2.3.8 **Paragraph 6.9.7** that “hot food takeaways generally sell food that is high in calories, fat, salt and sugar, and low in fibre, fruit and vegetables. There is evidence that regular consumption of energy-dense food from hot food takeaways is associated with weight gain, and that takeaway food is appealing to children. A wide range of health experts recommend restricting the proliferation of hot food takeaways, particularly around schools, in order to help create a healthier food environment.”
- 2.3.9 **Paragraph 6.9.8** that “the Healthier Catering Commitment is a scheme that helps food businesses in London to provide healthier food to their customers. The scheme promotes a reduction in the consumption of fat, salt and sugar, and an increase in access to fruit and vegetables.”¹²

¹¹ Public Health England (2014) From evidence into action: opportunities to protect and improve the nation's health. [Online]. Available from: <https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health>

¹² Association of London Environmental Health Managers (2018) Healthier Catering Commitment. [Online]. Available from: <https://alehm.org.uk/healthier-catering-commitment/>

3 Other Relevant Regional Strategic Work

3.1 Mayor of London's Health Inequalities Strategy (2018)¹³

- 3.1.1 The Mayor's Health Inequalities Strategy aims that Londoners benefit from places that 1) promote good mental and physical health and 2) ensure that the healthy choice is the easy choice. Reducing health inequalities means making it easy for some communities in the most disadvantaged areas to eat well and be active.
- 3.1.2 Objective 1.3 Action is taken to help children achieve and maintain a healthy weight, with focused support for those communities with high rates of child obesity.¹⁴
- 3.1.3 Further addressing this public health issue, the Mayor notes:

"The factors contributing to the rise in children's weight are complex, and include the built and social environment, individual habits and biology, the food system and behaviours modelled by families and in communities. To address this tough problem, we need to look at all the contributing factors together. Simply focusing on one aspect will have limited impact on what causes London's children and young people to be overweight or obese.

Londoners have told us that too many unhealthy food and drink options, and too many fast food shops, have made it harder for children and young people to live healthy lives in their neighbourhoods. The Mayor is doing what he can to help address these concerns through his draft London Plan, which includes a policy to restrict the development of new hot food takeaways around schools. The Mayor and partners will also work to reduce the exposure of children and young people to adverts for unhealthy food and drink. This includes a proposal in the Mayor's draft London Food Strategy to consult on a ban on advertising of unhealthy, high fat, salt or sugar food and drink across the Transport for London (TfL) estate."

3.2 Mayor of London's Food Strategy Draft (2018)¹⁵

- 3.2.1 The draft 2018 London Food Strategy provides a framework to help all Londoners, London boroughs and partners work to adapt the city's food system to meet the challenges that affect consistent, equitable access to good, nutritious food. As part of the strategy, the Mayor aims to tackle obesity and dietary ill-health in London. The Strategy notes: "London's obesity problem is compounded by a food environment that bombards Londoners with marketing and promotion of unhealthy food."
- 3.2.2 As part of its response to the Strategy's consultation, the Council encouraged greater collaboration with planning teams so that the built environment enables healthy and active choices. Further, it emphasised its whole systems approach that includes using the planning system to improve nutritional and food-related outcomes for people by including restrictions on hot food takeaways in the borough.

¹³ Greater London Authority (2017) The London Health Inequalities Strategy. [Online]. Available from: https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf.

¹⁴ Public Health England reports that the prevalence 10-11 year olds being overweight or obese in Barnet is 32.2%. This figure masks the underlying health inequalities in the borough, with less deprived areas having rates as low as 17% and more deprived areas having prevalence rates as high as 43% (see Figures 3 and 4).

¹⁵ Greater London Authority (2018) The Draft London Food Strategy. [Online]. Available from: https://www.london.gov.uk/sites/default/files/london_food_strategy_2018_15.pdf

4 Barnet Council's Policy Approach

4.1 Planning

4.1.1 Barnet's Local Plan is made up of the Core Strategy and Development Management Policies documents.¹⁶ Reference is made to takeaways in the Core Strategy with regard to the types of uses associated with Local Centres and Neighbourhood Centres. Within the Development Management Policies document reference is made at para 12.8.2 to the benefits of evening economy uses in terms of contributions to the vitality and vibrancy of town centres. They can also improve levels of safety and perceptions of personal safety by providing informal surveillance for passers-by. However, if not properly managed such uses can result in adverse effects on local residents due to noise, odours, litter and potentially anti-social behaviour. Residential amenity will be a key consideration in any application for an evening use. The document highlights at para 12.8.3 that planning conditions or legal agreements will be used to manage hours of operation, noise and fumes from machinery, storage and disposal of refuse, the areas used by customers and any other issues that may need to control the impact of evening uses in order to protect amenity. In terms of policy:

4.1.2 Policy CS6 Promoting Barnet's town centres

"We will ensure that food, drink, entertainment uses as part of a healthy evening economy in our town centres do not have a harmful effect on residents and the local area."

4.1.3 Policy CS11 Improving health and well being in Barnet

"We will improve health and well-being in Barnet by supporting healthier neighbourhoods through targeting of unhealthy lifestyles such as smoking and those which cause obesity and addressing health inequalities in terms of ill health and access to health facilities as identified in the Joint Strategic Needs Assessment (JSNA)."

4.1.4 Policy DM 11 Development principles for Barnet's town centres

"Evening economy uses will be expected not to have an adverse affect on the amenity of local residents and be in keeping with the scale and character of the surrounding area."

4.2 Adults, Communities and Health

4.2.1 Barnet's Joint Health and Wellbeing Strategy 2015-2020 is one of the key responsibilities of the Health and Wellbeing Board and provides the framework and direction for local commissioning and service planning. The 26 July 2018 Health and Wellbeing Board agreed and re-affirmed the priorities of the Joint Health and Wellbeing Strategy, one of which is "Healthy Weight – Health in All Policies Approach."¹⁷ This approach entails co-ordinating policies and actions across individual, environmental and societal levels involving multiple sectors (including planning, housing, transport, children's and adult's services, business and health) and recognising the importance of the wider determinants of health, shown below in Figure 1.

¹⁶ Barnet Council (2012) Barnet's Local Plan (Core Strategy) Development Plan Document. [Online]. Available from: <https://barnet.moderngov.co.uk/documents/s4852/APPENDIX%20B%20-%20Core%20Strategy%20Adoption%20Version%202nd%20July.pdf>.

