# 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)

**Lambeth Public Health Team- September 2019**

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

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## EXECUTIVE SUMMARY

Policy ED8 Evening economy and food and drink uses in the Draft Revised Lambeth Local Plan – Proposed Submission Version January 2020 (DRLLP PSV 2020) seeks to manage the location of hot food takeaways near schools in order to promote healthy lifestyles by preventing the establishment of hot food takeaways if they are within 400 metres of the boundary of a primary or secondary school. This policy was adopted as part of the Lambeth Local Plan 2015. 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 to update the supporting evidence to the 2015 policy to justify the retention of the policy in the DRLLP PSV 2020. Public Health has examined the evidence in relation to diet, fast food consumption, the location of hot takeaway outlets (including drive-through food 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 these foods.

The borough of Lambeth has an estimated 364 hot takeaway fast food outlets - A5 in planning terms, and two drive-through food outlets (these do not include restaurants that provide takeaway food and are not drive-throughs). This translates to a rate of approximately 113 fast food outlets per 100,000 population in the borough[1]. There is a high density of these near primary and secondary schools, with good access for children during school hours and en route to and

[1] PHE Density of fast food outlets in England. Metadata and summary local authority data (2017)

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. 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; half of the total number of adults in Lambeth carry excess weight. 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 10.5% and 24.5% respectively.

In Lambeth, local feedback[2] 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 5 -10 minutes walk) of at least one takeaway, with several schools in key takeaway concentration hotspots. Since 2009, other engagement activities have taken place which indicate that members of the community continue to express concern at seeing so many children and young people eating fast food at the end of the school day, and that people in Lambeth are supportive of measures to restrict the accessibility to local takeaways. 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. Lambeth has adopted this multi-faceted approach across the whole population from conception to later life. 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. The new draft London Plan includes a policy to restrict the establishment of new fast food outlets to protect the health and wellbeing of children and young people. Regional and national toolkits have been published to help local authorities address the health impacts from fast food takeaways. These toolkits highlight the role of local authorities in addressing the particular concerns about the impact of fast food takeaways close to schools.

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[2] Lambeth Health Wealth follow up workshops 2009 Old Vic New Voices

The Lambeth Public Health team takes a view that is based on the review of evidence and good practice; it is recommended that there should continue to be a restriction to the establishment of new hot fast food outlets, including drive-throughs, within 400 metres of primary and secondary schools. 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 5-10 minutes and discourages any increase in car use around schools.

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. New takeaway fast food outlet proposals, including drive-throughs (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 to provide healthier options. This is already happening through specific initiatives, 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 learn and 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 and develop life 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.

4. Free support to school staff is available through the Lambeth Healthy Weight Care Pathway multi-agency training. Schools should be encouraged to take up this training offer. This bespoke local training complements the London Healthy Schools Programme, which all Lambeth schools, particularly secondary schools, should be signing up to, as this provides a positive supportive framework to promote the health and wellbeing of pupils.

5. Independent local food business and enterprise which provide sustainable, affordable, and healthy food should be encouraged, particularly in the more deprived areas of the borough.

6. Actively promote the Healthy Start Scheme in Lambeth to residents and to local retailers who sell fruit and vegetables, to register to receive these vouchers.

7. 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 should have the opportunity to be provided with growing and cooking skills and advice on shopping on a budget. Local health champions should be identified and supported to work with members of their community on healthy eating issues.

8. The Public Health team, working with partners across the local authority, NHS, community and business sectors, should continue to update the Joint Strategic Needs Assessment with relevant food related quantitative and qualitative data especially around environmental and social factors. This will help to further develop the local evidence base for appropriate supportive interventions.

# 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 establishments of hot food takeaway outlets - A5 use within a 400m radius around Primary and Secondary Schools)**

## 1. INTRODUCTION

Policy ED8 Evening economy and food and drink uses in the Draft Revised Lambeth Local Plan – Proposed Submission Version January 2020 (DRLLP PSV 2020) seeks to manage the location of hot food takeaways near schools in order to promote healthy lifestyles by preventing the establishment of hot food takeaways if they are within 400 metres of the boundary 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 to provide updated supporting evidence to the policy. It provides an outline of the impact of poor nutrition and diets on health and health inequalities; local Lambeth initiatives to promote healthy eating and address obesity, 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. The paper considers relevant policy and guidance related to planning, health and fast food outlets, 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 Guide[3].

## 2.1 Population Nutrition Requirements

In the UK the Dietary Reference Values (DRVs) have been set by the Committee on Medical Aspects of Food and Nutrition Policy (COMA). COMA has since been disbanded and replaced by the Scientific Advisory Committee on Nutrition (SACN) that advises the government on diet and health. The UK Energy reference values are defined as the Estimated Average Requirement (EAR) of energy or a nutrient needed by a group of people. The DRVs are in reflected in the UK's food based guidelines, the Eatwell Guide, which gives a visual illustration of the types and proportions of foods that contribute to healthy and well balanced diet.

***Figure 1: Eatwell Guide***


The UK dietary reference values for carbohydrate and fat as a percentage of energy intake are outlined in Table 1.

[3] Public Health England Eatwell Guide 2018. Available at: https://www.gov.uk/government/publications/the-eatwell-guide

***Table 1: Key UK Dietary Reference Values for carbohydrate and fat (whole population over the age of 5 years.)[4]***

| **DRVs for carbohydrate and fat** | **% Daily Food Energy** |
|---|---|
| **Total Carbohydrate** (includes all starch, sugars and dietary fibre) | 50% |
| **Of which free sugars** (sugars added to foods and drinks by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and fruit juice) | No more than 5% |
| **Total Fat** (includes all saturated and unsaturated fat – mono and polyunsaturated) | No more than 35% |
| **Of which Saturated Fat** (fat that contains only saturated fatty acids, is solid at room temperature, and comes chiefly from animal food products. Some examples of saturated fat are butter, lard, meat fat, solid shortening, palm oil, and coconut oil) | No more than 11% |

Additionally studies[5] have shown a high saturated fat intake is linked with high blood cholesterol, which is a risk factor for coronary heart disease. On average the UK population consume too much saturated fat and added sugar but not enough fibre.

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. Higher consumption of fruit and vegetables is associated with a reduced risk of all-cause mortality, with an average reduction in risk of 5% for each additional serving a day up to a threshold around five servings a day, after which the risk of death did not reduce further[6].

[4] British Nutrition Foundation 2017 Nutrition Requirements Report on Dietary Reference Values for Energy

[5] Scientific Advisory Committee on Nutrition: Saturated Fats and Health 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814995/SACN_report_on_saturated_fat_and_health.pdf

[6] Wang X, Ouyang Y, Liu J, Zhu M, Zhao G, Bao W, Hu FB. Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer: systematic review and dose-response meta-analysis of prospective cohort studies. BMJ. 2014 Jul 29;349:g4490

A World Health Organisation report in 2006[7] 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 time trends between 2008/09 and 2016/17[8] show that mean consumption of fruit and vegetable portions was unchanged between 2008/09 and 2016/17 for adults and children aged 11 to 18 years and was consistently below the 5 A Day recommendation in both groups. Free sugars intake as a percentage of energy fell in children between 2008/09 and 2016/17 by 2.4-3.5 percentage points in each age group, and by 1.2 percentage points in adults. However intakes remained at least double the maximum recommendation of no more than 5% of total energy over the whole period.

## 2.2 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 about 25% increase in the incidence of coronary heart disease[9].

The Health Profile for England 2018 report identified heart disease and dementia and Alzheimer's as the most common underlying causes of death in males and females respectively. In 2016 the most common cause of death in males was heart disease, accounting for 13.6% of deaths. The most common cause of

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

[8] National Diet and Nutrition Survey. Headline results from Years 1 and 2 (combined) of the Rolling Programme (2008/2009 – 2009/10). Statistical Summary: National Diet and Nutrition Survey: Years 1 to 9 of the Rolling Programme (2008/09 – 2016/17): Time trend and income analyses. PHE 2019

[9] Mozaffarian D et al. 2006. Trans Fatty Acids and Cardiovascular Disease, New England Journal of Medicine (NEJM); 354: 1601-13

death in females was dementia and Alzheimer's disease, accounting for 15.8% of deaths, premature mortality rates (in those under 75 years) from all causes, and two of the main causes of death in the under 75s, cardiovascular disease (heart disease and stroke) and cancer[10].

Analysis of the Global Burden of Disease study[11] published in *The Lancet* in April 2019, notes that poor and sub-optimal diet is responsible for more deaths across the world than any other risk factor. In 2017, the report says, poor diets were responsible for 10.9 million deaths, or 22 per cent of all deaths among adults. Additionally, 255 million disability-adjusted life years (DALYs) — which equal the sum of life years lost and years lived with disability — were because of poor diet. These risks affect people regardless of age, sex and socio-demographic development status.

