Hot Food Takeaway Topic Paper

This paper lays out the evidence underpinning Policy D.TC5 in the Tower Hamlets Local Plan 2020-2031. It discusses unhealthy weight and its causes and consequences and the correlation between hot food takeaways and unhealthy weight in children and adults. It describes our borough’s notably imbalanced food environment and links what is sold on our high streets with high rates of diet related diseases. It provides insight from a policy analysis conducted between 2019 – 2021 on Policy D.TC5 as well as the current evidence base to reinforce this policy to further restrict the over-proliferation of hot food take aways around schools.

16/05/2023

# 1. Introduction

The National Planning and Policy Framework includes clear objectives for planning and health. A core planning principle (paragraph 93) states that: “planning policies and decisions should take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community”.[[1]](#endnote-2)

The London Plan 2021[[2]](#endnote-3) contains a London-wide policy to prevent new hot food takeaways from opening within 400 metres walking distance of an existing or proposed primary or secondary school (Policy E9, page 269, chapter 6). The plan also requires any permitted development involving hot food takeaways to be conditional upon the operator achieving and operating in compliance with the Healthier Catering Commitment Standard. Furthermore, the plan encourages boroughs to manage over-concentrations of activities including hot-food takeaways.

## 1.1 Relevant national plan policy

The National Planning and Policy Framework includes clear objectives for planning and health. A core planning principle (paragraph 93) states that: “planning policies and decisions should take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community”.[[3]](#endnote-4)

The London Plan 2021[[4]](#endnote-5) contains a London-wide policy to prevent new hot food takeaways from opening within 400 metres walking distance of an existing or proposed primary or secondary school (Policy E9, page 269, chapter 6). The plan also requires any permitted development involving hot food takeaways to be conditional upon the operator achieving and operating in compliance with the Healthier Catering Commitment Standard. Furthermore, the plan encourages boroughs to manage over-concentrations of activities including hot-food takeaways[[5]](#endnote-6).

## 1.2 Relevant Local Plan Policy

Policy D.TC5 (Food, drink entertainment and the night-time economy) in the regulation 19 version of the Tower Hamlets Local Plan states (part 3):

*“Development of hot food takeaways (use class A5) will only be supported within the Central Activities Zone, Tower Hamlets Activity Areas, Secondary Frontages of District Centres, Neighbourhood Centres or Neighbourhood Parades where they meet the following criteria.*

1. *There must be a separation of at least four non-A5 units between each new hot food takeaway unit.*
2. *The percentage of A5 units would not exceed 5% of the total number of units within Major, District or Neighbourhood Centres.*
3. *Within Neighbourhood Parades there would be no more than one A5 unit.*
4. *The proposal is not within 200 metres walking distance from an existing (or proposed) school and/or a local authority leisure centre.*
5. *The proposal will not harm the amenity of surrounding properties*

## 1.3 Relevant Designations/allocations

* The town centres hierarchy – Central Activities Zone (CAZ), Tower Hamlets Activity areas (THAAs) and designated town centres
* Primary and secondary retail frontages

## 1.4 Purpose of the Policy

The policy seeks to define appropriate locations and concentrations for new takeaway premises and preventing these uses in other locations, including:

* Within 200 metres walking distance from an existing (or proposed) school and/or a local authority leisure centre; and
* Primary retail frontages within town centres.