¹⁷ Relevant Committee Reports: <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MIId=9688&Ver=4>

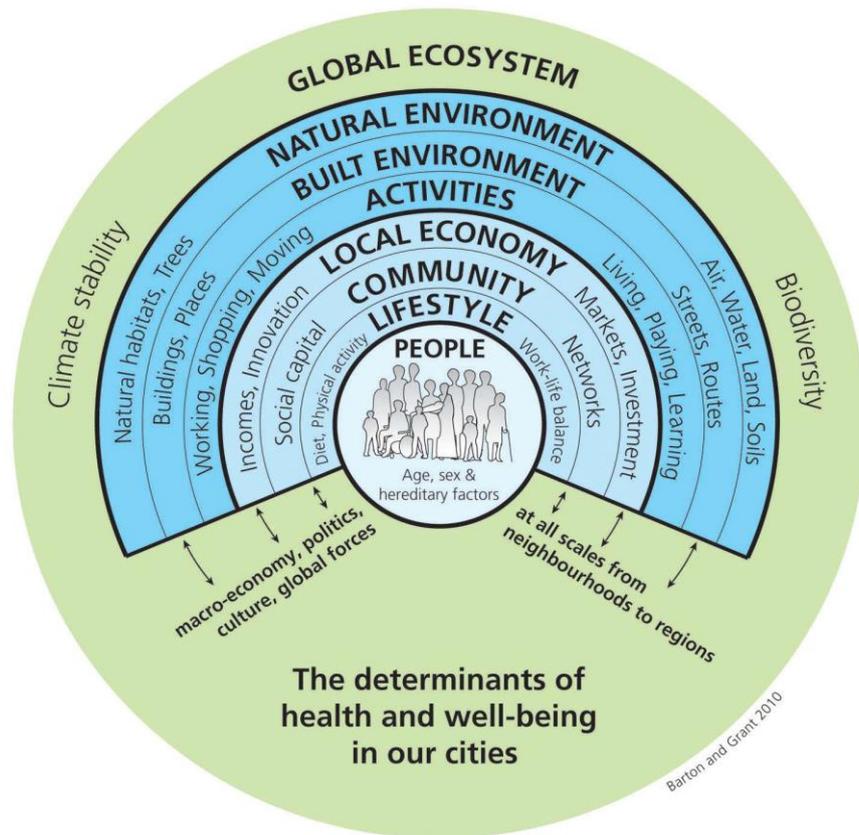


Figure 1 Wider determinants of health (Source: Barton and Grant, 2006) ¹⁸

¹⁸ Barton, H. and Grant, M. (2006) A health map for the local human habitat. *Journal of the Royal Society for the Promotion of Public Health*, 126, 6, 252-261.

5 National Health Context

- 5.1.1 Being overweight and obese can lead to and increase the risk of developing other health conditions, such as type 2 diabetes, hypertension, colon cancer and cardiovascular disease. They are influenced by more than just food consumption and relate to external factors, such as people's behaviour and lifestyle choices.^{19 20}
- 5.1.2 In England, the proportion of people who were classified as obese increased from 13.2% of men in 1993 to 26.9% in 2015 and from 16.4% of women in 1993 to 26.8% in 2015. The trajectory of this trend continues to move upwards. In the future, obesity could overtake tobacco smoking as the biggest cause
- 5.1.3 Increased obesity places a further burden on National Health Service (NHS) resources. The NHS was estimated to have spent £6.1 billion on overweight and obesity-related ill health in 2014 to 2015. The UK-wide NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs estimated to reach £49.9 billion per year.²¹
- 5.1.4 A child's experiences shapes their outcomes and choices as adults.²² Preventing obesity not only requires changes to organisational behaviour, but also to the environment in which we live. Dietary risk factors for obesity are linked to food consumption patterns and include high energy density foods, diets high in fat and low in fibre, sugar-rich drinks, and consumption of large portion sizes.^{23 24}
- 5.1.5 The proportion of meals consumed outside of the home has increased in recent years. 27.1% of adults and 20% of children eat food from out-of-home outlets at least once a week. These meals tend to be associated with higher energy intake: higher levels of fat, saturated fats, sugar, and salt, and lower levels of macronutrients.²⁵ In the UK, expenditure on foods consumed outside of the home has increased 29% in the past decade, accompanied by a proliferation of takeaways and other hot food outlets. Research has found that exposure to takeaway food outlets was positively and significantly associated with higher consumption of takeaway food, body mass index and obesity levels.²⁶ The foundations for virtually every aspect of human development are laid in early childhood and adolescence, so behaviour that is established and normalised during early years (starting as early as in the womb) has lifelong effects on many aspects of health and well-being, from obesity, heart disease and mental health, to educational achievement and economic status.²⁷

¹⁹ Foresight (2007) Tackling Obesity: Future Choices – Project Report, 2nd ed. [Online]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesity-future-choices-report.pdf .

²⁰ National Obesity Observatory (unavailable) Causes of obesity. [Online]. Available from: http://webarchive.nationalarchives.gov.uk/20170110170141/http://www.noo.org.uk/NOO_about_obesity/causes .

²¹ Public Health England (2017) Health matters: obesity and the food environment. [Online]. Available from: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment-2> .

²² Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I. (2010) Fair Society, Healthy Lives: The Marmot Review. [Online]. Available from: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf> [accessed 30 July 2018].

²³ Foresight (2007) Tackling Obesity: Future Choices – Project Report, 2nd ed. [Online]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesity-future-choices-report.pdf .

²⁴ National Obesity Observatory (unavailable) Causes of obesity. [Online]. Available from: http://webarchive.nationalarchives.gov.uk/20170110170141/http://www.noo.org.uk/NOO_about_obesity/causes [accessed 3 August 2018].

²⁵ Public Health England (2017) Health matters: obesity and the food environment. [Online]. Available from: <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment-2> .

²⁶ Burgoine, T., Forouhi, N.G., Griffin, S.J., Wareham, N.J., and Monsivais, P. (2014) Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross section study. *BMJ*, 348, 1-10

- 5.1.6 A diet rich in fruits and vegetables confers protective effects against the development of heart disease and certain cancers. It has been estimated that eating at least five portions of a variety of fruits and vegetables a day - defined as healthy eating - could reduce the risk of deaths from chronic diseases such as heart disease, stroke and cancer by up to 20%.^{28 29} Low intake of fruit and vegetables is estimated to cause about 19% of gastrointestinal cancer, and about 31% of ischaemic heart disease and 11% of stroke worldwide. Overall, 2.7 million (4.9%) deaths and 26.7 (1.8%) disability-adjusted life years are attributable to low fruit and vegetable intake.³⁰
- 5.1.7 The Royal Society for Public Health's *Health on the High Street* identified fast food takeaways as one of the least health promoting businesses on high streets.³¹ Takeaways frequently produce meals comprised of items such as fried chicken and chips, which are high in fat, saturated fat and salt and low in fibre, fruit and vegetables.³² Sampling of takeaway meals in Wirral, Liverpool and Knowsley showed that they were inconsistent with UK dietary recommendations and that the majority of meals were excessive for portion size, calories, fat and salt. The content of one portion varied from 44 to 93 per cent of the estimated average requirement for calories; total fat levels ranged from 37 to 106 per cent of the dietary reference value, and the majority of meals exceeded the reference nutrient intake for salt.³³ A study conducted in 2015 found that replacing one homemade meal with a takeaway per week increases daily energy, fat, saturated fatty acid and salt intake. This increases with increasing consumption of takeaway food.³⁴ Eating too much salt and not enough fruit and vegetables can cause high blood pressure and increase one's risk of a number of conditions such as heart disease, heart attacks and strokes.³⁵ Additionally, too much saturated fat can increase the amount of cholesterol in the blood, which increases the risk of developing heart disease, while regularly consuming food and drink high in sugar increases one's risk of obesity.³⁶ The health impacts of takeaway food are further related to and complicated by marketing, such as choice, pricing and portion size.³⁷

²⁷ Marmot, M. Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I. (2010) Fair Society, Healthy Lives: The Marmot Review. [Online]. Available from: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>.