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[12]. Poor diet contributes to[13]:

- CHD deaths
- 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 wellbeing from unhealthy eating in this country has been highlighted. Almost a third of adults are obese (27% of men and 30% of

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[10] Health profile for England 2018 Available at:https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-1-population-change-and-trends-in-life-expectancy (accessed June 2019)

[11] GBD 2017 Diet Collaborators. Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. The Lancet. 2 April 2019. doi: 10.1016/S0140-6736(19)30041-8.

[12] European Code against Cancer 4th Edition: Diet and cancer. Cancer Epidemiol. 2015 Dec;39 Suppl 1:S56-66. doi: 10.1016/j.canep.2014.12.016. Epub 2015 Jul 9.

[13] World Health Organisation. Available at: http://www.emro.who.int/noncommunicable-diseases/causes/index.html (accessed June 2019)

women), and 67% of men and 61% of women are either overweight or obese[14]. 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 (2017) 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 or overweight (37% aged 11-15), compared to 26% children aged 2-7)[15].

Unsurprisingly, the impact on the health service is enormous. Obesity related diseases cost the NHS in excess of £6bn per year and are calculated to impact wider society to the tune of £27bn per year[16]. Unless urgent action is taken, it is estimated that by 2050 overweight and obesity will cost the NHS £9.7bn per year, with societal costs of £49.9bn. The impact of preventable ill health on the population threatens the long-term sustainability of the NHS. Poor diet is a key component of this[17].

Behaviour problems have also been linked to imbalances of different types of fats. There is mounting evidence that functional deficiencies or imbalances of the omega-3 and omega-6 series (found primarily in oily fish) may contribute to a wide range of developmental and psychiatric conditions, including dyslexia,

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[14] Health profile for England 2018. Available at: https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-1-population-change-and-trends-in-life-expectancy (accessed June 2019)

[15] Health Survey for England 2017, NHS Information Centre

[16] Public Health England 2017 Health matters: obesity and the food environment. [Online]. Available at: https://www.gov.uk/government/publications/healthmatters-obesity-and-the-food-environment/health-matters-obesity-and-the-foodenvironment--2

[17] BMA Diet and Obesity Policy update October 2018: Improving the nation's diet: action for a healthier future.

dyspraxia, attention deficit hyperactivity disorder (ADHD), autism, depression, bipolar disorder and the schizophrenia spectrum[18].

## 2.3 Poor Diet and Health Inequalities

The literature shows considerable inequalities in diet related diseases in England. In 2011 the Marmot Review[19] 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"*. Evidence shows that poor nutrition and diet-related chronic diseases such as obesity follow a socio-economic gradient, with worse diets and a greater prevalence of obesity among the poor and less educated. Differences in diet between socio-demographic groups are well rehearsed. Previous Low Income Diet and Nutrition Surveys have found that although the overall dietary patterns of low-income individuals tend to be very similar to the general population, there are certain aspects of the low-income diet that are less healthy. In general, individuals on low incomes are less likely to consume wholemeal bread and vegetables, but are more likely to consume fat spreads and oils, non-diet soft drinks, pizza, processed meats and table sugar[20]. 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[21], 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.

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[18] Alexandra J. Richardson (Dr) (2003) The importance of omega-3 fatty acids for behaviour, cognition and mood, Scandinavian Journal of Nutrition, 47:2, 92-98, DOI: 10.1080/11026480310007944

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

[20] 70th Anniversary Conference on 'From plough through practice to policy' Symposium 1: Food chain and health Inequalities in diet and nutrition Richard Tiffin* and Matthew Salois Department of Food Economics and Marketing, University of Reading.

[21] 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

Food insecurity[22] 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[23].

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[24] 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. This has been further highlighted in the Global Burden of Disease report[25].

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 Diet and Nutrition Survey[26] for the low income population:

- Fruit and vegetable consumption increased with income (except in men aged 65 and over) but consumption was below the 5 A Day recommendation in all income groups.
- The percentage consuming fruit juice and oily fish over the four survey days increased with income while the percentage consuming sugar-sweetened soft drinks over the four survey days decreased with income in most age groups.
- Intakes of fibre and most micronutrients increased with income.

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[22] 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

[23] Faculty of Public Health. 2014 UK Faculty of Public Health response to the All Party Parliamentary Inquiry into Hunger and Food Poverty in Britain. London

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

[25] Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2017 (GBD 2017) Health-related Sustainable Development Goals (SDG) Indicators 1990-2030. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2018

[26] PHE Headline results from Years 1 and 2 (combined) of the Rolling Programme (2008/2009 – 2009/10). Statistical Summary: National Diet and Nutrition Survey: Years 1 to 9 of the Rolling Programme (2008/09 – 2016/17): Time trend and income analyses. 2019

- Total fat intakes as a percentage of energy increased with income for adults but not for children and decreased with income for children aged 1½ to 3 years.
- Saturated fat intakes as a percentage of energy tended to increase with income although the changes were generally small and not statistically significant in all groups. Intakes exceeded the maximum recommendation across the range of income.
- Free sugars intakes as a percentage of energy decreased with income in adults but not in younger children (under 11 years). Intakes exceeded the maximum recommendation across the range of income.

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. UNICEF report that children who are exposed to food insecurity are more likely to face adverse health outcomes and developmental risk. Food hardship among children also predicts impaired academic performance, and is positively associated with experiencing shame at being out of food, and behavioural problems[27].

## 2.4 Diet Related Health in Lambeth

Deprivation in Lambeth is higher than the England average. About 21,449 children live in poverty[28]. Lambeth life expectancy for males is 79 years and 83 years for females. However it is concerning that approximately 20 of these years are spent in poor health, much of which are preventable conditions[29].

The Lambeth Health Profile[30] estimates the prevalence of adults in Lambeth who consume 5 or more portions of fruit and vegetables on a usual day as 53.6%. Lifestyle risk factors including unhealthy diet continue to be major risks to good

[27] UNICEF Office of Research – Innocenti Building the Future 2017: 4th edition of the Report Card series

[28] Stone J and Hirsch D. 2019 Local indicators of child poverty, 2017/18 Summary of estimates of child poverty in small areas of Great Britain, 2017/18

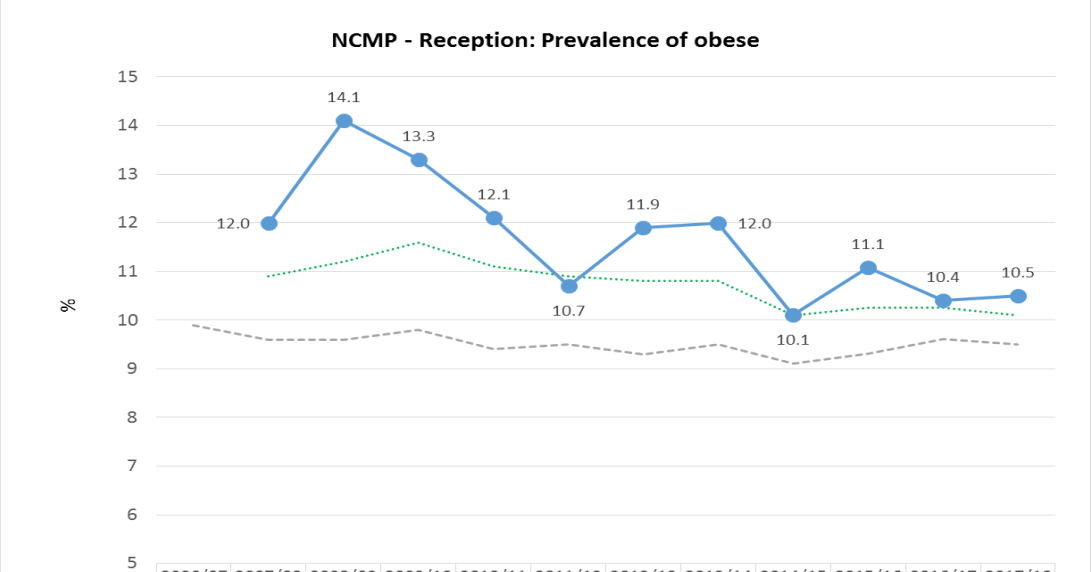
[29] Lambeth Director of Public Health Annual Public Health Report (2019)

[30] PHE Fingertips Lambeth Health Profile. Available at: https://fingertips.phe.org.uk

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 56.2% of avoidable deaths in Lambeth are due to cancer and circulatory diseases[31], a large proportion is attributable to obesity and poor diet. 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. Using the Forecast modelling report (2007) and attributing it to Lambeth, NHS costs of principal diseases related to overweight and obesity is estimated at over £122.5million.

