

Response to Planning Inspector

This report has been prepared by Warwickshire County Council (WCC) Public Health and Nuneaton and Bedworth Borough Council (NBBC) in response to the Planning Inspectors letter dated 9th April 2018 on the proposed hot food takeaway policy within the Borough's draft Local Plan.

The policy seeks to *"limit the development of environment's that encourage obesity, A3-A5 uses (restaurants and hot food takeaways) should be directed to town centres as set out in policy TC3 – Hierarchy of Centres. Outside of Nuneaton & Bedworth town centres, A3-A5 use proposals will be permitted providing:*

- *The proposal is not within 400m of the boundary of a secondary school.*
- *The proposal does not jeopardise the provision of an essential local service.*
- *The proposal does not increase the number of units under the A3-A5 use class to over 30% of the centre's total usage.*
- *Customer visits by car would not unacceptably impact on existing or proposed public transport provision, traffic movements, road or pedestrians safety.*
- *A sequential assessment is provided which demonstrates that there are no other sequentially preferable sites"*

Context

The NPPF states that local planning authorities have a responsibility to promote healthy communities and that Local Plans should "take account of and support local strategies to improve health, social and cultural wellbeing for all".

Furthermore section 53 of the NPPG states that *"local planning authorities can consider bringing forward, where supported by an evidence base, local plan policies and supplementary planning documents, which limit the proliferation of certain use classes in identified areas, where planning permission is required."* The NPPG goes on to state that particular regard should be given 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 and general poor health in specific locations;
- Over-concentration and clustering of certain use classes within a specified area;
- Odours and noise impact;
- Traffic impact; and
- Refuse and litter.

As of January 2017, there were over 40 local authorities in England with policies or draft policies designed to restrict hot food takeaways in their local areas. One of the most common policies within these was that of Exclusion Zones around schools.

(1) Evidence/explanation of how childhood obesity and overweightness in the borough (typical indicators at reception and years 6 (10-11 years old)) compare with the national (England) and local (Warwickshire) averages and why this necessitates intervention.

The UK is experiencing an epidemic of obesity affecting both adults and children. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. Being overweight or obese can increase the risk of developing a range of health problems including: Type 2 diabetes, hypertension, coronary heart disease, stroke, and some cancers. It can also exacerbate existing conditions such as asthma and can lead to discrimination, negatively impacting on mental health and wellbeing and leading to feelings of social isolation and exclusion.

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) in primary schools. Table 1 highlights the levels of excess weight in children at Reception age for 2016/17. In Warwickshire, the proportion of Reception aged children recorded as being overweight and obese was 22.8%, which is similar to the national average. In Nuneaton and Bedworth Borough this number is higher at 24.3%, which is the joint highest proportion in the County.

Table 1: Levels of excess weight – Reception 2016/17

	Overweight & Obese	Obese
North Warwickshire Borough	24.3%	11.3%
Nuneaton and Bedworth Borough	24.3%	10.2%
Rugby Borough	21.0%	8.2%
Stratford-on-Avon District	22.5%	7.1%
Warwick District	22.2%	9.9%
Warwickshire	22.8%	9.3%
England	22.6%	9.6%

Source: Public Health England (PHE) Fingertips NCMP data [accessed [here](#) and [here](#)]

Table 2 illustrates that at Year 6 proportionately more children are either overweight or obese than those in Reception, and that these rates are the second highest in Nuneaton and Bedworth Borough where 35.5% of Year 6 children are recorded as overweight and obese. Looking at obesity alone the data highlights that in Nuneaton & Bedworth Borough around 1 in 10 children are recorded as obese in Reception and that this increases to 1 in 5 at Year 6.

