

London Plan Examination in Public 2018-19 Written Statement

Reference ID 2763

London NHS Clinical Commissioning Groups / NHS London Healthy Urban Development Unit

Hot Food Takeaways

Matter 91. 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. 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?
- d) Would restricting development of hot food takeaways within 400 metres walking distance from the entrances and exits of existing and proposed primary and secondary schools positively support the delivery of policy GG3 “creating a healthy city”?

Introduction

- 1.1 This statement addresses Matter 91 and draft policies E9C and E9D relating to hot food takeaways. We ask that the GLA and the Panel read this statement together with the representation submitted by the London NHS Clinical Commissioning Groups / NHS London Healthy Urban Development Unit on 2nd March 2018.
- 1.2 We support the policy approach to restrict proposals for new A5 hot food takeaway uses. We believe that policies E9C and E9D are justified and consistent with national policy. One of the twelve core planning principles in the National Planning Policy Framework (2012) states that planning should “take account of and support local strategies to improve health, social and cultural wellbeing for all”. The supporting planning practice guidance on health and wellbeing recognises that the built and natural environments are major determinants of health and wellbeing. It supports local planning authorities to bring forward local plan policies which limit the proliferation of certain use classes in identified areas in order to create a healthier food environment. Local planning authorities and planning applicants could have particular regard to

evidence indicating high levels of obesity, deprivation and general poor health in specific locations (reference PPG-ID-53-006-20170728).

1.3 The NHS Long Term Plan (NHS England Jan 2019) (reference NLP/SO/010) recognises that the NHS has a leading role to shape the future of the built environment. Through its Healthy New Towns programme, it is developing principles and practice for ‘Putting Health into Place’¹ setting out how health and wellbeing can be planned and designed into new places. It seeks to embed ten principles within local planning guidance to ensure that all future developments support prevention and wellbeing. It includes a principle to ‘inspire and enable healthy eating’ recognising that local authorities can use their planning powers to restrict the number of hot food takeaways. It notes that the London Borough of Barking and Dagenham, which contains the Barking Riverside Healthy New Town, was one of the first local authorities in England to control hot food takeaways within a 400m radius of primary and secondary schools.

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?

1.4 Childhood obesity is one of the biggest health problems facing the country. In response, both the Department of Health and Social Care’s Childhood Obesity Plan² and Public Health England’s guidance on obesity and the food environment³ advocates the use of local authority powers and opportunities to create healthier environments, including the use of planning policies to limit the opening of additional fast food outlets close to schools and in areas of over-concentration.

1.5 Childhood obesity is a major problem in London. London has the highest level of childhood overweight and obesity in England: 38% of London’s 10-11 year olds are overweight or obese compared to 34% nationally.⁴ Therefore, it is vital that the Mayor of London takes action on this issue.

1.6 The London Health and Care Devolution Memorandum of Understanding, signed in 2017, provides new opportunities for improving health and care in London and preventing ill health. The Mayor’s statutory Health Inequalities Strategy (Mayor of London, Sept 2018) (reference NLP/SO/009) highlights that one of the Mayor’s key ambitions is to work with partners to reduce child

¹ NHS England (2018) Putting Health into Place: Introducing NHS England’s Healthy New Towns programme

² Department of Health and Social Care, Childhood obesity: a plan for action chapter 2 (2018)

³ Public Health England (2017) Health matters: obesity and the food environment

⁴ National Child Measurement Programme - England, 2015-16

obesity rates and reduce the gap between the highest and lowest rates of child obesity across boroughs.

