

# P45 Hot Food Takeaways

## Review of the evidence

Place & Health Improvement Section  
Southwark Public Health

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## Contents

|  |    |
|--|----|
| INTRODUCTION.....  | 2  |
| EXECUTIVE SUMMARY.....                                   | 2  |
| 1. IMPACT OF OVERWEIGHT AND OBESITY.....                 | 4  |
| 2. CAUSES OF OVERWEIGHT AND OBESITY.....                 | 5  |
| 3. NATIONAL, REGIONAL AND LOCAL POLICIES.....            | 7  |
| 4. EVIDENCE FROM INTERNATIONAL AND NATIONAL STUDIES..... | 11 |
| 5. LOCAL EVIDENCE FROM SOUTHWARK.....                    | 15 |
| 6. A ONE BOROUGH APPROACH TO CHILDHOOD OBESITY.....      | 27 |
| 7. CONCLUSIONS.....                                      | 29 |

## INTRODUCTION

This report provides the evidence base in support of policy P45 Hot Food Takeaways, included in the proposed New Southwark Plan.

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| <b>P45:</b>  | <b>Hot food takeaways</b>  |
| New hot food takeaways (A5 Use Class) will only be permitted within protected shopping frontages if: |  |
| <b>1</b>   | The number of A5 premises are not more than 5% of the total number of units in the protected shopping frontages; and |
| <b>2</b>   | The concentration of A5 premises would not be above 1 per 21 premises (10 on either side of the proposal); and       |
| <b>3</b>   | The proposed location is further than 400 metres from any secondary school boundary; and                             |
| <b>4</b>   | Grease traps are installed to prevent the build-up of food deposits in sewers and drains.                            |

## EXECUTIVE SUMMARY

Tackling obesity is one of the key health priorities for Southwark, where children in Reception and Year 6 are recorded as having some of the highest levels of overweight and obesity (also referred to as Excess Weight) in the country. In Southwark, 26% of four and five year olds and 43% of children aged 10 and 11 are overweight or obese. For adults, the proportion increases to 55%. Excess weight has profound and life-long health implications, and is the main cause of some of the most serious health challenges in Southwark.

The causes of excess weight are rooted in complex environmental, physiological and behavioural factors. Therefore, a whole systems approach and collaboration with multiple stakeholders is necessary to effectively tackle the obesity epidemic. Planning policy plays an important role in this.

An increasing body of evidence links excess weight to the 'food environment' and especially hot-food takeaways: the food primarily offered by these types of establishments tends to be energy dense, high in total fat, saturated fatty acids, sugar and salt. Furthermore, hot food takeaways are very easily accessible and cheap.

This report provides an overview of the evidence in support of the P45 Hot Food Takeaways policy:

1. Impact of overweight and obesity on health
2. Causes of overweight and obesity and impact of takeaway outlets on diet
3. Overview of national, regional and local policies and strategies around healthy weight
4. Evidence from international and national studies
5. Local Evidence from Southwark
6. A one borough approach to childhood obesity
7. Conclusions

## 1. IMPACT OF OVERWEIGHT AND OBESITY

### 1.1 Adults

Obesity is estimated to be the fourth largest risk factor contributing to deaths in England (after hypertension, smoking, and high cholesterol)<sup>1</sup>.

In England, the prevalence of obesity among adults increased from 15% in 1993 to 27% in 2015<sup>2</sup>.

It is estimated that in the future, obesity could overtake tobacco smoking as the biggest cause of preventable death. Overweight and obesity are linked to a wide range of diseases and chronic conditions<sup>3</sup>. Obese people are:

- Five times (for men) or thirteen times (for women) more likely to develop Type 2 diabetes
- More than 2.5 times more likely to develop high blood pressure, which is a risk factor for heart disease and stroke
- At increased risk of certain cancers, including colon cancer.

Further evidence shows that overweight or obese adults:

- Are less likely to be in employment
- Are more likely to suffer discrimination and stigmatisation
- Have an increased risk of hospitalisation
- Have a reduced life expectancy by an average of 3 years, increasing to 8-10 years in adults with severe obesity.

Conversely, healthy eating is associated with a reduced risk of being overweight or obese and developing chronic diseases, including: type 2 diabetes, hypertension, and certain cancers<sup>4</sup>.

Annual spending on the treatment of obesity and type 2 diabetes is greater than the amount spent on the police, the fire service and the judicial system combined. It is estimated that the NHS in England spent £6.1 billion on overweight and obesity-related ill health in 2014 to 2015. This figure is expected to rise to £9.7 billion by 2050. When taking into account the impact of obesity on economic development, its overall cost to society is estimated at £27 billion.<sup>5</sup>

### 1.2 Children

Being overweight or obese in childhood and adolescence has considerable consequences for physical and psychological health and academic achievement.

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<sup>1</sup> Statistics on Obesity, Physical Activity and Diet, 2017, NHS Digital

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/613532/obes-phys-acti-diet-eng-2017-rep.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613532/obes-phys-acti-diet-eng-2017-rep.pdf)

<sup>2</sup> Health matters: obesity and the food environment, 2017, PHE, available at

<https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

<sup>3</sup> Healthy Lives, Healthy People: A call to action on obesity in England, 2011, Department of Health available at

<http://www.ebarchive.nationalarchives.gov.uk/20151208225144/https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

<sup>4</sup> PHE and GLA, 2014, Healthy people, healthy places briefing: Obesity and the environment: regulating the growth of fast food outlets

<sup>5</sup> PHE, 2017, Health matters: obesity and the food environment, 2017, PHE,

A number of studies suggest that at least 70% of obese children will become obese adults<sup>6</sup>, so prevention and early intervention are essential.

Some obesity-related conditions can develop during childhood. Type 2 diabetes (a condition that normally develops in adulthood) in overweight children has increased, as have asthma and other respiratory problems, along with some musculoskeletal disorders<sup>7</sup>.

Some evidence also shows increased school absence through illness compared to healthy weight children. This could lead to a negative impact on educational attainment<sup>8</sup>.

The emotional and psychological effects of being overweight include discrimination and teasing by peers; low self-esteem, anxiety and depression, potentially impacting educational performance and wellbeing. Obese children may also suffer disturbed sleep and fatigue, impacting quality of life<sup>9</sup>.

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<sup>6</sup> Baird, J., Fisher, D., Lucas, P., et al., 2005, Being big or growing fast: systematic review of size and growth in infancy and later obesity. *BMJ*. 331(7522):929.

<sup>7</sup> Southwark Council, 2016, Everybody's Business: Southwark Healthy Wright Strategy 2016-2021

<sup>8</sup> National Obesity Observatory

[http://www.ebarchive.nationalarchives.gov.uk/20170110171057/https://www.noo.org.uk/NOO\\_about\\_obesity/obesity\\_and\\_health/health\\_risk\\_child](http://www.ebarchive.nationalarchives.gov.uk/20170110171057/https://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child)

<sup>9</sup> National Obesity Observatory

[http://www.ebarchive.nationalarchives.gov.uk/20170110171057/https://www.noo.org.uk/NOO\\_about\\_obesity/obesity\\_and\\_health/health\\_risk\\_child](http://www.ebarchive.nationalarchives.gov.uk/20170110171057/https://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child)