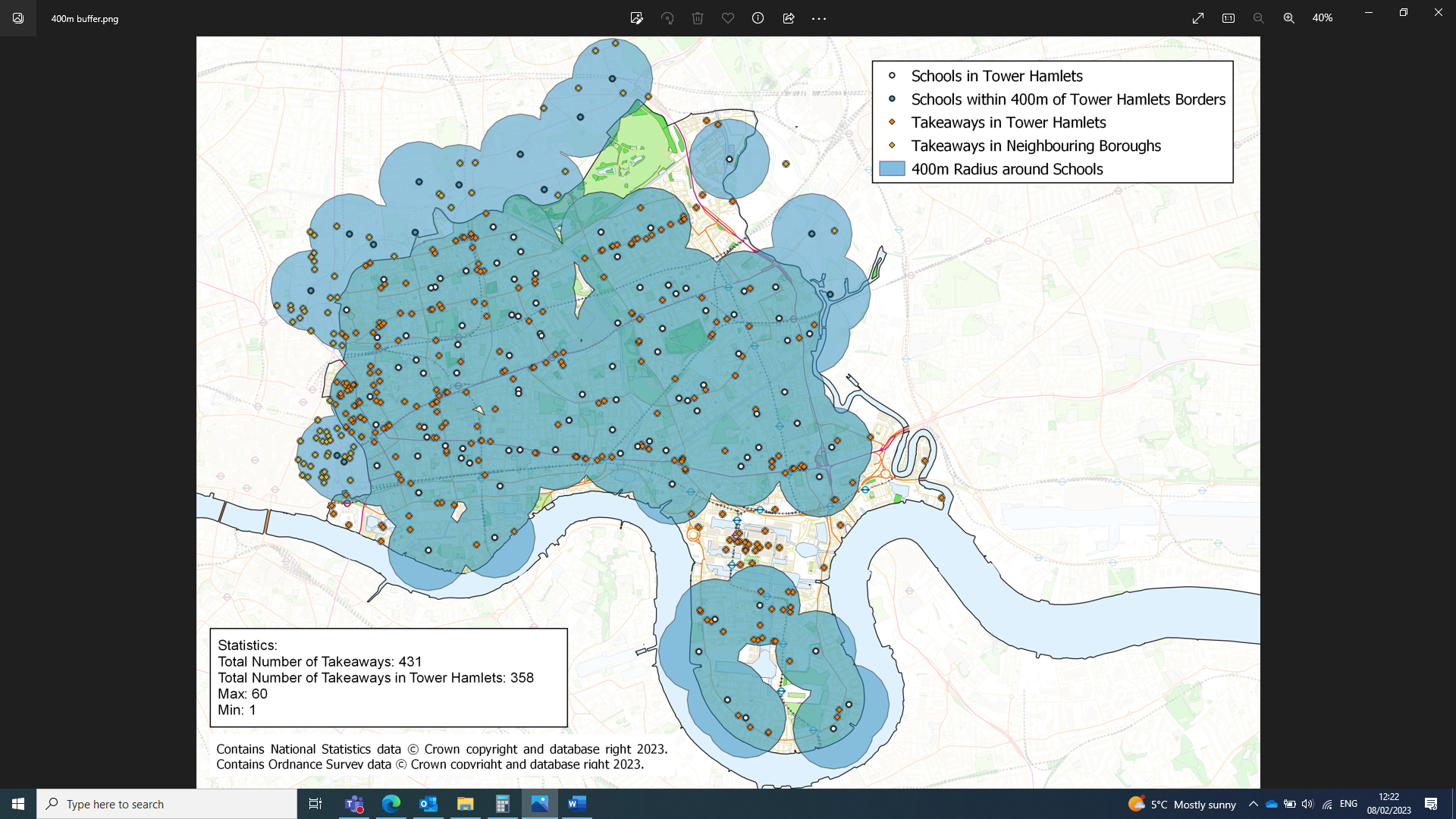
The GLA published the London Plan (2021) that included a Policy relating to no new hot food takeaways being permitted to open within 400 metres walking distance of an existing or proposed primary or secondary school. This Policy superseded the LBTH Local Plan (2020) Policy.

## 1.5 Regulation 19 representation

A summary of representations received on this issue during regulation 19 consultation included:

* it is unclear how refusing hot food takeaways within 200 metres of a school could be effective.
* the planning system is ineffective in distinguishing between uses that are healthy and those that are not. Some takeaways are not unhealthy; and
* the National Planning Policy Framework (NPPF) is not concerned with dietary issues. It identifies hot food takeaways as main town centre use that should be located in town centres or in the next most accessible location based on need.

Following submission of public health evidence - that is outlined below - as well as public health provide evidence at examination in public by the independent planning inspectorate, it was deemed this policy should be supported and encouraged within the current Local Plan.



**Figure 1: Schools in Tower Hamlets and neighbouring Boroughs with a 400 buffer zone around them, with all hot food takeaways highlighted.**

## 1.6 Reason for approach to control the over proliferation of new hot food takeaways

The approach taken to control the over proliferation of new hot food takeaways has developed in light of increasing concerns of residents, politicians and health professionals regarding the overconcentration of takeaways in the borough, especially where they tempt younger residents to consume unhealthy foods that are high in fat, salt and sugar. There is also strengthening national and local evidence base and revised planning policy guidance relating to this issue.

