Hot Food Takeaways Briefing Note 2019

Disclaimer: The following note was prepared by Essex County Council (ECC) in 2019. This note was created in relation to the withdrawn local plan. Although this plan was withdrawn and the policies proposed within this document are not proposed in the emerging Castle Point Plan, the evidence on hot food takeaways and obesity levels within Castle Point remain useful to understand the context of the area. (2024)

Castle Point Planning Policy: Hot Food Takeaways

Introduction

Castle Point Borough Council has consulted on the Castle Point Pre-submission Local Plan 2018 – 2033.¹

The plan includes a chapter on Ensuring the Vitality of Town Centres (Ch. 12) and a chapter on Promoting Healthy and Safe Communities (Ch. 13). Chapter 12 includes a section on fast food outlets, detailing strategic policy TC6 which proposes restrictions on fast food outlet density and proximity to schools. More details of this policy are provided below.

The current plan supports these restrictions on the basis of improving health outcomes, particularly obesity and obesity-related health conditions, with an emphasis placed on restrictions in areas of deprivation and with high levels of obesity, especially in children.

Representations have been made challenging this aspect of the policy with claims that evidence is insufficient to justify the policy measures. Similar representations have been made to other local authorities in very similar circumstances.

Purpose

The purpose of this briefing report is

- To provide key local data relevant to Local Plan policies on hot food takeaways
- To detail the existing policy frameworks and national context for policies relating to hot food takeaways
- To summarise the existing evidence for the policy measures detailed in policy TC6
- To summarise the policy measures used by other planning authorities in relation to hot food takeaways
- To propose a series of policy options that address the representations made and the wider policy goals
- To provide details of other activities in Castle Point that address obesity and the wider concerns noted in representations made
- To provide additional maps and data to understand the need for restrictive policies on hot fast food takeaways in Castle Point

Context: Borough of Castle Point

Castle Point is a relatively small local authority area just 45 square kilometres in size, with a population of 88,000 people. Castle Point Borough comprises of the towns of Canvey Island, South Benfleet, Hadleigh and Thundersley.

Canvey Island is the largest town in Castle Point with a population of around 40,000 people with the borough's largest town centre and largest employment estate. Compared with other parts of the borough, Canvey Island is relatively more deprived, with pockets of income and employment deprivation. Compared with Canvey Island, Benfleet, Hadleigh and Thundersley are less deprived, with some pockets of significant wealth.

According to the Public Health Local Authority Profiles 2019 for Castle Point:

¹ https://www.castlepoint.gov.uk/download.cfm?doc=docm93jijm4n4481.pdf&ver=7509 Accessed 1st July 2020

- 14.2% of children live in low-income families within the borough.
- Life expectancy for both men and women at the borough level is similar to the England average. Life expectancy is 5.0 years lower for men and 4.8 years lower for women in the most deprived areas of Castle Point compared to the least deprived areas, demonstrating clear health inequalities
- Overweight prevalence in Castle Point is higher in all age groups than overweight prevalence in England. Prevalence of overweight (including obesity) in reception age children is 23.6% in Castle Point compared to 22.6% in England. In Year 6 children, obesity prevalence in Castle Point is 34.7% compared to 34.3% in England. The percentage of overweight adults (including obesity) in Castle Point is 65.6% compared to 62.3% in England. These figures have remained fairly stable over the last 10 years.
- The deprivation score for Castle Point overall is 16.8, compared to an England value of 21.7 indicating that Castle Point is less deprived than England as a whole. There are, however, pockets of deprivation in Castle Point, notably parts of Canvey Island where child poverty is double the levels for England with 35.9% of children living in poverty.²

Full details of deprivation and obesity indices from Public Health England are provided in Annex 1. In some cases, this data is available at ward level, but figures provided are for Castle Point as a whole.

With regard to data related to hot food takeaways meanwhile this is detailed in Annex 2, and is taken from the Food Environment Assessment Tool (FEAT) developed by the Centre for Diet and Activity Research and the MRC Epidemiology Unit at Cambridge University. As a summary:

- Takeaways make up 35.5%³ of all food outlets in Castle Point reducing healthy food choices. This is one of the highest proportions in the Country, and sits well above the Essex average of around 24.6%. These takeaways are largely located in town centres and shopping parades, where they result in the proportion of takeaways in some areas reaching 76.9% of all food outlets (Canvey Island Central Ward).
- Takeaway densities based on population size is in line with the national average in Castle Point⁴. However, densities are higher than average in Canvey Island Central, Canvey Island North and Canvey Island South wards which include areas of deprivation.

Local Plan - current policy

The Castle Point Pre-Submission Local Plan includes policy TC6 which states;

Fast Food Outlets

- 1. In order to ensure that excessive concentrations of particular types of food and drink uses are avoided, applications for hot food takeaways falling within Use Class A5 will be supported where the following thresholds are not exceeded:
 - a. Within Town Centres, no more than 10% of shop units comprise hot food takeaways;
 - b. Within local shopping parades comprising 6 or less shop units, no more than 50% of the shop units comprise hot food takeaways;
 - c. Within local shopping parades comprising 7 to 14 shop units, no more than 30% of the shop units comprise hot food takeaways; and

²

https://fingertips.phe.org.uk/search/deprivation#page/1/gid/1/pat/101/par/E07000069/ati/3/are/E02004482/iid/93275/age/1/sex/4/cid/4/tbm/1/page-options/ovw-do-0 car-do-0 Accessed 31st June 2020

³ FEAT Output June 2018 (See annex 2)

⁴ FEAT Output June 2018 (See annex 2)

- d. Within local shopping parades comprising 15 or more units, no more than 20% of the shop units comprise hot food takeaways.
- 2. New hot food takeaway shops will only be permitted when they fall outside 400 metres walking distance of gates of new and existing schools, colleges, and youth centres, unless the outlets are within town centres and accord with other policies within this plan.

