County Durham Plan

Fast Food and its Impacts on Health

June 2018

Altogether better

Durham County Council

1 Executive Summary

Context

1.1 The health and well-being of communities cannot be an afterthought. It must begin with the planning process. Local authorities need to ensure that the health impacts of different policies are assessed and health considerations integrated into planning across all departments. This will ensure that health benefits are realised across the broad spectrum of local authority functions, rather than remaining as isolated strands of good practice.

1.2 Good spatial planning helps improve the 'liveability' of areas because the way places are planned positively or negatively affects that area's health. The National Planning Policy Framework (NPPF) (2012) acknowledges the role of spatial planning in improving health, and requires local authorities to help develop the evidence base further.

'Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population… including expected future changes, and any information about relevant barriers to improving health and wellbeing. (Department for Communities and Local Government 2012).

1.3 Development of this evidence briefing - *Fast Food and its impact upon health* - is an example of Durham County Council Local Planning and Public Health teams working together to address obesity. This evidence briefing presents the current academic public health evidence base and national and local policies and guidance alongside the context of obesity and existing proliferation of hot food takeaways in County Durham.

1.4 This briefing supports the Hot Food Takeaway (A5 Uses) policy within the County Durham Plan which states:

- Within Sub Regional, Large Town, Small Town and District centres, in order to minimise the potential detrimental impacts of hot food takeaways, planning applications for A5 uses will only be approved where the proposal would not result in more than 5% of the premises within the centre being in A5 use.
- In order to promote healthy lifestyles in young people, proposals for A5 uses outside of defined centres but within 400m of an existing or proposed school or college building will not be permitted.

The impact of obesity upon health and the wider environment

1.5 Obesity impacts on people's lives, affecting physical and mental health, quality of life and the risk of developing chronic diseases. Obesity is associated with a number of long term conditions that place a significant burden on the health and social care system. Among non-communicable disease risk factors, obesity is of particularly concern as it limits health and life chances, negating many of the health benefits that have contributed to increased life expectancy. Without action, health will continue to suffer, health inequalities will remain and economic and social costs will increase to unsustainable levels.

1.6 On average obesity reduces life expectancy by 6 – 7 years. However obesity has a strong social gradient, disproportionately affecting the lives of poorer groups in society, thereby contributing to growing health inequalities at all levels. The costs of obesity to the wider economy dwarf the costs to the NHS. Nationally we spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined

1.7 Tackling obesity has an economic benefit to a significant volume of public life and obesity is a key component throughout many national policy and guidance documents (see 3.1). Nosingle approach or focus, in isolation, will be effective in tackling obesity; doing nothing however is not an option.

National & local policy drivers and approaches to address obesity

1.8 To successfully tackle obesity long term, large scale, system-wide commitment is needed; involving interventions at individual, local, national and global levels, across the life-course, that bring together diverse partners and agendas working towards short medium and long term goals. Traditional and non-traditional partners must work together, across multiple disciplines, to explore opportunities within the system that impact positively and negatively upon obesity and together, align agendas to promote or address these.

1.9 The planning system is one area in which local government can act to address obesity. The role of the built environment, the food offers available and access to safe spaces for physical activity for communities are a key element within a whole system approach to obesity.

1.10 Currently, many people live within environments which encourage excess weight-gain and obesity, where less than healthier choices are the default. The challenge is to fundamentally change the food environment in which children and their families become overweight and obese. National planning policy and guidance identifies ways that local councils can use planning measures to help combat obesity and promote the delivery of healthy weight environments. Planning documents and policies to control the over-concentration and proliferation of hot food takeaways should form part of an overall plan for tackling obesity.

1.11 Within County Durham addressing obesity is a strategic priority underpinning many key local partnerships and it is a central tenet embedded within local policies and guidance documents (See 3.2). Durham County Council is one of four pilot local authorities in England taking part in a national programme, funded by Public Health England and delivered by Leeds Beckett University, to create a whole system approach to obesity.

1.12 Much work is already underway to address obesity; being driven forward by Durham County Council, and key partners within the Health and Wellbeing Board, Healthy Weight Alliance, Active Durham and Food Durham partnerships to enable us to work toward realising our vision to: ***halt the rise in obesity in County Durham by 2022 and, by focusing resources upon addressing inequalities, see a sustained decline in obesity rates locally to below England national average by 2025***.

1.13 As one element within the whole system approach to addressing obesity within County Durham, joint working with DCC Planning and Licensing teams and DCC Environment, Health and Consumer Protection (EHCP) Service has been recognised as vital. Whilst this evidence briefing supports the restrictions proposed for new premises within the A5 policy within the County Durham Plan, work is being developed concurrently to support licensing staff and EHCP staff to begin a dialogue with existing out of home food providers to more widely promote a healthier food and drink offer. Within other elements of the system (DCC, schools, businesses, AAPs) work is also underway to address healthy eating, obesity and the wider out of home food offer.

The public health evidence base for the impact of fast food upon obesity, poor diet and obesity related inequalities

1.14 Within this briefing paper, the academic public health evidence base is presented under the following headings

a. The out-of-home food offer, energy dense food consumption and dietary choices and behaviours.
b. Energy dense food consumption and Hot Food takeaways
c. Obesity and Hot Food takeaway purchases.
d. Social deprivation, obesity and the proliferation of hot food takeaways.
e. Children and young peoples' dietary choices and behaviour in relation to hot food takeaways.

f. Challenges to implementing planning policies to restrict the development of A5 Use hot food takeaways
g. Summary of local appeal decisions.

1.15 The evidence presented here identifies the link between foods and drinks that are high in energy density, sugar and salt and the relationship these have in relation to poor diet and obesity. Summary findings include:

- Patronage of takeaway food outlets and over consumption of takeaway foods have been linked strongly to low diet quality and to weight gain.
- Food and drinks available for purchase and consumption from hot food takeaways have been found to typify products high in energy density. In some instances single portions of food equal or exceed daily SFA and TFA recommendations within just one meal.
- Young people, especially older children and adolescents are key consumers of these foods, from hot food takeaways and other retail outlets within their lived environment.
- Availability, convenience, preference increased spending power and peer influence are factors that influence young peoples' consumer choices.
- As key consumers of energy dense food and drinks, young people are often actively targeted by retailers with offers around, price, portion size and incentivised promotions.
- Diets that are rich in high energy dense foods and drinks have been linked with weight gain, increased BP and BMI, waist circumference and identified as potential causal factors for obesity.
- Whilst focusing upon an adult population, one study highlighted that the most popular time to access fast food outlets was lunchtime
- Whilst many factors direct young peoples' consumer patterns the evidence presented here highlight the need to limit the availability of these food offers and advocate the need to restrict further opening of hot food takeaways within close proximity to schools.

1.16 Because of the multifactorial nature of obesity, it is not possible to draw any direct causal link between the impact of fast food consumption and health. However current evidence suggests that changing policy and practice could be an effective measure in addressing overweight, obesity and poor dietary outcomes associated with hot food takeaways.

1.17 A growing number of appeal decisions are being supported in relation to the health and wellbeing and obesity agendas. A summary of some recent and locally relevant appeals is detailed (see 4.6).

Obesity – The County Durham context

1.18 In County Durham, obesity continues to present a major challenge. Data from Sport England Active Lives Survey 2017 and the NCMP programme identify that levels of overweight and obesity within adult and child populations across the county remain unacceptably high and significantly worse than the England average.

- For children in our reception years and Year 6 NCMP data 2016/17 shows that in these year groups alone, there are around 3400 children; 103 classrooms; across the County, who are overweight or obese.
- For our adult population, being overweight is the norm with almost 7 in 10 adults in County Durham overweight or obese.
- These figures typically rise in relation to social deprivation.

1.19 Within the Student Voice Survey our young people also report other behaviours that impact upon maintaining a healthy weight such as energy drink consumption, lower levels of fruit and vegetable consumption and lower levels of physical activity,

1.20 Obesity has a strong social gradient. In County Durham some of our Middle Super Output Areas [MSOAs] experience some of the greatest issues in relation to health inequalities in England and represent some of the top 30% most deprived areas in England. Nationally, child obesity prevalence is closely associated with socioeconomic deprivation. In County Durham, in those areas that fall within the top 30% most deprived areas (IMDB, 2015) in England, childhood obesity rates as measured by NCMP data are higher for reception age and year 6 age pupils over the period 2012/13 to 2016/17 (see Figures 7 (c) & (d)).

Obesity and Hot Food Takeaways – The County Durham Context

1.21 Data provided in December 2017 Durham County Council Environment, Health and Consumer Protection (EHCP) Service provided data for premises as defined by the Food Standards Agency (FSA) - Food Hygiene and Food Standards Categories of Establishments as being: *Restaurant & Caterers and Take-away premises*:

1.22 County Durham has 584 premises with a rate of 111.8 per 100,000

1.23 Whilst not unique to areas of deprivation the current proliferation of fast food outlets is higher in areas of deprivation and there is a weak to moderate positive relationship between deprivation and fast-food density in County Durham

1.24 There is a higher density per 100,000 population of fast food outlets in areas of high deprivation in County Durham

1.25 Whilst not exclusive to those MSOAs where there are high levels of excess weight, many of the 584 fast food takeaway outlets (FSA 2017) are clustered within or bordering those MSOA's where excess weight prevalence particularly among year 6 pupils are the highest in County Durham (see Figures 14 & 15 a & b).

1.26 In areas that have high fast food outlet density, many also have higher than County Durham average excess weight in reception age and Year 6 age groups. Some who are lower than County Durham average are still above England national average with only a very few exceptions.

Implications for practice in County Durham

1.27 Obesity is a preventable disease that continues to present a major challenge for County Durham. Addressing obesity across all age ranges is a key strategic priority.

1.28 People however are often not good at noticing obesity either in themselves or in others, and many are unaware of the nutritional composition of the food and drinks they consume, especially in relation to convenience foods, high sugar drinks and food eaten outside of the home. For many people, especially those within the most deprived areas, availability of healthy options is limited.

1.29 Although obesity is underpinned by many differing and interlinked factors, much evidence supports the impact of increased energy consumption rather than decreased physical activity as a key driving force, especially among lower socio-economic groups. The role of the planning system is one area where action can be taken to influence the out of home food offer and wider food environment, restricting availability of and access to energy dense food and drinks and enabling healthier options to be accessible, available, affordable and the norm.

1.30 This evidence briefing has highlighted that there are connections between regular consumption of energy dense food and drinks and weight gain in children and adults and that food and drinks available from Hot Food takeaways are typically high in SFA and TFA, salt and sugar.

1.31 This evidence also indicates that with increasing age, freedom of choice and spending power, young people will choose to consume energy dense food and drinks if they are the convenient, readily available and cheap. Consumption of a diet high in salt, fat and sugar does not lead to satiation and often means further consumption of such products. Such diets also often include lower intakes of vegetables, whole grains, low-fat dairy products and fruit, and micronutrients. In 2017 The County Durham Student Voice Survey highlighted that whilst 59% of pupils in years 5 and 6 reported eating portions of fruit and vegetables per day, for those in years 7, 9, 11, 13 this figure dropped to 47%.

1.32 The evidence presented here suggests that there are connections between the availability of energy dense food and drinks and that regular or frequent consumption and that this can lead to weight gain. In County Durham we have at least 584 fast food outlets (as defined by FSA December 2017), many of which are already clustered within our most deprived areas, some of which are among the most deprived areas in England and in those MSOA's where levels of childhood obesity particularly for year 6 pupils are among the highest in the County.

1.33 Whilst it is recognised that many factors around individual behaviours will direct young peoples' consumer patterns the evidence presented here highlights the need to limit the availability of these food offers and advocate the need to restrict further opening of hot food takeaways within close proximity to schools. One study, which focussed upon adult use, identified lunchtimes as the most popular time to access hot food takeaways. In addition to taking action to limit the number of premises within 400m of school and college proximity this also highlights an opportunity to work with schools and colleges to address lunch time policies within the wider context of the obesity agenda.

1.34 Nationally the Childhood Obesity Plan – a plan for action (2016) is driving forward product reformulation, introducing a tax on high sugar drinks, and encouraging local authorities to work with existing food providers to promote healthy options, whilst the marketing of high fat, sugar and salt content products have been banned across media and social media to young people age 12 and under.

1.35 The Health and Social Care Act (2012) gave statutory duties for local authorities to take appropriate steps to improve population health. This included developing interventions focused on healthy weight. Locally the challenge is how we build on national guidance and best practice to bring about real change within our local communities. Adoption of the Hot Food takeaway policy within the County Durham Plan which proposes that A5 Uses outside of defined centres but within 400m of an existing or proposed school or college building should not be permitted is one of a number of interventions that will support our young people and communities to be able to live and interact within environments where healthier choices become the default. Adoption of this policy will further support other key local initiatives already in place within our whole system approach to obesity that support our early years and children and young peoples' settings and wider communities to access affordable healthier choices.

2 Introduction

Obesity develops when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over time. Whilst metabolism and levels of physical activity are recognised as contributory factors in the development of obesity, much evidence highlights the prominence of increased energy consumption rather than decreased physical activity as the key driving force, especially among lower socio-economic groups (Pearce et al 2017).

2.1 It is now generally accepted that the built environment is one of the many interrelated factors that influence people's behaviour and the choices that they are able to make. (Public Health England [PHE] 2018, Town & Country Planning Association [TCPA] & Local Government Association [LGA] 2016).

2.2 While people may aspire to eat a healthy diet, many still find it difficult to do so. The local public sector and local food businesses have great influence over the lives of local communities and the food choices available. Currently, many people live within environments which encourage excess weight gain and obesity, where less than healthier choices are the default (PHE 18, TCPA & LGA 2016); the easy option - for some they are the only option (Foresight, 2007). Creating environments that support people to develop and sustain healthy eating habits is a key challenge for policy makers (Foresight, 2007).

2.3 In recent years there has been a marked increase in demand for convenience foods and increasing rates of consumption of food that is prepared out of the home. During the past decade in the United Kingdom, consumption of food away from the home has increased by 29%, whilst the number of takeaway or fast food outlets has increased dramatically. (Burgoine et al 2014). In 2014 PHE estimated that there were over 50,000 fast food and takeaway outlets, fast food delivery services, and fish and chip shops in England.Nowadays, more than one quarter of adults and one fifth of children (21%) in the UK eat food from out-of-home food outlets at least once a week or more. (PHE & LGA 2017, PHE, 2018)

2.4 Overall, food that is prepared out of the home (pre-prepared /convenience /restaurant / takeaway /café etc.) tends to be less healthy than that prepared and consumed within the home and is associated with fat intake and body fatness (PHE 2017, Davies et al 2016, Gopinath et al, 2016, NHS London Healthy Urban Development Unit [HUDU], 2013). More recently there is growing availability of out of home food offers that are available from mobile delivery providers, 'shopfront' Apps and social media platforms offering easy and instant access to a range of providers.

2.5 There is widespread recognition that people need to be supported to make healthier choices and it is everyone's responsibility to ensure that the healthy choice is the easy choice. The challenge therefore is to fundamentally change the food environment in which children and their families become overweight and obese. (TCPA & LGA 2016).

2.6 This purpose of this evidence briefing is to support the Hot Food Takeaway (A5 Uses) policy within the County Durham Plan. (See Figure 1).

Policy 1

Hot Food Takeaways (A5 Uses)

Within Sub Regional, Large Town, Small Town and District centres (as defined in Policy 11 (Retail Hierarchy and Town Centre Development) and as shown on the policies map), in order to minimise the potential detrimental impacts of hot food takeaways, planning applications for A5 uses will only be approved where the proposal would not result in more than 5% of the premises within the centre being in A5 use.

Within defined Local centres consideration should be given to the impact that the proposed A5 use would have in terms of the overall vitality and viability considering the numbers of existing A5 uses

In order to promote healthy lifestyles in young people, proposals for A5 uses outside of defined centres but within 400m of an existing or proposed school or college building will not be permitted.