These policies form part of the council’s overarching strategy to tackle the borough’s healthy weight and food poverty problems. They aim to prevent hot food takeaways developing in areas disproportionately frequented by children (i.e., in close proximity to schools and local authority leisure centres). Similarly, by ensuring a balance of takeaways within our designated centres, the policy seeks to promote and protect healthy choices and retain the economic diversity of the borough, as well as protecting the attractiveness, vitality, and character of primary frontages.

There is a deviation from the London Plan policy for a 400-metre school buffer. The 200 metre was applied in Tower Hamlets given the high level of population and development density in Tower Hamlets. The application of a 400-metre protection zone to all schools would have left very little land outside this exclusion zone (the 400-metre exclusion zone covers 82% of the borough. The London Plan (2021) Policy supersedes the Tower Hamlets Local Plan Policy, therefore there cannot be a new hot food takeaway within 400m of an existing or proposed primary or secondary school.

Please note: ‘local authority leisure centres’ refers to those listed on the council website that are currently managed by a charitable social enterprise (‘Better’).

Regarding issues relating to the relative ‘health’ of hot food takeaways, while it is accepted that not all hot food takeaways sell unhealthy food, it is considered that there is no guarantee that a healthy business model would continue into the future under a sui generis hot food takeaway use class and that it is not an unreasonable prospect that pressures on the business could lead to a change in the nature of the food sold despite the current best intentions of the appellant. A similar position was reached by a planning inspector at a recent appeal[[6]](#endnote-7).

## 1.7 Findings from the Policy Analysis (Policy D.TC5): Reviewing HFT planning applications of the current

A policy analysis was conducted in 2022 to review progress against Policy D.TC5 with specific consideration for the proposal not being within 200 metres walking distance from an existing (or proposed) school and/or a local authority leisure centre. It should be noted that despite the local plan only being formerly adopted in 2021, the policies in draft form should be considered as an approved policy unless advised otherwise, therefore Policy D.TC5 was being applied from 2019.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | All HFT Applications | Permitted | Refused | No Decision Yet |
| 2019/2020 | 12 | 5 | 6 | 1 |
| 2020/2021 | 4 | 0 | 3 | 1 |

Table 1: Overview of what actions taken following planning applications in relation to this policy

2019/2020

As outlined in the table above, there were a total of 12 hot food takeaway planning applications in 2019/2020, of which five were permitted, six refused and, for one, a decision is yet to be made.

Out of the five applications permitted, two were within 200m of a school:

Two were approved regardless of meeting the threshold for Policy D,TC5 for the following reasons:

* Despite the development not being in accordance with relevant planning policy, this development was already in motion and functioning as a hot food takeaway. The current harm as a result of this use against this policy was assessed. Considering the detrimental impact of the COVID-19 on businesses, the Council utilised it powers to sustain this viable business in the borough.
* An applicant was seeking additional floorspace for a Restaurant (A3)/Hot Food Takeaway (A5). Permission for A5 use was previously granted, therefore this did not increase A5. Whilst the applicant had initially sought the additional floorspace in relation to the hot food takeaway use, it was confirmed that the additional floorspace would be for the restaurant’s purposes and that the ground floor would serve as a restaurant seating area and hot food take away waiting area.

The other three applications were permitted because they did not meet the threshold for Policy D.TC5.

Out of the 6 applications refused, 3 were within 200m of a school and policy D.TC5 was used to refuse:

* An application was refused to protect A1 use and due to the close proximity to the existing primary school which was not in accordance with Local Plan Policy DM1 of the Managing Development Document (2013). Policy D.TC5 was used to refuse.
* An application was refused because the loss of A1 use and the introduction of A5 use was not supported due to the protection of A1 uses and also its proximity to a local school. As such, the proposal was not accordant with local plan policy D.TC2 and D.TC5.
* An application was refused because the relocation of the A5 use class was not adequately justified in terms of amenity impacts and was not supported. The external works would neither preserve nor enhance the conservation area or surrounds with.

The other 3 were refused based on heritage grounds and to protect A1 use.

2020/2021

In 2020/2021 there were a total of four planning applications involving hot food takeaways. Out of these none were permitted, three refused and one is still awaiting a decision.