Table 2: Levels of excess weight – Year 6 2016/17

	Overweight & Obese	Obese
North Warwickshire Borough	35.8%	18.2%
Nuneaton and Bedworth Borough	35.5%	20.0%
Rugby Borough	31.2%	15.8%
Stratford-on-Avon District	28.9%	15.9%
Warwick District	27.6%	15.2%
Warwickshire	31.5%	17.0%
England	34.2%	20.0%

Source: Public Health England (PHE) Fingertips NCMP data [accessed [here](#) and [here](#)]

Obesity is a complex problem with many drivers including: behaviour, environment, genetics and culture. One of the main risk factors for obesity is the food and drink environment. Public Health England (PHE) have reported that at a national level more than one quarter (27.1%) of adults and one fifth of children eat food from out-of-home food outlets at least once a week. These meals tend to be associated with higher intakes of sugar, fat and salt. The increasing consumption of out-of-home meals has been identified as an important factor contributing to rising obesity levels.

Nuneaton and Bedworth Borough has some of the highest rates of childhood obesity in the County. The rate of obesity is increasing year on year (which reflects the trend nationally) and there is therefore a need to intervene to prevent levels from rising throughout adult life. The objective behind the proposed hot food takeaway policy in the Borough's local plan is to reduce pupil access to unhealthy food options, particularly as hot food takeaways tend to cluster around schools. The policy should not be viewed in isolation but rather as part of a wider approach on tackling obesity within Warwickshire (discussed in (3)).

(2) Evidence/explanation of how adult (16+) obesity/overweightness and diabetes rates in the Borough compare with national and local averages and why this necessitates intervention.

As previously stated, the obesity epidemic is affecting both children and adults, and studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age, which is highlighted in the proportions of obese and overweight adults when compared with the proportions for Reception and Year 6 children, as shown under question 1.

The most recent data available on excess weight in adults is for the period 2016-17 (figure 1). The data highlights that the proportion of adults (16+) recorded as being overweight and obese in Warwickshire is 63.6% compared with the national average of 61.3%. In Nuneaton and Bedworth Borough, the proportion of adults recorded as

obese and overweight is statistically significantly higher than the average for England at 66.8%.