Where a proposed A5 use is considered locationally acceptable, consideration will need to be given to the impact that the development would have in terms of amenity, particularly in relation to noise and odours. Where it is considered that the proposal would give rise to such amenity concerns, the application should be refused.

2.7 In order to address obesity and promote an environment where healthy choices are available this policy seeks to limit the number of hot food takeaways within local centres and within close proximity (400m) to schools and colleges.

2.8 This evidence briefing presents an overview of the current academic public health evidence base and national and local policies and guidance alongside an overview of the context of obesity and existing proliferation of hot food takeaways in County Durham.

2.9 Development of the A5 uses policy is a key element within the whole system approach to addressing obesity within County Durham and supports other work that is ongoing to address healthy eating, obesity and the out of home food offer including:

- Durham Sugar Smart campaign
- Development of an Early Years Food Scheme
- Working with schools to embed healthy eating and physical activity within school ethos and further roll out the School Food Plan.
- Work to support licensing staff and EHCP staff to begin a dialogue with existing out of home food providers to promote a healthier food and drink offer
- Leading by example DCC is working to improve the fo
- od offer available to staff and visitors and is working with Health & Wellbeing Board partners, Business Durham, Area Action Partnerships and community organisations to more widely promote healthy eating and availability of healthy out of home food offers.

3 The impact of obesity upon health and the wider environment

3.1 Obesity is a global, national and local concern (LGA 2017). The World Health Organisation [WHO] have identified the need to halt the rise of global obesity, across all age ranges, by 2025 to match obesity rates of 2010 (PHE 2017) and regard childhood obesity to be one of the most serious global health challenges of the 21st century.

3.2 England, along with the rest of the UK, has an unenviable position as a world leader in excess weight (TCPA & LGA 2016). Obesity levels are rising nationally and locally; for adults, in England being overweight or obese is the norm (LGA 2017) - yet obesity is preventable (National Institute of Health & Clinical Excellence [NICE], 2006). Without action, the health of individuals will continue to suffer, health inequalities will remain and economic and social costs will increase to unsustainable levels.

3.3 Obesity impacts upon people's lives, affecting physical and mental health, quality of life and the risk of developing chronic diseases (PHE 2018, Department of Health [DH] 2011, Marmot 2010, Foresight 2007). Obesity is associated with a number of long term conditions that place a significant burden on the health and social care system. These include:

- mental health problems
- liver disease
- type 2 diabetes
- cardiovascular disease
- muscular skeletal disease
- some cancers
- respiratory disease

3.4 Among non-communicable disease risk factors, obesity is of particularly concern as it limits health and life chances, negating many of the health benefits that have contributed to increased life expectancy. (PHE 2017).

3.5 On average obesity reduces life expectancy by 6 – 7 years. However obesity has a strong social gradient, disproportionately affecting the lives of poorer groups in society, thereby contributing to growing health inequalities at all levels (Townshend & Lake 2017, HM Government 2016, Cetateanu & Jones 2014, PHE & LGA 2014, Marmot 2010, Foresight 2007).

3.6 In England, obesity rates are highest for children from the most deprived areas (Cetateanu & Jones 2014) and this is getting worse. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well off counterparts, by age 11 they are three times as likely (HM Government 2016).

3.7 Tackling obesity has an economic benefit to a significant volume of public life. It is estimated that during 2014/15 the NHS in England spent £6.1 billion on overweight and obesity-related ill-health (HM Government 2016) whilst obesity accounts for 70% of total spend for people with long term conditions. McPherson & Brown (2009) identified that, if no action were taken, the cost of treating the various illnesses that result from inequalities in the level of obesity alone would rise to £5 billion per year by 2025.

3.8 The costs to the wider economy dwarf the costs to the NHS. Nationally we spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined (PHE 2017).

3.9 Obesity has costs to the workplace and to academic achievement in schools. It impacts upon young peoples' mental health, especially in relation to stigmatisation, poor confidence and lower self-esteem. A connection between childhood obesity and depression can form at a young age and continue into adulthood. Individuals who suffer from both obesity and common mental health disorders may face particular risks to health and well-being, as it is likely that the conditions may perpetuate each other (PHE 2017).

3.10 Younger generations are becoming obese at earlier ages and staying obese for longer and there is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood (TCPA & LGA 2016). It is therefore vital that we do all we can to support individuals, in particular our children and young people, to develop healthy eating habits and take part in physical activity from an early age (PHE 2018).

4 National & local policy drivers and approaches to address obesity

Key national drivers that address obesity, energy dense food and drinks and the out of home food environment

4.1 The Foresight Review (2007) identified that whilst biology and personal responsibility were key factors in weight gain, they were being overwhelmed by exposure to modern lifestyles suggesting the need to address environmental factors including '*increased dietary abundance'*, the physical ease of access to food and drink from supermarkets, takeaways and restaurants and the proximity of food outlets to schools (Foresight 2007).

4.2 The Foresight Review stated policies aimed solely at individuals would be inadequate and that to successfully tackle obesity a long term, large scale commitment was needed; working at a system wide level, involving interventions at individual, local, national and global levels, across the life-course, bringing together diverse partners and agendas working towards short medium and long term goals.

4.3 In 2011, in Healthy Lives, Healthy People: A Call to Action on Obesity in England' (2011) the [then] UK Government stressed the importance of overconsumption as a key factor driving rising obesity levels emphasizing the need to focus upon energy intake (Jebb et al, 2013). Although still largely individually focussed, this document recognised that the environment could make it difficult for individuals to maintain healthy lifestyles (Jebb et al, 2013), stating its' support of the Foresight

Review (2007) that: *"while achieving and maintaining calorie balance is a consequence of individual decisions about diet and activity, our environment (particularly the availability of calorie-rich food) now makes it much harder for individuals to maintain healthy lifestyles"* (DH 2011, pg. 5).

4.4 This document outlined the need for Government, local government and key partners to act to change the environment to support individuals in changing their behaviour; maximising the potential of the planning system to support health and economic development through the proposed National Planning Policy Framework (DH, 2011)

4.5 Addressing obesity remains a national priority; the current UK Government aims to significantly reduce the rate of childhood obesity in England by 2025 and the Public Health Outcomes Framework includes indicators which measure excess weight among adults and excess weight and obesity among children with an emphasis on reducing inequalities. Taking action on the availability and consumption of high calorie, energy dense food and drinks from the out of home food offer and the impact that these can have upon obesity and associated conditions is interwoven throughout much national guidance. Key current, national documents relevant to this evidence briefing include:

4.6 HM Government Childhood Obesity - A Plan for Action (2016) - this document setsoutcleargoalsthat represent*'thestartofa conversation,rather thanthefinalword'*. In addition to emphasising the importance of physical activity in relation to obesity, this document places a key focus upon the relationship between energy dense food and drinks and obesity and outlines some key drivers to address energy dense products and the out of home food offer.

4.7 The Committee for Advertising Practice announced new legislation banning the advertising of high fat, salt or sugar food and drink to children up to age 16,(raised from age 12), across all non-broadcast media including online and social media (Royal College of Paediatrics & Child Health 2018).

4.8 NHS organisations and local authorities are expected to follow the recommendations set out within NICE guidance. With regard to NICE public health guidance, it is expected that the local authority will be the organisation best placed to lead work to implement recommendations.

4.9 NICE Guideline PH 25 (2010) Cardiovascular disease (CVD) prevention - this guideline identifies the need to address CVD at both population and individual level outlining the need to use national and local policy and legislation as powerful levers to bring about population level change. This guideline recognises the impact of processed foods upon health recommending the development of national and local legislation, guidance, statutory powers and fiscal levers and that work with the food industry and caterers is accelerated. Key recommendations and goals within this guidance of relevance to this briefing paper include:

- reduce population level consumption of salt, especially focussing upon children's salt consumption, some of whom consume as much salt as adults.
- reduce general consumption of saturated fat, which is identified as crucial in prevention of CVD.
- protect all groups within the population from the harmful effects to health of industrially-produced trans fatty acids (TFAs), acknowledging that some groups – including those who regularly eat fried fast foods - may be consuming higher than average levels of TFAs
- ensure children and young people are protected from all forms of marketing, advertising and promotions that encourage an unhealthy diet
- provide clear labelling describing food and drink content to help consumers make informed choices about food and drink products

- empower local authorities to influence planning permission for takeaways and other food outlets in specific areas, especially within walking distance of schools, and to implement planning policy guidance in line with public health objectives

- use national and local data to monitor, analyse and inform policies and work to address CVD prevention and associated health inequalities

4.10 NICE Guideline CG 43 Obesity (2006) - This clinical guidance document states that the clinical management of obesity cannot be viewed in isolation from the environment in which people live. It recognises the influence that the environment can have upon individuals' ability to maintain a healthy weight – which includes access to safe spaces to be active and to an affordable, healthy diet highlighting the impact that planning decisions can have upon population health. This guidance states the need for wider working highlighting that the recommendations detailed apply to a range of senior managers and budget holders in Local Authorities and community partnerships, who manage, plan and commission services, not just those who explicitly hold a public health role. It recommends that Local Authorities facilitate links between health professionals and other organisations to ensure that local public policies improve access to healthy foods and opportunities for physical activity.

4.11 The NHS *Five Year Forward View*emphasises the importance of closing the health and wellbeing gap and sets a clear commitment to dramatically improve population health, and integrate health and care services, as new places are built and take shape. The Healthy New Towns programme is showing how development can be used to return benefit to local communities and the wider system, promoting health and wellbeing and securing high quality health and care services. This programme provides an *'opportunity to 'design out' the obesogenic environment, and 'design in' health and wellbeing'* (NHS England, 2016). The environment and the role it has in relation to obesity is also being addressed across NHS estates. NHS staff health & wellbeing: CQUIN 2017-19 was (re)launched in April 2017. There are three indicators in the CQUIN. Indicator 1b focusses upon '*Healthy food for NHS staff, visitors and patients'.* The focus is on retail, including restaurants, cafes, shops, food trolleys and vending machines (NHS England 2017).

4.12 National Child Measurement Programme (NCMP) is a mandated primary function within Local authority public health responsibilities as prescribed by the Secretary of State for Health. NCMP measures the height and weight of children in reception class (aged 4 - 5 years) and year 6 (aged 10 -11 years) to assess overweight and obesity levels in children within primary schools. This data is used nationally and locally to inform the planning and delivery of services for children. The programme is recognised internationally as a world-class source of public health intelligence and holds UK National Statistics status. The NCMP was set up in line with the Government's strategy to tackle obesity and to:

- inform local planning and delivery of services for children

- gather population-level data to allow analysis of trends in growth patterns and obesity

- increase public and professional understanding of weight issues in children and be a vehicle for engaging with children and families about healthy lifestyles and weight issues.

4.13 Public Health England (PHE), Local Government Association (LGA) and partners have produced several documents that specifically focus upon action to address the environment, the out of home food offer and obesity. Recent publications include:

- PHE & Institute of Health Equity (2018) *Healthy High Streets: Good place making in an urban setting*

- PHE & LGA (2017) *Strategies for Encouraging Healthier 'Out of Home' Food Provision: A toolkit for local councils working with small food businesses.*
- PHE (2017) *Healthier Catering Guidance for Different Types of Businesses Tips on providing and promoting healthier food and drink for children and families*
- LGA, Town & Country Planning Association & PHE (2016) *Building the Foundations: Tackling obesity through planning and development.*
- PHE, LGA & Chartered Institute of Environmental Health (2014) *Obesity and the Environment: regulating the growth of fast food outlets*

Key County Durham partnerships and policy drivers that address obesity and the out of home food environment

4.14 The Health and Social Care Act (2012) gave statutory duties for local authorities to take appropriate steps to improve population health. This included developing interventions focused on healthy weight. Locally the challenge is how we build on national guidance and best practice to bring about real change within our communities. Within County Durham addressing obesity is a strategic priority underpinning many key local partnerships and it is a central tenet embedded within local policies and guidance documents. Those most relevant to this briefing paper include:

4.15 Reducing the rate of obesity across all age ranges is a key strategic priority for County Durham Health and Wellbeing Board.

4.16 One of the top 5 priorities within County Durham Joint Strategic Needs Assessment is to tackle obesity – sedentary behaviour and poor food consumption

4.17 *The Joint Health and Wellbeing Strategy* (JHWS) is a legal requirement to ensure health and social care agencies work together and agree the services and initiatives that should be prioritised. County Durham Health & Wellbeing Board has the responsibility to deliver the JHWS 2016 – 19. The JHWS is informed by the Joint Strategic Needs Assessment (JSNA) and the Annual Report of the Director of Public health County Durham. The vision for County Durham JHWS 2016 – 2019 is to *'improve the health of the people of County Durham and reduce health inequalities'* The JHWS has informed Local Authority plans, Clinical Commissioning Group (CCG) intentions and plans, the Sustainable Community Strategy, NHS Provider Plans (including Quality Accounts) and the Sustainability & Transformation Plan 2016- 2021.

4.18 *The Strategic Framework for Prevention of CVD 2014/19* identifies modifiable risk factors for: CVD risk, diabetes, chronic kidney disease, chronic obstructive pulmonary disorder (COPD) and some cancers. These include overweight, obesity, high cholesterol, high blood pressure, failure to meet exercise guidelines, Type 2 diabetes. This document sets out a framework to deliver partnership led, evidence based, CVD prevention initiatives in County Durham to address these modifiable risk factors at population, community and individual levels.

4.19 County Durham is one of the early demonstrator sites for the NHS Diabetes Prevention Programme. This programme is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, an evidence based behavioural programme to support people to reduce their risk of developing Type 2 diabetes which is a leading cause of preventable sight loss in people of working age and is a major contributor to kidney failure, heart attack, and stroke. This programme will be rolled out nationally across sustainability and transformation partnerships (STPs) by 2020.

4.20 The County Durham partnership (CDP) is the overarching partnership for County Durham and this is supported by five thematic partnerships The Economic Partnership, The Children and Families Partnership, The Safe Durham Partnership, The Environment Partnership and The Health & Wellbeing Board. *The Sustainable Community Strategy* (SCS) is the over-arching strategic document of the County Durham Partnership. The SCS has a strong focus upon the wider determinants of health which including the environment and upon issues that cut across more than one thematic priority, particularly those that will have a significant impact on high level objectives of more than one thematic partnership. The SCS also has links to other plans such as the County Durham Plan, Regeneration Statement, the Local transport Plan and Housing Strategy. The SCS has a particular focus upon a number of cross cutting thematic areas - those that are specifically relevant to this evidence briefing include mental wellbeing, think family and inequalities.

4.21 A number of strategic and operational strategies and plans have been agreed under the banner of Altogether Better County Durham: Altogether Wealthier, Altogether Better for Children & Young People, Altogether Safer, Altogether Greener, Altogether Healthier. Within these five priority themes the cross cutting nature of the out of home food offer is seen as an opportunity to reduce health inequalities and early deaths and promote physical and mental wellbeing of the population.

4.22 One of the 3 key strategic objectives within County Durham Children and Families Partnership - *County Durham Children Young People & Families Plan 2016 - 2019* is that: Children and young people make healthy choices and have the best start in life. This is a shared objective for the Children & Families Partnership and County Durham Health & Wellbeing Board for which performance indicators include (from local NCMP data):

- percentage of children aged 4 - 5 classified as overweight or obese
- percentage of children aged 10 – 11 classified as overweight or obese

4.23 Durham County Council Child Poverty Group have developed a *Child Poverty: Plan on a page, 2018-20*. The vision is for '*children, young people and families have the resources to meet their basic needs, including accessing opportunities to take part in society.'* Two measures that have been highlighted within the plan are eligibility for school meals and the coordination of a countywide Holiday with Food programme.

