

TOWN CENTRES

London Socialist Health Association Comment on London Plan:

M 91

Hot Food Takeaways M61. 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 areas¹³. 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) b) What evidence is there indicating high levels of obesity, deprivation and general poor health in London?
- c) c) What evidence is there of over-concentration and clustering of hot food takeaways in London?

Encouraging Healthy Eating

Additional Points – to be viewed alongside those submitted in March 2018

Food poverty and malnutrition are known to be on the rise - along with the exponential rise in food banks use. Lack of access to good nutrition impacts on child development and educational engagement and achievement. If this is not tackled as a matter of urgency, the evidence is clear that children and young people who have been so disadvantaged in early years will continue to experience this as adults and thus the health inequalities divide becomes a lifelong situation.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3137999/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4979774/>

Major studies have recently been published which present obesity as a public health emergency requiring extensive policy formation at national and urban levels. The Lancet Report focuses on poor diet as “the leading cause of poor health globally” (Swinburn et al The Global Syndemic of Obesity, Undernutrition and Climate Change: The Lancet Report 23 February 2019). This has been confirmed by the Global Burden of Disease Study in respect of the UK. The recent Nuffield report comparing health of 10-24 year olds in 19 high income countries shows “young people UK more likely to die from asthma than in any other European country studied, and..obesity more prevalent among older adolescents in this country than in almost any other high-income nation, with stark differences between the richest and poorest. Nuffield finds that obesity, longstanding illness, severe material deprivation and exercise levels are getting worse over time.

(https://www.nuffieldtrust.org.uk/files/2019-02/1550657729_nt-ayph-adolescent-health-report-web.pdf)

Non-communicable diseases such as diabetes and asthma now account for the greatest burden on the NHS. Climate change, obesity and under-nutrition have common drivers, which could be tackled together. This requires complex strategic policy development at multiple levels of jurisdiction with respect to the food system. The production, distribution and marketing of ultra-processed, high density foods of low nutritional value, along with the corporate lobbying that contests legislation and regulation on standards, shapes the choices available to children and their families. At the urban level, this means neighbourhood planning and design should promote safe walkability, and availability of nutritious, affordable, culturally acceptable, tasty food for customers in takeaway outlets.

A City Hall led London-wide public procurement strategy for healthy food is underdeveloped. The mayor could use his responsibility in respect of major workforce sectors as a point of entry for brokering city- wide food procurement. Economies of scale could be achieved in purchase of eg. sustainable chicken and fish, healthier oils in public sector catering in mayoral jurisdictions.

A foodscape framework for a healthier police, fire and transport workforce should link with the Mayor's 'climate change and energy strategy'.

Mayoral brokerage links with the highly concentrated catering supply landscape that prevails in London could be used to benefit other catering customers in London, including the NHS and schools. Such links could have spin-offs for small independents who cannot benefit currently from savings which accrue to bulk purchase

The London Plan focuses on limiting proposed development of takeaways near schools. It is noted that the London Food Strategy includes funding of Good Food Retail Plans by London boroughs, to improve access to healthy and affordable foods and incentives such as Urban Food Awards (p 27) and the Healthier Catering Commitment (p 37). However, these steps are insufficient for wholesale and urgent improvement of the healthfulness of takeaways already on site. The Healthier Catering Commitment programme, highlighted in London Plan, needs support from community nutrition, environmental health and trading standards. These through local authority public health funding cuts and ongoing privatisations and charitatisations of public health nutrition including in schools.

The dietary content which families feed their children is shaped by time and income constraints, notably on children of mothers on low incomes living in “deprived” areas. A snapshot from an inner London borough is sourced from: **Swinburn et al The Global Syndemic of Obesity, Undernutrition and Climate Change: The Lancet Report 23 February 2019**

Panel 4: People’s experience—the bus driver mum’s tale

“It’s the hours. If me and my husband worked fewer hours the kids would be eating more healthily. And I volunteer teaching children to cook healthily because others work even longer.

