PROMOTING HEALTHY EATING IN LAMBETH – FOCUSING ON THE IMPACT ON HEALTH OF HOT TAKEAWAY FAST FOOD OUTLETS

(Evidence to support the policy in the draft Lambeth Local Plan to restrict the Establishment of Hot Food takeaway outlets - A5 use within a 400m radius around Primary and Secondary Schools)

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EXECUTIVE SUMMARY

The draft Lambeth Local Plan contains a policy – ED9 Hot Food Takeaways near Schools, which attempts to prevent the establishment of hot food takeaways if they are within 400 metres of a primary or secondary school. The reasoning behind this is the concern over the health of school pupils and easy access to unhealthy food options at lunchtime and straight after school. This paper has been produced by the Lambeth Public Health Team (NHS Lambeth) to provide supporting evidence to the policy. Public Health has examined the evidence in relation to diet, fast food consumption, the location of hot takeaway outlets and the ensuing relationship to the health and wellbeing of children and young people in Lambeth

There have been growing concerns about the diet of Lambeth children and young people, with a recognition that many pupils are regular consumers of fast foods. This can be observed particularly around the end of the school day when school children can be seen on the streets or on public transport with their fast foods.

The borough of Lambeth has an estimated 247 hot takeaway fast food outlets (A5 in planning terms); this does not include restaurants that provide takeaway food. The National Obesity Observatory indicates a rate of 109 fast food outlets per 100,000 population in the borough. There is a high density of these near primary and secondary schools, with good access for children during school hours and to and from school. Findings from national and local reports indicate fairly regular consumption of fast foods by Lambeth school children. Fast foods tend to high in fat and salt which are risk factors for obesity, cardiovascular disease and certain cancers. There is evidence to show that poor diet is related to 30% of life-years lost in early death and disability.

Obesity is a major public health concern in Lambeth; approximately 50,000 adults in Lambeth are classified as obese. The estimated number of deaths in Lambeth from heart disease and stroke attributable to obesity is 172 per annum.

Childhood obesity prevalence in Lambeth is higher than the national average. Latest results from the National Child Measurement Programme (NCMP) show that levels of obesity in Reception and Year 6 children were 10.8% and 24.2% respectively.

In Lambeth, local feedback shows that students in a school with fewer takeaways were as a group less likely to visit a takeaway compared to the school with relatively more outlets. Most of the primary and secondary schools in Lambeth are within 400m (approximately 10 minutes walk) of at least one takeaway, with several schools in key takeaway concentration hotspots. Although the availability of high density, high fat and high sugar food is not the only factor that influences diet and obesity, it is a significant contributing factor which needs to be taken into consideration as part of an integrated approach to manage obesity. The evidence also shows that proximity of hot food takeaways to schools is likely to lead to higher levels of obesity.

Tackling obesity requires concerted action across the whole of society including central government, local authorities, the NHS, schools, local business and communities. The role of the environment in influencing behaviour has been widely documented with an emphasis on the need for planning authorities to consider the impact of the built environment on health issues including obesity There has been a significant increase in recent years in the number of Local Authorities that have adopted more stringent guidance to deal with the issue of hot-food takeaways and increasing concerns regarding the links of this particular use and obesity. In November 2012, the Greater London Authority published a Fast Food Takeaways Toolkit report to help local authorities address the health impacts from fast food takeaways. The Toolkit notes that Local Authorities need to be aware that there are particular concerns about the impact of fast food takeaways close to schools.

The Lambeth Public Health team takes a view that based on the review of the evidence and good practice; it is recommended that there should be a restriction to the establishment of new hot fast food outlets within 400 metres of primary and secondary school. This should be seen as part of a whole systems approach to promoting healthy eating and tackling obesity in Lambeth. A 400m exclusion zone is being chosen as this is the distance that could be walked in 10 minutes.

However the contribution of hot food takeaways to the mix of local business, providing a popular service to local communities, employment and a source of economic development, should not be ignored. Support should be offered to owners of takeaways and other food outlets to be diverse, support local supply chains and provide food that is healthier, sustainable and affordable.

Based on the review of the available evidence, the Lambeth Public Health team has provided some recommendations. These recommendations apply not only to planning restrictions, as there is a recognition that a range of measures need to

be taken to safeguard the health and wellbeing of children and young people in Lambeth. The following recommendations serve to support an integrated policy tackling the wider determinants of health affected by spatial planning; it forms part of an integrated, multi-disciplinary and multi-agency approach to improving health and reducing health inequalities in Lambeth.

1. Outside of town centres, new takeaway fast food outlet proposals (A5) within 400m of primary and secondary schools should not be supported. The impact of this restriction should be monitored and reviewed on a regular basis.

2. As there are already saturation areas of fast food outlets and other food businesses in the borough, it is vital to work with local food businesses to enable them provide healthier options. This is already happening through the Healthier Catering Commitment and training provided by the Council's Food Safety team and supported by Public Health. It is important to continue to build on this local work.

3. Schools have a role to play in providing a supportive health promoting environment for their students. A whole school approach to healthy eating can provide children with the opportunity to learn about food and nutrition skills. For example how to choose a healthy diet, grow, handle, prepare and cook. Other supporting school policies can include making healthy school meals more appealing and the main option for children, using stay on site and cashless systems could avoid students using lunch money for fast food and encourage free school meal uptake. Free support to primary schools is currently available through the NHS Lambeth commissioned Lambeth Healthy Weight training which forms part of the Lambeth Health and Wellbeing Schools Programme. Schools should be encouraged to take up this training offer.

4. Independent local food business and enterprise which provide sustainable, affordable, and healthy food should be encouraged. It is suggested that this is a key element in the Lambeth Food strategy that is currently being developed.

5. Actively promote the Healthy Start Scheme in Lambeth to residents and to retailers who sell a reasonable range of fruit and vegetables.

6. Lambeth consists of diverse and vibrant communities. It is vital to work with these communities to raise awareness around healthy eating and support more locally sourced foods. Communities could be provided with growing and cooking skills; advice on shopping on a budget and local health champions identified and supported. This very much ties into the Lambeth co-operative borough and can be channelled through the work of the Lambeth Food Partnership.

7. Public Health working with partners should undertake further analysis of data and mapping against health and other relevant quantitative and qualitative data. This would help to determine any other underlying issues which may be environmental, social or individual motivators and barriers to behavior change. Such rich knowledge would be useful in being able to target evidence based interventions more appropriately.

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1. INTRODUCTION

The draft Lambeth Local Plan contains a policy – ED9 Hot Food Takeaways near Schools, which attempts to prevent the establishment of hot food takeaways if they are within 400 metres of a primary or secondary school. The reasoning behind this is concerns over the health of school pupils and easy access to unhealthy food options at lunchtime and straight after school.

This paper has been produced by the Lambeth Public Health Team (NHS Lambeth) to provide supporting evidence to the policy. It provides an outline of the impact of poor nutrition and diets on health and health inequalities; a review of the evidence on the contribution of fast food to diet related health conditions, particularly for vulnerable groups; and available local intelligence relating to these issues. This paper then concludes and provides recommendations to the use of planning restrictive powers as part of a wider local strategy to promote healthy eating, and subsequently improve the health and wellbeing and reduce health inequalities in Lambeth.

2. NUTRITION AND DIET RELATED HEALTH AND HEALTH INEQUALITIES

Good nutrition – an adequate, well balanced diet combined with regular physical activity is a positive foundation to building healthy lifestyles. A healthy diet has a balance of fats, proteins and carbohydrates, calories to support energy need and micronutrients to meet the needs for human nutrition without inducing toxicity or excessive weight gain from consuming excessive amounts. The UK government recommends that healthy people should eat a diet containing carbohydrates (rice, bread, pasta and potatoes). It also recommends that a person should eat at least 5 fruit or vegetable portions each day. Meat, fish, eggs and other protein-rich foods should be eaten in moderation. Dairy products should also be moderately consumed. Finally, salt, saturated fat and sugar should be eaten less. This advice is summarised in the Eatwell plate. The UK dietary reference values for micronutrients for the whole population are outlined in Table 1.

Table 1: Key UK Dietary Reference Values for macronutrients (whole population over the age of 5 years.)[1]

Key Macronutrient	Dietary Reference Value
Total fat	Population average no more than 35% food energy
Saturated fatty acids	Population average no more than 11% food energy
Trans fatty acids	Population average no more than 2% food energy
Non-milk extrinsic sugars	Population average no more than 11% food energy
Non-starch polysaccharides	Adult population average at least 18g per day

The awareness of the health benefits of fruit and vegetable consumption has been increasing over the last decade, with clear evidence of the protective effect for coronary heart disease, stroke, diabetes, obesity and some cancers. Various studies have shown that people who consume larger amounts of fruit and vegetables have lower rates of coronary heart disease and that there are also beneficial effects in reducing rates of disease recurrence. Increasing the consumption of fruit and vegetables can significantly reduce the risk of many chronic diseases such as heart disease, stroke and cancers by up to 20%[2],[3]

A World Health Organisation report in 2006[4] highlighted the importance of healthy nutrition for school children. It notes that healthy nutrition improves children well-being and learning ability, leading to better academic performance. Children, who are well nourished, have better learning outcomes, attendance, behaviour and consequently child-teacher relationships.

The latest National Diet and Nutrition Survey Headline results (2008/2009 – 2009/10)[5] reveals that about a third of adults and only 13% of boys and 7% of girls aged 11 to 18 years met the 5 portions of fruit & vegetables per day. Mean intakes of saturated fat exceeded the Dietary Reference Value (DRV) - no more than 11% food energy, in all age groups. Mean saturated fat intake for adults 19 to 64 years was 12.8% food energy. Mean Non Milk Extrinsic Sugars (NMES) intakes exceeded the DRV (no more than 11% food energy) for children aged four to 18 years and adults aged 19 to 64 years. Sugary soft drinks were the largest contributor to NMES intake for children aged 4 to 18 years.

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[1] Report on Health and Social Subjects 41 *Dietary Reference Values (DRVs) for Food Energy and Nutrients for the UK*, Report of the Panel on DRVs of the Committee on Medical Aspects of Food Policy (COMA) 1991. The Stationery Office. London

[2] Department of Health (1998) Nutritional Aspect of the Development of Cancer. Report on Health and Social Subjects No 48, TSO, London.

[3] Faculty of Public Health (2005) nutrition + food poverty: a toolkit for those involved in developing and implementing a local nutrition and food poverty strategy

[4] WHO (2006) A tool for the development of school nutrition programmes in the European Regions

[5] National Diet and Nutrition Survey. Headline results from Years 1 and 2 (combined) of the Rolling Programme (2008/2009 – 2009/10).

2.1. Poor Diet and Health

Poor diet and unhealthy eating has long been recognised as a risk factor for the major UK killers such as cancer, coronary heart disease (CHD) and diabetes. A poor diet is characterised by excessive intakes of saturated fat, salt or sugar, and insufficient consumption of fruit and vegetable and dietary fibre.