4.24 The Healthy Weight Alliance is accountable to the County Durham Health and Wellbeing Board and is County Durham's main partnership that is tackling the healthy weight agenda and taking forward the objectives of the *Healthy Weight Strategic Framework for County Durham 2014 – 2020*. The overarching purpose of the Healthy Weight Alliance is to develop and improve strategic system wide partnerships that are committed to reducing the prevalence of obesity in County Durham. Our long term vision that is that in implementing and embedding our work we will: *halt the rise in obesity in County Durham by 2022 and, by focussing resources upon addressing inequalities, see a sustained decline in obesity rates locally to below England national average by 2025.*

Taking forward a Whole System Approach to address obesity

4.25 The issues we currently face in relation to obesity have not occurred suddenly, they have developed out of a gradual combination of processes underpinned by a large number of very different but often interlinked genetic, behavioural, cultural and environmental factors (LGA 2017, HM Government 2016). No single approach or focus, in isolation, will be effective in tackling obesity; doing nothing however is not an option (LGA 2017, Foresight 2007).

4.26 The Foresight Review (2007) and NICE Guideline PH 25 (2010) identified that obesity needs to be tackled as a 'whole system' in which traditional and non-traditional partners across multiple disciplines work together to explore the key components and opportunities within the system that impact positively and negatively upon obesity and work together to align agendas to promote or address these.

4.27 Durham County Council (DCC) is one of four pilot local authorities in England taking part in a national programme, funded by Public Health England and delivered by Leeds Beckett University, to create a whole system approach to obesity. This 'action research' programme focuses on working with non-traditional partners and topics to ensure addressing obesity is at the heart of the work of DCC and HWA going forward. The purpose of the programme is to test theory and local practice about systems approaches and translate the learning into practical guidance to develop whole system working in their local area. Once established among pilot sites the learning will be rolled out as a toolkit to support other Local Authorities across England to implement whole system working.

Local Planning Authority and Public Health working together

4.28 National planning policy and guidance identifies ways that local councils can use planning measures to help combat obesity and promote the delivery of healthy weight environments. Planning documents and policies to control the over-concentration and proliferation of hot food takeaways should form part of an overall plan for tackling obesity and should involve a range of different local authority departments and stakeholders. (PHE 2017).

4.29 The National Planning Policy Framework (NPPF) (2012) makes it clear that local planning authorities have a responsibility to promote healthy communities. Local plans should *"take account of and support local strategies to improve health, social and cultural wellbeing for all".* (PHE & LGA 2014). Core planning principle Building the foundations: Tackling obesity through planning and development 15 (paragraph 17) states that: *'Planning should take account of and support local strategies to improve health and wellbeing for all.'* The Planning Practice Guidance provides further advice on health and wellbeing including many facets related to a healthy weight environment. (TCPA & LGA 2016).

4.30 The NPPF also gives clear advice that local planning authorities should:

"work with public health leads and organisations to understand and take account of the health status and needs of the local population… including expected changes, and any information about relevant barriers to improving health and wellbeing". (PHE & LGA 2014)

4.31 It is therefore vital that we work together to do all we can to support individuals, in particular; children and young people, to develop healthy eating habits at an early age. The challenge is to fundamentally change the food environment in which children and their families become overweight and obese. (PHE 2017).

The role of the built environment as part of a whole system approach to obesity in County Durham

4.32 The planning system is one area in which local government can act to address obesity. (TCPA & LGA 2016). The role of the built environment, the food offers available and access to safe spaces for physical activity for communities are a key element within a whole system approach to obesity. Local plans should reflect the priorities in the Joint Health and Wellbeing strategy (JHWS) (TCPA & LGA 2016) and should be based upon adequate, up-to-date and relevant evidence about the economic, social and environmental characteristics and prospects of the area (NPPF 2012). The vision for County Durham JHWS 2016 – 2019 is to *'improve the health of the people of County Durham and reduce health inequalities'* whilst reducing the rate of obesity across all age ranges is a key strategic priority for County Durham Health and Wellbeing Board whilst one of the top five priorities within County Durham JSNA is to tackle obesity – sedentary behaviour and poor food consumption. This evidence briefing presents an overview of the current academic public health evidence base and national and local policies and guidance alongside an overview of the context of obesity and existing proliferation of hot food takeaways in County Durham.

4.33 Influencing the food environment so that healthier options are accessible, available and affordable however can only be accomplished through a collaborative approach, effective partnerships and coordinated action at a local level (PHE & LGA 2017). As one element within the whole system approach to addressing obesity within County Durham, joint working with DCC Planning and Licensing teams and DCC Environment, Health and Consumer Protection (EHCP) Service has been recognised as vital.

4.34 Whilst this evidence briefing supports the A5 policy within the County Durham Plan which seeks to limit the number of hot food takeaways within local centres and within close proximity to schools and colleges, work is being developed concurrently to support licensing staff and EHCP staff to begin a dialogue with existing out of home food providers to promote a healthier food and drink offer in line with the *Healthier Catering Guidance for Different Types of Businesses Tips on providing and promoting healthier food and drink for children and families* (PHE 2017). Within other elements of the system work is also underway to address healthy eating, obesity and the out of home food offer including:

- Durham Sugar Smart campaign
- Development of an Early Years Food Scheme
- Working with schools to embed healthy eating and physical activity within school ethos and further roll out the School Food Plan.
- Leading by example DCC is working to improve the food offer available to staff and visitors and is working with Health & Wellbeing Board partners, Business Durham, Area Action Partnerships and community organisations to more widely promote healthy eating and availability of healthy out of home food offers.

5 The public health evidence base for the impact of fast food upon obesity, poor diet and obesity related inequalities

5.1 This section of the report presents an overview of the current academic public health evidence base drawn from peer reviewed journals between September 2017 and March 2018. Evidence is presented that explores energy intake from energy dense food consumption, the out of home food offer from providers including hot food takeaways, dietary choices and behaviours, especially those of young people, and the associations between these issues with weight gain and obesity.

The out-of-home food offer, energy dense food consumption and dietary choices and behaviours.

5.2 In the UK, the average adult diet contains less fruit and vegetables, whole grains and oily fish and more salt, saturated fat and sugar than is recommended for a balanced diet. The average British child's diet is similarly unbalanced; in addition, children tend to consume more sugar (Greater London Authority [GLA] 2012). Tyrell et al (2016) found that current eating behaviours; typically followed unstructured, irregular patterns with frequently missed meals, contained a dominance of convenience or fast foods, and that young people had a tendency to eat outside the home and to 'graze' (Tyrrell et al 2016).

5.3 While people may aspire to eat more healthily, there is a growing demand for convenience foods and increasing rates of consumption of out of home food. Meals accessed outside the home tend to be associated with higher energy intake; higher levels of fat, saturated fats, sugar, and salt, and lower levels of micronutrients (PHE 2018, Townshend & Lake 2017, PHE 2017, PHE & LGA Toolkit 2017, PHE & LGA 2014, NICE 2010) which are identified as important contributory factors to rising levels of obesity (PHE & LGA Toolkit 2017, PHE 2017).

5.4 During the past decade in the United Kingdom, consumption of food away from the home has increased by 29%, whilst the number of takeaway or fast food outlets has increased dramatically. (Burgoine et al 2014). In 2014 PHE estimated that there were over 50,000 fast food and takeaway

outlets, fast food delivery services, and fish and chip shops in England.Nowadays, more than one quarter of adults and one fifth of children (21%) in the UK eat food from out-of-home food outlets at least once a week or more. (PHE 2018, PHE & LGA 2017)

5.5 In their study exploring the food purchasing behaviours of young people (16-22 years), Tyrell et al (2016) found that over half (53%) visited a 'takeaway and fast food' environment at least once over a 4-day period and that the nutrient profiling of the food was energy dense and high in percentage of energy from fat and saturated fat (Tyrell et al 2016).

5.6 Paterson, Risby & Chan (2012) present similar findings stating that, in their London based study, young people of adolescent age made up a large percentage of the consumers using the fast food outlets. They also found that 70% of these young people who bought food from fast food or takeaway outlets twice or more each week (with the exception of those doing so daily), preferred to buy sugar sweetened fizzy drinks, with their food.(Paterson, Risby & Chan 2012) thus adding to the energy density of the overall purchase.

5.7 In an Australian study exploring takeaway consumption over a 5 year period among children from age 12 – 17, Gopinath et al (2016) found that, the proportion of participants who ate takeaway foods once per week or more increased significantly with age. They also found frequent consumption of takeaway foods was associated with reduced consumption of healthy foods such as fruits and vegetables during adolescence. This is an important observation, as it provides evidence that consumption of unhealthy foods could displace healthy food choices, compromising diet quality during adolescence and which could potentially lead to diets lacking in recommended intakes of key nutrients and food groups Gopinath et al (2016).

Energy dense food consumption and Hot Food takeaways

5.8 Take away and fast food intake is likely to be a major contributor to non-communicable disease development, including type 2 diabetes, coronary heart disease, increased blood pressure, some cancers, and overweight and obesity (Davies et al 2016). This is because it is characterised with an inadequate overall diet including energy dense low nutrient food, higher intakes of energy, total fat, saturated, saturated fatty acids [SFAs], trans-fatty acids [TFAs] sugar and sodium (Davies et al 2016, Gopinath et al, 2016, HUDU 2013) and lower intakes of vegetables, whole grains, low-fat dairy products and fruit, and a higher intake of sugar-sweetened carbonated soft drinks (Gopinath et al, 2016).

5.9 In their study based in the North West of England, Davies et al (2016) worked with local authority staff to analyse the composition of meals gathered from fast food establishments. They found that although there was a high degree of variability between establishments, with respect to the levels of SFA and TFA in meals, many were found to be excessively high in SFA, and some in TFA (Davies et al 2016). When compared to UK daily dietary reference values [DRVs], some meals exceeded daily SFA and TFA recommendations within just one meal (Davies et al 2016).

5.10 Davies et al (2016) found that even when meal composition showed lower levels of SFA and TFA, energy density, the total fat, salt and sugar content in the meals was still found to be a contributory factor to increased risk of NCD because of the exceptionality high portion sizes (Davies et al 2016).

5.11 This study supports the findings from other meal composition testing carried out in the development of Gateshead Council Hot Food Takeaway Supplementary Planning Document (2015), Hot Food Takeaways in Brent Policy Evidence Base (2013) and the Greater London Authority toolkit (2012).

Obesity and Hot Food takeaway purchases

5.12 Patronage of takeaway food outlets and overconsumption of takeaway foods have been linked strongly to low diet quality and to weight gain. This link could be due to the types of foods obtained in these outlets, which tend to be energy dense, and also as a result of consumers often greatly underestimating their energy consumption when eating from these outlets. (Burgoine et al 2014).

5.13 Paterson, Risby & Chan (2012) found that access to energy-dense high-fat and salty foods accompanied by sweetened soft drinks markedly increased children's energy intake that can lead to obesity. They identified that children who consumed fast food more than four times per week preferred larger portions of chips, resulting in greater calorie intake that could subsequently lead to further weight gain. These products are calorie dense, high in sugar, salt and fat as well as saturated fat, however, they give no feeling of satiation, and their high salt content meant that children thirsty typically resulting in more consumption of sweetened soft drinks. Paterson, Risby & Chan (2012)

5.14 Cetateanu & Jones (2014) found that a higher presence of food outlets selling unhealthy food was linked to higher levels of children who are overweight and obese and that the association was stronger for 10–11 year olds than for 4–5 year olds. The opposite association was found for food outlets selling a range of healthier food. This study cited earlier studies where similar positive associations had been made between density of fast food outlets (Fraser & Edwards 2010) and unhealthy food outlets (Jennings et al, 2011) with childhood overweight and obesity.

5.15 Mason Pearce & Cummins (2018) found an association (mostly among women) between living further away from a hot food takeaway with waist circumference and BMI, In their Cambridgeshire based study of adults aged 40 – 70 they found that people living at least 2km away from a fast-food outlet had smaller waist circumference than people living fewer than 500m away.

5.16 Burgoine et al (2014) explored exposure to takeaway food outlets for home, work and commuting environments and found evidence of an environmental contribution to the consumption of takeaway food and body mass index in all exposure domains studied. When exposure within all three areas were combined, a highly significant association was found between increased exposure to takeaway food outlets and consumption of takeaway food, body mass index, and odds of obesity. Burgoine et al (2014). This study further identified a positive dose-response association between body mass index and exposure to takeaway food outlets near work. The most exposed group having a higher mean body mass index relative to those least exposed. Bourgoine et al (2014). Among the three foodscape domains (home, work, and commuting), the greatest environmental associations with consumption of takeaway food were found within the work domain suggesting the notion that consumption was both place and time specific. Bourgone et al (2014)

Social deprivation, obesity and the proliferation of hot food takeaways

5.17 Exposure to takeaways is associated with consumption of energy dense foods (PHE 2018, Gopinath et al 2016, Cetateanu & Jones 2014, GLA 2012). Particularly in urban areas, features of neighbourhood environments, such as access to unhealthy food, might be associated with the development of obesity and related disorders and their presence and unequal distribution might partly explain rises in obesity prevalence and persistent social and geographical inequalities in obesity. (Mason Pearce & Cummins 2018).

5.18 PHE's obesity knowledge and information team found that although the concentration of fast food outlets and takeaways varies by local authority in England, there is a strong association between deprivation and the density of fast food outlets. With more deprived areas having more fast food outlets per 100,000 population (PHE & LGA 2014).

5.19 Cetateanu & Jones (2014) found that in a large and geographically diverse sample of children (NCMP data), whilst the density of fast food and other unhealthy food outlets in the neighbourhood only very partially accounted for the observed association between childhood deprivation andchildhood obesity, a higher presence of food outlets selling unhealthy food was linked to higher levels of children who are overweight and obese.

5.20 Gopinath et al, (2016) highlight the growing body of literature that suggests that socioeconomic status strongly influences exposure to takeaway foods, specifically, in developed countries, suggesting that it is the relative cheapness of these foods that influences the behaviour of those of lower socio-economic status (Gopinath et al, 2016). Cetateanu & Jones 2014) similarly state that evidence of higher provision of unhealthy food outlets in more deprived areas suggests that deprived children have more physical and economic access to unhealthy food, a phenomenon known as the 'obesity-hunger paradox' or the 'food insecurity-hunger paradox' (Cetateanu & Jones 2014)

5.21 Townshend and Lake (2017) identified the link in social gradient and inequalities between obesity and fast food consumption, finding that Lower SES groups consumed more fast food, tended to have higher body weights, and were more likely to be obese. They also found that there were higher concentrations of fast food outlets near schools and in the most deprived areas (Townshend & Lake 2017).

Conversely environments that are supportive of a wider range of food choices, including healthy food and fruit and vegetable consumption are more common in higher social-class neighbourhoods (Gopinath et al, 2016, Cetateanu & Jones 2014)

Children and young peoples' dietary choices and behaviour in relation to hot food takeaways

5.22 The Burger Boy report (Barnardos 2004) identified that children's food choices were strongly influenced by gender and income-related media stereotypes. (Barnados 2004).

5.23 Whilst availability and proliferation of outlets have been identified within the academic literature as influential upon fast food consumption other issues have also been identified as particularly relevant to the appeal of hot food takeaways for older children that are linked to developing a sense of maturity and consumerism. (Gopinath et al, 2016, Caraher et al 2014).

5.24 Older children, specifically with their positive attitudes to fast food shaped by marketing and media alongside, a growing independence as consumers, the lessening influence of parental control over what they eat or spend, and more freedom to leave the school grounds are likely to be at risk from the health threats posed by energy dense food consumption and fast food takeaway proliferation (GLA 2012).

5.25 Caraher et al (2014) suggest that food choice is influenced by logical issues such as taste preferences, availability and price and also by underlying social and cultural issues such as the appeal of school food, queuing and the dining environment and value for money (Caraher et al 2014). Paterson, Risby & Chan (2012) similarly found convenience, quick access and peer influence highlighted as key contributing factors underpinning young peoples' patronage of fast food and takeaway outlets

5.26 Some hot food takeaways within close proximity to schools specifically target young consumers offering energy dense options that appeal to young pallets and are positively priced and marketed, offering bigger portions that are cheaper than school canteen food (Gopinath et al, 2016, Caraher et al 2014, Cetateanu & Jones 2014, Paterson, Risby & Chan 2012). Marketing was also found to influence young peoples' food choice by Paterson, Risby & Chan (2012) who when asking what factors would motivate young people to choose healthier food products at fast food and takeaway

outlets, found the most popular factor was to have better choice of products, followed by cheaper prices and chances to win prizes and to have a wider and better range of fruit (Paterson, Risby & Chan 2012).