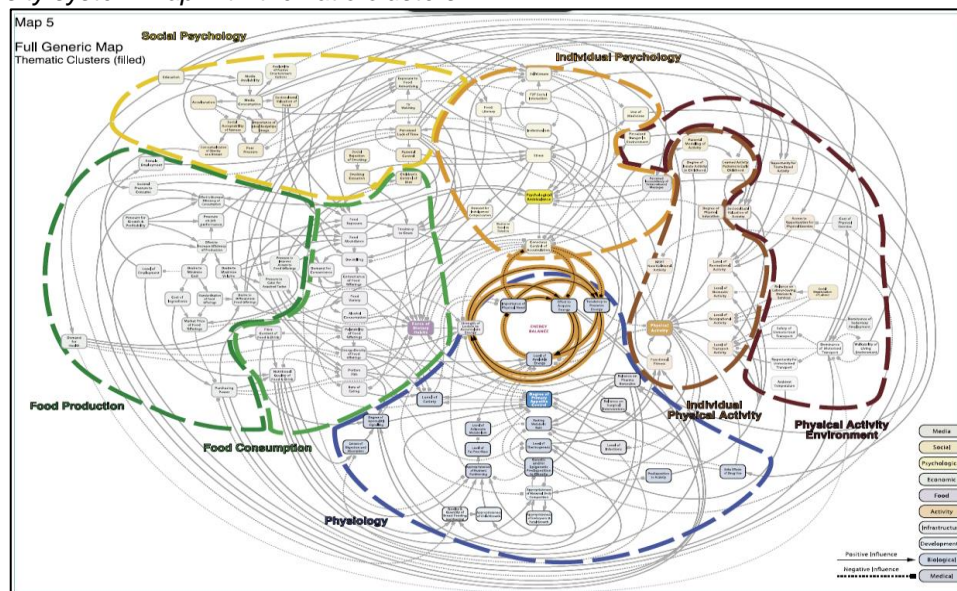
## 2. CAUSES OF OVERWEIGHT AND OBESITY

Simply put, excess weight is the result of an imbalance between the energy intake from food and drinks consumption and the energy expenditure through metabolism and physical activity. Over a prolonged period of time, this will result in the accumulation of excess body fat.

This energy imbalance is driven by a complex web of environmental, physiological and behavioural factors<sup>10</sup>. The Foresight Report 2007 presented such factors in a comprehensive obesity system map (fig.1). The cross cutting themes presented in the map are:

- **Biology:** an individual's starting point - the influence of genetics and ill health
- **Activity environment:** the influence of the environment on an individual's activity behaviour, for example a decision to cycle to work may be influenced by road safety, air pollution or provision of a cycle shelter and showers
- **Physical Activity:** the type, frequency and intensity of activities an individual carries out
- **Societal influences:** the impact of society, for example the influence of the media, education, peer pressure or culture
- **Individual psychology:** for example a person's individual psychological drive for particular foods and consumption patterns, or physical activity patterns or personal preferences
- **Food environment:** the influence of the food environment on an individual's food choices, for example availability and quality of fruit and vegetables near home; or, in contrast, the availability of cheap, energy dense food
- **Food consumption:** the quality, quantity (portion sizes) and frequency (snacking patterns) of an individual's diet<sup>11</sup>.

Fig.1 Obesity system map with thematic clusters



Source: Foresight: tackling obesity: Future Choices 2nd Edition, Government Office for science, 2007

This figure demonstrates the complexity of these interconnected themes, further highlighting the need for a whole-systems approach.

<sup>10</sup> Healthy Lives, Healthy People: A call to action on obesity in England, 2011, Department of Health

<sup>11</sup> National Obesity Observatory,

[http://www.earchive.nationalarchives.gov.uk/20170110170141/http://www.noo.org.uk/NOO\\_about\\_obesity/causes](http://www.earchive.nationalarchives.gov.uk/20170110170141/http://www.noo.org.uk/NOO_about_obesity/causes)

### 3. NATIONAL, REGIONAL AND LOCAL POLICIES

#### 3.1 National policies

- *The National Planning Policy Framework (2018)*<sup>12</sup> recognises that the planning system has to fulfil its social role by creating a high quality built environment, with accessible local services that reflect the community's needs and support its health, social and cultural well-being. Specifically, 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” (p.8.91c). Planning should take into account and support local strategies to improve health, and in doing so should work with public health officers and health organisations to understand and take account of the health status and needs of the local population and the barriers to improving health and well-being
- *The National Planning Practice Guidance (2014)*<sup>13</sup> states that “local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making” and encourages local planning authorities to propose local plan policies which limit the proliferation of certain use classes in identified areas in order to create a healthier food environment.
- *The Foresight report (2007)*<sup>14</sup> argues that obesity should be tackled in a multi-faceted way with interventions addressing the many causes of obesity, supporting communities to eat healthily and become more active. Based on published evidence, the report emphasises the role of the built environment in influencing decisions on physical activity and a healthy diet.
- *The Marmot Review (2010)*<sup>15</sup> highlights how health inequalities are determined by social inequalities, including environmental inequalities. Those living in the most deprived neighbourhood are more exposed to environmental conditions, which negatively affect health. To counter this, actions are needed across the social gradient and across the determinants of health. Some of those actions include improving the food environment in local areas and working collaboratively with the planning, transport, housing, environmental and health systems to address the social determinants of health at a local level.
- *The NICE guidance on the prevention of cardiovascular disease at population level (June 2010)*<sup>16</sup> and *the guidance on the prevention of type 2 diabetes (2011)*<sup>17</sup> both recognise that planning mechanisms can help promote healthy diets by controlling fast-food outlets and improving access to healthier food retailers. The

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12 Department for Communities and Local Government (2018) National Planning Policy Framework: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/740441/National\\_Planning\\_Policy\\_Framework\\_web\\_accessible\\_version.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/740441/National_Planning_Policy_Framework_web_accessible_version.pdf)

13 National Planning Practice Guidance: Health and wellbeing <https://www.gov.uk/guidance/health-and-wellbeing>

14 Foresight (2007) Tackling Obesities: Future Choices – Obesogenic Environments – Evidence Review Government Office for Science

15 The Marmot Review (2010) Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England Post 2010

16 NICE (2010), Prevention of cardiovascular disease at population level PH25

17 NICE (2011), Preventing Type 2 diabetes - population and community interventions

recommendations made to local authorities include regulating the number of takeaways and other food retail outlets in specific areas (for example, within walking distance of schools) and regulating the opening hours of those outlets specialising in foods high in fat, salt or sugar, particularly near schools. Such controls should be complimented by initiatives to improve the nutritional quality of food available in existing takeaways and other food outlets and a stricter control of marketing and advertising aimed at children and young people

- The Government's White Paper on Public Health *Healthy Lives, Healthy People* (2011)<sup>18</sup> takes forward the focus on tackling health inequalities as highlighted by the Marmot Review and the role of local government to create healthy places by bringing together a wider range of services, including planning. The White Paper recognises the potential for local planning authorities to influence access to healthy food and manage a concentration of fast food outlets
- The *Healthy People, Healthy Places: A Call to Action on Obesity in England* (2011)<sup>19</sup> report stresses that tackling obesity requires a comprehensive and integrated range of interventions. It states that there is clear evidence that the built and physical environments are important factors in influencing people's physical activity, access to and consumption of healthy food, and social interaction and urges Local Authorities to make the most of the potential for the planning system to create a healthier built environment. This would include using existing planning levers to limit the growth of fast food takeaways, for example by developing supplementary planning policies
- The *Public Health Outcomes Framework* (Jan 2012)<sup>20</sup>: Many of the proposed indicators are relevant to fast food takeaways, including excess weight in adults, recorded diabetes and mortality from all cardiovascular diseases
- The PHE's briefing *Obesity and the environment: regulating the growth of fast food outlets* (2014)<sup>21</sup> reiterates the need to take action on the local environment to tackle obesity, and suggest a series of tools and resources that Local Government organisation can use, such as working with the takeaway businesses and food industry to make food healthier, working with schools to reduce fast food consumed by children and using regulatory and planning measures to address the proliferation of hot food takeaways
- The *Chapter 2 of the Government's Childhood Obesity Plan* (2018) sets out a national ambition to halve childhood obesity and significantly reduce the gap in obesity between children of the most and least deprived by 2030. and adopts a whole systems approach across five priority areas, which include advertising and promotion and localised actions. One of the proposed action is to ban price promotions such as buy one get one free, which are often offered by a number of food outlets, including hot food takeaways.