²⁸ Public Health England (2008) Local Health. [Online]. Available from: <http://www.localhealth.org.uk/#v=map13;l=en>.

²⁹ World Health Organization (2015) Healthy diet. [Online]. Available from: http://www.who.int/nutrition/publications/nutrientrequirements/healthydiet_factsheet394.pdf.

³⁰ World Health Organization (2002) The World Health Report 2002: Reducing Risks, Promoting Healthy Life. [Online]. Available from: http://www.who.int/whr/2002/en/whr02_en.pdf?ua=1.

³¹ Royal Society for Public Health (2015) Health on the High Street. [Online]. Available from: <https://www.rsph.org.uk/uploads/assets/uploaded/b6f04bb8-013a-45d6-9bf3d7e201a59a5b.pdf> [Accessed 31 May 2018].

³² Greater London Authority (2012) Takeaways Toolkit. [Online]. Available from: <https://www.london.gov.uk/sites/default/files/takeawaystoolkit.pdf>.

³³ Jaworowska, A, Blackham TM, Long, R, Taylor C, Ashton M, Stevenson L, Nutritional composition of takeaway food in the UK. *Nutrition & Food Science* 2014; 44:5, 414-430.

³⁴ Blackham, T., Stevenson, L., Abayomi, J.C. and Davies, I.G. Increased takeaway meal consumption increases dietary energy, salt and fat. *Proceedings of the Nutrition Society*, 74(OCE5), E332.

³⁵ National Health Service [NHS] (2016) High blood pressure (hypertension). [Online]. Available from: <https://www.nhs.uk/conditions/high-blood-pressure-hypertension/>.

³⁶ National Health Service [NHS] (2016) Eat well. [Online]. Available from: <https://www.nhs.uk/live-well/eat-well/>.

³⁷ Caraher, M., Lloyd, S. and Medlin, T. (2014) The 'School Foodshed': schools and fast-food outlets in a London borough. *British Food Journal*, 116(3), 472-493.

5.1.8 Inequalities in health are a result of societal inequality, in other words, the inequalities in the conditions in which people are born, grow, work, live and age.³⁸ The Marmot Review's life course perspective asserts that disadvantage starts before birth and accumulates throughout life.³⁹ Obesity disproportionately affects the lives of poorer groups in society.⁴⁰ The National Child Measurement Programme (NCMP) has continuously found a strong relationship between deprivation and obesity in the two age groups it monitors, Reception and Year 6. Obesity prevalence ranged from 5.8% of children living in the least deprived areas to 12.7% of children living in the most deprived areas.⁴¹ In Barnet, hot food takeaways tend to be located in more deprived areas, and, for excess weight⁴² in year 6 students, the prevalence of excess weight is higher in the west of the Borough in places in Colindale, Burnt Oak, West Hendon, Hale, Golders Green and Childs Hill. Prevalence rates here exceed the Barnet rate (32.2%), the national rate (34.2%) and the regional rate (38.5%).⁴³

³⁸ Marmot, M. Allen, j., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I. (2010) Fair Society, Healthy Lives: The Marmot Review. [Online]. Available from: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

³⁹ Marmot, M. Allen, j., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I. (2010) Fair Society, Healthy Lives: The Marmot Review. [Online]. Available from: <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>.

⁴⁰ Townshend, T. and Lake, A.A. (2017) Obesogenic environments: current evidence of the built and food environments. *Perspectives in public health*, 137, 1, 38-44.

⁴¹ NHS Digital (2017) National Child Measurement Programme: England, 2016/17 school year. [Online]. Available from: <https://files.digital.nhs.uk/publication/i/n/nati-chil-meas-prog-eng-2016-2017-rep.pdf>

⁴² Excess weight includes the categories of overweight and obese.

⁴³ Public Health Outcomes Framework (2018) Child excess weight in 4-5 and 10-11 year olds – 10-11 year olds. [Online]. Available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

6 Local Health Context

- 6.1.1 Local authorities have a statutory duty to improve the health of their residents through the Health and Social Care Act 2012. Directors of Public Health are statutory chief officers tasked with developing and supporting the delivery of strategies to address local priorities to improve health and reduce health inequalities.
- 6.1.2 Barnet's 2015 Joint Strategic Needs Assessment (JSNA) reported that mortality is higher in the most deprived areas compared to the least deprived, such as Burnt Oak and Garden Suburb, respectively. The life expectancy of individuals living in the most deprived areas of the borough are on average 7.4 years less for men and 7.8 years less for women than those in the least deprived areas. By ward, men and women in Burnt Oak collectively have the lowest average life expectancy from birth, at 79.2 years.⁴⁴ Figure 1 presents the most recent deprivation data for areas within Barnet.
- 6.1.3 The west of the borough has the highest concentrations of more deprived Lower Super Output Areas (LSOAs), with the highest levels of deprivation in Burnt Oak, Colindale, Childs Hill and West Hendon. The most deprived areas in the borough are situated in the LSOAs which contain Grahame Park and West Hendon estate, in Colindale. These are in the 10% most deprived LSOAs in England and 5% for London.⁴⁵
- 6.1.4 Barnet's 2015 JSNA also identified obesity as one of the most common causes of ill health leading to premature mortality in the borough. Further, diet and high blood pressure are two of the main contributors to premature death in the borough. The estimated percentage of the population aged 16+ that eat healthily ranges from 32.8 to 56.1% (see Figure 2). Lower rates of healthy eating are also found in more deprived areas in the west of the borough.
- 6.1.5 The current high rates of hospital admissions due to obesity in Barnet suggest a need for reducing adult obesity through targeted interventions. Only 42% of adults are of a healthy weight in Barnet.⁴⁶ Further, the geographical variation underlying the prevalence of childhood excess weight throughout Barnet further highlights major health inequalities in Barnet. The prevalence of Year 6 students who are overweight and obese ranges from about 17.0% to 43.4% and about 8.3 to 30.1%, respectively (see Figures 3 and 4).
- 6.1.6 Being overweight and obese can lead to and increase the risk of developing diabetes; if these health inequalities are maintained, population health will worsen in some parts of the borough, while others will continue to enjoy better health. In 2015/16 the rate of recorded (diagnosed) diabetes in (GP registered population aged 17+) in Barnet was 6.1%, and the estimated total (diagnosed and undiagnosed) prevalence of diabetes in 2015 in Barnet adults was 8.7%. The prevalence rate of diabetes is forecasted to rise nationally and locally, and this increase could be even steeper if diabetes risk factors such as obesity are not addressed.⁴⁷

⁴⁴ Barnet Council (2017) Joint Strategic Needs Assessment - Health. [Online]. Available from: <https://barnet.gov.uk/jsna-home/health.html>.

