

Blackpool Local Plan Evidence Base

Topic Paper: Managing the Location of Hot Food Takeaways

December 2020 Update



Contents

Executive Summary.....	3
1.0 Introduction	4
2.0 Background	8
3.0 Planning Policy Context.....	10
4.0 Methodology.....	15
5.0 Obesity and Health.....	16
6.0 Obesity, Deprivation and Hot Food Takeaways.....	18
7.0 Local strategies to improve health.....	25
8.0 What have other authorities done?.....	26
9.0 Case Studies and Appeal Decisions.....	27
10.0 Discussion and Recommendations	30
Bibliography	34

Executive Summary

National planning policy recognises the role of planning in promoting healthy communities, including how the environment can impact on health and influence healthy lifestyle choices.

Across England there is an upward trend in the prevalence of obesity and the UK's childhood obesity rates are now ranked among the worst in Western Europe. Obesity contributes to a growing prevalence of long-term conditions such as diabetes and cardiovascular disease as well as contributing to a reduced quality of life.

The 2018/19 data from the National Child Measurement Programme indicates that Blackpool children in Reception and in Year 6 are heavier than the national averages and the [Blackpool Joint Strategic Needs Assessment \(Blackpool Health Profile 2017\)](#) (opens a new window) confirms that 75% of adults in Blackpool are overweight (compared to 63% in England) and 31% of adults are obese (compared to 27% in England). This represents a significant proportion of the community in Blackpool.

There is a growing global evidence base¹ which indicates that policies which regulate people's exposure to fast food, contribute to improving diet and health.

The proliferation of hot food takeaways is a concern across Blackpool and although the availability of fast food is not the only factor contributing to poor diet and obesity, the availability of cheap, high density, high fat, high sugar and high salt food which is typically served in large portions, is a contributing factor which needs to be taken in consideration as part of Blackpool's approach to managing weight and reducing obesity levels.

Blackpool has some of the most deprived areas in England and is the most deprived authority in the country in terms of Health Deprivation and Disability Domain score and overall score. The Blackpool Local Plan, Part 1: Core Strategy acknowledges the health priorities and inequalities in the town and supports development which encourages healthy and active lifestyles.

This report identifies a direct correlation between high levels of childhood obesity, high levels of deprivation and the high numbers of hot food takeaways in Blackpool wards, but does not identify any particular correlation between high levels of childhood obesity and the numbers of hot food takeaways within close proximity to schools.

Many local authorities have developed planning policies and guidance to control hot food takeaways in response to local concerns about a proliferation of takeaways and the effect on diet, eating behaviour and obesity, in particular childhood obesity.

¹ [Does neighbourhood fast-food outlet exposure amplify inequalities in diet and obesity? A cross-sectional study by The American Journal of Clinical Nutrition, Published: 11 May 2016](#)

The report includes recommendations that the authority includes a policy in Part 2 of the Local Plan, which restricts new hot food takeaway units (and prevents new restaurants from offering a hot food takeaway service) in and around wards where there are high levels of childhood obesity.

1.0 Introduction

1.1 Obesity is a growing problem and is considered to be one of the most serious public health challenges of the 21st century.

Key statistics:

- In 2018, nearly two thirds of adults (63%) of adults in England are classed as being overweight (a body mass index of over 25) and 27% of adults are classed as being obese (a body mass index of over 30)²;
- In 2018/19, almost a quarter of Reception children are overweight or obese and in Year 6, it is over a third³;
- The obesity prevalence is higher for boys than girls in both Reception and Year 6 age groups;
- The obesity prevalence for children living in deprived areas is more than double that of those living in the least deprived areas for both Reception and Year 6;
- On average, there are more hot food takeaway outlets in deprived areas than in more affluent areas;
- People exposed to the highest number of takeaways are 80 per cent more likely to be obese and 20 per cent more likely to have a higher Body Mass Index than those with the lowest number of encounters⁴
- Overweight children are much more likely to become overweight adults⁵
- It is estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra nine years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake smoking as the biggest cause of preventable death.⁶
- Nearly a third of children are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer;
- Obesity increases the risk of developing diseases and certain cancers, increases blood pressure which is a factor in heart disease and type 2 diabetes;
- The NHS in England spent an estimated £6.1 billion on overweight and obesity related ill-health in 2014/15.
- The annual spend on the treatment of obesity and diabetes is greater than the amount spent on the police, the fire service and the judicial system combined⁷;

² [NHS Digital Health Survey 2015](#) (opens a new window)

³ [NHS Digital](#) (opens a new window)

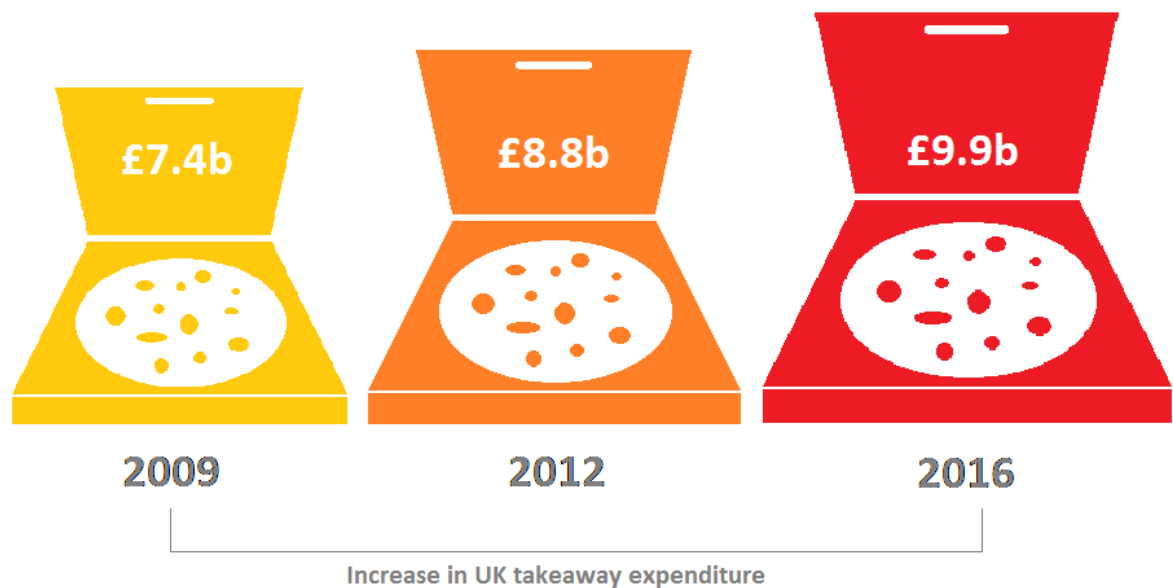
⁴ [Study by the British Medical Journal](#) (opens a new window)

⁵ [PubMed.gov article December 2015](#) (opens a new window)

⁶ [Report by the National Audit Office on Obesity in England 2001](#) [PDF 870KB]

⁷ [McKinsey Global Institute economic analysis of obesity](#) [PDF 2064KB]

- Councils are estimated to spend at least £352 million per annum on obesity related social care costs⁸;
- There was a 34% increase in spending on takeaway food between 2009 and 2016⁹;
- In 2016, 12.1% of all food spending was on takeaway food¹⁰;
- In 2016, £9.9 billion was spent on takeaway food and this is estimated to rise to £11.2 billion by 2021¹¹;
- Takeaways make up over 1/8th of the entire food services sector¹²



The food environment contribution to obesity:

- The increasing consumption of out of home meals has been identified as an important factor contributing to rising levels of obesity;¹³
- The total number of takeaway food shops in England has risen by 4,000 since 2014, an increase of 8% to 56,638 outlets¹⁴;
- An analysis of the UK National Diet and Nutrition Survey found that more than a quarter of adults and a fifth of children ate out once or more a week, and one fifth of adults and children ate takeaway meals at home once per week or more;¹⁵

⁸ [Making obesity everybody's business \[PDF 508KB\]](#)

⁹ [Takeaway Economy Report 2017 \(opens a new window\)](#)

¹⁰ [Takeaway Economy Report 2017 \(opens a new window\)](#)

¹¹ [Takeaway Economy Report 2017 \(opens a new window\)](#)

¹² [Takeaway Economy Report 2017 \(opens a new window\)](#)

¹³ [GOV.UK Reducing Obesity: Future Choices \(opens a new window\)](#)

¹⁴ [Cambridge University's Centre for Diet and Activity Research \(opens a new window\)](#)

¹⁵ [GOV.UK Encouraging Healthier Out of Home Food Provision \(opens a new window\)](#)

- Eating out of home foods, and in particular fast food, is associated with higher levels of calories, fat and salt;
- Portion sizes for meals eaten outside of the home tend to be bigger;
- Many pupils visit shops on the way to or from school and the food and drink items that can be purchased are cheap and tend to be high in calories, fat and sugar;
- People in the UK are around 20% less active now than in the 1960s. If current trends continue, we will be 35% less active by 2030;
- In 2015, only 22% of children aged between 5 and 15 met the physical activity guidelines of being at least moderately active for at least 60 minutes every day (23% of boys, 20% of girls)¹⁶.



- 1.2 Given the scale and cost of obesity, and the significant burden on families, the health and social care system, employers and society as a whole means prevention of obesity is a high priority.
- 1.3 [The national childhood obesity: a plan for action 2018](#) (opens a new window) sets out the governments' ambition to halve childhood obesity rates and reduce the gap in obesity between children from the most and least deprived areas by 2030. This plan confirms that local authorities have a range of powers and opportunities to create healthier environments, including the power to develop planning policies to limit the opening of additional hot food takeaway outlets close to schools and in areas of over-concentration.
- 1.4 Public health is a statutory responsibility for Councils and the planning system has an important role in tackling public health issues, from making streets safer and more pleasant to use, locating housing where there are services, reducing car dependency, creating green spaces and protecting cultural and social facilities. Improving health and wellbeing is also a requirement of the National Planning Policy Framework.
- 1.5 Local authorities in England are also beginning to use the planning system to prevent new hot food takeaways from opening in certain areas. The aim of this approach is to restrict access to unhealthy food, which along with other national and local authority initiatives will assist in improving the health of the population, reducing levels of obesity and associated preventable diseases.
- 1.6 This document sets out the Council's priorities and objectives in relation to planning control of hot food takeaways. It elaborates upon planning policies in relation to health and wellbeing.