Challenges to implementing planning policies to restrict the development of A5 Use hot food takeaways

5.27 NICE's pathway on tackling obesity through working with local communities calls for empowering local authorities to influence planning permission for food retail outlets in relation to preventing and reducing obesity. Stating measures that should be considered include:

- encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas, such as within walking distance of schools
- review and amend 'classes of use' orders for England to address disease prevention via the concentration of outlets in a given area

(PHE 2018)

5.28 The Town and Country Planning (Use Classes) Order 1987 (as amended) puts uses of land and buildings into various categories known as 'Use Classes'. Classification is dependent upon their primary function and size however in some cases clear distinctions can be difficult to make as premises may have multiple uses or fulfil elements of more than one criteria.

5.29 Use Class Orders are:

- A1 – Premises that include retail outlets that sell goods or services to the public; post offices, shops, travel agencies, hairdressers, funeral directors, sandwich bars (premises that could sell food for consumption off-site) and domestic hire shops
- A2 – uses include premises providing professional and financial services; banks, building societies, estate agents and employment agencies.
- A3 – premises include restaurants and cafes that provide hot or cold food for consumption on-site. A3 class premises can have ancillary A5 use – i.e. a restaurant that also provides hot food takeaways.
- A4 - premises include drinking establishments such as pubs and wine bars. Nightclubs however are not included within this use class
- A5 – Hot food takeaway establishments fall under A5 class use. Hot food takeaways are defined as "where the existing primary purpose is the sale of hot food to take away" for consumption off site.

5.30 A key challenge for planners and public health however is that within planning legislation although planning permission is required for change of use between categories it is not required if this use falls within its existing category. Therefore if premises currently designated as A5 premises cease to trade or change hands they do not need to re-apply for planning permission to remain trading as an A5 class premises (PHE & LGA 2013).

5.31 Similarly, prior to 2005 legislation amendments, hot food takeaway premises were included under A3 use class order. Consequently hot food takeaway premises granted planning permission prior to the introduction of the A5 class use order in 2005 may currently be recorded as an A3 class use. This is a critical factor when considering the over concentration of A5 class uses within an area, as existing opportunities to purchase takeaway food may be greater than the number of existing premises designated as A5 use.

5.32 A number of local authorities across the UK have proposed or have in place Plans, Supplementary Planning Documents or planning guidance that proposes a 400m exclusion zone around schools within which no additional applications for A5 use premises will be permitted. The

400m zone being considered to be the distance that could be comfortably walked in 10 minutes, therefore enabling young people to leave school make the journey to and from the fast food premises, make a purchase and return within an allotted lunch break (GLA 2012).

5.33 Some local authorities however have opted to implement larger exclusion zones – Brighton & Hove (2011) for example have an 800m exclusion zone around each secondary school, whilst others have calculated specific commuting routes or applied differing restrictions for different localities based upon NCMP data (Hartlepool 2017, South Tyneside 2017, Newcastle 2016). However, the lack of national guidelines means that this agenda is being reinvented area by area and local authorities all over the UK are repeating and re-inventing the process of regulation locally (Townshend & Lake 2016, Caraher et al 2014).

5.34 Similarly whilst a 400m school exclusion zone is considered to be a positive move to promote healthier eating and student safety, within lunch breaks, this does not take into account journeys to and from school in the morning and after school and the potential for access that these allow. Studies report that, schools operating closed door policies over lunchtimes for all or some young people and whilst these 'on-site' restrictive policies were found to be useful incidences of young people leaving the premises irrespective of the policy, asking those young people who were allowed to leave site to make purchases on their behalf or taking food and drink into school from home. (Caraher et al 2014).

5.35 Another factor worthy of consideration is that whilst Hot Food takeaways have been found to impact adversely upon diet choices and obesity among young people (Townshend & Lake 2017, Davies et al 2016, PHE & LGA 2014, Burgoine 2014) and policy development to restrict further development is supported, Hot Food takeaways are only one of a number of retail outlets that are typically present within what is known as the school 'fringe' area. Other retail premises will likely often include supermarkets, newsagents, corner shops and cafes, many of whom will also primarily sell energy dense food and drinks priced and targeted at young consumers Townshend & Lake 2017, Caraher, 2014). Research in one London Borough identified that popular purchases from these outlets included fizzy drinks, chocolate, sweets, crisps cakes, biscuits and chips (Caraher et al 2014). More recently there is an added complexity with regard to the growing availability of out of home food offers that are available from mobile delivery providers operating from premises out with the consumers locality and to 'shop front' Apps and social media platforms offering universal access to a range of providers all of which do not fall within the jurisdiction of The Town and Country Planning (Use Classes) Order 1987.

The introduction of restrictive planning policies around fast food outlets around schools is a positive development to address the impact of energy dense food upon obesity and poor diet and demonstrates encouraging cooperation between public health and planning. However, there are reports that policies have not always been successfully applied, and although not universal, there is some evidence of the overturning of planning refusals for outlets by the national Planning Inspectorate; that is considered to be cause for concern warranting further investigation (Townshend & Lake 2017).

Summary of local appeal decisions

5.36 Whilst it is acknowledged that some appeal decisions are not supported there is a growing number of decisions that are being supported in relation to the health and wellbeing and obesity agendas. A summary of some recent and locally relevant appeals is detailed here:

5.37 An appeal was made against refusal to grant planning permission in Gateshead which proposed a change of use of part of an existing retail unit (Use Class A1) to hot food takeaway (Use Class A5) with external alterations (Ref: APP/H4505/W/3121498). The inspector dismissed the appeal citing NPPF. In particular para 7 which explains the need for the planning system to perform a number of roles, including supporting strong, vibrant and healthy communities by, among other things, creating

a high quality built environment that reflects the community's needs and supports its health, social and cultural well-being and also para 69 which reiterates that the planning system can play an important role in creating healthy inclusive communities.

5.38 Further to this Gateshead Borough Council has adopted a local policy within an SPD which seeks to reduce the high levels of obesity within the Borough. The ward where this A5 use was to be located has high obesity levels as well as a high concentrations of A5 uses (15%). The inspector also cited this policy within the SPD and the supporting evidence to dismiss the appeal.

5.39 An appeal against the refusal of a change of use from a property from retail (Use Class A1) to hot food takeaway was also dismissed in Long Benton, North Tyneside. (Ref: APP/W4515/W/17/3184901). Despite the appellant seeking to emphasise that the proposal would sell healthy food, the inspector was not persuaded, considering that there was no guarantees that the current business model would continue. Indeed the main issue for his dismissal was the effect of the proposal on the health of the community. The inspector cited an adopted Local Plan policy in North Tyneside that seeks to restrict A5 uses in wards where more than 15 % of year six pupils and 10% of reception-age pupils are classed as "very overweight". In Longbenton, both groups exceed these thresholds.

5.40 What is interesting to note from both of these appeal decisions is the importance that the inspector placed on health issues. In addition it is notable that both Gateshead and North Tyneside Council's had either an SPD or Local Plan policy to support refusal that the inspector's placed significant weight in dismissing the appeals.

Summary of the evidence

5.41 In summary the research presented here identifies the link between foods and drinks that are high in energy density, sugar and salt and the relationship these have in relation to poor diet and obesity. It further identifies that the food and drinks available for purchase and consumption from hot food takeaways have been found to typify products that are high in energy density.

5.42 Young people, especially older children and adolescents, have been highlighted as key consumers of these foods, from hot food takeaways and other retail outlets that provide food and drink offers within their lived environment. Availability, convenience, preference increased spending power and peer influence have been highlighted as factors that influence young peoples' consumer choices The evidence presented here highlights that as key consumers of energy dense food and drinks, young people are often actively targeted by retailers with offers around, price, portion size and other incentivised promotions (e.g. gifts/toys with purchases).

5.43 Diets that are rich in high energy dense foods and drinks have been linked across the papers presented here with weight gain, increased BP and BMI, waist circumference and identified as potential causal factors for obesity.

5.44 Whilst noting that this study focussed upon an adult population, Burgoine et al (2014) highlighted that the most popular time to access fast food outlets was lunchtime – this finding is particularly relevant in relation to the school setting, stay-indoors lunch time policies and wider A5 policies which look to adopt exclusion zones around schools. Whilst it is recognised that many factors around individual behaviours will direct young peoples' consumer patterns many of the studies presented here highlight the need to limit the availability of these food offers and advocate the need to restrict further opening of hot food takeaways within close proximity to schools.

5.45 It is noted within many of the papers presented here and in the wider academic and policy guidance literature, that because of the use of differing variables and measurement factors across studies, and because of the multifactorial nature of obesity itself, it is not possible to draw any direct causal link between the impact of fast food consumption upon health. However whilst imperfect,

current evidence suggests that changing policy and practice could be an effective measure in addressing overweight, obesity and poor dietary outcomes associated with hot food takeaways (Townshend & Lake 2017, Pearce et al 2017).

6 Obesity - The County Durham context

6.1 In County Durham, obesity continues to present a major challenge. Levels of overweight and obesity within adult and child populations across the county remain unacceptably high and significantly worse than the England average:

- The recent Sport England Active Lives Survey identifies that in England 2015/16; 61% of adults are overweight or obese, in County Durham, this figure is 67.5% which is significantly worse than England (Sport England 2017).

6.2 Every year, as part of the National Child Measurement Programme (NCMP), schoolchildren in Reception (4-5 years) and Year 6 (10-11 years) are weighed and measured to inform the planning and delivery of local services for children. Around 11,000 County Durham children are included in the programme. In County Durham, rates of excess weight and obesity in children largely follow national trends, however our starting point was higher and our rates remain significantly worse than those for England as shown in Figures 1 – 3:

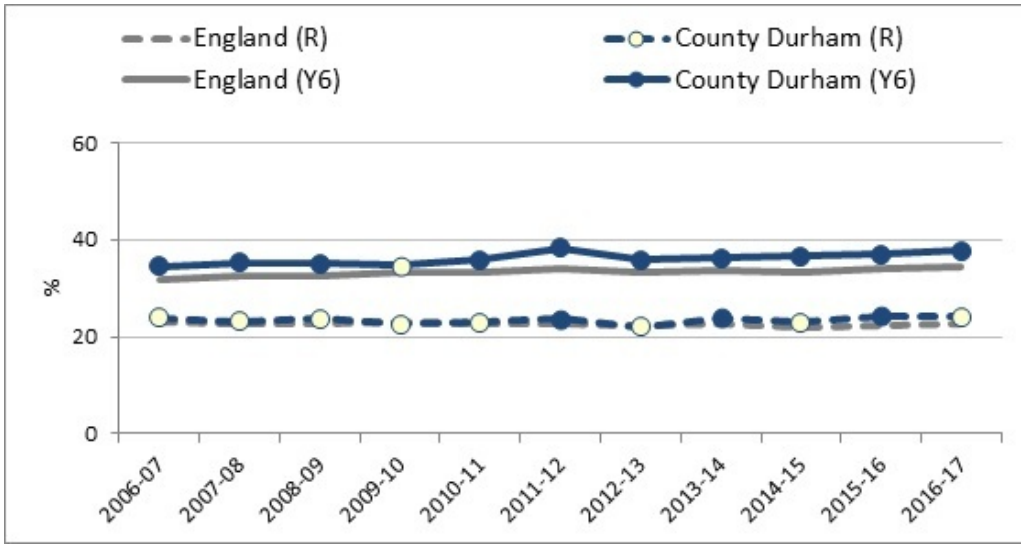
6.3 **Figure 1:** Shows prevalence of excess weight and obesity in children aged 4-5 years and 10-11 years, County Durham and England, 2016/17. Source: NHS Digital, NCMP

	Number excess weight	% excess weight	Number obese	% obese	Number excess weight	% excess weight	Number obese	% obese
England		22.6%		9.6%		34.2%		20.0%
County Durham	1,381	**24.1%**	590	**10.3%**	2,024	**37.7%**	1,214	**22.6%**

	Significantly worse than England
	Not significantly different to England

Figure 2: Provides some context to the data for excess weight[1] identified in Figure 1 in relation to the reception age and year 6 school populations within County Durham. Source: NHS Digital, NCMP population within County Durham

Figure 3: Shows prevalence of excess weight in children at reception and year 6, County Durham and England, 2006-07 to 2016-17. Source: NHS Digital, NCMP.



6.4 As we know, many factors contribute towards overweight and obesity. Other key indicators highlight the challenge of preventing this issue within County Durham. Figures 4 – 7 highlight responses from young people in County Durham regarding eating behaviours and other issues that have a relevance to gaining excess weight and obesity.

Figure 4: Selected indicators on self-reported health behaviours of 15 year olds.

Source: Health behaviours in young people – What About YOUth? survey, Fingertips, PHE.

		County Durham	North East	England
% who eat 5 portions or more of fruit and veg per day	2014/15	**44.7**	46.8	52.4
% physically active for at least one hour per day seven days a week	2014/15	**14.0**	14.2	13.9
% with a mean daily sedentary time in the last week over 7 hours per day	2014/15	**75.4**	75.2	70.1
% who think they're the right size	2014/15	**52.7**	51.9	52.4
% reporting low life satisfaction	2014/15	**13.0**	13.1	13.7

	Significantly worse than England
	Not significantly different to England

6.5 To complement to the national survey data presented above, figures 6 and 7 below present local data gathered from the County Durham Student Voice Survey for Primary and Secondary Schools (2017)

Figure 5: Selected local data relevant to excess weight in primary school children (Years 5 and 6). Source: Primary Student Voice Survey 2017.