⁴⁵ Barnet Council (2017) Joint Strategic Needs Assessment - Health. [Online]. Available from: <https://barnet.gov.uk/jsna-home/health.html>.

⁴⁶ Barnet Council (2017) Joint Strategic Needs Assessment - Lifestyle. [Online]. Available from: https://barnet.gov.uk/jsna-home/lifestyle.html#_ftn.

⁴⁷ Barnet Council (2017) Joint Strategic Needs Assessment - Health. [Online]. Available from: <https://barnet.gov.uk/jsna-home/health.html>.

6.1.7 The National Diabetes Audit 2012-2013 recommended that the Barnet CCG should review its diabetes care providers to reduce the risks associated with diabetes and use different approaches including exercise, diet composition, weight management, smoking, glucose control, blood pressure control and cholesterol control. The JSNA noted that these recommendations should be taken seriously and implemented through appropriate interventions and services.⁴⁸

⁴⁸ Barnet Council (2017) Joint Strategic Needs Assessment - Health. [Online]. Available from: <https://barnet.gov.uk/jsna-home/health.html>.

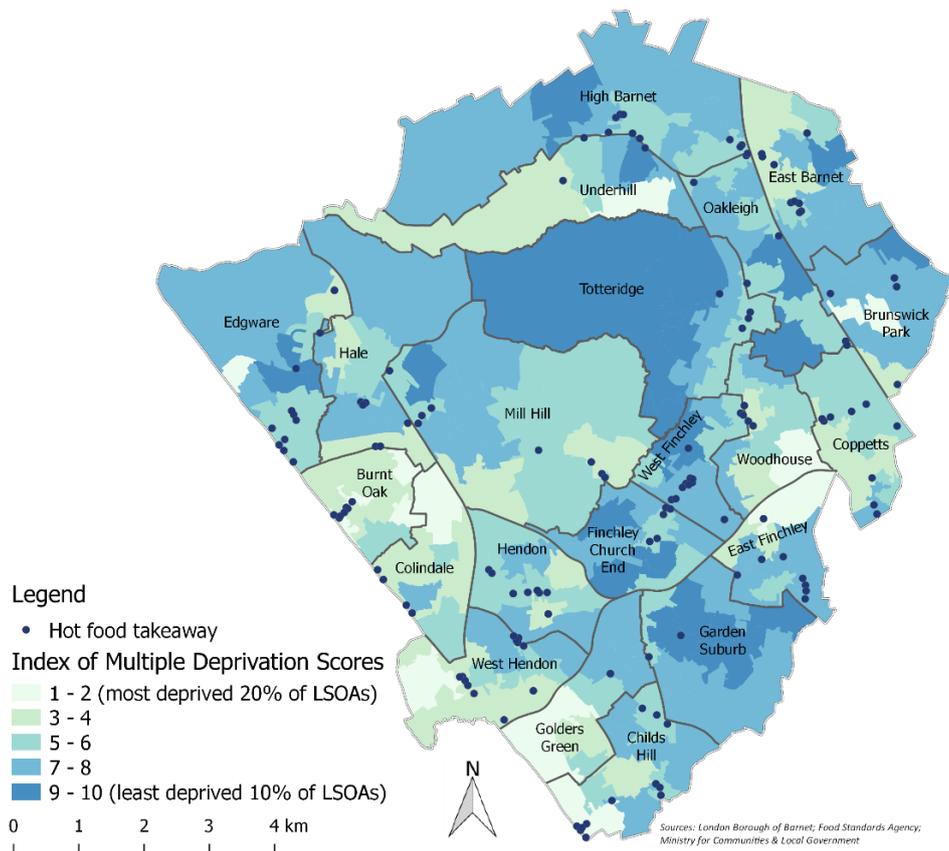


Figure 1 Deprivation within Barnet

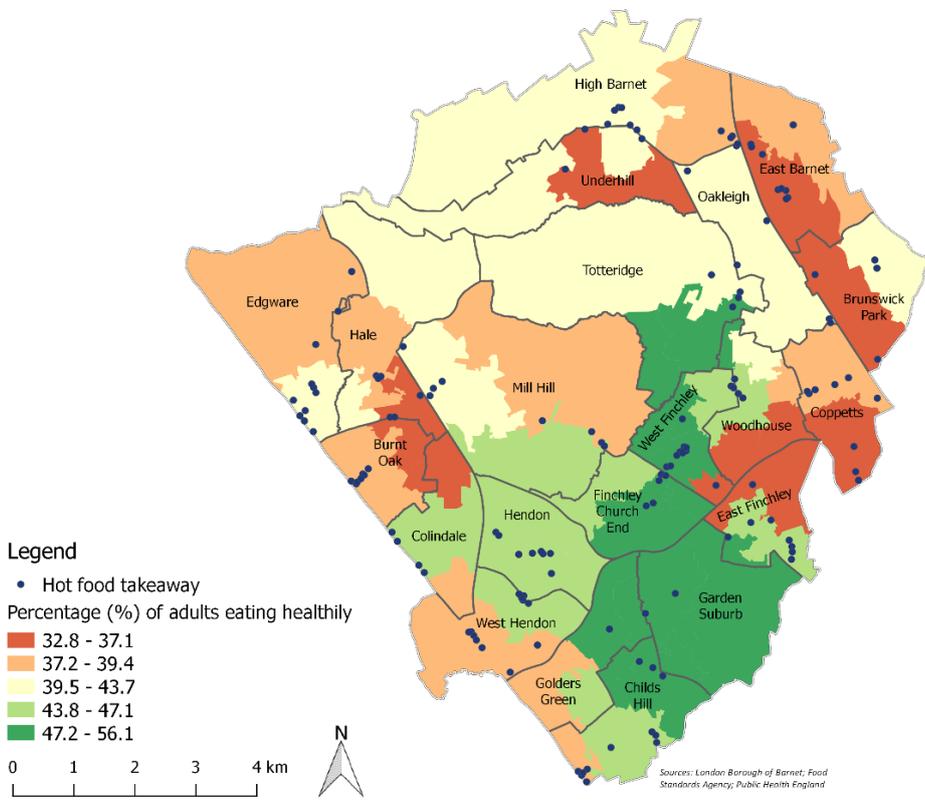


Figure 2 Percentage of adults eating healthily in Barnet

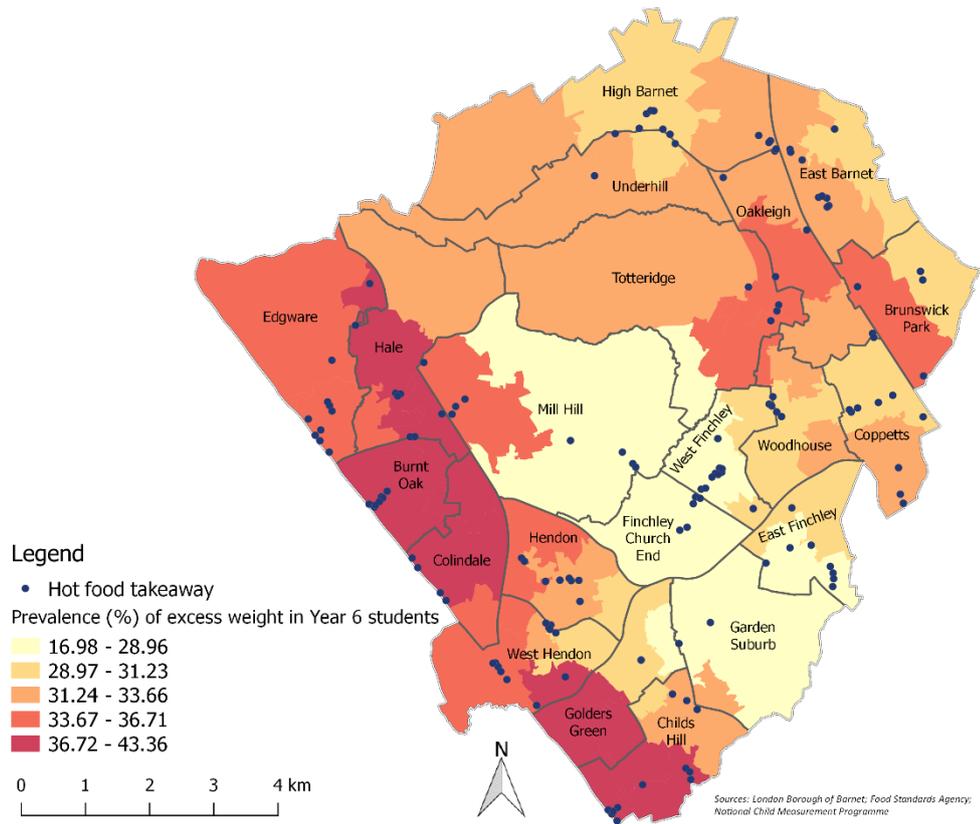


Figure 3 Prevalence of excess weight in year 6 students (2014/15 to 2016/17)

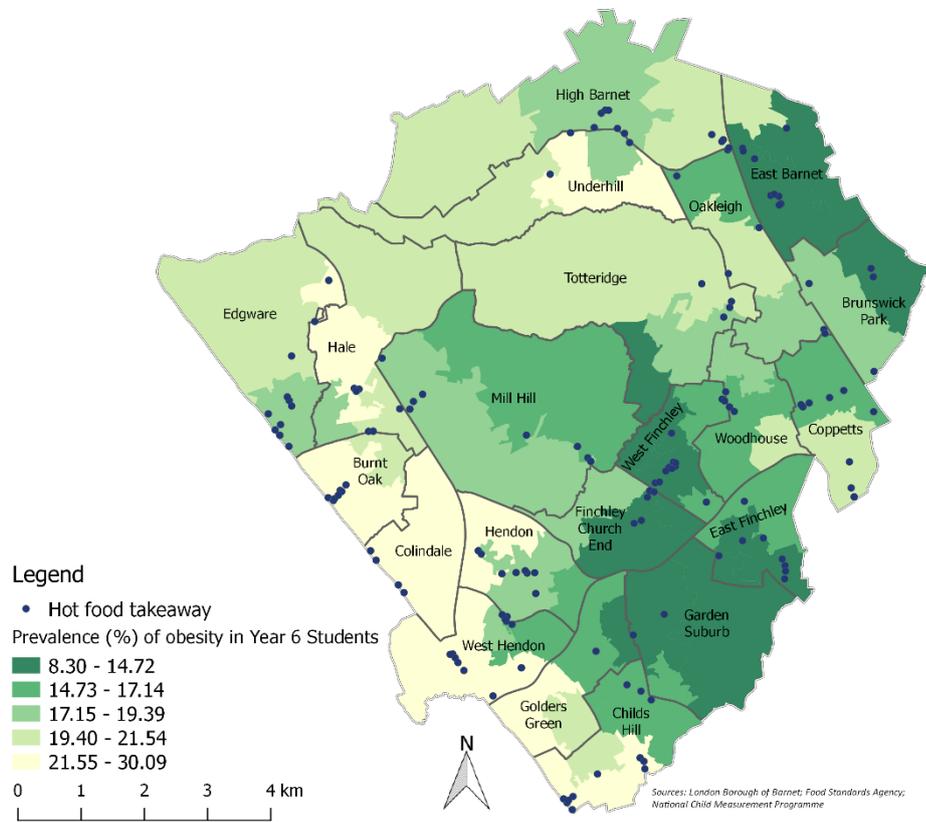


Figure 4 Prevalence of obesity in year 6 students (2014/15 to 2016/17)

6.1.8 In addition to their impacts on population health, hot food takeaways have been cited as possible threats to environmental health. Public Health England noted that takeaways may generate substantial litter in an area in their immediate and more general vicinities, which may attract foraging animals and pest species. Additionally, this could reduce the visual appeal of a local area, and patrons could generate night-time noise. With short-term parking spaces outside of takeaway shops, traffic could be further congested during peak travel times.⁴⁹

6.2 Barnet's A5 Units (Hot Food Takeaways)