The evidence provided in the Local Plan to support these policies is summarised as;

- National Planning Policy Framework (NPPF) states that policies should enable and support healthy lifestyles, including through access to healthy foods.
- Proliferation of hot food takeaways in recent decades reduces the diversity of the retail offer, especially in local shopping parades.
- Hot food takeaways can contribute towards unhealthy lifestyles; increased exposure and opportunity leads to increased consumption of what can be unhealthy foods, leading to obesity and related health conditions.
- Obesity levels are higher than average in Castle Point, and obesity leads to other serious health conditions.
- Policies targeting children can discourage unhealthy choices. Targeting children may reduce the health burden in the adults of the future.
- Children are vulnerable to obesity, and child access to fast food takeaways is concerning.
- There is a strong link between deprivation, fast food outlet density and obesity with evidence that deprived areas could benefit from policies that control the food environment in more deprived areas.

Existing planning frameworks

The National Planning Policy Framework (NPPF)⁵ details that local planning authorities have a responsibility to promote healthy communities. In accordance with the NPPF, Local Plans (LPs) should create a vision for the future of the borough and a positive framework for addressing a breadth of priorities, including health as well appropriate economic development.

National Planning Practice Guidance (NPPG) for healthy and safe communities⁶, states that "planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Planning policies can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate......" It advises that planning policies may need to have particular regard to;

- Proximity to locations where children and young people congregate such as schools, community centres and playgrounds
- Evidence indicating high levels of obesity, deprivation, health inequalities and general poor health in specific locations
- Over-concentration of certain uses within a specific area

Public Health England, Chartered Institute of Environmental Health and Local Government Association published 'Healthy people, healthy places briefing: Obesity and the environment: regulating the growth of fast food outlets' in 2014 with the main findings detailed below;⁷

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/81 0197/NPPF_Feb_2019_revised.pdf Accessed 1st July 2020

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⁶ https://www.gov.uk/government/collections/planning-practice-guidance Accessed 1st July 2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/29 6248/Obesity_and_environment_March2014.pdf Accessed 29th June 2020

- Obesity is rising in the population with stark inequalities in obesity rates between different socioeconomic groups: the prevalence of childhood obesity in the 10% most deprived groups is approximately double that in the 10% least deprived.
- A strong association between density of fast food outlets and deprivation.
- The proportion of food eaten outside of the home is increasing.
- The available approaches to addressing the proliferation of fast food outlets were threefold;
 - Working with takeaway business and the food industry to make food healthier
 - Working with schools to reduce fast food consumed by children
 - Using regulatory and planning measures to address the proliferation of hot food takeaways – examples given include inclusion of health impact assessments in planning applications plus various other measures.

The report acknowledges;

- Local authorities have only recently started to use the legal and planning systems to
 regulate the growth of fast food restaurants, including those near schools, thus there is an
 lack of evidence to demonstrate a causal link between obesity and fast food, although there
 is some evidence of an association between the two.
- There is some evidence to support interventions that encourage children to stay in school for lunch.
- There are strong theoretical arguments for the value of restricting the growth in fast food outlets, with examples given of councils who have used this approach.

Regarding proximity to schools, successful examples were given of a 400m restriction around schools and sixth form colleges, including in Sandwell, although there was a need for engagement with schools and assessment of wider environmental impact factors such as smells and litter.

National Institute for Health and Care Excellence (NICE) guidance on prevention of cardiovascular disease⁸ and prevention of Type 2 diabetes⁹ state that local authorities should be empowered to influence planning permission for food retail outlets in relation to preventing and reducing cardiovascular disease, by the following measures;

- Encourage local planning authorities to restrict planning permission for take-aways and other food retail outlets in specific areas (for example, within walking distance of schools).
- Review and amend classes of use order for England to address disease prevention via the concentration of outlets in a given area (as set out in Town and Country Planning Order 1987).
- Local planning departments should;
 - use byelaws to regulate the opening hours of take-aways and other food outlets, particularly those near schools that specialise in foods high in fat, salt or sugar.
 - use existing powers to set limits for the number of take-aways and other food outlets in a given area. Directives should specify the distance from schools and the maximum number that can be located in certain areas.
 - help owners and managers of take-aways and other food outlets to improve the nutritional quality of the food they provide.
 - o use existing planning mechanisms to ensure that planning policies consider healthier eating when reviewing applications for new food outlets.

⁸ https://www.nice.org.uk/guidance/ph25/chapter/1-Recommendations#recommendations-for-policy-a-national-framework-for-action Accessed 29th June 2020

⁹ https://www.nice.org.uk/guidance/ph35 Accessed 29th June 2020

In 2014, the Town and Country Planning Association (TCPA)¹⁰ developed 'Six Healthy Weight Environment elements' as part of the Planning Healthy Weight Environments project supported by Public Health England. One of the six elements is a healthy food environment which provides access to healthy food retail. The TCPA recommends that development avoids overconcentration of hot food takeaways (A5 use) in existing town centres or high streets and restricts their proximity to schools or other facilities for children and young people and families.