A friend goes to the food bank. Her daughter is 14 and is size 20. She’s petrified, on a zero-hour contract [a contract but with no guaranteed hours of work], and pays rent and bills before food. She has to leave kids’ food in the fridge. Mums on benefits have more time for cooking with kids. Mine only put on weight when I started working full-time.

At the supermarket you shop big, saving every penny, and buy things that won’t go off. It’s all about affordability. It’s not cheap to cook from scratch. As kids are growing up, fast food’s everywhere. We see it every day—liquor (alcohol) for adults, fast-foods for meals, sweets for kids, and betting shops—it’s not good. Fast foods taste nice, as a treat, but most should close down or sell healthy foods. In these lower-class urban areas, it’s not so nice, more crime and drugs makes it hard to have a clear mind to think “I want healthy food” and for people to care about themselves. They know their audience and dump these foods here and there’s no choice. Shops in affluent areas are not life-threatening.. But when you’re worrying every day and sometimes stuck indoors kids will get snacks.

The kids come first, so some days I have nothing. I cook healthy meals and joined Change4Life [a UK behaviour change programme] but everyone’s busy. You need first hand advice, at the school or community. When you get the letter with child measurements, other parents think you’re obese and neglecting your child. Others panic and might malnutrition the child. Schools should focus on all children. Obesity is scary, a health risk. If real food was cheaper, people would be healthier. It’s all about making money. It’s the economy, the government. Everything linked together. One big chain and we’re in the middle. But how can I blame someone else for what I do?

Government gives the impression of helping but it’s like what they’ve done for smoking. It’s going to take years. They allow the food companies to produce unhealthy foods, it should be an offence. If I was prime minster there’d be community shopping with butchers, grocers, proper bakers, clubs with families eating together, different cultural foods for children and to bring community together.

Yes, I’d be involved in policy making, people and community taking ownership through schools and children centres. But there’s no time—that’s why I’m talking to you! I should go into politics!”

Contributed by Dr Sharon Noonan-Gunning, prepared from interviews with an ethnically diverse group of mothers in deprived parts of London, UK.

Small independent takeaways contribute to the cultural ecology of local neighbourhoods, demonstrating entrepreneurial energy, organisational capacity and a willingness to listen to what customers say about their health. Research with owners of 30 such outlets indicated positive interest in providing healthier food for their customers, but improvements have to be cost-neutral. For instance, Tasty Buds, a family business in Tottenham specialises in healthy affordable Caribbean food for the local community 36% of whom are from Black African, Caribbean or Asian groups. The average price paid for a meal is £3. Home-baked Jamaican patties, a popular snack with children, cost £1.35. The outlet offers a wide range of fresh meat, fish and vegetarian dishes, all of which include a choice of one of eight salads. Most food is baked or grilled, and rice is the default option. Natural fruit juices are available. The business bakes its own patties (wholemeal as well as white flour) and cakes. Porridge is one of the business's most popular products. A variety of different types are offered, including traditional Caribbean cornmeal porridge. At just £1.50 it is a cheap and popular breakfast or mid- morning snack.

Their African-Caribbean heritage customers tend to experience higher than average levels of high blood pressure and heart disease and have become very concerned about the amount of salt in food. Having listened to these customers Tasty Buds decided to stop adding salt to food during the cooking process, and seasoning is now used to flavour the food instead.

<https://www.cieh.org/media/1242/encouraging-healthier-takeaways-in-low-income-communities.pdf>