6.2.1 There are 205 hot food takeaways in the borough, according to the Food Standards Agency.⁵⁰ This could be higher, as the University of Cambridge reported there are 347.⁵¹ Figure 5 presents the location of takeaway outlets currently included in the Food Standards Agency's database (as of April 2018) in relation to schools in Barnet. These high numbers are concerning because of their clustering near schools (within 400 m). As a result, students throughout the borough are particularly exposed to 108 hot food takeaways, which increases the likelihood of purchasing food from them.

6.3 Year 7

6.3.1 A workshop was delivered by a nutritionist to the year 7 students across the borough. The teaching was centred around trans fat and its negative health impacts; it highlighted that takeaway foods can have high quantities of trans fat because they are fried or processed. The students completed a survey, which included questions on the most popular types of takeaway foods, frequency of consumption, why they consume it, and how far they might be willing to travel to access it. About 1450 students responded to the survey from the following 14 Barnet schools:

- Bishop Douglass School
- Christ's College Finchley
- Cophall School
- Finchley Catholic High School
- Friern Barnet School
- Henrietta Barnett School
- Mill County High School
- Queen Elizabeth's Boys School
- Queen Elizabeth's Girls School
- St James' s Catholic School
- St Mary's and St John's Church of England School
- St Michael's School
- Totteridge Academy
- Whitefield School

6.3.2 The main findings from the survey:

- 92% of respondents reported visiting a hot food takeaway at least once a month
- One school had 100% of respondents say that they visit a hot food takeaway between 1 – 5+ times per month
- 19% of respondents had one or more takeaways a week (compared with 55% of year 10 students)
- 89% of students said they had not heard of trans fat

⁴⁹ Public Health England (2014) Healthy people, healthy places briefing. [Online]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296248/Obesity_and_environment_March2014.pdf

⁵⁰ Food Standards Agency (2018) UK food hygiene rating data API. [Online]. Available from: <http://ratings.food.gov.uk/open-data/en-GB>.

⁵¹ University of Cambridge (2018) Food environment assessment tool [Online]. Available from: <http://www.feat-tool.org.uk>.