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<sup>18</sup> Department of Health (2010) *Healthy Lives, Healthy People: Our Strategy for Public Health in England*.

<sup>19</sup> Department of Health (2011) *Healthy Lives Healthy People: A Call to Action on Obesity in England*

<sup>20</sup> Department of Health (2012) *Public Health Outcomes Framework*

<sup>21</sup> Public Health England (2014), *Obesity and the environment: regulating the growth of fast food outlets*



### 3.2 Regional policies

HUDU's "Using the planning system to control hot food takeaways good practice guide" identifies the following as important strategies to tackle obesity at a London Level

- The *London Plan (2016)* seeks to address the main health issues affecting the capital, including obesity, "by seeking to ensure that developments are designed, constructed and managed in ways that improve health and reduce health inequalities (para 3.10)". The plan aims to increase access to healthy foods which are complemented by other measures, such as local policies to address concerns over the development of fast food outlets close to schools.

The *Mayor of London's Health Inequality Strategy (2018)*<sup>22</sup> was published in September 2018. One of the Mayor's key ambitions is to work with partners to achieve a reduction in childhood obesity rates and in the gap between the boroughs with the highest and lowest rates of child obesity. The new London's Childhood Obesity Taskforce, convened by the Mayor, will seek to create environments that support children's health, changing how London's families approach diet and activity, and in doing so reduce the risks of poor health in adulthood.

- *A Tale of Two Obesities (September 2010)* recommends 11 broad actions which could help London and New York reduce childhood obesity. For land use and planning it recommends using land use and other regulatory controls to limit access to fast food and increase the availability of healthy, affordable food, and incorporate active design principles into strategies and neighbourhood planning.

In addition to these, the following draft regional policies also recognise the importance of tackling childhood obesity through a place-based approach:

- The *Draft London Plan (December 2017)*<sup>23</sup> includes a number of policies which prompt local planning authorities to consider the health of Londoners. These include policy E9c, that states that "development proposals containing A5 hot food takeaway uses should not be permitted where these are within 400m walking distance of an existing or proposed primary or secondary school"
- The *Draft London Food Strategy (2018)*<sup>24</sup> identifies six priority areas for intervention. One of these, "Good food shopping and eating out", focuses on improving London's food environment and make healthy, affordable options more widely available. The Draft Food Strategy recognises the link between obesity and the London's food environment and advertising, and proposes a series of initiatives including a ban on advertising unhealthy food and drink across the TFL estate. The report states that "A ban of this nature would represent the largest intervention of its type in any city in the world, and would transform the exposure that children and young people have to unhealthy food advertising and associated brands on their journeys to school and within their local communities"

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<sup>22</sup> GLA (2018) Health Inequality Strategy, GLA  
[https://www.london.gov.uk/sites/default/files/health\\_strategy\\_2018\\_low\\_res\\_fa1.pdf](https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf)

<sup>23</sup> GLA (2017) Draft London Plan (2017), GLA, <https://www.london.gov.uk/what-we-do/planning/london-plan/new-london-plan>

<sup>24</sup> GLA (2018) Draft Food Strategy [https://www.london.gov.uk/sites/default/files/london\\_food\\_strategy\\_2018\\_15.pdf](https://www.london.gov.uk/sites/default/files/london_food_strategy_2018_15.pdf)

### 3.3 Local policies

- *Health and Wellbeing Strategy (2015)*: Southwark's Health and Wellbeing Board has identified a number of key priority areas for the borough, including the best start for every child and young person, tackling the root causes of ill health and enabling healthier and more resilient communities by focusing on wider determinants of health, prevention and early intervention and long term conditions. The board will 'hold to account' other partners and monitor progress towards an agreed set of outcomes: five "deep dive" topics were proposed: tobacco and smoking, sexual health and HIV, alcohol and obesity and physical activity.
- *Everybody's business: Southwark's Healthy Weight Strategy (2016)*<sup>25</sup> identifies the Environment as one of the four key priority areas for Southwark and lists a number of key actions, including: strengthening appropriate planning and policy regulations supportive of healthier food provision, active travel and access to sport and physical activity and embedding a health improvement approach into every department of the Council
- *The Annual Public Health Report 2016*<sup>26</sup> adopts a broad scope to understand the issues, what is currently happening and what more can be done to address a wide range of public health challenges across the borough. The report makes recommendations which focus on prevention, are based on evidence and take a whole systems approach to public health. These include a place approach to tackling childhood obesity
- *The Peckham and Nunhead Area Action Plan* recognises the harmful effect of the proliferation of A5 class uses and state that planning permission will not be granted to proposed A5 uses within 400m of any secondary school, and in area of saturation.

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25 Southwark Council (2016) *Everybody's business: Southwark Healthy Weight Strategy*

26 Southwark Council (2016) *Annual Public Health Report*

## 4. EVIDENCE FROM INTERNATIONAL AND NATIONAL STUDIES

Over the course of the last decade, many national and international studies have shown moderate to strong associations between density and location of fast food and takeaway outlets and take away consumption and excess weight.

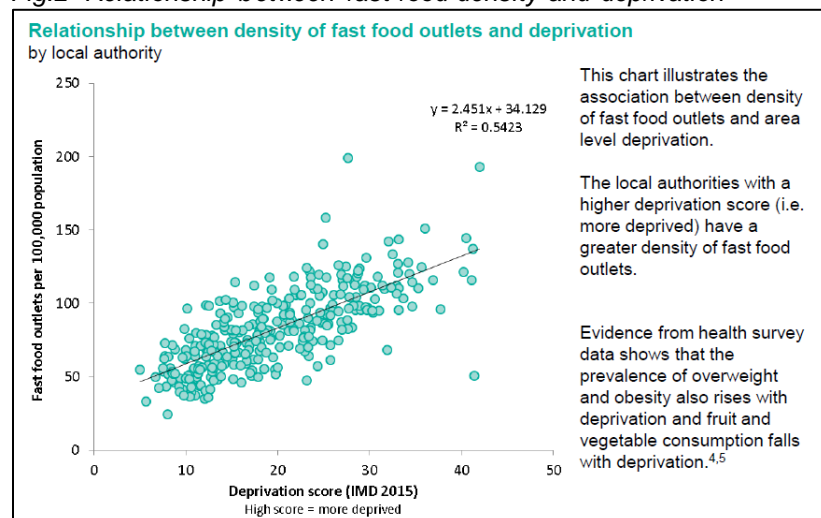
The evidence shows that children, and in particular older children (secondary school students), may be more affected by local convenience stores and fast food outlets than adults. This applies to both their food preferences and their weight.

### 4.1 Obesogenic environment and deprivation

Evidence shows that environmental factors influence behaviours in various ways, and this has an impact on the weight status of individuals living, working or learning in a particular area. In terms of physical activity, physical design, land-use patterns and transportation systems can influence an individual's propensity to have an active lifestyle<sup>27</sup>. Obesity is a complex problem that requires action from individuals and society across multiple sectors. One important action is to modify the environment so that it does not promote sedentary behaviour or provide easy access to energy-dense food<sup>28</sup>.