The wider policy framework

The Essex Joint Health and Wellbeing Strategy 2018-2022¹¹ has a priority on addressing obesity through improvements to diet and increased physical activity. This is seen as a building block towards the prevention of poor health outcomes through early intervention and through addressing the wider determinants of health including environmental determinants. The strategy commits to influencing conditions and behaviours that link to health inequalities. They detail the high levels of obesity in both adults and children in Essex and refer to the need to address the obesogenic environment, and for planning to support healthy life choices.

Separate to the Essex Joint Health and Wellbeing Strategy, but contributing to its outcomes, is the Mid and South Essex draft strategy for the NHS. This has a focus on 'Better Lives' and includes the need for the wider environment to help people live healthy lives. Again, this strategy identifies the need to address influencers on health and wellbeing. It also seeks to promote healthy living including supporting residents to access healthy diets.

The Castle Point & Rochford Health and Wellbeing Strategy 2019-2021¹² reflects the focus on obesity and improving diets, and on health inequalities. The associated Action Plan details measures to encourage businesses to promote healthier eating by increasing the provision of healthier food and drink choices. A new local strategy is currently being developed which maintains this focus. This new strategy will have an additional focus on obesity and healthy live styles and healthy choices given the susceptibility residents in Castle Point have to COVID-19. Castle Point has one of the highest rates of death per 100,000 population from COVID-19 nationally¹³, and it is clear co-morbidity factors such as obesity need to be a focus in terms of improving the resilience of local people to poor health outcomes.

The Corporate planning framework for Castle Point Borough Council include health performance measures on life expectancy and healthy life expectancy and align with the Health and Wellbeing strategies mentioned.

Local Plan policies – evidence review

A quick web search using the terms *health planning policy fast food* found numerous local needs assessments and review of the evidence base undertaken by other local authorities in response to similar challenges, many with the support of local public health teams. Further articles were identified where referenced in these assessments. This briefing does not attempt to replicate the review and analysis already undertaken but summarises the main findings from the most relevant and comprehensive documents identified.

 $^{^{10}}$ https://www.tcpa.org.uk/Handlers/Download.ashx?IDMF=cb4a5270-475e-42d3-bc72-d912563d4084 Accessed 29th June 2020

¹¹ https://data.essex.gov.uk/dataset/e6k09/essex-joint-health-and-wellbeing-strategy-20182022 Accessed 29th June 2020

¹² https://www.castlepoint.gov.uk/health-wellbeing-strategy/ Accessed 1st July 2020

https://coronavirus.data.gov.uk/details/deaths?areaType=Itla&areaName=Castle%20Point

Key reports

Scottish Government: Relationship between food environment and planning system: research summary¹⁴

- Need for further research to establish the relationship between the planning system and the food environment, including exploring how to better control food outlets near schools.
- Overall evidence suggests that increased exposure to outlets selling unhealthy food increases the likelihood of weight gain in an individual, although some studies do not show a significant relationship, and some studies show no evidence of a relationship.
- A growing body of international research demonstrates that food environments around schools play an important role in dietary choice and quality of food available to students.
- The effect of the food environment outside schools on children and young people's diet is complex. The evidence around the impact of the presence and availability of fast food outlets on obesity is variable and conflicting with some research showing a clear link, and others showing no link.
- In view of this conflicting research, defining local levels of obesity as an evidence base was considered important to inform policy.
- Given the conflicting research, further research is needed around the links between the food environment and obesity, and to better understand the impact of policies designed to limit the proliferation of hot food takeaways.
- In some council areas, these policies have proven effective at discouraging applications at the pre-application stage; leading to refusal at the application stage and standing up to challenge at the planning appeal stage.

London Plan topic paper: Hot food takeaways (2018)¹⁵

- Notes that, at the time of writing, 24 London authorities had policies or guidance on hot food takeaways, taking a distance or concentration policy approach.
- 10 London boroughs had restricted A5 uses in proximity to schools, whilst 15 boroughs had policies to restrict overconcentration of hot food takeaways.
- Recommendations were to not permit new A5 uses within 400m of an existing or proposed primary or secondary school, which is considered to contribute to promoting healthy eating.
- A 400m exclusion zone is considered a reasonable walking distance from schools and can be used to refuse new development.
- Where food takeaway use is permitted, these should be conditioned for the operator to achieve and comply with Healthier Catering Commitment standards (to make simple, healthy improvements to food).
- In some areas, hot food takeaways permitted within the 400m exclusion zone stipulate restricted opening times, not allowing lunchtime opening or evening opening before 6pm.
- Clustering and density of hot food takeaways controls tend to be positioned to retain viability of retail centres and protect against uses resulting in antisocial behaviour. Some councils have actively sought to control clustering and density on health grounds

Lancashire County Council: Hot food Takeaways and Spatial Planning Public Health Advisory Note¹⁶ Main findings

¹⁴ https://www.gov.scot/publications/research-project-explore-relationship-between-food-environment-planning-system/pages/3/ Accessed 29th June 2020

¹⁵ https://www.london.gov.uk/sites/default/files/london_plan_topic_paper_on_hot_food_takeaways.pdf Accessed 29th June 2020

¹⁶ https://www.lancashire.gov.uk/media/913626/hot-food-takeaway-advisory-note.pdf Accessed 29th June 2020

- A positive association was found between the density of unhealthy food outlets in a neighbourhood and the prevalence of overweight and obesity in children.
- Exposure to takeaway food outlets in home, work, and commuting environments combined was associated with marginally higher consumption of takeaway food, greater body mass index, and greater odds of obesity.
- There is a positive relationship between the density of fast food outlets per area and the obesity status of children [in Leeds]. There is also a significant association between fast food outlet density and areas of higher deprivation.