6.3.3 Respondents' top four reasons for purchasing from a hot food takeaway:

1. "I like the taste of takeaway food" – 34%
2. "It's easy" – 18%
3. "It's cheap" – 17%
4. "Eating takeaway food made me feel happy" – 10%

6.3.4 Respondents' four most popular takeaway choices:

1. Fast food – 60% (KFC, McDonalds, Subway, Dominoes)
 2. Chicken shops – 13% (Sam's Chicken, Chicken Cottage, Dixie's)
 3. Pizza – 8% (Theo's Pizzeria, Dominoes)
 4. Other – 8% (Gregg's, Subway)
- Fizzy drinks were the most popular beverage purchased, with 1 in 3 respondents reporting this (30%)
 - 78% of respondents said that if there were no takeaways within an 8 minute walk, they would no longer go

6.4 Year 10

6.4.1 Barnet's Public Health's Healthy Places team surveyed over 950 local Year 10 students to determine the extent to which they purchase and consume food from hot food takeaways. Students were asked to report on whether they purchase food from hot food takeaways, what they purchase, when they purchase and how they might change their behaviour if their regular hot food takeaway closed. A total of 956 students answered the web-based survey from the following 21 Barnet schools:

- Ashmole Academy
- Bishop Douglass School
- The Compton School
- Copthall School
- Christ's College Finchley
- Finchley Catholic High School
- Friern Barnet School
- East Barnet School
- Hasmorean High School
- Hendon School
- Henrietta Barnett School
- Jewish Community Secondary School
- London Academy
- Mill County High School
- Mill Hill High School
- Queen Elizabeth's Girls' School
- Queen Elizabeth's School
- St Andrew the Apostle Greek Orthodox School
- St Mary's and St John's Church of England School
- Totteridge Academy
- Whitefield School
- Wren Academy

6.4.2 The main findings from the survey:

- 58% of respondents said that they purchase food from a hot food takeaway during the week
- 55% of all respondents purchase food at least once a week, with over one-fifth (22.87%) reportedly buying twice
- 77% of students who buy takeaway food do so after school

- Respondents' top four reasons for purchasing from hot food takeaway
 1. "It tastes good" – 57%
 2. "Quick and easy" – 46%
 3. "Better than food from home" – 33%
 4. "Cheap cost" – 33%
- Four most purchased items:
 1. "Chips" – 78%
 2. "Fried Chicken" – 48%
 3. "Fizzy drink" – 47%
 4. "Burger (meat)" – 39%
- 61% of respondents reported buying medium-sized portions
- Of respondents who reported travelling eight minutes or less to a hot food takeaway they most regularly visit, 75% answered that they walk
- Of respondents who reported travelling more than eight minutes to a hot food takeaway they most regularly visit, 39% said they walk and 33% said they take public transport
- When asked how long students would travel to another hot food takeaway if their nearest one permanently closed and when, for all travel time options (0-8 minutes; 8-16 minutes; 16-24 minutes; 24+ minutes) over 75% said they would travel after school
 1. 52% said they would travel 0 – 8 minutes after school

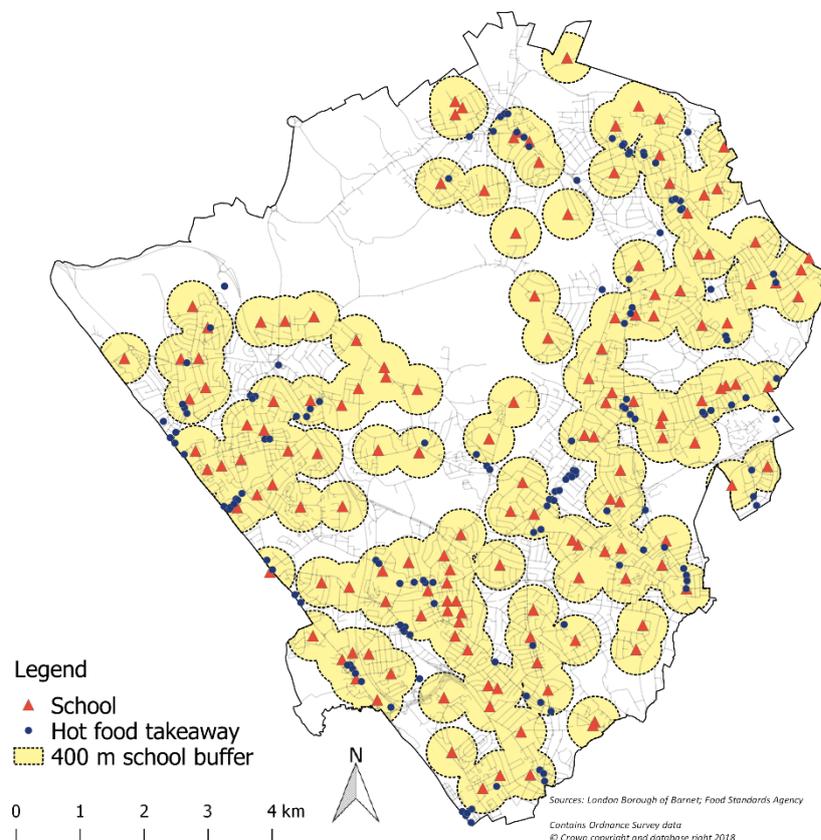


Figure 5 Hot food takeaways and schools in Barnet

7 Hot Food Takeaway Policy

7.1.1 A number of London boroughs have policies included in their adopted or draft Local Plans, and they generally take a distance a concentration policy approach to managing hot food takeaways. A few of these are presented in Table 1.

Table 1 Other boroughs' hot food takeaway policies

Brent	<p>Development Management Policies 2016⁵² DMP 3 Non-retail uses Takeaways "Subject to other policies within the development plan, takeaways will be approved except where it would result in:</p> <ul style="list-style-type: none"> • An A5 use within 400 metres of a secondary school or further education establishment entrance/ exit point; • More than 6% of the units within a town centre frontage in A5 uses; • More than 1 unit or 15% of the units within a neighbourhood parade, whichever is greater, in A5 use; • Less than two non-A5 units between takeaways; or • On-street parking in front of the premises creating highway safety problems. <p>Policy WEM 26 in the Wembley Area Action Plan applies to takeaways in Wembley and Wembley Park centre."</p>	
-------	--	--

⁵² https://www.brent.gov.uk/media/16405868/development-management-policies-final_small-nov-2016.pdf