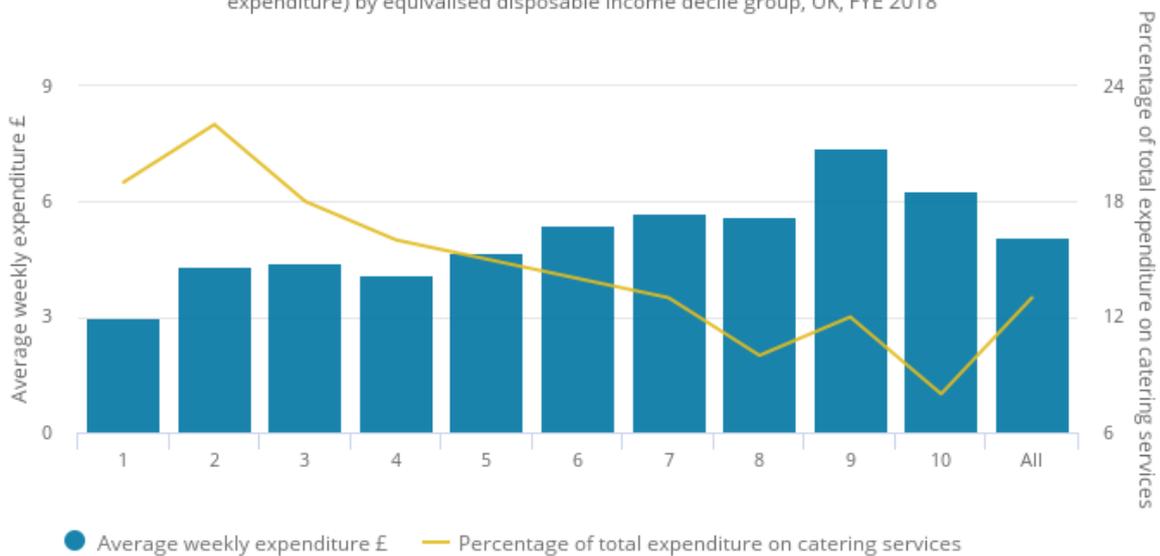
The healthfulness of food outlets can be improved but looking to 2041 (London Plan) greater vision is needed of what foodscapes will become. Food start-ups have one of highest failure rates - in a survival of the fittest on our high streets - determined by planning regulations based on market competition and not on health promotion and community need. The London Food Strategy (Greater London Authority, 2019) states that the majority of Londoners (62%) 'believe having healthier and cheaper food options on London's high streets would have the biggest impact on improving healthy eating in the capital' (p 24). In NE England majority of deprived community objected to the siting of further fast food outlets (Spence et al. 2017). Objections need to become a meaningful involvement of communities and food workers in food and health policy making, including planning of high streets. We need an approach that harnesses their energy, vision and skills but this faces barriers due to democracy deficits in lay access to policymaking (Noonan-Gunning, 2018).

Our communities are central to our food and health economy yet the plan lacks the voices and expert experience of working-class communities across ethnicities, unions and workers involved in feeding London. Community is about collective care yet communities have been starved of resources and face dislocation through gentrification. Young people are exposed to dangers such as 'chicken shop grooming' by gangs. Further, the foodscapes that promote foods known to be a danger to health have psychosocial effects, mediating stigma and discrimination. The contrast in foodscapes between London neighbourhoods is dramatic: affluent Blackheath has 2 fast food outlets, while Deptford has 15 (London Borough Lewisham, 2013).

Londoners spend more money than residents in other English regions on takeaways to be eaten at home. Figures released 1/2019 by ONS show that the poorest 10% of UK households spend 19% of their catering expenses on takeaways, while the richest 10% spend 8%, with 52% of the latter’s catering spend on restaurants and cafes.

Figure 9: Households in the two lowest equivalised disposable income groups spent proportionally more on takeaway meals eaten at home than other income groups in financial year ending (FYE) 2018

Expenditure on takeaway meals eaten at home (absolute expenditure and as a percentage of catering services expenditure) by equivalised disposable income decile group, UK, FYE 2018



Source: Office for National Statistics – Living Costs and Food Survey

'Nothing about me without me' is a well used phrase. Whilst recognising that meaningful decision making is a broad participatory process (Dugarova, 2017), we need to consider which voices are missing from the London Plan. Faced with constraints on time and resources, our grassroots communities' and workers' voices are missing as they face the greatest challenges to be involved. If working class people are to be free to be involved, improvements in everyday conditions, in wages, hours of work and community resources to facilitate citizen forums would all be helpful. Immediately, a London policy commission on planning and public health that includes grassroots involvement, unions and local workforces could provide tools to link with the Mayor and begin addressing this democracy deficit.