¹⁶ [NHS Digital Health Survey 2015](#) (opens a new window)

- 1.7 Hot food takeaways (suis generis) are a different use class to restaurants or cafes (Class E), drinking establishments (suis generis) and retail shops (Class E). Under the Town and Country Planning (Use Classes) Order 1987 as amended, a suis generis hot food takeaway is an establishment which primarily sells hot food for consumption off the premises.

2.0 Background

- 2.1 Published in October 2007, the Foresight report [Tackling Obesities: Future Choices](#) led to the Improvement and Development Agency (IdeA) commissioning Sheffield Hallam University to analyse the implications of the report for local government. Both reports identified the importance of the built environment and the ability that planning has to improve access to healthier lifestyles. The report also highlights that the environment can influence a person's choices for diet and activity and the access to cheap, readily available, calorie-rich food makes it harder for an individual to lead a healthy lifestyle.
- 2.2 There has been an increase in the consumption of out-of-home meals which are often cheap, convenient and available throughout the day. This has been identified as an important factor contributing to the increase in obesity. Public Health England estimated in 2017 that there were 56,638 fast food and takeaway outlets in England, a rise of 8% since 2014. [The Takeaway Economy Report 2017¹⁷](#) commissioned by Just Eat confirms a 34% increase in nominal expenditure on takeaway food from £7.9 billion in 2009 to £9.9 billion in 2016 and forecasts growth in the sector of up to 2.6% per annum, predicting that the industry will be worth 11.2 billion by 2021. That report also confirms that 12.1% of total spending on all food in the UK in 2016 was on takeaway food.
- 2.3 [Healthy Weight, Healthy Lives \[PDF 4,858KB\]](#) published in 2008 encourages local authorities to use existing planning regulations to control more carefully the number and location of hot food takeaway outlets.
- 2.4 In 2010, the [Marmot Review \[PDF 16,543KB\]](#) stated "the lack of attention paid to health and health inequalities (avoidable differences in health) in the planning process can lead to unintended and negative consequences. A policy planning statement on health would help incorporate health equity into planners' roles." The Healthy Urban Development Unit¹⁸ and CABE¹⁹ demonstrate in numerous reports how good planning can have a positive impact on public health and that designers can influence people's well-being and design neighbourhoods in a manner that promotes health and well-being." The review goes on to say "A new Planning Policy Statement on health could ensure that new developments are assessed for their impact on health inequalities, for example limiting the number of hot food takeaway outlets in a Super Output Area. This tool could help to provide a lever for local authorities to change the way neighbourhoods are designed."
- 2.5 NICE (National Institute for Healthcare Excellence) Guidance on prevention of cardiovascular disease²⁰ outlines that reducing salt and saturated fat intakes for the population will reduce morbidity and mortality rates from cardiovascular disease. Furthermore it states that Trans fats (Industrially-produced trans fatty acids (IPTFAs)) are a significant health hazard and that sections of the population who regularly eat fried fast-food may be consuming substantially higher amounts of Trans fats than those on a healthier, well balanced diet. This NICE

¹⁷ [Takeaway Economy Report 2017](#) (opens a new window)

¹⁸ [NHS Healthy Urban Development Unit: Using the planning system to control hot food takeaways 2013 \[PDF 6363KB\]](#)

¹⁹ [Design Council: Sustainable places for health and well-being \[PDF 662KB\]](#)

²⁰ [NICE: Cardiovascular disease prevention 2010](#) (opens a new window)

guidance also outlines that food from hot food takeaways and the ‘informal eating out sector’ comprises a significant part of many people's diet and indicates that local planning authorities have powers to control hot food takeaway outlets. It recommends that local planning authorities are encouraged to restrict planning permission for hot food takeaways and other food retail outlets in specific areas (for example, within walking distance of schools) as well as consider the concentration of hot food takeaway outlets in specific areas to address disease prevention. It further recommends that existing planning policy guidance should be implemented in line with public health objectives.

- 2.6 Public Health England (PHE) and the Local Government Association have provided a briefing on regulating the growth of hot food takeaway outlets²¹. It outlines the obesity epidemic in England and the causal links between obesity and type 2 diabetes, raised blood pressure and colorectal cancer. It acknowledges the complexity of the ways in which the environment promotes obesity and explains that actions can be taken by local authorities to reduce the extent of obesity promotion locally. It identifies that controlling the proliferation of hot food takeaway outlets has a role to play. It is acknowledged that a causal link between hot food takeaway outlets and obesity cannot be established but identifies that there is evidence of associations between obesity and the availability of fast food.
- 2.7 PHE also published guidance [Health matters: obesity and the food environment](#) (opens a new window) in March 2017 which outlines what role planning could have in tackling the problem in relation to restricting the locations of new Hot Food Takeaways.
- 2.8 PHE and the Local Government Agency have developed a toolkit [Strategies for encouraging healthier ‘Out of Home’ food provision](#) (opens a new window). This has been developed to encourage local interventions that will further increase the opportunities for communities to access healthier food whilst out and about in their local community. It outlines opportunities both to manage new business applications and to work with existing food outlets to provide healthier food. The toolkit has been created to support local authorities to work with smaller food outlets such as takeaways, restaurants, bakers, sandwich and coffee shops, mobile traders, market stalls, and corner shops.
- 2.9 In July 2017 PHE produced an evidence review on spatial planning for health²², providing a resource for planning and designing healthier places²³. The report provides the findings from an evidence review examining the links between health and the built and natural environment to help inform policy and support local action. The review concentrated on 5 built environment topics:

²¹ [Healthy people, healthy places briefing: Obesity and the environment: regulating the growth of fast food outlets](#) (PDF 777KB)

²² [PHE Spatial Planning for Health: An evidence resource for planning and designing healthier places](#) [PDF 2,029KB]

²³ [GOV.UK Spatial planning for health: evidence review 2017](#) (opens a new window)

- Neighbourhood design
- Housing
- Access to healthier food
- Natural and sustainable environment
- Transport

- 2.10 Locally, the [Joint Health and Well Being Strategy 2016-2019](#) (opens a new window) for Blackpool outlines the largest health issues impacting on the lives of the local population and strategies for addressing those issues, including outlining how planning policy can assist in achieving healthy weight.
- 2.11 In January 2016, Blackpool Council became one of the first authorities in the country to sign up to a healthy weight declaration²⁴ which includes a commitment to consider planning policies restricting hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited.
- 2.12 In January 2017, Blackpool Council launched the Healthier Choices Award²⁵. This is a scheme to help and support establishments in Blackpool to offer healthier food options and encourages simple changes to the way food is prepared and cooked.

3.0 Planning Policy Context

[National Planning Policy Framework \(NPPF\)](#) (opens a new window)

- 3.1 The Government introduced a revised National Planning Policy Framework in 2019, with healthy communities included as a common theme throughout the document.
- [Promoting healthy and safe communities – Para 91](#)
 Planning policies and decisions should aim to achieve healthy, inclusive and safe places which enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.
 - [Promoting healthy and safe communities – Para 92](#)
 To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community.
 - [Making effective use of land – Para 117](#)

²⁴ [Blackpool Council Declaration on Healthy Weight](#) (opens a new window)

²⁵ [Blackpool Council Healthier Choices Award](#) (opens a new window)

Planning policies and decisions should promote an effective use of land in meeting the need for homes and other uses, while safeguarding and improving the environment and ensuring safe and healthy living conditions.

- [Achieving well-designed places – Para 127](#)

Planning policies and decisions should ensure that developments create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience.

3.2 The range of issues that could be considered through the plan-making and decision making processes, in respect of health and healthcare infrastructure, include how the local plan:

- promotes health, social and cultural wellbeing and supports the reduction of health inequalities;
- considers the local health and wellbeing strategy and other relevant health improvement strategies in the area
- considers opportunities for healthy lifestyles (e.g. planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity, and promotes access to healthier food, high quality open spaces and opportunities for play, sport and recreation).

[National Planning Practice Guidance](#) ([opens a new window](#))

3.3 The National Planning Practice Guidance defines the role of health and wellbeing in planning and ensures health and wellbeing is considered in local and neighbourhood plans and in decision making. The guidance includes a range of issues that should be considered through the plan making and decision making process in respect of health. The NPPG requires that:

- the local plan promotes health, social and cultural wellbeing and supports the reduction of health inequalities;
- the local plan considers any local health and wellbeing strategies; and
- opportunities for healthy lifestyles are considered (e.g. planning for an environment that supports people of all ages in making healthy choices, promotes sustainable travel modes and activity and promotes access to healthier food, high quality open space and opportunities for play, sport and recreation).

3.4 Local planning authorities can consider bringing forward, where supported by an evidence base, local plan policies and supplementary planning documents, which limit the proliferation of certain use classes in identified areas, where planning permission is required.

