Braintree Local Plan Examination

Are the above policies justified by appropriate available evidence, having regard to national guidance and local context?

Planning Practice Guidance (Reference ID: 53-004-20190722) has indicated that policies can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate and may need to have particular regard to proximity to schools, community centres and playgrounds.

This still requires local justification and, notably, does not specify a particular use or uses that can be controlled on this basis (albeit implicitly this must be uses where food and drink are purchased). It does not explicitly support the creation of zones within which takeaway uses will be refused, but rather seeks to limit proliferation.

Indeed, national policy generally tends to support the location of such uses in accessible places and aims to create and maintain retail balance.

Do the policies provide clear direction as to how a decision maker should react to a development proposal?

No. School policies on allowing pupils to leave the premises at lunchtime change without notice and the effect of the health impact assessment process is unclear.

Are the Council's proposed modifications to the policies necessary for soundness?

Yes, the policy as it stood referred to a now defunct use class and it is necessary to substitute this with the closest use *sui generis*.

Is the requirement for all development proposals to assess their impact on health and wellbeing reasonable?

No. Health Impact Assessment is best used as a tool to ensure that new development is designed to create healthy environments that enable active travel, minimise car use and pollution and provide access to a range of job and social opportunities and sources of food for consumption both in and out of the home. It is less appropriate or helpful where the principle of a land use itself is in question.

Are the requirements of the policy in relation to A5 uses supported by clear evidence?

We consider the restrictions in the third paragraph of Policy LPP52 not positively prepared as there is no assessment of what an appropriate retail balance would comprise or how many food and drink premises might be needed, but instead simply restrictions on a specific use without adequate justification.

No assessment has been made of collateral reductions in walkable choice of the large number of people who happen to live near schools, the distance at which the

supposed harm ceases, peaks or even occurs at all, whether schools have 'open gates' policies or where walking or public transport routes are in relation to zones.

The policy would treat hot food takeaways whose operators committed to reformulate and offer healthier choices in the same way as those that have not, limiting innovation. This point was taken by the Examining Inspector in the Croydon Local Plan (2018), policies of which were modified in order to ensure soundness.

We do not consider the third paragraph of Policy LPP52 justified, as it implicitly links the proximity of one particular land use with obesity, a link for which there is little consistent evidence (Williams et al, 2014) and the basis for which applies to premises in range of use classes, as recent research (Robinson et al, 2018) demonstrates.

In particular, there is no basis for restrictions around primary schools in terms of a mechanism for any link between incidence and proximity in such cases. Inspectors examining local plans recently in Rossendale, Mansfield (see Inspector's Report extract enclosed) and Calderdale have required such zones to be omitted.

Plan-making authorities often seek to justify the distance threshold uses as a typical walking distance, but research suggests purchases are often made along commuting routes and not specifically close to school. The distance chosen significantly affects the number of residents whose access to food and drink facilities is impacted.

Failing to exclude town centres will also increase the extent and frequency with which sustainable locations for food and drink retail might not be developed, but the policy overall means that many sequentially-preferred locations will also not be developed due to proximity to schools, including the many primaries.

Does the policy provide sufficient guidance as to the scope of such assessments and what mitigation might be considered reasonable to offset impacts? Does it provide sufficient clarity as to how assessments might be calculated or required?

Neither the health impact information sought nor the justification for it is clear. It is not possible to know with any clarity how a decision maker would react to a completed assessment, how impacts could be mitigated or that the process would result in any meaningful assessment of health impact.

References:

(a) Williams, J et al, 2014. 'A systematic review of the influence of the retail food environment around schools on obesity-related outcomes ' *Obesity Reviews* 15, 359-374 (Extract)

(b) Robinson, E et al, 2018. '(Over)eating out at major UK restaurant chains: observational study of energy content of main meals' *BMJ* 2018 (363) 4982 (Extract)

(c) Croydon Local Plan Inspector's Report, January 2018. (Extract)

(d) Mansfield Local Plan Inspector's Report, March 2020. (Extract)

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Public Health

A systematic review of the influence of the retail food environment around schools on obesity-related outcomes

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Summary

The high prevalence of childhood obesity has led to questions about the influence of 'obesogenic' environments on children's health. Public health interventions targeting the retail food environment around schools have been proposed, but it is unclear if they are evidence based. This systematic review investigates associations between food outlets near schools and children's food purchases, consumption and body weight. We conducted a keyword search in 10 databases. Inclusion criteria required papers to be peer reviewed, to measure retailing around schools and to measure obesity-related outcomes among schoolchildren. Thirty papers were included. This review found very little evidence for an effect of the retail food environment surrounding schools on food purchases and consumption, but some evidence of an effect on body weight. Given the general lack of evidence for association with the mediating variables of food purchases and consumption, and the observational nature of the included studies, it is possible that the effect on body weight is a result of residual confounding. Most of the included studies did not consider individual children's journeys through the food environment, suggesting that predominant exposure measures may not account for what individual children actually experience. These findings suggest that future interventions targeting the food environment around schools need careful evaluation.