High levels of salt in the diet are linked to high blood pressure and this in turn can lead to stroke and coronary heart disease. Excessive dietary saturated fats elevate serum cholesterol and are a powerful risk factor for cardiovascular disease. The average population intakes of both salt and saturated fats are far higher than recommended in both adults and children. Industrially produced trans fatty acids (IPTFAs) are also a major public health concern; evidence suggests that an increase of 2% of food energy derived from trans fatty acids (TFAs) is associated with a 23% increase in the incidence of coronary heart disease[6]

Cardiovascular diseases (CVDs) are the leading cause of death in the United Kingdom, where coronary heart disease (CHD) and stroke cause 150 000 deaths every year. Of these CVD deaths, more than 40,000 occur prematurely in people younger than 75 years[7].

Evidence shows that poor diet is related to 30% of life-years lost in early death and disability. The effects of unhealthy diet may show up in individuals as raised blood pressure, raised blood glucose, raised blood lipids and overweight and obesity. These are all considered major risk factors to the subsequent unset of killer diseases such as CHD, diabetes and cancer. About one-third of cancers can be attributed to poor diet and nutrition[8].
Poor diet contributes to:

- Almost 50% of CHD deaths
- 33% of all cancer deaths
- Increased falls and fractures in older people
- Low birth weight and increased childhood morbidity and mortality
- Unhealthy weight such as overweight and obesity both in children and adults)
- Increased dental caries in children

Diets high in fat and sugar can result in overweight and obesity, particularly when a person's intake from food and drink exceeds the energy they use. The widespread threat to health and well being from unhealthy eating in this country has been highlighted. Around a quarter of adults are obese (24% of men and

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[6] Mozaffarian D et al. 2006. Trans Fatty Acids and Cardiovascular Disease, *New England Journal of Medicine* (NEJM); 354: 1601-13
[7] UK National Statistics [Internet]. London: Office for National Statistics; 2012.
[8] Department of Health (1998) Nutritional Aspect of the Development of Cancer. Report on Health and Social Subjects No 48, TSO, London.

26% of women), and 65% of men and 58% of women are either overweight or obese. This in turn is leading to the increases in diseases such as type 2 diabetes, heart diseases, cancers, breathing problems and infertility; and can contributes to low self-esteem and reduced quality of life.

There is considerable evidence that childhood overweight and obesity can be linked with numerous long-term and immediate health risks. Childhood and adolescent obesity can persist into adulthood, where the direct health risks of obesity are severe and well established. Childhood and adolescent overweight/obesity have been linked directly to middle-age mortality and morbidity. In addition to the increased risk for health problems in later life, children face immediate health consequences of obesity, including increased risks for an abnormal lipids profile and elevated blood pressure. Associations between childhood obesity and increased asthma prevalence and incidence of type 2 diabetes mellitus have been reported. Being overweight or obese can also have psychological effects. The national Health Survey (2011) states that the national prevalence of obesity and overweight is similar among girls and boys aged 2 to15 years old: 17% of boys and 16% of girls are classed as obese, and 31% of boys and 28% of girls are classed as either overweight or obese. Older children were more likely than younger children to be obese (24% of boys and 17% of girls aged 11-15, compared with 10% and 12% respectively among children aged 2-7)[9].

Behaviour problems have also been linked to imbalances of different types of fats. A lack of dietary omega-3 (found primarily in oily fish) is thought to be associated with negative behaviours including depression, anxiety, anger, hyperactivity and impulsive behaviour[10]

According to a UK government report[11], poor nutrition causes more than 70 000 preventable premature deaths annually, mainly from CVD. The health effects of poor nutrition pose an enormous economic burden; poor diet alone costs the government of the United Kingdom annual 6 billion pounds annually.[12]

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[9] Health Survey for England 2011, NHS Information Centre

[10] Hibbeln J (1998). Fish consumption and major depression. *The Lancet.* 351: 1213.

[11] Strategy Unit. *Food matters: towards a strategy for the 21st century.* London: The Cabinet Office; 2008.

[12] Scarborough P, Nnoaham K, Clarke D, Rayner M. Differences in coronary heart disease, stroke and cancer mortality rates between England, Wales, Scotland and Northern Ireland: the role of diet and nutrition. *BMJ Open* 2011; 1: e000263- doi: 10.1136/bmjopen-2011-000263 pmid: 22080528.

2.2 Poor Diet and Health Inequalities

The literature shows considerable inequalities in diet related diseases in England. In 2011 the Marmot Review[13] into health inequalities shows that the conditions in which people are born, grow, live, work and age can lead to health inequalities. Poorer people suffer more from premature illness and death; in the UK, the poorer people are, the worse their diet.

Inequalities in health emerge as a result of many aspects of daily life and in particular, through poor dietary intake and inadequate nutritional status. In the evidence presented to the Independent Inquiry into Inequalities in Health, by Sir Donald Acheson, Nelson (1999) reported *"there is good evidence that inequalities in access to and consumption of a healthy diet lead to inequalities in health"*. Potential health issues which may arise through poor diet as a result of not being able to access good quality, nutritious food i.e. food poverty[14], are likely to result in a range of other health problems. A high density of takeaways in a geographical area and limited choice of alternative shops or supermarkets represents a form of food poverty.

Food insecurity[15] disproportionately occurs among low socio-economic and low income families. Additionally, certain sections of the population are significantly more at risk of food insecurity than others such as poor older people, low income households, black and minority ethnic groups, men living alone and those with disabilities[16]

Dietary consumption typified by high intakes of fat, sugar and salt and low consumption of essential vitamins, minerals and dietary fibre lead to ill health . Diets of this nature tend to be more prevalent among low income consumers and are generally comprised of low cost energy from foods that are high in fat and refined sugars and low in vegetables and fruit. James et al (1997)[17] have reported that such diets are lower in essential nutrients such as calcium, iron, magnesium, folate and vitamin C. This study also noted that new nutritional knowledge on the protective role of antioxidants and other dietary factors suggests that there is scope for enormous health gain if a diet rich in vegetables, fruit, unrefined cereal, fish and small quantities of quality vegetable oils could be made more accessible to those who are less well off.

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[13] Marmot, M. Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010.

[14] People who have a poor quality diet and do not have access to sufficient food necessary for a healthy life are said to be experiencing food poverty.

[15] Food security is described as access to sufficient, affordable, safe and nutritious food necessary and appropriate for a healthy life, and the security of knowing such access is sustainable in the future

[16] National Heart Forum, Faculty of Public Health and Public Health Observatory West Midlands (2004): nutrition + food poverty – a toolkit for those involved in developing or implementing a local nutrition and food poverty strategy

[17] James WPT, Nelson M et al (1997). The contribution of nutrition to inequalities in health

In many respects, the areas of concern in the low income population are similar to those already identified in the general population, although some are more marked in this group. For example as highlighted in the Low Income Nutritional Survey (2007)[18], for the low income population:

- The average consumption of fruit and vegetables was one-half of the recommended 5 portions per day.
- Intakes of non-milk extrinsic sugars (particularly among children) and saturated fatty acids were above the (maximum) UK recommendations.
- Intakes of non-starch polysaccharides fell below the (minimum) UK recommendations.
- There was evidence of inadequate nutritional status for iron, folate and vitamin D.
- A more substantial proportion of men and women were overweight or obese.

Whilst obesity is not a direct outcome of food poverty, it is clear that there are strong associations between both. The causes of overweight and obesity are well understood and widely documented. A diet high in fat and sugar, coupled with little or no physical activity, results in an energy imbalance and ultimately excessive weight gain over time. Research suggests that overweight and obesity is more prevalent among those in the lower income groups and with low levels of education. The inability to access nutritious, affordable foods often results in an over reliance on low cost, high energy alternatives.

In addition, the literature shows that children from food-insecure families (i.e., families that lack access to sufficient, safe and nutritious food) are at risk of developmental and behaviour problems.[19]

2.3 Diet Related Health in Lambeth

Deprivation in Lambeth is higher than the England average. About 18,400 children live in poverty and life expectancy for both men and women is lower than the England average. Lambeth male life expectancy is 77 years compared to England average of 78.5 years and female life expectancy is 81 years compared to England average of 82.5 years.

The Lambeth Health Profile (2012)[20] estimates the prevalence of adults in Lambeth who consume 5 or more portions of fruit and vegetables per day as

[18] Low income diet and nutrition survey Food Standards Agency Low income diet and nutrition survey: summary of key findings2007

[19] National Heart Forum, Faculty of Public Health and Public Health Observatory West Midlands (2004): nutrition and food poverty – a toolkit for those involved in developing or implementing a local nutrition and food poverty strategy

[20] Association of Public health Observatories Health Profile – Lambeth, 2012

37.5%. Lifestyle risk factors including unhealthy diet continue to be major risks to good health amongst the Lambeth population. Lambeth has a high rate of premature deaths from cancer and cardiovascular diseases. These conditions are diet related and are the top causes of death in the population. The mortality rate for early death in Lambeth from all circulatory disease (heart disease and stroke) is 87.8, higher than the national average of 67.3. Disease prevalence models have shown that there are high numbers of undetected cases of diabetes, hypertension and heart disease in Lambeth.

Obesity is a major public health concern in Lambeth; approximately 50,000 adults in Lambeth are classified as obese. The estimated number of deaths in Lambeth from heart disease and stroke attributable to obesity is 172 per annum[21]. Using the Forecast modelling report (2007) and attributing it to Lambeth, NHS costs of principal diseases related to overweight and obesity is estimated at £122.5million.

Childhood obesity prevalence is higher than the national average. The National Child Measurement Programme (NCMP) is an annual weighing and measurement exercise for children in Reception Year (aged 5-6 years) and Year 6 (aged 10 -11 years). The NCMP results for 2011/12 Academic Year in Lambeth show that levels of obesity in Reception and Year 6 children were 10.8% and 24.2% respectively. Figures 1 and 2 show obesity prevalence for Reception and Year 6 children in Lambeth since 2005.