3.5 Local planning authorities could have particular regard to the following issues:

- proximity to locations where children and young people congregate such as schools, community centres and playgrounds

- evidence indicating high levels of obesity, deprivation and general poor health in specific locations
- over-concentration and clustering of certain use classes within a specified area
- odours and noise impact
- traffic impact
- refuse and litter

[Blackpool Local Plan, Part 1 – Core Strategy 2012-2027](#) [PDF 138,590KB]

- 3.6 The vision for Blackpool in 2027 includes that Blackpool has created a more equal society with sustainable communities having fair access to quality jobs, housing, shopping, health, education, open space, sport and recreation.
- 3.7 Goal 2 in the Core Strategy includes:
- Strengthening community wellbeing to create sustainable communities and reduce inequalities in Blackpool’s most deprived areas and to encourage healthier lifestyles.
 - Improving the health and well-being of Blackpool’s residents and reduce health inequalities by maintaining good access to health care and encouraging healthy active lifestyles, including access to open spaces, the coast, countryside, sport and recreation facilities
- 3.8 The Core Strategy confirms that Blackpool is intensely urban and compact, largely built up to its boundaries and that Blackpool’s Inner Area is densely populated and experiences a high concentration of acute deprivation levels, leading to extreme health, social and economic inequalities between the richest members of society and the poorest.
- 3.9 Regeneration within Blackpool Town Centre, the Resort Core and in deprived neighbourhoods is crucial to strengthening the economy, balancing the housing market and targeting investment to address decline and deprivation.
- 3.10 The Core Strategy acknowledges that the health of people in Blackpool is generally worse than the national average and that the town records one of the lowest life expectancy rates nationally and there are inequalities by deprivation and gender. The Core Strategy also acknowledges that the health priorities in Blackpool include alcohol and drug misuse, mental health, smoking and obesity.
- 3.11 There is a chapter in the Core Strategy entitled Strengthening Community Wellbeing which is devoted to improving neighbourhoods and reducing inequalities, providing quality homes and quality environs with the right community facilities where they are needed.
- 3.12 The following policies directly and indirectly relate to the health agenda.
- CS1 – Strategic Location of Development
Blackpool’s future growth, development and investment will be focused on inner area regeneration.

- CS4 – Retail and Other Town Centre Uses

In order to strengthen Blackpool Town Centre’s role as the sub-regional centre for retail on the Fylde Coast, its vitality and viability will be safeguarded and improved by focusing new major retail development in the town centre to strengthen the offer and improve the quality of the shopping experience. For Town, District and Local Centres within the Borough, retail and other town centre uses will be supported where they are appropriate to the scale, role and function of the centre.

- CS5 – Connectivity

A sustainable, high quality transport network for Blackpool will be achieved by developing a safe, enhanced and extended network of pedestrian and cycle routes to increase the proportion of journeys made on foot or bike and changing travel behaviour by pro-actively working with developers and other organisations to increase the proportion of journeys that use sustainable transport.

Walking and cycling are important for their effectiveness in reducing road traffic as well as improving health outcomes, an important consideration given the poor health statistics in Blackpool. The Council will promote physical activity in line with the recommendations of NICE Public Health Guidance¹⁹. Promotion of physical activity through urban and transport planning has been shown to be an effective way of improving health outcomes in urban areas.

- CS6 – Green Infrastructure

High quality and well connected networks of green infrastructure in Blackpool will be achieved by protecting and enhancing existing infrastructure, creating new green infrastructure and connecting green infrastructure and emphasises that green infrastructure has a vital contribution to the health and well-being of residents and visitors.

Easy access to good quality green space and infrastructure can provide benefits such as increased life expectancy and reduced health inequalities, improvements in levels of physical activity and health, and the promotion of psychological health and mental wellbeing

- CS7 – Quality of Design

New development in Blackpool is required to be well designed, and enhance the character and appearance of the local area and should incorporate well integrated car parking, pedestrian routes and cycle routes and facilities and provide appropriate green infrastructure including green spaces, landscaping and quality public realm as an integral part of the development

High quality design is central to the creation of attractive, successful and sustainable places, which in turn has a positive impact on the health and well-being of the communities who live there.

- CS10 - Sustainable Design and Renewable and Low Carbon Energy

It is crucial that all developments incorporate measures that will address the significant levels of fuel poverty experienced in Blackpool to improve the health and well-being of communities and to meet the national requirements to reduce carbon emissions and increase the supply of renewable energy.

All new non-residential development over 1,000m² will be required to achieve BREEAM 'very good' (or any future national equivalent). (Health and well-being is a key focus of BREEAM)

- CS11 – Planning Obligations

Where appropriate, planning contributions will be sought in connection with a development which may involve contributions to community infrastructure such as health and educational facilities, sports or other community facilities.

- CS12 – Sustainable Neighbourhoods

Sustainable communities should comprise a mix of age groups, incomes and lifestyles within a safe, healthy and clean environment, with access to a full range of services and community facilities.

The Council will support development and investment which creates a healthy, safe, secure and attractive environment and public realm, which promotes local pride and a sense of place. Neighbourhood improvement will focus on neighbourhoods in the Inner Area.

- CS15 – Health and Education

Improving the health and education of Blackpool's population is a major challenge, with the gap in health and education inequalities between Blackpool and the rest of the UK continuing to widen. Access to quality health and education facilities is integral to raising educational achievement and improving the health and well-being of communities. Achieving wider social, health and lifestyle goals is also closely linked to delivering major physical change and the regeneration of the built environment.

People's health and education is influenced by the settings of their everyday lives – where they live, learn, play and work. There is a strong relationship between social and economic factors such as low income and poor quality housing, with the state of health and levels of educational attainment in local communities. Improved provision and access to quality public services, which Policy CS15 aims to address, has a direct positive effect on the health and well-being of residents.

Development will be supported that encourages health and active lifestyles and addresses the Council's health priorities.

- CS17 – Blackpool Town Centre

To re-establish the town centre as the first choice shopping destination for Fylde Coast residents and to strengthen it as a cultural, leisure and business destination for residents

and visitors, new development will be supported which helps re-brand the town centre by strengthening the retail offer and enhancing the quality of buildings, streets and spaces.

- CS22 – Key Resort Gateways

Proposals for improvement and development will be supported to regenerate Central Drive, Lytham Road, Dickson Road and Talbot Road as prominent and attractive gateways to the resort and town centre by replacing poor quality seasonal and transient uses with more viable uses.

4.0 Methodology

- 4.1 For the purposes of this data in this document, hot food takeaway uses have been counted along with uses which actively advertise hot food takeaway services on mobile apps such as Just Eat and Hungry House or which have a takeaway menu online. The data was collected in the first quarter of 2018.
- 4.2 In order to establish where hot food takeaways are located in the town, data was been sought from Environmental Services, which undertakes the food control and licensing functions for Blackpool Council. Additional hot food takeaways were identified through the Just Eat and Hungry House websites, through internet searches, a survey of the Town Centre, District and Local Centres and through local knowledge.
- 4.3 Given the town's main economy is tourism and tourism is focused primarily on the Promenade within the Resort Core, hot food takeaways in this area were excluded from the count as these units are generally seasonal and are not aimed at local residents. However, units within the Town Centre off the Promenade have been included in the count. Typically, hot food takeaways within the Town Centre are clustered around the edge, in some of the towns most deprived and densely populated wards with more extreme health inequalities than areas with fewer hot food takeaways. In any case, standalone hot food takeaway uses would not normally be permitted in primary and secondary shopping frontages within the Town Centre as this would be contrary to policies in the Core Strategy and the emerging Local Plan Part 2: Site Allocations and Development Management Policies document.
- 4.4 The national Feat tool (Food Environment Assessment Tool) identifies hot food takeaways by local authority across England. Whilst this tool was found to be useful, the hot food takeaway data includes sandwich shops and 8 major retailers, 8 major restaurant chains and some mobile caterers which for planning purposes are not classed as hot food takeaways. Therefore the Council's data doesn't correlate directly with the data on FEAT.
- 4.5 Ward data relating to population and obesity levels in each ward was obtained through Public Health England, with assistance from Public Health Blackpool. The Blackpool Joint Strategic Needs document also links through to ward data from Public Health England.
- 4.6 The deprivation data for each Lower Super Output Area (LSOA) was obtained through the [Office for National Statistics](#) (opens a new window) and the data extrapolated to ascertain deprivation levels for each ward.

4.7 Childhood obesity data is collected annually by the National Child Measurement Programme which involves recording the weight of children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) in schools. Map based ward data was obtained online at the [NCMP and Child Obesity Profile](#) (opens a new window) and this data is updated annually.

5.0 Obesity and Health

5.1 Public Health England has identified a changing food culture. In previous decades, eating out was an occasional treat for special occasions. However, now 1 in 6 meals are now eaten outside of the home, 1 in 3 people in England eat takeaway food as least once a week, 1 in 3 children under the age of three eat at least one takeaway meal per week and 1 in 5 children under the age of 3 eat takeaway food or ready-made adult meals, every day.

5.2 Childhood obesity can have a harmful effect on the body in a number of ways. Obese children are more likely to have high blood pressure and high cholesterol which are risk factors for cardiovascular disease, type 2 diabetes, breathing problems such as sleep apnoea and joint problems to name a few. Children who are obese are at greater risk from bullying, discrimination and low confidence and poor self-esteem which can continue into adulthood. Obese children are also less likely to take regular exercise due to physical constraints and exertion and poor body image which compounds the problem.

5.3 Being overweight or obese is often maintained into adulthood and adult obesity is associated with a number of serious health conditions such as heart disease, asthma, diabetes, stroke, skeletal and joint problems and some cancers and there is a reduced life expectancy of around 9 years compared to those of a healthy weight.²⁶

5.4 Life expectancy in Blackpool is 74.3 years for males (compared to the UK average of Life expectancy of 79.5 years) and 79.4 years for females (UK average is 83.1 years). In terms of the inequalities in Blackpool, life expectancy is 14.3 years lower for men and 9.3 years lower for women in the most deprived areas of Blackpool than in the least deprived areas.

5.5 The Blackpool Joint Strategic Needs Assessment confirms that 75% of adults in Blackpool are overweight (compared to 63% in England) and 31% of adults in Blackpool are obese (compared to 27% in England) and confirms that obesity is an important factor contributing to the inequality gap in life expectancy in Blackpool residents.