Like many other key health behaviours that are significant to the development of chronic diseases, obesity follows the social gradient<sup>29</sup>. A number of national and international studies consistently show that there is a positive association between density of takeaway outlets and deprivation. Figure 2 shows 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<sup>30</sup>, contributing to growing health inequalities at all levels. Prevalence of overweight and obesity also rises with deprivation.

Fig.2 Relationship between fast food density and deprivation



Source: PHE, *Obesity and the environment: density of fast foods, 2016*

<sup>27</sup> Townshend, T. and Lake A.A (2017), . Obesogenic Environments: current evidence of the built and food environments,  
<sup>28</sup> PHE and GLA, (2014), Healthy people, healthy places briefing: Obesity and the environment: regulating the growth of fast food outlets,

<sup>29</sup> Marmot M, (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010  
<sup>30</sup> PHE (2016), Obesity and the environment: density of fast foods

With regard to the food environment, a systematic review of 38 international studies found moderate evidence to support an association between neighbourhood food environments, consumption and/or health<sup>31</sup>.

A UK cross sectional study examined the association between environmental exposure to takeaway food outlets, takeaway food consumption and body weight, while accounting for home, work place, and commuting route environments. Researchers found a highly significant association between increased exposure to takeaway food outlets and consumption of takeaway food, body mass index, and likelihood of obesity, with those with the most access nearly twice as likely to be obese compared to those who had the least access.<sup>32</sup> These findings were confirmed by another large cross sectional study in Greater London (with a study population of over 50,000 adults), that demonstrated that income and neighbourhood fast-food proportion (which is the count of fast-food outlets as a percentage of all food outlets) are independently and systematically associated with high BMI, body fat and frequency of process meat consumption. The study found that odds of obesity were greater for lowest income participants compared to highest and for those most-exposed to fast-food outlets compared to least-exposed<sup>33</sup>.

Clary *et al.* (2017) differentiate between access to unhealthy food outlets and exposure. They define access as “the potential for the foodscape to be used at the time when individuals decide to do so” and argue that exposure constantly influences our intentions, preferences and routine tendency. They cite various international studies associating exposure to unhealthy food outlets with unhealthy diet and behaviours, and argue that food outlets along individuals’ daily-path (as the route taken to and from school or work) shape their preferences for the choices they will subsequently make<sup>34</sup>.

#### 4.1 Hot food takeaways and excess weight

In recent years there has been an increase in the proportion of food eaten outside the home.

A systematic review of 29 international studies shows that eating out is associated with a higher total energy intake and energy contribution from fat, especially for adolescents and young adults<sup>35</sup>.

This is supported by various further studies that found that food prepared out of the home, which includes hot food takeaways, tends to be energy dense, higher in total fat, saturated fatty acids, sugar and salt<sup>36 37</sup>.

On average, a single typical fast food meal provides nearly 60% of recommended daily calories, half the recommended daily level of saturated fat and salt and no portions of fruit and/or vegetables<sup>38</sup>. A further study conducted in the UK analysed nearly 500 samples of takeaway meals and found that the majority of those were inconsistent with the national

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<sup>31</sup> Caspi CE *et al.* (2012) The local food environment and diet: a systematic review, *Health and Place*,

<sup>32</sup> Burgoine T. *et al.* (2014) Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study, *BMJ*,

<sup>33</sup> Burgoine T. *et al.* (2018) Examining the interaction of fast-food outlet exposure and income on diet and obesity: evidence from 51,361 UK Biobank; *International Journal of Behavioural Nutrition and Physical Activity*

<sup>34</sup> Clary C. *et al.* (2017) Between exposure, access and use: Reconsidering foodscape influences on dietary behaviours, *Health and Place*

<sup>35</sup> Lachat C *et al.* (2011), Eating out of home and its association with dietary intake: a systematic review of the evidence

<sup>36</sup> Davies G *et al.* (2013) Saturated fatty acid content of popular takeaway food in the UK

<sup>37</sup> Prentice, A.M. and Jebb, S.A., (2003), Fast Foods, Energy Density and Obesity: A Possible Mechanistic Link. *Obesity Reviews*, 4: 187-194

<sup>38</sup> London Health Commission (2014) Better Health for London

dietary recommendations and exceeded the recommended portion size, calories and content of salt and fat<sup>39</sup>.

This is true in both food provided by big fast food chains and also small independent takeaway establishments<sup>40</sup>.

In Tower Hamlets, Shift worked closely with a number of hot food takeaway outlets to co-design and test out solutions to reduce the calorie content of meals sold and understand the impact on sales. The study found that the overconcentration of takeaway often lead to the worsening of the nutritional quality of the meals served, either because shop owners feel they need to increase their portion sizes to keep up with the competition, or because they feel pressured to use cheaper ingredients which tend to have higher fat content and/or absorb more fat during cooking<sup>41</sup>.

A 2005 study in the US found that fast-food consumption has strong positive associations with weight gain and insulin resistance, suggesting that fast food increases the risk of obesity and type 2 diabetes<sup>42</sup>.

Furthermore, one UK study shows that replacing just one homemade meal per week with a takeaway meal increases the daily intake of fat, saturated fatty acids and salt. The increases were higher if takeaway food was consumed more than once per week<sup>43</sup>.

A number of American studies have found a link between overconcentration of, and proximity to, fast food outlets and obesity<sup>44</sup>. American researchers have found that students with fast food restaurants within a half a mile of their schools consumed fewer servings of fruits and vegetables and were more likely to be overweight or obese than students whose schools were not near fast-food restaurants. Other US researchers have found that fast food restaurants within 160 metres of a school are associated with a 5 per cent increase in obesity<sup>45</sup>.

In Denmark, researchers found an association between accesses to fast food/ takeaway outlets and fast food intake. Their study showed that regardless of both individual and area characteristics, the likelihood of frequent fast food intake increased with increasing fast food outlet density. Interestingly, a resident's odds of frequent fast food intake decreased significantly with increasing distance to the nearest fast food outlet<sup>46</sup>.

In the UK, there is strong national and local evidence emerging, particularly in relation to takeaway food consumption by school-aged children and young people.

In a 2008 study, Sinclair and Winkler identified three sources of food available during the school day: food brought from home, food provided by schools and food bought from the "school fringe", which they defined as the "doughnut of shops that surround secondary schools and that specifically include hot food takeaways". They found that shops on the fringe (including takeaways) were the most widely used by pupils, with 80% of them buying something from them at least once a week. The most popular time to make a purchase was

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39 Jaw orowska A, Blackham TM, Long R, Taylor C, Ashton M, Stevenson L, et al. (2014), Nutritional composition of takeaw ay food in the UK. *Nutrition & Food Science* 44:5, 414-430

40 Jaw orowska A., Blackman T., and Stevenson L., Nutritional composition of takeaw ay meals served by independent small outlets

41 Tow er Hamlets Local Plan topic paper: Tow n Centre, 2018, [https://www.towerhamlets.gov.uk/Documents/Planning-and-building-control/Strategic-Planning/Local-Plan/Submission\\_2018/Topic\\_Paper\\_Tow n\\_Centres\\_2018.pdf](https://www.towerhamlets.gov.uk/Documents/Planning-and-building-control/Strategic-Planning/Local-Plan/Submission_2018/Topic_Paper_Tow n_Centres_2018.pdf)

42 Pereira et al., (2005) Fast-food habits, w eight gain, and insulin resistance (the CARDIA study): 15-year prospective analysis,

43 Blackman T. et al (2015) Increased takeaw ay meal consumption increases dietary energy, salt and fat

44 Davis and Carpenter (2009) Proximity of fast-food restaurants to schools and adolescent obesity, *American Journal of Public Health*

45 HUDU (2013), Using the planning system to control hot food takeaw ays

46 Bernsdorf et al., (2017), Accessibility of fast food outlets is associated with fast food intake. A study in the Capital Region of Denmark, *Health and Place*

immediately after school and children tended to visit those food outlets that were along transport routes to and from the school<sup>47</sup>.