Lambeth Council Public Health Team: Promoting healthy eating in Lambeth – focusing on the impact of health of hot takeaway fast food outlets (2019)¹⁷

- Food bought by school children in 'fringe' shops provided at least 23% of their daily energy requirement and was often high in fat or sugar. Three out of ten fringe shop purchases were made in takeaways and were generally hot food such as chips, chicken and chips or pizza.
- A comprehensive UK evidence review (2018) concluded that there was good evidence of more hot food takeaways in deprived areas and that children who spend time in deprived neighbourhoods tended to eat more fast food and have higher BMI.
- A 2008 report from the Nutrition Policy Unit of London Metropolitan found that local, independent takeaways near schools often adapt their offer to appeal to children e.g. with child-sized portions and prices, and more staff at school closing times.
- Currie et al established that children who attend schools near fast food restaurants were more likely to be obese than those whose schools do nearby not have fast food restaurants.
- Foresight Report Tackling Obesities: Future Choices, stated that food purchased from fast-food outlets and restaurants is up to 65% more 'energy-dense' than the average diet.

Summary of current policy measures in other areas

Multiple other local authorities have specific policy measures to address hot food takeaways, with 164/325 planning authorities having some planning measures. ¹⁸ ¹⁹ ²⁰ The most common planning measure was exclusion zones around places for children and families (in 28.7% of plans). Exclusion zones varied from 200-800m and walking time exclusions varied from 5-10 minutes. One example of a successful challenge to such policies was based on 'as the crow flies' exclusion zones, rather than actual walking routes, where a decision found that given that other establishments were on a particular walking route, there was no evidence that a new outlet would attract custom from the school.

Other strategies included restriction of opening hours during school lunch times and after school. There was variability in whether exclusion zones included primary and secondary schools, or just secondary schools where older children have more autonomy. Policy also varied as to whether restrictions included other locations where children gather, such as youth centres.

https://www.lambeth.gov.uk/sites/default/files/pl The Impact of Fast Food Outlets on Health 201 9.pdf Accessed 29th June 2020

¹⁷

¹⁸ https://www.sciencedirect.com/science/article/pii/S1353829218310414 Accessed 29th June 2020

¹⁹ https://www.basildon.gov.uk/media/9190/EV040-Basildon-Council-Hot-Food-Takeaway-Assessment-Dec-2015/pdf/EV040 Basildon Council - Hot Food Takeaway Assessment - Dec 2015.pdf?m=636898904550470000 Accessed 29th June 2020

²⁰ https://www.gateshead.gov.uk/media/11486/Director-of-Public-Health-Annual-Report-2018/pdf/DPH Annual Report 2018.pdf?m=636874718870270000 Accessed 29th June 2020

The second most common planning measure was to limit density of takeaway food outlets, either by number of consecutive outlets or capping a proportion of retail space with A5 use with thresholds varying from 5-20%.

Other health-focused measures within existing Local Plans included;

- Community infrastructure levies with funds allocated to obesity prevention initiatives.
- Mandatory sign up to healthy catering commitment scheme.
- Requiring submission of health impact assessments alongside planning application.
- Exclusion zones covering whole areas where child obesity levels met a threshold or exceeded the national average.

Other non-health-focused measures identified included;

- Minimising impact of hot food takeaways by measures to minimise litter, smells, noise, traffic and anti-social behaviour.
- Limit hot food takeaway outlet density in retail areas, including limiting by consecutive outlets.

Summary of evidence/findings relating to policy TC6

Castle Point indicators

- Obesity levels in Castle Point are higher than that of England for all age groups (receptionage children, Year 6 children, and adults) offering support to policies on health grounds.
 Obesity levels have not changed significantly in the last 10 years.
- Deprivation levels in Castle Point are below average deprivation levels for Essex and England, although there are some pockets with higher levels of deprivation, notably child poverty in some areas of Canvey Island.
- Takeaways make up 35.5%²¹ of all food outlets in Castle Point reducing healthy food choices. This is one of the highest proportions in the Country, and sits well above the Essex average of around 24.6%. These takeaways are largely located in town centres and shopping parades, where they result in the proportion of takeaways in some areas reaching 76.9% of all food outlets (Canvey Island Central Ward).
- Takeaway densities based on population size is in line with the national average in Castle Point²². However, densities are higher than average in Canvey Island Central, Canvey Island North and Canvey Island South wards which include areas of deprivation.

Limiting density of hot food takeaway outlets

- No formal evidence base that limiting density of takeaway outlets alone improves health indicators.
- No formal evidence base to inform % concentration levels and associated impact (or not).
- Lack of formal evidence is not the same as no evidence, and a precautionary approach can be argued based on PHE advice, NICE advice and evidence identified in other areas of a relationship between obesity and fast food density, and deprivation and fast food density.
- Economic arguments for allowing takeaway outlets based on maintaining footfall in local parades and shopping areas, employment provision, etc.

²¹ FEAT Output June 2018 (See annex 2)

²² FEAT Output June 2018 (See annex 2)

- Examples of successful similar approaches taken by other authorities to limit outlet density with varying % concentrations.
- Other authorities have successfully framed policies to limit density of outlets based on retail diversity.