5.6 In terms of childhood excess weight and obesity, the tables below shows a comparison of the Blackpool National Child Measurement Programme data between 2013/14 and 2018/19 and the average in England²⁷:

Figure 1 Obesity levels in England between 2013 and 2019

England Obesity	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Reception %	9.5	9.1	9.3	9.6	9.5	9.7
Year 6 %	19.1	19.1	19.8	20	20.1	20.2

²⁶ [Joint Strategic Needs Assessment for Blackpool Council](#) (opens a new window)

²⁷ [NHS Digital website](#) (opens a new window)

Figure 2 Obesity levels in Blackpool between 2013 and 2019

Blackpool Obesity	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Reception %	11.7	10.0	10.5	10	11.8	11.3
Year 6 %	22.0	22.0	22.5	21.1	22.6	24

Figure 3 Overweight and obesity levels in England between 2013 and 2019

England Overweight and Obesity	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Reception %	22.5	21.9	22.1	22.6	22.4	22.6
Year 6 %	33.5	33.2	34.2	34.2	34.3	34.3

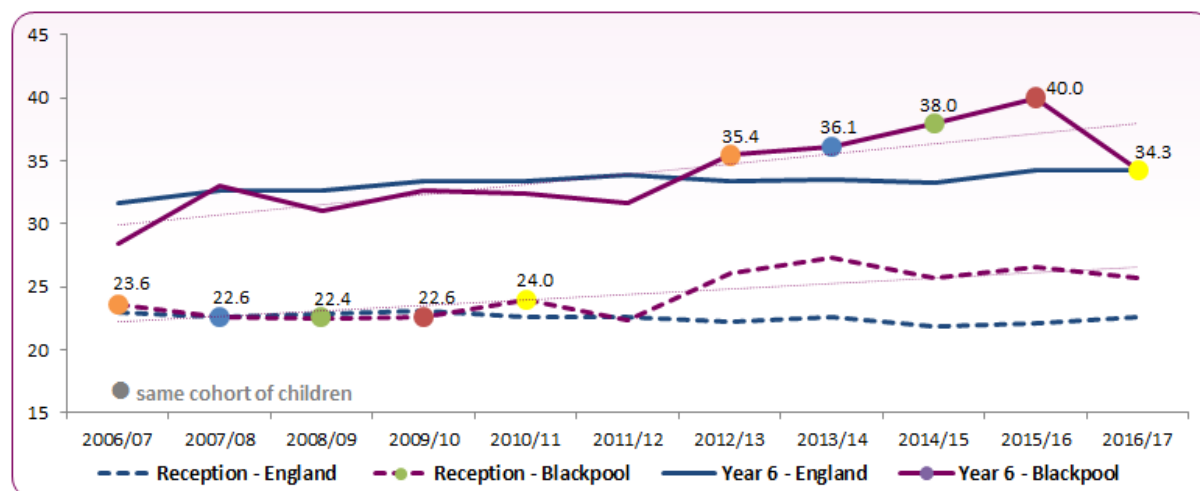
Figure 4 Overweight and obesity levels in Blackpool between 2013 and 2019

Blackpool Overweight and Obesity	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Reception %	26.8	25.7	26.5	25.7	27.1	28.6
Year 6 %	35.7	38	40	34.3	37.8	38.6

5.7 The tables above show that in Blackpool, the prevalence of excess weight and obesity in both Reception children and Year 6 children have been consistently much higher than the national average.

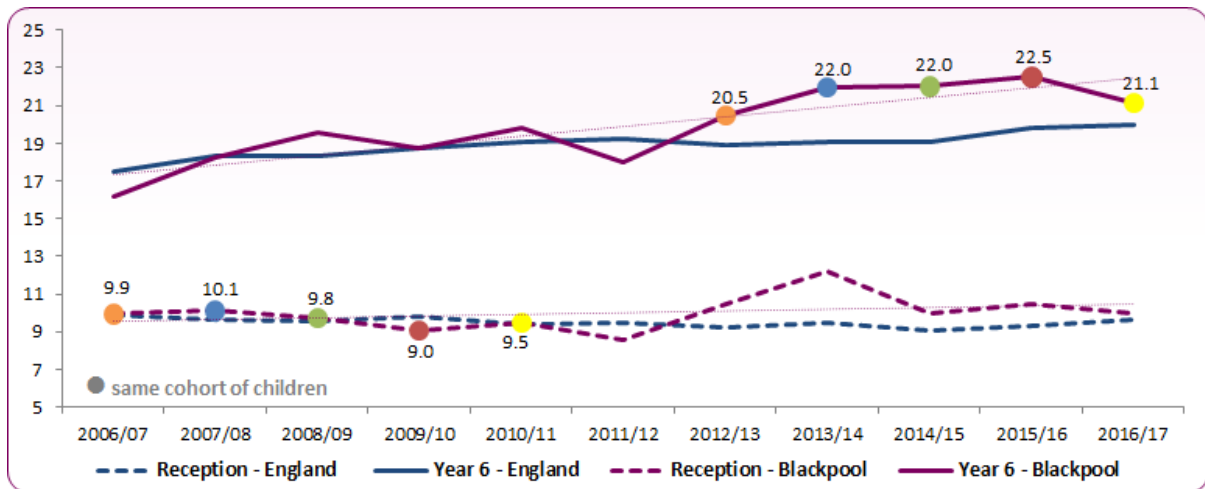
5.8 The table below shows childhood trends in excess weight between 2006 and 2017, locally and nationally:

Figure 5 PHE graph showing trends in excess weight between 2006 and 2017



5.9 The table below shows childhood trends in obesity between 2006 and 2017, locally and nationally:

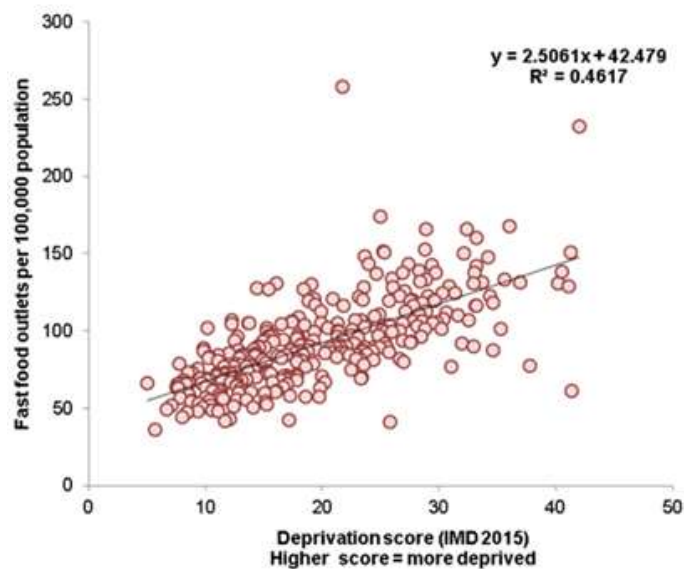
Figure 6 PHE graph showing trends in obesity between 2006 and 2017



6.0 Obesity, Deprivation and Hot Food Takeaways

6.1 There is consistent evidence which links the number and density of hot food outlets and deprivation. The Foresight report found that obesity levels tend to be higher in deprived areas than in wealthy areas. Public Health England has found a strong association between deprivation and the density of hot food takeaways (demonstrated in the graph below which was published by Public Health England in 2017)²⁸:

Figure 7 Association between levels of deprivation and the number of hot food takeaways in an area by PHE



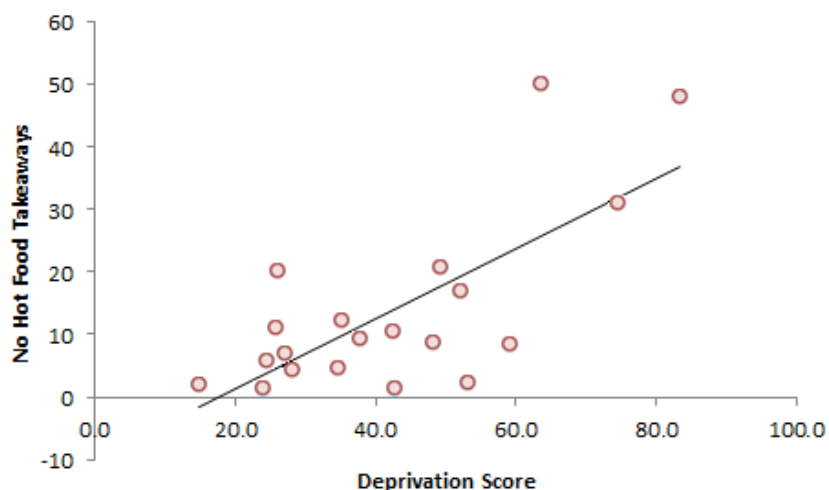
6.2 Blackpool is currently the most deprived authority in England based on average deprivation scores for all Lower Super Output Areas (LSOAs) (2015 Index), a position which has declined since the 2004 Index of Deprivation, which placed Blackpool as 12th overall. Blackpool is also

²⁸ [PHE Obesity and the environment – Density of fast food outlets December 2017 \[PDF 330KB\]](#)

the most deprived authority in the country in terms of the Health Deprivation and Disability Domain score.

- 6.3 The graph below shows a positive correlation between the number of hot food takeaways and the deprivation rank of each ward in Blackpool (excluding the Promenade):

Figure 8 Deprivation score and the number of hot food takeaways published by PHE



- 6.4 The graph shows that there tends to be more hot food takeaways in the more deprived wards than in less deprived wards. This data suggests that restricting new hot food takeaways may prevent further amplification of deprivation.
- 6.5 In 2018/19 the obesity prevalence for children living in England in the most deprived areas was more than double that of those living in the least deprived areas for both Reception and Year 6. In that year, the obesity prevalence in Reception children ranged from 13.3% of children living in the most deprived areas to 5.9% in the least deprived areas. In Year 6, 26.9% of children living in the most deprived areas were obese compared to 11.4% in the least deprived areas. The PHE graphs²⁹ below demonstrate that this deprivation gap is increasing, with children in the most deprived areas increasingly living with excess weight or obesity, whilst levels of excess weight and obesity in the least deprived areas is stable.