A UK cross-sectional study involving over 3,600 13 years-old children showed an association between increased frequency of eating fast food and higher consumption of unhealthy foods, lower intake of fruit and vegetables and a higher body mass index standard deviation score (BMISDS)<sup>48</sup>.

A number of recent studies found a positive association between the density of unhealthy food outlets in a given neighbourhood, including fast food, and the prevalence of overweight and obesity in children<sup>49</sup>. This association was stronger for older children (secondary school pupils)<sup>50</sup>.

Secondary school pupils have access to food outside of schools due to their spending power, travel patterns and the ability of some of them to access local shops. Their 'foodways' have broadened beyond the traditional areas of home and school to include many informal eating out occasions and outlets<sup>51</sup>.

In Tower Hamlets, an inner London Borough with one of the highest takeaway densities nationally, researchers observed that more than half of the secondary school children participating in their study purchased food or drinks from fast food or takeaway outlets twice or more a week, with one in 10 of them consuming fast food or drinks from these outlets everyday. The study also found that taste, quick access and peer influence were major contributing factors in the choice to purchase takeaway foods and recommended taking action to either limit the ability of children to access fast food outlets or to substitute the food and drinks available for healthier options<sup>52</sup>.

In 2014, a survey of nearly 2,500 Brent secondary school pupils found that pupils attending schools within 400m of takeaway outlets were more likely to visit a hot food takeaway after school at least once a week (62%) than pupils at schools with no takeaways within a 400m radius (43%).<sup>53</sup>

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47 Sinclair S. and Winkler J.T. (2008), The school Fringe

48 Fraser LK, Edwards KL, Cade JE and Clarke GP (2011). Fast food, other food choices and body mass index in teenagers in the United Kingdom (ALSPAC): a structural equation modelling approach. *International Journal of Obesity* 35, 1325–1330

49 Fraser et al. (2010), The association between the geography of fast food outlets and childhood obesity rates in Leeds, UK

50 Cetateanu A., Jones A., (2014), Understanding the relationship between food environment, deprivation and childhood overweight and obesity: evidence from a cross sectional England-wide study

51 Caraher, M., Lloyd, S. & Madelin, T. (2014). The "School Foodshed": schools and fast-food outlets in a London borough. *British Food Journal*,

52 Patterson R, Risby A, Chan M-Y. (2012) Consumption of takeaway and fast food in a deprived inner London Borough: are they associated with childhood obesity? *BMJ Open*

53 London Borough of Brent (2014) Takeaway use among school students

<https://www.brent.gov.uk/media/16403699/d26-takeaway-use-brent-school-students.pdf>

## 5. LOCAL EVIDENCE FROM SOUTHWARK

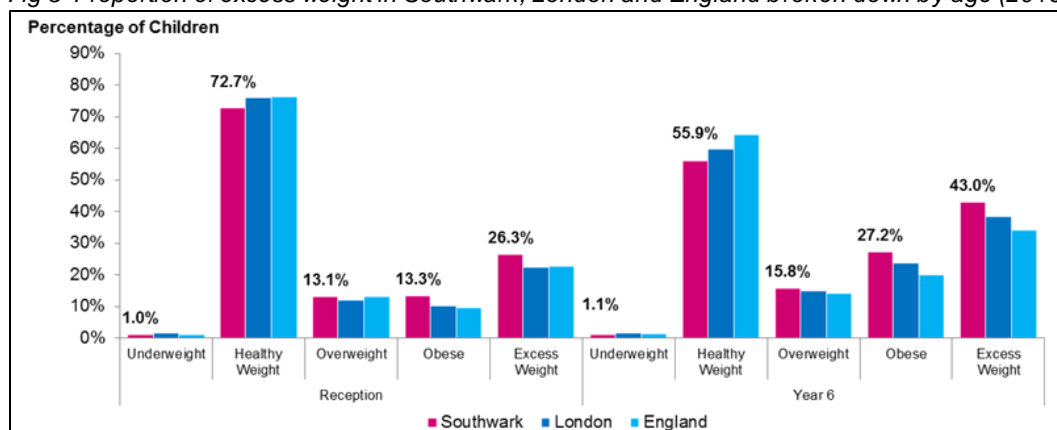
### 5.1 Childhood obesity

Excess weight (overweight and obesity) among children in Southwark is consistently above London and national levels and thus tackling childhood obesity is a major strategic priority for the borough.

Data from the 2016-17 National Child Measurement Programme (NCMP) show that 26.3% of Reception-aged children and 43.0% of Year 6 children in Southwark have excess weight (Fig 3). When compared to the 32 other London boroughs, Southwark is ranked as having the third highest prevalence among both Reception and Year 6 children.

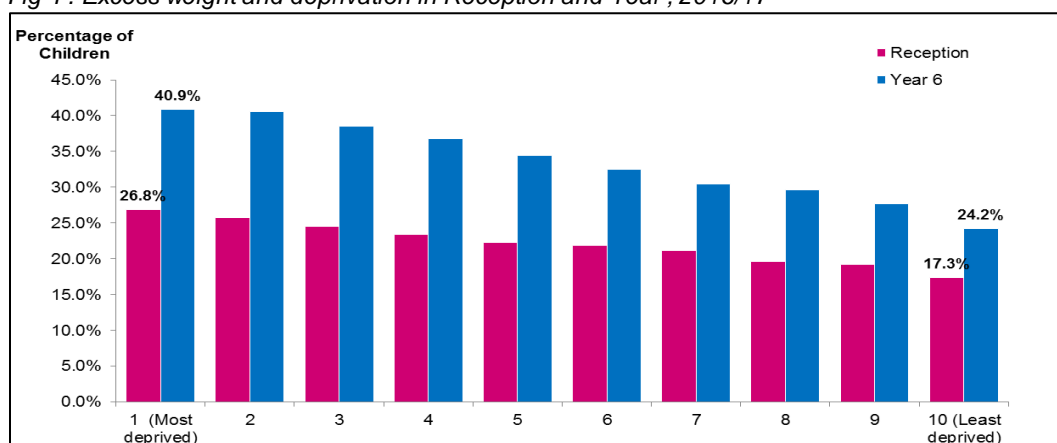
The borough is also ranked second for obesity among Reception age children and fifth among Year 6 children compared to other London boroughs<sup>54</sup>. This increase in obesity between Reception and Year 6 is statistically significant.

Fig 3 Proportion of excess weight in Southwark, London and England broken down by age (2016/17)



Children in more deprived communities are significantly more likely to be overweight or obese (Fig 6). More deprived communities tend to have higher prevalence of excess weight and obesity, and the strength of association increases between Reception and Year 6.