Exclusion zones around schools

- No formal evidence to prove the effect of school exclusion zones on health indicators.
- Lack of formal evidence is not the same as no evidence, and a precautionary approach can be argued based on the advice of PHE and NICE.
- Acknowledgement of a theoretical basis for this type of policy found in research literature.
- Multiple national frameworks supporting policy in this area, including direct mention of 400m exclusion zone.
- Mulitple examples of successful implementation of similar policies in other local authorities, although often challenged requiring further evidence provision or challenges upheld due to lack of evidence.

Representations regarding policy TC6, with suggested policy approaches

In response to the Castle Point draft Local Plan consultation, representations were made by some hot food takeaway and restaurant providers. A summary of the primary points raised in these representations is presented below, with suggested measures to address the concern raised, based on evidence detailed above.

	Representation	Suggested measures			
1	Report does not detail existing numbers of hot food takeaways and how many are needed to serve the population	 Maps provided in Annex 2 – details all existing cafes, restaurants and takeaway outlets, plus a summary of density of outlets to Ward level. Suggest no action to identify number of outlets needed to serve population 			
2	No assessment made of number of proposals likely to be refused due to limits detailed	Suggest no action			
3	Question around terminology and use of term fast food	Review language in Local Plan to state hot food takeaways to ensure consistency with A5 use terminology			
4	Hot food takeaways in local parades can drive footfall to remaining shops – economic impact of restricting use/exclusion zones	Seek input from economic impact colleagues			
5	Hot food takeaways do not cause deprivation	 Local Plan does not make this claim, but there is a proven association between deprivation and density of fast food outlets²³. Deprivation figures summarised above and provided in full in Annex 1. 			

²³ https://publichealthmatters.blog.gov.uk/2016/10/21/obesity-and-the-environment-the-impact-of-fast-food/

6	Evidence base does not support causal relationship between fast food and obesity	 Clarify that lack of evidence of causality is not the same as no evidence for causality. Detail precautionary approach in preamble, given the evidence of association. Note evidence base detailed in this document, especially national frameworks and examples of research showing links.
7	Need for focus on other measures to address obesity	 Include overarching approach to obesity in preamble, mentioning wider systems approach to address obesity. Provide overview of other activities to address obesity as detailed in Annex 3. Consider inclusion of wider range of measures to address child and adult obesity in next corporate planning around (to reflect existing work in Annex 3 and improve emphasis in this area.
8	Suggest differentiation of providers based on assessment of how healthy food offer is across all classes as other class users can also offer unhealthy options. Complaint of blanket restriction being discriminatory	 Require all future proposals to include a health impact assessment including a menu that provides healthy food options, particularly for menu items that target children. Require providers to sign up to a national/local healthy food standards framework *note financial implications for local administration of such standards.
9	Argument that national policy approach is about enabling choice, not restricting choice	 Review language in Local Plan and reframe as enabling diversity of outlets/retail/ supporting breadth of choice. Include health impact assessment (pt. 8) to reflect differentiation of providers to enable choice.
10	Lack of data to demonstrate proliferation of hot food takeaways, over-concentration and high levels of obesity	 See above statistics (in main text) regarding excess overweight in Castle point, plus detailed tables in Annex 1. See maps in Annex 2 to demonstrate current hot food takeaways location and density.
11	Consideration of school rules regarding lunch provision for children in school	Demonstrate or develop work with local schools to address healthy food provision in school and measures to reduce exposure to unhealthy foods during school lunch times.
12	Request for a map to show 400m exclusion zones for schools, colleges, and youth centres	Map provided in Annex 2 .
13	Lack of evidence to link fast food, school proximity and obesity	 Review language in local plan to put onus on applicants to demonstrate no link between obesity and fast food given evidence provided in this document. Will also be addressed with introduction of health impact assessment for new applicants.

		 Evidence detailed above shows association. Articulate that lack of evidence does not constitute proof of no evidence, and precautionary approach is best. Consider full SPD if concern about further challenges to the Local Plan (will likely yield similar results to this review but may be considered more robust).
14	Schools not open on weekends/holidays – provision for this in exclusion zones	Suggest no action to address this point.
15	·	 Similar policies implemented in multiple other Local Plans. No direct evidence for specific % thresholds to address takeaway density. Suggest framing this policy with emphasis on retail diversity/offering choice to consumers, rather than on health grounds, due to lack of evidence.

Further general measures

- 16. Reflect wider planning approach towards hot food takeaways with usual environmental measures e.g. control of noise, smells, litter, etc if not already reflected in application process, for inclusion in health impact assessment.
- 17. Consider similar planning approach to other A class uses or introduction of Healthy Choices framework sign up as a minimum for new applicants in other food outlet classes.
- 18. Possible to develop more detailed rebuttal of representations/applications for specific locations within the authority, especially in areas with especially high levels of obesity, deprivation or outlet density. References provided should aid to inform any more detailed process.
- 19. Consideration of expansion of exclusion zones to cover whole areas where child obesity is above levels for England (many wards in Castle Point).

Conclusion

From the evidence presented and the representations made, there are several simple measures that can be taken to improve upon the existing Local Plan with a review of content and language, and inclusion of further information.

Whilst obesity levels are high in Castle Point, evidence around the link between hot food takeaways and obesity is by association only, sparse and does not show a causal link. This has led to successful challenges to planning restrictions in some authorities, although many authorities have produced complete evidence documents (Supplementary Planning Documents) to rebut these appeals. This document goes some way towards providing this evidence base but may not resolve all aspects of potential challenges to this aspect of the policy.