Compared with benchmark ● Better ● Similar ● Worse ○ Not Compared

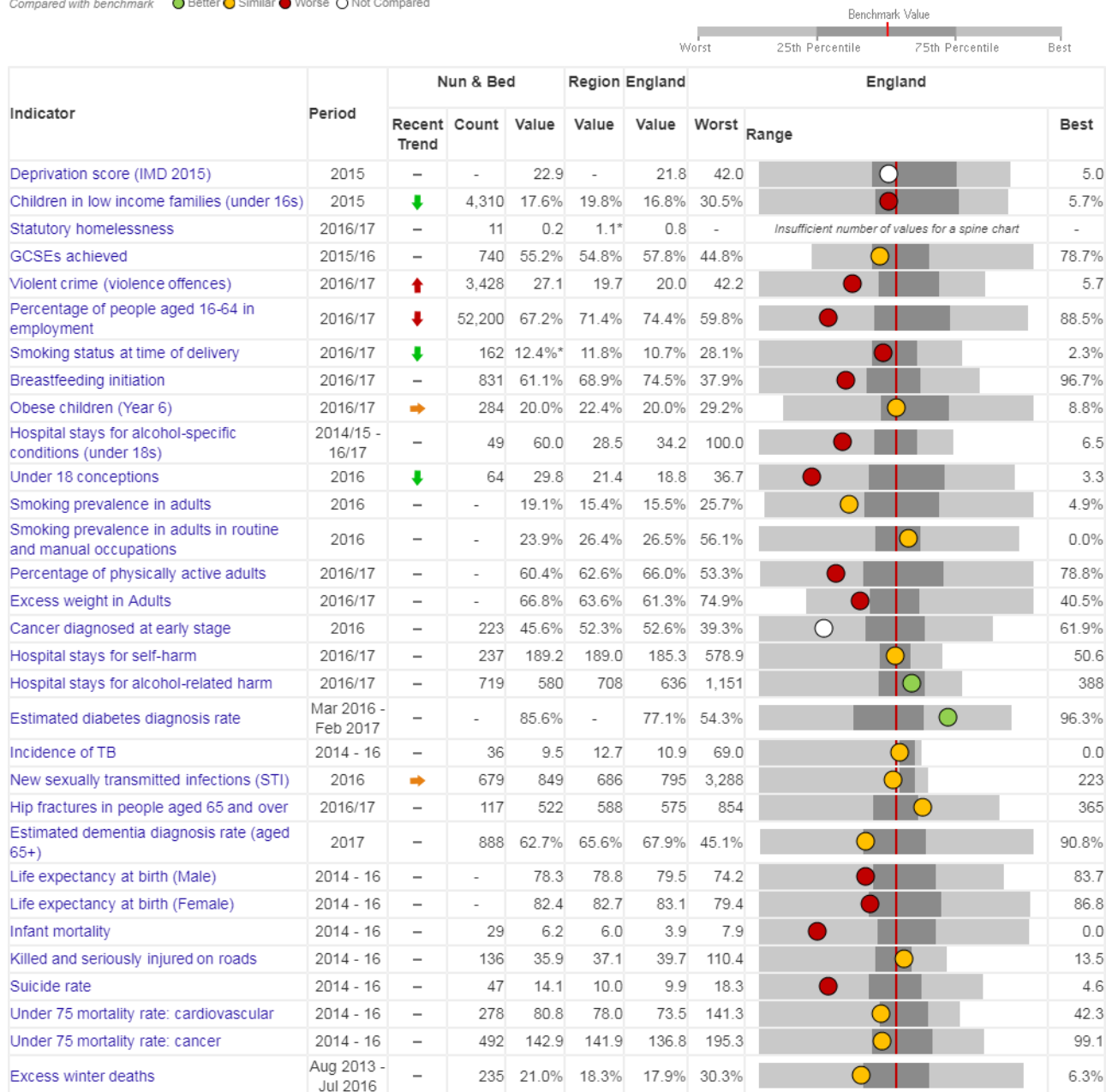


Figure 1: Health Profile (2018) for Nuneaton & Bedworth Borough (source: [Public Health England Fingertips](#))

The data in figure 1 also highlights that the estimated diabetes diagnosis rate in the Borough is statistically significantly higher than the average for England at 85.6% compared with 77.1% nationally. This would suggest that approximately 14% of people with diabetes remain undiagnosed within the Borough. Prevalence of diabetes is available at Clinical Commissioning Group (CCG) level for the period 2016/17 on fingertips¹. NHS Warwickshire North CCG covers the areas of Nuneaton and Bedworth Borough and North Warwickshire Borough. The diabetes prevalence

¹ Public Health England (2018) [Diabetes QOF Prevalence](#)

rate in NHS Warwickshire North CCG is 7.4%, which is the highest rate when compared with neighbouring NHS South Warwickshire CCG at 5.6% and NHS Coventry and Rugby CCG at 6.7%, which is also the average for England.

In England, obese adults are five times more likely to be diagnosed with diabetes than adults of a healthy weight. People with diabetes are at a greater risk of a range of chronic health conditions including cardiovascular disease, blindness, amputation, kidney disease and depression than those without diabetes.

Figure 1 also illustrates that average life expectancy in the Borough is statistically significantly lower than the national average for both males and females. In addition to this the Borough also has the highest level of deprivation in the County. This is highlighted within the [Indices of Multiple Deprivation 2015 report](#) which also shows that there are six lower super output areas (LSOAs) in the Borough which are ranked within the top 10% most deprived LSOAs nationally. On average there are more fast food outlets in deprived areas than affluent areas. These groups also tend to experience the highest burden of long term conditions such as cardiovascular disease and diabetes. In fact prevalence of Type 2 diabetes is 40% more common among people in the most deprived quintile compared with those in the least deprived quintile.

The evidence detailed above further demonstrates the need for intervention within the Borough. The National Institute for Clinical Excellence (NICE) has published guidance on fast food and states that “diet contributes to health inequity. Low-income groups, which also suffer the highest burden of CVD and other chronic diseases, have consistently worse diet problems’ and recommend that public health should ‘encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools).”