Fig 4 . Excess weight and deprivation in Reception and Year , 2016/17



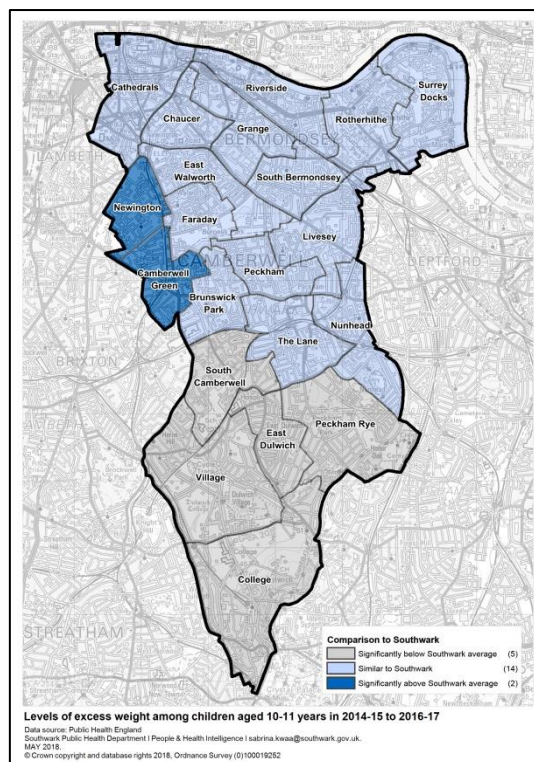
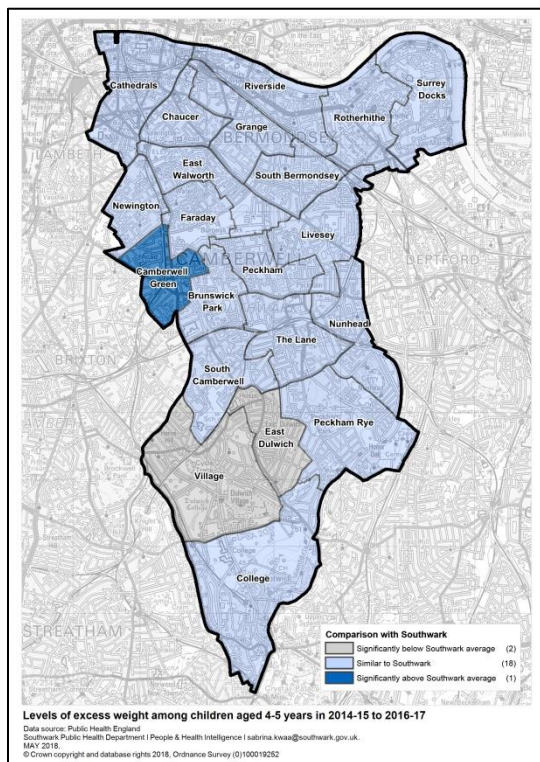
54 Southwark Council (2017), Childhood Obesity JSNA



As illustrated in Fig. 5 and 6 below, excess weight and obesity in Reception is significantly higher than the Southwark average in Camberwell Green. By Year 6, excess weight is significantly higher than the Southwark average in Camberwell Green and Newington wards.

Fig 5 Prevalence of excess weight in Reception by Ward 2014/15 to 2016/17

Fig. 6, prevalence of excess weight in Year 6 by Ward 2014/15 to 2016/17



## 5.2 Takeaway outlets

The main issue in determining the exact number of takeaways in Southwark and elsewhere is the lack of a single, reliable and comprehensive source of data. Planning and Licencing Department may have their own lists of A5 class uses, but numbers may not match due to differences in the classification of the outlets. Food Standards Agency can also be a good source of information; however, a few discrepancies in the datasets are to be expected. The Centre for Diet and Activity Research (CEDAR) and the MRC Epidemiology Unit at the University of Cambridge created the Food Environment Assessment Tool (Feat), a data visualisation tool (unfortunately with no data download facility).

This tool is based on data that has been demonstrated to be some of the best publicly-available in England and is underpinned by food outlet locations from Ordnance Survey's Point of Interest (POI) data. POI data contains information from over 170 suppliers and is one of the most complete secondary data sources of food outlets data in England<sup>55</sup>.

According to the Feat tool (Table 1), as of June 2017 there were 400 takeaway outlets in Southwark. This represents a 7% increase since 2014, when there were 373 takeaway outlets.

<sup>55</sup> FEAT tool (<http://www.feat-tool.org.uk/map/>, 2017, CEDAR, University of Cambridge)



Hot food takeaways as a proportion of the total number of food outlets in Southwark has increased from 20.7% to 22.7%.

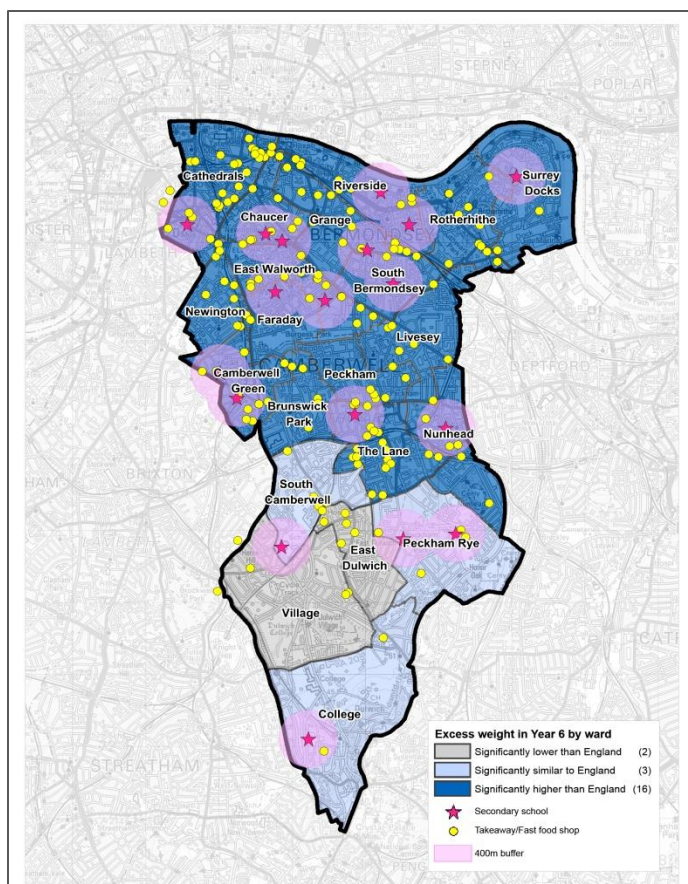
In Southwark, almost a quarter of all food outlets are takeaways. In Peckham and Nunhead, two of the most deprived Wards, over 40% of all food outlets are takeaways.

Table 1 – number of takeaway outlets in Southwark 2014-2017

| Year | Takeaways | % of total food outlets | Takeaway per 1000 residents |
|------|-----------|-------------------------|-----------------------------|
| 2014 | 373       | 20.7                    | 1.23                        |
| 2015 | 387       | 21.4                    | 1.25                        |
| 2016 | 399       | 21.7                    | 1.27                        |
| 2017 | 400       | 22.7                    | 1.28                        |

In contrast to this, the total number of Restaurants and Convenience Shops (possible local sources of fresh fruit and vegetables) has dropped by 10% and 9% respectively.

The map below (Fig 7) illustrates the location of takeaway outlets currently included in the Food Standards Agency's database overlaid with prevalence of excess weight by ward. Southwark's secondary schools are also shown on the map, along with a 400m buffer around them. Many of the takeaways are located within areas of high deprivation.



Proximity of takeaways to secondary schools with excess weight in Year 6  
 Data source: Food Standards Agency, Public Health England  
 Southwark Public Health Department | People & Health Intelligence | publichealth@southwark.gov.uk  
 September 2018  
 © Crown copyright and database rights 2018, Ordnance Survey (0)100019252

Of the 302 takeaways plotted on the map, 86 (just under 30%) are within a walking distance (400m) of a secondary school.

The number of takeaways within a walking distance is higher for schools located in the north of the borough, which is also where some of the wards with the highest prevalence of excess weight are found, showing a potential correlation.