[21] Department of Health Obesity Modelling tool, 2009

Figure 1: Obesity Prevalence Trend for Lambeth Reception Year Children (Academic Years 2006/07 - 2011/12)

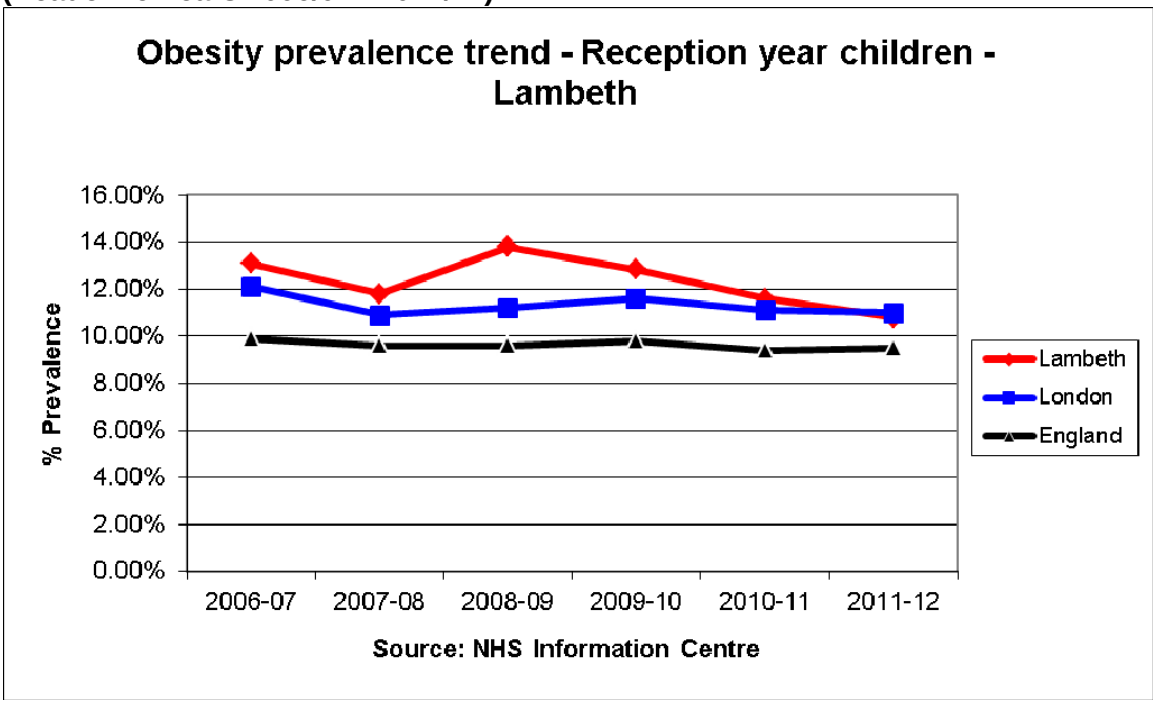
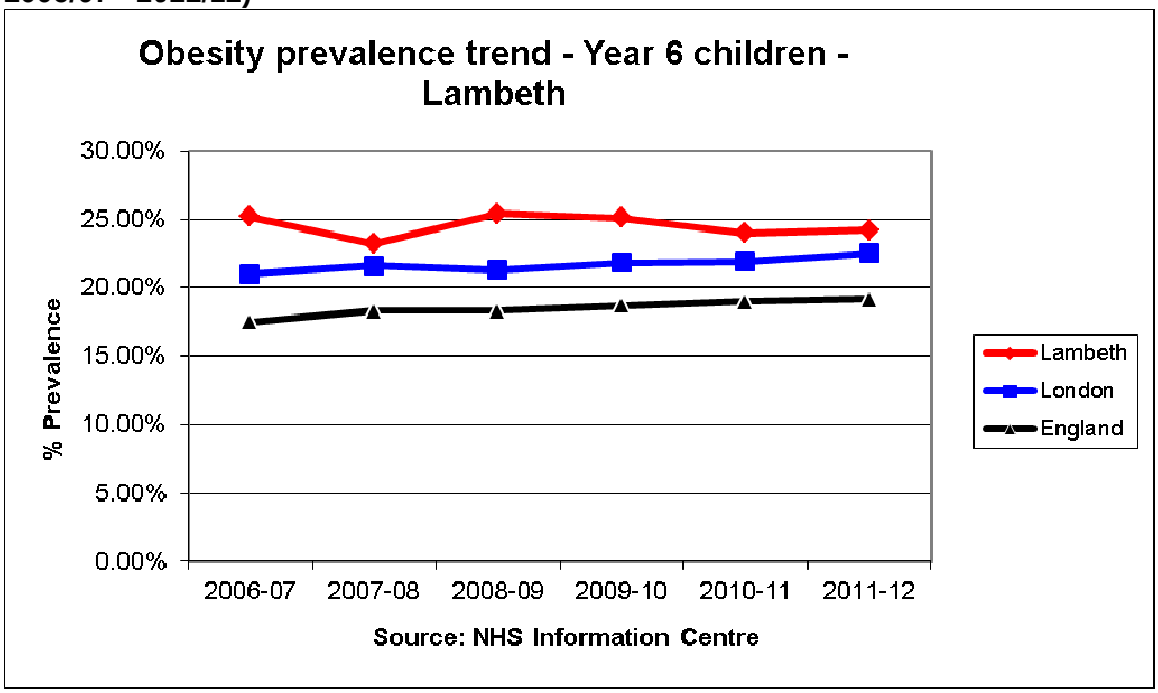


Figure 2: Obesity Prevalence Trend for Lambeth Year 6 Children (Academic Years 2006/07 - 2011/12)



Vitamin D is an essential vitamin for the development of healthy bones and teeth. It regulates the amount of calcium and phosphate in our bones and in our bodies. 10% of our daily Vitamin D requirement from our diets, the rest of the requirements are obtained by the action of sunlight on the skin to synthesise the vitamin. In children, Vitamin D deficiency (levels less than 25nmol/l) initially causes bone and muscle pains, lethargy, irritability and if prolonged, prevents normal development of bone. This causes the long bones to become bowed (rickets). Rickets is an entirely preventable disease which stops children from walking and causes developmental delay and failure to thrive. Vitamin D deficiency can also lead to hypocalcaemic seizures in very young children and more rarely, vitamin D related cardiomyopathy – a severe condition where the heart becomes dilated and pumps poorly. In adults vitamin D deficiency causes thinned bone known as osteomalacia which confers increased risk of fractures. Estimates suggest that in 2013 there will be 2476 children aged 0-4 with Vitamin D deficiency in Lambeth. Prevalence estimates also suggest that there will be 190 cases of rickets in children aged 0-4 in Lambeth. A recent national study and local anecdotal evidence from the NHS Lambeth Level 3 children's weight management service suggest a link between obesity and vitamin D deficiency in children.

3. LOCAL INITIATIVES TO PROMOTE HEALTHY EATING AND ADDRESS OBESITY IN LAMBETH

Unhealthy diets and the causes of obesity are complex and multi-faceted. It is generally accepted that the current prevalence of obesity in the UK population is primarily caused by people's biological system struggling to maintain an appropriate energy balance within a changing modern environment that includes more sedentary lifestyle and increased dietary abundance[22]. Co-ordinated action is therefore required to promote healthy eating and to address obesity.

The Lambeth Healthy Weight Taskforce is a well established multi-agency groups facilitated by Public Health, NHS Lambeth. The group provides strategic direction in relation to nutrition, physical activity and healthy weight in the borough. Membership includes representation from different parts of the local authority, the NHS, schools, and the voluntary sector. The group has worked together to develop the innovative multi-agency Lambeth Healthy Weight Care Pathway for Children.

[22] Butland B, Jebb S, Kopelman P, et al. Tackling obesities: future choices – project report (2nd Ed). London: Foresight Programme of the Government Office for Science, 2007.

Outlined below are some of the initiatives within Lambeth which help promote healthy eating and healthy weight.

a) NHS Lambeth has childhood obesity as one of its strategic priorities and has in addition to universal services (such as GPs, Health Visitors, School Nursing) commissioned the following priority interventions to support the Lambeth healthy Weight Care Pathway. For further information on any of these please go to http://lambethhealthyweight.org.uk/contact-us.htm

- ***Support to Early Years***
  - Promotion of breastfeeding through the UNICEF Community Baby Friendly Initiative implementation across all Children Centres in Lambeth.
  - Providing all Children Centres in Lambeth with Nutrition and Dietetic Support
  - Food Workers supporting young mothers to provide healthy food for their families

The main aim of this initiative is to ensure that all the services being provided in and around the environment of Children Centres in Lambeth, support pre-school age children to achieve and maintain healthy weight. It includes training and support to Children Centres staff on evidence based nutritional practices and healthy eating for the under fives. For example, Food Workers provide practical sessions on shopping, preparing and cooking healthy recipes for parents and children through "cook and eat" clubs where children can taste different foods and participants can taste and share with others learning and experiences around healthy eating.

- ***Multi-Agency Training for Health and Non-health Professionals - Lambeth Healthy Weight Care Pathway Implementation Support.*** As part of the Healthy Weight Care Pathway implementation, NHS Lambeth have been offering training to all those working with children and young families. The purpose of the Care Pathway is to enable all those working with children and young families to understand childhood obesity and to be able to provide consistent and evidence based brief interventions as well as to signpost to the appropriate services.

- ***School Healthy Weight Promotion.*** NHS Lambeth has commissioned the delivery of training and support resources and available free to primary schools in Lambeth. The aim is to support staff (teaching and non-teaching) to raise their awareness of childhood obesity, and help them feel confident to provide basic advice to children, parents/carers and to signpost to relevant services. This training is equivalent to the Healthy Weight Level One Training

- ***Specialist Obesity School Nurse.*** A new Specialist Obesity School Nurse post has been created within Lambeth School Nursing team to support the

implementation of the priority interventions. This post has a key role in the assessment and referrals of children and families to appropriate services to address healthy weight issues as well as establishing links with key staff and practitioners working to support healthy weight issues.

- ***Lambeth Ready Steady, Go! (Children's Weight Management Services - Level 2)*** This service is delivered by the Lambeth Ready Steady, Go! Team and focuses on treating overweight and obese children (aged 4- 12 years old) and their families using targeted prevention and early intervention. This is an innovative service with both structured and flexible weight management programme components. Further information about the programme is available on http://ww.lambeth.gov.uk/readysteadygo

- ***Lambeth Specialist Children's Specialist Weight Management Service (Level 3)*** This is a specialist targeted support service for overweight and obese children aged 4 to12 years with **additional** medical and/or complex social needs. The service is delivered by a multi-agency team consisting of a Community Paediatrician, Dietician, Physical Activity Facilitator and a Family Therapist.

b) Healthy Start Scheme: This scheme provides eligible families (i.e. those in receipt of certain benefits or if you are under 18 years and pregnant) with vouchers exchangeable for liquid milk, infant formula, fresh fruit and vegetables, as well as coupons that can be exchanged for Healthy Start vitamins. Local businesses are being encouraged to join the Healthy Start Scheme. www.healthystart.nhs.uk or call the Healthy Start Helpline on 08456076823

c) NHS Health Checks: In Lambeth people aged 40-74 years are invited by their GP once every five years for a free NHS Health Checks. The check involves a medical questionnaire and some health checks that would help to assess the individual's risk of developing heart disease, stroke, and diabetes and kidney disease. It includes a questionnaire looking at family history, current medication, recording of height, age, sex, weight, blood pressure and blood cholesterol. The check takes approximately 20-30 minutes. Once the results are available individuals are then offered personalised advice and support. Individuals who are identified at risk of developing heart disease, stroke, and type 2 diabetes or kidney disease will be supported and offered intervention such as lifestyle changes including healthy eating, cutting down on alcohol and increasing physical activity.