Keywords: Child obesity, food environment, schools, systematic review.

Abbreviations: AOR, adjusted odds ratio; BMI, body mass index; CS, convenience store; FF, fast food; FFR, fast food restaurant; FO, food outlet; FRI, food retail index; HEI, healthy eating index; HFAI, healthy food availability retail index; HFSS, high in fat, sugar or salt; HFZ, healthy fitness zone; IRR, incidence rate ratio; OR, odds ratio; OW, overweight; SE, standard error; SM, supermarket; TA, takeaway.

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Introduction

The prevalence of childhood obesity in the world has increased dramatically over the past three decades and is considered by the World Health Organization to be one of the most serious public health problems of the 21st century (1,2). Overweight or obese children are likely to remain overweight as adults and have an increased risk of developing chronic conditions such as cardiovascular disease or type 2 diabetes. Swinburn and Egger coined the term the

(Over)eating out at major UK restaurant chains: observational study of energy content of main meals

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ABSTRACT

OBJECTIVES

To examine the energy content of main meals served in major UK restaurant chains and compare the energy content of meals in fast food and "full service" restaurant chains.

DESIGN

Observational study.

SETTING

Menu and nutritional information provided by major UK restaurant chains.

MAIN OUTCOME MEASURES

Mean energy content of meals, proportion of meals meeting public health recommendations for energy consumption (≤600 kcal), and proportion of meals with excessive energy content (≥1000 kcal).

RESULTS

Main meals from 27 restaurant chains (21 full service; 6 fast food) were sampled. The mean energy content of all eligible restaurant meals (13 396 in total) was 977 (95% confidence interval 973 to 983) kcal. The percentage of all meals that met public health recommendations for energy content was low (9%; n=1226) and smaller than the percentage of meals with an excessive energy content (47%; 6251). Compared with fast food restaurants, full service restaurants offered significantly more excessively calorific main meals, fewer main meals meeting public health recommendations, and on average 268 (103 to 433) kcal more in main meals.

CONCLUSIONS

The energy content of a large number of main meals in major UK restaurant chains is excessive, and only a minority meet public health recommendations. Although the poor nutritional quality of fast food meals has been well documented, the energy content of full service restaurant meals in the UK tends to be higher and is a cause for concern.

REGISTRATION

Study protocol and analysis strategy pre-registered on Open Science Framework (https://osf.io/w5h8q/).

WHAT IS ALREADY KNOWN ON THIS TOPIC

Eating out of the home is common in the UK

The poor nutritional quality of "fast food" has been well documented

The energy content of traditional "full service" restaurants has received less attention

WHAT THIS STUDY ADDS

The average energy content of main meals served in both fast food and full service restaurants in the UK is higher than public health recommendations

The proportion of main meals in UK restaurant chains that meet public health recommendations for energy content is smaller than the proportion that have an excessive energy content

Compared with fast food restaurants, full service restaurant meals in the UK contain significantly more kilocalories on average

Introduction

The prevalence of overweight and obesity has increased markedly across most of the developed world.[1] Increases in energy intake caused by major changes to the food environment have been identified as a key factor explaining weight gain at the population level.[2-4] In the UK, meals are regularly consumed out of the home; data collected from 2008-12 showed that a quarter of UK adults ate out once a week or more often.[5] However, a more recent report from the UK Food Standards Agency in 2016 indicates that eating out of the home may be becoming more common, with 39% of UK adults reporting eating out at least once a week.[6] Several studies suggest that people who eat out of the home more often are at increased risk of weight gain and obesity.[7] Fast food restaurants in particular have been highlighted as providing meals that are low in nutritional quality.[8 9] Some evidence also suggests that a higher geographical density of fast food restaurants is associated with an increased risk of obesity.[10 11] Because of this, public health calls have been made to limit where fast food restaurant outlets can operate in the UK.[12 13] However, more traditional "full service" restaurants also contribute substantially to the out of home dining market in the UK.[14]

Recent public health recommendations made by Public Health England suggest that adults should aim to consume 600 kcal or less for their main lunch and dinner meals to avoid excess daily energy intake and maintain a healthy body weight.[15] This is in part motivated by Public Health England's estimate that the average adult in the UK is consuming an excess of 195 kcal a day.[15] Because the amount of energy a person consumes during a meal is strongly influenced by the energy density and portion size of the food served,[16-19] meals provided to consumers that are high in energy promote excess energy intake and are problematic for public health. However, public health action on improving the nutritional quality of food prepared outside of the home has to date focused largely on encouraging the food industry to make reductions to the energy content of supermarket food,[20] rather than focusing on the restaurant sector. To date, the number of kilocalories in main meals served by major UK restaurant chains has not been examined, so whether consumers can adhere to public health recommendations for meal energy consumption when eating in these establishments is unclear. Moreover, legislation has been passed that will result in kilocalorie labelling of all food products