<p>Hackney⁵³ 54</p>	<p>Local Plan 2010-2025 Policy DM3 – Promoting Health and Well-being “In order to promote health and well-being, mental and spiritual well-being the Council will: C. Seek to manage access to hot food takeaways such as by restricting proposals for new hot food takeaways from location within 400 metres of secondary schools, and working with businesses and developers to promote healthier lifestyles through design and types of use within developments”</p> <p>Policy DM12 – Hot food takeaways and schools “Proposals for hot food take-aways (A5 uses) may not be granted planning permission if proposed within 400 metres of the boundary of a secondary school, excluding locations in the borough’s shopping centres.”</p>	<p>Draft Local Plan 2033 35. Hot food takeaways A. Proposals for new hot food takeaways (A5 use class) within all designated centres will only be permitted where all the following criteria are met: i. It would not result in more than 5% of the units in the centre being A5 uses; and ii. There would be at least three non-A5 units between the proposed use and an existing A5 use; and iii. it is not located within 400 metres of the boundary of a secondary school or community college, excluding town centre locations; and iv. A commitment is made to participate in the Council’s Healthy Catering Commitment.</p> <p><i>Supporting text</i> 6.25 In order to avoid an over-concentration of takeaways within town centres, development of new takeaways will be resisted as outlined in criteria A(i) and A(ii) of the policy. In addition, in order to address rising levels of childhood obesity in the Borough, permission will be refused for the development of new hot food takeaways within 400m of the boundary of a secondary school or college. Where takeaways are located in close proximity to residential uses, opening hours may need to be restricted to protect the amenity of residents. All new takeaways are required to participate in the Council’s Healthy Catering Commitment.</p>
<p>Waltham Forest</p>	<p>Hot food takeaway SPD 2009⁵⁵ Test HFT 1 – Over Concentration When considering whether a proposed hot food takeaway would result in an over-concentration of such uses to the detriment of the vitality and viability of a town centre, neighbourhood centre or local retail parade, regard will be had to:</p>	<p>Local Plan 2013⁵⁶ Policy DM23 Health and Well Being Hot Food Takeaways (A5 Uses) C) The Council will resist proposals for Hot Food Takeaways (A5) where:</p>

⁵³ <https://www.hackney.gov.uk/local-plan>

⁵⁴ <https://www.hackney.gov.uk/LP33>

⁵⁵ <http://static.walthamforest.gov.uk/sp/Documents/spd-hot-food-takeaway-mar10.pdf>

⁵⁶ <http://static.walthamforest.gov.uk/sp/Documents/DMPolicies%20Adoption%20Version%20October%202013.pdf>

	<ul style="list-style-type: none"> • The number of existing hot food takeaway establishments in the immediate area and their proximity to each other; • The type and characteristics of other uses, such as housing, shops and public houses; • The importance of the location for local shopping, and the number, function and location of shops that would remain to serve the local community; • The potential benefits of the proposal for the wider community; and • Any known unresolved amenity, traffic or safety issues arising from existing uses in the area. <p>Appropriate concentrations of A5 uses will be assessed based on the following:</p> <p><u>Within Primary, Secondary and Retail Parade Zones</u></p> <ul style="list-style-type: none"> • No more than 5% of the units shall consist of A5 uses <p><u>Within Tertiary Zones and outside designated centres</u></p> <ul style="list-style-type: none"> • No more than 1 A5 unit will be allowed within 400m of an existing A5 unit <p><u>Test HFT2 – Clustering</u></p> <p>Planning permission will only be granted for an A5 use where the following criteria are satisfied:</p> <ol style="list-style-type: none"> 1. No more than two A5 units should be located adjacent to each other. 2. Between individual or groups of hot food takeaways, there should be at least two non A5 units. <p><u>Test HFT3 – Proximity to Schools, Youth Facilities and Parks</u></p> <p>With regards to proposals which fall outside designated town centre and local parade locations, hot food takeaway shops will be resisted where the proposal will:</p> <ol style="list-style-type: none"> 1. Fall within 400m of the boundary of an existing school or youth centred facility (e.g. YMCA, after school clubs). 2. Fall within 400m of a park boundary <p><u>Test HFT4 – Highway Safety</u></p> <p>The impact of a proposal on the safety of pedestrians and road users will be considered with regard to:</p> <ul style="list-style-type: none"> • The existing use of the site; • Existing traffic conditions; • The accessibility of the site by public transport and cycling; • The availability of public parking provision in close proximity to the premises, including on-street parking; 	<p>i) it results in an over concentration of such uses which is detrimental to the vitality and viability of a town centre, neighbourhood centre or local parade. An appropriate concentration of A5 uses will be assessed based on the following:</p> <p><u>Within Primary, Secondary and Retail Parades</u></p> <ul style="list-style-type: none"> • No more than 5% of the units shall consist of A5 uses <p><u>Within Tertiary Zones and outside designated centres:</u></p> <ul style="list-style-type: none"> • No more than one A5 unit will be allowed within 400m of an existing A5 unit <p>ii) It forms a cluster of similar uses. In order to resist the clustering of A5 units:</p> <ul style="list-style-type: none"> • No more than two A5 units should be located opposite or adjacent to an existing A5 use; and • There should be at least five non A5 units between existing A5 uses. <p>iii) The proposal falls within 400m of the boundary of an existing school, school, youth centre or park;</p> <p>iv) A proposal is concerned to have an unacceptable impact on highway safety;</p> <p>v) A proposal has a significant impact on residential amenity in terms of noise, vibrations, odours, traffic disturbance, litter or hours of operation;</p> <p>vi) A proposal operates with inappropriate hours of operation;</p> <p>vii) A proposal does not provide effective extraction of odours and cooking smells;</p> <p>viii) A proposal does not provide adequate on site waste storage and disposal of waste products</p> <p>ix) A proposal poses an unacceptable risk in terms of safety crime and anti-social behaviour; and</p>
--	---	--

	<ul style="list-style-type: none"> • Proximity of proposal to lighting junctions, pelican cross, bus bays and bus stops; • The availability of easily accessible private parking provision; • The availability of safe and legal loading areas in close proximity; and • The implications for the amenity of the surrounding area (particularly if predominantly residential). <p>Where a proposal is considered to have an unacceptable impact on highway safety, planning permission will not be granted.</p> <p>A delivery and service plan statement will be required for all applications.</p> <p><u>Test HFT5 – Protection of Residential Amenity</u> Applications for hot food takeaway shops within close proximity to residential units will be refused where it is considered that there may be significant adverse impacts on residential amenity in terms of noise, vibrations, odours, traffic disturbance, litter or hours of operation as a result of the proposed premises. This also applies to application for the change of use of existing premises to hot food takeaways.</p> <p><u>Test HFT6 – Hours of Operation</u> When considering appropriate hours of operation for hot food takeaways regard will also be had to:</p> <ul style="list-style-type: none"> • The existence of an established evening economy in the area; • The character and function of the immediate area; and • The potential benefits of the proposal for the wider community <p>Sites outside designated centres will be usually more restricted.</p> <p><u>Test HFT7 – Odours and Cooking Smells</u> Extraction systems should be installed to effectively disperse odours from hot food takeaways, extraction systems. Proposed systems must meet the standards of both Environmental Health Services and separately, Planning Services.</p> <p>Extraction systems must also be designed so that they do not have an unacceptable impact on visual amenity. Consequently, the installed systems must not appear as an incongruous feature in the street scene.</p> <p>To be acceptable the proposed extraction system will have to be:</p> <ul style="list-style-type: none"> • Located preferably to minimise its visual impact on the street scene; • Of a colour, finish and design to blend in with the buildings to which it is attached, incorporating cladding where appropriate; and 	<p>x) A proposal is not accessible for all groups of people</p>
--	--	---