d) Lambeth Early Intervention and Prevention Service (LEIPS): NHS Lambeth has commissioned the delivery of this service as 'a single point of access' for those requiring early intervention/prevention services and with identified risk factors for cardiovascular disease. It includes smoking cessation support, healthy diet advice, physical activity support, alcohol consumption support. The service also provides support for clients with known conditions

which may lead to cardiovascular disease such as diabetes, hypocholesterolaemia and hypertension**.** The LEIPS includes:

- Exercise on Referral
- Stop Smoking Service
- Expert Patient Programme and Self Care skills training
- Healthy Heart, Healthy Weight programme
- Alcohol screening and brief interventions
- Health Trainers (now referred to as Health Improvement Facilitators)
- Weight Management Services

e) Healthier Catering Commitments (HCC): Lambeth Council Food Safety team works with local food business encouraging them to sign up to the HCC by offering healthier food. In 2012, the Food Safety team together with Public Health worked initially with local Portuguese and African Caribbean food outlets to encourage healthier adaptation of traditional popular recipes. A toolkit is currently being piloted to encourage businesses to use less fat and salt in popular dishes and to provide more options for healthy food and drink. For further information contact the Lambeth Food Safety team foodhealthandsafety@lambeth.gov.uk

f) Developing a co-produced Lambeth Food Strategy: The NHS Lambeth Public Health team is working alongside Incredible Edible (*a fully constituted voluntary group, representing over 120 community food growing projects in Lambeth and Green Community Champions*), the local authority and other organisations to take a more co-ordinated and strategic approach to food issues in the borough. The vision is to have a local food system which is healthy, improves wellbeing, is affordable, fair, promotes local employment and develops skills. This work is being seen locally as a trailblazer for the creation of resident-led strategies that address the needs of our communities in a co-operative way. As a first step, an event "Who Feeds Lambeth" was held in June 2012. The event focused on the production, distribution, consumption, procurement and sustainability of food in Lambeth. This event brought together the views of residents, voluntary and community groups, the local authority and NHS on the broad range of issues related to food in the borough. So far, based on consultations with a range of stakeholders, the following themes are emerging:

- **Education** - Provide education and learning initiatives both in formal and informal settings across the Borough to raise awareness of health and sustainable food issues.
- **Networking** - Provide networking opportunities to improve the connections between the various components of the food system, to share good learning and encourage partnership working.
- **Policy** - Ensure that all policies and strategies across the Borough, for example, planning, economic development, support a sustainable food system in Lambeth

- **Food poverty / access** - Improve access to healthy affordable food for all residents.
- **Waste** - Reduce food related waste in Lambeth – reduce, re-use and recycle
- **Land** - Increase access to land for growing and other food related activities for residents and community groups
- **Culture/behaviour change** - Celebrate the cultural diversity of food in the Borough, encourage positive behaviour change to support health and wellbeing and provide opportunities for community engagement in food activities
- **Environmental sustainability** - Promote food produced in ways which conserve and enhance the environment and contribute to a reduction in carbon emissions
- **Procurement** - Introduce procurement policies within public institutions e.g. schools, hospitals which include sustainable and nutritious food, and which support animal welfare and fair-trade.
- **Local economy** - Encourage the development of a vibrant local food economy, support food related SMEs and local food growing initiatives.

g) Well London Programme (Vauxhall Gardens): The Lambeth Public Health team facilitates the implementation of Well London Phase 2 in Vauxhall Gardens. Well London uses a community-led, asset based approach that engages and empowers people to build and strengthen the foundations of good health and wellbeing in their communities. The Well London programme in Vauxhall Gardens is working with the community to address low levels of healthy eating, physical activity, positive mental wellbeing and oral health (for children 5 years and under). Other needs identified by residents will also be addressed. A peer to peer approach is used which recognises that people with existing networks in a community are well placed to disseminate information and champion healthy behaviours, which is very much in line with the values of the Lambeth Co-operative borough. The Programme has been jointly funded by the Big Lottery (through the Greater London Authority) and NHS Lambeth.

h) Change4Life: Change4Life and its associated brands e.g. Start4Liife are the Department of Health social marketing programmes that provide health advice, information and support resources for families as well as adults in mid-life. The programme incorporates messages such as health harms of above-limits alcohol consumption, the broader benefits of physical activity (i.e. not just weight maintenance) and nutritional information including salt reduction. Many schools, practitioners and families in Lambeth have signed up to different initiatives within the Programme**.** The Start4Life programme also provides information and support for children and young families including pregnant women. The support materials are distributed via health care professionals. For more information log on to www.change4life.com

4. REVIEW OF THE EVIDENCE ON TAKEAWAY FAST FOOD OUTLETS - EXPLORING THEIR NUTRITONAL CONTENT, DENSITY (PARTICULARLY NEAR SCHOOLS) AND THEIR IMPACT ON HEALTH

4.1 Nutritional Content of Fast Foods

The impacts of fast food diets on human health have also been stressed in the Foresight Report Tackling Obesities: Future Choices (2007) which stated that food purchased form fast-food outlets and restaurants is up to 65% more 'energy-dense' than the average diet. The high content of levels of salt, sugar, fat and saturated fat in takeaway foods is being widely reported. A report by Consumer Focus (previously the National Consumer Council) found that food from takeaway outlets was often high in fat, salt and sugar and making healthy choices was hard, even for those looking to purchase a healthier version[23]

Industrially Produced Trans Fatty Acids (IPTFAs) are found in many varieties of food from fast food outlets and takeaways; some may be found in the ingredients but some may occur as a result of the food being fried in hydrogenated vegetable oil. The repeated reheating and cooling of frying oils result in chemical changes within the oil increasing the levels of IPTFAs. Changes in the composition are also affected by factors such as; how well frying is managed, how long the oil is being used for and the type of oil being used. It is estimated that 0.2 – 1% of total fat content are converted into trans fatty acids through the deep frying process over longer periods with initially IPTFA-free vegetable oils[24]

Frying practices in small takeaway businesses often indicate exposure to wider fluctuations in temperature and much longer turnaround. There is little data available on the levels of IPTFAs in takeaway food in the UK. International evidence indicates that analysis of fast food in Austria showed IPTFA levels in French fries and burgers can range between 0.1 and 8.93% of overall fat content[25].[26]

There have been several studies that have looked at the use of fast food outlets by school children. A study in two large, mixed comprehensive schools, one in a leafy, affluent suburb, and the other in a more deprived city was carried out by

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[23] National Consumer Council. 2008. *Takeaway Health: how takeaway restaurants can affect your chances of a healthy diet.* London: NCC

[24] Health Canada. 2006. *TRANSforming the food supply: Report of the Trans Fat Task Force submitted to the Minister of Health*, p. 26

[25] Wagner, K-H., Plasser, E., Proell,C and Konzler,S. 2008. Comprehensive studies on the Trans Fatty Acid content of Austrian Foods: Convenience products, Fast Foods and Fats In: *Food Chemistry* (2008), 108, page 1057.

[26] Uauy R et al. 2009. WHO Scientific Update on Trans fatty acids: summary and conclusions. *European Journal of Clinical Nutrition* (2009) 63, S69

the Nutrition Policy Unit at London Metropolitan University. The study found that secondary school pupils get more food from 'fringe' shops than from the school canteen, 80% buy from local shops and 41% never go to the school canteen. Food bought by school children in 'fringe' shops provided at least 23% of their daily energy requirement, and was often high in fat or sugar. Three out of ten fringe purchases were made in takeaways and were generally hot food such as chips, chicken and chips or pizza. The fat content of purchases from takeaways was high (an average of 42g of fat per purchase). The average fat content of a £1.00 portion of chicken and chips was 53.2g, well over half the amount of fat a child of this age should be eating in a whole day[27]

4.2 Takeaway Fast Food Outlets - Density, Proximity to Schools and Health Outcomes

Studies have found a positive association between availability of fast-food outlets and increasing deprivation. Takeaway food outlets are often located in areas of higher socio-economic deprivation. The National Obesity Observatory (NOO) has found a strong association between levels of deprivation and the density of fast food outlets, with more deprived areas having more fast food outlets per 100,000 populations. Ford and Dzewaltowski (2008) also state that "while the quality of the retail food environment affects food choice and eating behaviours among both high and low socio-economic status populations, the economic (and perhaps social and cultural) resources available to those of higher socio-economic status have a protective effect on eating patterns". This study seems to suggest that areas with high levels of deprivation are more influenced by the retail food environment than more affluent areas.

The location of fast food outlets near schools and the impact this has on the behaviours and health of school children have been examined. A study[28] on the consumption of takeaway and fast food in a deprived inner London borough showed that chips were frequently purchased either on their own or purchased with other fried items like fried chicken or pizzas. In addition, a majority of these children (70%) also preferred sweetened soft drinks over other drinks when purchasing fast food. These products that are purchased are calorie dense, high in sugar, salt and fat as well as saturated fat (and probably trans fat). These products give no feeling of satiation, and their high salt content makes children thirsty, resulting in the children consuming more sweetened soft drinks. The study concluded that actions need to be taken to either limit the ability of these children to access fast food outlets or to change the foods they purchased at these outlets (e.g. less calorie dense, with more fruit and vegetables, with less fat and salt) and to have a ban on the sale of sweetened soft drinks at these outlets.

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[27] . Sarah Sinclair and Jack Winkler.2008. The School Fringe: What pupils buy and eat from shops surrounding secondary schools. Nutrition Policy Unit. London Metropolitan University.

[28] : Patterson R, Risby A, Chan M-Y. Consumption of takeaway and fast food in a deprived inner London Borough: are they associated with childhood obesity? BMJ Open 2012

Indeed, these school children were positive to modifications and may well choose healthier options if they were made easily available.

A 2008 report from the Nutrition Policy Unit of London Metropolitan University[29] found that particularly local, independent takeaways near schools often adapt their offer to appeal to children e.g. with child-sized portions and prices, and more staff at school closing times. They also found that shops (including takeaways) near schools, particularly those at the end/start of journeys to school, was the most common source of food during the school day, even more so in schools allowing pupils out at lunchtime. Such outlets were used on average, once a day. It concluded that food outlets in close proximity to and surrounding schools were an obstacle to secondary school children eating healthily.

The relationship between fast food outlets and obesity has been considered, with most of the studies being conducted in the USA, results have been mixed but have become more consistent. The Foresight Report cited a longitudinal study conducted in America which found a relationship between frequency of consumption of food from fast food restaurants in girls 8-18 years old and the development of obesity. Similarly, other literature reviews have found a casual link between over-concentration of and/or proximity to fast-food outlets and obesity. In 2009, Currie et al established that children who attend schools near fast food restaurants were more likely to be obese than those whose schools do not have fast food restaurants nearby.[30] Not only does the research point to weight differences, but it has been found that students with fast-food outlets near (within one half mile of) their schools consumed fewer servings of fruits and vegetables, consumed more servings of fizzy drinks, and were more likely to be overweight or obese than were youths whose schools were not near fast-food outlets[31]

Also findings from a recent study carried out on 3600 adolescents in UK suggested that those adolescents who ate at fast food outlets tend to consume more unhealthy foods and were likely to have higher weight status than those adolescents who did not consume fast food frequently[32]

Summaries of research studies relating to fast food outlets and obesity can be found in Appendix 1.