Policies on hot food takeaway density have been successfully implemented elsewhere based on retail diversity. There is evidence in Castle Point that Takeaways make up a large proportion of the food outlets within the Borough, especially when compared to the Essex average. There is also evidence that in some locations on Canvey Island, which is more deprived, that there are areas where over 75% of the food outlets are takeaways limiting healthy food choices. However, the

evidence linking diversity of retail outlets, specifically food outlets with health indicators is lacking. However, this looks at the issue in isolation, and improving access to healthy food choices is just one of the measures that can be taken to improve health outcomes. Policies on exclusion zones around schools are slightly better supported with national frameworks, but formal evidence is still limited. In both cases, a lack of evidence does not mean no evidence, so this should be carefully framed with an emphasis on using a precautionary approach based on knowledge that we do have to support these policies.

Introduction of additional elements into the planning application process to assess health impacts, and requirement of applicants to demonstrate commitment to healthy foods through menu review and sign up to healthy food frameworks will put the onus on applicants to show a positive approach to healthy food provision.

Annex 1 - Data

Obesity data for Castle Point – all indicators²⁴

Recent trends: — Could not be calculated • No signification of the change		reasing / tting worse	↑ Incre Getti	Decreasing / Getting worse Decreasing / Getting better Decreasing / Decreasing Benchmark Value Worst/Lowest 25th Percentile 75th Percentile Best/Highe					
		Castle Pt		Region England		England			
Indicator	Period	Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Reception: Prevalence of overweight (including obesity)	2018/19	-	212	23.6%	21.0%	22.6%	29.7%	O	13.4%
Year 6: Prevalence of overweight (including obesity)	2018/19	-	323	34.7%	31.4%	34.3%	44.9%	Q	19.1%
Percentage of adults (aged 18+) classified as overweight or obese	2018/19	-	-	65.6%	63.3%	62.3%	75.9%	0	41.7%
Reception: Prevalence of obesity (including severe obesity)	2018/19	-	93	10.3%	8.7%	9.7%	14.2%	0	4.3%
Reception: Prevalence of severe obesity	2018/19	-	21	2.3%	2.1%	2.4%	4.7%	Þ	0.5%
Reception: Inequality in the prevalence of obesity (including severe obesity)	2018/19	-	-	-	7.8%	8.3%	-	Insufficient number of values for a spine chart	-
Year 6: Prevalence of obesity (including severe obesity)	2018/19	-	179	19.2%	18.0%	20.2%	29.6%	O	9.5%
Year 6: Prevalence of severe obesity	2018/19	-	28	3.0%	3.5%	4.4%	8.6%		1.2%
Year 6: Inequality in the prevalence of obesity (including severe obesity)	2018/19	-	-	-	15.5%	17.4%	-	Insufficient number of values for a spine chart	-
Reception: Prevalence of obesity (including severe obesity), 5-years data combined	2014/15 - 18/19	-	-	10.3%	8.5%	9.4%	13.3%	0	4.5%
Year 6: Prevalence of obesity (including severe obesity), 5-years data combined	2014/15 - 18/19	-	-	20.1%	17.7%	19.9%	28.6%	O O	10.0%

²⁴ https://fingertips.phe.org.uk/_Accessed 30th June 2020

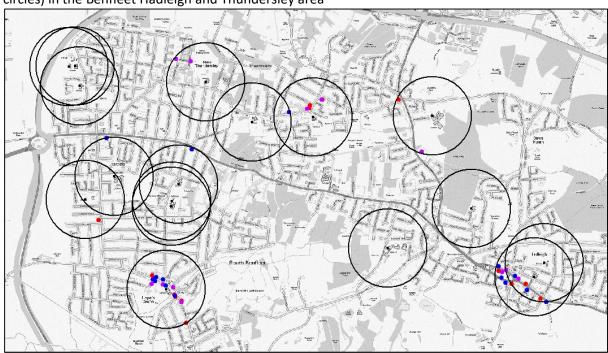
Deprivation data for Castle Point – all indicators²⁵ ■ Better Similar Worse Not compared Best 🔘 🔘 🌑 🌑 Worst 🔘 Not applicable Recent trends: _ Could not be No significant change ↑ Increasing / Getting worse ↑ Increasing / Getting better Decreasing / Getting worse Decreasing / Getting better ♠ Increasing ♣ Decreasing Benchmark Value Best/Highest Worst/Lowest 25th Percentile 75th Percentile Castle Pt Region England England Indicator Period Recent Count Value Worst/ Value Value Best/ Range Trend Lowest Highest Fuel poverty 2017 3,851 10.0% 9.8% 10.9% 19.1% 4.2% Children in low income families (all 2016 2,420 14.2% 13.9% 17.0% 32.5% 2.8% dependent children under 20) Inequality in life expectancy at birth 2016 - 18 5.0 8.2 9.5 15.2 -1.3(Male) Inequality in life expectancy at birth 2016 - 18 4.8 6.1 7.5 13.8 -1.5 (Female) Inequality in life expectancy at 65 2016 - 18 3.5 4.2 5.0 10.1 -1.7 (Male) Inequality in life expectancy at 65 2016 - 18 2.6 3.7 4.6 9.7 -2.0 (Female) Reception: Inequality in the prevalence 7.8% Insufficient number of values for a spine chart 2018/19 8.3% of obesity (including severe obesity) Year 6: Inequality in the prevalence of 2018/19 Insufficient number of values for a spine chart 15.5% 17.4% obesity (including severe obesity) Percentage people living in 20% most 2014 7,598 8.5% 10.2%* 20.2%* 60.5% 0.0% deprived areas in England Deprivation score (IMD 2019) 2019 16.8 17.4 21.7 45.0 5.5 Deprivation score (IMD 2015) 2015 16.6 21.8 42.0 5.0 Employment deprivation: score 2015 0.104 0.119 0.233 0.027 Crime deprivation: score 2015 -0.17 0.01 1.02 -1.22 Quality of indoor living environment: 0 2015 11.1 22.1 66.6 4.3 IMD score The percentage of people resident in the area living in each national 2017 deprivation quintile