Take-aways

258. I am less convinced by the way these policies apply to new or additional uses in the A5 Use Class (hot-food take-aways). The effects of policies DM5-DM9 would be to allow these in just twenty areas; Croydon Metropolitan, District and Local Centres but not in shopping parades in Neighbourhood Centres or elsewhere or in any edge of centre or out of centre location. The reasons given in paragraph 5.37 are to retain a greater choice of local retail services (but other sections of the policy allow loss of local retail services up to a limit; if the loss is allowable anyway, there is little reason for the new use not to be in the A5 use class), to limit waste and delivery issues (but policy could require that these be dealt with; a complete ban is not necessary to achieve the desired result); and to support healthier food options (but not all A5 uses produce unhealthy food; the Council's own campaign to persuade take-away proprietors to adopt healthy food options would be as stymied by this policy as would purveyors of less healthy food).

259. That last observation is not intended to belittle the Council's concerns with tackling the phenomenon of obesity as a health concern. The authorities quoted in the Council's observations on the suggested modifications to the plan demonstrate the seriousness of the matter and the government's recognition of the issue as a public health issue. But the quoted research demonstrating associations between obesity and ease of access to takeaway food and between obesity, deprivation and access to hot food takeaways has led the Council to adopt a policy which fails to distinguish between healthy and unhealthy takeaway food, which confounds its own efforts to improve the healthiness of the food provided by takeaway outlets and which fails to address the undoubted demand for the provision of convenience food.

260. Because the Council's reasons for this policy do not withstand scrutiny, they must be regarded as unsound and so a modification is required. In the light of the Council's representations on the suggested modifications, I now adjust the modification previously consulted upon in order to reflect what appears to be the Council's three main concerns; (a) to retain a sufficiency of A1 uses (b) to prevent an excessive concentration of take-aways and (c) to ensure that the food provided in a takeaway is healthy. (**MMs D17, D18, D21**).

Public houses

261. The Council's concern with promoting healthy eating habits through limiting the growth of hot food take-aways is not paralleled by promoting a reduction in places to drink alcohol. Instead, policy DM22 would seek their retention even if there is no defined need.

262. Such an indiscriminate policy is not supported by the Council's own evidence (document LBC-05-601). This distinguishes a variety of types of pub and emphasises the value of those which serve a social role as a meeting place, hosting a wide variety of community-oriented events, which it calls community pubs. It also realistically recognises that a few pubs become foci for crime and anti-social behaviour, a distinction not made in the Council's policy.

England. The 'Fast Food Outlets and Obesity Briefing Paper' published by Nottinghamshire County Council shows that four secondary schools are located within areas which have a higher density of fast food outlets than the national average. In 2013/14, 34.6% of year 6 children were overweight or obese compared with 31% for Nottinghamshire and 33.5% for England[14]. Whilst the causes are multi-faceted, managing the food environment is one element of a package of measures promoted in the Nottinghamshire Health and Well Being Strategy and the Healthy Mansfield document.

201. However, there is potential for ambiguity in Policy RT11 as submitted on the precise location that the 400 metre radius would be measured from. **MM66** is necessary to clarify that the measurement will be taken from the main access point to the secondary school or college and to change the structure of the policy for clarity and effectiveness. In addition, the areas to which the policy applies are not shown on the submission policies map and to ensure that Policy RT11 has an accurate geographical interpretation, the required changes have been prepared and consulted on by the Council.

202. Existing Class A5 outlets within the exclusion zones would not be affected by the new policy and subject to meeting the criteria in Policy RT11, other Class A5 uses could be permitted elsewhere in Mansfield and Warsop parish. On the basis of the evidence before me there is no justification to extend the proposed exclusion zones around primary schools.

Transport

203. The Plan's spatial strategy focuses development in locations with good access to services and facilities by sustainable modes of transport. The MARR has improved the District's connectivity to the M1 and A1 and enhanced opportunities for growth and development in the Mansfield Urban Area. Effective liaison with Highways England and Nottinghamshire County Council as the Highway Authority has occurred through the DtC.

204. The Mansfield Transport Study (2018) tested the cumulative impact of the Plan's proposals and those in adjoining authority areas on the capacity and operation of the road network up to 2033. The M1 is outside the District but additional traffic anticipated from the Plan will not materially affect the operation and capacity of Junctions 27, 28 and 29. Transport Assessments will be required for developments which generate significant levels of movement together with consultation with Highways England where there are potential impacts on the strategic highway network. The study identifies a number of junctions within the District that are forecast to be at or over capacity and for which developer contributions may be sought towards improvements. These are identified in the IDP and Appendix 9 of the Plan. Further investigation of capacity and the need for mitigation measures will be required through Policy IN9 which requires the submission of transport assessments.

[14] Document SE4 - Nottinghamshire Joint Strategic Needs Assessment 2016