Fig. 7 – Takeaways, secondary schools and excess weight prevalence by ward compared to the England average

It should also be noted that the number of takeaway outlets shown on the map is only a conservative estimate. In fact, empirical observation suggests that in reality there may be more. This is because of the difficulties in obtaining a single, comprehensive and downloadable source of data.

A recent ethnographic study commissioned by Guy's and St. Thomas's Charity and undertaken by Shift looked at how the environment nudges Southwark and Lambeth residents to make specific eating choices. Part of the report focused on the availability of cheap and convenient takeaway food in Southwark. The report highlights how in Southwark "There is a high density of takeaways and convenience stores on many of the streets regularly visited by the families participating in this research, such as Walworth Road and Old Kent Road. For example, we counted fifty two restaurants and takeaways, eleven corner shops and seven supermarkets within a 0.5 mile radius (i.e. a ten minute walk) of one of the families who live just off Old Kent Road"<sup>56</sup>.

Furthermore, a few takeaway shops in Southwark appear to be specifically targeting school children with their offers, including a special "School time offer" between the hours of 3pm and 5pm where customers can purchase three chicken wings/nuggets and a portion of fries for just £1, as per pictures below (Fig. 8)

Fig 8: "School time" offers being promoted on Peckham High Street



<sup>56</sup> Shift, 2018, Families and Food: How the environment influences what families eat, [http://shiftdesign.org.uk/content/uploads/2018/06/Families\\_and\\_food.pdf](http://shiftdesign.org.uk/content/uploads/2018/06/Families_and_food.pdf)



### 5.3 Local Surveys

Various surveys and projects have been undertaken to shed a light on the eating habits of children and young people living and learning in Southwark.

#### *Ipsos MORI – Old Kent Road Study*

A recent study by Ipsos MORI found that 42% of survey respondents agreed that it is easier to buy food from a takeaway than it is to buy fresh, healthy food.

As part of the qualitative strand of the Ipsos MORI study, two local schools took part in focus groups on dietary habits.

School children highlighted frequent use of hot food takeaways:

*“If I know I have to wait a while before getting home I’ll get myself some chicken and chips”  
(Pupil, Year 8)*

*“McDonalds. We went past it the other day and it was literally over pouring with students”  
(Pupil, Year 8)*

*[When discussing what would encourage them to eat healthier] “More healthy restaurants, [there are] a lot of chicken and chip shops” (Pupil, Year 8)<sup>57</sup>.*

<sup>57</sup> Ipsos MORI, 2017, *The impact of planning policy on health outcomes and health inequalities in Southwark and Lambeth*



Ipsos MORI researchers concluded that “the large number of fast food and take-away eateries in the Old Kent Road Opportunity Area could be acting as a barrier to healthy eating”

#### *Southwark Great Weight Debate*

Hot food takeaways were also identified by Southwark residents as one of the top three things that make it harder for children to lead healthy lives. As part of Healthy London Partnership’s Great Weight Debate, residents of each London boroughs were invited to complete an online survey. 57% of Southwark respondents said that the reason why it’s difficult for children to lead healthy lives is the availability of too many cheap unhealthy food and drinks options, and just over 47% agreed that there are too many fast food shops in Southwark.<sup>58</sup>

#### *Support of Head teachers*

The Head teachers of Southwark’s primary and secondary schools also share this opinion, and strongly support a “takeaway exclusion zone” around their schools.

For this reason, they collectively subscribed to the statement below in support of the P45:

“We support the London Borough of Southwark’s planning policy regarding the implementation of 400m exclusion zones. This policy prevents new fast food outlets opening near schools to support the health and wellbeing of the children in our care.

We share concerns with other schools that the eating habits of our children are adversely and significantly influenced by the presence of cheap, convenient, high calorie food available from fast food establishments on route to and from school.

The level of child obesity in our schools continues to be a threat to the quality of life and future life chances of our children. We are doing everything within our powers to support a healthy eating environment and culture within the school gates. We believe these efforts should not be undermined by an increase in fast food takeaways situated in the local area.”

#### *Health Wealth project*

As part of a wider project called Health Wealth commissioned by the then Southwark and Lambeth Public Health team and delivered by the Old Vic, approximately 7,000 secondary school students across London, and particularly from Southwark and Lambeth, were asked about their eating preferences. 48% of student said they ate fast food ‘often’ and 56% said they often had fizzy drinks.

#### *Health Related Behaviour Survey*

Southwark primary and secondary schools complete a periodic survey about health and wellbeing. The Health Related Behaviour Survey, commissioned by Southwark Council and carried out by the School Health Education Unit (SHEU) has a sample of between 2200 and 2900 pupils (depending on the year) aged between 9 and 15.

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<sup>58</sup> Healthy London Partnership, (2016), *Great Weight Debate Survey*, unpublished

In 2014, 8% of secondary school pupils said they bought their lunch from a takeaway or shop. When asked to identify from a list the foods they ate 'on most days', 15% of pupils said they have chips and 25% said 'non diet' fizzy drinks<sup>59</sup>.

### *Southwark Resident Survey*

In February 2017 200 Southwark parents were surveyed about their own dietary habits and those of their children<sup>60</sup>.

The questions asked were:

1. In a typical week, **how often** do you/ your child eat the following foods: home cooked meals, ready meals, takeaway, restaurant, fast food, sugary drinks?
2. In a typical week, **when** are you/your child most likely to eat any of the food mentioned in the previous question?

Overall, 43% of parents said that their children have takeaway meals once a week and 13% said that their children drink sugary drinks everyday or on most days. When breaking down responses by the age of the children, 60% of parents of children aged between 12 and 15 said their children have takeaway once or more per week, compared with only 47% of those with children aged 0 to 11.

Overall, 11% said that their children were most likely to eat takeaway meals and/or fast food on their way back from school, however, there was a lot of variation between parents of primary and secondary school children: whilst 16% of parents of 12-15 year-olds said their children are most likely to eat takeaway on their way back from school, only 2% of those with children aged 0-11 said the same.

Overall, 10% of parents thought their children were most likely to consume sugary drinks on their way back from school. In contrast, only 1% of parents admitted to buy sugary drinks for themselves on their way back from work.

### *Compass Southwark School*

Between February and March 2017, a small observational study was carried out around one school. The study aimed to document pupil visits to nearby hot food takeaways and off-licences immediately after school.

Compass Southwark School was chosen for its strict lunchtime policy and its proximity to various takeaway outlets.