(3) Whether there is any synergy between Policy HS5 and Warwickshire’s Health and Wellbeing Strategy (HWBS)? Would Policy HS5 form part of a wider package of measures to tackle obesity/overweightness in the Borough?

Reducing obesity, particularly among children, is one of the priorities of Public Health England (PHE). PHE aims to increase the proportion of children leaving primary school with a healthy weight, as well as reductions in levels of excess weight in adults. PHE is working to significantly reduce childhood obesity, contributing to the delivery of the government’s Childhood Obesity Plan.

Tackling obesity is also a priority at a local level across Warwickshire and particularly in Nuneaton and Bedworth Borough where rates are higher than neighbouring districts and boroughs.

Warwickshire's Health & Wellbeing Board has prioritised the following areas within the Health & Wellbeing Strategy to ensure that health and social care outcomes for Warwickshire residents are improved:

1. Promoting independence;
2. Community resilience; and
3. Integration and working together

One of the key areas for focus within the HWBS is to 'improve partnerships across the wider social determinants of health' with an action to 'improve working with housing, planning and licensing to create healthy environments for individuals, families and communities to live'

As part of this commitment within the HWBS, WCC Public Health commissioned a Health Impact Assessment (HIA) to be undertaken on each of the districts and boroughs local plans. The use of HIA is championed by the Warwickshire Health and Wellbeing Board. One of the key recommendations from the Nuneaton & Bedworth Borough HIA was to include a policy to control the proliferation of hot food takeaways (and other possibly unhealthy food outlets).

As well as intervening through the planning system and the built environment, WCC Public Health has a wider obesity strategy and a number of interventions and services in place to tackle obesity at a local level.

- Fitter Futures Warwickshire services aim to support people across Warwickshire to improve their health through maintaining a healthy weight, becoming physically more active and having a healthier lifestyle.
- Change Makers – part of the Fitter Futures services, Change Makers is a family weight management service which provides a free of charge 9 week healthy eating, healthy lifestyles and physical activity programme for families who have at least one child aged 4-12 who is overweight.
- Five Ways to Wellbeing initiative – to support people to build wellbeing into their lives and prevent ill health using the five ways: Be active, Connect, Give, Keep learning and Take notice.
- Active travel strategy and choose how you move campaign to encourage people to walk and cycle and build physical activity into daily life.

(4) It is evident from the wording of Policy HS5 and the discussion at the hearings that tackling obesity/overweightness is the primary objective of that part of the policy relating to 'Fast Food Proposals'. The Council (with partners) needs to justify with evidence why A3 (restaurants and cafes) and A4 (drinking establishments) uses, in particular, should be restricted from a healthier food perspective given the evidence and recommendation in document E2 is to limit hot food takeaways (A5). The alternative would be a main modification that the policy is focussed to A5 uses only (subject to evidence from 1-3 above).

Some of the health consequences associated with obesity have previously been discussed. At a national level, it is estimated that obesity is responsible for more than 30,000 deaths each year. On average obesity deprives an individual of an extra 9 years of life.

As well as the costs to health, obesity also places a greater burden on NHS resources, costing an estimated £6.1 billion in 2014/5. The cost of obesity to the wider society was even greater at £27 billion.

In general, meals eaten outside of the home tend to be associated with higher intakes of sugar, fat and salt and proportion size tends to be bigger. Meals eaten outside of home are not restricted to A5 uses though and the need to include A3 establishments is because McDonalds and KFC fall into this category.

Public Health England estimates that in the future obesity could overtake smoking as the leading cause of preventable deaths. The restriction should therefore not just be limited to A5, but to any establishments serving unhealthy foods within a 400m walking distance from a secondary school. Therefore, it is suggested that the restriction should be for A3 and A5 uses.

(5) Recognising that the causal links of obesity are complex, any additional contextual evidence (locally or from national evidence) the Council considers relevant to supporting the proposed interventions in Policy HS5, recognising the detail at Section 7.6 of Document E2, whilst still relevant, is now four years old.