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[29] The School Fringe: What pupils buy and eat from shops surrounding secondary schools. Sarah Sinclair and Jack Winkler. Nutrition Policy Unit. London Metropolitan University, July 2008

[30] Currie,J., DellaVigna, Moretti, E. And Pathania, V. The Effects of Fast Food Restaurants on Obesity, *American Association of Wine Economics*, February, 2009

[31] Davis and Carpenter (2009) "Proximity of fast-food restaurants to schools and adolescent obesity" in American Journal of Public Health, 99:3

[32] Fraser LK, Edwards KL, Cade JE, et al. Fast food, other food choices and body mass index in teenagers in the United Kingdom (ALSPAC): a structural equation modelling approach. Int J Obes (Lond) 2011;35:1325e30.

A study from the International Study of Asthma and Allergies in Childhood (ISAAC) Phase Three[33] published in January 2013 explored the impact of the intake of types of food on asthma, rhinoconjunctivitis and eczema in adolescence and childhood in developing countries. Initial findings show an increased risk of severe asthma in adolescents and children was associated with the consumption of fast food ≥3 times per week, as well as an increased risk of severe rhinoconjunctivitis and severe eczema. Similar patterns for both ages were observed for regional analyses, and were consistent with gender and affluence categories and with current symptoms of all three conditions. The study concludes that if the association between fast foods and the symptom prevalence of asthma, rhinoconjunctivitis and eczema is causal, then the findings have major public health significance owing to the rising consumption of fast foods globally.

4.3 Takeaway Fast food Outlets and Lambeth School Children

In Lambeth there have been growing concerns about the diet of school children, with a recognition that many pupils are regular consumers of fast foods. This can be observed particularly around the end of the school day when school children can be seen on the streets or on public transport with their fast foods.

There are estimated to be 247 hot takeaway fast food outlets (A5 in planning terms) in Lambeth. However, this does not include restaurants that provide takeaway food. The National Obesity Observatory indicates a rate of 109 fast food outlets per 100,000 population.

Take away fast food outlets (A5 uses) in the borough were identified by the local authority. Lambeth Public Health mapped the listed A5 uses which are defined as hot food venues where there is very limited seating. This is different from restaurants and cafés which may provide take away food (A3 use). Public Health analysed the location of the outlets to identify areas which were likely to be most affected by the operation to takeaways and access to them. This was done by mapping overlapping takeaway 'catchments'. Using a catchment of 400m, a proxy for a 10 minute walk, it was possible to work out how many takeaways were accessible in one area. Darker areas on the map of Lambeth in figure 4 represent areas with a higher density of A5 food outlets within a 400m, 10 minute walk.[34]

The greatest number of overlapping 400m catchments of fast food outlets is 18 and the average is 7. The highest concentration of fast food venues are situated

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[33] Do fast foods cause asthma, rhinoconjunctivitis and eczema? Global findings from the International Study of Asthma and Allergies in Childhood (ISAAC) Phase Three. Philippa Ellwood1, M Innes Asher1, Luis García-Marcos2, Hywel Williams3, Ulrich Keil4, Colin Robertson5, Gabriele Nagel6, the ISAAC Phase III Study Group**Thorax doi:10.1136/thoraxjnl-2012-202285*

[34] This methodology of mapping is similar to the one used in the *Food Outlet Mapping in the London Borough of Newham* Report (July 2010)

around high streets and transportation hubs, Brixton, Clapham, Streatham and West Norwood. Tables 1 and 2 show the number and proportion of primary and secondary schools within a 10 minute walk of A5 outlets.

Table 1: Number and Proportion of Primary Schools and ranges of A5 food outlets within a 10 minute walk (400m distance)

Number A5 food outlets	Number of schools	% of schools
0	15	24%
1-4	25	40%
5-9	18	29%
10-13	4	6%

Table 2: Number and Proportion of Secondary Schools and ranges of A5 food outlets within a 10 minute walk (400m distance)

Number A5 food outlets	Number of schools	% of schools
0	4	29%
1	1	7%
3	3	21%
5	3	21%
6	2	14%
9	1	7%

Using the national IMD deciles, analysis shows that in Lambeth there is a positive relationship between the number of takeaways and areas which fall n the most deprived deciles (Figure 3). This is very much in line with national evidence that more takeaways are located in the most deprived areas.

Figure 3: Concentration of Lambeth Takeaway Outlets in Relation to National IMD Deciles

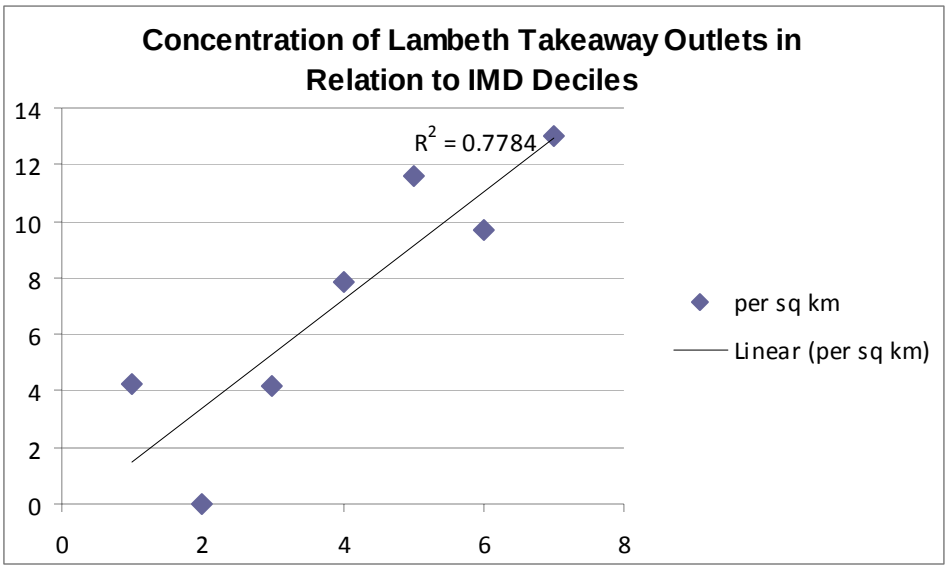
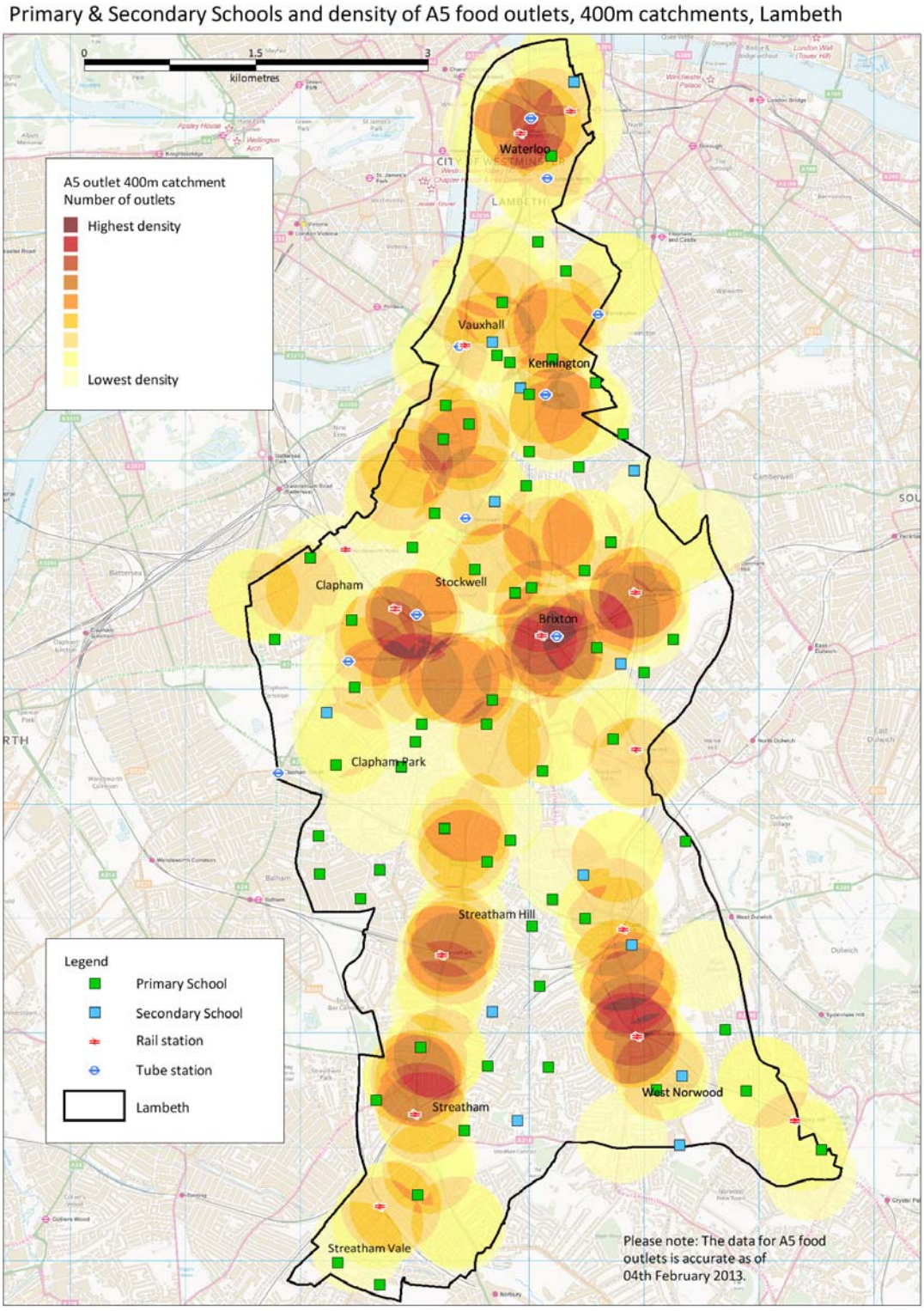


Figure 4: Map of Lambeth showing the density of fast food outlets, 400m catchments and the location of primary and secondary schools



In 2012, Lambeth Council Food Safety team took samples from different fast food outlets in Lambeth. These were analysed and nutrient profiles produced. The results revealed high levels of fat, salt and calorific content. There was a focus on outlets that served Portuguese and African Caribbean foods. Of the total of 21 samples taken, 14 (66%) had high fat content, 15 (71%) had high salt content with only 1 out of the 21 samples not in the high or moderate category for salt.