²⁵ https://fingertips.phe.org.uk/ Accessed 30th June 2020

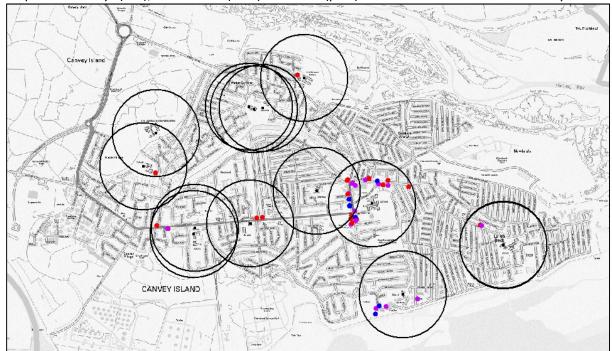
Annex 2 Maps

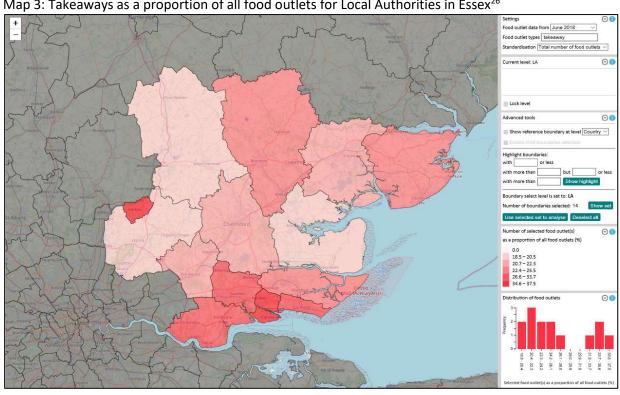
Maps of food outlets and schools with exclusion zones

Map 1: Takeaways (red), restaurants (blue) and cafes (pink) within 400m of schools (400m zones as circles) in the Benfleet Hadleigh and Thundersley area



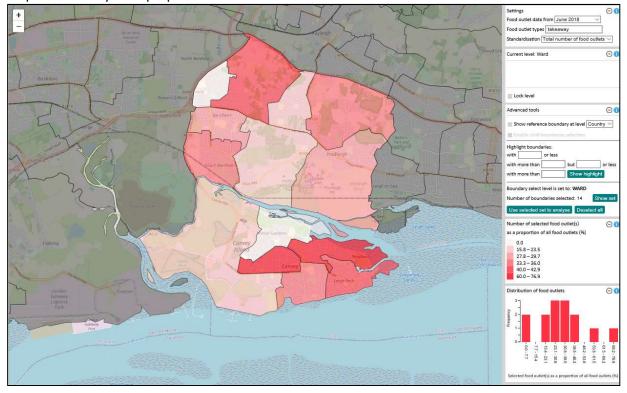
Map 2: Takeaways (red), restaurants (blue) and cafes (pink) within 400m of schools on Canvey Island





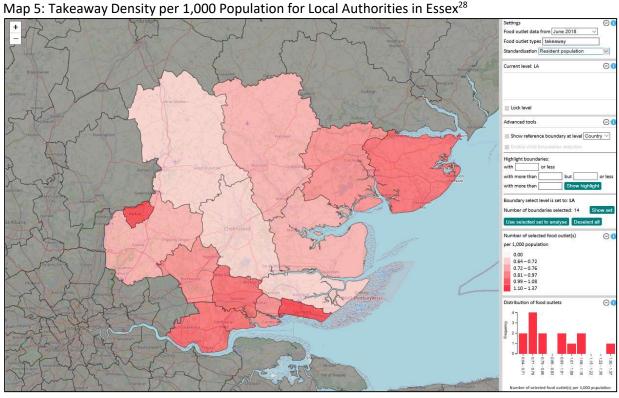
Map 3: Takeaways as a proportion of all food outlets for Local Authorities in Essex²⁶



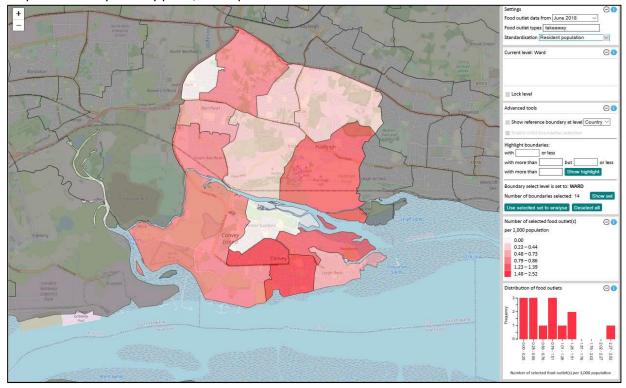


²⁶ https://www.feat-tool.org.uk/ Accessed 30th June 2020

²⁷ https://www.feat-tool.org.uk/ Accessed 30th June 2020







https://www.feat-tool.org.uk/
 https://www.feat-tool.org.uk/
 Accessed 30th June 2020
 https://www.feat-tool.org.uk/
 Accessed 30th June 2020