The three that were refused met the threshold for Policy D.TC5. Policy D.TC5 was used to refuse all of them:

* One was within 200m of a school. The council’s Policy Team objected to the proposal, stating that the A5 use was unacceptable in principle in this out of town centre location, contrary to policy D.TC5 part 3.
* One was within 400m of a school and would have led to a separation of less than four non-A5 units between HFTs. Furthermore, the proposal would have increased A5 units to more than 5% of the total number of units within the neighbourhood and would have led to there being more than one A5 unit within the neighbourhood parade. Given this, the development would have resulted in an over-provision of hot food takeaways in its surroundings which would have been to the detriment of encouraging healthy lifestyles and addressing health inequalities. Policy D.TC5 was used to refuse.
* One would have resulted in unacceptable negative impacts on the amenity of surrounding properties which was contrary to relevant regional and local policies. Policy D.TC5 part 3 states that A5 uses will only be acceptable where they will not harm the amenity of the surrounding properties. Therefore, this application was refused.

Between 2019 and 2021 56% (9) of all (16) hot food takeaways planning applications were refused. Out of those, 66% (6) were refused using Policy D.TC5. This shows the effectiveness of the policy in reducing hot food takeaways and improving the food environment in Tower Hamlets.

The analysis recommended to renew Policy D.TC5 in the refresh of the Local Plan and adopt the 400m radius as per current London Plan Policy.

# 2. Health Context

## 2.1 Healthy weight and its consequences

Healthy weight is associated with reduced life expectancy and is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, at least 12 kinds of cancer, liver, and respiratory disease, and can also impact negatively on mental health.[[7]](#endnote-8)

Residents who are moderately obese (BMI 30-35) have an average reduced life expectancy of three to four years. Residents who are morbidly obese (BMI 40-50) have a reduced life expectancy of eight to ten years.[[8]](#endnote-9) In addition to this, in children and young people, healthy weight is associated with school absence. In adults, it is linked to increased sick leave and unemployment.[[9]](#endnote-10)

**There are considerable inequalities in healthy weight rates among different population groups. The burden is falling hardest on those from low-income backgrounds, with healthy weight rates highest for children and adults in the most deprived areas and getting worse**: Healthy weight for men was much lower in the least deprived quintile (22%) than the other quintiles; it was highest in the most deprived quintile (30%). Healthy weight for women was lowest in the least deprived (22%) and highest in the most deprived (39%). Data from 2019/2020 shows that healthy weight was lower among children in higher income households, and higher in households with lower incomes. 10% and 12% of children respectively in the two highest income quintiles were obese, compared with 19% in the two lowest income quintiles. The proportions who were overweight including obese were between 22% and 25% in the highest three quintiles, compared with 32% in the second lowest and 37% of those in the lowest income quintile.[[10]](#endnote-11) **Children in the most deprived areas were more than twice as likely as children in the least deprived to be a healthy weight**. There are also inequalities by ethnic group. **The Black African ethnic group had the highest prevalence in children aged 4 to 5 years (15.9%) and the Black African, Black Caribbean and Bangladeshi ethnic groups had the highest prevalence in children aged 10 to 11 years (around 30%)**.[[11]](#endnote-12)

The National Child Measurement Programme (NCMP) also shows substantial variation in levels of healthy weight among different ethnic groups. Healthy weight prevalence was highest for Black children in both reception and year 6.[[12]](#endnote-13) The prevalence of health conditions linked to healthy weight, including cardiovascular disease and type 2 diabetes, also varies by ethnic group. For example, type 2 diabetes affects people of South Asian, African-Caribbean, Chinese or black African at a higher percentage than white Europeans.[[13]](#endnote-14) Furthermore, Bangladeshi men are almost four times more likely to have doctor-diagnosed diabetes compared to men in the general population, whilst Bangladeshi women are over three times more likely than their white European counterparts. This inequality is particularly pertinent for Tower Hamlets where there is a sizable Bangladeshi population.