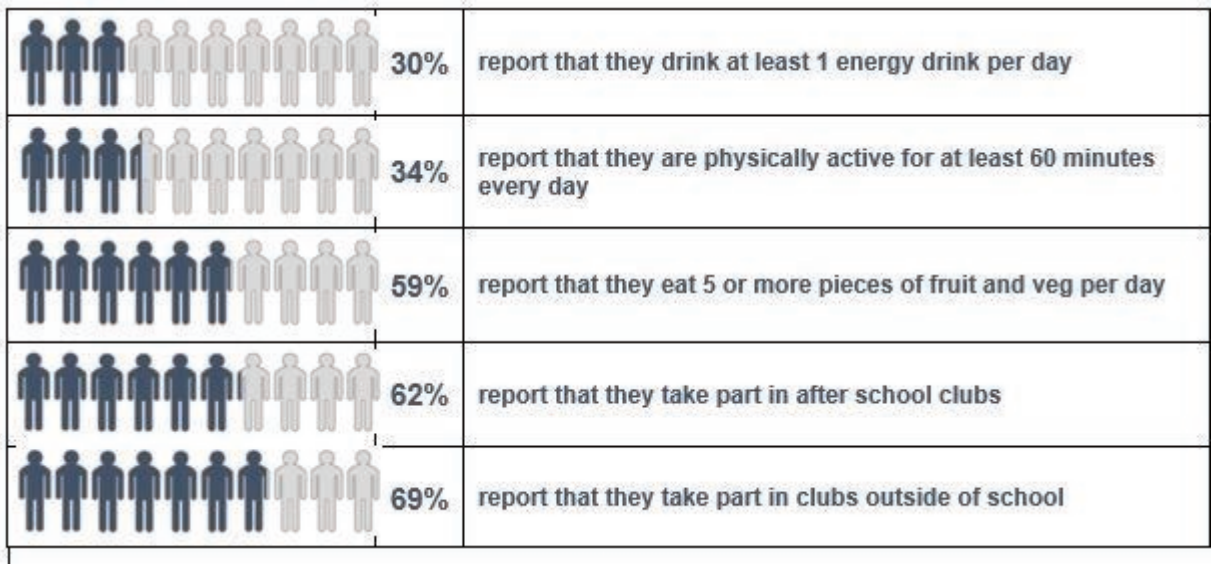
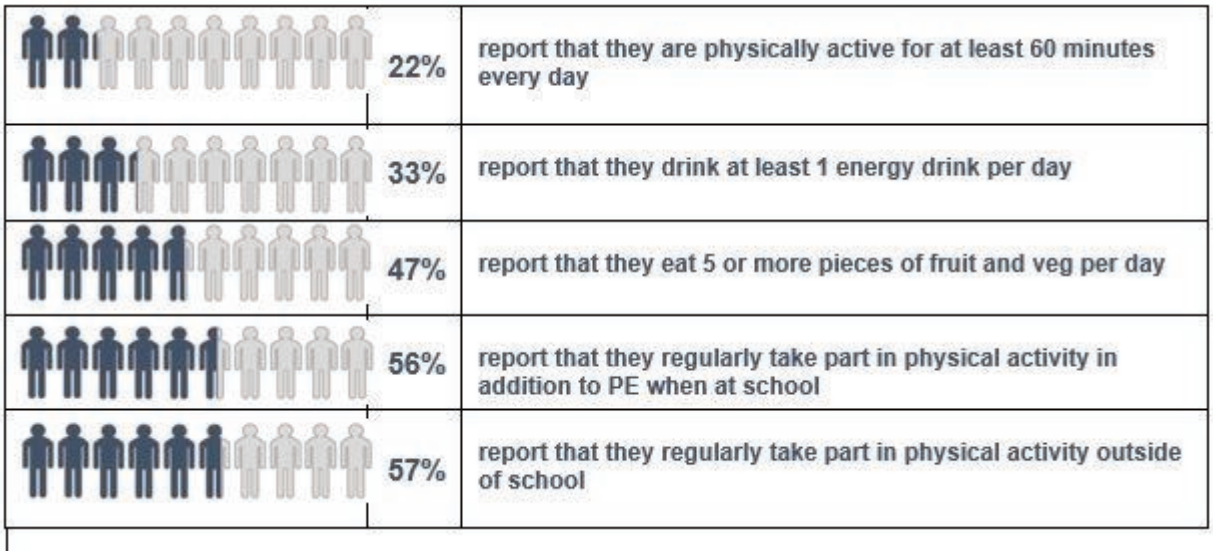


Figure 6: Selected local data relevant to excess weight in secondary school children (Year 7, 9, 11 and 13). Source: Secondary Student Voice Survey 2017.



The relationship between obesity and social deprivation in County Durham.

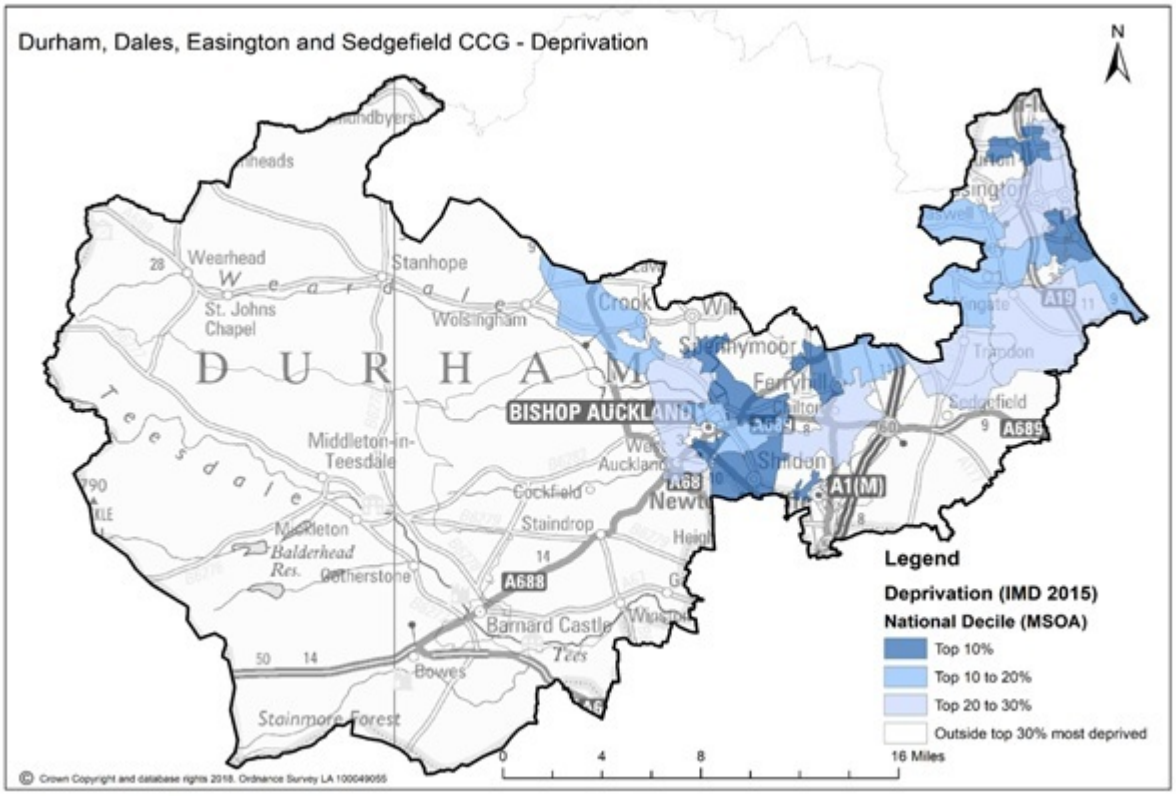
6.6 As already highlighted, obesity has a strong social gradient disproportionately affecting the lives of poorer groups in society and contributing to growing health inequalities at all levels (Townshend & Lake 2017, HM Government 2016, PHE 2016, Cetateanu & Jones 2014, PHE & LGA 2014, Marmot 2010, Foresight 2007).

6.7 PHE (2016) identify that the prevalence of child overweight and obesity rises with deprivation whilst fruit and vegetable consumption falls. Deprivation was also found to be associated with the degree of overweight or obesity; obese children living in more deprived areas were found to be on average heavier, given their height, than obese children in less deprived areas (PHE 2016).

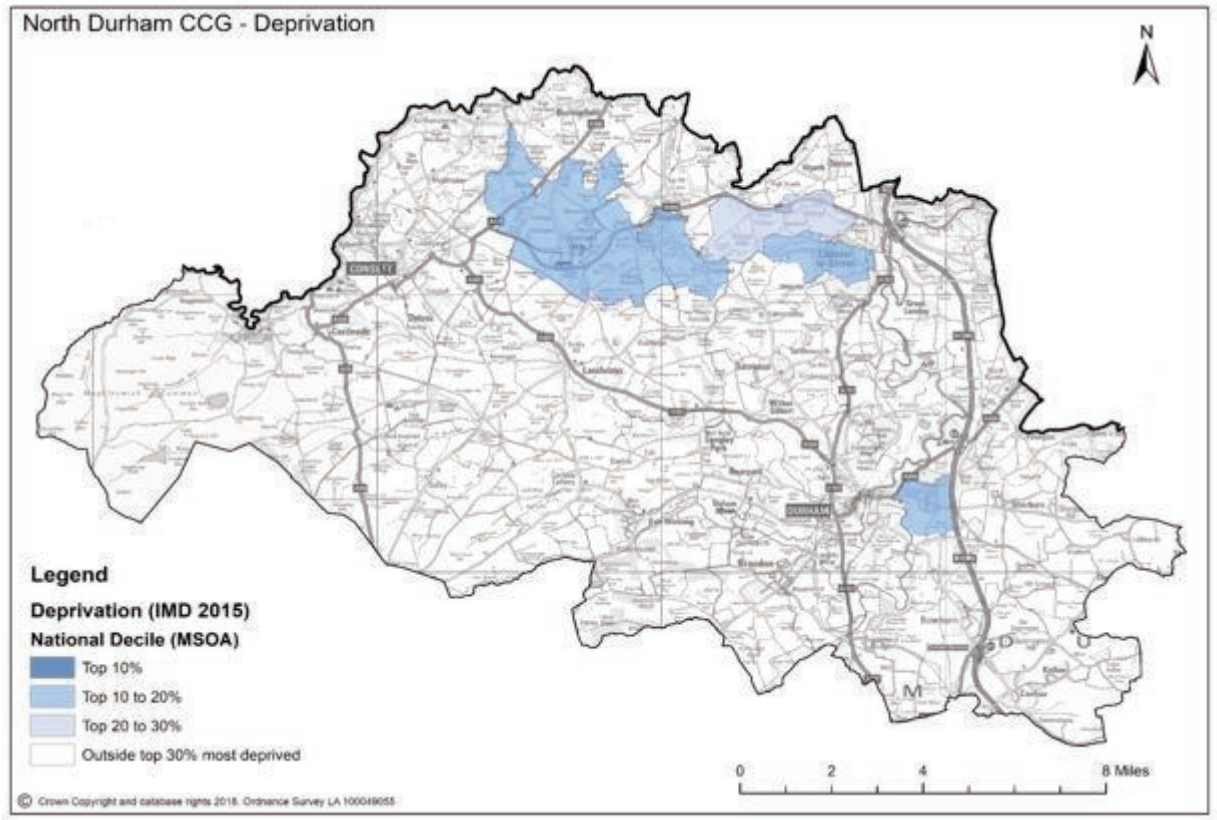
6.8 In County Durham some of our Middle Super Output Areas [MSOAs] experience some of the greatest issues in relation to health inequalities in England and represent some of the top 30% most deprived areas (IMDB, 2015) in England. These are shown in Figures 7 (a) and 7 (b) where, within each CCG area in County Durham those areas that fall within the top 10%, 20% and 30% most deprived areas in England (IMDB, 2015) are highlighted in blue shading.

6.9 Nationally, child obesity prevalence is closely associated with socioeconomic deprivation. In County Durham, in those areas that fall within the top 30% most deprived areas (IMDB, 2015) in England, childhood obesity rates as measured by NCMP data are higher for reception age and year 6 age pupils over the period 2012/13 to 2016/17as detailed in Figures 7 (c) & (d).

6.10 **Figure 7 (a):** County Durham MSOAs within Durham, Dales, Easington & Sedgefield CCG area that are within the 30% most deprived areas (IMDB, 2015) in England.



6.11 **Figure 7 (b):** County Durham MSOAs within North Durham CCG area that are within the 30% most deprived areas (IMDB, 2015) in England.



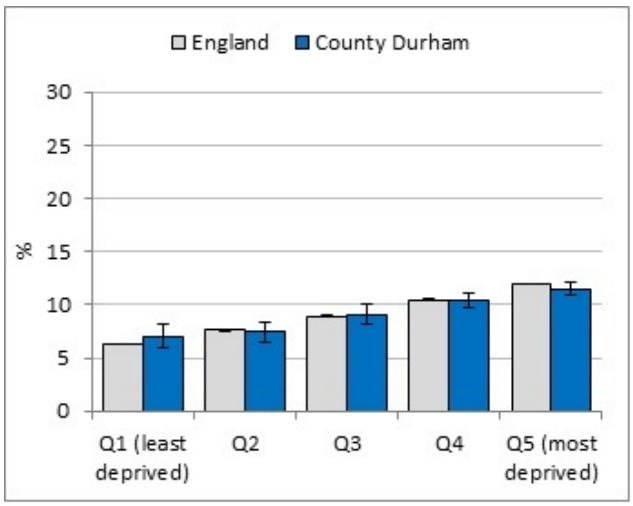
6.12 Pooled data from five years of NCMP data shows that:

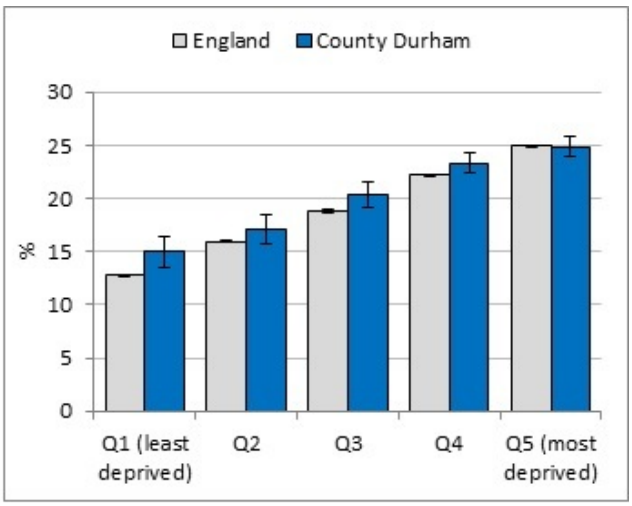
- County Durham follows the same pattern as England for 4-5 and 10-11 year olds; obesity prevalence is highest amongst children living in the most deprived quintile (Q5).
- Within County Durham the absolute gap (the difference between the highest and lowest values) in obesity prevalence (age 4-5) is 4.5% higher in the most deprived areas than the least deprived areas.
- For those aged 10-11 years, the gap between the least and the most deprived areas have an obesity prevalence 9.8% higher than the least deprived areas.

6.13 In order to allow comparisons between measures the relative difference is used. This is calculated by dividing the absolute gap (presented in the two bullet points above) by the value in the least deprived area:

- For those aged 4-5 the relative gap between most and least deprived quintiles is 64%.
- For those aged 10-11, the relative difference between the least and most deprived quintiles is similar at 65%.

6.14 **Figure 7(c) and 7(d) show:** Obesity prevalence by deprivation quintile (IMD2015), 2012/13 to 2016/17, 4-5 years (c) and 10-11 years (d), County Durham and England LSOAs. Source: NCMP Local Authority Profiles, Fingertips, PHE.





7 Obesity and Hot Food Takeaways - The County Durham context

Fast food takeaway outlet density – Comparing County Durham to England and regional neighbours

7.1 In 2014 PHE produced a fast food outlet dataset to help understand the availability of fast food in an area. This dataset was drawn from PointX Fast Food Takeaway Outlets England which includes fast food takeaway outlets, fast food delivery services and fish and chip shops. PHE consider this important as there is a growing body of evidence on the association between exposure to fast food outlets and obesity (PHE 2016).

Density of fast food takeaway outlets was found to vary in local authorities across England ranging from 24 to 199 outlets per 100,000 population. At this time, County Durham had 501 premises with a rate of 96.8 per 100,000. This is statistically significantly higher than England (88.2 per 100,000) and places County Durham in the fourth highest quintile.