²⁹ [NHS Digital – national child measurement programme and deprivation](#) (opens a new window)

Figure 9 PHE graph showing levels of obesity in Reception aged children between 2006 and 2019

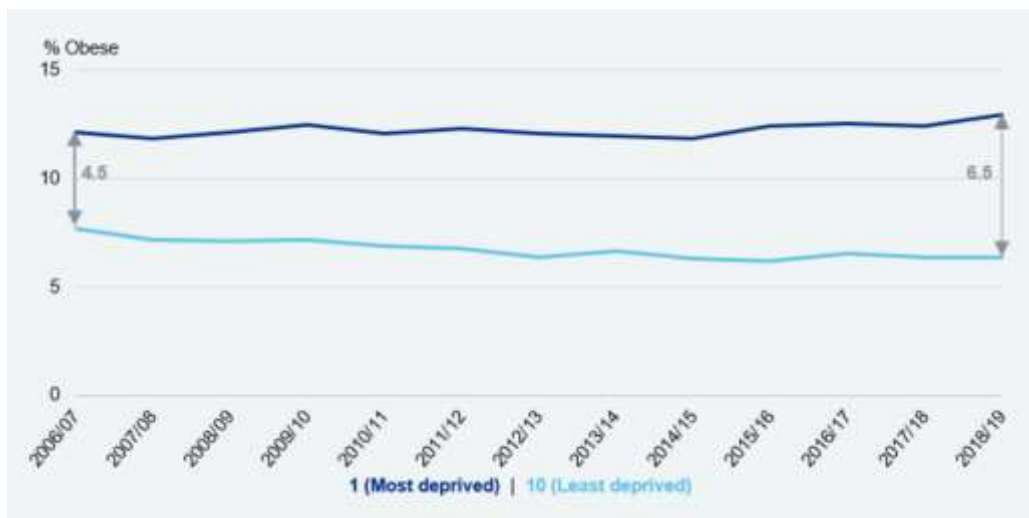
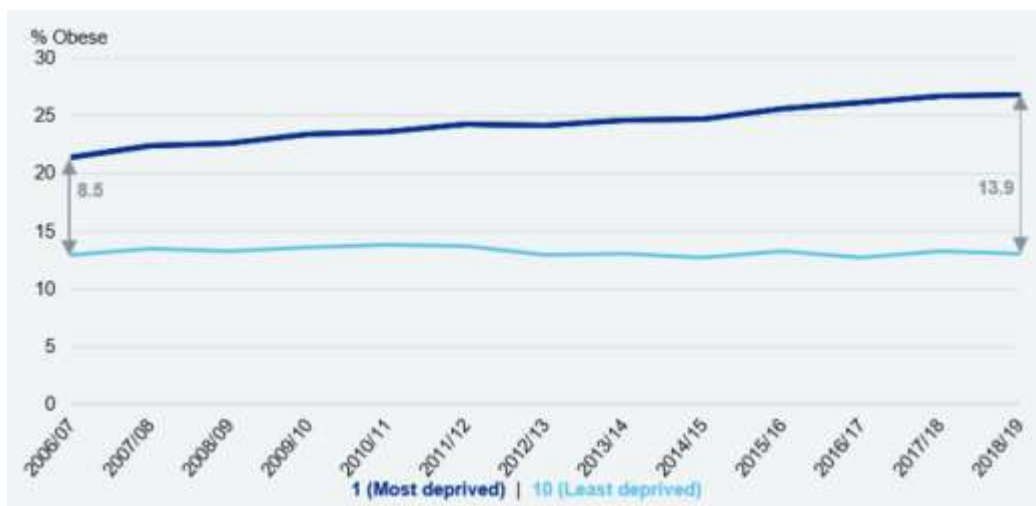


Figure 10 PHE graph showing levels of obesity in Year 6 aged children between 2006 and 2019



- 6.6 In Blackpool, the least deprived ward is Norbreck where 9.8% of children in reception (not significantly different to the national average) and 18.6% of Year 6 children (under the national average) are considered to be obese and there are 2 Hot Food Takeaways in that ward. The most deprived ward is Bloomfield where 11.3% of children in reception (significantly above the national average) and 24.5% of Year 6 children (significantly above the national average) are considered to be obese and there are 58 Hot Food Takeaways in that ward (48 if the on the Promenade are discounted).
- 6.7 The three most deprived wards in the town, Talbot, Bloomfield and Claremont have the most hot food takeaways and levels of childhood obesity which are significantly above the national average:

Figure 11 Deprivation, childhood obesity levels and the number of hot food takeaways in Blackpool, by ward

Blackpool Wards	Deprivation Score 2015	Deprivation Score 2019	% Obese Reception	% Obese Year 6	HFT's excluding Promenade
Hawes Side	42.5	45.8	11.3	25.6	10
Clifton	47.9	49.1	14.5	22.3	9
Park	53.4	52.6	13.8	22.8	2
Claremont	74.4	78.5	11.6	24.5	32
Bloomfield	83.4	87.2	11.3	24.8	48
Talbot	63.2	66.4	12	23.5	52
Warbreck	37.4	41.7	9.2	26.1	9
Victoria	49.2	52.3	14.1	21	21
Waterloo	52.1	53.6	9	24.5	17
Greenlands	27.1	29.5	11.6	21.3	7
Brunswick	58.9	62.9	10.7	22	8
Tyldesley	42.4	47.1	11.5	20	1
Ingthorpe	34.6	35.7	12.1	19.2	5
Stanley	23.7	27.4	8.4	22.9	1
Layton	35	40.2	9.6	21.4	12
Squires Gate	25.9	28.9	7.6	22.5	20
Anchorsholme	25.1	29.2	11.6	17.6	6
Norbreck	14.8	17.4	9.8	18.6	2
Highfield	28	31.2	6.8	21.3	4
Bispham	25.7	29.6	4.9	21.3	11
Marston	24.5	26.1	8.9	15.4	6
England average	21.8	21.7	9.5	20	
Key:					
Significantly better (-10%) than England average					
Not significantly different to England average					
Significantly worse (+10%) than England average					

6.8 There is increasing research demonstrating strong links into the association between food availability and obesity³⁰. The graphs below compare adult and Reception and Year 6 childhood obesity levels with the number of hot food takeaways in each ward³¹. Each graph

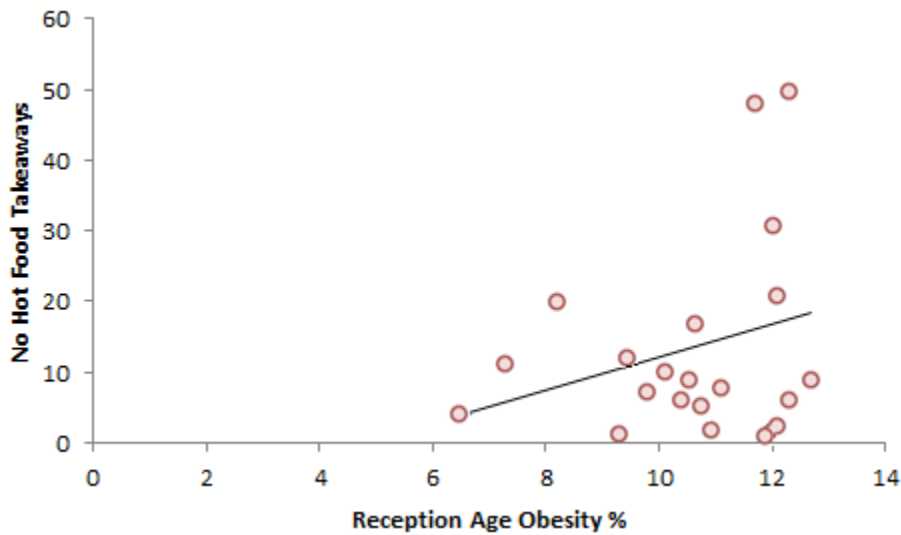
³⁰ [Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight 2014 study by the BMJ](#) (opens a new window)

³¹ Ward data from the [Public Health England Local Health map](#) (opens a new window)

shows a positive correlation between a higher prevalence of obesity and the number of hot food takeaways in a ward.

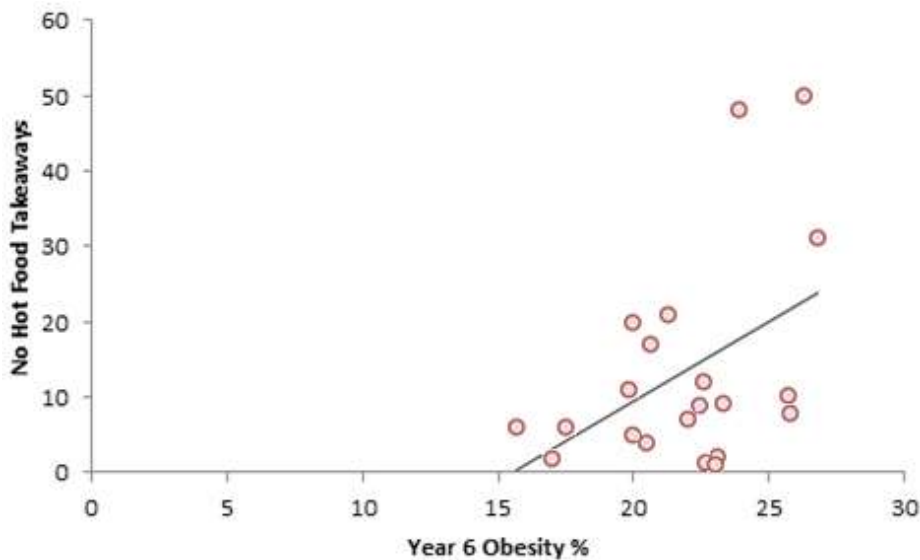
6.9 The graph below compares obesity levels in Reception age children with the number of hot food takeaways by Blackpool ward (excluding the Promenade):