Table 3: **Categorisation of the proportion of samples taken (per serving) using the Food Standards Agency Traffic Light Guidelines**

Sample Content	Food Standards Traffic light per serving		
Fat	**66%**	**24%**	**10%**
Salt	**71%**	**24%**	**5%**

4.4 Feedback from Community Members in Lambeth

Research involving members of the community in Lambeth has suggested that there is a high consumption of fast foods in the borough. The Department of Health commissioned observational research on three key BME communities. Pakistani, Bangladeshi and Black African exploring behaviours and attitudes to diet and physical activity. The observation of Black African families was conducted in the boroughs of Lambeth and Southwark. It revealed that there was a lot of "snacking" on fast foods which supplemented rather than replaced the home cooked traditional meals.

In 2009, NHS Lambeth commissioned a research study to identify the knowledge, behavioural choices and attitudes associated with healthy foods amongst Black Caribbean, West African, White British, Portuguese and Somalian mothers residing in Lambeth. Many of the findings from this Lambeth study were consistent with the Department of Health national consumer insight[35].

The Lambeth study concluded that:

- There was awareness, across all communities, of the recommended five fruits and vegetables a day and the link between poor diet and health
- Most people consumed more carbohydrates and meat, and less fruit and vegetables than the recommended amounts, with meal portions often very large
- People from those asked in the Lambeth study defined being overweight in aesthetic terms and obesity and health in functional terms

[35] Department of Health Healthy Weight, Healthy Lives Consumer Insight. 2008

- Most respondents did not identify with people who lived a healthy lifestyle and consisting of consuming five fruits and vegetables and doing 30 minutes of physical activity daily
- Stressful lives, expense and children disliking fruits and vegetables were seen as major and additional barriers to achieving healthy lifestyles.

In addition, the research revealed frequent use of convenience foods and takeaways particularly with the White British, Black Caribbean and West African mothers. In the West African community, a number of respondents reported that it was common to eat what would count as a full meal in terms of calorie intake (such as take-away fried chicken, a hamburger or a sandwich) but to regard this as a mere snack to be followed by a "proper" meal later. Generally, this seemed to be rooted in the view that a "meal" is what is eaten at home, at regular time and in the company of others, while everything else is treated as a mere "snack".

There was also further insight into the consumption of "fast food". White British, Black Caribbean and West African mothers all reported that they and their children ate "fast food" or "junk food" with regular frequency. They knew that this was not healthy, but it was easy and that often mattered more to them. It avoided having to shop, cook, do the dishes, and it made the children happy. Mothers felt that they were giving their children a "treat", which made both parents and children feel good, especially in the context of relative economic deprivation in which treats are few and far between. In many cases, fast food consumption was largely or exclusively driven by children. Indeed, some mothers with younger children said that they never went to any fast food outlet on their own, but that they took their children because they loved it.

The School Health Education Unit (SHEU) in 2012 surveyed a sample of Lambeth primary and secondary pupils aged 8 to 15 years old. When asked about their consumption of sweets, snacks and fizzy drinks, 20% of Year 4 boys and 16% of girls said they eat crisps on most days. Additionally, 22% of boys and 18% of girls said they consumed sweets, chocolates, etc on most days and a significant proportion reported spending their own pocket money on sweets, chips, chocolates and fizzy drinks.

In the summer of 2012, the Old Vic theatre performed a play known as "*Health Wealth*" on a tour of London schools. The production focused on the issue of obesity, revealing the food journey through the eyes of a young person, as well as exploring the role of fast foods. A workshop followed the play and the school children were able to identify the issues raised within the play, and they were given the opportunity to suggest their own solutions on how to address the food choices they make in their daily lives. Seven schools in Lambeth took part and a total 1,030 students participated with the post workshop feedback. In addition, they were asked to respond to a number of questions on their food choices (See Table 4 below). Worryingly 82% of the respondents claimed to eat fast foods

either mostly or sometimes with only 1% claiming never eating fast foods. The production was extremely successful with 98% of the young people saying that it would influence them to make changes to their lifestyle.

Table 4: Feedback from students- Health Wealth Play (1,030 Lambeth Students)

	Mostly	**Sometimes**	**Rarely**	**Never**
How often do you eat your 5 day?	28%	48%	21%	3%
How often do you eat fast food?	50%	32%	17%	1%
How often do you consume fizzy drinks?	58%	23%	17%	2%
	Family	**Friends**	**Media**	**School**
What has the greatest influence on you to eat certain food	55%	17%	18%	10%

In February 2013, the Lambeth Public Health team commissioned the Old Vic New Voices to conduct further workshops in two of the schools they had performed the Health Wealth Play in. Two Lambeth Secondary Schools were visited (identified as School 1 and School 2). The aim was to understand young people's views on healthy living as well as the impact that the wider environment has on their food choices. Workshops were held with children in Year 7 (ages 11 -12 years) in one school and Year 9 (ages 14 – 15 years) in the other. The young people from both schools seemed to have quite a strong perception of healthy eating as boring and limited to just fruit and vegetables. Over 75% of students at both schools either visit a takeaway, two or more times a week, or would go out at lunchtime if they could, rather than eating schools meals or a packed lunch. At least 50% of students from both schools currently go to a takeaway after school more than twice a week. For most students they think of this as a snack, but some students will have it after not having any lunch at school or instead of having an evening meal at home.

The main reason for wanting to get food outside of school is the attitude students have towards school meals. The price of a school meal varies from £1.60 – £2.90, the cost of 8 chicken wings and chips (from the cheapest shop in their area) varies between £1.70 and £2. Students regard the latter as the better deal. There were also comments made about having to wait a long time in queues at lunchtime for school food and busy lunch rooms. A number of students also mentioned getting food on the way into school from the local corner shop.

School 1 had a wider variety of local takeaways compared to School 2, but both had more than seven that the pupils could name without difficulty, that were close to the school. Students from School 2, which has slightly less takeaways in the local area than School 1, were as a group less likely to visit a takeaway in comparison to the other school. The reason for this was because they were not willing to travel out of their way for it. In order to buy something from a takeaway after school/at lunch, it had to be convenient (on the way or a 5 minute walk),

cheap and quick. Over 75% of students, from both schools, wouldn't walk more than 10 minutes to get a takeaway at any point during their school day.

When creating their own healthy takeaway shops, the students seemed keen on the idea of healthier versions of takeaway food. Smaller portion sizes were talked about and different cooking methods- e.g. grilling rather than frying.

Most students were aware of certain ways to eat healthier during their school day, but they still found it difficult. No student seemed particularly excited by what was on offer in the school canteen, many mentioned that fruit was available to buy but they had no desire to buy it. When creating their own shops though, many had a lot of fruits listed as things they wanted to sell e.g. mangos, coconut, grapes, raspberries, kiwis, whilst more exotic, these do seem more appealing.

Students really focused on special offers and bargain prices as a reason to go to their favourite after school takeaway. They also talked about being stimulated by sight and smell; they mentioned how seeing the shop/littered packaging made them think about buying it, or smelt it and that was what made them think to buy it, rather than thinking they wanted it the moment they left the school gates.

5. CONCLUSION

There are an estimated 247 hot food takeaways in Lambeth, and there is a high density of these near primary and secondary schools, with good access for children during school hours and to and from school. Findings from national and local reports indicate fairly regular consumption of fast foods by Lambeth school children. Fast foods tend to be high in fat and salt which are risk factors for obesity, cardiovascular disease and certain cancers. Childhood obesity is a concern in Lambeth with levels being higher than the national average; it is worrying to see that the obesity level doubles between Reception year (ages 4-5) and Year 6 (ages 10 -11). This trend suggests that obesity levels continue to increase into the adolescent years particularly as young people have more control of their food and physical activity choices. This ultimately suggests a "conveyor belt" effect in which excess weight in children and young people continues into adulthood.

Overall there is evidence that, although availability of high density, high fat and high sugar food is not the only factor that influences diet and obesity, it is a significant contributing factor which needs to be taken into consideration as part of an integrated approach to manage obesity. The evidence also shows that proximity of hot food takeaways to schools is likely to lead to higher levels of obesity.

Tackling obesity requires concerted action across the whole of society including central government, local authorities, the NHS, schools, local business and

communities. The role of the environment in influencing behaviour has been widely documented. There is an emphasis on the need for planning authorities to consider the impact of the built environment on health issues including obesity. The previous government's strategy for England *'Healthy Weight, Healthy Lives'* [36]produced in 2008, mentions the use of planning regulations and states that action is required to allow local authorities to manage proliferations of fast food outlets. NICE public health guidance (2010) on '*Prevention of Cardiovascular disease at Population level'* recommends a specific policy goal to 'empower local authorities to influence planning permission for food retail outlets in relation to preventing and reducing CVD[37]

The Public Health White Paper, *Healthy Lives, Healthy People[38]* also states that Local Government and communities will have new resources, rights and powers to shape their local areas and *"create healthy places to grow up and grow older in, with new partnerships in important areas, such as housing, planning, schools and transport*".

Other national and regional guidance and recommendations to support the use of planning polices to promote health and address obesity can be found in Appendix 2.

In November 2012, a Fast Food Takeaways Toolkit report[39] was published by the Greater London Authority to help local authorities address the health impacts from fast food takeaways. The report recommended a three pronged approach:

> *a) Local authorities should work with takeaway business and food industry to make food healthier*
> *b) Schools should introduce strategies aimed at reducing the amount of fast food school children consume during lunch breaks and on their journey to and from school*
> *c) Regulatory and planning measures should be used to address the proliferation of hot food takeaway outlets.*

The Takeaways Toolkit report recognises that fast food has become a defining symbol of modern times. With the demission of traditional models of shopping and accessing food there has been an ever increasing appetite for fast, convenient and takeaway foods. Additionally, fast food takeaways are often seen

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[36] Department of Health. 2008. .Healthy Weight, Healthy Lives: A Cross-Government Strategy for England.
[37] National Institute for Health and Clinical Excellence. 2010. Public Health Guidance 25. Prevention of cardiovascular disease at population level. London: NICE.
[38]Department of Health. 2010. Healthy Lives, Healthy People: Our strategy for public health in England.
[39] The Mayor of London. 2012. Takeaways Toolkit -Tools, interventions and case studies to help local authorities develop a response to the health impacts of fast food takeaways

by town centre planners as an important part of the economic vibrancy of a high street. They are often run by local entrepreneurs, many from ethnic minority communities and employing local people. The Greater London Authority 2012 report on Takeaway food notes that Local Authorities need to be aware that there are particular concerns about the impact of fast food takeaways close to schools.

There has also been a significant increase in recent years in the number of Local Authorities that have adopted more stringent guidance to deal with the issue of hot-food takeaways and increasing concerns regarding the links of this particular use and obesity. These include restricting any new openings within 400m – 500m of a school and in some instances youth clubs, parks and leisure centres. Others have proposed a monetary fee to fund health promotion activities. Another borough has identified 'stressed areas' where new fast food openings are resisted and they use a joint planning/licensing approach.

In London, Waltham Forest, Barking & Dagenham and Tower Hamlets amongst others have implemented planning proposals restricting the location of new fast food outlets. The experience from these boroughs shows that there is good community support and is a key component to tackling obesity. In addition to the health impact, some boroughs such as Barking and Dagenham have highlighted the potential environmental and social impacts such as litter and noise.