Figure 8: Map of density of fast food takeaway outlets, England and local authorities, 2014. Source:PHE

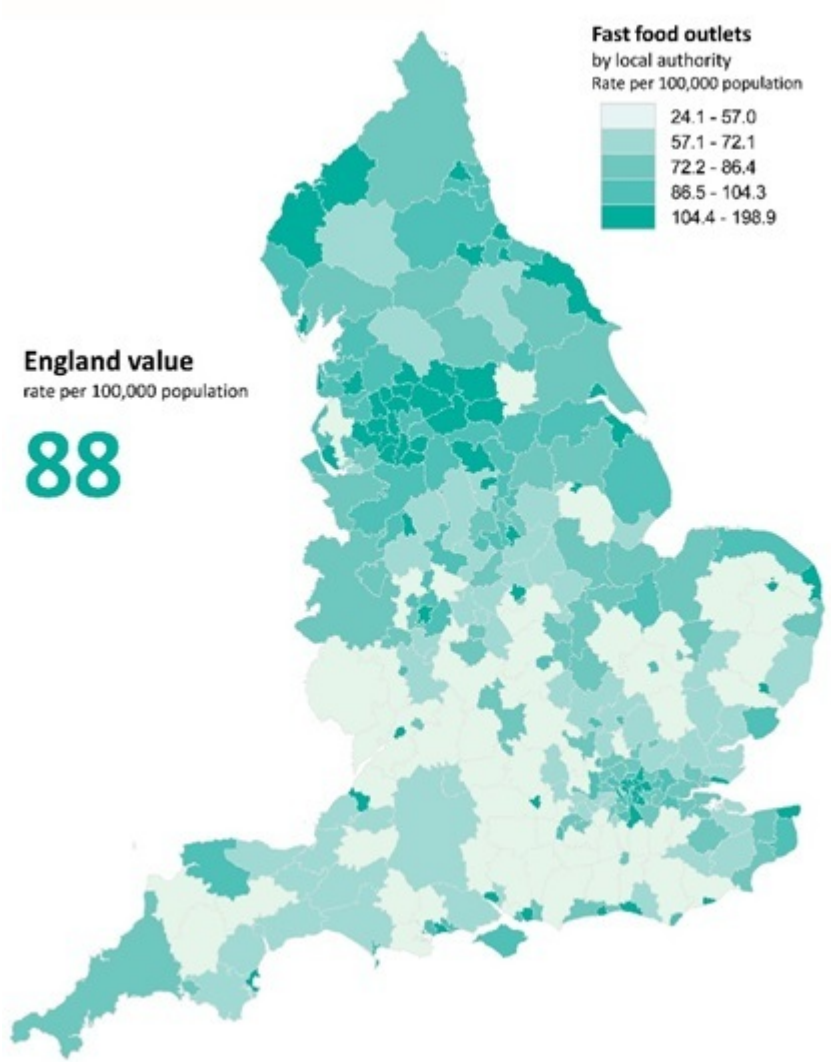
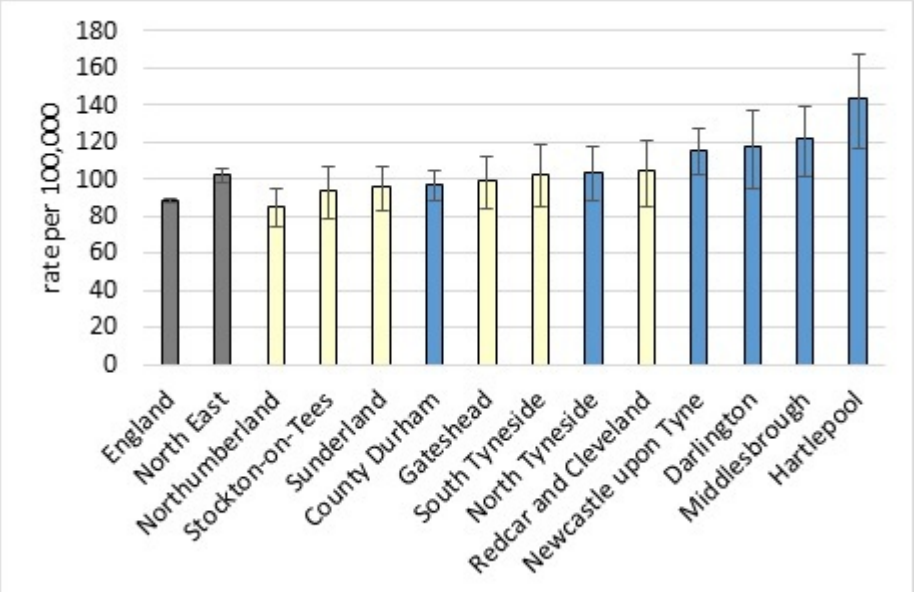


Figure 9: Density of fast food takeaway outlets, rate per 100,000, 2014, England, North East and North East Local Authorities. Source: PHE, Fingertips.



7.2 This national PHE study in 2014 has not as yet been repeated and therefore further directly replicable data is not yet available.

7.3 However in order to update the data presented above, in December 2017 Durham County Council Environment, Health and Consumer Protection (EHCP) Service provided data for premises as defined by the Food Standards Agency (FSA) - Food Hygiene and Food Standards Categories of Establishments as being: *Restaurant & Caterers and Take-away premises*. The FSA definition for these premises is: establishments that provide convenience food to customers, primarily for consumption off the premises. Establishments must be immobile and housed in a designated building. Examples - fish & chip shops, take-away, sandwich shops, establishments that prepare and deliver convenience food directly to the customer

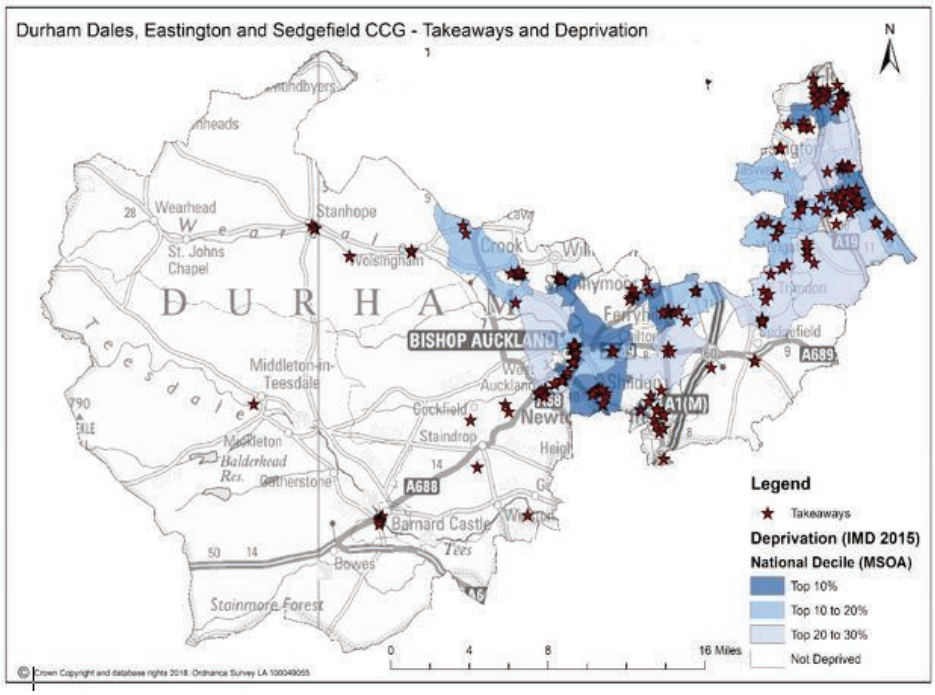
In December 2017, County Durham had 584 premises with a rate of 111.8 per 100,000 population.

Fast food takeaway outlet location and density – looking within County Durham

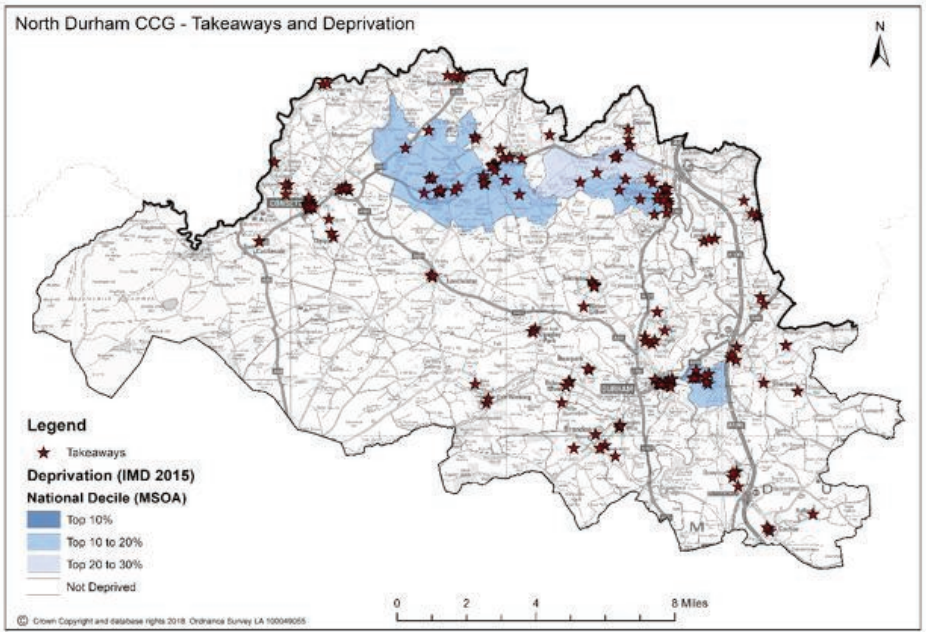
7.4 PHE (2014) identified a clear link between deprivation and the number of takeaways in an area, with the poorest areas of the country having far more takeaways than the richest areas.Exposure to takeaways is associated with consumption of energy dense foods (PHE 2018, Gopinath et al 2016, Cetateanu & Jones 2014, GLA 2012). and there is a growing body of evidence on the association between exposure to fast food outlets and obesity (PHE 2016, PHE & LGA 2014).

7.5 The geographical location of the 584 outlets in County Durham (as defined by FSA December 2017) is plotted and shown in Figures 10 (a) & 10 (b) overlaid upon MSOAs in each CCG area in County Durham with those that are within the 30% most deprived areas in England (IMDB, 2015) again highlighted in blue shading. Figures 10 (a) & 10 (b) highlight that whilst fast food outlets are not solely sited within these areas proliferation is high in areas experiencing high rates of deprivation.

7.6 **Figure 10 (a).** Fast food takeaway outlet location (FSA 2017) in County Durham MSOAs within Durham, Dales, Easington and Sedgefield CCG area that are within the 30% most deprived areas (IMDB, 2015) in England.



7.7 **Figure 10 (b).** Fast food takeaway outlet location (FSA 2017) in County Durham MSOAs within North Durham CCG area within the 30% most deprived areas (IMDB, 2015) in England.



7.8 When density of fast food takeaway outlets (number of outlets per 100,000 population) is explored using the FSA 2017 data, variation is seen across County Durham.

7.9 At a former district level there is a rage from 97.4 per 100,000 population in Chester-le-Street to 140.9 per 100,000 population in Easington as shown in Figure 11.

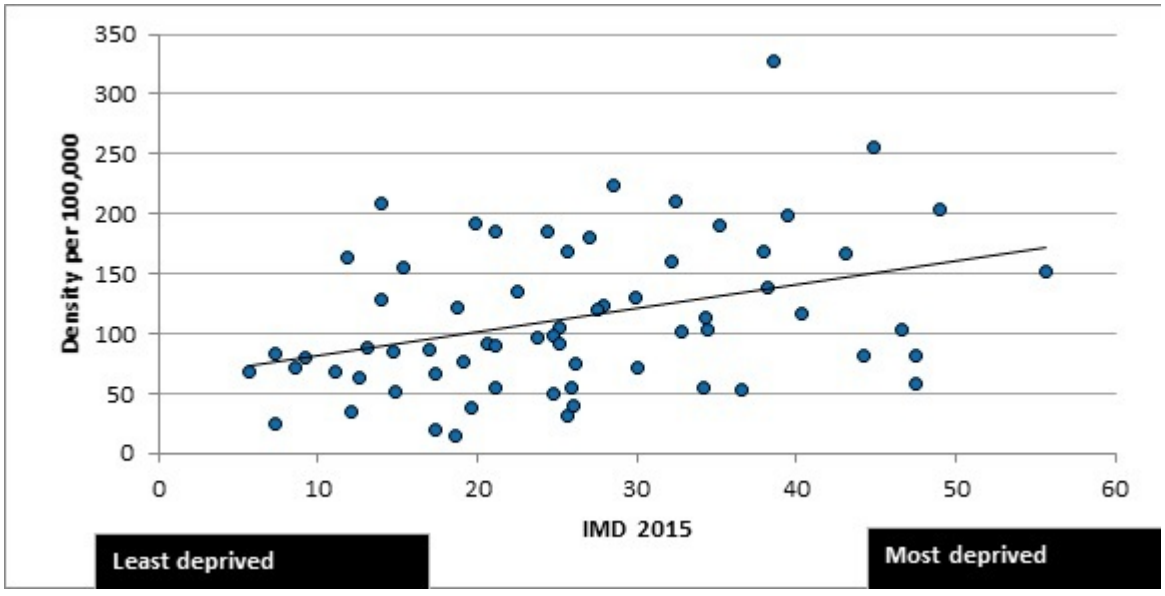
7.10 **Figure 11**: Density of fast food takeaway outlets, rate per 100,000, 2017, County Durham former districts, CCGs and County Durham. Source: FSA 2017.

Density of Fast Food Outlets		No. Outlets	Rate per 100,000
Chester-le-Steet	2017	53	97.4
Derwentside	2017	100	106.6
Durham	2017	101	101.7
North Durham	2017	**254**	**102.6**
Durham Dales	2017	98	107.6
Easington	2017	134	140.9
Sedgefield	2017	98	110.9
DDES	2017	**330**	**120.2**
County Durham	2017	**584**	**111.8**

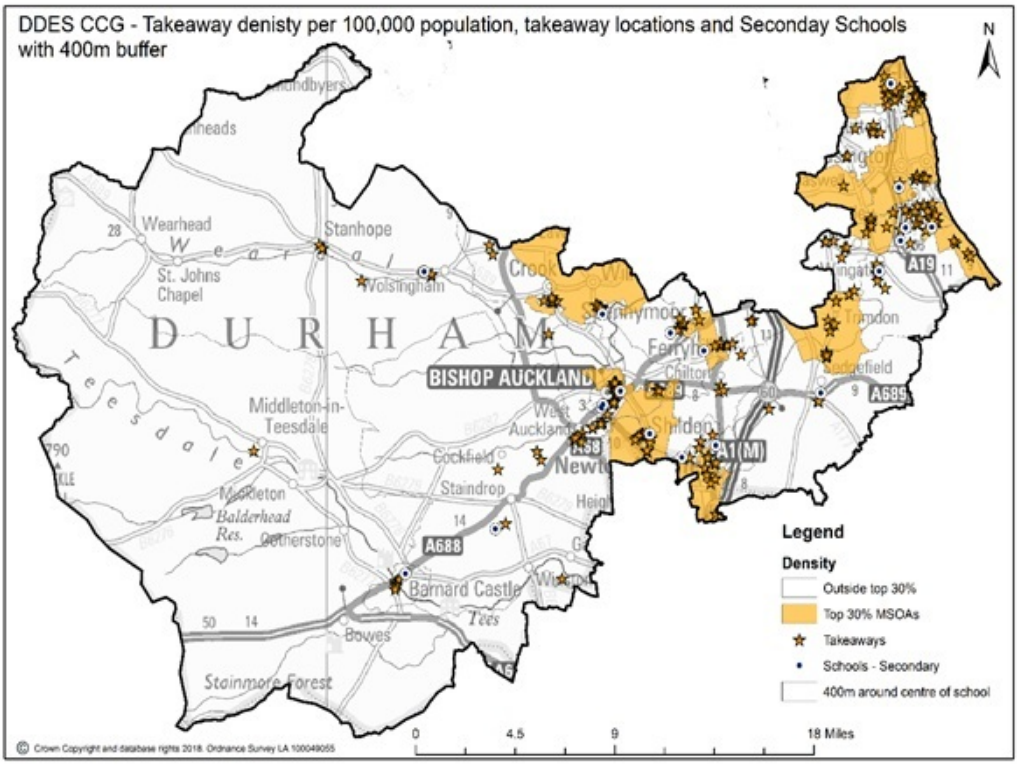
7.11 This variation is also seen at a MSOA level where the lowest rate of density is 14.3 outlets per 100,000 in Spennymoor North and Tudhoe and the highest is 327.6 in Bishop Auckland and South Church (See Figures 16 & 17)