	<ul style="list-style-type: none"> • Installed within the building where practicable and particularly where the proposal is within a conservation area or within the setting of a listed building. Special attention will have to be paid to the effects of noise and vibration when installed internally. <p>If unacceptable smells and fumes cannot be prevented by means of an effective extraction or abatement system, or if ducting cannot be installed without significant detriment to visual amenity, planning permission will not normally be granted.</p> <p>Where an external flue is proposed on a property in joint ownership or involving a party wall, legal consent of all parties must be demonstrated prior to any development work commencing on site.</p> <p><u>Test HFT8 – Disposal of Waste Products</u> Commercial bin stores should be contained within the site. Where this is not possible, secure storage structures should be provided.</p> <p>All applications for new build hot food takeaway premises must identify adequate and appropriate space on-site to store waste products.</p> <p>Where the waste storage provisions are considered inadequate, planning permission will not be granted.</p> <p>Suitable grease traps must also be installed on all drains for hot food takeaway shops to prevent blockages and the flooding of properties.</p> <p><u>Test HFT9 – Litter</u> A planning condition requiring the installation of litterbins on land within the applicants control will be applied to every application for a hot food takeaway establishment.</p> <p>It is the proprietors' responsibility to maintain and empty these litterbins on a regular basis and to keep the area in front of the premises clear.</p> <p><u>Test HFt10 – Safety, Crime and Anti-Social Behaviour</u> In assessing planning applications for proposed hot food takeaways, the council will consider issues around community safety, crime and disorder.</p> <ul style="list-style-type: none"> • The council will seek the advice of the Police Crime Prevention & Design Adviser when considering applications for hot food takeaways, regardless of their location in the borough. 	
--	---	--

	<ul style="list-style-type: none"> • Planning permission for any new developments or change of use of premises for use as a hot food takeaway will be subject to considerations of the local context with regard to potential for crime and disorder. <p>Proposals considered to pose an unacceptable risk will be refused.</p> <p>Test HFT11 – Accessibility Hot food takeaways will be required to provide access for all groups of people and regard will be had to:</p> <ul style="list-style-type: none"> • Level of inclusive design proposed in the application for the hot food takeaway and in particular the level of access offered to wheelchair users. <p>Proposals failing to propose improvements, which can be reasonably made, will be refused.</p>	
Wandsworth	<p>Local Plan Development Management Policies Document 2016⁵⁷</p> <p>Paragraph 4.12 “In appropriate locations such as town centres and focal points of activity, whilst food and drink uses can make a positive contribution to the evening economy, and in the case of public houses and bars to the local community, concern over the undesirable impacts of over-concentration of such uses led to the creation of separate use classes (A4 use covering drinking establishments and A5 use covering hot food takeaways). More recently in response to concerns over community health and childhood obesity, Government guidance (Healthy Weight, Healthy Lives: A Cross Government Strategy for England) has been issued aimed at promoting healthier communities and encourages planning authorities to manage the proliferation of fast food outlets. In acknowledgement that a holistic approach to healthy communities is desirable, the location, distribution and concentration of such uses will be monitored and, where this would support healthy eating initiatives in school or colleges, controlled through planning policies. Further guidance for applicants in relation to public houses and bars, hot food takeaways and betting shops can be found in the Town Centre Uses SPD, 2015 or subsequent local guidance.”</p>	<p>Town Centre Uses SPD⁵⁸</p> <p>Paragraph 8.4 Unless there are other material considerations, applications for hot food takeaways will be permitted where:</p> <ol style="list-style-type: none"> a. They are proposed within a zone that has less than 4 A5 units within 400m of a school taking account of extant permissions; and b. They do not contravene the following Local Plan policies <ul style="list-style-type: none"> • Core Strategy Policy PL8 • DMPD Policy DMS1 • DMPD Policy DMTS1 • DMPD Policy DMTS3 • DMPD Policy DMTS4 • DMPD Policy DMTS5 • DMPD Policy DMTS6 • DMPD Policy DMTS7 • Renumbered DMPD Policy DMTS10

⁵⁷ http://www.wandsworth.gov.uk/downloads/file/11501/local_plan_-_deveelopment_management_policies_document_dmpd_adopted_march_2016%20

⁵⁸ http://www.wandsworth.gov.uk/downloads/file/10472/town_centre_uses_spd_adopted_march_2015

7.1.2 In considering proposals for A5 (hot food takeaways) uses units will only be permitted within protected shopping frontages if:

- i. Centre by centre, the total percentage (%) of A5 units, including ancillary A5 units (in the context of the total number of units in frontage) does not exceed 5%,⁵⁹ and
- ii. Where condition i is met, there must be no fewer than three non-A5 units between A5 units; and
- iii. The proposed location is farther than 400 metres from any school, youth club or leisure centre boundary; and
- iv. They are HCC (Healthier Catering Commitment) certified (Barnet Silver at least);
- v. A5 uses that are permitted within 400 m from school will be done so with conditions that restrict opening during school hours, notably 12 – 1.30 pm and 3.15 0 4.30 pm
- vi. Applicants show evidence of a rapid health impact assessment checklist

⁵⁹ Fifteen London boroughs have adopted Local Plan policies to manage overconcentration of A5 units. Where boroughs limit the percentage of A5 Units within designated centres the limit generally ranges from 5 to 20%, with the majority at 5 or 6%. Source: [GLA, 2018](#)

8 Conclusion

- 8.1.1 The prevalence of excess weight in Barnet is cause for concern as this is influenced directly and indirectly by many factors. To address this pernicious public health problem, we require a whole systems approach that seeks to tackle all of these factors throughout people's lives. As set out, the planning system can be used to design the built environment to ensure that it enables people to make healthy choices easily.
- 8.1.2 Barnet Public Health considers these issues to be strategic priorities, as it has a statutory responsibility for population health. Though Public Health seeks to meet its statutory requirement by improving population health and reducing health inequalities, it cannot address do so in isolation. As proposed in through a 'whole systems' approach, rectifying these health inequalities requires numerous service areas and partner organisations to collaborate and co-produce policies that enable and promote healthy and equitable lifestyles. Thus, the team has identified that the planning system can be used to achieve these aims by establishing stricter criteria (outlined above) for the approval of applications for new A5 units in the borough.
- 8.1.3 This report presents the evidence for the severity of the threat that being overweight or obese pose to population health and the challenges in addressing it. It places emphasis on the geographical and unequal nature of this and how this will impact people throughout their lives. To reduce the exposure of people, particularly children and young people, to unhealthy food, this report proposes placing restrictions on the opening of A5 units (hot food takeaways) in the borough. Ignoring the role and contribution of unhealthy food to diet and weight-related health issues will compromise efforts to reduce health inequalities and worsen wider population health.

9 Links to Further Reading

- [Barnet Joint Strategic Needs Assessment \(JSNA\)](#)
- [Barnet Joint Health and Wellbeing Strategy 2015-2020](#)
- Barnet Healthy Weight Strategy
- [Public Health England Health matters: obesity and the food environment](#)