**In addition to the health impact, healthy weight is costly. In 2019/20 there were more than 1 million hospital admissions linked to obesity in England, an increase of 17 per cent on the previous year. Rising rates of obesity translate to increasing costs for the NHS. In 2014/15 the NHS spent £6.1 billion on treating obesity-related ill health, and this is forecast to rise to £9.7 billion per year by 2050**.[[14]](#endnote-15) 28% of adults in England are obese and a further 36% are overweight.[[15]](#endnote-16)

**Healthy Weight in Tower Hamlets[[16]](#endnote-17)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **LBTH** | **London** | **England** |
| Reception: Prevalence of overweight (including obesity) | 22.4% | 21.6% | 23% |
| Reception: Prevalence of obesity (including severe obesity) | 12.2% | 10% | 9.9% |
| Year 6: Prevalence of overweight (including obesity) | 41.8% | 28.2% | 35.2% |
| Year 6: Prevalence of obesity (including severe obesity) | 25.9% | 23.7% | 21% |
| Adults (18+) classed as overweight or obese | 53.5% | 56% | 63.5% |
| Proportion of the population meeting the recommended ‘5-a-day’ on a “usual day” (adults) | 52.2% | 55.8% | 55.4% |
| Percentage of adults (aged 18+) classified as overweight or obese | 53.7% | 55.7% | 62.8% |

Table 2: Prevalence of Obesity in Tower Hamlets, compared with the London and England average

## 2.2 Healthy weight and its causes

Although there may be other causes, healthy weight **is generally caused by individuals eating too many of the foods that damage health and moving too little.** The development of obesity is gradual, and often results from a number of poor diet and inactivity over time. Some examples of these include eating large amounts of processed or fast food that is high in fat and sugar, excessive alcohol consumption, eating excessive portion sizes, drinking too many sugary drinks and eating to improve mood (comfort eating).[[17]](#endnote-18)

As well as individual factors that contribute to healthy weight , some have described an obesogenic environment which contributes to healthy weight risk, with:

* Changes in food production that have resulted in unhealthy and processed food becoming cheaper, available in larger portions, tastier and more calorific[[18]](#endnote-19)
* People eating outside of the home more often[[19]](#endnote-20)
* Increased motorised transport[[20]](#endnote-21)
* Sedentary working and living patterns[[21]](#endnote-22)
* Over proliferation of fast-food outlets[[22]](#endnote-23)
* Advertising of foods high in fat, salt and sugar[[23]](#endnote-24)
* Socio-economic deprivation[[24]](#endnote-25)

To achieve healthy weight, a long-term whole system approach is needed, with measures that begin prenatally and carry on throughout the life course. Approaches will only be effective if initiatives to support individual action are combined with action to address the underlying environmental factors. As well as providing residents with the knowledge, skills and opportunities to eat healthily and undertake physical activity, we crucially need to create an environment that makes it easier for people to make healthy choices.

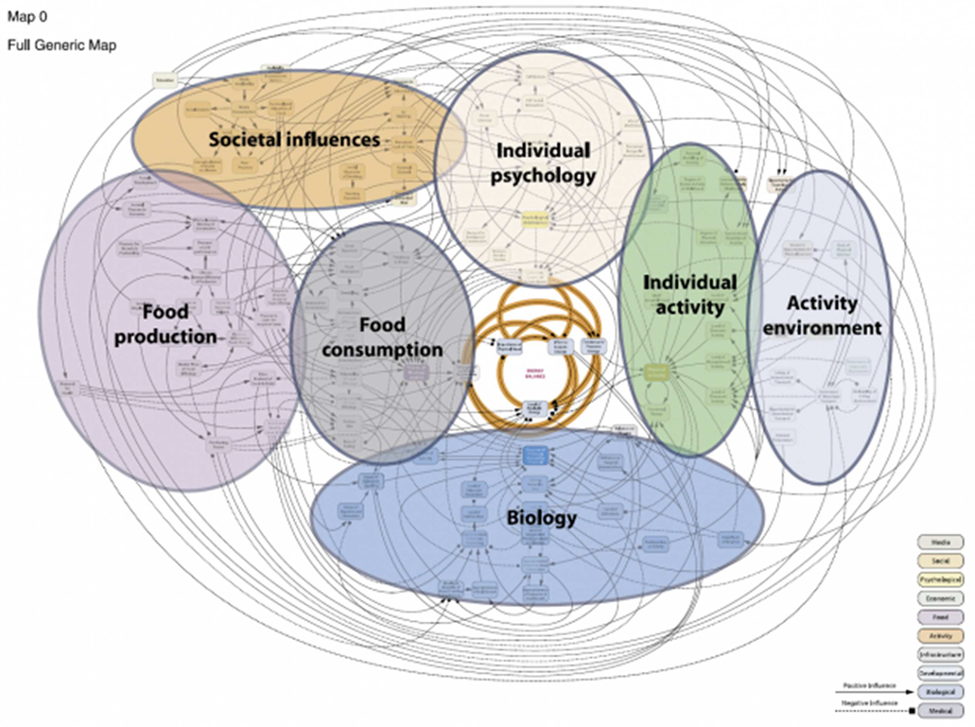


Figure 1: The government’s healthy weight system map with thematic clusters.