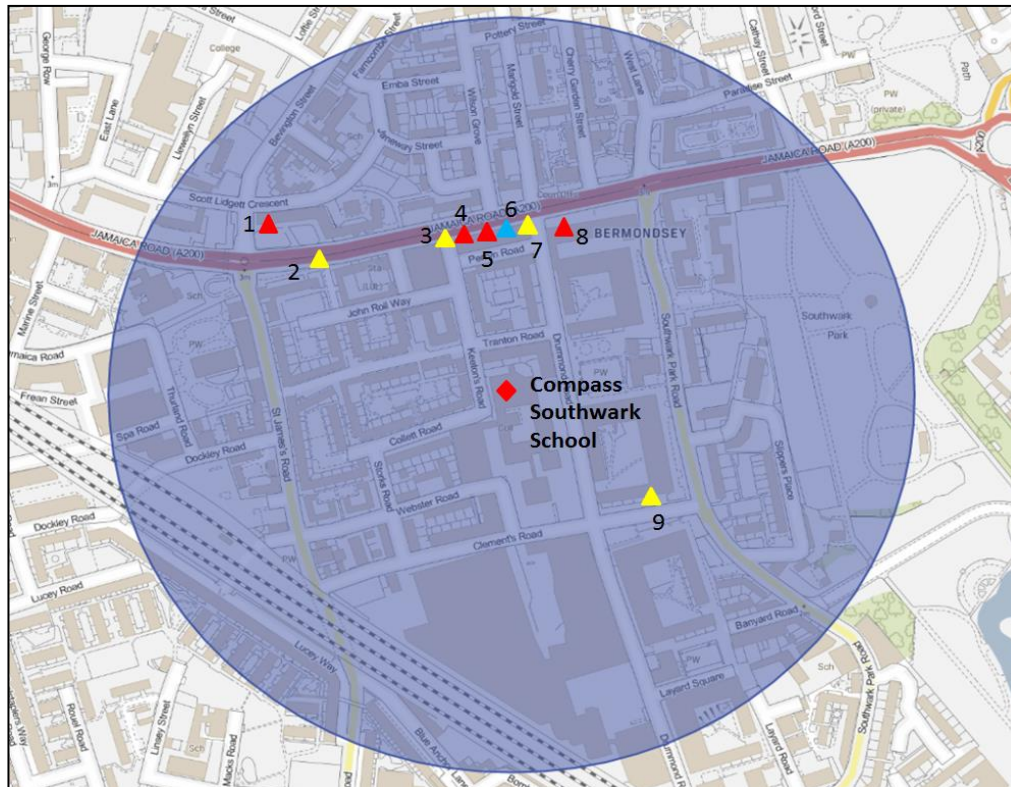
The school is a mixed 11- 16 free school located in Drummond Road, Bermondsey. Approximately 260 pupils currently attend the school. Pupils are not allowed to leave the school to buy their own lunch and or to bring in a packed lunch from home. All students must eat the meals provided by the school and are entitled to a piece of fresh fruit per day. Lunch is served everyday in two shifts: 12:50 to 13:30 and 13:40 to 14:30. The cost of a school meal is £2.20, and breakfast is provided free of charge.

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<sup>59</sup> Southwark Council (2014), SHEU, Health Related Survey

<sup>60</sup> Southwark Council, Resident Survey, February 2017, unpublished

The map and the table below show Compass Southwark School and the approximate location of hot food takeaway outlets (in red), off licences (in yellow) and the ice-cream parlour (in blue) identified within 400m of the school premises.



| Map | Name                          | Types of shop                            |
|-----|-------------------------------|--|
| 1   | Rose's Cafe                   | Café/takeaway                            |
| 2   | Local Express                 | Convenience store / Off-licence          |
| 3   | Post Office/convenience store | Convenience store/Off licence            |
| 4   | Fish Bar                      | Takeaway (burger, kabab, chicken and FS) |
| 5   | Elite Peri Peri               | Chicken shop/Takeaway                    |
| 6   | Flavours Gelato               | Ice-cream                                |
| 7   | Payless Food and Wine         | Convenience store/Off licence            |
| 8   | Welcome                       | Chinese takeaway                         |
| 9   | Simmi Stores                  | Convenience store/Off licence            |

Most of the shops are located within 5 minute walk from the school and along Jamaica Road, to the right of Bermondsey Underground Station and close to several bus stops used by pupils, as per the image below.



In fact, the easiest route to the nearest underground station is directly past the takeaways.





This is also true for children needing to cross the street, as the only safe crossing opportunity is by Bermondsey station.



Most shops display their menu on their windows and crisps and fizzy drinks sold by the various Off-licences are clearly visible from the street. Some of the “meal deals” on offer were cheaper than the meal provided by the school (£2.20).





Portions were very generous. Although healthy options (i.e. Salad pitta bread) were available at some of the outlets, they were often priced higher than the 'traditional' takeaway food offer and were not popular.

Two separated visits to the area surrounding the school were carried out in March, on both a Tuesday and a Friday afternoon, just after the end of the school day.

Approximately 18% of pupils (46 pupils) visited a takeaway outlet after school. Most of them were in groups of three or four.

As published on their official website, the Compass Schools Trust firmly believes that good nutrition at school is at the heart of a good education<sup>61</sup> and goes the extra mile in ensuring that all of their students have a balanced meal every day at school. However, this small observational study seems to suggest that the presence of takeaway around the schools undermines their efforts to promote healthy eating.

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61 <http://www.compass-schools.com/for-parents/food-and-nutrition/>

## 6. A ONE BOROUGH APPROACH TO CHILDHOOD OBESITY

Southwark's Public Health is coordinating a "one borough" response to childhood obesity, and is working with many stakeholders to maximise the impact of a number of separate initiatives. These include other council departments, the NHS and the Third Sector.

A comprehensive action plan has been developed on the back of the Southwark's Healthy Weight Strategy and two Implementation groups have been established, one concerned with the 'Place' element of the strategy and the other focused on the 'People' approach.

Actions currently in progress include:

- The UNICEF Baby Friendly Initiative is implemented and monitored to support evidenced based advice and to support mothers and babies to achieve the best start in life
- Early years settings are supported to take a whole settings approach to develop a healthy weight environment that supports healthy eating, physical activity, active travel and emotional wellbeing
- Through the Healthy Schools London programme, Southwark Schools are supported to adopt a whole school approach to provide an environment that supports a healthy weight and promote physical activity
- Through the effective implementation and monitoring of the National Child Measurement Programme (NCMP), children identified as overweight are referred into the healthy weight care and referral pathway through the commissioning of a specialist healthy weight school nurse
- All future major Southwark Council planning policies are developed in consultation with Public Health to ensure they support a healthy weight environment
- All Council owned buildings, parks and leisure services provide and promote healthy and affordable food and beverages where available
- Southwark Parks and Leisure centres are safe and clean, and provide opportunities for residents to be physically active including active travel and play

In addition to this, Public Health is also collaborating with Guy's and St. Thomas's Charity on various projects aimed at tackling childhood obesity. One such project is the Healthy High Streets (HHS), also in partnership with Healthy London Partnership. This project aims to tackle London's obesogenic food environment by generating evidence and learnings about how to positively influence London's high streets to make them healthier, as well as to generate learnings about how to effectively engage businesses in this.

Other parts of the Council greatly contribute to the healthy weight agenda by providing a variety of services to Southwark residents: primary school children benefit from a universal free school meal provision and in 2015 the Council launched its Free Swim and Gym programme.

The Parks and Leisure and Public Health teams work closely together to make Southwark's parks and open spaces an important resource for all, especially in terms of physical activity and play.

We are taking all these actions as well as restricting hot food takeaways because, as explained in this report, research suggests we need to tackle obesity on every front.

If we fail to prevent the proliferation of takeaways near schools, then the whole strategy will be undermined.

## 7. CONCLUSIONS

Excess weight is a multifactorial and complex issue. Taken in isolation, the Health or the Education sectors alone will not be able to tackle childhood obesity, but need the support of a whole systems approach promoting 'health in all policies'. Planning and Developers are an integral part of this collaborative effort.

Policies such as active design, expanded and improved green infrastructure, and control of unhealthy food outlets and promotion of active travel are essential tools to create health-promoting and inclusive places where cohesive and empowered local communities thrive.

The international, national and local evidence presented in this report makes a compelling case in favour of limiting the proliferation of hot food takeaways near schools. P45 Hot food takeaway will be one of the many initiatives and programmes aimed at protecting and improving the health of children living and learning in Southwark.

Should we fail to limit the proliferation of hot food takeaways near schools and around town centres, this will greatly compromise our battle against childhood obesity. In fact, this would be detrimental to this cause and undermine all other initiatives and programmes.

If unhealthy and energy dense food options will continue to be the "easier choice" for Southwark's children, then no amount of investment in other weight management services or programmes would bring about the behavioural change needed to ensure all children in Southwark can benefit from being a healthy weight and truly have the best start in life.