Annex 3 - Non-planning local initiatives to address obesity in Castle Point

1. My Weight Matters Weight Management Programme

Essex County Council (ECC) commissions the My Weight Matters weight management programme across Essex. This is a free, 12-week structured programme open to adults with a BMI of 25 or over, to help them lose weight in a safe, steady and controlled way. Support is provided on a one-to-one basis. Weight is recorded each week and clients are provided with supplementary resources, including information about portion sizes and reading food labels, to support them in between sessions. This service is provided by Anglian Community Enterprise (ACE) and is delivered locally by several partners, including at Waterside Farm Leisure Centre by the council's leisure team.

2. Get Active Get Healthy

Get Active is a physical activity programme delivered by Castle Point Leisure, targeted at adults aged 45 years+ with low activity levels, a BMI over 25 and at an increased risk of type 2 diabetes, as well as others who feel they would benefit. Referrals come through from GP's, ACE and Southend Hospital. Clients receive unlimited use of the two leisure centres in Castle Point for 14 days, as well as a free motivational 1-1 that covers nutritional guidance, activity levels and assesses suitable group exercise classes. At the end of the 14 days clients sign up to the 3 month Get Active Project, choosing from a variety of subsidised gym membership options. Clients receive regular interaction with a Level 3 fitness instructor and monthly reviews to go through goals and new training routines.

3. Sport for Confidence

Sport for Confidence operates out of Waterside Farm Leisure Centre, delivering inclusive sport and physical activity sessions to people who face barriers to participation, including those with learning and/or physical disabilities, autism, mental health issues, dementia and other complex needs. The sessions are led by an occupational therapist and sports coach and aim to support individuals to gain the full benefits to physical and mental health, helping promote independence, improve confidence and self-esteem.

4. Active Castle Point

Active Castle Point is a community activity network made up of representatives from Active Essex, Castle Point Borough Council and local organisations within the statutory, voluntary and private sectors. It operates via an alliance with Rochford and works collaboratively with local providers, including sports clubs and schools, to encourage, promote and provide opportunities for increased physical activity. The network supports and facilitates delivery of local initiatives, including Let's Keep Moving, a free wellbeing and activity group for older adults which runs in Benfleet and Canvey.

5. Essex Healthy Schools Programme

Schools in Castle Point are accredited with the Essex Healthy Schools Programme, a health improvement strategy which aims to help children and young people to grow healthily, safely and responsibly. Schools seek to embed cultural change to provide a healthy environment through a whole school approach. There are six core themes, including healthy eating and physical activity.

6. Public health funded initiatives in the borough

ECC allocates a public health grant to each lower tier local authority in Essex. In Castle Point this grant is used to fund initiatives that address the priorities in our health and wellbeing strategy. This includes cookery courses that aim to build food and nutrition knowledge, encourage healthier eating

and reduce consumption of convenience foods. A number of courses have been delivered to date, such as Grow It Cook It Eat It courses for adults with mental health issues, slow cooker courses for residents in sheltered housing schemes, and basic cookery courses for older men.

7. NHS Health Check Programme

The NHS health check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and dementia. Every five years, adults aged 40-74 (who have not already been diagnosed with one of these conditions) will be invited to a free health check to have their height, weight, waist circumference, blood pressure and cholesterol measured, to help identify and diagnose these chronic conditions earlier. They then receive advice and support to help them reduce and manage their risk. In Essex this service is commissioned by ECC and is delivered across the county by ACE.

Local Plan - initiatives to address obesity in Castle Point

The Local Plan also sets out the following measures to help address obesity;

- A requirement for health impact assessments for all new residential developments of 50 units or more, or non-residential developments of 1,000 sq. metres or more (see policy HS1).
- A new community hall in the Benfleet, Hadleigh and Thundersley area is required by policy HS2, based on the requirement for additional sporting facilities set out in the Castle Point Built Facilities Assessment and Strategy 2018.
- A series of improvements and new provision for open space provision and outdoor sports
 provision is detailed in policy HS3, based on an *Open Space Assessment*, and a *Playing Pitch Assessment and Strategy 2018*.
- Policies HS6 and HS7 safeguard against the loss of community facilities, including sports facilities and community halls, and open space provision respectively. Open Space provision includes allotment gardens.
- Policy TP3 covers improvements to infrastructure which promote and enable active travel.
 This not only covers travel for the purpose of getting from a to b, but also incorporates proposals which support active travel as a leisure activity.

These improvements are in the context of the following;

- There is currently 1,219ha of open space provision in Castle Point, including 7 allotment gardens.
- Essex County Council manage Hadleigh Castle Country Park, which was the location of the 2012 Olympic Mountain Biking event, and now provides a range of cycling trails for users of all abilities.
- The Council operates two leisure facilities Runnymede and Waterside Farm, both of which are used to deliver many of the community-based initiatives detailed above.
- The Council owns and operates community halls available for public hire and used by a range
 of organisations including those involved in promoting active and healthy lifestyles.
- There are proposals by Natural England to extend the England Coast Path through Benfleet and Hadleigh Marshes, and around the entire perimeter of Canvey Island.
- The Council is part of an EU Project to improve and promote market provision. This is soon to result in a new weekly market being established on Canvey Island (*should have occurred already but delayed by Coronavirus*).