- 1.7 The Health Inequalities Strategy recognises the opportunity to promote children's health by improving the environment around schools through a range of interventions, including limiting the availability of unhealthy food provided by hot food takeaways and improving the environment for walking and cycling.
- 1.8 An over-concentration of hot food takeaways and the proximity of takeaways to schools is a long-standing public health issue in London. The current London Plan recognises the need to manage clusters of uses to promote health and wellbeing (clause g, Policy 4.8). The Plan notes that over-concentrations of betting shops and hot food takeaways can give rise to particular concerns (paragraph 4.50A). In response to concerns regarding hot food takeaways, the Mayor of London published a Takeaways Toolkit in November 2012. It recognises that planning controls should be part of a coordinated approach to tackle unhealthy diets and obesity, complemented by measures to improve access to healthy food and promote a healthier diet.
- 1.9 Many local authorities in London have developed planning policies to manage hot food takeaways, but the detailed policy approach often differs. Draft Policy E9 would provide a consistent policy approach across London and address cross-boundary issues which could arise when applying the 400m threshold. We believe that the relationship between deprived areas, designated as Strategic and Local Areas for Regeneration and the density of fast food outlets is a strategic issue for the London Plan. The Supplementary Equality Impact Assessment Information submitted by the Mayor of London (Jan 2019) in response to Panel Note 7 (reference NLP/EX/17) notes that Policy E9 may help to reduce health inequalities.

b) What evidence is there indicating high levels of obesity, deprivation and general poor health in London?

- 1.10 There is well-established evidence linking consumption of energy-dense and nutritionally poor fast food and obesity, a link between deprivation and prevalence of childhood obesity and an association between deprivation and the density of fast food outlets. The London Plan topic paper: Hot food takeaways (Mayor of London, Jan 2018) (reference NLP/TP/06) helpfully summarises the evidence. Further evidence is provided by Public Health England's guidance on Spatial Planning for Health⁵ and a recent report by Guy's & St Thomas' Charity (Reference ID 1445) entitled Bite size: breaking down the challenge of inner-city childhood obesity⁶.

⁵ Public Health England (2017) Spatial Planning for Health: An evidence resource for planning and designing healthier places

⁶ Guy's & St Thomas' Charity (2018) Bite size: breaking down the challenge of inner-city childhood obesity

c) What evidence is there of over-concentration and clustering of hot food takeaways in London?

1.11 London boroughs have some of the highest densities of fast food outlets in England and it has been shown that deprived areas have a higher density of fast food outlets.⁷

d) Would restricting development of hot food takeaways within 400 metres walking distance from the entrances and exits of existing and proposed primary and secondary schools positively support the delivery of policy GG3 “creating a healthy city”?

1.12 Restricting proposals for new hot food takeaway uses will support the delivery of Policy GG3 ‘Creating a healthy city’, in particular Clause G of the policy which seeks ‘to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options’.

Response to minor suggested changes

1.13 We support the minor suggested changes to Policy E9C and paragraphs 6.9.5 and 6.9.7. The change to Policy E9C (reference MSC.6.95) which helps clarify the approach to measuring walking distance, using the distance from the entrances and exits of schools is supported. We accept that boroughs may wish to set a locally-determined boundary from schools, influenced by local factors. When determining planning applications, an element of judgement is needed to calculate walking distance. For example, in dismissing an appeal in Lambeth (Ref: APP/N5660/W/17/3176346) the Inspector supported the Local Plan policy to manage the location of hot food takeaways within 400 m of schools and took a pragmatic approach to assess walking distance concluding that the shortest walking routes would conflict with the policy.

1.14 We support the change (reference MSC.6.102) to paragraph 6.9.5 and the reference to Health Impact Assessments for particular uses. To reflect this change, we suggest a change (underlined below) to the Glossary definition of Health Impact Assessment in Annex 3.

Health Impact Assessment (HIA) is used as a systematic framework to identify the potential impacts of a development proposal, policy or plan on the health and wellbeing of the population and highlight any health inequalities that may arise. HIA should be undertaken as early as possible in the plan making or design process to identify opportunities for maximising potential health gains, minimising harm, and addressing health inequalities. Boroughs may require HIAs for major residential, mixed use or commercial development proposals, or for proposed uses that are likely to generate significant health impacts, such as betting shops, pawnbrokers, pay-day loan stores, amusement centres and hot

⁷ Public Health England (2018) Fast food outlets: density by local authority in England at 31 December 2017

food takeaways. The scope and extent of the assessment should be discussed at the pre-application stage.