Figure 12 comparison of obesity levels in Reception age children with the number of hot food takeaways by Blackpool ward (excluding the Promenade):



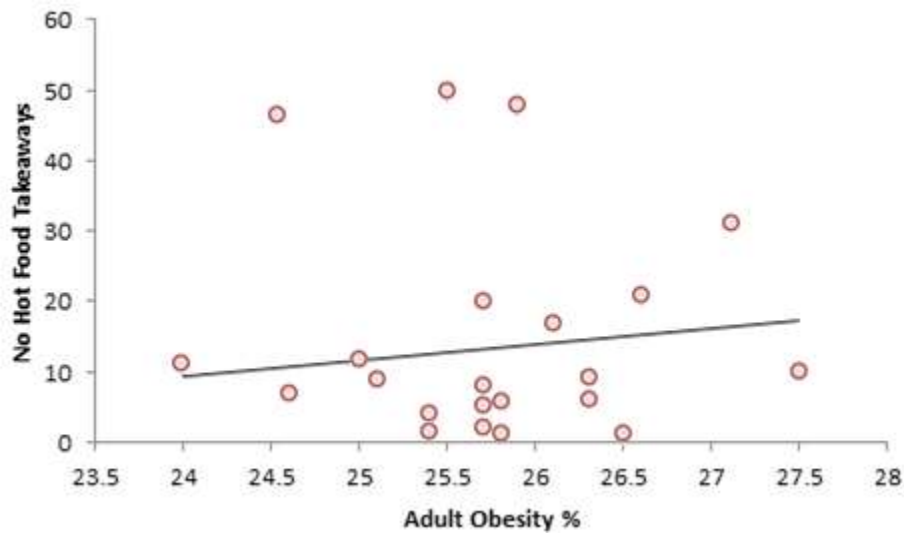
6.10 The graph below compares obesity levels in children in Year 6 with the number of hot food takeaways by Blackpool ward (excluding the Promenade):

Figure 13 comparison of obesity levels in Year 6 age children with the number of hot food takeaways by Blackpool



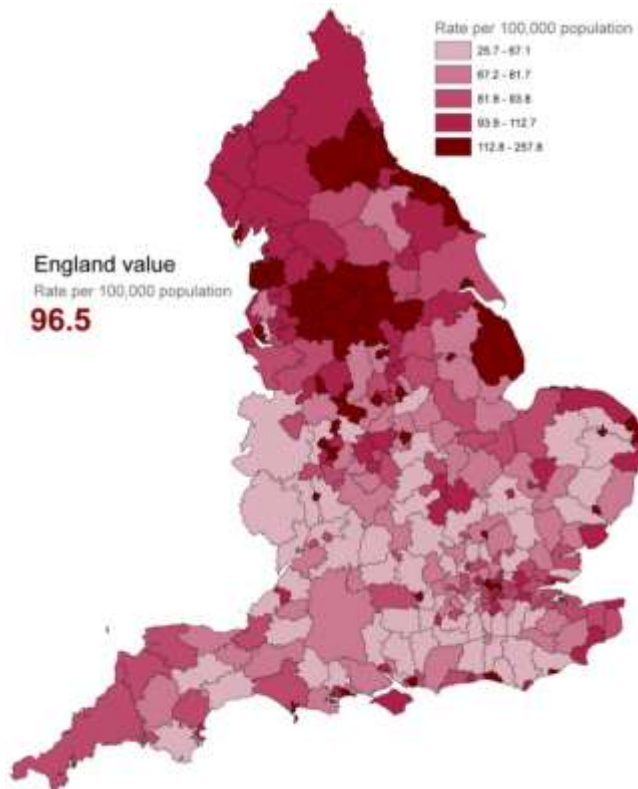
6.11 The graph below compares obesity levels in adults with the number of hot food takeaways by Blackpool ward (excluding the Promenade):

Figure 14 comparison of obesity levels in adults with the number of hot food takeaways by Blackpool



6.12 Public Health England have identified that in England, there are on average 96.5 hot food takeaways per 100,000 head of population:³²

Figure 15 Heat map showing the number of hot food takeaways in a local authority area, per 100,000 people



6.13 In Blackpool, the average number of hot food takeaways per 100,000 head of population is 217 (196.5 when excluding units on the Promenade) compared to 96.5 nationally. In Talbot ward, there are 959.6 Hot Food Takeaways per 100,000 population (804.83 when excluding

³² [PHE Fast Food Map 2017 \[PDF 330KB\]](#)

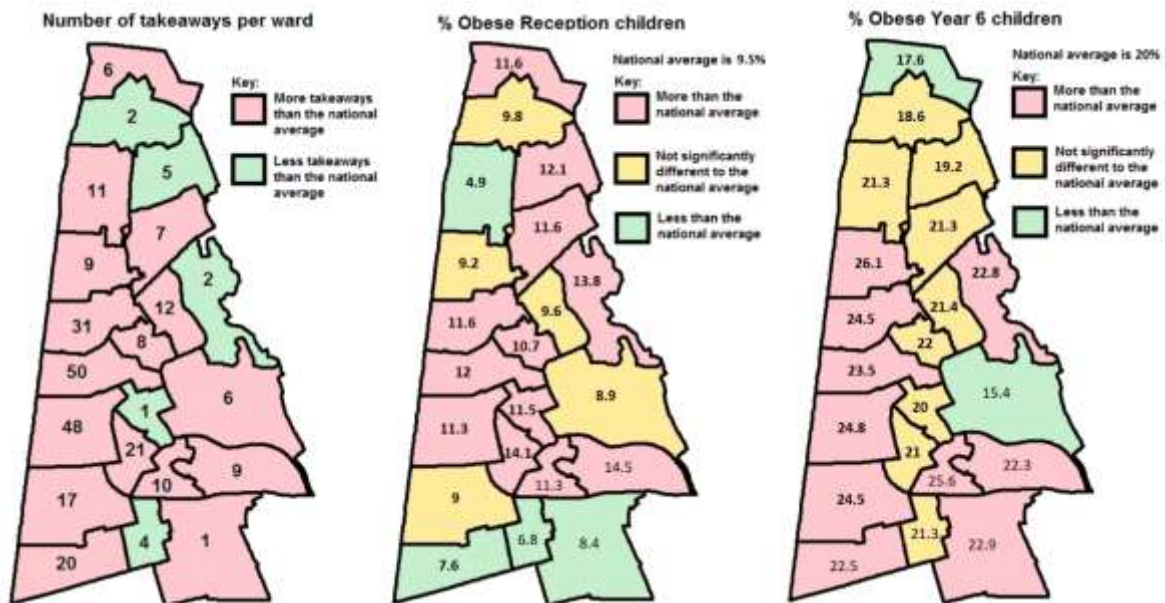
units on the Promenade) and this is a significantly greater number than the national average.

Figure 16 Number of hot food takeaways in Blackpool wards per 100,000 people

Ward	Number of Hot Food Takeaways excluding the Promenade	Hot Food Takeaways per 100,000 population	Hot Food Takeaways per 100,000 population excluding the Promenade
Talbot	52	959.6	804.83
Bloomfield	48	864.12	715.14
Claremont	32	437.64	437.64
Squires Gate	20	322.42	322.42
Victoria	21	307.6	307.6
Waterloo	17	361.29	267.04
Layton	12	174.7	174.7
Bispham	11	172.77	172.77
Warbreck	9	141.4	141.4
Hawes Side	10	141.18	141.18
Clifton	9	132.63	132.63
Brunswick	8	120.36	120.36
Greenlands	7	103.95	103.95
Anchorsholme	6	96.08	96.08
Marton	6	89.03	89.03
Highfield	4	61.78	61.78
Ingthorpe	5	50.97	50.97
Norbreck	2	33.08	33.08
Park	2	26.85	26.85
Stanley	1	15.56	15.56
Tyldesley	1	15.03	15.03
England average		96.5	96.5
Key:			
Significantly fewer (-10%) than England average			
Not significantly different to England average			
Significantly more (+10%) than England average			

6.14 It is noted that even in wards with fewer than the national average number of hot food takeaways, there is still a higher than national average number of obese children in Reception and Year 6. However, taking Tyldesley ward as an example, which has 15 hot food takeaways per 100,000 people (significantly under the national average), the 5 adjoining wards have more or significantly more than the national average of hot food takeaways per 100,000 people (Talbot 804, Bloomfield 715, Waterloo 267, Hawes Side 141 and Marton 89). This suggests that the number of hot food takeaways in adjoining wards also needs to be considered when looking at the data.

Figure 17 Map based comparison between the number of takeaways per ward and levels of childhood obesity



7.0 Local strategies to improve health

- 7.1 All the local key indicators show that there is an urgent need to improve health in Blackpool and health improvement is a key priority for the Council, the NHS Blackpool and all of our relevant partner organisations.
- 7.2 Blackpool Council is committed to try and improve the health and well-being of its residents and has set up free services to assist in healthier lifestyle choices and offers free access to lifestyle coaches and health buddies with ongoing reviews and support, under the Healthy Lifestyle service.
- 7.3 HeadStart is a scheme aimed at 10-16 year olds to improve resilience in young people and improve mental well-being by building a resilience revolution across the whole of Blackpool.
- 7.4 Blackpool has a free 12 week Weight Management programme called Making Changes for children aged 5 to 11 who are above a healthy weight, and their families. This programme includes healthy eating advice, family exercise sessions, support plans including cooking at home on a budget, gym and sports sessions and free access to the Council's sports and leisure facilities.