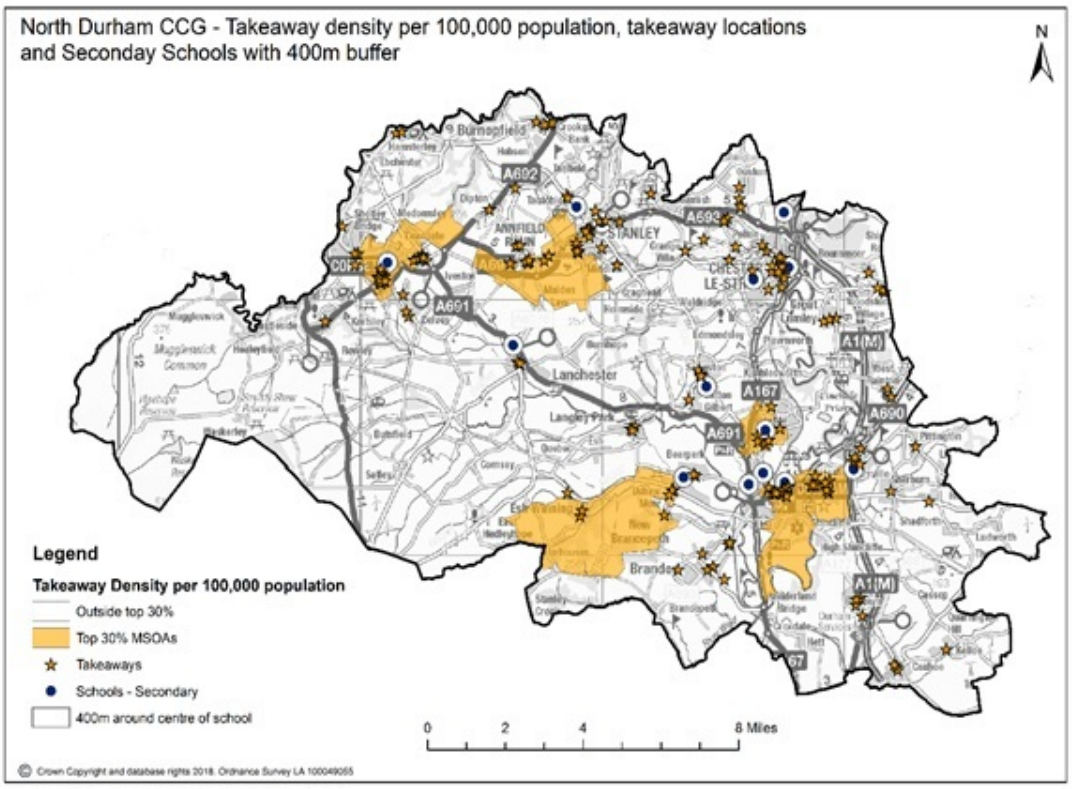
7.12 Figure 12 shows that at MSOA level there is a weak to moderate, positive relationship (cc=0.4) between deprivation and fast food takeaway outlet density in County Durham

7.13 **Figure 12:** Relationship between deprivation and fast food takeaway outlet density in County Durham, MSOAs. Source: FSA 2017 and IMD 2015.



7.14 **Figures 13 (a) & 13 (b)** show geographically the location and density of fast food takeaway outlets within County Durham and the location of secondary schools.





7.15 Those MSOAs that are the top 30% in County Durham for fast food takeaway outlet density are shaded in yellow.

7.16 Whilst it is acknowledged that the NCMP screening referred to within this evidence briefing that is used as a metric of childhood obesity within County Durham takes place in primary schools within reception year and year 6, because of the large number of primary schools across County Durham, it is not possible to plot these on the maps. Secondary schools are shown instead within the following maps as they add a dimension of the community within these areas and will be a locational hub for a number of cluster primary schools.

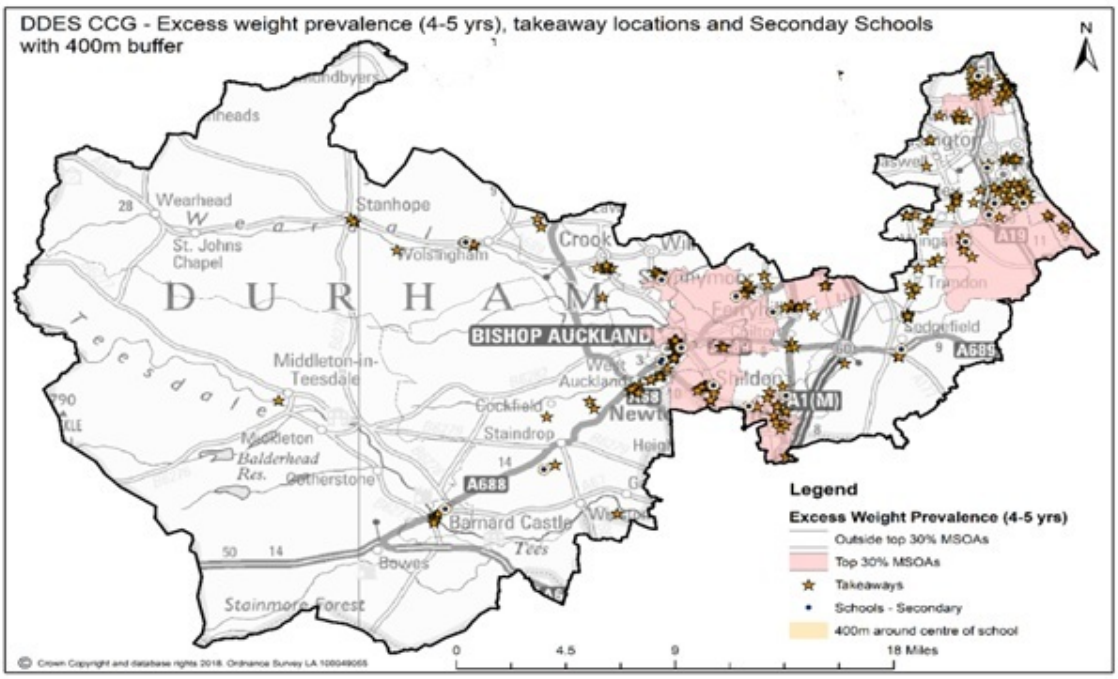
7.17 In addition, tracking carried out as part of the national NCMP programme has provided an insight into how a child's weight status changes over time. Key findings of this report suggest that being overweight or obese in reception is strongly linked to being overweight or obese in Year 6, For those obese in Reception, over a third remained obese in Year 6 and about another third developed severe obesity. Where children were severely obese in Reception, most remained severely obese in Year 6 (PHE 2017). Whilst no wide-scale screening takes place in secondary schools it is still possible to make an assumption that if a locality has high rates of reception and year 6 overweight and obesity, similar proportions of secondary school pupils could be likely to also be overweight or obese.

7.18 The following figures 14 & 15 (a & b) show the geographical location of fast food takeaway outlets, secondary school location (see details above for rationale for inclusion) and excess weight prevalence for reception age and year 6 pupils using NCMP data 2017.

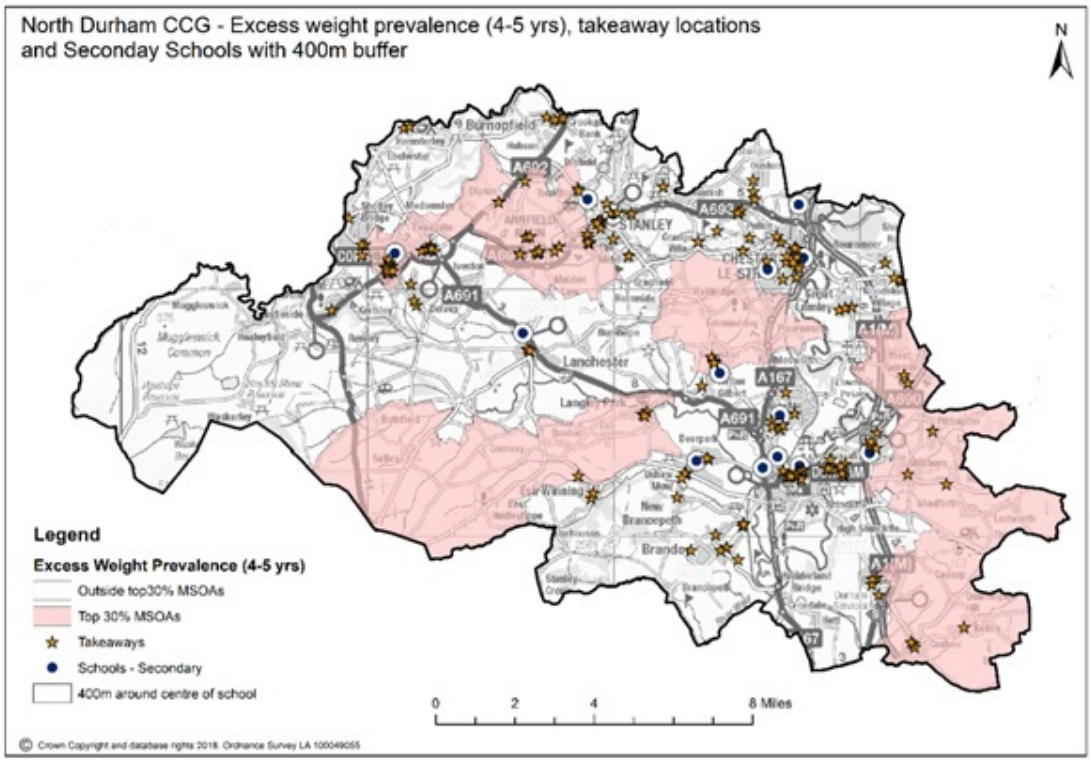
7.19 Those MSOAs that are the top 30% in County Durham for excess weight in each age group are shaded in pink.

7.20 Whilst not exclusive to those MSOAs where there are high levels of excess weight, many of the 584 fast food takeaway outlets (FSA 2017) are clustered within or bordering those MSOA's where excess weight prevalence particularly among year 6 pupils are the highest in County Durham.

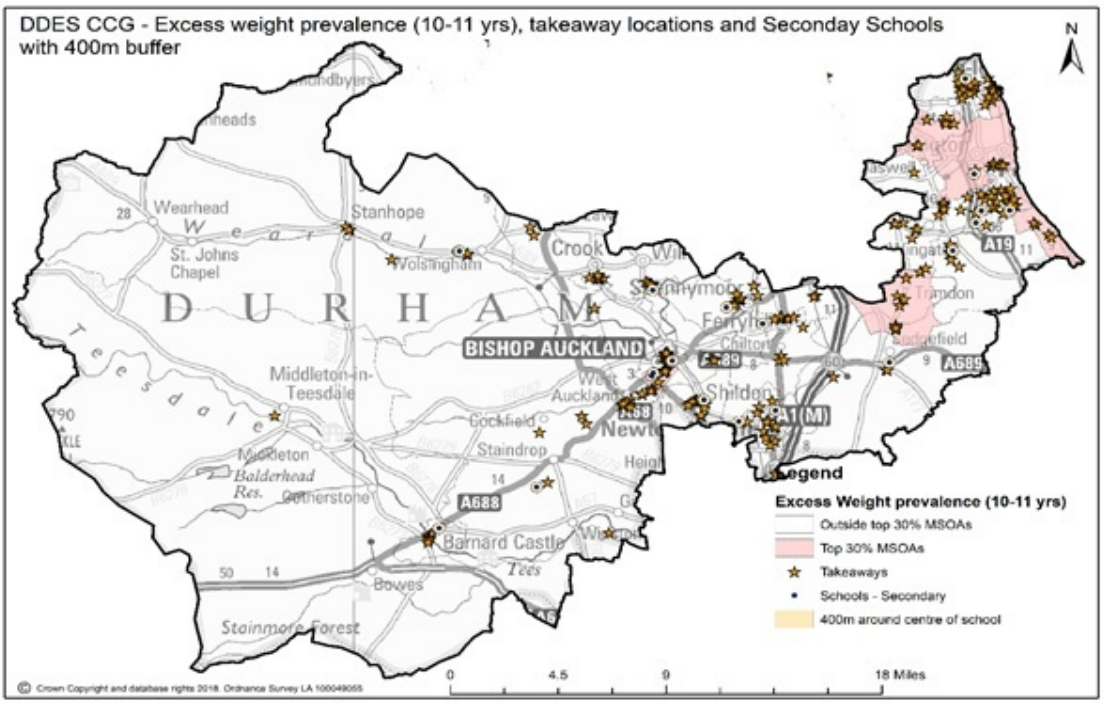
7.21 **Figure 14 (a)** Location of fast food takeaway outlets (FSA 2017), secondary schools and excess weight prevalence for reception age in County Durham MSOAs within Durham, Dales, Easington and Sedgefield CCG area.



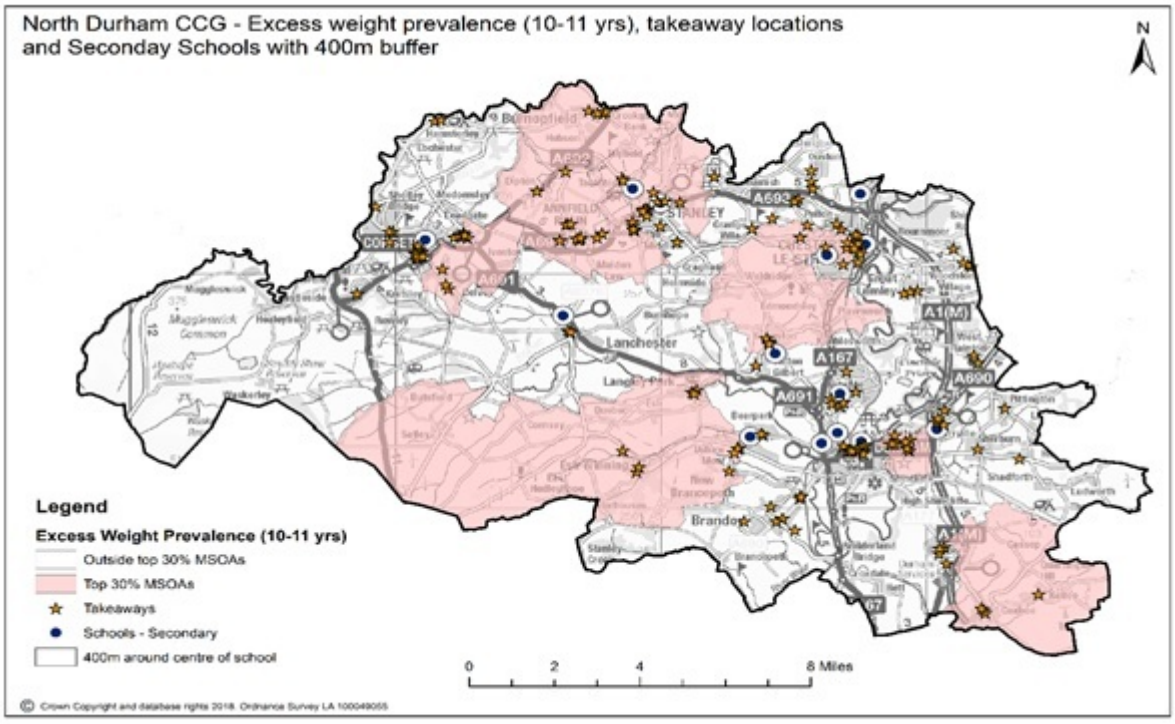
7.22 **Figure 14 (b)** Location of fast food takeaway outlets (FSA 2017), secondary schools and excess weight prevalence for reception age in County Durham MSOAs within North Durham CCG area.



7.23 **Figure 15 (a)** Location of fast food takeaway outlets (FSA 2017), secondary schools and excess weight prevalence for year 6 in County Durham MSOAs within Durham, Dales, Easington and Sedgefield CCG area.



7.24 **Figure 15 (b)** Location of fast food takeaway outlets (FSA 2017), secondary schools and excess weight prevalence for year 6 in County Durham MSOAs within North Durham CCG area.



7.25 Figures 16 & 17 bring together the information presented for all indicators detailed within the geographical maps and show at MSOA level the associations between deprivation, fast food takeaway outlet density and the trend of excess weight in reception and year 6 (over the period 2013 – 2016) in County Durham.

7.26 These Figures detail the threshold for MSOAs classified as being in the highest 30% within County Durham (N.B. deprivation is based on a national comparison). They also provide the average for County Durham and England for comparative purposes.