***Figure 2: Obesity Trends for Lambeth, London and England Reception Year children (2006-2018)***




| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| England | 9.9 | 9.6 | 9.6 | 9.8 | 9.4 | 9.5 | 9.3 | 9.5 | 9.1 | 9.3 | 9.6 | 9.5 |
| London | | 10.9 | 11.2 | 11.6 | 11.1 | 10.9 | 10.8 | 10.8 | 10.1 | 10.3 | 10.3 | 10.1 |
| Lambeth | | 12.0 | 14.1 | 13.3 | 12.1 | 10.7 | 11.9 | 12.0 | 10.1 | 11.1 | 10.4 | 10.5 |

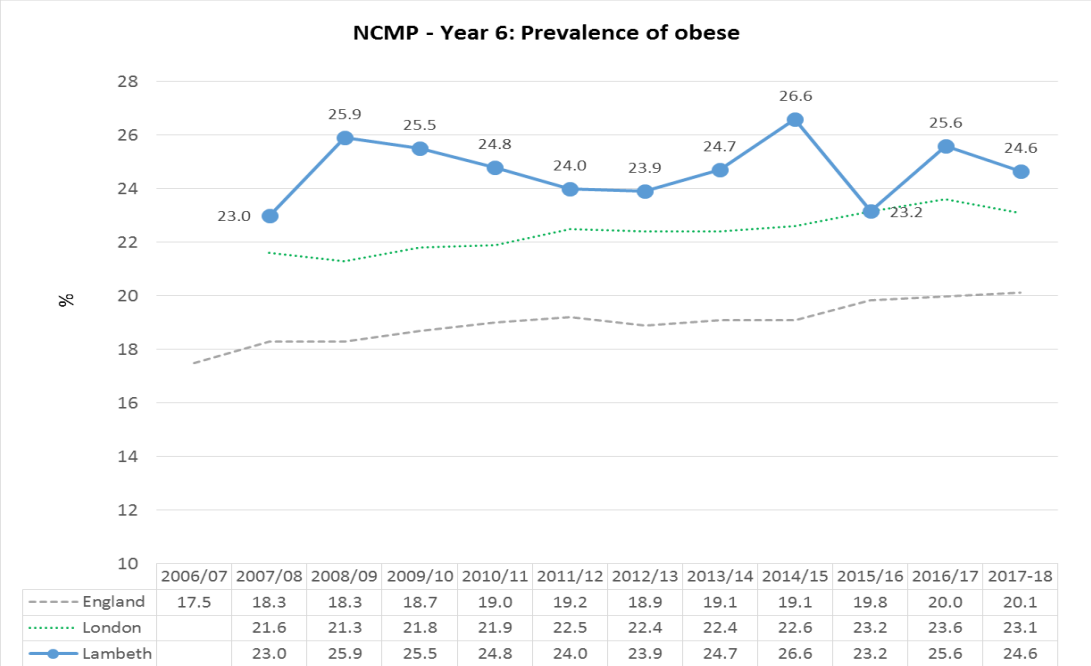
Childhood obesity prevalence is higher than the national average. The National Child Measurement Programme (NCMP)[32] is a mandated annual weighing and measurement exercise for children in Reception Year (aged 5-6 years) and Year 6 (aged 10 -11 years). The NCMP results for 2017/18 Academic Year in Lambeth show that levels of obesity in Reception and Year 6 children were 10.5% and

[31] Avoidable Deaths in Lambeth Factsheet Available at: https://www.lambeth.gov.uk/sites/default/files/Lambeth_avoidable_mortality_2017.pdf

[32] Public Health England National Child Measurement Programme. Available at: https://www.gov.uk/government/collections/national-child-measurement-programme

24.5% respectively. Figures 2 and 3 show obesity prevalence for Reception and Year 6 children in Lambeth since 2007.

***Figure 3: Obesity Trends for Lambeth, London and England Year 6 children (2006-2018)***




| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017-18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| England | 17.5 | 18.3 | 18.3 | 18.7 | 19.0 | 19.2 | 18.9 | 19.1 | 19.1 | 19.8 | 20.0 | 20.1 |
| London | | 21.6 | 21.3 | 21.8 | 21.9 | 22.5 | 22.4 | 22.4 | 22.6 | 23.2 | 23.6 | 23.1 |
| Lambeth | | 23.0 | 25.9 | 25.5 | 24.8 | 24.0 | 23.9 | 24.7 | 26.6 | 23.2 | 25.6 | 24.6 |

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 should come 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, and irritability. If prolonged, this deficiency prevents normal bone development. 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.

In 2014, Lambeth introduced a universal vitamin D scheme following concerns about high levels of rickets and general vitamin D deficiencies amongst children. An evaluation was carried out in 2017 to ascertain if the numbers of vitamin D related diagnosis had dropped since the introduction of the scheme. The results showed that overall numbers had gone down for all ethnicities since the introduction of the scheme, but a higher proportion of black children were

diagnosed compared to other ethnicities suggesting that there is still a cohort of the community at higher risk.

## 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[33]. Co-ordinated action is therefore required to promote healthy eating and to address obesity.

The Lambeth Food, Healthy Weight and Physical Activity Strategic Group is a well-established working group. The group provides strategic direction in relation to the food system, nutrition, physical activity and healthy weight in the borough.

Childhood obesity is a growing public health concern nationally and in Lambeth. Being overweight has now become a normal condition in the UK. Childhood obesity can cause social, psychological and health problems. Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than healthy weight children. Overweight and obese children are likely to experience bullying and stigma. There is a suggestion of a 'conveyor belt' effect in which excess weight in children continues into adulthood. Approximately 70% of obese children will become obese adults, giving rise to a higher risk of ill health, disability and premature mortality in adulthood.

Over the last 10- 15 years evidence has been emerging about what works to effectively tackle childhood obesity[34]. These actions include:

- A cross-cutting, comprehensive, long-term approach that brings together multiple stakeholders is essential. This should comprise of a portfolio of interventions targeting a broad set of variables and different levels within the obesity system;
- Interventions need to cover the entire terrain; otherwise continued drivers acting on one part of the obesity system might undermine positive action elsewhere.

[33] 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.
[34] Addressing Childhood Obesity and Promoting Healthy Weight in Lambeth, 2019 Report to Lambeth Children's Services Scrutiny Sub-committee.

Evidence shows that single isolated initiatives do not work. Social, environmental and economic factors must be considered in addressing the 'obesogenic' environment. Furthermore, the distinction between prevention and treatment is important and the emphasis on prevention is vital. However, there are already significant numbers of obese people requiring treatment and the numbers will require short-term measures. Treatment interventions are therefore also needed. The need for short-term action and impact must be balanced against the drive for longer-term sustainable change.

Lambeth is taking a system wide evidence based approach to address this strategic priority and has a good track record of implementing a systematic and evidence based population approach, with a strong focus on children. Achieving a reduction in childhood obesity levels requires both preventive and treatment measures. Lambeth is implementing both measures which rely on addressing or modifying risk behaviours of unhealthy eating and physical inactivity. The interventions and programmes range across prevention and treatment interventions at individual, community and at borough policy level.

Outlined below are some of the initiatives within Lambeth which help promote healthy eating and healthy weight and includes an evidence based children's healthy weight pathway for ages 0-4 years and 5-12 years. The pathway includes relevant specific commissioned interventions. These interventions have been reviewed and evaluated and over the years, the learning has provided a wealth of local intelligence to support the future implementation of programmes to address childhood obesity. Programmes that support adults are also in place. It is also important to note that the commissioned interventions form only part of local actions taken. Alongside these commissioned services, Public Health has taken a leadership role at community and policy levels to improve the wider food system.

## 3.1 A summary of the relevant healthy weight commissioned services.

- ***Breastfeeding***: The promotion of breastfeeding is included as an integral part of the Lambeth Healthy Weight programme, adopting the UNICEF Baby Friendly Initiative. Lambeth is now a fully accredited Baby Friendly borough.
- ***Promoting healthy weight in early years settings***: community nutrition support is offered to provide healthy weight promoting environments.
- ***Bespoke multiagency (health and non-health) capacity building on children's healthy weight:*** equipping health and non-health workers with knowledge, skills and tools to effectively work with local children and their families to tackle obesity.
- ***Specialist Healthy Weight School Nurse*****:** This is a unique and innovative role and has been used as national example of good practice. This role is pivotal to the Lambeth Healthy Weight Care Pathway and the

post has a key role in the identification, 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 across the Borough.

- ***Lambeth Ready, Steady, Go! Children's Weight Management Service*:** This is led by the Council's Healthy Lifestyles team. The Service focuses on treating overweight and obese children and their families, using targeted prevention and early intervention.
- ***Level 3 Specialist Children' Weight Management Service for Lambeth*** is a 'tailor made' weight management service for obese children aged 4-12 years with additional social and / or medical needs. It combines family therapy paediatric health nutrition, physical activity using systemic and family therapy principles and practice.
- ***Adult level 1 capacity building for practice staff*:** Lambeth public health has commissioned a Healthy Weight brief intervention training programme for General Practice staff. The programme aims to enable General Practice staff to deliver best evidence brief interventions in relation to unhealthy weight in adults in Lambeth. Evidence shows that advice from a health or care professional which acknowledges the environmental challenges to weight loss and reinforces the small and specific steps that individuals can take can support patients' intentions to lose weight and brief, opportunistic interventions delivered in primary care can result in a five-fold increase in the proportion of patients engaging in weight management services.
- ***Adult level 2 weight management service*:** This is an 18 years + referral service only via the patient's GP. The service offers an individualised approach with practical sessions to increase physical activity levels and education to improve quality of diet and reduce energy intake to help users achieve and maintain a healthy weight.
- ***Adult level 3 weight management pilot*:** This is a pilot adult weight management service for patients with a GP in South East London which will run until 31st March 2020. It is a 12 month multidisciplinary-led programme of group based sessions to support the complex needs associated with severe obesity. It is a referral only programme via the patient's GP and the target population is for over 18's with a BMI ≥40 or BMI ≥35 with Type 2 Diabetes.
- ***NHS Health Check Programme*:** Evidence shows that increased age is a risk factor for developing illnesses and conditions such as heart disease, stroke, type 2 diabetes, kidney disease and dementia. The NHS Health check is a national programme aimed at diagnosing these problems as early as possible and encouraging those at a higher-risk to take action. Health checks are free and can help to prevent many diseases from developing. It involves recording of patient's height, weight and waist size; a simple blood test to check cholesterol and blood sugar levels; and questions about family history and lifestyle habits. This service is available

for Lambeth residents and/or those registered with a Lambeth GP who are between 40 and 75 years old, haven't already been diagnosed with heart disease, diabetes, kidney disease, or had a stroke, or have not had an NHS Health Check in the last 5 years.