## 2.3 Tower Hamlets Healthy Weight Programme

In Tower Hamlets, we apply a whole systems approach that enables coordinated long-term action to address factors that cause or contribute to unhealthy weight levels and aims to promote healthy weight levels locally. Our approach emphasises the importance of partnership working to deliver high quality support to residents and covers a number of different levels – tackling socio-economic, cultural, and environmental issues to enable residents to live healthy lives and maintain a healthy weight.

Our current borough-wide priorities fall under the following three themes; Healthy Places, Healthy Settings and Healthy Services.

Under Healthy Places we are taking environmental-level actions to address spatial planning, regeneration, play, advertising as well as fast food. The aim is to design a living environment that is conducive to good health by making the healthier choice easier and more accessible.

## 2.4 Healthy Eating and Exercise

A healthy diet is one that is rich in vegetables, pulses, fruits, nuts and whole grains. Modest portions of lean meat, poultry, white and oily fish, soya foods, dairy products and healthy oils also play an important role in a healthy diet, as they are low in saturated fat and rich in a range of other essential nutrients.

What we eat has a profound effect on our health. Poor diet has been acknowledged as a risk factor for healthy weight, some cancers, type 2 diabetes and cardiovascular disease. Poor nutrition can also have a damaging and lasting impact on mood, mental health, cognitive ability and behaviour. Evidence suggests the need for healthy nutrition to ensure children and adolescents are able to perform optimally, physically and mentally. Too many calories from health damaging foods than the body requires can lead to weight gain and, over time, healthy weight. This is more likely if a person’s diet is high in saturated fat and sugar.

Results from the National Diet and Nutrition Survey indicate that the UK population are consuming above the recommended amount of sugar, saturated fat and salt and not enough portions of fruit and vegetables.[[25]](#endnote-26)

Individuals who are less physically active reduce their opportunity to use up the energy they consume through food. The extra energy is stored by the body as fat.[[26]](#endnote-27) The NHS provides guidance on exercise targets which vary according to age and regime type. There are a number of recommended regimes for adults aged 19-64 years, one of which is daily exercise providing 150 minutes of aerobic activity and 2 sessions of strength-based activity over the course of a week.[[27]](#endnote-28)

From November 2018 to November 2019, 63.3% of people in England aged 16 and over were ‘physically active’ – they did 150 minutes or more of moderate intensity physical activity a week. People from the Asian ethnic group were less likely than average to be physically active.[[28]](#endnote-29) This difference is particularly pertinent for Tower Hamlets where there is a sizable Asian population. In Tower Hamlets, only 60.3% of adults are physically active, which is lower than the England average.[[29]](#endnote-30)

## 2.5 Obesogenic Environments

In England, most people spend large amounts of their time in built environments, like towns and cities. The food available, neighbourhood design, housing, transport and access to health care and schools are all recognised as key features in promoting health, yet not everyone has equal access to health promoting options.

Many people find it challenging to eat healthily, primarily because we are living in less than healthy environments, where less healthier food options are the default, making it harder to maintain healthier lifestyles. Meals eaten outside of the home tend to be associated with higher intakes of sugar, fat and salt, and portion sizes tend to be bigger. The increasing consumption of out-of-home meals has been identified as an important factor contributing to rising levels of healthy weight. 1 in 4 out of all eateries in England are fast-food outlets.[[30]](#endnote-31)

Findings suggest that the strongest determinants of out-of-home food availability are density of food outlets and deprivation within the built environment.[[31]](#endnote-32)

In the national context:

The increasing consumption of out-of-home meals that are often cheap and readily available at all times of the day has been identified as an important factor contributing to rising levels of healthy weight. More than one quarter (27.1%) of adults and one fifth of children in England eat food from out-of-home food outlets at least once a week. These meals tend to be associated with higher energy intake; higher levels of fat, saturated fats, sugar, and salt, and lower levels of micronutrients.[[32]](#endnote-33) Food purchased from fast-food outlets and restaurants is up to 65% more ‘energy-dense’ than the average diet.[[33]](#endnote-34) This means calories will add up quicker which will lead to overeating and weight gain. Analysis from PHE shows the density of fast-food outlets varies per local authority, ranging from 26 to 232 outlets per 100,000 population, with the average across England being 96.5. It provides evidence highlighting the availability of fast-food outlets in some of the country’s most disadvantaged areas.[[34]](#endnote-35) An analysis of data from the National Diet and Nutrition Survey indicated that regular takeaway consumption also disproportionately impacted on the daily energy intakes of children from less affluent households.[[35]](#endnote-36)

In a West Midlands study 30% of samples exceeded the previously existing children's Guidelines Daily Amount (GDA) for total fat and saturated fat and 27% of salt analyses exceeded the previous salt GDA.[[36]](#endnote-37) The consumption of fast food has been associated with higher Body Mass Index (BMI) scores, higher body fat scores and increased odds of being obese.[[37]](#endnote-38)

In Tower Hamlets:

A variety of factors contribute to the high rates of childhood healthy weight in Tower Hamlets including deprivation, lack of green space and the extremely high density of fast-food outlets. Nicknamed “Chicken Mile”; Mile End Road in Whitechapel is just one example of many streets in Tower Hamlets overpopulated by fast food businesses.[[38]](#endnote-39)

A study of children in Tower Hamlets found more than 50% purchased food or drinks from fast food/ takeaway outlets twice or more a week, with about 10% consuming it daily.[[39]](#endnote-40)

2017 research funded by the council’s Public Health Team and undertaken by ‘Shift design’ mapped and nutritionally profiled restaurants across the borough. The project developed to work closely with restaurants on Burdett Road to capture sales and cost data, co-design in- restaurant interventions to reduced calorie content of meals and test their impact on sales, customer satisfaction and costs. The study’s conclusions included an observation that the competition caused by the overconcentration of fast-food takeaways often negatively impacts upon the nutritional quality of food served. This happens in two ways: 1) restaurant owners often cite large portion size as a way to attract and retain custom; and 2) to compete on price restaurant owners feel pressured to use cheaper ingredients which tend to have higher fat content and/or absorb more fat during cooking. Other studies in the borough found examples where chip portions from takeaways had avoidable levels of trans fats that were nearly 90% of GDA.[[40]](#endnote-41)

# 3. The association between healthy weight and the abundance of hot food takeaways

In the national context:

* + Areas where energy-dense foods of low nutritional value are readily available and when there are few opportunities to purchase healthier foods are likely to pose a risk to a population’s dietary health and increase healthy weight levels. [[41]](#endnote-42)
  + Exposure to areas with a high density of take away outlets is associated with excess consumption of takeaway foods and excess body weight.[[42]](#endnote-43)
  + Analysis from PHE shows the density of fast-food outlets varies per local authority, ranging from 26 to 232 outlets per 100,000 population, with the average across England being 96.5. It provides evidence highlighting the availability of fast-food outlets in some of the country’s most disadvantaged areas.[[43]](#endnote-44)
  + The disproportionate concentration of takeaway outlets in poorer areas – like Tower Hamlets - risks reinforcing inequalities in diet and healthy weight, with those living in unhealthy neighborhoods finding it more difficult to make healthy food choices.[[44]](#endnote-45)

In Tower Hamlets:

* + There are a high volume of fast food outlets per school across Tower Hamlets.
  + 97% residents live within ten minutes of a fast-food outlet.[[45]](#endnote-46)
  + Exposure to fast food restaurants drives up temptation to eat fast food in a variety of ways, including increasing availability, accessibility, and the marketing of foods high in salt, fat and sugar[[46]](#endnote-47)
  + The odds of living within 250 metres of a fast-food outlet in Tower Hamlets increase by:[[47]](#endnote-48)
    - times if an individual is in the 16-35 age group;
    - times if they live in a household on benefits;
    - times if they live in social housing;
    - times if they are of Bangladeshi origin.