- 7.5 The Active Blackpool programme delivers a range of health and physical activity initiatives to help improve the lifestyles of people in Blackpool including gym and exercise class activities, a walking and cycling programme and a cardiac programme.
- 7.6 In January 2017, Blackpool Council launched the Healthier Choices Award³³. This is a scheme to help and support establishments in Blackpool offer healthier food options to the population of Blackpool and it is about making simple changes to the way food is prepared and cooked.

8.0 What have other authorities done?

- 8.1 As many as 164 (of 325 – 50.5%) local planning authorities in England have some form of planning policy in place addressing takeaways (e.g. a policy in a local plan or a supplementary planning document (SPD)) and more have draft policies waiting to be adopted. Approaches used include exclusion zones around schools, restrictions in areas with high levels of childhood obesity, restrictions centred on areas with high existing density of takeaways and financial levies imposed on new takeaway business owners. Barking and Dagenham, one of the first local authority's to implement planning restrictions on new takeaways, have reported a 15% decrease in takeaways since 2010. However, preventing new hot food takeaways from opening due to health concerns, is a relatively new practice and little evidence is available which would indicate what impact such planning policy restrictions are having on local levels of childhood obesity.

Exclusion zones restricting new hot food takeaways

- 8.2 400m exclusion zones around schools are commonplace in Local Plans or adopted SPD's and this is a stance also favoured by the Mayor of London, Sadiq Khan in the draft London Plan. Some authorities only have the exclusion zone in place around secondary schools as generally, primary school children are not permitted to leave school at lunch time and are usually accompanied to and from school by an adult. Manchester City Council has adopted a policy which limits opening hours of hot food takeaways within 400m of a school, to after 5pm.
- 8.3 Some authorities also have a 400m exclusion zone around sixth form colleges, youth facilities, community centres, playing fields, parks and leisure centres and some also impose strict opening times so that hot food takeaways are not open during core school hours.
- 8.4 The 400m figure is based on research conducted by London Metropolitan University suggesting that 400m was the maximum distance that students could walk to and back in their lunch break. However, some authorities are proposing to reduce the exclusion zone to 200m (Braintree District Authority and Tower Hamlets Draft Plans) and Brighton and Hove's evidence base suggests an 800m exclusion zone would be required if a restrictive policy was to be effective, but could not be justified in that authority. Some authorities refer to 400m

³³ [Healthier Choices Award](#) (opens a new window)

as being the equivalent to a 5 minute walk, others refer to 400m being the equivalent to a 10 minute walk.

Ward data

- 8.5 Authorities have also restricted the provision of new hot food takeaways in wards where there are high levels of childhood obesity, until levels of childhood obesity fall within set targets.

Over concentration of hot food takeaways

- 8.6 Some authorities have policies restricting the number of hot food takeaways in shopping centres and on high streets, such as having no more than x percent of units within a centre or a frontage being hot food takeaways, there should be no more than two hot food takeaways beside each other or there should be at least x units of another use between hot food takeaways. Some authorities have introduced area concentration limitations of no more than 3 units within 400m.
- 8.7 These policies prevent over-concentrations of hot food takeaways in order to ensure there are sufficient units available for other Class E uses (formerly Class A) and to protect amenity in terms of late night noise, parking problems, anti-social behaviour, litter and vermin. Policies which prevent over-concentrations of hot food takeaways also limit people's exposure to unhealthy food and safeguards retail floor space for perhaps healthier food retailing.

Health Impact Assessments

- 8.8 Some authorities are requiring the submission of Health Impact Assessments with planning applications, not just for larger developments but also for proposals for new hot food takeaways. As part of these Assessments, financial contributions could be made/required towards improving health infrastructure or if the Assessment indicates there would be harm to health, permission is likely to be refused.

9.0 Case Studies and Appeal Decisions

- 9.1 North Tyneside adopted its' Local Plan in July 2017³⁴. Policy DM3.7 relates to proposals for hot food takeaways and like other authorities, this policy restricts hot food takeaways where there would result in a clustering of hot food takeaway uses to the detriment of a defined centre, where there would be an adverse impact on residential amenity, where there would be two or more consecutive hot food takeaway uses in any one frontage. Where hot food takeaway uses exist, a gap of two non-hot food takeaway uses shall be required before a further hot food takeaway use is permitted in the frontage. The policy also includes the 400m exclusion zone around entry points of secondary schools. However, the policy goes on to prevent the development of hot food takeaway uses in wards where there is more than 15% of the Year 6 pupils or 10% of Reception pupils classed as very overweight (percentages found sound by the examination inspector) and confirms that an assessment will be made

³⁴ [North Tyneside Local Plan website](#) (opens a new window)

on an individual basis, the impact that a hot food takeaway would have on the wellbeing of residents. This policy was developed following the publication of the evidence base in relation to the use of the planning system to control Hot Food Takeaways in North Tyneside³⁵.

- 9.2 Whilst this policy was in draft form, two applications were refused for hot food takeaways in North Tyneside on public health grounds only and subsequent appeals lost on the basis that the policy hadn't been through an examination process. One Inspector, in relation to a hot food takeaway appeal ref APP/W4515/W/16/3154710³⁶ stated *"Whilst the aim of Policy DM3.7 in relation to promoting healthy communities is broadly consistent with the Framework, I am aware that the LPPD has not been subject to an Examination in Public albeit I note that the Council state that no objections to Policy DM3.7 have been received. Notwithstanding this, and with regard to Paragraph 216 of the Framework, it is possible that the policy could be amended or deleted as a result of the examination into the overall soundness of the plan. As a consequence I can afford the policy only moderate weight as a material consideration in this matter at this time."* The Inspector acknowledged that there was a high level of childhood obesity in the ward but also noted that the appeal site was located directly adjacent to a retail unit which sells a variety of snacks, sweets and other high calorie produce.
- 9.3 In the appeal decision ref APP/W4515/W/16/3154960³⁷, the Inspector had similar concerns that Policy DM3.7 could be amended or deleted during examination and therefore gave the policy little weight. The Inspector also considered the fall-back position of the property which was as a café, which could sell similar types of food as a hot food takeaway without challenge and the Inspector concluded that was a material consideration to which he gave great weight.
- 9.4 Comments: It should be noted that the availability of snacks and sweets etc in retail shops could not be controlled by the planning system whereas the location of hot food takeaways can. In the Blackpool context, retailers are actively encouraged to join the Healthier Choices scheme and nationally there is a drive for healthier checkouts, where impulse buys for unhealthy snacks are reduced by replacing crisps, chocolate and fizzy drinks at till points with fruit, nuts and bottled water. Nationally, the Government introduced a sugar tax in 2018 which has made sugary drinks less affordable and shines a light on the amount of sugar contained in these drinks.
- 9.5 The North Tyneside Local Plan, including policy DM3.7 was adopted in July 2017 following modifications as a result of the examination process. Following the adoption of the policy DM3.7, five appeals have been dismissed on public health grounds:
- 9.6 In the first appeal, reference APP/W4515/W/17/3182534³⁸, the Inspector gave only limited weight to the previous 2 appeal decisions as the policy had been modified and adopted

³⁵ [North Tyneside Council Public Health Evidence in relation to the use of the planning system to control Hot Food Takeaways \[PDF 1,424KB\]](#)

³⁶ [Planning appeal APP/W4515/W/16/3154710 \(opens a new window\)](#)

³⁷ [Planning appeal APP/W4515/W/16/3154960 \(opens a new window\)](#)

³⁸ [Planning appeal APP/W4515/W/17/3182534 \(opens a new window\)](#)

following examination. The Inspector confirmed that the language used in Policy DM3.7, and particularly the criterion in relation to the number of obese children in the ward, is very clear and leaves little room for interpretation. Despite the Council not raising any other concerns with the appeal proposal, granting permission for the appeal proposal would add to the opportunities to purchase unhealthy food in the area. *“Controlling the proliferation of fast food outlets is part of the Council’s overall strategy to reduce the extent of obesity and widening the existing opportunities with further availability would run counter to this.” ... “I have also noted the appellant’s point regarding the relatively high cost of the prospective occupier’s product acting as a disincentive to children purchasing it. This may well be true, but does not take into account takeaway food being purchased as a main meal by parents or by adults for their own consumption. Although some of the indicators and thresholds used by Policy DM3.7 relate to the percentage of children that are classified as very overweight, the policy is not restricted in its operation to the health of children.”*

9.7 In other matters, the Inspector concluded:

“I have noted the appellants’ suggestion that the implication of dismissing this appeal would establish that no A5 development could be permitted in the majority of North Tyneside for the foreseeable future. I do not agree that this is the case. Each planning application must be considered on its own merits. Whilst Section 38(6) of the Planning and Compulsory Purchase Act requires that applications must be determined in accordance with the development plan, this is subject to the proviso that material considerations may indicate otherwise. In addition criterion e) of Policy DM3.7 states that the Council will assess, on an individual basis, the impact hot food takeaways have on the wellbeing of residents. In my view, the decision on this appeal would not preclude other material considerations specific to the proposal in question indicating that future applications may be approved, or prevent the impact of such applications on the well-being of residents being considered on an individual basis.”