The information presented in section 7.6 of E2 remains relevant to the background context for the need for the policy locally and nationally.

Research and reports into the impact of hot food takeaways near schools is an area that continues to expand². Research by Engler-Stringer et al.³ indicates that children attending schools near fast food outlets are more likely to be obese than those whose schools are more inaccessible to such outlets. Further to this, Donin et al⁴ found that “More frequent takeaway meal consumption in children was associated with unhealthy dietary nutrient intake patterns and potentially with adverse longer term consequences for obesity and coronary heart disease risk.”

² Local Government Association (2016) *Tipping the scales: Case studies on the use of planning powers to limit hot food takeaways*. Available from <https://www.local.gov.uk/sites/default/files/documents/tipping-scales-case-study-bff.pdf>

³ Engler-Stringer, R., Ha, L., Gerrard, A. and Muhajarine, N. (2014). The community and consumer food environment and children's diet: a systematic review. *BMC Public Health*. 14 (522). Available from <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-14-522>

⁴ Donin, A., Nightingale, C., Owen, C., Rudnicka, A., Cook, D. and Whincup, P. (2017). Takeaway meal consumption and risk markers for coronary heart disease, type 2 diabetes and obesity in children aged 9-10 years: a cross-sectional study. *Archives of Disease in Childhood*. Available from <http://adc.bmj.com/content/early/2017/11/18/archdischild-2017-312981.info>

A recent study published by Turbutt, Richardson and Pettinger ⁵ concluded that, “There was good evidence of more hot food takeaways in deprived areas and children who spend time in deprived neighbourhoods tend to eat more fast food and have higher BMIs.” The study also highlighted the need for further research into the link between the food environment surrounding schools and obesity amongst pupils within the UK, stating that the lack of evidence is more to do with the ability (or inability) of studies to identify correlation rather than one existing.

Outside of the UK there are a number of studies which have demonstrated a link between the food environment and obesity. Virtanen et al⁶ undertook a study in Finland and found that the proximity of a fast food outlet or grocery store was associated with a 1.25-fold risk of overweight among adolescents with a low socioeconomic status but not among those with higher socioeconomic status. In addition to this a study by Davis and Carpenter⁷ found that students with fast food restaurant's near their schools consumed fewer servings of fruit and vegetables, consumed more servings of soda, and were more likely to be overweight. The study concluded that exposure to poor quality food environments has important effects on adolescent eating patterns and overweight and that ‘policy interventions limiting the proximity of fast food restaurants to schools could help reduce adolescent obesity’.

The need for further evidence in this field is something which is advocated by Public Health England (PHE). In March 2017, PHE published online guidance *Health Matters: obesity and the food environment*⁸. Within the guidance PHE highlight the national policies in place to tackle obesity including the introduction of the soft drinks levy and the sugar reduction programme. PHE has also produced a three step guide to putting strategies in place at a local level, and suggests that the planning system could be used as an intervention, as highlighted in figure 2 below.

⁵ Turbutt, C. Richardson, J. and Pettinger, C. (2018). The impact of hot food takeaways near schools in the UK on childhood obesity: a systematic review of the evidence. *Journal of Public Health*. Available from <https://doi.org/10.1093/pubmed/fdy048>

⁶ Virtanen M, Kivimaki H, Ervasti J, Oksanen T, Pentti J, Kouvonen A, Halonen J I, Kivimaki M, Vahtera J (2009) ‘Fast food outlets and grocery stores near school and adolescents’ eating habits and overweight in Finland.’ *European Journal of Public Health* Vol 25 No. 4 650-655

⁷ Davis B, Carpenter C (2009) ‘Proximity of fast-food restaurants to schools and adolescent obesity’ *American Journal of Public Health* Vol 99, No. 3 505-510

⁸ Public Health England (2017) [Health Matters: obesity and the food environment](#)



Figure 2: 3 step guide to putting PHE's strategies for encouraging healthier out of home food provision toolkit into practice (Public Health England 2017)