

M91 Hot Food Takeaways

Are policies E9C and E9D relating to proposals containing hot food takeaways justified and consistent with national policy and guidance about healthy communities and limiting the proliferation of certain use classes in identified areas 13. In particular:

- a) Is the development of hot food takeaways and associated planning conditions a matter of strategic importance to London, or a detailed matter that would be more appropriately dealt with through local plans or neighbourhood plans?
- b) What evidence is there indicating high levels of obesity, deprivation and general poor health in London?
- c) What evidence is there of over-concentration and clustering of hot food takeaways in London?

In terms of justification and consistency, there is need to draw attention to the specific wording in the Mayoral document¹ concerning hot food takeaways:

Causes of overweight and obesity:

2.7 The causes of obesity are complex and multifactorial.

2.8 At a simplistic level, excess weight gain occurs when energy intake is higher than energy expenditure. However, research has shown that there are multiple factors driving obesity including the environment, behaviour, biology and physiology, economy and culture.¹⁰

2.9 Since the middle of the 20th century, major changes in work patterns, transport, food production and food sales have created an obesogenic environment which has exposed an underlying biological tendency for many people to gain weight. It is now widely recognised that changes are required to both the food and activity related.

And the following document entitled 'Obesity and the environment Density of fast food outlets' has the following critical notes:
²(see notes below, my highlights)

Most fast food outlets are independent companies with only one or two outlets.

There is a growing body of evidence on the association between exposure to fast food outlets and obesity, although some studies show mixed results.^{1,2,3}

There is strong evidence linking the availability of fast food outlets and increasing level of area deprivation.^{1,2,4}

The above clearly indicate that food, or an obesogenic environment are associated with a growing and troublesome issue linked to childhood (and also adult obesity) and the consequent burden upon the NHS.

However most reports are inconclusive and find it 'difficult' to separate the 'food' factors' from the 'built environment' factors.

A report by Townshend and Lake (2017) indicates that:

¹ https://www.london.gov.uk/sites/default/files/london_plan_topic_paper_on_hot_food_takeaways.pdf

² 1. Donin AS, Nightingale CM, Owen CG, et al 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* 2018;103:431-436. doi:10.1136/archdischild-2017-312981

2. 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* 2, e000402 (2012).

3. T Burgoine, N G Forouhi, S J Griffin, N J Wareham, P Monsivais. Does neighborhood fastfood outlet exposure amplify inequalities in diet and obesity? A cross-sectional study. *The American Journal of Clinical Nutrition*. 2016;103(6):1540-1547. doi:10.3945/ajcn.115.128132

4. L K Fraser, K L Edwards, J Cade and G P Clarke. The Geography of Fast Food Outlets: A Review. *Int. J. Environ. Res. Public Health* 2010, 7, 2290-2308. 5 & 6. Public Health England, Adult Obesity/Child Obesity and Adult Diet slide sets <https://www.gov.uk/guidance/phe-data-and-analysis-tools#obesity-diet-and-physical-activity>

'In the United Kingdom, a study of neighbourhoods with high concentrations of ethnic minorities found a mixed picture of food and physical activity environments. For example, a higher proportion of ethnic minorities lived in deprived areas, fast food outlets were higher, and outdoor recreation opportunities locally were scarcer. However, supermarkets and numbers of indoor facilities were higher for some groups. The study concluded these might contribute to ethnic differences in food choices **and engagement in physical activity**.⁵³

The study indicates a need to **reunite planning with health**, focussing on the environment for exercise, leisure activities in green spaces and other physical deprivation matters.

The Joseph Rowntree Trust⁴ in a study on Urban Deprivation in the UK demonstrates that urban deprivation is not new and neither are the approaches to it which repeatedly fail to contextualise the larger issues for the symptoms of poverty. These are often blamed on the poor themselves, ie on overeating, rather than addressing the structural issues of poverty which contribute to poorer households seeking energy dense foods to compensate for low household budgets and in the case of children, seeking free of charge community spaces to socialise, in areas which have seen a great attrition in social provisions for young people and their families.

A further report⁵ Foresight: Tackling Obesities: Future Choices – Obesogenic Environments – Evidence Review speaks of the difficulty in arising at cause and effect conclusions in relation to available diets and childhood obesity , given the multi-factorial nature of the problem.

All of the above is to say that the London Plan approach of isolating childhood obesity and targeting hot food takeaways does nothing to resolve the fundamental planning issue which underpins the basic inequalities faced by ethnic communities – because across the board, it is these children who are mainly affected – and the absence of investment in the localities in which they live in terms of adequate social infrastructure, employment opportunities and provisions for safe exercise.

The consistent approach in the London Plan is to blame the communities themselves, given that the preponderance of local and independent outlets, which the London Plan admits makes up the majority of the A5 license holders, are largely run by people with protected racial characteristics. These small businesses are often those that provide employment to lower income households, so how will applying pressure to such businesses go on to impact the local economy?

There is insufficient attention to the larger context of deprivation within these communities and what can be done to reduce levels of poverty and to change the obesogenic environment in to one that is more conducive to sustained good health as measured by a wide variety of indicators.

Those living in deprived areas are also:

- ten times **less likely** to live in the greenest areas compared with people in the least deprived areas;
- more likely to live near to fast-food outlets, which contribute towards the disparity in levels of obesity across the population; and
- more likely to feel unsafe in their neighbourhood, with consequent negative effects on their health, including a reluctance to take exercise.