9.8 In the appeal ref APP/W4515/W/17/3177028³⁹, the Inspector stated *“In this case, the hot food takeaway (HFT) would be located within a ward where the most recent National Child Measurement Programme Data 2015/16 identifies that 18.4% of Year 6 pupils are very overweight. Furthermore, the appeal site lies within 400m of Wellfield Middle School. On this basis the proposal directly conflicts with the express requirements of Policy DM3.7. Whilst I cannot ascertain from the information before me whether children can leave the school during their lunch hour, the proposed HFT would be open at the end of the school day. Given the age range of the children it is highly likely that a large number of pupils would be walking home unsupervised thus the children’s exposure to unhealthy food choices would be increase as a result of the proposal.”* The Inspector acknowledged that *“the control of HFTs is not the only strategy in promoting healthier lifestyles and that obesity is the result of a wide range of societal and biological factors. Nonetheless, as the Council points out, the nutritional content of food from HFTs is characterised by trans-fat, saturated fat and salt and is a significant contributing factor in obesity and needs to be taken into account as part of the Council’s approach to managing weight and obesity.”*

³⁹ [Planning appeal APP/W4515/W/17/3177028](#) (opens a new window)

- 9.9 Although there were other reasons to dismiss appeal ref APP/W4515/W/17/3178059⁴⁰ including the proliferation and clustering of hot food takeaways in the immediate vicinity of the appeal site in this case, the Inspector confirmed *“the proposal would add to the proliferation of units within High Street East from which foods high in salt and fat would be available. This, in a town centre that already accounts for over 13% of the Borough’s HFTAs and, at ward level, at a concentration that exceeds the national average for HFTAs per 100,000 population. Controlling the proliferation of fast food outlets has a role to play in reducing the extent of obesity promotion on a local level as part of the Council’s broader strategic aims regarding the health and wellbeing of communities.”*
- 9.10 The only reason that appeal ref APP/W4515/W/17/3173559 was dismissed was on public health grounds. The Inspector noted *“I consider that a change of use to a hot food takeaway would mean that local food choices would consequently be restricted to high sugar and high fat foods only. This would have an adverse effect on the wellbeing of residents compared to the current situation.”* The Inspector concluded that *“that the development would harm the health of residents in the local area and be in conflict with the health protection and healthy community aims of the National Planning Policy Framework and Policy DM3.7 of the Local Plan because this prevents hot food takeaways in wards with over 15% rates of Year 6 obesity and the rate in Tynemouth ward is 20%.”*
- 9.11 However, in appeal ref APP/Z0116/W/16/3145036⁴¹, the Inspector allowed an appeal for a hot food takeaway in Bristol within close proximity of a youth facility, stating that *a 400m exclusion zone around youth facilities in this location would exclude large parts of the town centre and would severely restrict class A5 development in that area. This would be detrimental to the overall vitality and viability of the town centre, contrary to the advice set out in paragraph 23 of the National Planning Policy Framework.*
- 9.12 Gateshead adopted its SPD in June 2015 and despite not having the weight that a local plan policy has, given that it doesn’t go through an examination process, appeals have been won on health grounds

10.0 Discussion and Recommendations

- 10.1 The issue of obesity is both complex and multifaceted and there is no one single factor that can be attributed to its cause. However, the presence of convenient opportunities to consume fast food, societal influences, individual psychology and behaviour, knowledge and education, biology, opportunities for physical activity and the physical environment are all thought to be contributing factors.
- 10.2 Another factor in Blackpool which contributes to the over-use of hot food takeaways, particularly in the inner area, is the poor quality housing stock. In the inner area, the housing mix is skewed towards privately rented bedsits and small flats, often with inadequate kitchen facilities for the storage and preparation of fresh food. This is being tackled by

⁴⁰ [Planning appeal APP/W4515/W/17/3178059](#) (opens a new window)

⁴¹ [Planning appeal APP/Z0116/W/16/3145036](#) (opens a new window)

planning policies which restrict subdivision of properties considered to be suitable for family occupation, which impose strict floorspace standards and external alteration requirements such as the removal of sun lounges and roof lifts in order to reduce densities and which resists additional bedsits/1 bed flats.

- 10.3 Elsewhere in the Council, the authority runs a Selective Licensing scheme and has active planning and housing enforcement teams which deal with unauthorised or problem conversions/uses. The Council has also set up an arms-length housing company, which acquires vulnerable/problem property and converts it into good quality, well managed living accommodation.
- 10.4 Whilst planning policy restricting the development of new Hot Food Takeaways is not going to solve the obesity crisis in the town, it would sit alongside other local authority initiatives as part of a multi-agency coordinated approach to tackle the problem. A restrictive policy for Hot Food Takeaways would form part of a collaborative suite of planning policies all aimed at creating opportunities for a healthier lifestyle. Policies such as green infrastructure and open space in new developments, protecting community facilities, requiring quality homes and re-balancing the housing market will all contribute towards healthier communities in Blackpool.
- 10.5 It is accepted that Class M retail uses are unrestricted in the types of food and drink they serve. However, there are no planning means by which the local authority could micromanage the types of products a general retail shop could provide and in any case, those uses could equally provide access to and promote healthy food. However, Government initiatives such as the sugar tax will encourage convenience retailers to promote healthier food options.
- 10.6 The local authority can however, control where new hot food takeaway uses are located and the National Planning Policy Framework (NPPF) confirms that they have a duty to do so in the interest of public health. The challenge for local authorities is to establish how this can be done robustly, effectively and fairly and with the maximum benefit to the health outcomes of local communities.
- 10.7 Many local authorities have developed Supplementary Planning Documents (SPDs) which restrict the opening of new hot food takeaways close to schools, leisure centres and other locations frequented by children. It is a decision for local authorities on whether to take this approach. In order for planning decisions to be successfully upheld the SPD needs to be able to demonstrate a link to sound evidence and clear local policy. In particular, there needs to be a good link between any SPD or neighbourhood planning policies, health strategies such as Health and Wellbeing and the Joint Strategic Needs Assessment and most importantly the Local Plan.
- 10.8 It is recommended that if additional planning controls on the number of new takeaways in a particular area are to be introduced related for example to the number of obese Year 6 children in an area, then this would be given greater weight by being brought forward in the form of a planning policy in the Council's forthcoming Local Plan, Part 2 as this would carry more weight than an SPD on its own. The policy should direct decision makers to refuse a

planning application for a hot food takeaway where it would have an adverse impact on the health and wellbeing of children and would undermine the local authority's strategy to tackle obesity.

- 10.9 Having a 400m exclusion zone around all schools, parks and other areas where children congregate has been criticised at appeal and at local plan examination. Furthermore, it appears that a 400m walking route around schools rather than a 400m 'as the crow flies' exclusion zone is a more robust approach (Appeal ref 3178462⁴² December 2017).
- 10.10 There is limited and inconsistent evidence to support the debate that hot food takeaways near schools contribute towards childhood obesity. A recent study to investigate the association between exposure to food outlets and childhood obesity in Leeds, concluded that there was little evidence to support the notion that exposure to food outlets in the home, school and commuting neighbourhoods increase the risk of obesity in children. It suggested the evidence is not well placed to support the current view of the government and policy makers around limiting the number of food outlets around schools (Griffiths, Frearson, Taylor, Radley, & Cooke, 2014⁴³).
- 10.11 In Blackpool, the linkages around schools, obese children and fast food are tenuous given that there isn't a proliferation of hot food takeaways around half of the schools in the town.
- 10.12 However, there is compelling evidence of associations between obesity, particularly in deprived areas and the availability of fast food from hot food takeaway premises, which is generally energy dense, high in calories and high in fat, sugar and salt. Restricting new hot food takeaway uses in and around wards with high levels of childhood obesity appears to be a more robust approach in Blackpool, when comparing against the national averages of:
- The number of existing hot food takeaways per 100,000 head population;
 - The high levels of deprivation, particularly in the health deprivation domain scores;
 - The high levels of childhood obesity.
- 10.13 The approach many local authorities have taken, including local authorities in Lancashire is to not allow new hot food takeaways in areas where 10% of reception children and 15% of children in Year 6 are classed as being very overweight. This approach has been supported at appeal and at local plan examination and should be adopted by Blackpool Council.
- 10.14 It is recommended that a policy in the Local Plan, Part 2 should read as follows:

⁴² [Planning appeal APP/N5660/W/17/3178462](#) (opens a new window)

⁴³ [A cross sectional study investigating the association between exposure to food outlets and childhood obesity in Leeds](#) (opens a new window)

1. **Proposals for hot food takeaways will be directed to existing shopping frontages only.**
2. **To promote healthier communities, the Council will prevent the development of A5 uses in or within 400m of wards where there is more than 15% of the year 6 pupils or 10% of reception pupils classified as very overweight⁴⁴.**

*(the ward data is updated annually by Public Health England)

- 10.13 A key role of the Promenade is to serve the visitor economy rather than the local population. Therefore it is recommended that the Promenade within the Resort Core is excluded from the policy. However, the Town Centre behind the Promenade should be included as this is where some of the town's most deprived wards are located (Talbot and Claremont) and where childhood obesity rates are high.
- 10.14 Such a policy would be restrictive but wouldn't constitute a blanket ban across the town. All applications should be assessed on their merits and all material planning considerations should still be put in the planning balance and weight given to each consideration accordingly. As the data relating to childhood obesity is updated annually, such a policy would be fluid and responsive to change.

⁴⁴ [Data available on NHS Digital website](#) (opens a new window)

Bibliography

A key resource that may assist is the [NHS Digital website](#) (opens a new window) which has a local authority section, as well as wider data sets and useful tools.

[Obesity and the environment Density of fast food outlets 31/12/2017](#) [PDF 330KB]

[Health matters: obesity and the food environment March 2017](#) (opens a new window)

[Childhood obesity: a plan for action: Updated 20 January 2017](#) [PDF 410KB]

[The role of the food and drink environment in contributing to obesity \(Foresight Tackling Obesities, 2007\)](#) {PDF 10,254KB}

[The link between obesity, deprivation and health inequalities \(Marmot Review, 2010\)](#) [PDF 16,543KB]

[Global nutrition dynamics: the world is shifting rapidly toward a diet linked with non-communicable diseases](#) (opens a new window)

[The Takeaway Economy Report. \(2017\).](#)[PDF 4,017KB]

[Obesogenic built environment: concepts and complexities](#) (opens a new window)

[GOV.UK Spatial planning for health: evidence review 2017](#) (opens a new window)

The Three Domains of Urban Planning for Health and Well-being - J Kent and S Thompson 2014

City of Well Being - Hugh Barton 2017

The Routledge Handbook of Planning for Health and Well Being - Shaping a sustainable and healthy future - H Barton, S Thompson, S Burgess and M Grant 2015