- ***National Diabetes Prevention Programme*:** Lambeth is part of the National Diabetes Prevention Programme. The main purpose is to support people at risk of developing Type 2 diabetes. This is a referral only programme via the patient's GP.

## 3.2 Examples of work at community and policy levels

- Signing up as the first borough to sign the Local Authority Declaration on Healthier Food and Sugar Reduction. Through the Declaration, Lambeth has committed to pledges around advertising and sponsorship, improving the food influenced or controlled by the Council, actively promoting drinking water, healthy catering commitment awards to food businesses, healthier public events and raising public awareness.
- Facilitating and securing additional resources for Lambeth schools as part of the proceeds of the national Sugar Levy to promote healthy eating and physical activity.
- Having inner London Food Flagship borough status in recognition of the good work locally on healthy weight and promoting a healthier and more sustainable food system. Associated funding from the Flagship enabled consolidation of some locally developed food related programmes as well as piloting innovative interventions.
- Working to tackle food poverty with a range of stakeholders. Lambeth has been recognised by Sustain - the alliance for Good Food as the borough doing the most to address food poverty. This recognition was given both in 2016 and 2018.
- Promoting the uptake of food schemes for vulnerable families such as the Healthy Start vouchers with a local supplement for additional fruit and vegetables (Rose vouchers) from Brixton market.
- Implementing the Healthier Catering Commitment (HCC), by working with local food businesses to commit to healthier catering through the provision of healthier food and drink options. Lambeth Council Food Safety team works with local food business encouraging them to sign up to the HCC.
- Working with Leisure service providers to provide healthier options in their vending machines.
- Running practical cook and eat sessions for members of the community.
- Working with local community organisations to promote food growing and access to other local food related activities.
- Working with colleagues to implement the Active Lambeth strategy (Lambeth Physical Activity and Sports Plan 2015 to 2020).

- The implementation of local campaigns and projects to promote and encourage children, young people and families to participate with physical activity, e.g. Sport England's "This Girl Can" programme.
- We are part of the London superzone pilot that is looking to promote a healthier environment around schools (within 400m).
- Working across schools and community to encourage children and families to eat more vegetable by aligning with the national programme of Veg Cities.

Partnership working also forms a key element of the Lambeth public health approach. This has involved being part of local partnerships, such as the LEAP and forging close relationships with external organisations such as Guy's and St. Thomas' Charity, Crystal Palace Football Foundation and Veg Power. The LEAP Nutrition Programme builds on learning over the years, Public Health has helped to shape the development of the LEAP intervention around the nutrition and healthy weight outcomes. It aims to take a whole systems approach around food and healthy weight in small geographical areas (i.e. the LEAP wards). The intervention consists of programmes to address healthy weight, diet nutrition, physical activity from conception to reception and includes initiatives to develop capacity of practitioners around these issues, giving practical support to vulnerable families, and working with businesses and the community to create a healthier food environment. The delivery of the programmes are in its early stages however, great progress has been made with the capacity building programme and the recruitment to the post that will be working with local food businesses in the LEAP area to encourage them to become more health promoting places.

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

Consuming food from outside the home is now a regular feature of our increasingly busy lifestyles. Portion sizes are often very large. According to the National Diet and Nutrition survey, just over 1 in 5 (20%) children eat a takeaway meal *at home* at least once a week[35]. This may be an under-estimate of total takeaway food consumption by children, as it does not include takeaway food

[35] Goffe, L., Rushton, S., White, M., Adamson, A. & Adams, J. Relationship between mean daily energy intake and frequency of consumption of out-of-home meals in the UK National Diet and Nutrition Survey. Int. J. Behav. Nutr. Phys. Act. 14, (2017).

consumed outside the home. Takeaway consumption peaks in young adults (ages 19-29) in the UK[36].

An analysis of nutritional composition of reported foods consumed by young people found that food products sourced from specialist outlets, convenience stores and retail bakers had the highest energy density. Food from retail bakers and takeaway and fast food outlets were richest in fat while vending machines and convenience stores showed the highest percentage of energy from sugar[37]. The frequency that children and families visit such outlets is therefore important.

## 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)[38] 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 and large portion sizes are widely reported[39,40].

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[41].

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[36] Adams, J. et al. Frequency and socio-demographic correlates of eating meals out and take-away meals at home: cross-sectional analysis of the UK national diet and nutrition survey, waves 1-4 (2008-12). Int. J. Behav. Nutr. Phys. Act. **12,** 51 (2015).

[37] Tyrrell RL, Greenhalgh F, Hodgson S, Wills WJ, Mathers JC, Adamson AJ, et al. Food environments of young people: linking individual behaviour to environmental context. J Public Health. 2016 Mar 8;fdw019.

[38] Government Office for Science Foresight Report Tackling Obesities: Future Choices (2007). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

[39] PHE and LGA: Strategies for Encouraging Healthier 'Out of Home' Food Provision A toolkit for local councils working with small food businesses (2017)

[40] Agnieszka Jaworowska, Toni M. Blackham, Rachel Long, Catherine Taylor, Matthew Ashton, Leonard Stevenson, Ian Glynn Davies, (2014) "Nutritional composition of takeaway food in the UK", Nutrition & Food Science, Vol. 44 Issue: 5, pp.414-430.

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

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[42,43].

People who eat more takeaway food had lower intake of vitamins A and C, milk, fruits and vegetables and higher intake of calories, fat, saturated fat, salt and fizzy soft drinks[44]. There have been several studies that have looked at the use of fast food outlets by school children. Children who ate fast food, compared with those who did not, consumed more total energy, fat, carbohydrates, sugars, sugar-sweetened beverages per gram of food and less fibre, fewer fruits and fewer non starchy vegetables. Children ate more total energy and had poorer diet quality on days with, compared with without, fast food[45].

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 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[46].

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

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[42] 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.

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

[44] Paeratakul S, et al. 2003 Fast-food consumption among US adults and children: dietary and nutrient intake profile J Am Diet Assoc. 2003 Oct;103(10):1332-8.

[45] Bowman, Gortmaker, Ebbeling, Pereira, Ludwig. 2004. Effects of Fast-Food Consumption on Energy Intake and Diet Quality Among Children in a National Household Survey. Pediatrics Vol. 113 No. 1 January 1.pp. 112 -118

[46] 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.

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 2**: **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%** |

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

There is particular concern about the less healthy nature of much of the food and drink that children and young people consume outside the home. Parental influence tends to diminish as children get older and adolescents exercise increasing control over their food choices[47]. Secondary school pupils often buy food from a range of outlets in the school fringe for their lunch or, on their way to and from school. Children sometimes skip lunch to save money which can be spent after school at fast food outlets[48]. A large scale study of 10,645 secondary school children from 30 schools in one large UK city found that 2.9% reported never eating regularly and 17.2% reported daily consumption of junk food[49].

Findings from a comprehensive UK evidence review carried out in 2018[50], on the impact of hot food takeaways near schools and childhood obesity concluded that there was good evidence of more hot food takeaways in deprived areas and that children who spend time in deprived neighbourhoods tended to eat more fast food and have higher Body Mass Index (BMI). The review also highlighted the challenges in quantifying the correlation between school's environment and obesity, which they have concluded is due more to the study design rather than

[47] Fitzgerald A, Heary C, Nixon E, Kelly C. Factors influencing the food choices of Irish children and adolescents: a qualitative investigation. Health Promot Int. 2010 Sep;25(3):289–98

[48] Caraher M, Lloyd S, Madelin T. The 'School Foodshed': schools and fast-food outlets in a London borough. Br Food J. 2014 Feb 25;116(3):472–93.

[49] Zahra J, Ford T, Jodrell D. Cross-sectional survey of daily junk food consumption, irregular eating, mental and physical health and parenting style of British secondary school children. Child Care Health Dev. 2014 Jul;40(4):481–91.

[50] Turbutt C et.al. The impact of hot food takeaways near schools in the UK on childhood obesity: a systematic review of the evidence. 2018, Journal of Public Health

the lack of correlation between obesity levels of school children and the built environment.