7.27 The shading within the tables matches that used within the preceding maps:

- MSOAs in top 30% England deprivation - blue shading
- MSOAs in top 30% Durham fast food takeaway outlet density - yellow shading
- MSOAs in top 30% excess weight (Reception and Y6) Durham - pink shading

7.28 **Figure 16.** Deprivation, fast food takeaway outlet density and excess weight at reception and year 6 in County Durham MSOAs within Durham, Dales, Easington and Sedgefield CCG area

	MSOA Name	Takeaway density per 100,000 population	No. of premises	Excess weight prevalence (%) 4-5yrs (2013/14-15/16)	Excess weight prevalence (%) 10-11yrs (2013/14-15/16)
Durham Dales	Bowes & Middleton-in-Teesdale	19.4	1	17.9	s
	Hamsterley & Staindrop	38.9	5	22.5	39.0
	Crook North Howden-le-Wear & Tow Law	53.9	5	22.3	33.0
	Cockton Hill & Etherley Dene	66.6	5	20.0	39.0
	Henknowle & Woodhouse Close	81.0	6	18.0	**42.1**
	Coundon & Willington South	81.6	6	**30.1**	39.3
	Stanhope and Wolsingham	86.8	7	18.7	30.0
	St Helens Auckland & West Auckland	120.8	11	20.2	36.9
	Barnard Castle & Startforth	128.6	9	22.8	28.8
	Crook South & Willington North	**184.7**	18	16.8	34.8
	Bishop Auckland & South Church	**327.6**	25	**26.7**	38.8
	Durham Dales Total	107.6	98	21.6	36.8

Easington	**Acre Rigg & Peterlee Central**	55.1	4	24.1	33.7
	Dalton-le-Dale & Deneside	58.1	5	25.3	37.9
	Passfield & Shotton	75.4	5	27.6	36.3
	Hutton Henry & Wingate	123.9	9	26.9	33.9
	Murton South & South Hetton	135.4	11	18.7	41.3
	Thornley Deaf Hill & Wheatley Hill	138.6	10	22.2	37.4
	Easington Colliery South & Eden Hill	152.0	13	24.6	38.6
	Seaham North & Seaton	155.1	14	24.4	35.6
	Easington Colliery North	160.8	9	21.2	42.9
	Blackhalls	168.9	10	31.1	40.5
	Shotton Colliery	198.5	13	21.3	34.9
	Horden	203.9	12	22.5	42.9
	Dawdon & Seaham Harbour	**223.2**	19	23.5	40.0
	Easington Total	140.9	134	24.0	37.8
Sedgefield	Spennymoor North & Tudhoe	14.3	1	18.0	37.9
	Midridge & Woodham Village	35.4	3	22.6	32.8
	Newton Aycliffe East	54.1	3	23.0	33.1
	Chilton & Ferryhill Station	71.4	5	24.3	35.8
	Bishop Middleham & Sedgefield	72.3	5	20.8	26.3
	Byers Green & Spennymoor	92.1	9	27.1	35.6
	Newton Aycliffe Central	103.4	6	26.8	34.2
	Cornforth & Ferryhill	103.6	7	30.2	37.9
	Shildon	166.9	17	26.8	36.3
	Aycliffe Village Newton Aycliffe South	169.4	12	27.9	32.9
	Fishburn & Trimdons	180.3	13	24.3	40.5
	Spennymoor-Green Lane and Dean Bank	254.9	17	22.9	37.3

	Sedgefield Total	110.9	98	24.9	35.1
	DDES Total	120.2	330	23.5	36.6

s = supressed due to low numbers/disclosure control

top 30% most deprived (nationally)
top 30% for takeaway density (within County Durham)
top 30% for excess weight (within County Durham)

7.29 Figure 17. Deprivation, fast food takeaway outlet density and excess weight at reception and year 6 in County Durham MSOAs within North Durham CCG area.

	MSOA Name	Takeaway density per 100,000 population	No. of premises	Excess Weight Prevalence (5) 4-5 yrs (2013/14-15/16)	Excess Weight Prevalence (%) 10-11 yrs (2013/14-15/16)
Chester-le-Street	Chester-le-Street North	63.9	5	22.5	29.8
	Beamish Ouston & Urpeth	68.2	4	22.4	34.9
	Chester-le-Street South	83.1	7	22.4	30.7
	Sacriston & Waldridge	96.8	8	29.9	40.4
	Chester-le-Street West & Pelton Fell	113.3	11	24.6	40.1
	Bournmoor & Great Lumley	121.6	9	23.7	33.2
	Pelton & Grange Villa	130.0	9	24.7	36.7
	Chester le Street total	97.4	53	24.6	35.5
Derwentside	Consett West & Castleside	32.0	3	22.9	35.8
	Medomsley & Shotley	50.8	5	24.4	34.4
	Lanchester	84.9	5	20.0	34.7
	Burnopfield Dipton North & Tantobie	88.5	7	23.2	44.2
	Langley Park Cornsay & Satley	92.1	6	25.5	41.2
	Delves & Leadgate South	98.2	9	22.5	41.3
	Annfield Plain North & Dipton South	101.8	8	32.3	40.6
	Stanley North & Kip Hill	105.4	9	21.6	40.5
	Craghead & South Stanley	117.3	11	24.8	38.5
	Annfield Plain South & South Moor	190.5	15	28.9	39.5
	Leadgate North & Consett East	192.1	22	26.1	37.4
	Derwentside Total	106.6	100	24.8	38.8

Durham	Brasside & Newton Hall	24.4	2	16.2	29.1
	Brandon	39.0	3	24.0	38.0
	Bearpark & Witton Gilbert	50.0	4	21.6	39.4
	Sherburn & West Rainton	54.5	5	26.9	35.8
	Langley Moor & Neville's Cross	68.3	8	17.5	20.7
	Bowburn & Shincliffe	75.9	5	20.4	33.1
	Belmont & Carville	80.7	6	24.8	35.3
	Cassop & Coxhoe	89.4	4	24.8	43.7
	Durham City	163.1	22	s	s
	Esh Winning & Ushaw Moor West	185.9	11	24.6	40.1
	Framwellgate Moor & Pity Me	209.4	13	19.8	39.1
	Gilesgate Moor	211.1	15	23.0	40.0
	Durham Total	101.7	101	22.3	35.6
	North Durham Total	102.6	254	23.9	36.8

s = supressed due to low numbers/disclosure control

top 30% most deprived (nationally)
top 30% for takeaway density (within County Durham)
top 30% for excess weight (within County Durham)

7.30 The table below, lists the three indicators used within the maps and MSOA tables. It details the threshold for MSOAs classified as being in the highest 30% within County Durham (N.B. deprivation is based on a national comparison). It also provides the average for County Durham and England for comparative purposes.

Summary of indicators used within maps and tables:

	Time Period	Top 30% MSOAs within County Durham	County Durham mean	England Mean
Fast food density per 100,000	2017	> 152.0	111.8	88* * relates to 2014
Excess weight % at ages 4-5	(2013/14 – 2015/16)	> 24.8%	23.7%	22.2%
Excess weight % at ages 10-11	(2013/14 – 2015/16)	> 39.4%	36.6%	33.6%
Index of Multiple Deprivation overall score	2015	> 27* *national	25.7	21.8

8 Implications for practice in County Durham

8.1 Obesity is a preventable disease that continues to present a major challenge for County Durham. Addressing Obesity across all age ranges is a key strategic priority of the Health and Wellbeing Board and one of the top 5 priorities identified within the Joint Strategic Needs Assessment. Whilst the vision set out within County Durham JHWS 2016 – 2019 is to *'improve the health of the people of County Durham and reduce health inequalities'*

8.2 Much work is already underway in County Durham and a whole system approach to address obesity is being driven forward by Durham County Council, and key partners within the Health and Wellbeing Board, Healthy Weight Alliance, Active Durham and Food Durham partnerships at to enable us to work toward realising our vision to *halt the rise in obesity in County Durham by 2022 and, by focussing resources upon addressing inequalities, see a sustained decline in obesity rates locally to below England national average by 2025.*

8.3 Within County Durham levels of obesity among our child and adult populations continue to increase and remain significantly worse than the England average. For children in our reception years and Year 6 NCMP data 2016/17 shows that in these year groups alone, there are around 3400 children; 103 classrooms; across the County, who are overweight or obese. Whilst for our adult population, being overweight is the norm with almost 7 in 10 adults in County Durham overweight or obese. These figures typically rise in relation to social deprivation.

8.4 People however are often not good at noticing obesity either in themselves or in others, and many are unaware of the nutritional composition of the food and drinks they consume, especially in relation to convenience foods, high sugar drinks and food eaten outside of the home. For many people, especially those within the most deprived areas, availability of healthy options is limited.

8.5 Although obesity is underpinned by many differing and interlinked factors, much evidence supports the impact of increased energy consumption rather than decreased physical activity as a key driving force, especially among lower socio-economic groups. The role of the planning system is one area where action can be taken to influence the out of home food offer and wider food environment, restricting availability of and access to energy dense food and drinks and enabling healthier options to be accessible, available, affordable and the norm.

8.6 This evidence briefing has highlighted that there are connections between regular consumption of energy dense food and drinks and weight gain in children and adults and that food and drinks available from Hot Food takeaways are typically high in SFA and TFA, salt and sugar – at times when tested, it was found that the daily recommended values for SFA and TFA were met within single meal portions.

8.7 Evidence also indicates that with increasing age, freedom of choice and spending power, young people will choose to consume energy dense food and drinks if they are the convenient, readily available and cheap. Consumption of a diet high in salt, fat and sugar does not lead to satiation and often means further consumption of such products. Such diets also often include lower intakes of vegetables, whole grains, low-fat dairy products and fruit, and micronutrients. In 2017 The County Durham Student Voice Survey highlighted that whilst 59% of pupils in years 5 and 6 reported eating portions of fruit and vegetables per day, for those in years 7, 9, 11, 13 this figure dropped to 47%.

8.8 The evidence presented here suggests that there are connections between the availability of energy dense food and drinks and that regular or frequent consumption and that this can lead to weight gain. In County Durham we have at least 584 fast food outlets (as defined by FSA December 2017), many of which are already clustered within our most deprived areas, some of which are among the most deprived areas in England and in those MSOA's where levels of childhood obesity particularly for year 6 pupils are among the highest in the County.

8.9 Whilst it is recognised that many factors around individual behaviours will direct young peoples' consumer patterns many of the studies presented here highlight the need to limit the availability of these food offers and advocate the need to restrict further opening of hot food takeaways within close proximity to schools. One study, which focussed upon adult use, identified lunchtimes as the most popular time to access hot food takeaways. In addition to taking action to limit the number of premises within 400m of school and college proximity this also highlights an opportunity to work with schools and colleges to address lunch time policies within the wider context of the obesity agenda.

8.10 Nationally the Childhood Obesity Plan – a plan for action (2016) is driving forward product reformulation, introducing a tax on high sugar drinks, and encouraging local authorities to work with existing food providers to promote healthy options, whilst the marketing of high fat, sugar and salt content products have been banned across media and social media to young people age 12 and under.

8.11 The Health and Social Care Act (2012) gave statutory duties for local authorities to take appropriate steps to improve population health. This included developing interventions focused on healthy weight. Locally the challenge is how we build on national guidance and best practice to bring about real change within our local communities. Adoption of the Hot Food takeaway policy within the County Durham Plan which proposes that A5 Uses outside of defined centres but within 400m of an existing or proposed school or college building should not be permitted is one of a number of interventions that will support our young people and communities to be able to live and interact within environments where healthier choices become the default. Adoption of this policy will further support other key local initiatives already in place within our whole system approach to obesity that support our early years and children and young peoples' settings and wider communities to access affordable healthier choices.

8.12 The evidence within this briefing supports the development of the A5 Uses Hot Food Takeaway policy within the wider County Durham Plan. In addition to supporting this policy, this evidence briefing also suggests that whilst acknowledging that Hot Food Takeaways can be a key source of energy dense food and drinks for young people, they are only one of the opportunities readily available within the school 'fringe' and home environments that enable young people to purchase and consume energy dense products. As such it is suggested that it would be prudent, within the individual decisions that are subsequently taken across County Durham that are underpinned by this policy, to acknowledge the importance of accounting for the wider food environment offer also available.

9 Glossary

Glossary

9.1 ***Clinical Commissioning Group [CCG]*** - CCGs were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are now 195 CCGs in England.

9.2 ***Food Standards Agency [FSA]*** – The FSA is responsible for food safety and food hygiene across the UK. It works with local authorities to enforce food safety regulations and its staff work in UK meat plants to check the standards are being met. The FSA also has responsibility for labelling policy in Scotland, Wales and Northern Ireland, and for nutrition policy in Scotland and Northern Ireland.

9.3 ***Health and Social Care Act (2012)*** The NHS changed with Health and Social Care Act 2012 bringing in the most wide-ranging reforms of the NHS since it was founded in 1948. On 1 April 2013 the main changes set out in the Act came into force, and most parts of the NHS were affected in some way.

9.4 ***Local Government Association [LGA]*** – LGA are the national voice of local government, working with councils to support, promote and improve local government. LGA are a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. LGA aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

9.5 ***Local Plan*** - The Planning Inspectorate supports the Government's aim for every area in England to have an adopted local plan. A local plan sets out local planning policies and identifies how land is used, determining what will be built where. Adopted local plans provide the framework for development across England.

9.6 ***Middle Super Output Area*** - Super Output Areas (SOAs) are a set of geographical areas developed following the 2001 census, initially to facilitate the calculation of the Indices of Deprivation 2004 and subsequently for a range of additional Neighborhood Statistics. The aim was to produce a set of areas of consistent size, whose boundaries would not change (unlike electoral wards), suitable for the publication of data such as the Indices of Deprivation. They are an aggregation of adjacent Output Areas with similar social characteristics. Lower Layer Super Output Areas (LSOAs) typically contain 4 to 6 OAs with a population of around 1500. Middle Layer Super Output Areas (MSOAs) on average have a population of 7,200.

9.7 ***National Planning Policy Framework*** - The National Planning Policy Framework sets out government's planning policies for England and how these are expected to be applied.

9.8 ***National Institute of Clinical Guidance [NICE]*** The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. NICE's role is to improve outcomes for people using the NHS and other public health and social care services. Since 1999, NICE have provided the NHS, and those who rely on it for their care, with an increasing range of advice on effective, good value healthcare, and have gained a reputation for rigour, independence and objectivity. In April 2013 NICE gained new responsibilities for providing guidance for those working in social care.

9.9 ***NICE Guideline*** - NICE guidance, advice, quality standards and information services for health, public health and social care. Also contains resources to help maximise use of evidence and guidance

9.10 ***Public Health England [PHE]*** – PHE are an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support.

9.11 ***Social Gradient*** - The **social gradient** in health is a term used to describe the phenomenon whereby people who are less advantaged in terms of socioeconomic position have worse health (and shorter lives) than those who are more advantaged. Health inequities, in particular, are avoidable inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies.

9.12 ***Supplementary Planning Documents [SPD]*** – SPD are documents which add further detail to the policies in the Local Plan. They can be used to provide further guidance for development on specific sites, or on particular issues, such as design. Supplementary planning documents are capable of being a material consideration in planning decisions but are not part of the development plan.

9.13 ***The Foresight Review*** **2007** - Foresight is the UK Government's science based futures think tank based in the Government Office for Science. The aim of the programme is to build on the scientific evidence base to provide challenging visions of the future to help inform government strategies, policies and priorities. The Government asked Foresight in 2005 to carry out a review of obesity.

Foresight reported its findings 'Tackling Obesities: Future Choices' Project in October 2007. This project looked at how we can respond sustainably to the prevalence of obesity in the UK over the next 40 years.

9.14 ***Town & Country Planning Association [TCPA]*** - The Town and Country Planning Association campaigns for the reform of the UK's planning system to make it more responsive to people's needs and aspirations and to promote sustainable development. The TCPA occupies a unique position, overlapping with those involved in the development industry, the environmental movement and those concerned with social justice. The Association prides itself on leading-edge, radical thinking and problem-solving.

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