From the public health perspective, which is based on the review of the evidence and good practice, it is recommended that as part of a whole systems approach to promoting healthy eating and tackle obesity, the obeseogenic environment needs to be addressed. In Lambeth, local feedback interestingly shows that students in a school with fewer takeaways were as a group less likely to visit a takeaway compared to the school with relatively more outlets. The reason for this was because they were not willing to travel out of their way for it. In order to buy something from a takeaway after school or at lunch time, it had to be convenient (on the way or a 5 minute walk), cheap and quick. Over 75% of the Lambeth students, from both schools that participated in the workshops, would not walk more than 10 minutes to get a takeaway at any point during their school day. Reducing the prevalence and clustering of hot-food takeaway shops, especially those in proximity to schools and/or in over concentrated areas is therefore one of several initiatives to promote the health and wellbeing of children and young people. Eating and drinking habits are formed at an early age, so work with children and young people is extremely important. Whilst pupils in primary education should not be allowed out of school premises during the school day, research[40] has indicated that the most popular time for purchasing food from shops is after school. Since not all primary school pupils will be accompanied

[40] The School Fringe, From Research to Action. Policy Options within schools on the Fringe. Education Research, Sarah Sinclair, JT Winkler, Nutrition Policy Unit, London Metropolitan University, January 2009

home by an adult, applying the exclusion zone around primary schools is deemed appropriate. The contribution of convenience stores selling high calorie snacks and sugar heavy foods and drinks is also of concern.

Restrictions on new fast food outlets near schools may also help stop a disadvantage amplification effect for those children from deprived families who may already be exposed to potential health risk factors.

Most of the primary and secondary schools in Lambeth are within 400m of at least one takeaway, with several schools in key takeaway concentration hotspots. These would benefit most from a policy stance focusing on cumulative impact, health education and the promotion of healthy options in existing takeaways. Generally, those in the south of the borough have less access to takeaways: these may benefit from a policy stance that is more restrictive of takeaway development in the vicinity of schools, as well as health education and the promotion of healthy options in existing takeaways. Such a restrictive policy stance has been supported by a high court decision in relation to a takeaway close to a school in Tower Hamlets, where the ruling indicated that proximity to a school was a relevant material consideration. A 400m exclusion zone is being chosen as this is the distance that could be walked in 10 minutes. However students may well travel further than 400m to purchase food at lunchtime, particularly as transport is free. The use of free transport may also cause students to travel after school to the nearest cheap fast food outlet.

Limiting takeaway outlets could avoid the potential domination of the local retail food offer in the Borough. Domination could displace other shops and food options, restricting choice and access to healthy, fresh food which in turn impacts on the health of communities in the Borough. There are also environmental and social impacts which include litter, noise, bad smells, disposal of waste, attraction of vermin, gathering of people and antisocial behaviour, as well as changing the appearance of an area.

However there is no doubt that hot food takeaways contribute to the mix of local business, providing a popular service to local communities, employment and a source of economic development. In addition to reducing the number of takeaways, the NICE guidance also makes recommendations to support owners and managers of takeaways and other food outlets to improve the nutritional quality of the food they provide. A report produced by the New Economics Foundation (NEF) identified that for small businesses within the casual food industry, many operate on narrow margins, serving large numbers of people who cannot afford (and do not expect) to spend too much on lunch. The study goes on to present how cheap food comes with hidden costs not only to the people who produce it, sell it and eat it, but also to the environment and to future generations. There is an argument that small independent businesses should be recognised within local economies and supported to be diverse, independent, support local supply chains and provide food that is healthier, sustainable and

affordable. However this requires supportive national and local policies and raised awareness within communities[41]

6. RECOMMENDATIONS FOR LAMBETH

The following recommendations apply not only to planning restrictions, as there is a recognition that a range of measures need to be taken to safeguard the health and wellbeing of children and young people in Lambeth. The recommendations serve to support an integrated policy tackling the wider determinants of health affected by spatial planning; it forms part of an integrated, multi-disciplinary and multi-agency approach to improving health and reducing health inequalities in Lambeth.

1. Outside of town centres, new takeaway fast food outlet proposals (A5) within 400m of primary and secondary schools should not be supported. The impact of this restriction should be monitored and reviewed on a regular basis.

2. As there are already saturation areas of fast food outlets and other food businesses in the borough, it is vital to work with local food businesses to enable them provide healthier options. This is already happening through the Healthier Catering Commitment and training provided by the Council's Food Safety team and supported by Public Health. It is important to continue to build on this local work.

3. Schools have a role to play in providing a supportive health promoting environment for their students. A whole school approach to healthy eating can provide children with the opportunity to learn about food and nutrition skills. For example how to choose a healthy diet, grow, handle, prepare and cook. Other supporting school policies can include making healthy school meals more appealing and the main option for children, using stay on site and cashless systems could avoid students using lunch money for fast food and encourage free school meal uptake. Free support to primary schools is currently available through the NHS Lambeth commissioned Lambeth Healthy Weight training which forms part of the Lambeth Health and Wellbeing Schools Programme. Schools should be encouraged to take up this training offer.

4. Independent local food business and enterprise which provide sustainable, affordable, and healthy food should be encouraged. It is

[41] New Economics Foundation. 2010. *An inconvenient sandwich: the throwaway economics of takeaway food.* London: NEF.

suggested that this is a key element in the Lambeth Food strategy that is currently being developed.

5. Actively promote the Healthy Start Scheme in Lambeth to residents and to retailers who sell a reasonable range of fruit and vegetables.

6. Lambeth consists of diverse and vibrant communities. It is vital to work with these communities to raise awareness around healthy eating and support more locally sourced foods. Communities could be provided with growing and cooking skills; advice on shopping on a budget and local health champions identified and supported. This very much ties into the Lambeth co-operative borough and can be channelled through the work of the Lambeth Food Partnership.

7. Public Health working with partners should undertake further analysis of data and mapping against health and other relevant quantitative and qualitative data. This would help to determine any other underlying issues which may be environmental, social or individual motivators and barriers to behavior change. Such rich knowledge would be useful in being able to target evidence based interventions more appropriately.

APPENDIX 1 – REVIEW OF EVIDENCE REGARDING FAST FOOD OUTLETS

1.1 Summary of Review of Research Studies on Fast Foods Outlets Proximity to Schools and Obesity Levels

Study Title	Reference	Summary of Findings
Proximity of Fast Food Restaurants to schools and adolescent obesity	Davis B., Carpenter C. American Journal of Public Health, March 2009, vol./is. 99/3(505-510), 1541-0048	The study examined the relationship between fast-food restaurants near schools and obesity among middle and high school students. It found that students with fast food restaurants near (within one half mile of) their schools: • consumed fewer servings of fruits and vegetables • consumed more servings of soda (fizzy drinks) • were more likely to be overweight The study concluded that exposure to poor-quality food environments has important effects on adolescent eating patterns and overweight and that policy intervention limiting the proximity of fast food restaurants to schools could help reduce adolescent obesity.
Environmental correlates of adiposity in 9-10 year old children: Considering home and school neighbourhoods and routes to schools	Harrison F., Jones A.P., van Sluijs E.M.F. et al. Social Science and Medicine, May 2011, vol./is. 72/9(1411-1419), 0277-9536	This was a cross-sectional study that examined the associations between adiposity (Fat Mass Index) and the characteristics of areas i.e. Access to food outlets and access to physical activities, facilities, safety and connectivity of the road networks and the mix of land uses around homes, schools and routes to schools among 1995 9-10 year boys and girls in Norfolk UK. Among girls, better access to healthy food outlets in the home environment were associated with lower Fat Mass Index (FMI), while better access to takeaways and convenient stores around homes and schools was associated with higher FMI. Among boys the presence of major roads in the home neighbourhood was associated with higher FMI among non-active travelers, while major roads in the school neighbourhood were associated with lower FMI among active travelers.

US Secondary Schools and food outlets	Zenk S.N., Powell L.M. Health and Place, June 2008, vol./is 14/2(336-346), 1353-8292	This study examined the availability of fast food restaurants and convenience stores within walking distance (0.5 miles or 805 m) of US public secondary schools. It showed that at least 1/3 of schools across the US had at least one fast food restaurant or convenient stores within walking distance. Schools in the lowest-income bracket had more fast food restaurants and convenient stores. Also schools in African- American population had more fast food and convenient stores outlets than in white neighbourhood. Furthermore, urban neighbourhoods with high school versus no secondary school had more food outlets. The study notes that there is need to address the food environment in order to curb the obesity epidemic among adolescents.
Body Mass Index in elementary school children, metropolitan area food prices and food outlet density	Sturm R., Datar A. Public Health, December 2005, vol./is.119/12(1059-1068), 0033-33-3506	This study looked at the association between food prices and food outlets density and changes in the body mass index (BMI) among elementary school children. The results showed that lower prices of vegetable and fruits predicted a significantly lower gain in BMI between Kindergarten and third year aged children. Lower meat prices had the opposite effect. The estimated effects were meaningfully larger for children in poverty, children already at risk for overweight and Asian and Hispanic children. There were no significant effects for diary or fast-food prices and outlet density- at a neighbourhood level- possible due to the fact that the availability of fast food outlets is not an issue in metropolitan areas
Food and Park Environments: Neighbourhood-level risks for childhood obesity in East Los Angeles	Kpke M.D. and Iverson E., et al Journal of Adolescent Health, April 2007, vol./is. 40/4(325-333), 1054-139X	This study looked at the neighbourhood environment- as a risk factor for childhood obesity. It examined: • the number and location of food establishments relative to the location of schools • the availability and quality of fruits and vegetables in local grocery stores and • the quality and utilisation of local parks. The findings showed that fast-food

		restaurants if in walking distance are easily accessible to children and establishment selling fruits and vegetables were much less accessible (18% compared to 49%). Opportunities for physical activities were also limited as the park space accounted for 0.543 per 1,000 residents. These findings highlight the need for policy related prevention measures.
Consumption of takeaway and fast food in deprived inner London Borough: are they associated with childhood obesity?	Patterson R., Risby A., Chan M.-Y. BMJ Open, 2012, vol./is. 2/3, 2044-6055 (2012)	This cross-sectional study looked at the associations between school children's weight, their consumption of fast food and take away outlets in a deprived inner London Borough. The results showed that more than 50% of the children surveyed purchased food and drinks from fast food or takeaway outlets daily. About 70% of the children from Black ethnic groups and 54% of Asian children purchased fast food more than twice a week. The study revealed a very high frequency of fast food consumption among the school children. Taste, quick access and peer influence were major contributing factors. Given the obesogenic environment the study noted that it was not surprising that many of the children were already overweight.