Studies have found a positive association between the availability of fast-food outlets and increasing deprivation. Takeaway food outlets are often located in areas of higher socio-economic deprivation. Public Health England analysis of fast food outlets[51] (June 2018) 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. Around a third of fast food outlets in England are found in the most deprived communities. 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[52] 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, such as 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. 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[53] 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

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[51] Public Health England Fast food outlets: density by local authority in England 2018. Available at: https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england

[52] 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

[53] 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

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 causal 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[54]. 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[55].

Also, findings from a recent study carried out on 3600 adolescents in the 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[56].

A study from the International Study of Asthma and Allergies in Childhood (ISAAC) Phase Three[57] 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

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

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

[56] 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.

[57] 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

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 364 hot takeaway fast food outlets (A5 in planning terms) and 2 drive-through outlets in Lambeth. However, this does not include restaurants that provide takeaway food and non drive-throughs. This translates to a rate of about 113 fast food outlets per 100,000 population.

There are 89 primary and secondary schools (including special schools) in the London Borough of Lambeth. Using locational data held by the council, all of the schools were plotted by geographical location. Take away fast food outlets (A5 uses) in the borough were then identified from the Food Standards Agency website[58]. Lambeth Public Health used the Food Standards Agency data to map the listed A5 uses which are defined as hot food venues where there is very limited seating (figure 4). 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 of takeaways and access to them by mapping overlapping takeaway 'catchments'. Using a catchment of 400m, a proxy for a 5 -10 minute walk, it was possible to work out how many takeaways were accessible in one area[59]. Darker areas on the map of Lambeth in figure 5 represent areas with a higher density of A5 food outlets within a 400m, 5-10 minute walk[60].

[58] Food Safety Agency. https://ratings.food.gov.uk/open-data/en-GB (Accessed July 2019)

[59] The 400 m buffer around the takeaway establishments were joined together in ArcGIS PRO, using the intersect analysis tool provided. The data generated by ArcGIS PRO was exported into Excel to analyse the self joined data. Looking at the data it was possible to determine which businesses were within another businesses 400 m catchment area.

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

***Figure 4: Map of Lambeth showing the location of primary and secondary schools, A5 establishments and fast food drive-throughs***

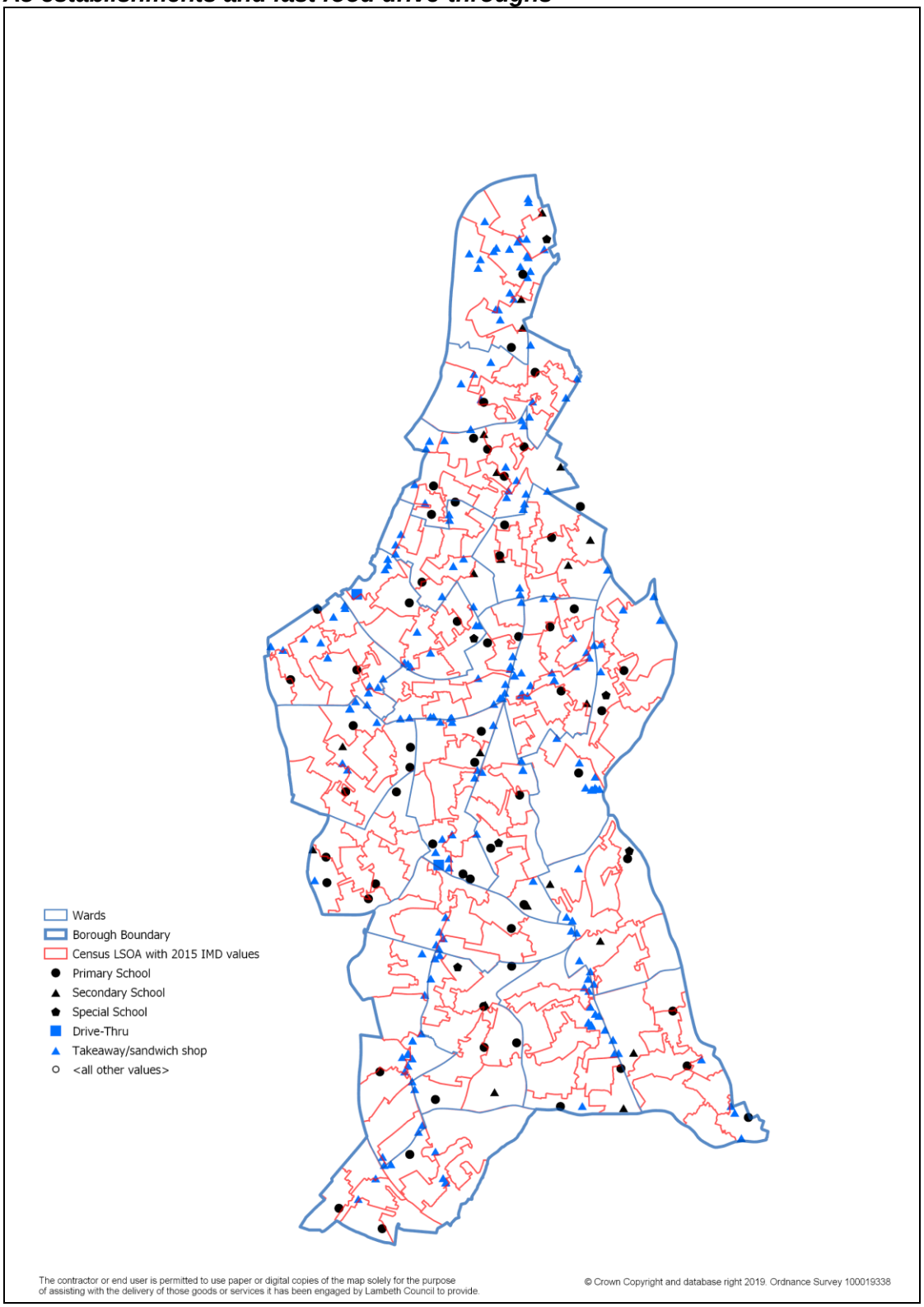
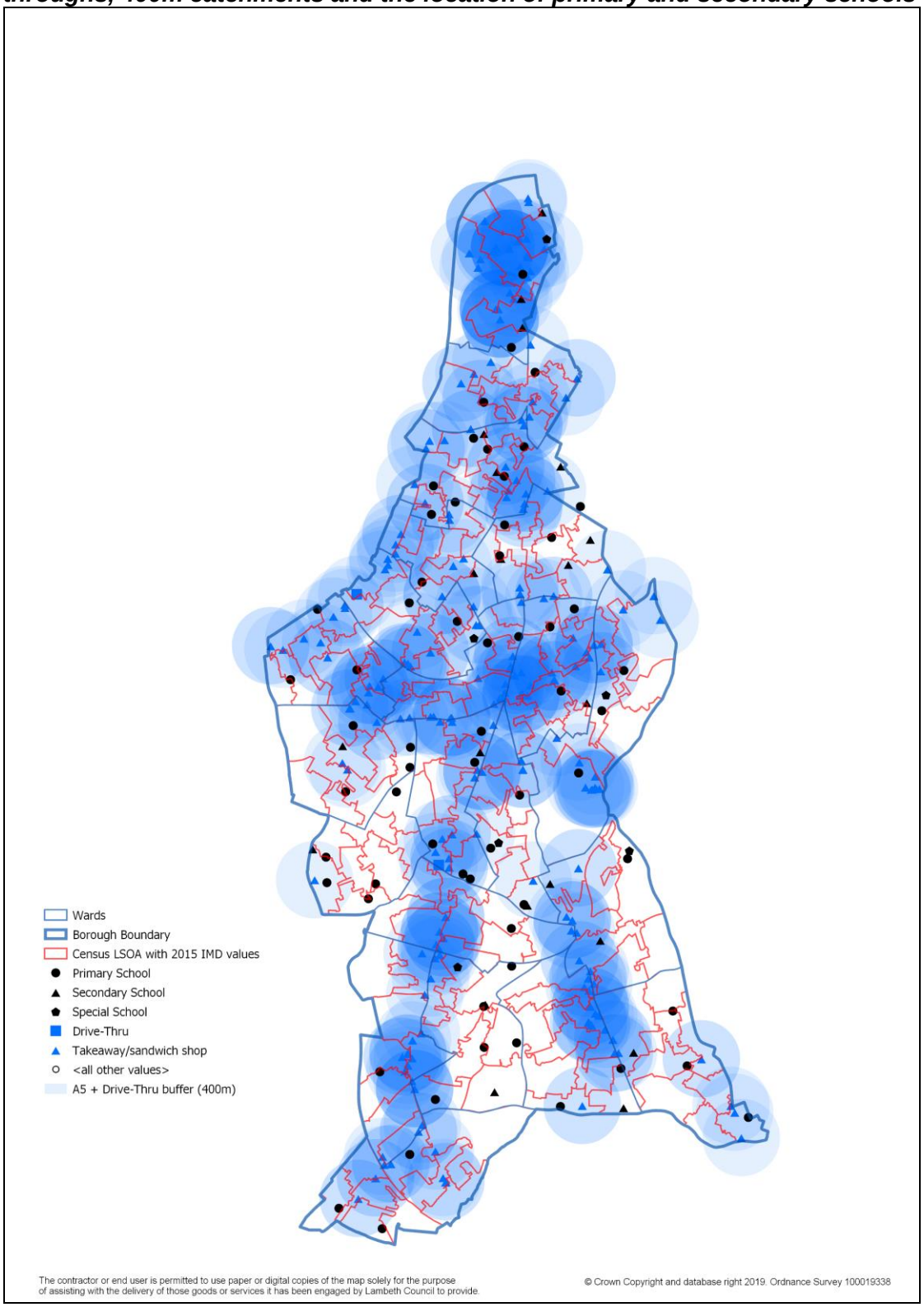