## 3.1 The proximity of hot food takeaways to schools

Research by the Royal Society for Public Health found that nearly all children’s visits to fast food outlets were on the return route from school to their home. This means that understanding the immediate environment around schools and how to influence it is a critical stage in improving the flow of healthier food options in a child’s everyday experience.[[48]](#endnote-49)

In the national context:

* Young people are exposed to unhealthier food and drink in many out-of-home environments. The frequency that children and families visit such outlets is therefore important[[49]](#endnote-50)
* Secondary school pupils often buy food from a range of outlets in the school area for their lunch or, on their way to and from school[[50]](#endnote-51)
* Takeaways that are situated close to schools risk undermining efforts to provide healthy school food.[[51]](#endnote-52) For example, children sometimes skip lunch to save money which can be spent after school at fast food outlets. A large scale (n=10,645) study of secondary school children from 30 schools in one large UK city found that 2.9% reported never eating regularly and 17.2% reported daily consumption of junk food.[[52]](#endnote-53)
* Proximity to schools is suggested to be a key factor in secondary school pupils’ decisions about where to purchase food, but the evidence is equivocal.[[53]](#endnote-54)
* A systematic review of 14 papers found 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.[[54]](#endnote-55)

In Tower Hamlets:

* A longitudinal study of 29 secondary schools (including those in Tower Hamlets) found a significant increase in the number of takeaways, grocers and convenience stores within 800 metres of a school, between 2001 and 2005. This had a small negative effect on adolescent diet with a decrease in average healthy and an increase in unhealthy diet scores. [[55]](#endnote-56)
* Caraher et al (2014) also reported food outlets increasingly clustering around schools providing numerous opportunities for pupils to purchase energy dense foods.[[56]](#endnote-57)
* Some takeaways located near schools have been shown to target children with special deals within their price range. One study found outlets offering four fried chicken wings for £1, or a large portion of chicken and chips for just £1.99 undercutting the price of the average secondary school lunch. [[57]](#endnote-58)
* There are concentrations of fast-food outlets near schools and students reported use of these. The schools that enforce their closed gate policy had some success restricting their students’ lunchtime custom. However, many report skipping lunch in order to save money and eat after school at these outlets. The research concluded Tower Hamlets local policy was needed to improve the food offered in the immediate environment around the school.[[58]](#endnote-59)

## 3.2 Impacts to the high street and links to deprivation

A study by Public Health England[[59]](#endnote-60) found definitive evidence that in some areas, particularly in areas of high deprivation, small, independent food retailers are being undermined by a proliferation and density of hot food takeaways, creating what it terms ‘food deserts’, which are defined as areas of poor access to the provision of healthy affordable food.

The study stated that:

*“Food poverty is the inability to afford, or have access to, food that makes up a healthy diet. The health impacts of food poverty are wide ranging and follow a social gradient. Food poverty and poor nutritional intake are significant risk factors for cancer, diabetes and coronary heart disease within the UK, and are estimated to represent 30% of life years lost to early mortality and disability. Food poverty can also increase the prevalence of dental caries in children, the risks of trips and falls in older people, the risk and incidence of low birthweight, and childhood morbidity and mortality.*

## 3.3 Resident Attitudes

In 2016, Tower Hamlets residents participated in the ‘great weight debate’ that took place across London. The common themes that emerged from the ‘great weight debate’ were that residents want to lead healthy lifestyles, but they feel that their environment and the food that is available are working against them. Londoners were extremely concerned about the accessibility of fast food in particular. The tendency of fast-food outlets to cluster around schools and target school children emerged as a spontaneous concern of the workshops. Overall, there was strong support for limiting the operations of fast good outlets, and for encouraging the development of healthier alternatives. They felt that encouraging healthier food in these outlets, limiting when they can operate, and preventing additional outlets from operating would tackle the issue at its source.

1. **Conclusion**

Tower Hamlets has rates of healthy weight higher than much of England and most other London boroughs. Furthermore, emerging epidemiological evidence suggests that many of our residents disproportionately suffer the ill effects of diet related diseases. Because of this, the Council, as a member of the borough’s Health and Wellbeing Board, has developed a package of policies, strategies and programs designed to lead a transformation in addressing childhood healthy weight in the borough. The Local Plan ambition to define appropriate locations and concentrations for new takeaway premises is a major part of this package. It is also supported by residents’ attitudes and the national and local evidence base.

1. **Key contacts and Stakeholder involvement**

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