

M91. 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.

91.1 Yes. The 2012 National Planning Policy Framework (NPPF) states that to achieve sustainable development, the planning system should contribute to building a strong, responsive and competitive economy, as well as supporting strong, vibrant and healthy communities.¹ A core planning principle in the 2012 NPPF is that planning should *'take account of and support local strategies to improve health, social and cultural wellbeing for all'*².

91.2 In 2017, the Planning Practice Guidance (PPG) on health and wellbeing was updated to recognise that *'planning can influence the built environment to improve health and reduce obesity and excess weight in local communities'*, and that *'local planning authorities can have a role in enabling a healthier environment by supporting opportunities for communities to access a wide range of healthier food production and consumption choices'*.³

91.3 The PPG sets a framework for policies that limit the proliferation of certain use classes in identified areas to create a healthier food environment.

91.4 The PPG encourages local planning authorities to have particular regard to several issues including:

- 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; and
- over-concentration and clustering of certain use classes within a specified area.

91.5 The London Plan topic paper explains the link between hot food takeaways and obesity, setting out that dietary risk factors for obesity include high energy density foods, diets high in fat and low in fibre, sugar-rich drinks, and consumption of large portion sizes.⁴ Hot food takeaways are generally a source of cheap, energy-dense and nutrient-poor food. A single typical fast food meal contains nearly 60 per cent of recommended daily calories, half the recommended daily level of salt and saturated fat, and no portions of fruit and vegetables.

91.6 Studies show that regular consumption of takeaway food is associated with weight gain.⁵ A UK cross-sectional study of over 3,600 children aged 13 years showed that increased frequency of eating at fast food outlets was associated with higher

¹ [NLP/GD/03: DCLG, National Planning Policy Framework \(NPPF\), March 2012, paragraph 7](#)

² [NLP/GD/03: DCLG, NPPF 2012, paragraph 17](#)

³ [Planning Practice Guidance, paragraph 053 Reference ID:53-006-20170728, Revision date: 28 07 2017](#)

⁴ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

⁵ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

consumption of unhealthy foods, lower intake of fruit and vegetables and higher body mass index.⁶

91.7 The London Plan topic paper cites a wide range of studies conducted with London school children:

- A survey of 11-14-year-old pupils in Tower Hamlets showed that 54 per cent of children purchased food or drinks from fast food or takeaway outlets twice or more a week. Chips were frequently purchased on their own or with items like fried chicken or pizzas. 70 per cent of children surveyed said they prefer to buy sweetened fizzy drinks compared to other drinks when purchasing fast food. The study's authors concluded that actions are needed to limit the ability of children to access fast food outlets or to substitute the food and drinks available for healthier options.⁷
- A survey of nearly 2,500 Brent secondary school pupils showed that pupils attending schools with takeaways within 400m are more likely to visit a hot food takeaway after school at least once a week (62 per cent) than pupils at schools with no takeaways within a 400m radius (43 per cent).⁸
- In 2014 Wandsworth Youth Council conducted a survey with 200 Wandsworth secondary school pupils on their use of hot food takeaways.⁹ The results found that:
 - 49 per cent of young people buy food from hot food takeaways at least once or twice a week
 - 38 per cent of respondents reported buying food from hot food takeaways at lunchtime and 44 per cent reported buying it after school
 - 45 per cent reported buying from takeaways near school
 - 85 per cent of respondents reported that there is a takeaway shop within a 10-minute walk of their school
 - 76 per cent said they would buy healthier alternatives if they were available
- The Newham Youth Survey conducted by Newham Council in 2012 was completed by 996 secondary school pupils in years 9, 10 and 11 (age 13-16 years). 53 per cent of respondents reported eating fast food once a week or more.¹⁰
- Ipsos MORI conducted qualitative research with primary and secondary school children and residents in the Old Kent Road Opportunity Area and Oval and Kennington Development Area in 2017. 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 seven

⁶ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

⁷ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

⁸ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

⁹ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

¹⁰ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

days prior to the focus groups. The diaries showed that the majority of school children ate fast food at least once a week.¹¹

91.8 Policy E9C seeks to prevent new hot food takeaways developing in areas that are regularly frequented by children i.e. within 400m walking distance of schools. The studies referred to above indicate that the presence of takeaways in close proximity to schools encourages children to eat takeaway food. Four-hundred metres can be walked in approximately 5 minutes and is the distance from schools used for this purpose by ten London boroughs in adopted local plans.

91.9 The London Plan topic paper also cites public surveys and consultations that demonstrate that Londoners support limiting the numbers of fast food takeaways:

- 2,765 London residents responded to the Great Weight Debate survey in 2016 to share their ideas on what could be done to help children in their area lead healthier lives. 86 per cent of respondents thought that tackling childhood obesity in London was the top priority or a high priority. Londoners were asked to select the top three things they think make it harder for children to lead healthy lives in their areas; 60 per cent of Londoners said 'Too many cheap unhealthy food and drink options' and 44 per cent said 'Too many fast food shops'.¹²
- In a 2014 health survey of 1,000 Londoners, 73 per cent of people agreed that the Government should limit the number of fast food outlets opening near schools.¹³

91.10 The Government's Childhood Obesity Plan,¹⁴ published in June 2018, encourages local authorities to use planning powers set out in the PPG to limit proliferation of fast food takeaways, particularly around schools. Public Health England guidance also encourages local planning authorities to restrict planning permission for takeaways within walking distance of schools.¹⁵

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?