***Figure 5: Map of Lambeth showing the density of fast food outlets and drive-throughs, 400m catchments and the location of primary and secondary schools***



The highest concentration of fast food venues are situated around high streets and transportation hubs, Brixton, Clapham, Streatham and West Norwood. There is at least 1 primary school within 400m of 146 fast food takeaway establishments and at least 1 secondary school within 400m of 63 fast food takeaways. Looking at all schools, the analysis reveals that there are 17 schools that do not have an A5/drive-thru establishment within 400m of their boundary. Many of these 400m boundaries overlap with 3 schools with 16 – 20 establishments within 400m of their boundary and one school having up to 25 fast food outlets around it. Tables 3 and 4 show the number and proportion of primary and secondary schools within a 5-10 minute walk of A5 outlets.

***Table 3: Number and Proportion of Primary Schools and ranges of A5 food outlets within a 10 minute walk (400m distance)***

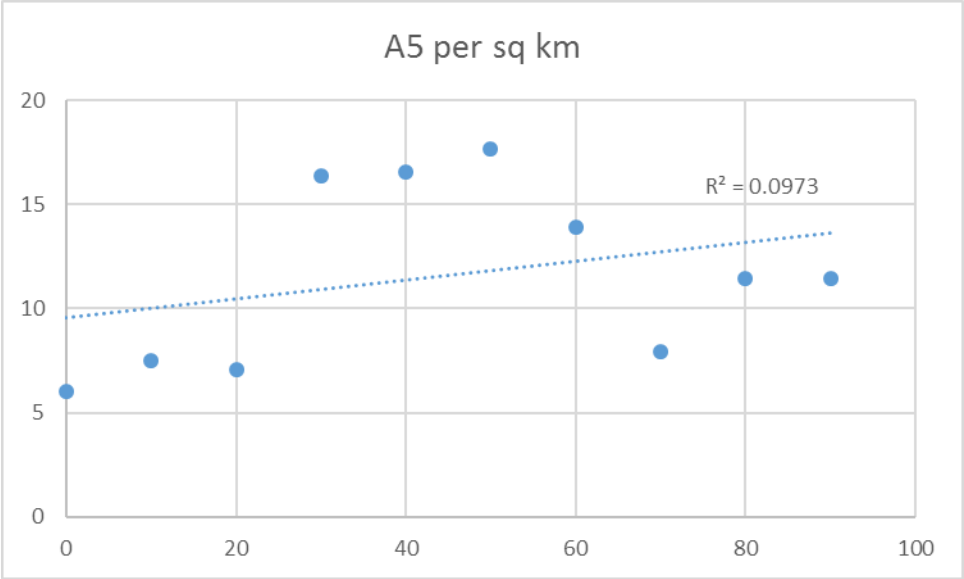
| Number A5 food outlets | Number of schools | % of schools |
|---|---|---|
| 0 | 13 | 21% |
| 1-5 | 28 | 45% |
| -96-10 | 17 | 27% |
| 11-15 | 3 | 4% |
| 21 - 25 | 1 | 2% |

***Table 4: 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 | 3 | 14% |
| 1-5 | 11 | 52% |
| 6-0 | 5 | 23% |
| 16 - 20 | 2 | 10% |

The literature suggests that the concentration of fast food outlets is often related to increasing levels of deprivation and health inequalities. Using the national IMD deciles, analysis shows that in Lambeth there is a positive relationship between the number of takeaways and areas which fall on the most deprived quintiles (Figure 6). This is very much in line with national evidence that more takeaways are located in the most deprived areas.

***Figure 6: Concentration of Lambeth Takeaway Outlets in Relation to National IMD quintiles***




## 4.4 Feedback from Community Members (including children and young people) in Lambeth

Over the years a lot of local insight has been gathered relating to food, healthy weight and physical activity. Views have been received from children, young people, families, schools, local businesses, practitioners and the general public.

### 4.4.1 Children and Young people

The School Health Education Unit (SHEU) in 2018 surveyed a sample of Lambeth primary and secondary pupils aged 8 to 15 years old. When asked about healthy eating and the foods they ate 'most days or every day', 41% said vegetables, 40% said fresh fruits and 29% said salads. 16% have chips, 19% crisps, 24% sweets and chocolates and 20% 'non diet' fizzy drinks most days.

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 5 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 5: 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 2009, 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.

### 4.4.2 Families and Community members

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 in 2008 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.

Lambeth Public Health commissioned a research study[61] 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[62].

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.

[61] Attitudes to Overweight and Obese amongst Lambeth Black Caribbean, West African, White British, Portuguese and Somalian mothers 2010.

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

- 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.
- 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 Great Weight Debate[63] was launched in February 2016 and coordinated by Healthy London Partnership, led by local authorities at a local level, London's NHS Clinical Commissioning Groups, the Greater London Authority, NHS England (London), and Public Health England (London). The debate invited all Londoners to share their views on how children in the capital could be supported to lead healthier lives. In Lambeth, both a road show and a discussion group was organised to capture the views from the community. Results showed that:

- Two thirds aware of high rates of obesity in London

[63] Healthy London Partnership – Transforming London's health and care together 2017. The Great Weight Debate London's conversation on childhood obesity 2017 Healthy London Partnership – Transforming London's health and care together

- 88% feel tackling obesity is high or top priority.

For Lambeth, the top three things that people felt made it harder for children to lead healthy lives were:

- Too many cheap unhealthy food and drink options;
- Too many fast food shops; and
- Lack of time, skills or facilities to prepare healthy food.

In 2017, Lambeth and Southwark Public Health commissioned Ipsos MORI to conduct qualitative research with primary and secondary school children and residents in the Old Kent Road Opportunity Area and Oval and Kennington Development Area[64]. School children and residents in both areas appeared to be well informed about healthy eating. They reported that there are too many hot food takeaways and a lack of healthy alternatives in the area. Children participating in the focus groups completed food diaries for the seven days prior to the focus groups. The diaries showed that the majority of school children ate fast food at least once a week.

A Lambeth and Southwark research study carried out in 2018[65] with families on low income showed how the:

- Physical environment of the home and the street 'nudges' families towards certain food behaviours;
- Availability, affordability and accessibility (i.e. time, money and energy) help to shape parent's decisions as to what food is consumed;
- Food environment both at home and on the street impacts on decisions and habits;
- Social influences of family, friends and peers impact on food choices and behaviours; and
- Changes, such as Regeneration, impacts on families' attitude towards food.

Findings from the research show that around Lambeth and Southwark, the most obvious environmental nudges towards unhealthy foods are advertisements on bus stops, billboards and shop fronts. Other nudges included promotional vouchers and fliers, adverts on mobile games and 'food challenge' videos on children's YouTube play list.

Children are more likely to pester for products that have familiar brands, are colourful and are displayed at eye level for example in shops and supermarkets.

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[64] Ipsos MORI (2017) The impact of planning policy on health outcomes and health inequalities in Southwark and Lambeth

[65] Families and Food: how the environment influences what families eat. 2018, Research report produced by Shift for Guys' and St Thomas' Charity.

Families and young people are also exposed to unhealthy food adverts on the streets as they travel about in the local area. For young people, their food choices are influenced by what they see their parents and peers doing and food habits get passed down the generations as young people grow up and become parents themselves.

The research showed that parents are more influenced by how things look than information. Even if information is noticed it is not always understood for example nutritional information such as traffic lights, calorie labels and a '5 a day' icons.

Additionally, families living under financial constraint and pressures have less 'headspace' time to plan healthy meals. This is often exacerbated by the prevalence of convenient food and takeaways. The research showed that low income is just one of the pressures that families face. Other pressures included concern over housing stability, unexpected financial outlays and illness. These pressures meant that families were less able plan ahead and for many families takeaways and convenient foods provided an in-the-moment solution to feeding children quickly, affordable and safely.

As local areas regenerate new food options are starting to enter, however for many of the Lambeth families participating in the research and on low incomes, these new food options did not feel accessible to them and as a result, these new food environments were not always used by families.