1.2 Evidence Review from Meta-Analysis Studies[42] of Fast Food Outlets

Author and Year of meta-analysis	Number of studies considered	Criteria for inclusion in analysis/search term	Outcomes
Papas et al. 2007	20	Direct measurement of body weight at least one objective measure of the built environment	Obesity was positively associated with fast food restaurant density, rise in the presence of convenient stores and greater distance to a supermarket, and

[42] NHS Tower Hamlets 2011: Healthy Borough Programme- Healthy Spatial Planning Project. Tackling The Takeaways: A New Policy To Address Fast-Food Outlets In Tower Hamlets

			negatively associated with falling food prices for fruits and vegetables
Ford and Dzewaltowski 2008	13	Food environment, Nutrition environment, Food access, Food availability, Obesity	Poor-quality retail food environments in disadvantaged areas, in conjunction with limited economic resources, contribute to raised risk of obesity within racial and ethnic minorities and disadvantaged populations
Kamphuis et al. 2006	24	Accessibility and availability of fruits and vegetables, Social conditions, Cultural conditions, Socio economic conditions, Fruit and vegetable intake	Living in an economically advantaged area, good availability, having a vegetable garden and a supermarket in the census tract were positively associated with fruit and vegetables intake Living in an economically disadvantaged neighbourhood and low household income were negatively associated with fruit and vegetable intake
Holsten 2008	7	Body Mass Index (BMI) as a continuous or categorical variable Physical measurement of environmental variables related to food outlets	Five studies found associations between obesity and the food environment, including presence of food stores, fruit and vegetable prices,

			neighbourhood disadvantage, distance to the food store and number of fast food restaurants

APPENDIX 2 – NATIONAL, REGIONAL AND LOCAL POLICY DRIVERS FOR RESTRICTING FAST FOOD OUTLETS

2.1 National Guidance and Recommendations[43]

National Institute for Health and Clinical Guidance (NICE): Prevention of cardiovascular disease at population level (2010)	Guidance Recommendations for Fast food outlets: • Empower local authorities to influence planning permission for food retail outlets in relation to preventing and reducing Cardio Vascular Disease (CVD) • Encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas (for example within walking distance of schools). Help them implement existing planning policy guidance in line with public health objectives • Review and amend 'classes of use' orders for England to address disease prevention via the concentration of outlets in a given area
Department of Health (2011): The Public Health Responsibility Deal	States: • The Government's approach to improving health should be wider than what government on its own can do and should be based on the following actions: o positively promote healthier behaviours and lifestyles o adapting the environment to make healthier choices easier o strengthening self-esteem, confidence, and personal responsibility • The Responsibility Deal highlights the potential that business and other organisations have to improve public health and to tackle health inequalities through their influence over food, physical activity, alcohol and health in the workplace
Department of Health (2011): Healthy Lives, Healthy People- A call to action	States: • Government, local government and key partners to act to change the environment to support individuals in changing their behaviour • From 2013, upper tier and unitary local authorities will receive

[43] Adapted from The Mayor of London. 2012. Takeaways Toolkit -Tools, interventions and case studies to help local authorities develop a response to the health impacts of fast food takeaways

on obesity in England	a ring-fenced public health grant to fund their new public health responsibilities. Local areas will have the freedom to spend money in the way they think will best meet the needs of their community, achieves public health outcomes and is in line with specific conditions that will be attached to the use of the grant. The opportunities for local authorities include: o the potential for the planning system to create a healthier built environment o working with local business and partners to increase access to healthier food choices • Effective local action on obesity requires a wide coalition of partners to work together in order to create an environment that supports and facilitates healthier choices by individuals and families • Partners to be given the opportunity to play their full part – e.g. by building on the part that the food and drink industry can play through the Responsibility Deal particularly in relation to helping to reduce our collective calorie intake • Local government to be given the lead role in driving health improvement and harnessing partners at local level as set out in healthy lives, Healthy People and, giving it freedom to determine the local approaches which work best for local people and for specific population groups facing the greatest challenges. The approach is a shift from the perception held by some that obesity is the government's problem to solve: "*the solution lies in each of us taking responsibility for our health and taking appropriate action to manage our weight, with local and central government, and a wide range of delivery partners, providing integrated and tailored support to help us with a challenge which many of us struggle to tackle alone."* • We will favour interventions that equip people to make the best possible choices for themselves, rather than removing choices or compelling change • Focusing on children alone will not adequately address the existing and growing burden of adult overweight and obesity • Given the different levels of risk faced by different groups, it is vital that action on obesity reduces health inequalities. Particular attention needs to be given to specific socio-economic and ethnic groups and to disabled people and people with mental health needs • Power and initiative to be put in the hands of schools themselves. The Government's role is to support schools to tackle obesity and other lifestyle issues by helping them to access the best evidence and through professional development.
Localism Act 2011	The Localism Act contains a number of proposals to give local authorities freedom and flexibility to meet local needs. This includes: • More freedom to local authorities to take action in the interest

	of their areas, reflecting the priorities of local people ('general power of competence') • Provisions to make to make the planning system clearer, more democratic and more effective and providing local authorities with greater opportunities to address the development of new fast food outlets in their local area.
Department of Health 2012: Public Health Outcome Framework	The Public Health Outcome Framework sets out a comprehensive plan of the outcomes and indicators that would apply to the new public health arrangements. Many of the proposed indicators are relevant to fast food takeaway including: • Diet • Excess weight in adults • Mortality from causes considered preventable • Mortality from all cardiovascular diseases The Public Health Outcome Framework notes that is essential for local authorities, Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards have regard to this outcomes framework in setting the local health and wellbeing strategy as future performance will doubtless be measured against its content
Health and Social Care Act 2012	The Health and Social Care Act 2012 places local government at the core of the health and care service with statutory responsibility for commissioning public health services and includes: • Addressing the wider determinants of health and wellbeing through a life-stages approach • Appointing Directors of Public Health to lead the new service within local authorities • Tasking local authorities to establish health and well-being boards: through these boards local authorities will work with local partners, including the NHS, to determine local joint health and wellbeing strategies to meet the needs of their local area • Local authorities and new Clinical Commissioning Groups having a legal duty to involve their local communities in producing the local strategy and the Joint Strategic Needs Assessment will underpin it.
Department For Communities and Local Government 2012: National Planning Framework	The National Planning Policy Framework provides a framework within which local people and their accountable councils can produce their own local and neighbourhood plans, which reflect the needs and priorities of their communities. The Framework also supports neighbourhood planning, as laid out in the Localism Act. With regard to health, the framework notes that planning should: • Take account and support local strategies to improve health, social and cultural well being for all, and deliver sufficient community and cultural facilities and services to meet local needs • Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local

	population.
Foresight Report (2008): Tackling Obesity	This report examines where councils can use their local leadership role to positively change obesity levels and create healthier environments.
The Marmot Review (2010): Fair Society, Healthy Lives- The Strategic Review of Health Inequalities in England post 2010	• Policy Objective: Create and Develop healthy and sustainable places and communities by: o prioritising policies and interventions that reduce both health inequalities and mitigate climate change by improving the food environment in local areas across the social gradient o fully integrating planning, housing, transport, environmental and health systems to address the social determinants of health in each locality • Policy Objective: Strengthen the role and impact of ill-health preventions that are effective across the social gradient by: o implementing an evidence based programme of ill health preventive interventions that are effective across the social gradient o improve programmes to address the causes of obesity across the social gradient o focus core efforts of public health departments on interventions related to the social determinants of health proportionately across the gradient

2.2 Guidance and Recommendations for London[44]

London Health Inequalities Strategy 2010	This Strategy highlights the Mayor of London commitment to work with partners to: • Motivate and enable Londoners to adopt healthier behaviours and engage in lifelong learning • Promote community development approaches to improve health, and actively support the role of the third sector
London Health Improvement Board (LHIB):Tackling Childhood Obesity:	This Board is represented by the Mayor of London, London Councils and the NHS, to improve the health of all Londoners. It aims to tackle health problems in London such as cancer, childhood obesity and alcohol abuse. A key element of the work will be supporting Local Authorities and their partners to promote a food and retail environment that supports children and their families to make healthy food choices. The Board is working with stakeholders to provide a long term strategic and practical support to tackle childhood obesity.
2010 Report:	This report recommends:

[44] Adapted from The Mayor of London. 2012. Takeaways Toolkit -Tools, interventions and case studies to help local authorities develop a response to the health impacts of fast food takeaways

Tale of two ObeCities	• Using zoning authority, land use review and other municipal authority to limit access to fast food and the promotion of unhealthy foods to children • Using zoning, tax incentives, and city owned property to increase the availability of healthier, affordable, and culturally appropriate food in neighbourhoods where it is limited • Implement a universal free school meal programme with nutritional standards that promote health
The London Plan 2011: Planning and Health	This plan highlights the importance of neighbourhood design as an important component for health and well-being. This can be complemented by other measures, such as local policies to address concerns over the development of fast food outlets close to schools

3.3 Policy Drivers for Lambeth

Health and Wellbeing Boards	Health and Wellbeing boards are statutory bodies and have a duty to produce a Joint Health and Wellbeing Strategy (JHWS) for the local area. The JHWS will determine policies for improving the health of local populations. These policies then feed into individual Council's corporate objectives and actions. The Board will also promote joined up commissioning to support integrated service provision by pulling together the work done by the NHS, social care, housing, environmental health, leisure transport services etc. It is important to note that the new public health structures put local government in charge of driving health improvement and addressing the wider determinants of health.
Joint Strategic Needs Assessment (JSNA)	JSNAs were introduced by the Department of Health in 2008 to strengthen joint working between the NHS and Local Authority. The Health and Social Care Act 2012 has awarded Health and Wellbeing Boards with two core responsibilities: • Joint Strategic Needs Assessment (JSNA) • Developing a Joint Health and Wellbeing Strategy The core purpose is to improve services for the community and so that individuals are able to lead healthier lives and have a better experience of the health and care system. The JSNA is an important process in the planning and commissioning cycle and plays a major role in the assessment of the health and wellbeing of local population. **JSNA in Lambeth** NHS Lambeth and London Borough of Lambeth (Local Authority) have a history of good collaborative working to improve the health and wellbeing of the population in the borough and published a first JSNA in 2009. This provided in depth information regarding the needs of the population and presented a strategic review of services in relation to needs. The Lambeth JSNA brings together local health statistics, assessment of local service provision, capacity estimation, views of

	patients and public through community engagement, assessment of assets and outcome analysis. These help in presenting a picture of health and wellbeing needs of the local population, as well as gaps in knowledge and information. When combined with evidence of cost effectiveness interventions, this generates recommendations that can be prioritised through the Health and Wellbeing Strategy.
NHS Lambeth Strategic Plan – 2010/11 to 2014/15	NHS Lambeth Strategic Plan (SP) sets out the goals and initiatives to improve the health of the population and ensure access to consistently safe and effective services which provide an excellent experience to users. The goals are based on Lambeth population's need and have been develop through a systematic process of prioritisation and a wide ranging engagement with stakeholders and partners. Seven priority areas are included: • Cardiovascular Disease (CVD) • Diabetes • Childhood Obesity • HIV • Smoking • Serious Mental Illness • Alcohol