91.11 The Mayor has a statutory duty when preparing the London Plan to promote improvements in the health of Londoners and reductions in health inequalities between persons living in Greater London. This duty is set out in Section 41 of the GLA Act 1999. The GLA Act also includes a duty for the GLA to mitigate any detrimental effect of its policies and actions on the health of persons in Greater London and mitigate any increase in health inequalities.

¹¹ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

¹² [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

¹³ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

¹⁴ [Department of Health and Social Care, Childhood obesity: a plan for action, June 2018, chapter 2](#)

¹⁵ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

- 91.12 Childhood obesity is a major problem in London. London has the highest level of childhood overweight and obesity in England.¹⁶
- 91.13 It is essential that the Mayor takes action to reduce the levels of obesity in London because of the damage it can cause to the health of children and adults. Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more GP appointments than children of normal weight and their risk of developing type 2 diabetes is four times greater. Child obesity is associated with poor self-esteem and emotional health, poor sleep, weight-related bullying and an increased risk of overweight or obesity in adulthood. Overweight and obesity in adults increases the risk of serious conditions including type 2 diabetes, high blood pressure, coronary heart disease, stroke, osteoarthritis and cancer.¹⁷ Overweight and obesity-related ill health places a significant burden on NHS resources in London.
- 91.14 One of the Mayor's key ambitions in his Health Inequalities Strategy for London is to work with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity.¹⁸ The Mayor has established the London Child Obesity Taskforce to identify actions that can help London make greater progress in tackling child obesity. Planning policy can be used as part of a wide package of measures to reduce childhood obesity in London.
- 91.15 There is inconsistency in hot food takeaway planning policies across London, which contributes to inequalities in the distribution of hot food takeaways and health inequalities in London. Given that childhood obesity is a matter of strategic importance to London, it is important that the Mayor addresses the proliferation of hot food takeaways in London through the London Plan.

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

- 91.16 The National Child Measurement Programme monitors the height and weight of children in reception (aged 4 to 5) and Year 6 (aged 10 to 11) in all state maintained primary schools in England annually. This comprehensive data shows that London has the highest level of childhood overweight and obesity in England: 38.5 per cent of London's 10-11-year olds are overweight or obese compared to 34.2 per cent nationally, and this level has continued to increase over the last 10 years. The level of overweight and obesity rises to 55 per cent in adult Londoners.¹⁹
- 91.17 There are marked inequalities in the prevalence of childhood obesity across London, both between and within boroughs. Children living in the most deprived areas are twice as likely to be obese as children living in the least deprived areas. The prevalence of overweight and obesity in 10-11-year olds ranges from 22.9 per cent in Richmond upon Thames to 43.4 per cent in Barking and Dagenham. There are also marked

¹⁶ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

¹⁷ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

¹⁸ [NLP/SO/009: GLA – The London Health Inequalities Strategy \(Sept 2018\)](#)

¹⁹ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

inequalities within boroughs; for example, within Richmond prevalence varies from 14.9 to 33.1 per cent.²⁰

- 91.18 The Index of Multiple Deprivation measures deprivation for small areas (known as LSOAs) in England. Nearly two thirds of London LSOAs have above average levels of deprivation, with less than four per cent of LSOAs among the least deprived decile. This demonstrates the high levels of deprivation in London.
- 91.19 There are wide health inequalities in London. Life expectancy for a boy born today in Barking and Dagenham is six years shorter than life expectancy for a boy born in Kensington and Chelsea, and life expectancy for a girl is up to five years shorter. There is even greater variation between boroughs in healthy life expectancy – the number of years that someone will live in good health. This varies from 58 years in Barking and Dagenham to 70 years in Richmond upon Thames for men and from 56 years in Tower Hamlets to 70 years in Richmond upon Thames for women.²¹ There is also wide variation in levels of poor health within boroughs, with shorter healthy life expectancy in the more deprived areas.

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

- 91.20 London boroughs have some of the highest densities of fast food outlets in England and data shows that more deprived areas have a higher density of fast food outlets. Data obtained from the Local Data Company shows that in 2016 there were over 7,000 takeaways in London.²²
- 91.21 Several London boroughs have published evidence demonstrating issues of over-concentration and clustering of hot food takeaways, supporting the adoption of local plan policies to address these issues. A number of boroughs have also adopted policies to restrict A5 uses within the proximity of schools. (See Appendix 1). This provides evidence of the issue across London and supports the case for a strategic approach.

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”?

- 91.22 Restricting development of hot food takeaways within 400 metres walking distance of primary and secondary schools will positively support the delivery of Policy GG3 to improve Londoners’ health and reduce health inequalities. It will support GG3 B to promote healthy lives for all Londoners and enable them to make healthy choices, and GG3 G by helping to create a healthy food environment and restricting the availability of unhealthy food options.

²⁰ [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

²¹ [Public Health England, Public Health Outcomes Framework; Indicator 0.1 \(2014-16\)](#)

²² [NLP/TP/06: Mayor of London - Hot Food Takeaways, January 2018](#)

Appendix 1 – London boroughs with hot food takeaway policies

Policy Approach	Policy Type		TOTAL number of boroughs
	LP (adopted)	LP (draft)	
Proximity to schools	3 Hackney Lambeth Richmond upon Thames	0	3
Over concentration	9 Barking & Dagenham Camden Croydon Greenwich Haringey Hounslow Merton Newham Sutton	1 Hillingdon	10
Both policy approaches used	10 Brent Ealing Enfield Hammersmith and Fulham Islington Lewisham Redbridge Tower Hamlets Waltham Forest Wandsworth	1 Southwark	11
TOTAL number of boroughs	22	2	24

Table 1 - London borough policy approaches to A5 Hot Food Takeaways, January 2019.