## 4.5 Drive–Through Food Outlets

There are two drive through fast food outlets in Lambeth. Although there is limited evidence specifically around drive through outlets beyond the general impacts of high fat, sugar and salt provided in non-drive through takeaways, there are wider potential risks. Having drive-throughs near schools could potentially increase the amount of traffic in the area which could lead to an increase in risks of traffic accidents and poor air and noise pollution particularly impacting on our children and young people.

Air pollution is a major environmental risk to health and this issue is reflected in policy ED8 of the Local Plan, which does not support new drive-through takeaways in any locations. Drive-through takeaways are not supported because they promote car-use, which adversely affects congestion, air quality and public health Poor air quality is estimated to cause 3 million premature deaths worldwide per year in 2012[66]. It is the largest environmental risk to public health in the UK, as long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading

[66] World Health Organisation. Ambient (outdoor) air quality and health. 2018. Available at: http://www.who.int/mediacentre/factsheets/fs313/en/

to reduced life expectancy. The Royal College of Physicians states that long-term exposure to either background or locally generated air pollution impairs lung function growth in children and is associated with new-onset asthma across the life course. It is also associated with psychomotor development, autism, Sudden Infant Death Syndrome (SIDS) and low birth weight[67].

In Lambeth, exposure to air pollution is estimated to contribute to 12 asthma exacerbation and 8 pneumonia hospitalizations a year for children up to years old[68]. For adults, this is an estimated 215 hospital admissions of patients with respiratory problems (3% of all respiratory admissions), and 149 hospital admission of patients with cardiovascular problems (1.4% of all cardiovascular admissions) in 2013[69]. These figures are likely to under-estimate the health burden as they are limited to the burden on adult residents who are aged 30 years and over.

Nosie pollution could also potentially be related to drive-throughs, occurring both day and night, from sources like antisocial behaviour and traffic noise. The environmental burden of disease from traffic noise has been said to be the second largest preceded only by airborne particulate matter[70]. In London, it was estimated that over 1.6 million people are exposed to daytime road traffic noise levels >55 dB[71] which the World Health Organisation (WHO) defines as a level of community noise that causes health problems[72], and a level that in the UK has been estimated to annually cause over 500 additional cases of hypertension-related myocardial infarctions and nearly 800 cases of stroke[73].

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[67] Gauderman WJ, Urman R, Avol E et al. Association of improved air quality with lung development in children. NEngl J Med 2015;372:905–13.

[68] Modelling the Health Impact of the Outdoor Air Pollution on Children. LSE MSC paper (internal paper)

[69] Health Burden Attributable to Air Pollution in Lambeth. Mengke Wang. 2016.09.01( internal paper)

[70] Hanninen O  Knol AB  Jantunen M  Lim TA  Conrad A  Rappolder M  Carrer P  Fanetti AC  Kim R  Buekers J  Torfs R  Iavarone I  Classen T  Hornberg C  Mekel OC  . Environmental burden of disease in Europe: assessing nine risk factors in six countries. Environ Health Perspect 2014;122:439–446.

[71] Gulliver J  Morley D  Vienneau D  Fabbri F  Bell M  Goodman P  Beevers S  Dajnak D  Fecht D  . Development of an open-source road traffic noise model for exposure assessment. Environmental Modelling & Software 2015; https://doi.org/10.1016/j.envsoft.2014.12.022.

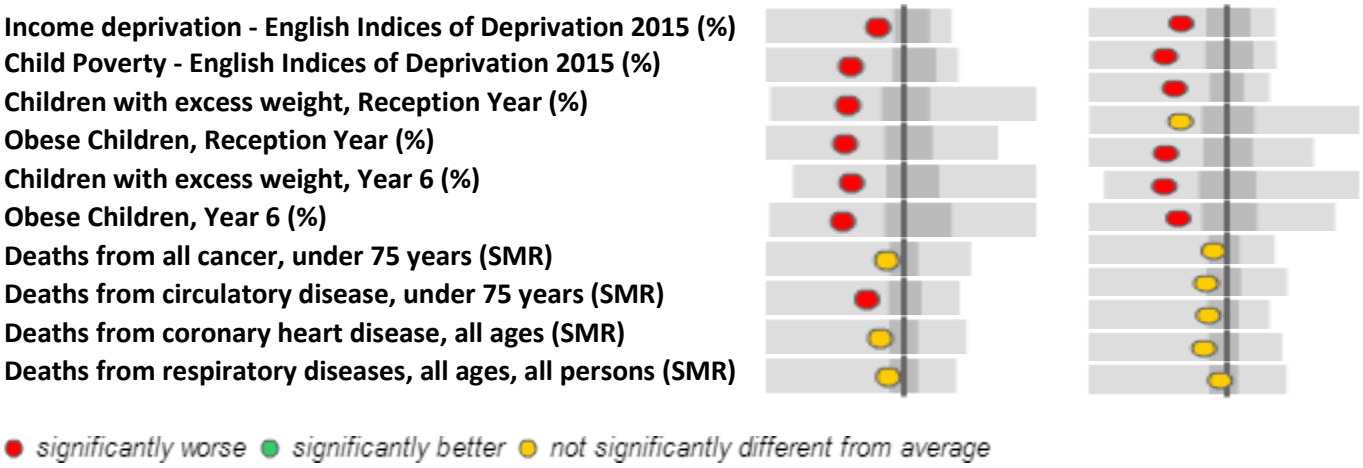
[72] WHO. Guidelines for community noise. Available at: http://www.who.int/docstore/peh/noise/guidelines2.html

[73] Harding AH Frost GA  Tan E  Tsuchiya A  Mason HM  . The cost of hypertension-related ill-health attributable to environmental noise. Noise Health 2013;15:437–445.

Research[74] published in the European Heart Journal which looked at data from 8.6 million people from 32 London boroughs (including Lambeth) concluded that long-term exposure to road traffic noise was associated with small increased risks of all-cause mortality and cardiovascular mortality and morbidity in the general population, particularly for stroke in the elderly. This is in addition to the already well-established association with sleep problems and high blood pressure. Although these findings do not imply a direct cause between noise pollution and early deaths and strokes, it provides evidence suggesting there is a link between the two. This study contributes to the body of evidence suggesting reductions in traffic noise could be beneficial to our health and it has been recommended that public health policies must pay more attention to this emerging evidence.

As many of our health and wellbeing outcomes are worse than the national average, wherever possible, opportunities should be seized to try to mitigate against any potential negative factors, so as to help improve health and reduce inequalities in the borough.

**Figure 7: Key ward health and wellbeing indicators where existing drive-through food outlets are located in Lambeth**




[74] Hanolen J I et al. Road traffic noise is associated with increased cardiovascular morbidity and mortality and all-cause mortality in London European Heart Journal, Volume 36, Issue 39, 14 October 2015, Pages 2653–2661, https://doi.org/10.1093/eurheartj/ehv216

## 5. POLICIES AND GUIDANCE RELATING TO PLANNING, HEALTH AND FAST FOOD OUTLETS

There are different policies and guidance at national, regional and local levels which recognise and endorse the use of planning regulations to promote the health and wellbeing of the community. This section briefly outlines key policies and guidance that relate to the consideration of implementing planning policies to restrict fast food outlets locally.

### 5.1 The National Planning Policy Framework (2019)

Chapter 8 of the National Planning Policy Framework (NPPF)[75], Promoting healthy and safe communities, affects all future planning decisions in England, with local authorities obliged to take it into account when preparing local plans or deciding on planning applications. Paragraph 91 of the NPPF states that "*Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:*

- *enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling*."

Paragraph 92 of the NPPF states that "*To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should:*

- *take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community*."

This means that in Lambeth, planning policies would need to consider key local strategies such as the Borough Plan, Health and Wellbeing Strategy and the Children and Young People's Plan that seek to reduce health inequalities and ill health of which poor diet is a major contributor.

### 5.2 The National Planning Practice Guidance

Local authorities are obliged to take into account Planning Practice Guidance (PPG) when preparing local plans or deciding planning applications. The healthy

[75] Housing, Communities and Local Government National Planning Policy Framework. 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810197/NPPF_Feb_2019_revised.pdf

and safe communities PPG[76] supports local planning authorities to bring forward local plan policies which limit the proliferation of particular uses where evidence demonstrates it is appropriate in order to create a healthier food environment.

The PPG recognises that the built and natural environments are major determinants of health and wellbeing and that planning can influence the built environment to improve health and reduce obesity and excess weight in certain communities. The PPG explains that planning can create a healthier food environment. Local planning authorities can have a role by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. Planning policies and supplementary planning documents can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate (and where such uses require planning permission). In doing so, evidence and guidance produced by local public health colleagues and Health and Wellbeing Boards may be relevant. Planning policies and proposals may need to have particular regard to the following issues:

- proximity to locations where children and young people congregate such as schools, community centres and playgrounds
- evidence indicating high levels of obesity, deprivation, health inequalities and general poor health in specific locations
- over-concentration of certain uses within a specified area
- odours and noise impact
- traffic impact
- refuse and litter[77].