³ Carroll-Scott A, Gilstad-Hayden K, Rosenthal L, Peters SM, McCaslin C, Joyce R et al. Disentangling neighborhood contextual associations with child body mass index, diet, and physical activity: The role of built, socioeconomic, and social environments. *Social Science & Medicine* 2013; 95: 106–14

⁴ <https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/overcoming-deprivation-disconnection-uk-cities.pdf>

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/295681/07-735-obesogenic-environments-review.pdf

The question then to be asked concerns who owns the narrative discourse around policies which impact on these situations and to what extent are local communities and households included in suggesting solutions that might be effective?

If the London Plan would like to encourage circularity in the economy, why is there no reasoned response of food growing networks and food activist organisations which focus upon supporting proposed health objectives in the management of existing chicken shops and cognisant also of the wider ramifications of the contextual 'food poverty' implied in the above?

Without good community partnerships, how effective might be the Healthy Catering Commitment for the 7,000 plus existing A5 license owners who will still remain, assuming they are not regenerated away through 'opportunity area' developments. Are those articulating and responding to this policy looking at the wider food and health system issues? Is the London plan accessing all the literature regarding this important area, or is it taking a time honoured view of vilifying the sufferers which has been the pattern since the first interventions in Londoners privations⁶?

Will the Healthy Catering Commitments undermine the quality and culture of ethnic foods in ways which reduce access, especially to lower-income or older members of the community? What innovation could these food providers come up with if genuinely consulted and if they had more access to opportunities and land for community or small scale food growing, or were part of food hubs as have been suggested in other Just Space recommendations?

What are the barriers and opportunities which relate to these possibilities and what proportion of 'community' food growers are drawn from the same ethnic backgrounds which run the A5 food outlets or who frequent them in any locality? Land access for food growing and good contacts for initiating and maintaining food hubs to cater for their communities may represent too high a threshold to overcome for families and individuals in deprived areas, already beaten down by other indices of social injustice. Planning interventions within the Health strategy, governed by a Good Growth policy on Food, as Just Space and others have advocated for, could go a long way towards enabling deprived communities to be able to seek their own solutions.

Food growing as an activity also provides healthy exercise and outlets for socialisation which can support the creation of healthier environments to live in and greater social understanding.

What are the community involvement in planning initiatives which can support more widespread take up of not only food growing but more pro-engagement in nature for children who have little access to greenspace? Might there also be benefits in trialling locally grown potatoes and other vegetables for use in 'chicken shops'? Other hot food outlets could also potentially make use of locally grown pak choi, chayote, cabbage, spinach, carrots, okra and tomatoes, all of which are already ingredients in many a healthy ethnic food offering and which are to be found within local food growers harvests. Is this 'Thyme for change'?

Why is it that corporate chains, which also have a hot food takeaway provision and which may therefore contribute to childhood obesity and diabetes, are nowhere discussed in the policy narrative or in the supporting evidence. Indeed, the nutritional differences between 'hot counter' chicken wings and the A5 offers are likely imperceptible. Many of the former do not even operate under the stringencies of A5 licensing. Recently, some chain outlets have provided minimal seating and thus possibly now qualify for A3/A1 licensing, escaping the gaze of local planners, but are equally as frequented by hordes of schoolchildren at lunchtimes, breaks and after school.

For many children, Hot Food Takeaways, as described, may represent not only a lunchtime alternative, but also an after school (or even breakfast) meal in households where there may be few, low cost alternatives. The uptake of 'chicken shop' provisions cannot be viewed in isolation from child food poverty statistics, which of course, relate to discussions on family poverty, regional deprivation, closure of traditional markets and access to good, culturally

⁶ Pauperland: *Poverty and the Poor in Britain* by Jeremy Seabrook

appropriate foods by working class families. Of course, not to be overlooked are traditions of good food even where there is poverty because of food practices which value sound offerings of wholesome vegetarian and vegan food, *as a tradition*, despite the stereotypes applied to these communities by mass media and even arising out of planners perspectives:

- ***odours and noise impact***
- **traffic impact**

(London Plan topic paper: Hot food takeaways January 2018, italics mine)

Are specifically mentioned above which have strong overtones of pointing to race and class factors, which perhaps need to be reflected upon as issues which may influence the choices being advocated by the mayor in blaming these groups. This kind of thinking cannot lead to respect for a document which is supposed to affirmatively cater for all Londoners.

This intersection of race and class further disadvantages lower income families who are often on the receiving end of these implied racial stereotypes. The media tropes of working class immigrant children and adults hanging around hot food takeaways owned by their brethren and being perceived as anti-social and generating offensive smells, noise and waste is an attribution as old as class distinctions have been in place. This situation is further compounded by fear and distrust of 'foreign' others. To what extent does this play into highlighting these A5 providers as the main cause of poor public health? We ask the London Plan to reconsider this kind of scapegoating implicit in the approach taken around childhood obesity.

As A3 licenses have not been singled out in the way the A5 have been, sitting and eating within these food outlets or transporting home a greasy bag with half of a chicken may become more acceptable ways of becoming obese. We ask, is this a matter then of the politics and power over poverty?

Many of these issues may not even seep into the consciousness of policy makers who live more privileged lifestyles and for whom there are more food options both locally and within a short car ride away. They are also perhaps able to afford living in areas where food deserts don't exist and 'chicken shops' barely feature: instead patisseries, niche delicatessens and wine sellers are in abundance but receive no negative nutrition-critical focus.

Carefully controlled, integrated impact assessments need to be carried out with full community involvement to further study the implications and opportunities this policy has for the affected communities and their environments as well as for the unexplored opportunities which exist.