## 5.3 The London Plan

The London Plan is the statutory Spatial Development Strategy for Greater London prepared by the Mayor of London. The London Plan 2016 is the current adopted Development Plan. A draft new London Plan was published by the Mayor for consultation in December 2017, and a consolidated suggested changes version was published in July 2019 which incorporates all of the Mayor's suggested changes following the Examination in Public (EiP).

Policy E9 Retail, markets and hot food takeaways in the London Plan sets out the policy approach relating to fast food outlets. This policy remains largely unchanged from the London Plan 2016. Policy E9C states that 'Development proposals containing A5 hot food takeaway uses should not be permitted where

[76] Planning Practice Guidance: Healthy and safe communities. Available at: https://www.gov.uk/guidance/health-and-wellbeing

[77] Planning Practice Guidance: Healthy and safe communities Paragraph 004 Reference ID: 53-004-20190722

these are within 400 metres walking distance from the entrances and exits of an existing or proposed primary or secondary school. Boroughs that wish to set a locally-determined boundary from schools must ensure this is sufficiently justified. Boroughs should also carefully manage the over-concentration of A5 hot food takeaway uses within town centres and other areas through the use of locally-defined thresholds in Development Plans'. Policy E9D states that 'Where development proposals involving A5 hot food takeaway uses are permitted, these should be conditioned to require the operator to achieve, and operate in compliance with, the Healthier Catering Commitment standard'.

The policy approach applies to primary and secondary schools where the presence of hot food takeaways in proximity to schools also contributes to an obesogenic environment which encourages children to eat takeaway food. The policy is supported by a topic paper[78] produced by the Greater London Authority. It claims that "restricting permission for additional new hot food takeaways around schools and preventing further overconcentration of hot food takeaways in London will make an important contribution to promoting healthy eating across London and contribute towards the aim of the London Health Inequalities Strategy and borough Health and Wellbeing Strategies to reduce childhood obesity".

## 5.4 Good Practice Guidance and Toolkits

Several guidance documents on planning and fast food outlets are available, including the National Institute for Health and Clinical Evidence (NICE)[79], Public Health England and the Local Government Association[80] which provide advice that local planning authorities should restrict the location of fast food outlets in specific locations, such as around schools.

The NICE pathway on tackling obesity through working with local communities calls for empowering local authorities to influence planning permission for food retail outlets in relation to preventing and reducing obesity.

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[78] Greater London Authority. London Plan topic paper: Hot food takeaways 2018. Available at: https://www.london.gov.uk/sites/default/files/london_plan_topic_paper_on_hot_food_takeaways.pdf

[79] National Institute for Health and Clinical Excellence. Obesity: working with local communities. 2012. Available at: http://www.nice.org.uk/guidance/ph42/resources/obesity-working-with-local-communities-1996354580677 Available at: https://www.nice.org.uk/guidance/ph25

[80] Local Government Association. 2019 Making obesity everybody's business A whole systems approach to obesity. Available at: https://www.local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf

The Local Government Association's Healthy weight, healthy futures: local government action to tackle childhood obesity report[81] which includes Lambeth as a case study for local obesity work, has further reiterated the importance of these local authority powers.

Different toolkits are available to support local action. A Fast Food Takeaways Toolkit report[82] was published by the Greater London Authority (GLA) 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; and*
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 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 GLA 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.

The Public Health England toolkit, 'Strategies for encouraging healthier "out of home" food provision: A toolkit for local councils working with small food businesses'[83] was developed to encourage local intervention that will further increase the opportunities for communities to access healthier food whilst out and about in their local community. It outlines opportunities both to manage new business applications and to work with existing food outlets to provide healthier food.

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[81] LGA: Healthy weight, healthy futures: local government action to tackle childhood obesity. Available at: https://local.gov.uk/healthy-weight-healthy-futures-local-government-action-tackle-childhood-obesity-0

[82] 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

[83] Public Health England toolkit. 2017. Strategies for encouraging healthier "out of home" food provision. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/604912/Encouraging_healthier_out_of_home_food_provision_toolkit_for_local_councils.pdf

## 6. CONCLUSION

There are an estimated 364 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. The number of food takeaways has also been expressed as a problem by members of the community, particularly in relation to the availability of unhealthy food. 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 the availability of highly dense 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 national childhood obesity plan (chapter 2)[84] indicates that where we live has a huge role to play in tackling childhood obesity, including how many fast food outlets can operate near schools. It states that in 2017, the National Planning Practice Guidance was updated to outline the role that planning can have in reducing obesity by limiting over-concentration of fast food takeaways,

[84] Childhood obesity: a plan for action, Chapter 2. (2018) Department of Health and Social Care: Global Public Health Directorate: Obesity, Food and Nutrition / 10800

particularly around schools[85], acknowledging that local authorities want to use these powers[86] and encouraging them to do so.

Planning documents and policies to control the over-concentration and proliferation of hot food takeaways should form part of an overall plan for tackling obesity. Once appropriate planning policies are in place, supported by local evidence, local councils can refuse planning permission for a new food outlet if they can demonstrate that:

- it will have an adverse impact on the health and wellbeing of the local population; and
- it will undermine the local authority's strategy to tackle obesity[87].

Restricting the proliferation of new fast food outlets benefits the whole community by:

- reducing the amount of litter in the area;
- cutting down on discarded food waste and litter, which can stop foraging animals and pests;
- improving the visual appeal of the local environment and reducing night-time noise;
- reducing traffic congestion caused by short-term car parking outside takeaways; and
- improving access to healthier food in deprived communities, which may contribute to reducing health inequalities.

Since the original hot food takeaway policy was introduced in the Lambeth Local Plan 2015, there has been a significant increase 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 of a school and in some instances youth clubs, parks and leisure centres. Others have proposed a monetary fee to fund health promotion activities.

Progressively, national and London-wide policy guidance has been further strengthened to highlight the importance of planning in promoting health and wellbeing. Restricting the establishment of fast food outlets has been explicitly

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[85] Ministry of Housing, Communities & Local Government. (2017). National Planning Practice Guidance, health and wellbeing.

[86] Local Government Association. (2016) Tipping the scales: Case studies on the use of planning powers to limit hot food takeaways. And NHS England. (2018). Healthy by design: The Healthy New Towns Network Prospectus.

[87] Health Matters: obesity and the food environment. Available at: https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

stated as one of a range of measures that can be used to tackle childhood obesity and promote health and wellbeing in the community.

However, most importantly the people in Lambeth continue to be supportive of measures to reduce the availability of fast foods. More recent feedback has been received from the local community through different sources which indicate that the views gathered to support the original policy are still relevant and ring true. Local children, adults and key stakeholders have re-emphasised the importance of reducing exposure to cheap, high fat, sugar and salt foods to help tackle the childhood obesity epidemic and to promote healthy eating.

The Lambeth Public Health perspective is based on the review of the evidence and good practice, learning from local initiatives, as well as feedback from residents and practitioners in the borough. Lambeth Public Health recommends that as part of a whole systems approach to promoting healthy eating and tackle obesity, the obeseogenic environment needs to be continually addressed.

The existing local feedback interestingly showed 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 working 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[88] has indicated that the most popular time for purchasing food from shops is after school. Since not all primary school pupils will be accompanied 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.

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[88] 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

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. A 400m exclusion zone was chosen as this is the distance that could be walked in 5 -10 minutes[89]. 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.

The issues around drive-through food outlets near schools are similar to the fast food takeaways, but in addition it inherently supports car use with children and their families being at potential enhanced risks of accidents and exposure to air pollution. Noise pollution is also more likely to be an issue for people in the area.

Continuing to limit 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[90].

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[89] The 400m restriction zone has been proposed by the new London Plan. This is based on several London boroughs adopting this distance and a view that this is equivalent to a 5 minute walk. Lambeth is estimating that 400m would be a 5 -10minute walk, depending on if it was a young child or teenager.

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

## 7. RECOMMENDATIONS FOR LAMBETH

The following recommendations apply not only to planning restrictions, as it is recognised 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. New takeaway fast food outlet proposals, including drive-throughs (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 to provide healthier options. This is already happening through specific initiatives, 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 learn and 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 and develop life skills, for example, how to choose a healthy diet, grow, handle, prepare and cook food. 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.

4. Free support to school staff is available through the Lambeth Healthy Weight Care Pathway multi-agency training. Schools should be encouraged to take up this training offer. This bespoke local training complements the London Healthy Schools Programme, which all Lambeth schools, particularly secondary schools, should be signing up to, as this provides a positive supportive framework to promote the health and wellbeing of pupils.

5. Independent local food business and enterprise which provide sustainable, affordable, and healthy food should be encouraged, particularly in the more deprived areas of the borough.

6. Actively promote the Healthy Start Scheme in Lambeth to residents and to local retailers who sell fruit and vegetables, to register to receive these vouchers.

7. 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 should have the opportunity to be provided with growing and cooking skills and advice on shopping on a budget. Local health champions should be identified and supported to work with members of their community on healthy eating issues.

8. The Public Health team, working with partners, should continue to update the Joint Strategic Needs Assessment with relevant food related quantitative and qualitative data especially around environmental and social factors. This will help to further develop the local evidence base for appropriate supportive interventions.